

ESSEX COUNTY PRIORITY POPULATIONS:

Final Needs Assessment Report

December 2005



A joint project of the Essex County Human Services Advisory Council and the United Way of Essex and West Hudson

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OVERVIEW

This report represents a joint effort of the United Way of Essex and West Hudson (UWEWH) and the Essex County Human Services Advisory Council (HSAC). ***Essex County Priority Populations*** is a comprehensive community needs assessment identifying service gaps among the most vulnerable residents throughout the county's 22 municipalities. Required by the New Jersey Department of Human Services (DHS), this assessment represents HSAC's understanding of issues affecting child and family well being, and will serve as the basis for designing and coordinating services over the next five years. Demographic and secondary data were drawn from a variety of sources (e.g., US Census, state, county and local government offices) to support findings corresponding to five DHS population categories:

- **Children and Families at Risk**
- **Mental Health**
- **Developmentally-Disabled**
- **Low Income**
- **Physically-Disabled**

In addition, several methodologies used to inform the UWEWH needs assessment of Essex and Hudson county communities supplemented this report:

- A telephone household survey of community residents;
- Interviews with key informants comprised of community leaders;
- A series of focus groups conducted on topics such as housing, families, seniors, and education; and,
- Town hall meetings held at various Essex County locations, including Newark, East Orange, Orange, Irvington, Nutley, Bloomfield, and Caldwell.

Essex County is a stark contrast to New Jersey, one of the wealthiest states in the country per capita income. Just under 10% of the total statewide population, the county bears a disproportionate share of New Jersey's most vulnerable citizens. As detailed in major findings that follow, Essex is a county where more than 15% of its residents live in poverty, and thousands of residents are in need of services to maintain family stability, address mental health, and physical and developmental disability concerns.

MAJOR FINDINGS

Children and Families at Risk

Families facing difficulty in Essex County often confront multiple and inter-related challenges that compromise their ability to lead stable, healthy and productive lives. Many are poor and often need assistance in meeting the most basic human needs of food, housing, and clothing. They frequently face economic crises for which they have limited or no financial resources to draw upon. And their economic woes are sometimes compounded by substance abuse and mental health issues. Moreover, children and youth residing in such environments usually fare poorly among a number of indices on well being, and are highly at-risk of abuse and neglect, low academic achievement, and involvement with the criminal justice system.

Mental Health

The New Jersey Department of Human Services, Division of Mental Health Services reports that at least 10% (or 14,481) of the over 140,000 persons receiving mental health services across the state reside in Essex. There continues to be a dearth of community-based mental health services that can support the range of needs within the county, including counseling and therapeutic services for youth exposed to high incidences of violence.

Developmentally Disabled

More than eight percent of individuals receiving services from the State Division of Developmental Disabilities reside in Essex County. These persons have diverse concerns, including case management, residential and family support services. Many live with family members and seek to continue living in community-settings in lieu of state facilities and private institutions. Yet few Essex County residents benefit from existing state programs providing supports to have the option to live at home.

Low Income

More than fifteen percent of Essex County residents meet federal poverty guidelines. Nearly six percent of county residents are unemployed. Homelessness continues to be a major issue in the county, where affordable housing remains in short supply.

Physically Disabled Population

Individuals who are blind and visually impaired, deaf and hard of hearing, and/or require personal assistance to manage day-to-day activities, face enormous obstacles to accessing employment, housing and suitable transportation---all essentials for living a productive and independent life.

ESSEX COUNTY PROFILE

Home to 793,633 residents spread across 126 square miles, Essex County is one of the most densely populated counties in the state, with 6,285 persons per square mile.¹ The county's 22 municipalities encompass both urban and suburban communities, where the greatest population is found in eight municipalities: Newark (273,546), East Orange (69,824), Irvington (60,695), Bloomfield (47,683), West Orange (44,943), Montclair (38,977), Belleville (35,928), Orange (32,868) See appendix B for a complete list of municipalities.

Infants and youth make up just over a quarter of the population. Adults 18 years to 65 years constitute 62% of the population. The elderly make up nearly 12% of the population.

Population Data	Essex County
Population, 2000	793,633
Population, percent change, April 1, 2000 to July 1, 2004	0.6%
Persons under 5 years old, percent, 2000	7.3%
Persons under 18 years old, percent, 2000	26.1%
Persons between 18 years and 65 years, percent 2000	62%
Persons 65 years old and over, percent, 2000	11.9%
Female persons, percent, 2000	52.4%
<i>Source 2000 US Census</i>	

Essex is also one of New Jersey's most diverse counties as identified below, with Whites and African-Americans nearly equal in number, and Hispanics being among a growing segment of the population.

Racial and ethnic categories are as follows:²

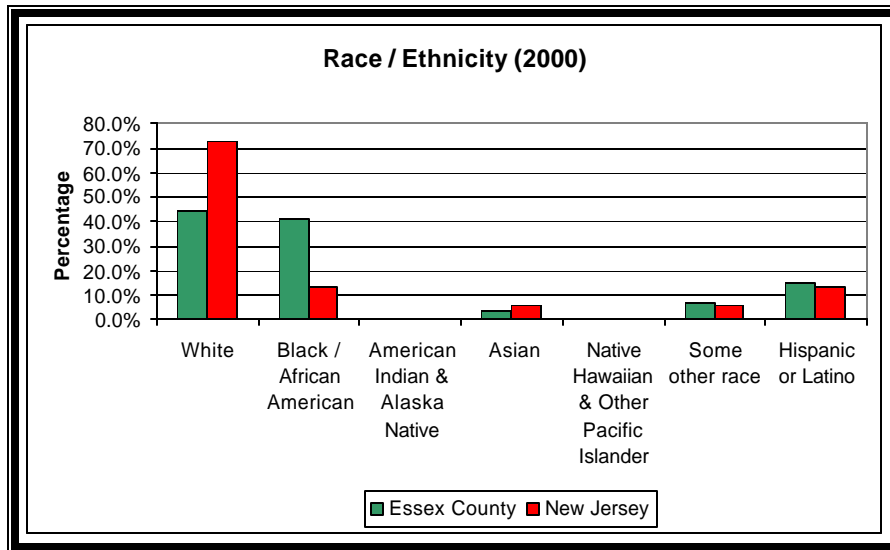
- Whites: **44.5%** (352,859)
- Black and, or African American: **41.2%** (327,324)
- Hispanic or Latino: **15.5%** (122,347)
- American Indian and, or Alaskan Native: **.23%** (1,861)
- Asian Americans: **3.7%** (29,429)
- Native Hawaiian and Other Pacific Islander: **.05%** (417)

In addition, 48% of the state's Creole-speaking Haitian population (n=28,783) and 33% of the state's Portuguese-speaking population (n=72,870) reside in Essex County.³

¹ Unless cited otherwise, data in this section comes from the 2000 US Census.

² The six percentages may add to more than 100 percent because individuals may report more than one race on the 2000 US Census.

³ New Jersey Department of Health and Senior Services Center for Cancer Initiatives and UMDNJ, *Essex County Cancer Control and Prevention Capacity and Needs Assessment Report Summary*, December 2004.



Source U.S. Census Bureau: 2004 State and County QuickFacts

Educational attainment levels vary widely across the county.⁴ Just over fifteen percent of the population does not hold a high school diploma. A little more than twenty-seven percent are high school graduates (includes those that have received a GED equivalency). Nearly seventeen percent of county residents have some college education. About four percent have an Associates degree. More than sixteen percent of the population holds a Bachelor's degree, and nearly eleven percent of county residents have earned a graduate or professional degree.

