

Hudson 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 New Jersey Department of Children and Families has partnered 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. In a coordinated effort to understand the needs of families in each county, DCF has funded county Human Services Advisory Councils (HSACs) to undertake an assessment of local needs every two years.

The Hudson County HSAC 2020 DCF Human Services Needs Assessment was conducted over an eight month period spanning from December 2019 to August 2020. In total the assessment is comprised of feedback from 122 residents, providers and community stakeholders within Hudson County. Their input was collected through 122 surveys, 14 focus groups (108 participants) and 14 key informant interviews. It follows on the heels of an early human services assessment completed in 2018/2019 of approximately 1,100 Hudson County residents and reflects many of the same priority needs for the County. This 2020 report will be used by the Hudson County Department of Health and Human Services to develop a strategic plan to meet the needs of Hudson County's residents.

Respondents to the survey represented all 11 municipalities in the County. Forty seven percent were of Hispanic/Latinx origin, higher than the general population estimate of 43%. Thirty percent of respondents identified as Black/African American, 27% as White, and 3% as Asian. Ten percent identified as mixed race and the remainder of participants did not identify their race. The American Community Survey indicates that 1% of the general population of the County is American Indian/Alaska Native; 16% Asian; 14% Black/African American; 15% other and 58% White. About 65% of respondents were female compared to a County rate of 50.2%.

Housing, healthcare, mental health for children and mental health for adults emerged as the four most prevalent needs among needs assessment participants. In comparison, the 2019 County survey respondents identified housing (specifically financial assistance for rent/utility costs; assistance with finding affordable, decent and safe housing); food (emergency food assistance); healthcare (prescription assistance); and affordable legal services as the top need areas for the County in order. The recent focus on mental health for both youth and adults as priority needs may be somewhat attributed to the impacts of the COVID Pandemic.

The top identified barriers across all surveys, focus groups and key informant interviews were wait lists; lack of awareness of services, cultural barriers and transportation. Language was cited repeatedly as a cultural barrier during interviews and focus groups. The ability for services and information to be provided in multiple languages, particularly Spanish, is vital to this County. The New Jersey Department of Labor and Workforce Development projects that by 2030, the white non-Hispanic population will be 22%, compared to a 46% projected for the State.

Several participants indicated that the national rhetoric regarding the public charge rule has created a barrier for many immigrants who fear accessing public supports and medical care for which they are eligible because of fear that they will lose their ability to remain in the United States now or in the future.

The needs and barriers mentioned during focus groups and interviews were frequently cited as being inter-related. Substance use and adult mental health were both identified as barriers to maintaining housing and employment, and cited as having deleterious impacts upon parenting skills and children's mental health.

The subpopulations disproportionately impacted by barriers to services were identified as immigrants and undocumented residents, Hispanic/Latinx residents, Black/African American residents, LGBT+ residents, residents with disabilities and residents of the western area of Hudson County.

Discussions with respondents point to a social service infrastructure in Hudson County that is straining under increased need because of factors including high poverty rates, which Hudson County residents disproportionately experience compared to the rest of the State and Country, and issues of inequity.

Although these challenges and other barriers identified through the assessment may appear insurmountable, the process has also provided the County with a chance to identify strengths and opportunities which may be used to counter the impacts of these conditions.

There were multiple instances during the assessment in which the unique strengths of Hudson County's residents, community stakeholders and service providers were highlighted, including community members creating organizations to advocate for violence reduction in their communities, the creation of "community fridges" within residents' front yards to address food insecurity during the COVID Pandemic, and a provider going beyond their scope of service to create a center that provides a sanctuary for young people in an underserved community.

The County recognizes the opportunity it has to maximize the strength of its residents and system providers using current structures such as the Human Services Advisory Council and other Advisory Boards. Specifically these structures can elicit more insight and participation in the creation and implementation of responses to identified needs and barriers. Opportunities identified during the assessment centered on expanded outreach and educational activities, namely: targeted outreach to identified underserved populations in multiple languages regarding resources; increased community and social media presence to expand access to information and resources; and the development of trainings and education on specific topics for system partners and providers.

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

Incorporated in 1840, the County of Hudson was named for the English explorer Henry Hudson. Located in the northeastern part of New Jersey, Hudson County sits on the lower Hudson River across from Manhattan. The smallest County in New Jersey (totaling 62.31 square miles) Hudson is also its most densely populated with 13,731.4 residents per square mile of total area according to the 2010 United States Census. Hudson County is also the sixth most densely populated county in the United States.

The 2019 US Census estimates that there are 672,391 people living in Hudson County. This is a slight reduction from the 2016 Census estimate of 677,983. That year Hudson County was the fastest-growing county in New Jersey (with an increase of 6.9% compared to 2010) and its 4th-most populous county. Comprised of twelve municipalities, the County includes the second-most populous city in New Jersey (Jersey City), as well as two of the most densely populated cities in the United States (Union City and Guttenberg). Hudson County also includes the City of Bayonne; Borough of East Newark; of Harrison; City of Hoboken; City of Jersey City; Town of Kearny; Township of North Bergen; Town of Secaucus; Township of Weehawken; and the Town of West New York.

Hudson County's population is rich in racial, ethnic and cultural diversity. According to the 2017 American Community Survey, 1% of the population of the County is American Indian/Alaska Native; 16% Asian; 14% African American; 15% Other and 58% White. Forty three percent of the population is Hispanic/Latinx compared to a New Jersey average of 20%. The differences between Hudson County and the state's overall demographic make-up include higher proportions of Latinx and Asian residents and lower proportions of White and Black/African American residents. Over the last 5 years for which there is Hudson County Census data, the county's proportion of all ethnic/racial groups has remained fairly steady, with Hispanic/Latino and Asian residents increasing very slightly.

Forty three percent of residents in Hudson County are foreign born which is the highest rate of foreign born residents in New Jersey (the state average is 22%). Hudson County's percentage of foreign-born residents has risen slightly over the past 5 years. Of the municipalities with Census data available for Hudson County, West New York (60%); East Newark(59.7%); Union City (59%), Guttenberg (54%); and Harrison (52.6%) have the highest proportions of foreign-born residents. The Migration Policy Institute estimates that there are approximately 84,000 Hudson County immigrants who are living in the US unauthorized (or illegally).

Hudson County has the lowest percentage of residents who speak only English (40.8%) which is well below the state average of 69%. In this county, the percentage of the population who speaks English only has remained steady over the 5 years for which there is data. Of the municipalities with data available for Hudson County, Union City has the lowest proportion of residents who speak English-only (14%) while Hoboken has the highest proportion of residents who speak English-only (79%).

In 2015, the Jersey City Board of Education, the largest school district in Hudson County, reported that its 38-school, 30,000-student district had 2,600 English language learning students speaking a total of more than 40 first languages. The most commonly spoken first language by these students was reported as Spanish (50 percent), followed by Arabic (18 percent), Urdu (7 percent), Gujarati (5 percent) and Hindi (3 percent). The other 15 percent of students speak one of the following languages: Abkhaz; Afrikaans; Akan; Albanian; Amharic; Bengali; Berber; Bisaya; Cantonese; Cebuano; Chamorro; Creole; Dutch; Estonian; Farsi; French; Georgian; Guarani; Hmong; Ilocano; Indonesian; Italian; Japanese; Kannada; Kashmiri; Korean; Krio; Malayalam; Mandarin; Mandingo; Marathi; Nepali; Oriya; Punjabi; Papiamentu; Pashto; Polish; Portuguese; Russian; Sindhi; Slovak; Swahili; Swedish; Tagalog; Tamil; Telugu; Thai; Turkish; Ukrainian; Vietnamese and Wolof.

Hudson County has great economic diversity as well. In Hudson County, a household's income appears to be linked to where that person lives. Although Hudson County is one of the fastest growing in the State, much of this growth is along the waterfront. The majority of the tracts directly along the river have relatively high median household incomes, \$100,000 or more. Inland tracts had significantly lower median household incomes, generally less than \$60,000.

About 14% of the County lives below the poverty line, about 1.5% times the rate of the State of New Jersey as a whole. Hudson County has the third highest rate of families with children under the age of 18 living poverty in New Jersey (21%) during the time period of 2013-2017 according the American Community Survey. . The State average is 12% and the national average is 17%. Of the municipalities with data available for this county, Union City and West New York have the highest poverty rates in this county, 29% and 26% respectively. Guttenberg (24%) and Jersey City (22%) also had rates higher than the County average of 20%.

In 2018, the Economic Policy Institute estimated that the annual cost of living in Hudson County for a two parent-two child family was \$94,533, the 12th highest rate in New Jersey.

The American Community Survey estimated Hudson County's median household income as \$62,681 for 2017, lower than the state estimate of \$76,475. Markedly lower than the Economic Policy Institute's annual cost of living estimate. Of the municipalities with data available Hudson County, Union City and West New York have the lowest median household income, \$43,424 and \$50,477 respectively.

Hudson County has a robust structure of community service providers and systems focused on meeting the needs of Hudson County residents. The Hudson County Department of Health and Human Services convenes a variety of councils and committees focused on coordinating and supporting these activities, including the DCF-affiliated Human Services Advisory Council and Children's Interagency Coordinating Council.

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

Priority needs for this assessment were established using data gathered through the English and Spanish DCF survey instrument tool, distributed in person and via survey monkey, and the DCF focus group and key informant protocol delivered through in person and virtual interviews. Through these means, 122 Hudson County residents and service providers were able to identify the basic and service need areas they felt were most significant to Hudson County. Based upon this feedback, the four areas of housing, healthcare, mental health for children and mental health for adults emerged as the most prevalent needs within these responses.

It is interesting to note the differences and similarities of this current human services needs assessment with the assessment Hudson County conducted and finalized in 2019. The 1192 respondents of the County's survey identified housing (specifically financial assistance for rent/utility costs; assistance with finding affordable, decent and safe housing); food (emergency food assistance); healthcare (prescription assistance); and affordable legal services as the top need areas for the County.

The recent focus on mental health for both youth and adults as priority needs may be somewhat attributed to the impacts of the COVID pandemic.

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. Healthcare
3. Mental Health for Adults
4. Mental Health for Children

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.

Participants for focus groups were recruited through affiliated committees of the Human Services Advisory Council , Department of Health and Human Services planning boards and through community partners. In addition, providers and consumers of programs funded by the County were contacted to participate in the process.

Focus Group Participants. A total of 14 focus groups were conducted in this county as part of this needs assessment. These focus groups were conducted from December 10, 2019 to August 7, 2020. There was a total number of 108 participants. The number of participants in each focus group ranged from a minimum of 2 and a maximum of 20 participants. During the focus group sessions, a total of 108 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.

Hudson County recruited key informants from organizations and systems with an expertise in the basic and service need domains identified in the assessment. In addition, individuals representing, or working with, special populations within the County were also asked to participate in the process. Key informants represented criminal justice, the Department of Children and Family Services, the Children’s System of Care, Hudson County government, community advocates, childcare, behavioral health and addiction services, domestic violence survivors and services, disability services, LGBT+ services, immigrant communities and services, food and shelter providers, local businesses and workforce development.

Key Informant Interview Participants. A total of 14 interviews were conducted in this county as part of this needs assessment. The total number of participants included was 14. These interviews were conducted from June 24, 2020 to August 14, 2020. There was a total of 14 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	72
Staff or Volunteer with a Community-Based Organization (e.g., Health and Human Services providers, Planning Board Participants)	30
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	1
Community leader and advocate in the county (e.g., hold a volunteer office, clergy, activist)	4
Other	12

Age	Number of Participants
Under 18	8
18-24	7
25-34	25
35-44	38
45-54	23
55-64	13
65 and over	4

Gender	Number of Participants
Female	80
Male	16
Non-binary, third gender/transgender	0
Prefer Not to Say	2
Other	0

Race	Number of Participants
American Indian or Alaska Native	0
Asian	4
Black or African-American	36
Native Hawaiian or Other Pacific Islander	0
White or Caucasian	33
Multi-Race (2 or More of the Previous)	13
Other	16

Ethnicity	Number of Participants
Hispanic, Latino or Spanish Origins	58
No Hispanic Latino or Spanish Origins	55

Education Level	Number of Participants
Grades Preschool-8	4
Grades 9-12-Non-Graduate	10
High School Graduate or GED	20
High School/GED <u>and</u> Some College/Trade	7
2 or 4-Year College/Trade School Graduate	27
Graduate or Other Post-Secondary School	30

Employment Status	Number of Participants
Employed: Full-Time	43
Employed: Part-Time	11
Unemployed-Looking for Work	17
Unemployed-Not Looking for Work	6
Retired	2
Student	6
Self Employed	4
Unable to Work	6

Years of Community membership	Number of Participants	Range
How many years have you been a member of this community?	83	2-63

Services Accessed by a Household Member within the last 2 Years	Number of Participants
Yes	56
No	50

Household Member History of Involvement with NJ Division of Child Protection and Permanency	Number of Participants
Yes	27
No	68

Participants represented the following municipalities

Eighty four respondents identified their specific municipality of residence in Hudson County: Bayonne (10 respondents); Guttenberg (1); Harrison (1); Hoboken (4); Jersey City (48); Kearny (1); North Bergen (7); North Bergen (7); Union City (7); Weehawken (1); and West New York (4). Seven respondents indicated they were not from Hudson. Seven individuals indicated that they did not reside in Hudson County. Thirty one individuals did not respond to the question.