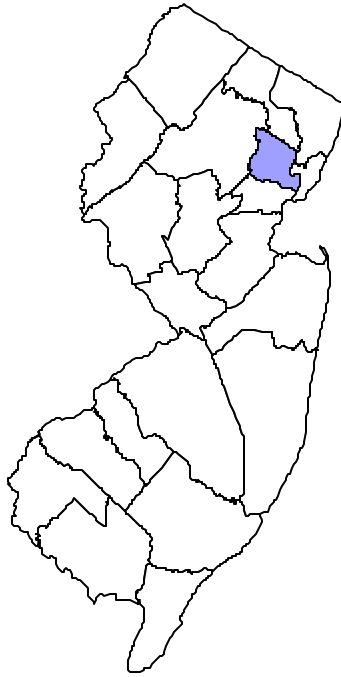
Over fifteen percent of the county population lives in poverty, significantly higher than the state's poverty rate of 8.5%. Median household income in Essex County is \$46,179, while the state's median household income is \$61,359.⁵ Newark (\$26,913), East Orange (\$32,346), Orange (\$35,759), and Irvington (\$36,575) had median household incomes far below those of neighboring municipalities, where median household incomes ranged from \$48,576 (Belleville) to \$148,173 (Essex Fells).⁶

⁴ In the 2000 US Census, educational attainment refers to the highest level of education completed and to persons 25 years and older.

⁵ US Census Bureau, 2004 American Community Survey .

⁶ New Jersey Cancer Control and Prevention Capacity and Needs Assessment Report Summary for Essex County, December 2004.

ESSEX COUNTY



Source: New Jersey Department of Labor and Workforce Development, Division of Labor Market and Demographic Research.

PRIORITY POPULATIONS

CHILDREN AND FAMILIES AT RISK

Families facing difficulty in Essex County often confront multiple and inter-related challenges that compromise their ability to lead stable, healthy and productive lives. Many are impoverished and often need assistance in meeting the most basic human needs of food, housing, and clothing. They frequently face economic crises for which they have limited or no financial resources to draw upon. And their economic woes are sometimes compounded by substance/alcohol abuse and mental health issues. Moreover, children and youth residing in these households usually fare poorly among a number of indices of well-being, and are highly at-risk for abuse and neglect, low academic achievement, and involvement with the criminal justice system. All told, when the confluence of these problems are brought together and not properly addressed over time, the result is a host of poor outcomes for children and families.

Child Health And Well Being

For 2003, the most recent year available, approximately 47% of all births in Essex County were to single, unmarried mothers.⁷ Children born out of wedlock and/or raised in single parent households are highly at risk of a number of negative developmental outcomes, including low birth weight, infant mortality, and Sudden Infant Death Syndrome (SIDS).⁸ Nearly eleven percent (10.9%) of all infants born in Essex were under weight in 2003, exceeding the state percentage of roughly eight percent (7.9%).⁹ At just over nine percent (9.3%), the county's infant mortality rate exceeds the state by nearly four percentage points (5.7%). And during the 2001-2003 period, nearly a third of the state's Sudden Infant Death Syndrome (SIDS) cases were from Essex County.¹⁰

SIDS (Sudden Infant Death Syndrome)				
	2001	2002	2003	2001-03
Essex	17	12	8	37
New Jersey	57	42	38	137

Source: New Jersey Department of Health & Senior Services' Center for Health Statistics

Infants born in Essex County also face the risk of contracting preventable diseases by not receiving standard immunizations by the age of two. In 2004, approximately 84.1% of New Jersey's two year olds received the basic recommended series of four doses of diphtheria / tetanus / pertussis vaccine, three doses of polio vaccine, and one dose of the measles/mumps vaccine. Yet despite progress in New Jersey, immunizations in some Essex County communities continue to lag behind the state. For example, in Newark only 69.1% of children received all recommended immunizations by the age of two.¹¹

⁷ New Jersey Department of Health and Senior Services, Center for Health Statistics (2003).

⁸ New Jersey Department of Health and Senior Services.

⁹ New Jersey Department of Health and Senior Services, Center for Health Statistics (2003).

¹⁰ Ibid.

¹¹ New Jersey Department of Health and Senior Services.

The highest incidence of harmful lead levels among children in the state continue to be found in Essex communities. Thirty-six percent of all children in New Jersey with elevated test results reside in the county.¹² The majority of these children live in just three of the county's 22 municipalities--East Orange, Irvington and Newark. Moreover, Newark accounts for 55.4% of childhood lead poisoning in Essex County (1,041 of the County's 1,879 cases).

Children in Essex County also make up a high percentage of those children diagnosed with asthma. A quarter of the total number of children ages 0-19 hospitalized with asthma statewide were from Essex. Well over half of these children (57%) were under the age of five.

Abuse and Neglect

Substantiation of an allegation of child maltreatment occurs when an investigation by the state Division of Youth and Family Services (DYFS—New Jersey's child protective agency) produces sufficient evidence that abuse was found. Statewide, the child abuse and neglect referral substantiation rate in 2003 (the latest year for which data is available) was 3.9 per 1,000.¹³ With 1161 substantiated cases or 5.5 per 1,000, Essex was among four counties at or above the statewide average. Of the five types of abuse and neglect – 1) physical, 2) neglect, 3) multiple, 4) sexual, and 5) emotional – 63.7% of the total number of substantiated referrals in Essex were due to neglect.

Family problem referrals to DYFS have also become common in Essex County. These referrals are made when families have not abused or neglected their children as defined by state law, but are at risk of harming their children unless an intervention occurs. For 2003, approximately 42,728 referrals were received by DYFS throughout New Jersey.¹⁴ Of this number, 4,923 referrals originated in the County of Essex, representing 11.5% of all referrals for troubled families – the highest number reported among counties.

The more prevalent family problems experienced by parents in Essex include substance abuse and mental health, domestic violence, emotional and financial troubles, and parenting skills. Essex County continues to lead the state with incidents of domestic violence; 5,904 filings were logged in 2004. The Uniform Crime Report notes that children were involved or present during 35% of domestic violence offenses occurring in the state. County residents continue to have the highest rate of alcohol and drug addiction, including an estimated 7,020 heroin users in the state.¹⁵ Substance abuse problems are often directly related to mental health challenges. The US Surgeon General reports 41-65% of individuals with a substance abuse disorder also have a history of at least one mental health disorder. When interventions are not provided during the early stages of family problem referrals, families are highly at risk of entering the child welfare system.

Youth

Essex youth, particularly those residing in urban municipalities, face enormous challenges to their development. Already challenged by common adolescent struggles to meet the more rigorous academic demands while under going physical and emotional changes, these youth must grapple with daily survival against intense negative peer pressure, violence, and the lure of gang activity. They often live in neighborhoods where there are limited supports for promoting their optimal growth, especially scholastic achievement.

¹² New Jersey Department of Health and Senior Services, *Childhood Lead Poisoning in New Jersey Annual Report (2003)*.

¹³ New Jersey Division of Youth and Family Services, *Child Abuse and Neglect in New Jersey: Statistical Report for 2003*.

¹⁴ New Jersey Division of Youth and Family Services, *Child Abuse and Neglect in New Jersey: Statistical Report for 2003*.

¹⁵ Essex-Newark, Legal Services.

State education officials confirm large numbers of students drop out of school between grades eight and eleven -- as many as a third in Abbott districts such as Newark, Irvington and East Orange.¹⁶ And while the New Jersey high school graduation rate is nearly 95%, Essex County's rate of 81% places it 14% behind the state.¹⁷ For many students in the county's large urban systems who continue beyond the eighth grade and eventually complete requirements for a diploma, they often graduate via the Special Review Assessment (SRA). SRA is a measure that often allows students to circumvent the more rigorous High School Proficiency Assessment. For example, upwards of 50% of students in some Essex high schools use the SRA route. Thus, a large percentage of students with diplomas leave high school unprepared for the challenges of work and/or post-secondary education.