Additional Data Collection Methodologies

This report contains some data from a Hudson County human services needs assessment completed in 2019. In 2017 and 2018 Hudson County Department of Health and Human Services conducted a series of twelve focus groups comprised of over 100 Hudson County residents and service providers to help identify the most pressing needs of the population. Human Services Advisory Council members assisted in the identification of focus group sites and participants that would be most representative of the most vulnerable and diverse populations of Hudson County. Based upon the priorities identified during these discussions, surveys in English and Spanish were developed and distributed in 2018 and 2019 via survey monkey, email and mail. One thousand one hundred and ninety two Hudson County residents responded to the 2019 Human Services Need Assessment.

PART 2



Key Findings Across Needs

The top identified barriers across needs in surveys included wait lists; lack of awareness of services, cultural barriers and transportation. Correspondingly, respondents most strongly disagreed with “there are enough services available in the County to help those who have this need” and “Services are widely advertised and known by the county” in most all categories. The subpopulations disproportionately impacted by barriers to services were identified as immigrants and undocumented workers, Hispanic/LatinX and Black/African Americans, LGBTQ+ individuals, people with disabilities and residents of West Hudson. Discussions with respondents point to a social service infrastructure in Hudson County that is straining under increased need because of factors including high poverty rates, which Hudson County residents disproportionately experience compared to the rest of the State and Country. The needs mentioned are also inter-related. In focus groups, substance use and adult mental health were both identified as barriers to maintaining housing and employment and as having deleterious impacts upon parenting skills and children’s mental health. Language was also cited repeatedly as a cultural barrier during interviews and focus groups. The ability for services and information to be provided in multiple languages, particularly Spanish, is vital to this County. The New Jersey Department of Labor and Workforce Development projects that by 2030, the white non-Hispanic population will be 22%, compared to a 46% projected for the State.



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 Hudson County, 23 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, 29 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

Housing was the most prevalent basic need cited during assessment interviews and surveys. Quantitative data provided through Rutgers, the American Community Survey and the Hudson County Division of Housing and Community Development reaffirm this critical need and highlight the challenges facing Hudson County residents.

Living in Hudson County is expensive. Rent and mortgage payments have increased substantially over the last decade and disproportionately to average resident income. Fifty percent of Hudson County residents pay over 30% of their paycheck on housing and 23% pay half of their salary toward these expenses. In addition, the estimated cost of living in the County far exceeds the median household income. Hudson County has the third highest rate of severe housing burden in the State, preceded by Essex County (25%) and Passaic County (26%).

Data from the United State Housing and Urban Development (HUD) Comprehensive Housing Affordability Strategy highlights that Hudson County renters are more likely to be cost burdened, approximately 47.7% pay over 30% of their income towards housing. Homeowners are slightly better off but still 44.3% of those with a mortgage and 33% of those without a mortgage are cost burdened.

Furthermore, there is a deep disparity between cost of living expenses and the average household income in the County. The Economic Policy Institute estimated that the 2018 annual cost of living in Hudson County for a two parent-two child family was \$94,533, the 12th highest rate in New Jersey. The American Community Survey estimates Hudson County's median household income as \$62,681 for 2017, lower than the state estimate of \$76,475. Of the municipalities with data available Hudson County, Union City and West New York have the lowest median household income, \$43,424 and \$50,477 respectively.

The estimated cost of living expenses was based upon projected costs in the following areas taxes(\$1,075); Housing (\$1,614); Food (\$802); Child Care (\$1,635); Transportation (\$653); Health Care (\$1,125); Other Necessities (\$975). It should be noted that from a community perspective, these housing costs are significantly underestimated for Hudson County. As of, August 20th, 2020 Zillow.com reported the median rent price in Hudson County to be \$2,300. As of August 20th, 2020, the median price of homes currently listed in Hudson County is \$549,000 while the median price of homes that sold is \$532,700.

Over time, there has been an overall increase in Hudson County household size and overcrowding, perhaps as a consequence of these rising prices. The Hudson County 2020-2024 Consolidated Plan issued by the County's Division of Housing and Community Development indicates that since 2000, the population has increased by over 11% and the number of households has increased by 9.5%. The difference in population growth and the number of households in Hudson County serves as an indicator of overcrowding in Hudson County homes. HUD defines an overcrowded household as one having from 1.01 to 1.50 occupants per room and a severely overcrowded household as one with more than 1.50 occupants per room. The Division projects that over 16,000 renters are living in overcrowded situations.

From another perspective, many of these overcrowded households are probably comprised of individuals "doubling up," which is defined as two or more adults or families residing in the same housing unit. Doubling up fits the criteria of homeless in the McKinney Vento Homeless Assistance Act of 1987. HUD does not recognize individuals in this situation as homeless. Regardless, overcrowding and doubling up are portents to housing instability and eventual homelessness for many people

Paradoxically, housing development in Hudson County continues to grow. American Community Survey data reveals that in 2019 there were 7,707 building permits issued. However, new dwellings being built in Hudson County are primarily high cost rentals. These dwellings are financially out of reach for most Hudson County residents. Waterfront tracts saw significantly faster growth than most other areas, often 20% or more. Inland tracts, on the other hand, saw either more modest growth or a population decrease since 2010. The majority of the tracts directly along the river have relatively

high median household incomes, \$100,000 or more. Inland tracts had significantly lower median household incomes, generally less than \$60,000.

The rates of homeless individuals in shelters or on the streets in Hudson County continue to rise. The January 2019 Hudson County Division of Housing and Community Point in Time Count identified 890 persons experiencing homelessness on a single night in Hudson County. In 2020, 944 individuals were counted using the same methodology during January 2020. (Note that the final report from the 2020 Point in Time Count is not yet complete.)

When comparing the general population and those individuals participating in the 2019 count, it is evident that residents identifying as Black or African American disproportionately experience homelessness. The general racial composition of the County is about 16.5% Black/African American while the composition of the homeless population was 46.7% Black/African American

Additionally, 51% of homeless persons reported having some type of disability, the most common of which were substance abuse disorders and mental health issues.

During the 2019 count, more participants attributed their homelessness to loss or reduction of job income (21.8%) than any other cause. The next most common factor reported was eviction or risk of eviction (20.3%) followed by being asked to leave a shared residence (15.4%)

The Hudson County Division of Family Services highlighted the following top five housing barriers to clients in rapid rehousing in 2019: poor credit, disability, behavioral issues parent or child, eviction and domestic violence.

Hudson County provides an array of federal, local and state funded services for residents struggling with housing costs and homelessness through the Coordinated Entry Program (CEP); the Hudson County Department of Family Services Division of Welfare and through the Hudson County-funded Homeless Hotline for residents. The County also provides assistance to families and individuals who are either homeless or at imminent risk of homelessness but are ineligible for assistance through Welfare, CEP or State Social Services for the Homeless grant funded providers. Hudson County also operates the Warming Center during the winter months to provide unsheltered homeless individuals a warm and safe place to spend the night.

These activities are coordinated and fortified by a number of groups in the County. The Hudson County Alliance to End Homelessness (HCAEH) is a consortium of homeless housing, services and shelter providers, consumers, advocates and government representatives working together to shape countywide planning and decision making. It's Co-Chaired by the County of Hudson's Division of Housing & Community Development and the City of Jersey City's Division of Community Development. As mentioned previously, the County Division also oversees the Annual Point In Time

Count, the CEP, the Emergency Solutions Grant (ESG) Program and the Homeless Trust Fund. The CEAS (Comprehensive Emergency Assistance System), a subcommittee of the Hudson County Department of Health and Human Services Human Services Advisory Council (HSAC) is focused on providing recommendations for SSH funds for the County and also encompasses the Food and Shelter Coalition.

The CEP operated with 2 locations across the County where homeless persons, or those at imminent risk, can seek streamlined access to homelessness services including comprehensive intake and assessment, as well as linkages to case management, housing and supportive services.

Hudson County Family Services provides a number of programs to eligible families including Emergency Assistance, Homeless Prevention Assistance and Temporary Rapid Rehousing Assistance and outreach services to residents in Hudson County Landlord Tenant Court to help prevent evictions. In addition, there are programs for County residents that target specific subpopulations such as families involved with Department of Children and Family Services Division of Child Protection and Permanency (DCP&P); Veterans; and individuals re-entering the community from a correctional facility.

United State Housing and Urban Development (HUD) Comprehensive Housing Comprehensive Housing Affordability Strategy data indicates that for 2019 there were 23,830 vouchers in Hudson County, 6,878 of which were Section 8 project based vouchers. Nine of the eleven municipalities operate public housing programs: Guttenberg; Harrison; Secaucus; Weehawken; West New York; Bayonne; Hoboken; Union City and North Bergen. Note that the data does not include the Jersey City Housing Authority as Jersey City is an entitlement community not included with Hudson County.

Summary: Nature of the Need

Input from focus groups, interviews and surveys indicate that Hudson County residents go to the following resources to obtain, or get information about, housing assistance: the CEP program; the homeless hotline (211), The County Division of Welfare; municipal public housing authorities; government agencies like Hudson County Department of Health and Human Services Office of Homeless Services and the Office of Planning and Community Development; school homeless/McKinney Vento coordinators; town halls; community agencies; federally qualified health centers; family and friends; church and DCP&P.

Survey monkey results identified the top barriers to housing in Hudson County as follows: waiting lists, lack of awareness of services and expense. A number of individuals answered “other” and wrote in responses that are captured below.

Naturally occurring affordable housing is very hard to come by in the County. In discussing the cost of housing during interviews and focus groups, multiple voices expressed that development and gentrification were driving the housing crisis in multiple areas of the County. Many longtime residents have been driven out of their homes because of rising rent prices or increased house values and the resulting, higher, unaffordable taxes. It was noted that many of those being displaced are working poor families ineligible to receive homeless prevention services.

Respondents to the 2019 survey monkey assessment conducted by the Department of Health and Human Services identified financial assistance for rent/utility costs and assistance with finding affordable, decent and safe housing as the top two needs in the County. Respondents identified waitlists/shortage of providers and lack of information as the biggest obstacles to achieving these supports.

For those eligible for assistance, the application process for housing assistance can also be cumbersome and lengthy. Assessment participants suggested that clients are asked to provide information that is sometimes difficult for them to obtain, such as birth certificates, which clients may or may not have money to purchase. In addition, the long process of eligibility determination can compound the crisis homeless families are already experiencing. Others mentioned communication issues with welfare regarding eligibility and paperwork. For those receiving assistance, the duration of programs like Rapid Rehousing and Temporary Rental Assistance were also mentioned as a hurdle. Some voiced that the programs do not last long enough for homeless individuals to gain stability, find sustainable employment and achieve self-sufficiency.

Landlords and credit checks were identified as significant obstacles as well. Residents with criminal backgrounds and/or bad credit have difficulty finding housing. Others such as undocumented workers (with no credit) and large families with a number of children reported difficulty in finding landlords that would accept them as tenants.

Lack of inventory for those with housing vouchers is a significant concern. Those with housing vouchers reported difficulty in finding landlords that will accept vouchers. In addition, the number of residents that are eligible for public housing often exceeds the number of available units. Units offered in many public housing facilities lack modernization and are over 30 years old. Others point to safety issues in neighborhoods where vouchers are accepted or where subsidized housing is available.

Housing that is physically accessible is also difficult to come by in Hudson County without paying a premium price. Much of the affordable housing in the County is within old vertical housing stock and is inaccessible to people with physical disabilities. As mention earlier, newer housing going up now with elevators and other accommodations is for the most part being built as “luxury housing” and is not within financial reach of the County’s lower income residents.

Housing specific to youth and to LGBTQ+ residents were cited as needs repeatedly during interviews and on surveys. Populations that were mentioned as specifically vulnerable to homelessness included seniors with fixed incomes, single parent households, and residents with mental health and substance use issues. It was noted that Black/African American residents face homelessness disproportionately. In addition, it was mentioned that domestic violence victims have difficulty sometimes qualifying as homeless or in need of shelter because they do not fit the criteria of imminent risk.

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

Many of the most effective measures localities can take to increase affordable housing inventory – such as the implementation of inclusionary zoning regulations, tax incentives for developers or split tax rates for incumbent residents of gentrifying neighborhoods – lay within the jurisdiction of municipalities and not the County itself.

In one focus group participants mentioned that the County could work to cultivate and incentivize landlords to accept vouchers and credit challenged individuals. One suggestion including the County brokering partnerships between banks and community-based organizations to encourage equitable development. Several respondents mentioned that the County could do more to increase the County Housing Trust and use the funds to produce more affordable and accessible housing stock. Another respondent mentioned that the County approach large private employers to discuss providing housing assistance benefits to employees.

In terms of prevention, the County could continue its work to provide services that prevent and address mental health and substance use, both of which have been cited as barriers to employment and consequently housing. In addition, increasing salaries and employment opportunities through Hudson County Workforce Development Board partnerships with the private sector can help the County's low income residents generate more income and afford rising housing costs.

Finally, the County can engage the Department of Children and Families Office of Adolescent Services to identify opportunities to provide needed housing options and supports for this County's homeless youth.