Disaffected youth, often alienated from schools and the academic experience are highly at-risk of involvement in street gang activity and the juvenile justice system. An estimated two-thirds of gang members in New Jersey are younger than 17 years old, with one quarter of the more than 10,000 members statewide residing in Essex County.¹⁸ Essex County has the second highest juvenile arrest rate, which averaged 6,243 per year from 2001-2003—nearly 10% of all juveniles arrested.¹⁹ And the number of the county's juveniles in detention makes up one quarter of the state's overall juvenile detention population.²⁰

The Lesbian, Gay, Bi-sexual, Transgender and Questioning youth (LGBTQ) is a population with unique concerns. Service planning and coordination for this group is particularly challenging because of the lack of available statistical data. Consequently, these troubled teens are generally not appropriately acknowledged as a population in need of services. Agencies providing services to this population, report housing and mental health are two major concerns.

LGBTQ youth are sometimes forced out of their homes by parents and family members who do not understand, nor accept their sexual orientation. Most have trouble finding alternative, safe and secure living arrangements and are forced to rely on friends, or engage in prostitution for shelter and basic survival. The National Network of Runaway and Youth Services estimates that as many as 40 percent of the LGBTQ population is homeless.²¹

LGBTQ youth are also challenged by negative reactions of peers to their sexual orientation. These combined pressures place LGBTQ youth at an even higher risk of substance abuse and suicide as they struggle to cope with adolescent development, sexual identity, and the transition to adulthood. The need for targeted mental health care to assist these youth is paramount.

Grandparents

Recent data estimates place approximately 10,883 grandparents responsible for the care of their grandchildren in Essex County.²² These caregivers make up more than a fifth of the state's total number of grandparents assuming this responsibility. In Newark, well over 8,000 grandparents serve as guardians for their children's children. These caregivers tend to face unique social, emotional and financial challenges in attempting to respond to the needs of young children. Many are on fixed incomes and find it difficult to provide for growing children. Moreover, these challenges are compounded by the health ailments often faced by seniors.

¹⁶ Districts designated by the State Supreme Court entitled to supplemental academic and non-instructional resources.

¹⁷ New Jersey Department of Education, High School Graduation Information (2002-2003).

¹⁸ Newark Police Department Gang Intelligence Unit.

¹⁹ New Jersey State Police, Uniform Crime Reports.

²⁰ New Jersey Juvenile Justice Commission.

²¹ Lambda Legal Defense and Education Fund, Youth in the Margins, 2001.

²² US Census Bureau, 2004 American Community Survey.

Thus, the added responsibility of caring for small children becomes a competing priority among medical bills and high prescription drug costs.

Finally, fragile families are disproportionately affected by two additional concerns – a large concentration of returning ex-offenders and a growing number of HIV/AIDS infections, especially among African American women.

Prisoner Re-Entry

An estimated 70,000 people will be released from state prison over the next five years. Nearly one-third (almost 24,000) is expected to return to Essex County.²³ Many will return to poor and working class neighborhoods already under considerable social and economic strain. With high rates of addictions, mental illness, and often limited education and work experience, returning prisoners struggle to get and keep employment, find stable housing, stay healthy and reintegrate into their families and communities. Many also return with chronic diseases, such as asthma, diabetes, hypertension, and sexually transmitted diseases. An alarming number of ex-offenders are HIV positive. At present, most receive little to no preparation to successfully transition to the community.²⁴

HIV/AIDS

Nearly thirty percent of all persons living with HIV/AIDS statewide reside in Essex County (9,466 out of 33,313).²⁵ African-Americans represent 79% of these cases; Hispanics represent 13%. Men account for 59% of persons living with HIV/AIDS in Essex County; yet the county has the state's highest number of adult/adolescent women living with HIV/AIDS among New Jersey's 21 counties (3,787). And recent data confirms that African American women constitute the fastest growing number of new infections.²⁶

Statewide, one in every 264 individuals is living with HIV/AIDS, compared to Essex County, where one in every 86 individuals lives with the disease.²⁷ Newark continues to rank within the top 10 cities in the United States for HIV/AIDS infection rates, with women, infant and youth making up 36% of those living with AIDS in the city.

²³ New Jersey Institute for Social Justice, *A Portrait of Prisoner Reentry in New Jersey* (November 2003).

²⁴ New Jersey Institute for Social Justice / New Jersey Reentry Roundtable, *Coming Home for Good: Meeting the Challenge of Prisoner Reentry in New Jersey* (December 2003).

²⁵ New Jersey Department of Health and Senior Services, *New Jersey HIV/AIDS Report* (June 20th, 2005).

²⁶ New Jersey Division of HIV/AIDS Services, *HIV/AIDS Among Women in New Jersey* fact sheet.

²⁷ NJ Division of HIV/AIDS Services, *HIV/AIDS Epidemiologic Profile for the State of New Jersey 2004*.

MENTAL HEALTH POPULATION

Over the past decade, New Jersey has taken bold steps to reform the state's mental health system from one largely institutionally-based to a more community-based system of care to meet the varied and diverse needs of mental health consumers. These efforts have brought benefits to the state's mental health population, a group defined by the National Institute of Health (NIH) as "persons diagnosed with a mental disorder or a co-occurring mental and addictive disorder"²⁸. Benefits include increases in the range and scope of community mental health services, resulting in the need for fewer state facility beds and lower hospital admission and re-admission rates. Yet, Essex County's residents continue to be disproportionately represented in the state's mental health client base.

The New Jersey Department of Human Services, Division of Mental Health Services (DMHS) reports that at least 10 percent (or 14,481) of the 140,024 persons receiving mental health services across the state reside in Essex County. Moreover, 2-1-1 help hotline call data for Essex County confirms the critical need for mental health services. Mental health requests ranked eighth out of a total of 40 categories tracked by the 2-1-1 database serving Essex.

The mentally ill of Essex County suffer greatly from issues related to poverty, including high rates of drug abuse, alcoholism and homelessness. Many individuals with mental illness are unemployed, uninsured and often go without treatment. In 2005, forty percent of Essex County residents receiving DMHS services fell below the federal poverty line. Twenty-nine percent of the population reported earning no income. This population is predominantly African American, between the ages of 36 and 55. Fifty-one percent of the population is female; forty-nine percent are male. The majority of mentally ill persons report living in a private residence, with three percent self-reporting their status as homeless.

Among the most common primary presenting problems for persons with mental illness in Essex County are: 1) Depression/Mood Disorder, a disorder characterized by at least one major depressive episode; 2) Bizarre Behavior, characterized by delusions, hallucinations, and incoherent speech, and 3) Thought Disorder, including disorders of the stream of thought, possession and content of thought.²⁹

Top Presenting Problems for Persons with Mental Illness: New Jersey and Essex County, 2005

TOP PRESENTING PROBLEMS	New Jersey	Essex County
Depression/Mood Disorder	38,357	4,066
Bizarre Behavior	6,565	1,845
Thought Disorder	13,205	1,291

Frequently requested mental health services include outpatient screenings, emergency care, and partial care (a program that assists persons with both mental illness and chemical dependency). In addition, housing, access to care, and counseling for children and families who experience trauma and stress associated with exposure to high incidences of violence are among critical needs discussed below.

²⁸ National Institutes of Health, 2005.

²⁹ New Jersey Division of Mental Health Services, 2005.