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

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.	97	28 %	39.18 %	9.28 %	7.22 %	15.46 %	100 %
2. Anyone in the county is able to access services.	98	12.24 %	38.78 %	18.37 %	8.16 %	22.45 %	100 %
3. Services are widely advertised and known by the county.	99	22.22 %	39.39 %	20.20 %	7.07 %	11.11 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	97	8.25 %	16.49 %	29.90 %	10.31 %	35.05 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	96	6.25 %	16.67 %	39.58 %	8.33 %	29.17 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	97	2.06 %	28.87 %	30.93 %	12.37 %	25.77 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	104	67	64.42%
Services do not exist	104	26	25%
Transportation	104	35	33.65%
Cannot contact the service provider	104	30	28.85%
Too expensive	104	39	37.50%
Lack of awareness of service	104	61	58.65%
Cultural Barriers	104	39	37.50%
Services provided are one-size fits all, and don't meet individual needs	104	31	29.81%
Stigma Leads to Avoidance	104	25	24.04%
Eligibility Requirement (explain below)	104	36	34.62%
Other (explain below)	104	48	46.15%

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 **Hudson County**, the food insecurity rate for households was approximately 10.7 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

Looking at the data, food insecurity in Hudson County appears to have been on the decline prior to the current COVID-19 pandemic. In 2015, the most recent date for which information is available, Hudson County's food insecurity rate was about 10.7% according to 2015 data from feedingamerica.org. This rate has remained steady over time. It is higher than the national rate of 9.6% and lower than the State rate of 12.5%. The County has the seventh highest rate in the State according to the 2015 data.

Numbers for WIC, free or reduced lunches and SNAP have decreased over time. New Jersey Department of Health and Senior Services via Annie E Casey Kids Count information estimates that in 2017, 20,129 Hudson County residents enrolled in the WIC nutritional program. These numbers have decreased steadily over the years from 23,004 in 2014. The number of children receiving free or reduced lunches has remained steady between 2013 and 2018. In 2018, 40,101 children received free or reduced lunches according to the New Jersey Department of Agriculture via Annie E Casey Kids Count and the American Community Survey 2012-17 five year estimates. In addition, information from the New Jersey Department of Human Services, Division of Family Development indicates that the number of children receiving NJ SNAP benefits (formerly food stamps) has decreased between 2013 and 2017 from 52,615 to 42,904 respectively.

Notably, assessment participants paint a different picture of food insecurity within Hudson County in recent years. A few providers interviewed expressed seeing a lot more dire need for both food and housing for families in Hudson County over the last five years and attribute it to a higher cost of living, low wage jobs and increased evictions.

Compounding the existing need for food assistance is its escalating cost. Recent prices for food have risen in the County. From May 2019 to May 2020, the food index advanced 5.6 percent. Prices for food at home climbed 7.1 percent, and prices for food away from home rose 3.7 percent

There are about 11 food congregate sites in Hudson County primarily for seniors and people with Disabilities. Hudson County runs a Meals on Wheels program for the same population and several municipalities also deliver meals to the elderly. There are at least 11 formal soup kitchens and food distribution sites in Hudson County. During the pandemic other community food distribution sites have sprung up in churches, housing authorities and in people's yards as "community fridges". The Comprehensive Emergency Assistance System (CEAS) Food and Shelter Coalition is a County council that convenes providers and residents to improve coordination and access to food and shelter in the County.

Food insecurity is an especially timely topic for Hudson County and the nation. The COVID-19 Pandemic has increased the need for, and distribution of, emergency food throughout the County since March 2020. The estimated 40,101 children receiving free breakfast and lunch at school were particularly impacted. Schools throughout the County continued to distribute food on-site but some families reported difficulty accessing the food because of location and times of distribution. A school representative participating in the needs assessment highlighted the long lines at food pantries during COVID and expressed a common sentiment that given the current economic climate, "they won't be going away anytime soon."

Seniors and people with disabilities have experienced significant increased rates in food insecurity during the Pandemic due to the closure of congregate meal sites and the inability of many to shop for themselves because of high risk health conditions and a lack of transportation.

In response, Hudson County Department of Health and Human Services has coordinated a number of efforts to meet the food needs of residents during the Pandemic including the provision of grocery and meal delivery to individuals with disabilities, seniors, veterans, people with HIV and the homeless. In addition, the County has worked with the Community Food Bank to conduct two large scale food distribution events for residents in North and West Hudson.

Unfortunately, COVID-19 is projected to have significant long-term negative consequences on food security in Hudson County. In its report "COVID-19's Impact on Food Security in New Jersey", the Community Foodbank of New Jersey projects that Hudson County's food insecurity rate will increase almost 5 percentage points from 10.9% to 15.8% in 2020. More than 105,000 Hudson County residents are projected to be food insecure this year, which is the second highest food insecure population of the state. Over 32,600 residents will be newly food insecure due to COVID 19.

Summary: Nature of the Need

Knowledge about food resources and transportation were identified as significant barriers by survey respondents. Frequent mention was also made of people in need not meeting eligibility criteria. To paraphrase one survey respondent, a higher income eligibility should be considered, particularly for working families that are in need of food assistance.

Some participants claimed that the level of assistance provided is often not adequate to meet the need particularly for SNAP benefits. Relating to access, one participant noted that setting up remote office days to review food benefits throughout the County would help many families.

Other respondents underscored that many residents are not familiar with how to access services and that greater efforts are needed to educate residents that are not connected to the welfare system including the creation and distribution of a list of food pantries particularly in languages other than English. Transportation to food distribution sites is also an issue, particularly for individuals living in West Hudson. Note: The Department of Health and Human Services has provided several municipalities, including those in West Hudson, with lists of food pantries in English and Spanish. It appears that more outreach work does need to be done in this area.

Several highlighted that local food pantries struggle with funding for necessary, non-food items such as refrigerators, freezers, and cargo vans to transport food. In addition, many local food pantries are run by volunteers and are in need of paid staffs, not just volunteers, to ensure consistency and sustainability. Some food pantry buildings need repair or upgrading to the facilities. It was noted that there are limited operational grants for these grassroots organizations and frequently funding for food is granted to million dollar organizations, not community based agencies. Local food pantries are strapped with meeting the daily needs of community food challenges without any support. One participant suggested that the County or municipalities could broker business sponsorships to provide year round funding of local food pantries.

The health of the County's residents was also mentioned during focus group discussions of food. Several claimed that food insecurity combined with a lack of resources can cause people to purchase cheap, highly processed foods that are prone to being high in calories, fat, sugar, and lack of nutrients that support bone health, immunity, and overall health. One suggestion to address this issue was for county leaders to implement a program that provides emergency food assistance to help supplement the diets of individuals and that encourages local grocery stores and restaurants offering small discounts for individuals.

On a positive note, one respondent mentioned that the pandemic has highlighted the food access options in the community because they have been shared more frequently. She indicated feeling better equipped to refer clients to resources now than before the pandemic. Another individual

mentioned that the County and other service providers should use local food pantries for outreach, as they are highly utilized, particularly now.

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

In late 2020, Hudson County Department of Health and Human Services will convene a Food Security Task Force within its Human Services Advisory Council to address immediate food needs within the County and to strengthen the existing food distribution network, engage additional resources to combat hunger and increase access to healthier food options.

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

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.	96	12.50 %	37.5 %	26.04 %	10.42 %	13.54 %	100 %
2. Anyone in the county is able to access services.	95	8.42 %	35.79 %	34.74 %	7.37 %	13.68 %	100 %
3. Services are widely advertised and known by the county.	95	12.63 %	41.05 %	26.32 %	9.47 %	10.53 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	94	4.26 %	23.40 %	29.79 %	10.64 %	31.91 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	94	2.13 %	18.09 %	43.62 %	6.38 %	29.79 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	94	3.19 %	26.60 %	37.23 %	8.51 %	24.47 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	93	33	35.48%
Services do not exist	93	22	23.66%
Transportation	93	50	53.76%
Cannot contact the service provider	93	29	31.18%
Too expensive	93	18	19.35%
Lack of awareness of service	93	61	65.59%
Cultural Barriers	93	34	36.56%
Services provided are one-size fits all, and don't meet individual needs	93	25	26.88%
Stigma Leads to Avoidance	93	27	29.03%
Eligibility Requirement (explain below)	93	15	16.13%
Other (explain below)	93	27	29.03%

Need Area: Health Care

Status: Prioritized 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 **Hudson County**, the estimated proportion of children under 18 years old (minors) with no health insurance coverage was 6.3 percent in 2017. This percentage is **greater 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 Hudson County in 2018, there were 534 reports of lack of or no prenatal care. This was a **decrease** of 52 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

Most Hudson County residents have insurance covering healthcare for themselves and their families. New Jersey Department of Health statistics indicated that as of 2017, 87.3% of the population of Hudson County had health coverage, with 47.7% on employee plans, 22.9% on Medicaid, 7.82% on Medicare, 8.31% on non-group plans, and 0.602% on military or VA plans. Without accounting for population size, Hudson County has the 2nd highest NJ Family Care Medicaid Participation of NJ counties. The 2017 Kids Count Data Center indicates that there are 77,643 children in Hudson County receiving NJ Family Care. Approximately 13.2% of Hudson County residents under 65 years of age are uninsured.

A significant portion of the County's younger residents do face healthcare hardship. Hudson County has an estimated 6.1% of children under the age of 18 without health insurance, in comparison to the New Jersey average rate of 4.4%. The municipalities with a number higher than the State average of children without health coverage include: East Newark (15.6%); Kearny (9.2%); North Bergen (8.1%); Union City (7.8%). It is notable that a significant proportion of the residents in these municipalities are foreign born.

Both the 2019 Community Health Needs Assessments of Jersey City Medical Center RWJ Barnabas Health and Hackensack Meridian Health Palisades Medical Center Hudson County assert that the

most significant health issues include chronic disease management (cancer, diabetes and hypertension), preventive health and access to care.

Although deaths due to heart disease and cancer and reports of diabetes have been on the decline in Hudson County, incidents of heart attacks have increased as have smoking rates according to the JCMC 2019 Needs Assessment. During the same time period, the percent of adults reporting no leisure-time physical activity in Hudson County trended upward from 27% in 2014 to 36% in 2016. The same report reveals that rates of pap smears have declined as have colorectal screenings. Additionally, rates of flu shots and pneumonia vaccines are lower than the state average.

Hudson County is also below the average of New Jersey counties for the percentage of children meeting all immunization requirements. The New Jersey Annual Immunization Status Reports from 2018-2019 indicate that Hudson County has a child immunization rate of 93% compared to the state average of 94%. Immunization rates in the County since 2013 have ranged from a high of 95.9% (2013-2014) to a low of 89.6% in 2014-2018.

Related to preventive health, Hudson County has the second highest report of late or lack of prenatal care in New Jersey. The Center for Disease Control reports that Hudson had 534 reports of late or lack of prenatal care in 2018. This number has decreased steadily from 586 in 2017 and 613 in 2016. Late prenatal care is considered month 7 to birth. This statistic is calculated as a percentage of births that occurred to mothers, who, on their child's birth certificate, reported receiving prenatal care only in the third trimester of their pregnancy, or who reported receiving no prenatal care. Key informants attributed this low number to low income women and women without insurance not knowing that they have presumptive eligibility for prenatal care services. Another key informant noted that a number of women in North Hudson are transient and frequently travel interstate and out of the Country and therefore have limited access to consistent healthcare.

Even equipped with health insurance, many Hudson County residents face significant difficulty in accessing the care they need in a timely fashion. Robert Wood Johnson Foundation's County Health Ranking and Roadmaps for 2019 identifies Hudson County as having the worst access to clinical care in the state of New Jersey. The report highlights significant access issues to care. The ratio of primary care providers to patients is estimated at 1 provider per 1,950 residents. Dentist to patient ratios are similarly low – 1 dentist per 2,590 residents.

Cost of care is prohibitively expensive to those without coverage and also to those with insurance. Many respondents indicated that co-pays have become a significant financial hinderance to care. Reflecting this, per capita personal health care spending in the county of Hudson County, NJ was \$8,859 in 2014. This is a 4.91% increase from the previous year (\$8,444).

There are six hospitals in Hudson County: CarePoint Health – Bayonne Medical Center; CarePoint Health – Christ Hospital, Jersey City; CarePoint Health – Hoboken University Medical Center; Hackensack Meridian Health Palisades Medical Center, North Bergen; Hudson Regional Hospital in Secaucus; and Jersey City Medical Center RWJ Barnabas Health. There are three federally qualified health centers in Hudson County. North Hudson Community Action Corporation (with sites in Harrison, Jersey City, North Bergen, Union City, and West New York); Metropolitan Family Health Center (with sites in Jersey City and West New York); and Alliance Community Health Care (Jersey City).

Summary: Nature of the Need

When asked where residents in Hudson County went to receive, or find out about health care, respondents mentioned primary care providers, emergency rooms, Welfare (for insurance), and federally qualified health centers. Participants also responded to this question by stating that many residents do not pursue health care because they either do not have insurance and cannot afford the expense of the visit or they have insurance and cannot afford the co-pays.

Survey monkey results identified the top barriers to health care as a lack of awareness about services, transportation, expense and wait lists.

Undocumented and non-resident individuals living in Hudson County face significant obstacles to pursuing health care including ineligibility for many programs, fear of ICE as well and cultural and language barriers. In addition, some of these families are unaware of the programs for which they are actually eligible. One key informant indicated that many families with whom she worked did not know that because their children were born in the United States, they are eligible for Family Care and SNAP. The undocumented are not the only population unaware of the entitlements for which they are eligible. Other respondents mentioned that many families do not know about Charity Care, Medicaid and Family Care.

Transportation is a significant obstacle for accessing services, particularly those in the West Hudson area which is isolated from both hospitals and federally qualified health centers. One provider in Kearny mentions that many families there have to use the Harrison or Newark train stations to commute to Jersey City and prefer to go to Newark because of the ease.

Transportation issues are also driven by the lack of specialists available in the County and waiting times for the clinicians and specialists that are in Hudson. Several interviewed respondents cited the lack of specialists at federally qualified health centers and in the County in general for procedures like colonoscopies and ultrasound for cancer. Others indicated difficulty in finding medical care for children and adults with special needs in the County. Because of these shortages, and long waiting

times for clinicians and specialists that are here, residents must travel outside of the County to access more timely medical consultations and general services. These options become restricted when transportation is limited.

As mentioned previously, financial barriers to health care loom large in Hudson County. Many working families make too much to qualify for Medicare but not enough to be able to afford adequate care. In the words of one survey respondent, “the income threshold is impeding families from being permitted access to affordable or free full-coverage healthcare. Although many families obtain a steady income of \$2,000-2,200 per month, that doesn’t necessarily mean they are able to pay an additional \$80+ for a health care plan.”

A 2019 survey by the Hudson County Department of Health and Human Services confirms the demand for fiscal assistance with health care. Twenty six percent of 1,047 survey takers identified financial assistance with prescription cost as the fourth highest need within the County.

Stigma was also mentioned specifically with regard to residents with HIV and LGBTQ+ residents. A lack of awareness among medical staff limits the services available to these populations. A specific example mentioned was OBGYN services for transgender men. Office procedures and forms typically do not identify all genders and many doctors do not know the right questions to ask around sexuality and gender.

One key informant raised the issue of overburdened systems and staff. Because of costs, many residents rely heavily on Federally Qualified Health Centers which become over utilized and are frequently understaffed by doctors and specialists. Doctors at these Centers are frequently paid half of what they would be at a typical hospital and can be difficult to recruit.

One health provider at a Federal Qualified Health Center indicated that frequently patients lack the motivation to follow through on health advice from doctors. Once they leave the doctor’s office, they don’t know what needs to be done and they have many additional barriers in life such as poverty and lack of housing with which they must contend.

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

Many of the challenges mentioned by respondents are specific to medical facilities and the County does not operate an acute medical facility. In addition, County government does not have the expertise, or medical staff, to take on many of the challenges mentioned in the previous sections, particularly the most urgent issue of a lack of available clinicians and specialists in the County.

Hudson County does have partnerships with hospitals and medical centers that can be maximized to improve outreach and educational activities that improve health literacy and boost awareness around

chronic disease management, prevention and available resources. The County can also facilitate linkages between the providers of programs being funded by the County and health providers.

Several respondents recommending funding Community Outreach programs to ensure the community has greater access to services such as glucose testing, blood pressure screening, vision testing, hearing testing, cholesterol screening, etc.

The County's continued efforts to address poverty, substance use and mental health will also have ongoing positive impact upon community health.

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

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.	94	11.70 %	36.17 %	37.23 %	5.32 %	9.57 %	100 %
2. Anyone in the county is able to access services.	94	9.57 %	37.23 %	34.04 %	5.32 %	13.83 %	100 %
3. Services are widely advertised and known by the county.	94	11.70 %	37.23 %	29.79 %	7.45 %	13.83 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	93	6.45 %	24.73 %	31.18 %	6.45 %	31.18 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	94	2.13 %	21.28 %	48.94 %	6.38 %	21.28 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	94	1.06 %	29.79 %	39.36 %	8.51 %	21.28 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	96	36	37.50%
Services do not exist	96	22	22.92%
Transportation	96	42	43.75%
Cannot contact the service provider	96	33	34.38%
Too expensive	96	40	41.67%
Lack of awareness of service	96	47	48.96%
Cultural Barriers	96	35	36.46%
Services provided are one-size fits all, and don't meet individual needs	96	26	27.08%
Stigma Leads to Avoidance	96	21	21.88%
Eligibility Requirement (explain below)	96	32	33.33%
Other (explain below)	96	37	38.54%

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 Hudson County there was a total of 2,236 violent crimes in 2016 and the *violent crime* rate per 1,000 was 3.3% 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 53 arson, 1,072 motor vehicle theft, 7,859 larceny and 1,657 burglary in Hudson 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

Hudson County has been hard hit by violence over the last year. The December 2019 mass murders of residents at a Jersey City kosher market compounded the trauma of a community already reeling from increased gun and gang violence. The murder of George Floyd, and the event's affirmation of continued systemic racism throughout the Country, has heightened tensions between the community and law enforcement, increasing mistrust and perceptions of safety.

Although crime and violence are experienced with great intensity in some areas of Hudson County, rates of violent crime in the County are on the decline according to the NJ State Health Assessment. 2019 Uniform Crime Report data indicates that in 2019 Hudson County had 8 arrests for murder, 28 for rape, 307 for robbery, 874 for assault, 421 for burglary, 1,284 for larceny and 85 for auto theft.

Hudson County juvenile arrests have gone down by a rate of 18.3% from 1,298 in 2015 to 1,053 by 2018 according to the New Jersey Juvenile Justice Commission. Overall, most juvenile arrests have decreased. Property offenses have increased over the past 3 years by 26.9%. There was a trend of decline in the juvenile detention admissions. In 2015, there were 275 admissions but in 2018 there were 258 admissions, representing a change of 6.2%. The incidents of juvenile violence increased to 10.6% from the number of 301 to 333 from 2015 to 2018. Vandalism numbers have also increased by 4.1% to 51 %. Weapon incidents have decreased by 7.5%.

In Jersey City, the homicide rate in 2018 was 5.6 per 100,000 residents. That compares to 33.7 in Atlantic City that year, 29.5 in Camden and 27 in Newark. Although Jersey City homicide rates have decreased overall, the Southern Section of Jersey City, which is predominately Black, continues to contend with frequent gun violence and gang activity.

Black residents of Hudson County disproportionately experience crime and the police. During 2017, Hudson County's homicide rates indicate that rates for black, non-Hispanic residents are higher than for Hispanic residents.

A 2015 study by the American Civil Liberties Union entitled "Selective Policing – Racially Disparate Enforcement of Low-Level Offenses in New Jersey" found that Blacks in Jersey City are 9.6 times more likely to be arrested than Whites for the low-level offenses studied.

In addition, there is significant disproportionate minority contact with the juvenile justice system in Hudson County. Black youth comprised 7% of the youth population arrested in 2018, an increase of .4% from the 2015 rate of 6.6%. In contrast, White youth were arrested at a rate of 1.3% in 2015 and .9% in 2018. Latinx/Hispanic young people were arrested at a rate of 2.0 % in 2018, a decrease of .3% from the 2015 rate of 2.3%. Juvenile arrest rates have been disproportionately higher among Black and Latinx youth even though each group makes up a smaller percentage of the overall population.

The Hudson County Youth Services Commission works to address these issues by providing preventive, targeting programming in specific communities experiencing violence and by keeping young people in the community and out of detention through diversionary programs that link young people to positive role models and opportunities.

Summary: Nature of the Need

Survey and interview participants identified the following resources that people go to for community safety: the police (although some individuals go in secret, afraid of reprisal), community leaders, elected officials, and advocacy groups like the Jersey City Anti-Violence Coalition Movement (J.C.A.C.M.) J.C.A.C.M., which was founded in 2014 by a group of concerned residents to help the community come together to combat violence and community mentors.

Community mentors were also included as a resource for young people with concerns about safety. Grassroots organizations such as Guazabara Insights LLC, Frank Educational Gilmore and Go Get My Kids have partnered with Hudson Partnership CMO to provide community-based intensive individual and group mentoring to youth involved with the justice system and living in Jersey City public housing. Hudson County Department of Health and Human Services Youth Services Commission has funded some of these initiatives.

Respondents also indicated that residents might take matters into their own hands because of fear or distrust of the criminal justice system. For example, on May 30, 2020 in Jersey City several gang members from 8 different public housing areas came together in Liberty State Park to call a truce to violence crime. Unfortunately the truce was broken a few weeks later.

Trust is a significant barrier to public safety in Hudson County, particularly for communities of color. Many respondents reported not feeling listened to by the police and stated that the police do not respond in a timely manner, if at all, to incidents in their neighborhoods. Other participants cited historic police brutality in Jersey City as a deterrent to trust. Some respondents did not feel comfortable going to the police because of language barriers or because of their legal status.

Many participants communicated that police culture in the County's municipalities needs to change and that they need to be more integrated into the community. Some suggested having a residency requirement for police officers, others felt the police should get out of their vehicles and be on the "street beat".

Others cited successful Jersey City Police Department programs like "coffee with a cop" as good outreach models that should be replicated. It was suggested that more consistent efforts to hold community events and meetings that support relationship building and provide information about all services available would be valuable to building a healthy relationship with community members.

Participants also discussed the large budget of municipal police departments and suggested some of those funds should be diverted to fund needed social workers and prevention programs for young people.

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

Hudson County does have the opportunity to address some of the safety concerns voiced by residents and providers. The Hudson County Department of Health and Human Services and the Prosecutors Office currently partner to provide Crisis Intervention Training to police officers regarding adults with mental health issues and development disabilities. This model was cited as a good program for replication in the topics suggested above. Certainly additional trainings for law enforcement focused on youth, diversity and cultural competency could be pursued by the County.

The County is also developing new approaches to youth involved with the justice system that provide meaningful engagement within their communities. One such initiative involves a partnership among community-stakeholders, system partners, the Department of Health and Human Service and other County Departments that will link youth to community leaders to help prevent recidivism and involvement with the justice system.

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

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.	94	17.02 %	35.11 %	29.79 %	4.26 %	13.83 %	100 %
2. Anyone in the county is able to access services.	93	9.68 %	32.26 %	33.33 %	5.38 %	19.35 %	100 %
3. Services are widely advertised and known by the county.	94	12.77 %	40.43 %	26.60 %	3.19 %	17.02 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	94	7.45 %	26.60 %	23.40 %	8.51 %	34.04 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	94	6.38 %	23.40 %	28.72 %	5.32 %	36.17 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	93	5.38 %	24.73 %	24.73 %	6.45 %	38.71 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	87	20	37.50%
Services do not exist	87	28	22.92%
Transportation	87	25	43.75%
Cannot contact the service provider	87	20	34.38%
Too expensive	87	18	20.69%
Lack of awareness of service	87	46	52.87%
Cultural Barriers	87	43	49.43%
Services provided are one-size fits all, and don't meet individual needs	87	21	24.14%
Stigma Leads to Avoidance	87	26	29.89%
Eligibility Requirement (explain below)	87	12	13.79%
Other (explain below)	87	21	24.14%

Need Area: Employment and Career Services

Status: General 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.)

The Bureau of Labor's data from 2018-2019 indicates that Hudson County's unemployment rate of 3.6% was lower than the State rate of 4%. In January 2020 the rate was 3.8%. Unemployment spiked to 17.6% in June 2020. The New Jersey unemployment rate in January was 3.7% and in June 2020 was 16.8%.

Need Assessment Key Findings

Summary: Scope of the Need

Average wages in Hudson County have increased but still do not meet cost of living estimates for the area. Preliminary data from Bureau of Labor Statistics estimates the 2018 average weekly wage in Hudson County to be \$1,496, which is about \$200 more than the state average of \$1,264. Wages in Hudson County have seen a slight, but steady increase over the last two years. Economic Policy Institute data.

Across each New Jersey County, men make more money than women. In Hudson County, men's average income was \$53,500, while women earned about \$50,000 according to American Community Survey estimates for 2013-2017. For that same time period, the average salary for men in New Jersey was \$63,264 and for women it was \$51,055. The median income for men and women has remained steady between 2013 and 2017. Men consistently earn about \$10,000 more than women.

Hoboken had the highest income of averages for men and women across the county's municipalities during this time period, totaling \$100,524 and \$78,224 respectively. American Community Survey data reflected that Union City had the lowest average wages for men and women, \$32,430 and \$26,922 respectively.

More recent data from the Bureau of Labor Statistics indicates that workers in the New York-Newark-Jersey City, NY-NJ-PA Metropolitan Statistical Area had an average (mean) hourly wage of \$32.11 in May 2019, about 25 percent above the nationwide average of \$25.72.

The Bureau of Labor’s data from 2018-2019 indicates that Hudson County’s unemployment rate of 3.6% is lower than the State rate of 4%. It should be noted that the COVID pandemic has had a significant impact upon the economy and employment which is not reflected in the data presented in this assessment.

According to 2019 New Jersey Department of Labor statistics, the key industry clusters in Hudson County that make up about 75% of all private employment in Hudson County are finance and insurance; transportation, distribution and livery; retail; leisure and hospitality; health care; technology; manufacturing and life sciences. This distribution is very similar to the state as a whole. Hudson County has a unique industry composition in comparison to other parts of the state. The finance and insurance and transportation and warehousing industries stand out with a much stronger presence compared to other counties. Manufacturing has a much weaker presence in this county than in other parts of the state.

The Department of Labor projects that the majority of employment growth in Hudson County will be in service-providing industries. The Department projected that the following occupations will add the most jobs in Hudson County from 2016 to 2026: software applications developers (1,190 jobs); Laborers of freight and stock (1,150), Home Health aides (980); combined food preparation and serving workers (710); and Janitors and cleaners. (610). It should be noted that the majority of these jobs are low wage and low mobility opportunities.

Burning Glass Technologies indicates that in 2019 three-quarters of all online job postings in Hudson County over the past year are seeking candidates with at least some postsecondary education. American Community Survey Data from 2014-2018 estimates that 84% of residents in Hudson County have a high school diploma and that 40.9% have a college degree.