Housing/Homelessness

Access to decent, safe, and affordable housing remains a tremendous challenge for adults with mental illness. According to the Surgeon General's Report on Mental Health, an estimated 20-25 percent of homeless persons in any given community has a mental disorder and do not receive treatment.³⁰ Homeless people who are mentally ill have a broad range of psychosocial problems that are complicated by conditions of extreme poverty and lack of shelter.

In Essex County, the issue of housing and homelessness is especially pressing given the state's well documented shortage of affordable housing. In a report published by the Governor's Taskforce on Mental Health (2005), state policy officials have called for housing targeted to New Jersey's mental health communities that meet the following criteria: 1) Permanent, non-transitional; 2) Affordable and available to the very low-income; and, 3) Permits independence.

For individuals who are chronically homeless (continually homeless for a year or more or at least four episodes of homelessness in the past three years), the prevalence of mental illness is even higher.³¹ Recent estimates suggest that at least 20 percent have at least one serious mental illness (e.g., schizophrenia, bi-polar disorders, and personality disorders). These individuals often lack essential services that would enable them to avoid chronic homelessness, including three major services identified by state mental health officials as gaps within the current system of supports:

- *Outreach Services*: programs that can assist with clothing, food, housing, and advocacy services, and link to primary and specialty health care, counseling, substance abuse/mental health treatment.
- *Community Mental Health Services*: counseling and therapeutic services provided by community-based organizations. These resources can foster acceptance and support for the mentally ill/homeless within the community, while addressing the specific needs of individuals.
- *Case Management Services*: an integration of services that involves the coordination of housing, job training and financial assistance, along with evaluation, referral and ongoing treatment for those dually-diagnosed with substance abuse and mental illness.

Access To Care

According to the National Alliance for the Mentally Ill of New Jersey (NAMI-NJ), there is a uniform problem of access to care for the mental health population. Several issues affect the availability of mental health care providers and services within the county, including the dearth of children's behavioral healthcare specialists, medical insurance, and community mental health services:

- *Children's Mental Health Care* - Despite some efforts in recent years to develop community-based, family-centered systems of care for children (e.g., the Children's Initiative), serious gaps in such services remain.

More troubling is the lack of behavioral health services for youth with both behavioral problems and developmentally delayed issues (e.g., autism, mental retardation, cerebral

³⁰ Surgeon General's Report on Mental Health, 1999.

³¹ U.S. Department of Housing and Urban Development, definition of chronic homelessness.

palsy). For example, officials at UMDNJ confirm that such services are currently not funded in Essex County. Despite UMDNJ's partial hospitalization program for youngsters with severe psychiatric problems, they must routinely turn away referrals for troubled youth with a developmental disability due to a lack of resources.

- *Medical Insurance* - Approximately 50% of Essex County's mental health population with serious illness do not have access to prescription medication. Many are uninsured.
- *Community Mental Health Services* - The availability of behavioral health care has not kept pace with the varied needs of consumers, particularly among those de-institutionalized over the past four decades. This concern is most pronounced in the county's urban centers, e.g., Newark, East Orange and Irvington.

Post Traumatic Stress Disorders of Youth

PTSD is a common anxiety disorder that develops after a terrifying event or ordeal in which grave physical harm occurred or was threatened. PTSD is often attributed to repeated exposure to violence. PTSD is especially prevalent among youth in Essex County, where the violent crime rate of 8.5 per 1,000 is the highest in the state. According to a recent national study examining homicide rates by New Jersey counties, Essex led the state in the number of homicides among the young adult population aged 20-24, with a homicide rate of 65.5.³² In that same study, sixty percent of the homicide victimization of youths was committed by firearms.

PTSD often results from exposure to gang violence. The county prosecutor's office cites a pervasive gang problem, confirming the presence of several gangs, including Gangster Blood Nation (The Bloods), the Crips, and the Almighty Latin King Nation (Latin Kings, ALKQN). And according Newark Public School officials, these street gangs are represented in 57 of the district's 82 elementary, middle and high schools. All are heavily involved in narcotics trafficking, resulting in a number of recent homicides.

The effects of crime and gang violence have large implications for the emotional and social development for youth. Children with PTSD usually display agitated behavior, become angry, aggressive sometimes engaging in play that compulsively reenacts violence. Young people can also become depressed, distrustful, and fearful. Other symptoms of PTSD include separation anxiety and feelings of alienation.

Without proper treatment for PTSD, adolescents may have trouble forming healthy relationships with family and friends. Focusing on academic subjects also becomes difficult. Youth facing these issues require a range of counseling and therapeutic services accessible in the communities where they live and attend school. In addition, intensive work at the early stages of problems can strengthen the ability of families to resolve issues before they impair a child's ability to function.

³² New Jersey Department of Human Services, "Youth Homicide and Racial Disparities: Gender Years and Cause": Journal of the National Medical Association. Vol. 96, No.4, April 2004, County Profile: Hudson.

DEVELOPMENTALLY DISABLED POPULATION

A developmental disability is defined as a severe, chronic disability that begins any time from birth through age 21, and interferes with normal growth and development. The New Jersey Developmental Disabilities Council estimates that there are approximately 10,469 persons with developmental disabilities in Essex County.³³ Furthermore, the Division of Developmental Disabilities (DDD) reports that approximately 2,703 of clients receiving state services – 8% of all state clients – were from Essex County in 2005.³⁴ The Essex client load represents populations with a range of developmental disabilities: mental retardation, cerebral palsy, autism, epilepsy, spina bifida, and neurological impairments due to traumatic brain injuries occurring during the developmental stages of growth. Developmental disabilities may be cognitive, physical, or a combination of both. These conditions place limitations on one's physical functions and ability to care for self.

The following table reflects data collected on developmentally disabled individuals in Essex County who received services through the State Department of Human Services' Division of Developmental Disabilities (DDD) from FY 2003-2005.³⁵ Males comprise the primary service population; in 2005, they requested and received developmental disability services over females by a ratio of more than 2:1. The median age of Essex County service recipients over the three-year period was 28 years old. The majority of service recipients reported living at home. In 2005, 2,100 individuals in Essex County out of a total population of 2,703 resided at home as compared to 464 who resided in licensed residential programs.

Essex County Disability Statistics, 2003-2005						
	FY 2003		FY 2004		FY 2005	
	Essex	Statewide	Essex	Statewide	Essex	Statewide
Total Served in Community	2,385	29,272	2,531	30,899	2,703	32,142
Average Age in Years	28.0	29.5	28.0	29.1	27.1	28.9
% Male	59.3%	58.7%	59.4%	59.3%	60.4%	60.0%
# on Waiver	673	8,122	667	8,455	732	9,075
# at Home on Priority Waiting List	281	2,670	300	3,009	342	3,384
# Living at Home	1,779	20,510	1,946	21,908	2,100	23,095
# Living in Licensed Programs	485	6,858	462	6,996	464	7,069
# Living in Other Programs or Independently	121	1,904	123	1,995	140	1,978
# in DDD Day Programs	579	6,847	619	6,982	595	8,003
# in Supported Employment	100	1,446	131	1,349	135	1,358

³³ New Jersey Developmental Disabilities Council, 2005.

³⁴ New Jersey Division of Developmental Disabilities, 2005.

³⁵ New Jersey Division of Developmental Disabilities, 2005.

State and County advocates contend that among the most critical needs for individuals with developmental disabilities include: 1) family support programs and assistance in leading independent, self-determined lives, and 2) assistance in accessing and navigating appropriate services.³⁶

Family Support

Family support constitutes any service provided to assist families to continue to care for their child or adult child with developmental disabilities in the family home.³⁷ The menu of services available include: home modifications, in-home and out-of-home respite, sibling programs, family counseling, parent support groups, after-school programs, education programs, and behavioral training. Family support also includes funds to purchase equipment and supplies (e.g., adult diapers, furniture, and assistive devices).