Hudson County is one of the major transportation hubs of the United States. Major roads and crossings include: the Holland and Lincoln Tunnels and Bayonne Bridge to New York; the New Jersey Turnpike; Interstates 78, 95, and 280; and U.S. Routes 1 & 9. Hudson County also has an extensive mass transit and infrastructure, including the PATH, the Hudson Bergen Light Rail system and many bus lines. Hoboken Terminal is a major hub of train, bus and ferry activity. Hudson County also provides a transportation service, TRANSCEND, which is designed to help eligible residents receive the mobility they need to work and live in the Hudson County community. Seniors over 60, persons with disabilities over 18, and veterans are all eligible to participate. Several municipalities in Hudson County run their own transportation services.

According to 2017 American Community Survey, the average work commute time of residents in Hudson County (35.7 minutes) is longer than the state average of 31.5 minutes. Of the municipalities with data available for Hudson County, Hoboken (39.4 minutes) and Guttenberg (39.2 minutes) have the longest average commute times.

There are three New Jersey Department of Labor Career One Stop Career Centers in Hudson County: Hudson County One Stop (located in Union City), the Jersey City Employment and Training Program in Jersey City and the Family Services Community Reintegration Leap Into Learning One Stop Job Center at the Kearny Jail. The Division of Vocational Rehabilitation Services for Hudson County is located in Jersey City. The Hudson County/Jersey City Workforce Development Board (WDB) oversees the One Stops in Hudson County and Jersey City. The Hudson County WDB also receives funding through the Department of Labor to provide services to youth. Seventy percent of these funds must be directed to out of school youth in Hudson County.

Project Search, currently implemented in Hudson County by the Department of Health and Human Services Office of Disability Services, is a program that provides hands on training in competitive fields to both youth and adults with development disabilities. Continuing to expand this national model would help to provide more opportunities to the County's residents with disabilities.

The County is also planning a Youth One Stop Model targeted to justice involved youth that will co-locate employment training programs with services to address barriers such as mental health, substance use, housing and childcare.

The Department of Labor identifies the following as the most utilized post-secondary education institutions in Hudson County; New Jersey City University; Hudson County Community College; Saint Peter's University; Branford Hall; Career Institute; National Career Institute; Robert Fiance Beauty Schools; P C Age - Jersey City; Total Image Beauty Academy; Eastern International College; and University of Phoenix - New Jersey. Stevens Institute in Hoboken is another college within the County.

Summary: Nature of the Need

Viable employment with a liveable wage is an urgent need for many Hudson County residents in order to meet the rising cost of housing in Hudson County.

When asked where residents go to obtain employment and training services, respondents identified the One Stops, job fairs, online , friends, college, community organizations, government agencies, unions, staffing agencies, the Liberty Family Success Center and libraries.

Both lack of awareness of employment and training opportunities and transportation ranked as the top service needs in regards to this area. Several mentioned that the One Stops should provide more career fairs and outreach events throughout the County. Others mentioned that there should be One Stop services available in each municipality.

With regard to transportation, participants noted that residents in the area of Western Hudson County have difficulty getting to areas of Jersey City with more employment opportunities by public transportation. In addition, respondents indicated that several bus lines serving lower income areas

of Jersey City have been cut in recent years. It should be noted that Jersey City has started an on demand shared transportation service for residents to combat some of the transportation issues in Jersey City.

Other respondents noted that many of the employment and career services offered are available only if you are already unemployed and seeking work. These programs are not advertised and/or accessible to those who may need to upskill their current abilities to obtain better paying jobs. Several subpopulations were mentioned as facing additional barriers to employment and training. Respondents mentioned that there needs to be more options for people with disabilities and that waiting lists for programs through DVRS need to be expedited. Mental health and substance use were also identified as significant barriers to participation in employment programs.

Several participants indicated that people with a criminal background also face significant obstacles and that more should be done to tailor employment training specifically to this population.

Language is also a barrier that many individuals cited and a need for more English as a Second Language education was communicated. One provider noted that they have had immigrant clients turned away from services because the provider believed the client did not speak enough English. In some cases, English was the client's first language but they spoke with an accent. Some providers mentioned that it was difficult to link undocumented workers to employment or related services even though a lot of these families want to work and pay taxes. Providers asserted that they should be granted work identification cards as an alternative to social security numbers. This can be a path to legalization of immigration status.

Parents with children also face particular barriers to attending evening training programs because of childcare issues. One participant mentioned the trend of baby boomers working into their 80s because of increased living expenses in the area. Another mentioned that the age group of 25-34 is frequently overlooked.

Participants noted that schools should start early with imparting life skills and social and emotional learning opportunities upon middle school students that could translate to work readiness skills. Respondents indicated that older youth and young adults need more assistance with regard to employment training, and that current programs involving young people in apprenticeships should be expanded.

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

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

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.	92	18.48 %	38.04 %	26.09 %	1.09 %	16.30 %	100 %
2. Anyone in the county is able to access services.	92	16.30 %	29.35 %	26.09 %	5.43 %	22.83 %	100 %
3. Services are widely advertised and known by the county.	92	15.22 %	38.04 %	21.74 %	2.17 %	22.83 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	91	4.40 %	21.98 %	29.67 %	5.49 %	38.46 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	92	6.52 %	11.96 %	41.30 %	3.26 %	36.96 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	92	3.26 %	22.83 %	33.70 %	4.35 %	35.87 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	92	36	39.13%
Services do not exist	92	22	23.91%
Transportation	92	39	42.39%
Cannot contact the service provider	92	24	26.09%
Too expensive	92	16	17.39%
Lack of awareness of service	92	51	55.43%
Cultural Barriers	92	30	32.61%
Services provided are one-size fits all, and don't meet individual needs	92	25	27.17%
Stigma Leads to Avoidance	92	13	14.13%
Eligibility Requirement (explain below)	92	17	18.48%
Other (explain below)	92	26	28.26%

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

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

New Jersey's Child Care Subsidy Program, through the New Jersey Department of Human Services Division of Family Development, is designed to support and help low- to moderate-income families afford child care services. To be eligible for the program, a parent must be employed (30 hours per week) or in an education/training program (12 credits/20 classroom hours) or a combination employment, education/training program equivalent to full time that meets program eligibility requirements determined by the CCR&Rs, may be eligible.

The New Jersey subsidy program is administered locally through the Urban League of Hudson County, which is the designated County Child Care Resource and Referral (CCR&R) agency. Urban League provides resource and referrals to services for families seeking child care in the County, including financial assistance and child care registration. In addition to the New Jersey Subsidy Program, the Urban League assists families seeking self-sufficiency and participating in Work First New Jersey (WFNJ), children under the supervision of the Department of Children and Families (DCF), children being cared for by relatives (Kinship Care) and children needing child care before/after Department of Education (DOE) preschool services in designated School Districts. Urban League also provides training and technical assistance to child care providers.

In 2019, there were 320 center-based and 138 family child care (in-home) providers in Hudson County. The total number of children receiving a childcare subsidy during 2019 was 13,750, including 351 children under the Division of Child Protection and Permanency-DCP&P. Total subsidy dollars paid during the year in Hudson County were \$43,077,088.94.

From January 1 to August 2020, 10,701 children received a childcare subsidy, including 211 children under the Division of Child Protection and Permanency-DCP&P. The total subsidy dollars paid to date for 2020 in Hudson County are \$34,877,805.59.

As part of the COVID-19 emergency, the state launched an Emergency Child Care Assistance Program (ECCAP) to help support child care costs of essential workers regardless of income. The Urban League administered 974 emergency childcare subsidies from April to June 2020. Initially, 40 centers were approved during this period, now 20 emergency childcare centers remain open.

Summary: Nature of the Need

The majority of survey monkey participants responded that childcare facilities in Hudson County provide trained staff that are knowledgeable, provide good customer service and take race, age, gender, ethnicity and more into account. In addition, most reported that childcare facilities are of good quality.

The barriers highlighted in survey monkey responses include a lack of enough child care slots to meet the needs of County residents and a scarcity of information available regarding child care resources. Several participants asserted that child care subsidies should be provided for working poor parents who do not qualify for traditional governmental subsidies. One respondent recommended providing funding to ease startup costs for childcare centers in order to expand the number of available providers.

A number of survey and interview participants noted the difficulty parents have complying with stringent child care work requirements. A parent noted that she was sanctioned by welfare for going to a doctor's appointment required by the subsidy program during her work hours, which were the only time the doctor was available. One provider interviewed asserted that the strict eligibility rules result in disruptions in the continuity of care for low-income children, as well as the continuity of revenue for the providers who serve them.

The need for providers with flexible, non-traditional hours was highlighted as well. The dearth of child care options in the evening limits the jobs that parents can take, as well as opportunities for training and education. In addition, after school programs that close at 5:30 are difficult to get to for parents that work traditional 9 to 5 hours.

Parents of children with disabilities face significant barriers to childcare. Many programs are unable or ill equipped to accommodate children special needs. More funding for child care programs that can accommodate children with special needs is desperately needed as is training to assist child care centers in caring with children with emotional and behavioral needs. Urban League has provided trainings from organizations like the Statewide Parent Advocacy Network (SPAN) to parents and child

care workers regarding accommodations and legal rights but more work needs to be done in this area.

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

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

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.	92	16.30 %	31.52 %	34.78 %	2.17 %	15.22 %	100 %
2. Anyone in the county is able to access services.	92	11.96 %	31.52 %	33.70 %	3.26 %	19.57 %	100 %
3. Services are widely advertised and known by the county.	91	10.99 %	35.16 %	31.87 %	4.40 %	17.58 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	92	3.26 %	20.65 %	30.43 %	9.78 %	35.87 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	92	3.26 %	22.83 %	40.22 %	3.26 %	30.43 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	91	4.40 %	25.27 %	40.66 %	5.49 %	24.18 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	93	49	52.69%
Services do not exist	93	25	26.88%
Transportation	93	42	45.16%
Cannot contact the service provider	93	22	23.66%
Too expensive	93	50	53.76%
Lack of awareness of service	93	47	50.54%
Cultural Barriers	93	35	37.63%
Services provided are one-size fits all, and don't meet individual needs	93	22	23.66%
Stigma Leads to Avoidance	93	14	15.05%
Eligibility Requirement (explain below)	93	31	33.33%
Other (explain below)	93	27	29.03%

PART 3

Results: Specialized Service Needs



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

According to 2017 American Community Survey estimates, Hudson County had the fifth highest rate of children under 18 in New Jersey (140,021). This number has not changed significantly. The New Jersey Department of Children and Families estimates that in 2019 there were about 138,000 Hudson County residents under the age of 18 and 46,000 children are under the age of 5.

During a point in time count on December 31, 2018, DCP&P determined that 3,332 Hudson County children and youth were receiving the agency's services, the 4th highest number in New Jersey. Two hundred and eighty eight of these young people were in out of home placement. Of these children and youth, 120 (41%) were with kinship resource parents and 188 were placed with non-kinship resource parents).

Careplus NJ in Bergen County runs the Kinship Navigator program for Hudson County. The program provides information, referral, financial assistance and legal services to caregivers raising children. The purpose of the Kinship Navigator program is to provide caregivers with services and supports that they or the children need.

Other Hudson County-based resources for residents caring for a relative's child include Liberty Family Success Center in Kearny, Palisades Family Success Center in Union City; Skyway Family Success Center in Jersey City; and Hudson Family Partners Family Support Organization in Secaucus.

Summary: Nature of the Need

Resources identified for families caring for a child of a relative included the Division of Child Protection and Permanency and the Family Success Centers. Many respondents were not aware of

any specific resource for these families and indicated that they know a lot of families caring for relative's children without assistance. Several participants revealed that they were caring for children of a relative. Seventy percent of survey respondents indicated that lack of awareness is a huge barrier to accessing these services. At least one respondent suggested more outreach is necessary.

Providers mention working with kids being cared for by grandparents because of parent substance abuse or incarceration. They indicated that some of these grandparents go into the role with a lack of confidence and attempt to prevent themselves from making what they think are the same mistakes they made with the children's parents. Sometimes they become over-rigid and super protective of children.

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

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

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.	93	11.83 %	38.71 %	19.35 %	3.23 %	26.88 %	100 %
2. Anyone in the county is able to access services.	93	5.38 %	34.41%	24.73 %	3.23 %	32.26 %	100 %
3. Services are widely advertised and known by the county.	93	8.60 %	46.24 %	20.43 %	3.23 %	21.51 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	91	2.20 %	24.18 %	20.88 %	7.69 %	45.05 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	92	1.09 %	23.91 %	20.65 %	6.52 %	47.83 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	92	2.17 %	22.83 %	23.91 %	7.61 %	43.48 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	76	31	40.79%
Services do not exist	76	26	34.21%
Transportation	76	30	39.47%
Cannot contact the service provider	76	20	26.32%
Too expensive	76	24	31.58%
Lack of awareness of service	76	53	69.74%
Cultural Barriers	76	29	38.16%
Services provided are one-size fits all, and don't meet individual needs	76	17	22.37%
Stigma Leads to Avoidance	76	17	22.37%
Eligibility Requirement (explain below)	76	15	19.74%
Other (explain below)	76	10	13.16%

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

Hudson County has experienced a sequence of stressful events since late last year -- including the December 2019 mass murder in Jersey City, the COVID Pandemic and continued high profile incidents of racial injustice such as the murder of George Floyd -- that has exposed the community at large, and especially its 138,000 residents under the age of 18, to the trauma of violence, isolation and uncertainty.

The American Community Survey estimates that 22% of Hudson County's population in 2019 was under the age of 18 and that an estimated 29,000 (16%) of these young people live in poverty, which certainly compounds the impacts of these recent events.

Approximately 2% of Hudson County's young people and their families used the New Jersey Children's System of Care to address emotional, behavioral, substance use or intellectual/development issues in 2019. Over four thousand youth were active in the Children's System of Care (CSOC) in Hudson County last year. One hundred and seventy four of these young people were in out of home placement and 739 were I/DD eligible young people.

CSOC system partners provided the following usage data for 2019. There were about 7,900 Hudson County calls to Performcare in 2019 and 868 Mobile Response and Stabilization Dispatches. Hudson County Catholic Charities Mobile Response and Stabilization served a total of 1,138 youth and families in 2019. Family Partners of Hudson Family Support Organization (FSO) served 1,246 youth and family members through support groups in 2019 and conducted 159 Warmline calls with community families that same year. One hundred and seventy eight youth were serviced by the FSO Youth Partnership Program in 2019/2020. Hudson CMO reported serving 777 children and youth during 2019 and 2020. The top five neighborhoods or municipalities these young people came from were Jersey City/Greenville (111), Union City (90), Bayonne (78), West New York (67) and North

Bergen (66). There were 5 CMO involved youth during this time in detention and 119 I/DD being served by CMO during this time period.

CSOC reported that the top five services authorized in July 2020 for Hudson County were Intensive In Community (34%), Care Management (28.8%), Mobile Response Stabilization (7.4%), Behavioral Assistance (3.8%) and Out of Home Treatment (3.2%). Sixty five Hudson County youth were in out of home treatment in July. Of those young people, 47.7% were in a residential treatment center, 18.5% in a specialty bed placement, 12.3% in a psychiatric community home, 6.2% in a I/DD treatment placement, and 6.2% were in an intensive residential treatment placement. Eighty active youth were identified as having a substance use indicator that month.

As of July 2020, there were currently 696 youth who applied for, and received, Performcare I/DD eligibility for services. The authorized services for these families in July included self hired respite (98), agency respite (72), after school respite (19), weekend recreation (11), educational advocacy (2), and assistive technology (1).

Hudson County's CSOC system of care partners have created a strong network of community and system partners to coordinate services for children and youth in the County and to respond to gaps in service. For example, Hudson Partnership CMO has established a community center, the COVE, in a traditionally underserved area in Jersey City that provides a place for families and children to access services, recreational activities and support. In addition, CMO has assisted in bringing youth programming to public housing authorities in Jersey City through a number of outreach events and has used flex funds to create community mentoring programs for youth that do not respond to traditional forms of therapy or counseling and to bring needed services to children and youth with I/DD in West Hudson. The CMO also convenes a working group focused on addressing community violence in Hudson County.

The Children's Interagency Coordinating Council (CIACC) meets monthly and has an average attendance of 40 CSOC providers, families, advocates, school representatives and other system partners. CIACC convenes an educational subcommittee comprised of school representatives and providers that created best practice recommendations on crisis response in the schools and is currently focused on substance use screening policy. CIACC's I/DD subcommittee received funding from the New Jersey Council on Development Disabilities to work with SPAN to create a dedicated educational and advocacy training program for parents and siblings of children and youth with I/DD. Many members of CIACC, including all CSOC system partners, attend the County Youth Services Commission as voting members, providers or nonvoting participants.

Jersey City Medical Center (JCMC) provides a number of resources for families with children with behavioral health issues and other special needs. The Child Adolescent Behavioral Health offers family and group therapy outpatient services, a therapeutic nurse program, a child and adolescent

partial hospitalization program, child after school program, child full day program, adolescent after school program, adolescent full day program, JCMC Medical Center in Greenville also provides a wide range of services in Jersey City, including primary care and health care to special needs children. Jersey City Special Child's Health Services Case Management Unit provides case management to families of children with special needs from birth to 21 years of age.

CarePoint Hoboken University Medical Center provides the Child Crisis Services (CCIS) in-patient psychiatric hospital for children and adolescents residing in Hudson County.

Schools play a vital role in promoting and disseminating information to families about CSOC services and other resources. In particular, school-based youth programs provide urgently needed safe spaces for children and youth in under-resourced neighborhoods to go for immediate assistance, support groups and other activities that promote wellbeing. These programs exist in six municipalities: Bayonne, Harrison, Jersey City, Hoboken, Kearny and Union City.

In addition to CIACC, many Hudson County school representatives attend meetings of the Social and Emotional Development Consortium and Traumatic Loss Coalitions for trainings and to learn of resources to assist students. The Hudson County Department of Health and Human Services STOP School Violence and Mental Health Training program, funded by the United States Department of Justice, provides social and emotional training and skills building activities for school staff, students and their families.

Summary: Nature of the Need

Respondents mentioned using Performcare, Jersey City Medical Center, and school based programs for services.

Multiple respondents noted that the impact of the pandemic and resulting isolation, trauma, grief, and disappointment have resulted in a significant increase in generalized depression, anxiety and suicidal ideation among children and youth. Increased family conflict within the homes is also a significant concern and source of anxiety and safety concern. However, CSOC system partners reported that the numbers of families calling for services during the spring and summer have remained low which they attribute to schools being closed.

This summer, the County Department of Health and Human Services devoted COVID and county funding to address these immediate needs by funding therapy, support groups, mentoring, and recreational activities as well as tutoring and employment training for young people. However, these programs are time limited COVID funds must be expended by December 30th as per federal funding guidelines.

The ability to provide virtual therapy sessions seemingly has offered more flexible scheduling for families but has highlighted the technology gap between those households that have access to reliable internet service and a computer and those that do not. Even families with one computer have to contend with multiple family members needing access to it for work, school and therapy. Other respondents indicated that some young people do not feel safe participating in telehealth because of a lack of privacy in their homes particularly if the source of distress is a family member.

Several respondents indicated that virtual therapy sessions cannot really replace live one on one support for some young people. One provider discussed a child who had just returned home from being in an inpatient placement and was doing well with clinicians coming to the home. The pandemic provoked a lot of anxiety and uncertainty in the child and virtual therapy was not helping so the child had to be re--admitted to hospital to get the level of care needed.

Assessment participants expressed that many families of children and youth with I/DD feel abandoned by CSOC during the Pandemic. They are unable to access respite care or assistance with their children at a time when they have needed it the most. Parents of children with behavioral issues reported feeling overwhelmed by their children's behavior as well especially without in home support from CSOC.

Parents were also mentioned as potential barriers to children's emotional health by providers and some school survey participants. Parents may not address their own emotional health or that of their child because of stigma or denial. Schools cannot make parents follow through with Performcare even if the child desperately needs the services from the school's perspective. Some parents do not want service providers in their house even if they are providing needed services to their children. School representatives noted that it can also be hard in some situations for DCP&P to take a case like truancy which might also involve some mental health issues on the part of the youth, especially if the child is 16 - 17.

Over 60% of Survey Monkey respondents indicated that there were not enough services available in the county to help those in need and that services were not widely advertised or known in the county. Survey respondents ranked lack of awareness of services, wait lists and cultural barriers as the most significant obstacles to addressing children's behavioral health in Hudson County. Several respondents cited an ongoing shortage of child psychiatrists and a huge wait for those that do exist in Hudson County. A number of parent respondents noted that, "CSOS services do not last long enough." Others mentioned that sometimes CSOC in home services were not reliable because of a high turnover rate of clinicians, inconsistent IIC services in terms of frequency, scheduling and clinicians showing up on time.

Language was the primary cultural barrier mentioned in interviews and focus groups. Participants suggested that more services and information about CSOC needs to be available in different

languages. Bayonne was mentioned specifically as needing more information available in Arabic. A focus group of parents with children with I/DD conducted for the 2019 Health and Human Services needs assessment communicated a dearth of Spanish speaking respite and ABA providers for families.

Other participants expressed a lack of services specifically for LGBTQ+ youth and the need for more training on LGBTQ+ issues for school personnel and CSOC providers. Filling these gaps in services and knowledge are vital as the suicide rate among these young people was expressed as a significant concern among respondents.

Mention was made that there needs to be more recreational and after school programs for children with special needs beyond Special Olympics. Kids with emotional and behavioral issues are frequently excluded from after school programming.

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

Mental wellness among Hudson County's young people is an ongoing and urgent need in the County, particularly given current circumstances. The lack of a sufficient number of available psychiatrists and other specialists for kids with special needs in Hudson County has had a significant negative impact upon the County's young people and their families. Unfortunately, the County lacks the resources to expand these services and fulfill this urgent need.

However, the County does have an opportunity to provide more outreach and awareness building of existing services and programs throughout the community by maximizing work with community partners and funded providers. Current County councils such as CIACC and the Youth Services Commission also provide a structure for cross collaborative and targeted approaches to engaging the community, including forums throughout the County to disseminate information on current resources in multiple languages and elicit feedback from residents about trends and emerging needs.

In addition, CIACC can be a valuable conduit between funding and immediate community needs for the State and County. CIACC has used YIP funding through HSAC to incubate pilot programs in response to immediate needs identified by the community, including a mentoring program in juvenile detention center which has been replicated within the community for at risk young people.

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

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.	93	19.35 %	37.63 %	23.66 %	4.30 %	15.05 %	100 %
2. Anyone in the county is able to access services.	93	12.90 %	35.48 %	27.96 %	6.45 %	17.20 %	100 %
3. Services are widely advertised and known by the county.	94	14.89 %	42.55 %	20.21 %	7.45 %	14.89 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	93	4.30 %	31.18 %	23.66 %	8.60 %	32.26 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	92	5.43 %	20.65 %	35.87 %	5.43 %	32.61 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	93	4.30 %	24.73 %	32.26 %	9.68 %	29.03 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	99	53	53.54%
Services do not exist	99	29	29.29%
Transportation	99	39	39.39%
Cannot contact the service provider	99	28	28.28%
Too expensive	99	33	33.33%
Lack of awareness of service	99	57	57.58%
Cultural Barriers	99	40	40.40%
Services provided are one-size fits all, and don't meet individual needs	99	19	19.19%
Stigma Leads to Avoidance	99	34	34.34%
Eligibility Requirement (explain below)	99	18	18.18%
Other (explain below)	99	26	26.26%

Need Area: Behavioral/Mental Health Services for Adults

Status: Prioritized 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 adult mental and behavioral health services were identified as a priority need in Hudson County by Needs Assessment respondents, data sources do not suggest that Hudson County residents suffer disproportionately more or less from mental health issues than residents of other Counties. Hudson County residents report about the same level of emotional and mental health distress as New Jersey residents as a whole. Statistics from the 2017 New Jersey Behavioral Risk Factor Survey indicate that about 12% of New Jersey residents showed some level of mental distress in the 14 to 30 days prior to being interviewed. Interviews with Hudson County residents displayed a similar percentage (11.3%) of reported mental distress. The same percent of Black/African American and White Hudson County residents reported the same level of distress (16%), compared to 9% of the Hispanic/Latinx population

The 2017 Risk Factor survey does reflect an increase in depression from 2013 to 2017. The survey highlights that 19.2% of Hudson County residents have been diagnosed with depression, an increase from 14.9% in 2013. White and Latinx/Hispanic respondents represented 22% and 21% of these individuals respectively. Black/African Americans comprised about 12% of the total number of those diagnosed with depression.

This data set is somewhat old and does not reflect the impact of recent stressors on the emotional well-being of Hudson County's population, including the impact of the December 2019 mass murder in Jersey City, the COVID Pandemic and the continued high profile incidents of racial injustice such as the murder of George Floyd that expose broader system inequities.

The United States Census Household Pulse Survey conducted during the early months of the COVID pandemic reflected that 40% of residents of the New York – Jersey City – Newark metropolitan area anticipated that someone in their household would lose employment income in the next 4 weeks;

18% reported that there was either sometimes or often not enough to eat in the last 7 days and 34.4 percent of adults reported either missing last month's rent or mortgage payment, or having slight or no confidence that their household could pay next month's rent or mortgage on time. About 38% of metropolitan area residents indicated that they delayed getting medical care because of the COVID-19 pandemic in the last 4 weeks.

According to the New Jersey Department of Human Services there are 47 mental health programs across Hudson County offering 21 different types of programs, including two hospital based inpatient and outpatient programs and the County-run Meadowview Psychiatric Hospital. In addition Hudson County oversees the County Mental Health Board which is responsible for planning, organizing and monitoring the mental health system of care in Hudson County by making funding and policy recommendations to the State Division of Mental Health and Addiction Services. The Mental Health Board is run by the Office of Mental Health and Addiction Services, staff of which provide information and referral services to residents, generate a resource directory on an annual basis and attend various outreach and informational events.

There are five hospitals providing psychiatric emergency services in Hudson County: CarePoint Hoboken University Medical Center; CarePoint Bayonne Medical Center; CarePoint Christ Hospital; Hackensack UMC Palisades Medical Center and Jersey City Medical Center – RWJBarnabas Health. Jersey City Medical Center is also the County's designated screening center and has Mobile screening capacity. In-patient psychiatric hospitals for adults including Carepoint Hoboken University Medical Center, CarePoint Bayonne Medical Center, Carepoint Christ Hospital, Jersey City Medical Center – RWJBarnabas Health.

There are three residential mental health service sites in Hudson County for adults that provide supervised apartments and group homes as well as supported apartments and home care situations. Hudson County also uses a residential program in Essex County for some residents.

In addition, Hudson County runs Meadowview Psychiatric Hospital, an 84 bed specialized, county psychiatric facility, offering three levels of comprehensive in-patient psychiatric care to voluntary and involuntary committed mentally ill adults.