Service providers document harsh challenges for the developmentally disabled population lacking sufficient family support in Essex County.³⁸ Without adequate support, families often fail to adequately meet the needs of their disabled loved ones, and are forced to consider relinquishing guardianship of the individual to the state.

Despite increasing requests for supports at home and a national trend of *self-determination* (empowerment of the developmentally disabled to make their own choices and direct dollars in ways that best meet their needs), New Jersey has historically placed residents with disabilities in state residential facilities funded by DDD. Even with recent efforts to rely less on institutionalized forms of care (see Real Life Choices discussion below), only 8.5% of the Division's budget is used to support individuals who reside at home with their families³⁹. Yet roughly 80% of the caseload is under the age of 22 and residing with caregivers who have expressed a preference for receiving family supports and in-home services. Sixty percent of the 3,280 individuals on the current Residential Priority waiting list would be willing to delay out-of-home placement if family support services were made available.

Real Life Choices

In an effort to meet the growing demand for in-home and family supports, DDD implemented the *Real Life Choices* program in 2003. *Real Life Choices* was designed to allow families to create a personalized "cluster" of services for a disabled loved one, which in turn helps the individual to continue living at home with his/her family in lieu of a residential treatment facility.

Real Life Choices provides case management and various family support services. Eligible families are given a budget to create personalized services determined by the individual's particular needs and care requirements. Using an Individual Support Tool, families and DDD staff gauge the amount of services a person needs and how much DDD funding will be allocated. There is a direct link between the individual's capacity for self-care and the amount and intensity of supports provided. However, because the program only reaches a small portion of families statewide (*100 families currently enrolled*), very few Essex residents receive this benefit. DDD hopes to add another 100 families by the summer of 2006 and eventually offer this option in every county within the next few years.

³⁶ New Jersey Alliance for Full Participation, *Key Issues*, 2005.

³⁷ Interview conducted with Kathy Roberson, Director of Policy of the Boggs Center for Developmental Disabilities.

³⁸ Association of Retarded Citizens (ARC) of Essex County, 2005.

³⁹ Fact Sheet: Division of Developmental Disabilities and Governor's Budget, New Jersey Council on Developmental Disabilities, 2005.

Access and Awareness of Services

Families and developmentally disabled individuals often need help accessing the few services that are available. Services at the county and state level tend to be fragmented and disconnected. Most programs also place a great burden on individuals and families attempting to navigate eligibility and program requirements, and the location of community-based services.

In addition to DDD services, the State offers other resources that many families may be unaware of. The DHS Office of Mental Retardation and Developmental Disabilities (MRDD), coordinates programs and partnerships to support individuals with developmental disabilities and their families in meeting their own unique needs. Similar to *Real Life Choices*, this is accomplished through a planning process designed to provide programs and services and enable clients to live in the least-restrictive settings. However, there is little coordination between MRDD and DDD, which sometimes results in program redundancies, inefficient use of resources, and missed opportunities to expand services where they are most needed.

LOW INCOME POPULATIONS

Low-Income Families

Low-income families in Essex County face a myriad of problems in meeting a range of basic needs essential to survival. They struggle to find adequate housing, healthcare, and sometimes food and clothing. They often have little formal education beyond high school and are subsequently at risk for being unemployed.

Essex County ranks third in the state as having the highest percentage of people in poverty after Hudson and Cumberland Counties.⁴⁰ In recent years, the county has consistently placed within the top five counties with the greatest number of people in poverty (Essex, Hudson, Camden, Passaic and Middlesex). Children are especially at risk for poverty in Essex, where the county has the third highest rate of child poverty in the State.⁴¹

2-1-1 hotline call data confirms the needs for this population constituted about 42% of all calls made during the January – September 2005 period. The most frequent requests for help fell under the categories of financial assistance (*ranked first*), employment (ranked fourth), and food (ranked fifth).

A family of four is considered poor when their annual household income falls below \$18,850.⁴² Based on this definition, nearly 15% of Essex County residents and over 13% of Essex County families live in poverty.⁴³ Nearly 31% of families headed by a single female meet federal poverty guidelines. According to the Initiative for a Competitive Inner-City, Newark is especially affected by the problem of poverty, with 34% of its inner-city population meeting federal poverty guidelines.⁴⁴

In 2004, Essex County's unemployment rate of 5.9% was the fifth highest in the state and substantially higher than the statewide rate of 4.8%.⁴⁵ Recent estimates put Newark's unemployment rate at 12%.⁴⁶

Housing

The state Department of Community Affairs confirms that New Jersey is one of the most expensive housing markets in the country, where the statewide average fair market rent for one and two bedroom units is \$905 and \$1,058, respectively.⁴⁷ In Essex County, fair market rent for a one and two bedroom unit is \$891 and \$1,020, respectively.⁴⁸ According to federal guidelines, housing is deemed “affordable” when the occupant pays no more than 30% of gross income for housing costs, including utilities (HUD). When the costs of shelter exceed this threshold, the occupant experiences a “housing cost burden.”

⁴⁰ US Census Bureau, 2003 Small Area Income Poverty Estimate (SAIPE).

⁴¹ US Census Bureau, 2003 Small Area Income Poverty Estimate (SAIPE), applies to children ages 0-17.

⁴² U.S. Department of Health and Human Services, Poverty Guidelines, 2004.

⁴³ U.S. Census 2004.

⁴⁴ Initiative for a Competitive Inner-City, Inner City Profiles: Newark, NJ (2005).

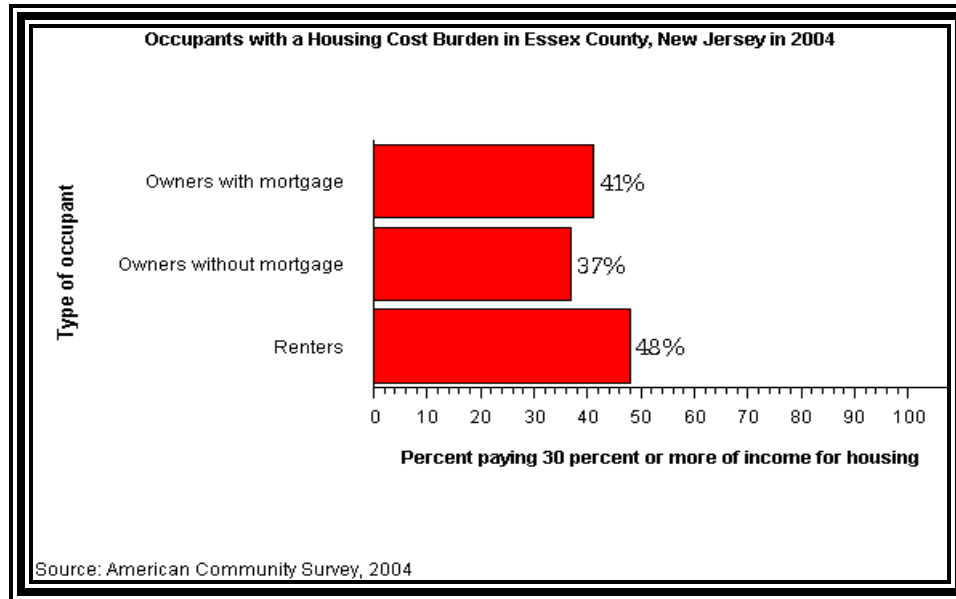
⁴⁵ New Jersey Department of Labor, New Jersey Annual Average Unemployment Rate by County: 1990-2004.

⁴⁶ Initiative for a Competitive Inner-City, Inner City Profiles: Newark, NJ (2005).

⁴⁷ National Low Income Housing Coalition's 2004 *Out of Reach* Report.

⁴⁸ *Ibid.*

In 2004, forty-one percent of owners with mortgages, and forty-eight percent of renters in Essex County, spent 30% or more of household income on housing. Thirty-seven percent of owners without mortgages used 30% or more of household income to meet housing related costs, e.g., property taxes, utilities.



Several additional statistics underscore the severity of housing costs in Essex County:⁴⁹

1. An extremely low-income household (earning \$22,710, 30% of the Area Median Income of \$75,701) can afford monthly rent of no more than \$568.
2. A minimum wage earner-\$5.15 per hour-can afford monthly rent of no more than \$268. An SSI recipient (receiving \$595 monthly) can afford monthly rent of no more than \$179.
3. At minimum wage earnings for a standard work week, 62% of this income is required to afford rent in Essex County.

For those individuals on public assistance (Temporary Assistance for Needy Families/TANF), housing concerns are particularly challenging. While TANF funding has not increased since 1987, the cost of living in the state has steadily increased, especially in the area of housing⁵⁰. Consequently, a TANF recipient with two children still receives \$5,088 in cash benefits, well below the poverty level.⁵¹

DHS data reports that in recent years, Essex County families (including renters and owners) find themselves increasingly unable to meet monthly housing costs without the aid of the Emergency Assistance program (EA). EA is administered through the Essex County Division of Welfare (TANF clients) and the Essex County Division of Community Action (non TANF clients).

EA can be used to meet the needs of families who have experienced a loss of housing, food, clothing, household furnishings or utilities. Emergency dollars can also be used in cases of homelessness, and/or imminent threat of homelessness. Allowances may be provided for a wide range of assistance: mortgage and utility payments, security deposits, retroactive rent to

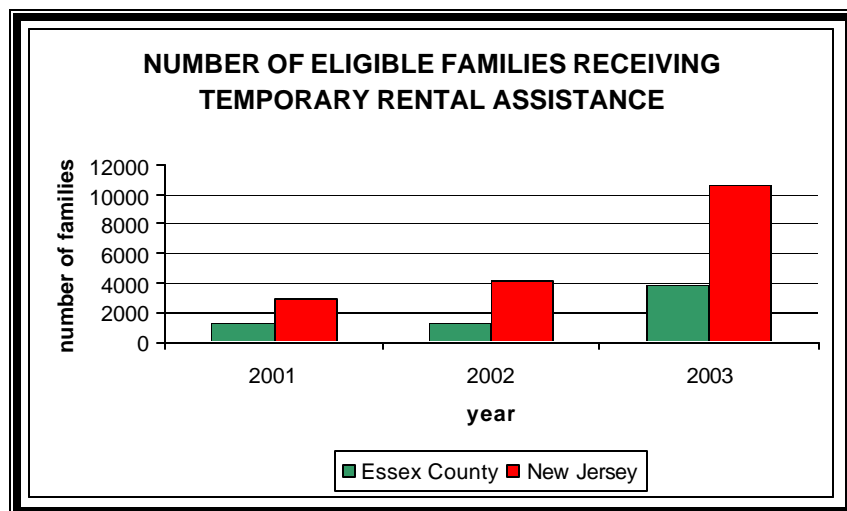
⁴⁹ National Low Income Housing Coalition, 2004 *Out of Reach* Report.

⁵⁰ NJ Department of Human Services, Division of Family Development, TANF/SSI, 2005.

⁵¹ *Ibid.*

avoid eviction, transportation costs to conduct housing searches, temporary storage fees, and payment for emergency shelter. Emergency assistance for TANF clients is limited to twelve months with the ability to receive up to two six-month extensions, if eligible, as a hardship.

The following graph shows that from 2001-2003, the number of Essex County families seeking emergency assistance more than doubled from 1,211 to 3,891.⁵²



	Essex County	New Jersey
2001	1211	2962
2002	1238	4165
2003	3891	10,623

Source: New Jersey of Human Services / Division of Family Development TANF/SSI.

Homelessness

The Housing and Community Development Network of New Jersey estimates that 25,000 families in the state are homeless. The combination of the drastic shortage of affordable housing in the private market and the acute shortage of federally assisted housing, has only exacerbated the homelessness problem in Essex County. Requests for assistance in the form of temporary rental assistance and motel and emergency shelter placements continue to increase in Essex County.

Recent survey data on the county’s homeless population revealed the following:

Of a total of 1, 215 homeless respondents:⁵³

- 31% had been homeless for more than 1 year, meeting the U.S. Department of Housing and Urban Development’s definition of being chronically homeless.
- 20% had been homeless for 3-6 months
- 9% had been homeless for less than 3 months.
- 25% of respondents lost housing because they had been evicted due to failure to pay rent.
- 36% received counseling and treatment for drug abuse, 17% received treatment for alcohol abuse, and 16% received counseling and treatment/therapy for mental illness.

⁵² New Jersey Division of Family Development TANF/SSI.

⁵³ Point in Time Survey, January 2005.

- When polled on current place of inhabitation,
 - 41% reported living in a transitional shelter/facility
 - 31% reported living in an emergency shelter
 - 10% reported living with family or friends
 - 3% reported living on the street
 - 2% reported living in a train/transportation depot
 - 1% reported living in an abandoned or vacant building

Respondents were 73% African American, 10% Euro-American (White) and 9% Hispanic/Latino.

Undocumented Immigrants

New Jersey is home to an estimated 400,000 undocumented immigrants.⁵⁴ These individuals include those who have entered the United States illegally or who have remained in the country beyond the time limit of a visa. More than 48,000 of this population reside in Essex County.⁵⁵ A large number of the county's undocumented immigrants arrive from South and Central America (Brazil and Ecuador), the Caribbean (Haiti), and Africa (Liberia, Nigeria, and Ghana). Women make up a substantial share—41%—of the adult undocumented population.⁵⁶

Undocumented immigrants face an array of challenges, especially in the areas of employment and accessing social services. In lacking permanent citizenship status, many cannot obtain sufficient documentation often required for employment, including a driver's license. As a result, they are limited to menial and low-wage jobs where compensation is often considerably lower than minimum wage and health care benefits are not provided. Consequently, many immigrant families live well below the poverty line. The socio-economic status of undocumented immigrants is exacerbated by the fact that they are largely ineligible for a number of public benefits, including Medicaid, TANF, emergency housing assistance, and food stamps. And while the children of undocumented immigrants born in the United States are eligible for such benefits, their parents are often reluctant to approach public institutions for services out of the fear that their non-citizen status will become known and result in their deportation.⁵⁷

⁵⁴ Urban Institute estimates based on Census 2000 and March 2002 Current Population Survey.

⁵⁵ The Pew Hispanic Center estimates that in New Jersey undocumented people comprise up to 29% of the nations immigrants. According to the Census 2000, Essex County is home to 168,165 immigrants.

⁵⁶ Urban Institute.

⁵⁷ Urban Institute, "Immigrant Families and Workers" February 2005.