Specialized mental health services for adults in Hudson County included urgent care; family support and education, counseling and respite services for families of mental ill residents; supportive employment programs; in home visiting nurse services; speech and OT therapy; case management for homeless, mentally ill adults. Hudson Pride Center provides limited support counseling and hormone placement therapy for the LGBT+ community. NAMI Hudson County has a long history of providing education, support and advocacy for individuals effected by mental illness and their families. There are about eleven organizations providing outpatient services in the county and four providing day treatment/partial hospitalization programs for adults.

Both the data and feedback from assessment respondents point to a significant lack of access to outpatient mental health clinical care. Robert Wood Johnson Foundation's County Health Ranking and Roadmaps identifies Hudson County as having the worst access to clinical care in the state of New Jersey. The ratio of mental health providers to patient is estimated at 1 provider to 1570.1 patients compared to a New Jersey average of 490 patients per mental health provider.

Summary: Nature of the Need

Needs assessment participants prioritized adult mental and behavioral health as a particularly pressing issue for the County. During interviews respondents cited recent increased rates of depression in both adults and children due to the isolation, anxiety and financial pressures brought about by Pandemic.

In addition, respondents stressed the importance of addressing mental health in Hudson County and cited unaddressed issues as being a barrier to housing, employment, parenting and general well-being.

When asked where Hudson County residents can go for help with mental and behavioral health issues, respondents identified various access or referral points for mental health services including friends and family, religious leaders, primary care doctors, community organizations, federally qualified health centers, hospital emergency rooms, court and the police. LGBTQ+ individuals reported going to Hudson Pride Center for services and referrals. Many of those interviewed indicated that a lot of Hudson County residents do not try to access any help or do not know where to go for help pointing to a need for additional outreach and information sharing to be conducted.

Access to an adequate amount of clinical mental health providers was the most significant gap in mental health services identified for Hudson County. As noted earlier, the Robert Wood Johnson Foundation's County Health Ranking and Roadmaps identifies Hudson County as having the worst access to clinical care in the state of New Jersey. Assessment participants cited two month waiting lists for outpatient providers and asserted that the only way to get a counselor immediately is through the Emergency Room but indicated that this did not lead to long term service. Providers indicated feeling overwhelmed.

Co-pays and limited insurance coverage were also identified a financial barrier to accessing services. Subpopulations with significant barriers to mental health services include the immigrant population, non-English speaking residents, LGBTQ+ residents - particularly members of the transgender community, and individuals with development disabilities.

Specific challenges to immigrants and non-English speaking residents were identified as language barriers, cultural barriers, stigma and cost.

It was also noted that there is a lack of clinicians to assist the Hudson County LGBTQ+ community. Participants mentioned that there are a limited number of LGBTQ+ providers known in Hudson County and a lot of them do not take insurance or only take a specific/limited kind of insurance. In addition, few of these providers have availability or openings. Other clinicians may not have adequate training to appropriately assist the community, particularly transgender individuals. For example, one woman, who was assigned a male gender at birth, was repeatedly referred to as a man during clinical visits. Being misgendered or misnamed in a crisis can exacerbate an already tenuous situation.

Hudson County residents with mental health issues and development disabilities also face significant obstacles to accessing mental health services. According to advocates and families, there are no clinical services in Hudson County for these individuals.

Other needs mentioned included trauma informed care trainings for providers serving adults in Hudson County.

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

Certain barriers to mental health can be addressed in the near future by the County. There are a number of service providers and community support organizations within the County that could assist in providing programming and activities to de-stigmatize mental health and bring more awareness to services available through multiple outlets, including social media. Targeted trainings could be provided to educate clinicians on how to appropriately assist LGBTQ+ residents.

It is not in the County's capacity to increase the amount of clinicians available in the County to either the general population or sub-populations in the community. This gap can be attributed to insufficient reimbursement rates and structures developed by the Division of Mental Health and Addiction Services, Medicaid, and private insurers.

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

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.	93	20.43 %	40.86 %	19.35 %	3.23 %	16.13 %	100 %
2. Anyone in the county is able to access services.	91	17.58 %	31.87 %	26.37 %	3.30 %	20.88 %	100%
3. Services are widely advertised and known by the county.	92	19.57 %	41.30 %	21.74 %	2.17 %	15.22 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	92	8.70 %	30.43 %	21.74 %	4.35 %	34.78 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	92	7.61 %	18.48 %	30.43 %	3.26 %	40.22 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	92	3.26 %	25.00 %	33.70 %	8.70 %	29.35 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	87	54	62.07%
Services do not exist	87	26	29.89%
Transportation	87	40	45.98%
Cannot contact the service provider	87	24	27.59%
Too expensive	87	36	41.38%
Lack of awareness of service	87	56	64.37%
Cultural Barriers	87	48	55.17%
Services provided are one-size fits all, and don't meet individual needs	87	21	24.14%
Stigma Leads to Avoidance	87	39	44.83%
Eligibility Requirement (explain below)	87	14	16.09%
Other (explain below)	87	17	19.54%

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

Status: General 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

Substance use continues to be an issue of concern for residents and local government, particularly increased rates in the use of heroin and other opiates. From 2015 to 2018 drug-related deaths in Hudson increased by 72% (107 to 184) according to the New Jersey Regional Operations & Intelligence Center (ROIC) Office of Drug Monitoring & Analysis Statewide in 2018, Hudson accounted for nearly 6% of suspected opioid deaths, and had the eighth-highest number and seventh-highest rate of drug suspected deaths statewide. Throughout New Jersey, there has been a specific uptick in the use of synthetic opioids which are growing increasingly popular as a cheaper source of heroin. In 2015, synthetic opioids accounted for only 1% of Hudson's suspected heroin submissions and suspected heroin glassine bags, respectively. By 2018 percentages rose dramatically, with 38% of suspected heroin submissions and 34% of suspected heroin glassine bags containing fentanyl. Thirty two percent of admissions came from the criminal justice system.

In 2019, 3,288 Hudson County residents were admitted to treatment a total of 4,857 times .The primary drugs used at admission were heroin and other opiates (41.6%). The New Jersey Division of Mental Health and Addictions Services Substance Abuse Monitoring System, the source for this admissions data, reports the breakdown of other primary drugs at admission as follows: Marijuana (23.8%), Alcohol (23.2%), Other Drugs (17.3%), and Cocaine (5.6%).

The majority of Hudson County residents that were admitted to treatment were between the ages of 35 and 54 (44.2%) and male (73%). About 11% of those residents admitted to treatment were under 18. White non-Hispanics comprised 25.9% of the population, Black/African American non-Hispanics represented 31.3% of the total number and 36.9% of admitted individuals were of Hispanic origin.

For youth and young adults in Hudson County, marijuana and alcohol appear to be the substances of choice. A 2019 DCF Hudson County Substance Use Navigator Needs Assessment reports that substance use trends in Hudson County are comparative to the statewide averages, and that for

Hudson County youth aged 18-24 the drug of choice in order of highest used is cannabis, alcohol and heroin. Performcare data supports this analysis and also includes tobacco as a prevalent substance. A July report of usage of youth currently indicated for substance use breaks down as follows: cannabis (55.2%), alcohol (13.8%), tobacco (10%), opiates/heroin (6.8%), benzodiazepines (3.4%), ecstasy (3.4%), and other drugs (6.9%).

There is a robust collaborative approach to substance use and mental health in Hudson County, led primarily by the Hudson County Department of Health and Human Services, including a County Substance Use Task Force. The Office of Behavioral Health and Addiction Services within the Department convenes several substance use related groups including the Mental Health Board, the Local Advisory Committee on Alcoholism and Drug Abuse (LACADA) the Professional Advisory Committee on Alcoholism and Drug Abuse (PACADA), and the Municipal Alliance to plan for, and coordinate, substance use and prevention services in the County. The Office works closely with Children's Interagency Coordinating Council and the Hudson County Alliance and the Prevention Coalition.

The Office of Behavioral Health and Addiction Services and other County partners have worked to address the increased opioid use and death. The Office provides NARCAN trainings to the community and RWJBarnabas Health Institute for Prevention and Recovery has an Opioid Overdose Response Program. Last year, the Office received funding from the United States Department of Justice for the Comprehensive Opioid Abuse Site based program, which will include the over dose fatality review team, a peer recovery support navigation program, and wrap around medical services for those in recovery.

In addition, the Office has implemented the Support Team for Addiction Recovery (STAR) program , a mobile access unit used to engage individuals in the community by staging the van in pre-determined "hot spots" or hubs as a way to offer immediate information, training on Naloxone and support services to those in need of substance use support and treatment. By providing food, beverages and information, the community is engaged in a friendly and non-threatening manner. The primary goals of the program are to ensure those in need of services and support for substance use receives the appropriate resources and assistance and are directly linked to services as needed. The program also aims to reduce rates of substance use in addition to lessening crimes related to substance use.

The County Office also allocates state funding for prevention and education programs, early intervention programming for youth and persons with co-occurring disorders, expansion to treatment access, and other recovery support services including those to support families and loved ones of persons with substance use disorder.

Many of the services in Hudson County are offered through hospital systems as well as licensed agencies. Hudson County has 11 licensed agencies that provide family therapy and individual therapy

with 5 offering co-occurring mental health and substance use disorder therapy. There are also other programs throughout the county that offer peer support groups and self-help groups for families and individuals. Additionally there are several prevention agencies that operate within the county and provide services in schools and within the community. The county has several contracted providers who offer residential treatment and detox; however, many of these providers are located outside of Hudson County. There are also 2 providers within Hudson County that offer withdrawal management while there are also several opioid treatment providers. There are many private providers throughout the county that offer insurance only services. There are county contracted providers that provide services to indigent residents and all contracted agencies accept Medicaid. Some providers accept both Medicaid and private insurance.

Summary: Nature of the Need

When asked to identify where people went to find out about or access substance use services, participants identified primary care providers, hospitals, friends and family, DCP&P, the courts and police. Several focus group attendees and survey respondents did not know where residents could get these services which points to a need for additional outreach and informational activities.

Treatment access is a major challenge that was expressed by many respondents. Many cited a shortage of providers in the County and transportation and child care are significant obstacles to accessing services both inside and outside of Hudson County. Others mentioned that language barriers make it impossible for non-English speakers to get certain services.

One Administrator expressed both capacity and infrastructure issues, particular related to detoxification. The closure of detox facilities, and the privatization of others, has translated to a limited number of beds and longer waiting periods for treatment across the state.

Additional gaps in service that were mentioned during focus groups and interviews, and on surveys, include group counseling, inpatient and outpatient treatment and case management. Others identified a lack of prevention programs, alternative therapies, training and support groups such as NA, AA, CA and OP. A number of participants highlighted the need for programs with adequate bilingual capability for cultural competency.

One of the biggest challenges for youth in Hudson County is that many of the more intensive levels of care are not actually located in Hudson County. This acts as a major barrier to access and engagement in treatment as it impacts the youth and families. It was noted that some of the local programs for adults are inappropriate for young adults who have just aged out of CSOC services because they are serving a more “hardcore” population.

The need for school age youth with substance issues to be able to continue their education while also receiving treatment was voiced repeatedly during focus groups and interviews. The concern about students being able to continue education while also receiving treatment was also reinforced. Parents in one focus group mentioned that young people in school are suspended for the use of alcohol and drugs but schools and parents are unaware of any programs to help them. Another focus group mentioned that schools refer young people to programs that have wait lists and youth are kept out of school until they complete these programs successfully. Youth fall behind in their school work and become disengaged from the school, teachers and peers which puts them at risk of dropping out and in danger of further substance use. Concern was voiced that a less punitive approach which keeps students at school is needed to help young people overcome substance use successfully. Others noted that more recreational and social activities for young people would keep them engaged and away from substances.

Participants expressed that improved access for youth and young adults would include better transportation to and from services, offering detox services as well as short term programming in the county and offering co-occurring programming within the county and in conjunction with education. Stigma was mentioned multiple times as another barrier to accessing services, as was denial of having a problem. Another respondent mentioned that there is a fear of substance use disorder as a behavior when in fact it is a chronic disease.

One focus group asked what kind of messages were being sent by the state and County when stores selling alcohol were considering essential during the COVID pandemic. In addition, the impending legalization of marijuana will also be a significant challenge to future prevention efforts across the State.

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

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

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.	90	16.67 %	38.89 %	20.00 %	3.33 %	21.11 %	100%
2. Anyone in the county is able to access services.	90	12.22 %	35.56 %	30.00 %	0 %	22.22 %	100%
3. Services are widely advertised and known by the county.	90	11.11 %	38.89 %	25.56 %	2.22 %	22.22 %	100%
4. Services take race, age, gender, ethnicity and more into account.	89	3.37 %	23.60 %	25.84 %	4.49 %	42.70 %	100%
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	89	5.62 %	15.73 %	30.34 %	2.25 %	46.07 %	100%
6. Staff are well-trained, knowledgeable and provide good customer service.	89	3.37 %	20.22 %	28.09 %	6.74 %	41.57 %	100%

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	77	42	54.55%
Services do not exist	77	26	33.77%
Transportation	77	36	46.75%
Cannot contact the service provider	77	24	31.17%
Too expensive	77	31	40.26%
Lack of awareness of service	77	44	57.14%
Cultural Barriers	77	35	45.45%
Services provided are one-size fits all, and don't meet individual needs	77	20	25.97%
Stigma Leads to Avoidance	77	30	38.96%
Eligibility Requirement (explain below)	77	19	24.68%
Availability of Substance Use Disorder Services	77	29	37.66%
Availability of Substance Abuse Prevention Programs	77	32	41.56%
Other (explain below)	77	20	25.97%



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

Without accounting for population size, Hudson County had the 9th highest number of reported domestic violence incidents in NJ in 2016. The Rutgers data indicates that Hudson had 3,441 cases that year. That number represents an increase from 2015 (3,327) and 2014 (3,236).