PHYSICALLY DISABLED

Residents with physical disabilities in Essex County face multiple and inter-related challenges that compromise their ability to lead productive and independent lives. The physically disabled population encompasses the deaf and hard of hearing, the blind and visually impaired, as well as those with impairments of physical functions that make carrying out daily life activities difficult. There are at least 116,125 disabled persons living in Essex County.⁵⁸ An estimated 20,096 of these individuals have some type of impairment of physical functions.⁵⁹ Approximately 27,777 individuals are known to be blind and/or visually impaired.⁶⁰ And an estimated 68,252 residents have some degree of hearing loss, which is often accompanied by a limited ability to speak.⁶¹

Among the major concerns confronted by individuals with disabilities are in the areas of housing, employment and transportation. Just under half (45.8%) of the disabled population aged 21 to 64 years old is employed.⁶² Minorities with disabilities are believed to have an even higher unemployment rate—as high as 98%, leaving many living below the poverty line.⁶³ The use of personal assistants and housing outfitted with special accommodations and assistive technologies (devices that can modify sound and enhance the interpretation of words and spoken language), can increase the cost of living for the physically disabled by as much as 50-100%.⁶⁴

Physically Impaired

This population suffers from impairments of physical functions required for independent living (e.g., ability to walk, climb stairs, reach, lift, carry, dress, bathe, or function at home).⁶⁵ They experience particular difficulty when attempting to secure employment. Their academic and vocational skills are often not as competitive as non-disabled persons pursuing job openings. Moreover, many workforce training programs for the disabled have not sufficiently adjusted program offerings to respond to the demands of a service-oriented economy, leaving many unprepared to be competitive in the labor market.

Disabled persons are also sometimes discouraged from seeking employment out of concern of losing Medicaid / Medicare benefits. Many are not aware that disabled New Jerseyans can earn up to \$48,000 and still qualify for public benefits.⁶⁶ There also continues to be bias on the part of employers who may believe that hiring disabled individuals will result in an increase in insurance costs. Despite provisions in the American Disabilities Act (ADA) that guarantee disabled persons the right to employment and workplace accommodations, employers are sometimes reluctant to pay for the installation of assistive technologies that can accommodate special needs.

Accessing affordable housing for the physically impaired proves to be challenging as well. The demand for affordable housing units far outweighs the supply. With fair market rent for a two bedroom rental unit at \$1,020, many disabled persons on fixed incomes are unable to acquire

⁵⁸ Based on US Census Bureau and New Jersey Department of Human Services data.

⁵⁹ 2000 US Census.

⁶⁰ Commission for the Blind and Visually Impaired.

⁶¹ Division of Deaf and Hard of Hearing.

⁶² 2000 US Census.

⁶³ American Foundation for the Blind.

⁶⁴ The Self-Sufficiency Standard for NJ 2005 Report.

⁶⁵ 2000 US Census.

⁶⁶ Interview conducted with William Ditto, Director of the Division of Disability Services.

housing on their own.⁶⁷ For example, the State Division of Disability Services estimates that persons living on Social Security would need about 185% of their benefit to afford housing. Even when adequate income is not an issue, much of the housing stock pre-dates the ADA. Older, multi-dwelling units in particular, do not have such features as ramps, elevators, and widened doorways to permit compliance with ADA regulations. Further exacerbating this problem is the reality that older pre-war housing (a large percentage in Essex County) is not easily converted to accommodate special needs without substantial cost.

Inadequate transportation adds to the challenge of achieving independent living. Despite nearly all NJ Transit local buses being equipped with lifts, persons with physical impairments have reported that drivers sometimes refuse to stop when running behind schedule.⁶⁸ In addition, only 66 of NJ Transit's 162 commuter rail stations are fully equipped with elevators, ramps, or portable lifts to facilitate access for persons with physical impairments.⁶⁹

NJ Transit also offers Access Link, a special transportation service for the disabled population. However, its routes tend to only shadow existing bus lines. For persons living in suburban and more remote areas that are not on a transit route, the service is simply not accessible. And private transportation options, such as taxi and car services are not considered viable alternatives when factoring in the higher fees required to ride them. Moreover, these vehicles are often not well suited for wheelchairs.⁷⁰

Blind and Visually Impaired

Loss of sight and limited vision inhibits the management of even the most basic life skills. Many functions taken for granted, such as cooking, getting dressed, operating a vehicle or reading, are beyond the reach of the visually impaired when supports are not provided. This population also faces obstacles to obtaining an adequate education, employment, housing, and transportation--essentials for living independently.

While school districts are mandated to make provisions for learners with visual problems, students sometimes still encounter challenges. For example, up-to-date software applications (Jaws and Zoomtext) to ease access to curriculum may not be readily available. In addition, teachers and tutors of Braille might benefit from additional training on the particular needs of this population. A lack of training has resulted in instances of schools classifying these students as having a developmental rather than a physical disability, resulting in placement in special education classes.

Access to assistive technologies would expand employment opportunities. Yet, county residents with visual problems tend to lack the knowledge for acquiring such tools and equipment. Information about job vacancies are often out of reach, preventing large numbers of capable and willing individuals from obtaining gainful employment.

The blind and visually impaired usually encounter additional barriers when seeking housing. Gaining access to up-to-date vacancies is complicated by the small font of typical ads placed in newspapers. Newspaper postings do not always specify units that could accommodate special needs. There is also evidence of bias on the part of landlords and property managers who

⁶⁷ National Low Income Housing Coalition's 2004 *Out of Reach* Report.

⁶⁸ Interview conducted with Public Information Officer Pamela Gaston of the Commission for the Blind and Visually Impaired.

⁶⁹ NJ Transit Accessibility Services.

⁷⁰ Interviews conducted with William Ditto, Director of the Division of Disability Services, and Robert Fornoff, the Assistant Director of Office for the Disabled.

sometimes screen out the visually impaired, fearing that these tenants may accidentally start a fire or create other liabilities.

Transportation is a paramount concern to those with loss of sight. NJ Transit operators sometimes do not know that passengers who are blind or visually impaired have a right to a reduced fare at certain times of the day or that they have a right to ride with a Seeing Eye dog. For those depending on NJ Transit's Access Link service, they must often endure long hours in transit. Some cite concerns with the convenience of connectivity between north-south routes. This problem is compounded by the fact that Access Link only responds within a 30-minute window of requests for service, making departure and arrival times difficult to schedule.⁷¹

Deaf and Hard of Hearing

County residents with hearing loss face the enormous challenge of daily communication. The inability to hear or decipher sound creates difficulty in learning vocabulary and language necessary for speech. Without adequate supports, this condition severely limits opportunities to gain employment, obtain housing, and use public transportation.

When seeking employment, the communication barrier could be mitigated by the use of sign language interpreters, and or, assistive technologies (e.g., devices that can modify sound and enhance the interpretation of words and spoken language). However, county residents are often unaware of ways to access language services and equipment, both of which can be made through inquiries at the State Division of Deaf and Hard of Hearing, the county Office of Disability Services, and local libraries. Moreover, employers are sometimes reluctant to pay for the installation of assistive technologies that would make securing a job and maintaining employment feasible. Examples of such assistive equipment for the deaf include: Computer Aided Real-time Translation (CART), whereby spoken words are typed and appear on a screen in real time; and tele-typewriters (also known as TTY) to facilitate communication by phone, permitting a display of words on a small screen.

The availability of technological supports would provide enhanced comfort and independence for the hearing-impaired at home. For example, the use of signalers (technology that converts sound of electronic devices into visual signals) can assist individuals in using household appliances and responding to audible cues from doorbells and alarm clocks. However, such devices can be cost prohibitive for some residents. For example, while the normal cost of a smoke detector is \$15-20, the addition of a signaler makes this item as expensive as \$100.

Finally, the availability of assistive equipment on public transportation varies. The vast majority of buses and trains have displays identifying their routes and stops. However, there is a need for more displays and monitors with captioning at transfer points, such as train stations and airports.⁷²

⁷¹ Interviews conducted with Director Vito DeSantis , Manager José Morales, and Public Information Officer Pamela Gaston of the Commission for the Blind and Visually Impaired.