The New Jersey State Police statistics break down 2016 Hudson County domestic violence incidents by offense: Homicides (10); Assaults (1,583); Terroristic Threats (119); Kidnapping (2); Criminal Restraint (6); False Imprisonment (5); Sexual Assault (10); Criminal Sexual Assault (4); Criminal Mischief (275); Burglary (41); Criminal Trespass (15); Harassment (1,351); Stalking (20). There were 946 domestic violence arrests in 2015 and 975 in 2016.

A breakdown of these 2016 domestic violence offenses by municipality is as follows: Bayonne (282); Guttenberg (40); Harrison (105); Hoboken (235); Jersey City (948); Kearny (189); North Bergen (508); Secaucus (234); Union City (417); Weehawken (45) and West New York (438).

In 2016 Hudson County had the highest number of domestic violence homicides in the State, representing 10 of the 52 cases (19%). There was a significant jump in these homicides from 2015 (5) to 2016 (10).

WomenRising is the State of New Jersey's designated provider for Hudson County's domestic violence programming. For over 30 years, WomenRising has provided direct, immediate and comprehensive access to services 24 hours a day, 7 days a week, for women and children victimized by domestic violence. Services include: a 24-hour hotline; bilingual staff; an emergency shelter; crisis intervention; resources /referrals; counseling and support; DV Response Teams with trained volunteers; support groups; assistance with legal rights, restraining orders and court accompaniment; community outreach and education; and court liaison assistance.

Summary: Nature of the Need

Primary needs in the area of domestic violence were identified as access to shelter and services. Several individuals mentioned that the eligibility criteria for domestic violence shelter was too rigid because of the definition of imminent danger. Generally, women do not receive shelter unless they are directly fleeing their abuser but the shelter has indicated exceptions can be made. Although shelter staff speak a number of languages, some participants cited difficulty of women speaking Spanish or other languages to receive services in their languages. Other participants cited a wait for counseling or support groups.

Cultural and language barriers also make it difficult for some women to come forward. Participants reflected that it was really hard to get some immigrant women to talk about domestic violence or get assistance, particularly from the Egyptian community. Women can feel a lot of shame and fear that they will be rejected from their communities if they come forward.

Connecting survivors to benefits and helping them navigate the welfare system was also cited as a challenge, particularly during COVID. Participants suggested that many of these women are missing documents because they have left home quickly. They are required to jump through a lot of hoops to get connected to benefits during an already difficult time. Benefits are necessary in order for them to gain self-sufficiency and leave their dangerous situation.

COVID was identified as another barrier to services. During COVID domestic violence victims were at particular danger because of isolation frequently with their batterers. The County shelter noted that when COVID first began there were fewer calls and they cited fear of catching COVID as the primary reason for the decrease. The calls that the shelter was getting were characterized as more intense and dangerous than they receive on a regular basis because victims were calling for assistance while the batter was in the bathroom or had left the house for a few minutes. The shelter is now seeing an uptick in requests for services.

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

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

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.	90	13.33 %	40.00 %	27.78 %	3.33 %	15.56 %	100 %
2. Anyone in the county is able to access services.	90	10.11 %	29.21 %	33.71 %	2.25 %	24.72 %	100 %
3. Services are widely advertised and known by the county.	90	13.33 %	42.22 %	25.56 %	2.22 %	16.67 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	90	6.67 %	26.67 %	23.33 %	6.67 %	36.67 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	90	1.11 %	20.00 %	32.22 %	4.44 %	42.22 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	90	4.44 %	21.11 %	32.22 %	5.56 %	36.67 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	79	30	37.97%
Services do not exist	79	21	26.58%
Transportation	79	30	37.97%
Cannot contact the service provider	79	26	32.91%
Too expensive	79	19	24.05%
Lack of awareness of service	79	55	69.62%
Cultural Barriers	79	37	46.84%
Services provided are one-size fits all, and don't meet individual needs	79	20	25.32%
Stigma Leads to Avoidance	79	36	45.57%
Eligibility Requirement (explain below)	79	13	16.46%
Other (explain below)	79	12	15.19%



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

According to 2017 American Community Survey estimates, Hudson County had the fifth highest rate of children under 18 in New Jersey (140,021). This number has not changed significantly. The New Jersey Department of Children and Families estimates that in 2019 there were about 138,000 Hudson County residents under the age of 18 and 46,000 children are under the age of 5.

Many families in Hudson County face significant obstacles to well-being. Hudson County has the third highest rate of families with children under the age of 18 living poverty in New Jersey (21%) during the time period of 2013-2017 according the American Community Survey. The State average is 12% and the national average is 17%. Of the municipalities with data available for this county, Union City and West New York have the highest poverty rates in this County, 29% and 26% respectively. Guttenberg (24%) and Jersey City (22%) also had rates higher than the County average of 20%. Parents living in poverty must contend with multiple challenges including unemployment or underemployment, housing costs, and food scarcity.

During a point in time count on December 31, 2018, DCP&P determined that 3,332 Hudson County children and youth were receiving the agency's services, the 4th highest number in New Jersey. Two hundred and eighty eight of these young people were in out of home placement (120 with kinship resource parents and 188 with non-kinship resource parents). It should be noted that over the last five years, the number of children and youth in out of home placement has decreased significantly. Hudson County is home to a number of organizations that provide support, advocacy, educational and leadership opportunities to parents in Hudson County. There are three Family Success Centers in Hudson County: Liberty Family Success Center in Kearny (a traditionally under-resourced area of the County), Palisades Family Success Center in Union City and Skyway Family Success Center in Jersey City. These Centers are vital centers of their communities, providing support to parents including fathering programs, coping strategies for new moms, child developmental education, health education, employment skills training, occupational therapy for children with developmental

disabilities, to name a few offerings. Staff members at the Centers are fluent in a number of languages.

Hudson Family Partners Family Support Organization, located in Secaucus, is also a widely used resource for parents and provides advocacy and support group in addition to training, education and leadership activities throughout the County.

The Urban League of Hudson County's Grandmothers program provides mentors who serve as role models to assist troubled families in the development of nurturing home environments and parenting skills.

The New Jersey Statewide Parent Advocacy Network (SPAN i)s also very active in the County, providing trainings on parenting and maternal health, special education, disabilities, child care and parental rights to parents and providers throughout each year.

Summary: Nature of the Need

When asked about resources for parenting skills, participants identified the three Family Success Centers and the Family Support Organization. One focus group also mentioned the Urban League of Hudson County Grandmothers program.

There was general consensus in interviews, focus groups and surveys that more awareness regarding parenting skills resources is needed. Another barrier identified was transportation, and the difficulty in getting to some of the Family Success Centers and the Family Support Organization. Coupled with transportation, other respondents indicated difficulty in visiting these organizations because of work schedules and lack of child care. It should be noted that at least one of these organizations does provide child care on site. Another respondent noted that sometimes programming is not available in the languages that are needed. During COVID, these organizations have provided most of their programming virtually which has proven successful and might set a precedent for future online programming post-pandemic.

Other respondents claimed that there are not enough programs available in the County to meet all of the need, and that there is a high demand from DCP&P and Family Court for system and court involved parents to complete parenting classes. Because funding is limited, there are a limited number of participants that can be served every year.

Several respondents advocated for more funding for parenting programs, particularly ones that include home visits, which have proven to be very effective. School-based parenting skills programs were suggested a few times. Another recommendation was to fund more teen pregnancy prevention programs.

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

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

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.	89	17.98 %	33.71 %	23.60 %	2.25 %	22.47 %	100 %
2. Anyone in the county is able to access services.	89	12.36 %	33.71 %	25.84 %	2.25 %	25.84 %	100 %
3. Services are widely advertised and known by the county.	89	14.61 %	32.58 %	23.60 %	3.37 %	25.84 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	89	8.99 %	16.85 %	25.84 %	6.74 %	41.57 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	89	5.62 %	15.73 %	26.97 %	5.62 %	46.07 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	88	4.55 %	17.05 %	31.82 %	7.95 %	38.64 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	76	23	30.26%
Services do not exist	76	27	35.53%
Transportation	76	31	40.79%
Cannot contact the service provider	76	18	23.68%
Too expensive	76	15	19.74%
Lack of awareness of service	76	52	68.42%
Cultural Barriers	76	32	42.11%
Services provided are one-size fits all, and don't meet individual needs	76	17	22.37%
Stigma Leads to Avoidance	76	27	35.53%
Eligibility Requirement (explain below)	76	13	17.11%
Other (explain below)	76	13	17.11%



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**

In the report "Unequal Access to Justice", Legal Services of New Jersey found that every year one in three people living in poverty have at least one civil legal problem requiring the help of a lawyer. Further, only one in five will be able to get such legal help which means that less than 31% of legal problems experienced by low income residents received some form of legal representation.

The study also shows that the average number of legal problems per person among respondents with lower incomes was greater for younger residents than older, for Black/African American respondents than for White respondents, for people living in households with a child than for those with no children, for people living in rented rather than owned housing, and for people who are employed versus unemployed. Respondents with lower incomes reported having greater numbers of legal problems in the areas of consumer, housing and health care.

There are a number of free and low cost legal service organizations in Hudson County providing assistance to low income residents. General legal services used by low income individuals that are located within Hudson County include Northeast New Jersey Legal Services and the Waterfront Project. In addition, there are a number of free and low cost immigration legal assistance agencies in the County including the Center for Immigrant Representation, Centro Comunitario, Church World Service Jersey City and We Are One. Resources used outside the County for general legal assistance include Legal Services of New Jersey (which runs Pro Bono NJ), and the New Jersey Community Health Law Project. Rutgers Law School also provides a variety of assistance through its Pro Bono program at the Newark Campus.

Northeast New Jersey Legal Services provides eligible residents with legal assistance in the areas of public benefits, family law, immigration, veterans, elder justice, domestic violence, consumer law and debt, tax, disaster assistance, education, HIV services and clearing criminal records.

The Waterfront Project (WFP) assists Hudson County’s economically disadvantaged people– the working poor, seniors, veterans, and those living with disabilities – by providing information, advice, and pro bono legal representation to address their civil legal issues and concerns. Specific programs include housing counseling, pro bono legal services, wills and living wills for seniors; financial capability counseling and foreclosure prevention counseling.

The Center for Immigrant Representation provides low cost immigration legal services.

Centro Comunitario helps immigrants in New Jersey with low-cost legal services.

Church World Service Jersey City provides immigration legal services, a Refugee Resettlement program, citizenship education, and community education.

We Are One New Jersey—Hudson County offers assistance with applications for citizenship (N-400), Green Card renewals (I-90), employment authorization documents (I-765), Deferred Action for Childhood Arrivals renewal (DACA), and citizenship certificate replacements. They also provide assistance with landlord disputes.

The Community Health Law Project provides legal and advocacy services, training, education, and related activities to low income persons with disabilities and, in certain issues, to organizations representing their interests.

Legal Services of New Jersey (LSNJ) coordinates the statewide legal services system in New Jersey, providing free legal assistance to low-income people in civil matters.

Summary: Nature of the Need

When asked where to go for affordable legal services many respondents identified Northeast Legal Services. A number of participants were not able to identify a resource for affordable legal representation.

Barriers to access to legal services included lack of awareness of services, cost and wait lists. One respondent noted that advocacy services are “under advertised”. Several participants mentioned that unless you fall into a particular service category (senior, victim of domestic violence, veteran) you are ineligible for the limited services that exist.

Although there are several agencies assisting immigrants, it was noted that immigrants in Western Hudson County (Kearny, East Newark, and Harrison) are not even aware of the services and face significant barriers to accessing them because of limited transportation from those areas to Jersey City.

Another concern highlighted is the need for family court to provide legal services to both sides of a case to ensure equality in representation. New York current provides this model in their family court.

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.	89	10.11 %	33.71 %	23.60 %	4.49 %	28.09 %	100 %
2. Anyone in the county is able to access services.	89	7.87 %	33.71 %	24.72 %	3.37 %	30.34 %	100 %
3. Services are widely advertised and known by the county.	90	11.11 %	40.00 %	18.89 %	5.56 %	24.44 %	100 %
4. Services take race, age, gender, ethnicity and more into account.	89	5.62 %	17.98 %	28.09 %	8.99 %	39.33 %	100 %
5. Facilities that provide service to meet this need are of good quality (e.g., clean, well supplied).	89	3.37 %	12.36 %	28.09 %	8.99 %	47.19 %	100 %
6. Staff are well-trained, knowledgeable and provide good customer service.	88	2.27 %	14.77 %	26.14 %	10.23 %	46.59 %	100 %

Key Barriers

Barrier	Total Number of Respondents	Number of Times Identified	Percentage of Responses
Wait Lists	75	29	38.67%
Services do not exist	75	18	24.00%
Transportation	75	25	33.33%
Cannot contact the service provider	75	21	28.00%
Too expensive	75	31	41.33%
Lack of awareness of service	75	50	66.67%
Cultural Barriers	75	28	37.33%
Services provided are one-size fits all, and don't meet individual needs	75	13	17.33%
Stigma Leads to Avoidance	75	18	24.00%
Eligibility Requirement (explain below)	75	16	21.33%
Other (explain below)	75	17	22.67%