⁷² Interviews conducted with Director Brian Schomo and Executive Assistant Ira Hock of the New Jersey Division of the Deaf and Hard of Hearing.

CONCLUSION

Families facing difficulty in Essex County often confront multiple and inter-related challenges that compromise their ability to lead stable, healthy and productive lives. Many are poor and often need assistance in meeting the most basic human needs of food, housing, and clothing. They frequently face economic crises for which they have limited or no financial resources to draw upon. And their economic woes are sometimes compounded by alcohol and substance abuse/mental health issues. Moreover, children and youth of these households usually fare poorly among a number of indices of well being, and are highly at-risk of abuse and neglect, low academic achievement, and involvement with the criminal justice system.

Essex County requires a comprehensive systems change to service delivery. Municipal, county, state, and non-profit/private agencies must work more collaboratively to address the lack of coordination and fragmentation of services. To that end, the recommendations that follow include multi-pronged strategies that call for the development of partnerships at the community, county and state levels. These recommendations provide an opportunity to not only identify the unique needs and challenges across priority populations, but tailor specific solutions that hold promise for improving child and family outcomes.

RECOMMENDATIONS FOR HSAC COMMUNITY NEEDS ASSESSMENT

CHILDREN AND FAMILIES AT RISK

- Expand neighborhood level support for families at risk of becoming involved with the child welfare system by leveraging recently established child welfare collaboratives to provide comprehensive, integrated case management services (e.g., substance abuse, mental health, financial assistance, food stamps). Explore particular strategies to develop opportunities for service integration and interagency coordination.
- Increase health prevention efforts to ensure healthy outcomes for maternal, fetal and infant health.
- Engage the clergy and community-based organizations in prevention, awareness, and testing activities to support HIV/AIDS prevention and treatment.
- Partner with the four Abbott school districts (Newark, East Orange, Irvington, and Orange), advocates and community-based organizations to increase attention and supports for middle-grade and secondary students at-risk of dropping out of school.
- Develop a statistical profile and directory of services for Lesbian, Gay, Bi-sexual, Transgender, and Questioning (LGBTQ) youth.
- Develop community receiving-centers offering integrated case management and supports for the prisoner re-entry population.

MENTAL HEALTH

- Promote the expansion of county-based mental health screening centers which serve as gateways to mental health services at every level, including outpatient counseling, case management, self-help centers and in-patient hospitalization. Mental health screenings have been documented as critical in helping to diagnose depression, bipolar disorder, post-traumatic stress disorder, alcohol problems, and suicide prevention.
- Develop a countywide information and referral system exclusively for mental health services. This resource should include both a website that is continually updated and linked to local resources in each municipality.

DEVELOPMENTALLY DISABLED POPULATION

- Develop additional service slots of no fewer than 100 for Essex families interested in enrolling in the Real Life Choices program by July 2006.
- Leverage the resources of DHS' Office of the Prevention of Mental Retardation and Developmental Disabilities to expand services for Essex individuals and families.

LOW INCOME POPULATION

- Increase supportive housing/employment and training opportunities for the chronically-homeless.
- Ensure that shelter and supportive services are fully reimbursed and available to all who need them.
- Strengthen priorities for affordable and low-income housing in local master and redevelopment plans. Engage each municipality in conversations to produce agreements for a target number of new units in every community.

- Integrate rental assistance and case management in ways to link individuals and families to actual resources that result in permanent housing and initial steps out of poverty.
- Work with the Housing and Community Development Network and other groups on a legislative agenda to create a statewide strategy leading to a consistent, comprehensive policy for all homeless persons.
- Expand the availability of Emergency Assistance to reach more non-TANF individuals and families, particularly those known as the working poor and highly at risk of poverty and homelessness.
- Consolidate all homeless services into one central location at the State level. (Currently, homeless funding can be found in several state agencies, including: the Department of Human Services and the Department of Community Affairs.

PHYSICALLY DISABLED POPULATION

- Expand county and state service slots for the Blind and Visually Impaired, the Deaf and Hard of Hearing, and those with physical limitations. Create a minimum of 300 slots (100 per service area).
- Expand NJ Access Link service routes in frequently-requested zones where service does not exist.
- Develop enhanced training and employment opportunities through vocational rehabilitation, and the county and municipal workforce investment boards/WIBS (Improve coordination between the City of Newark and County of Essex WIBS).
- Ascertain assurances from all Essex County school districts that physically disabled students (especially the blind and visually impaired) have access to up-to-date software and instructional tools necessary for receiving a “thorough and efficient” education.

APPENDIX

A

State Initiatives and Prevention Services

There are several state-led initiatives designed to strengthen supports for families, bolster self-sufficiency, and improve child and family outcomes.

Two programs offer additional supports for Work First New Jersey (WFNJ) recipients, especially parents: the Supportive Assistance to Individuals and Families program (SAIF), and the TANF Initiative for Parents (TIP).

- SAIF is a program of the Division of Family Development of the New Jersey Department of Human Services, designed to provide additional cash assistance and support services to individuals/families that exceed the five-year federal life-time limit for cash benefits. Eligible participants are those who may not meet or qualify for a time limit exemption (e.g., permanently disabled, victim of domestic violence, chronically unemployable, over the age of 60), but fall within one of the following categories:
 - the individual has cooperated with WFNJ requirements, such as participating in work activities and meeting child support obligations, yet has been unsuccessful in securing employment.
 - the individual has experienced family/domestic violence
 - deferment due to illness or
 - six or more months pregnant
 - loss of employment due to no fault of the recipient, e.g., inability to find child care or transportation.

SAIF provides up to two years (24 months) in additional cash benefits, along with child care, transportation, and other support services. Mental health and substance abuse treatment are also available. SAIF can be accessed through local county welfare and board of social services/municipal welfare offices.

- TIP is designed to help new TANF parents with children under 12-months old improve their parenting skills in hopes of improving child well being and healthy development. The program offers parents the opportunity to choose either having a TIP representative visit and provide assistance in their home, or receive help at a local One-Stop Career Center operated by WIBs. Parents can also choose a combination of the two options.

Utilizing an extended network of support services, TIP creates a plan tailored to the individual needs of each parent. Services include guidance on providing good nutrition, resume writing, interview skills, and information and referrals to meet medical and child care needs.

- *Community Collaboratives*
A community collaborative is a neighborhood level service hub where residents can receive support, information and services. Services might include parenting classes, child care, job training, and peer-support groups. Created in response to recent child welfare reforms, seven collaboratives exist in Essex County, including four within the City of Newark, and one each in East Orange, Irvington, and Orange.
- *NJ Transit Disability Supports*
The NJ Transit Authority currently sponsors NJ United We Ride, a collaborative designed to address the transportation needs of people with disabilities. Partners include the Department of Human Services, the State Department of Transportation, Department of Labor, and Rutgers University.

B

ESSEX COUNTY MUNICIPALITIES

Township/Borough	Population*
Belleville	35,928
Bloomfield	47,683
Caldwell	7,584
Cedar Grove	12,300
East Orange	69,824
Essex Fells	2,162
Fairfield	7,063
Glen Ridge	7,271
Irvington	60,695
Livingston	27,391
Maplewood	23,868
Millburn	19,765
Montclair	38,977
Newark	273,546
North Caldwell	7,375
Nutley	27,362
Orange	32,868
Roseland	5,298
South Orange	16,964
Verona	13,533
West Caldwell	11,233
West Orange	44,943

*US Census Bureau American Fact Finder Census 2000