

**Somerset County
Department of Human Services**

Human Services Advisory Council



“Moving Towards a Civil Society”

**Somerset County Human Services
Priority Populations Plan**

2016 - 2020

Prepared for:
New Jersey Department of Human Services
New Jersey Department of Children and Families
September 2017

**SOMERSET COUNTY PRIORITY POPULATIONS PLAN
2016 – 2020**

Approved by:

2017

Somerset County Board of Chosen Freeholders

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Somerset County Board of Chosen Freeholders Resolution

R17-665

RESOLUTION APPROVING THE HUMAN SERVICES ADVISORY COUNCIL PRIORITY POPULATIONS PLAN 2016-2020, MOVING TOWARD A CIVIL SOCIETY.

WHEREAS, the Board of Chosen Freeholders of the County of Somerset has appointed a Human Services Advisory Council (HSAC) consisting of broad based membership interested in and knowledgeable about the social services field; and

WHEREAS, the HSAC Planning Committee was formed as a committee of the Human Services Advisory Council; and

WHEREAS, one of the functions of the committee is to assist the Somerset County Department of Human Services and the Human Services Advisory Council in the development of a County Human Services Priority Populations Plan 2016-2020, Moving Towards a Civil Society; and

WHEREAS, the Plan has been prepared in compliance with planning guidelines issued by the New Jersey State Department of Human Services; and

WHEREAS, the Somerset County Human Services Advisory Council on July 26, 2017 approved recommending said Plan to the Board of Chosen Freeholders of the County of Somerset for their approval.

NOW, THEREFORE, BE IT RESOLVED that the Somerset County Human Services Priority Populations Plan 2016-2020, Moving Towards a Civil Society as submitted to the Board of Chosen Freeholders of the County of Somerset on September 12, 2017 and on file with the Deputy Clerk of the Board, be and is hereby approved.

I, Kathryn Quick, Deputy Clerk of the Board of Chosen Freeholders of the County of Somerset in the State of New Jersey, do hereby certify that the foregoing is a true copy of a Resolution adopted by said Board of Chosen Freeholders at its regularly convened meeting of September 12, 2017.

Kathryn Quick

Kathryn Quick, Deputy Clerk of the Board



Approved as to Form and Legality
Somerset County Counsel

By: 

The SOMERSET COUNTY PRIORITY POPLATIONS PLAN could not have been completed without the time and effort put forth by the Planning Committee and its subcommittees of the Somerset County Human Services Advisory Council.

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In addition, special thanks must be extended to the following members of the Somerset County Department of Human Services Staff:

Emilia Fletcher, Program Coordinator II and Juanna James, Executive Assistant

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2016 - 2020**

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I. Executive Summary

Somerset County contains a diversity of landscapes, population, and development with a balance between urban and suburban neighborhoods and rural areas. The County is located in central New Jersey's once Wealth Belt between Philadelphia and New York, where the cost of living is higher than most areas in the State. The population grew over a 6-year period (2010 to 2016). According to Census 2010, the County grew 8.7% from 2000 to 2010. Its 21 municipalities combine to form a diverse population of 297,470 in 2000 and 323,444 in 2010 to a projected 333,751 by the end of 2016 (American Community Survey Estimates 2010 to 2016) .

There is a need for public transportation in the neediest areas of the County (Franklin Township, Somerville, North Plainfield, Bound Brook, South Bound Brook, and Manville). The NJ Transit, Somerset County Transportation, and the AMTRAK or NJ Transit (rail road) provide some public transportation in needy areas. The Somerset County Board of Social Services provides transportation for the aging, disabled, Temporary Assistance to Needy Families (TANF), and General Assistance (GA) clients.

Most of the TANF recipients, Food Stamp or Supplemental Nutrition Assistance Program (SNAP) recipients, and working poor reside in the municipalities of Franklin, North Plainfield, Somerville, Bound Brook, South Bound Brook, and Manville. In addition, most of the Free/Reduced Lunch children Pre-K to 12th grade live in these areas. Franklin Township is the largest municipality in the County, while North Plainfield and Bound Brook are the most densely populated areas. Most of the minority population resides in these older, more urban communities. The municipalities of Bound Brook and North Plainfield have the highest percentage of Spanish-speaking populations.

The immigrant populations who live in the County have increased dramatically over the past decade will continue to increase, and affect all human services. Many agencies use interpreters or have bi-lingual staff who speaks Spanish, an Indian dialect or a Chinese dialect. According to the American Community Survey 2015 almost one-third (1/3) of all residents in Somerset County speak a language other than English while at home. The immigrant population, who are part of the working poor, work in low wage jobs and often seek subsidized programs to assist them in their day-to-day life. The low-income access services that might include: TANF, GA, Medicaid, Food Stamps, Family Care, childcare, homeless programs and services, food bank assistance, prescription assistance, health care assistance, dental assistance, transportation, mental health programs, substance use disorder programs, child care, domestic violence services, adult day care, aging and disability services, as well as legal services and many other human services. Some of these programs service a clientele that are 30% to 70% Hispanic/Latino.

The unmet needs of affordable housing, transportation, and whole health care are very consistent in almost all Priority Populations. These unmet needs have been identified as top unmet needs since 2000. Below is the list of Priority Populations and Unmet Needs.

Priority Populations and Unmet Needs:

Children and Families at Risk: Affordable Housing, Affordable Accessible Transportation, Substance Use Disorders, Prevention Activities, Support Services for Families, and Child Care

Mental Health: Affordable Housing, Transportation, Access to Whole Health Care, Community Based Case Management, Affordable Medication, and Access to Employment Services

Substance Users: Affordable Housing, Transportation, Whole Health Care Services, Community Based Case Management, Medication Assisted Therapy, and Access to Employment Services

Developmentally Disabled: Affordable Housing, Transportation, Whole Health Care Services, Comprehensive Services Across the Lifespan, Qualified Staff for all Services, and Productive Employment Transitional and Daytime Services

Homeless: Affordable Housing and/or Subsidized Housing, Transportation, Mental Health and Substance Use Disorder Services, Case Management/Legal Advocacy/Community Engagement, Discharge Planning for those Released from Treatment, and Employment/Job Training/Vocational Services

Low Income: Healthy Safe Affordable Housing, Transportation, Financial Literacy/Credit Counseling, Legal Advocacy/Supportive Case Management, Ability to Meet Basic Needs/Including Food Security, and Employment/Job Training & Education

Physically Disabled: Housing, Transportation, Whole Health Care Services, Transition Planning, Education of Providers and Consumers, and Day Programs

Aging: Ability to Meet Basic Needs, Transportation, Ability to be Self-Sufficient Living Alone or Medically Fragile, Information to Aging Especially in an Emergency, Home Maintenance, Adult Day Care

The Somerset County Human Services Priority Population Plan 2016 to 2020 is implementable upon approval by the Somerset County Board of Chosen Freeholders. The HSAC Planning Committee will monitor the progress of the designated lead entities and report to the Somerset County Human Services Advisory Council. Responsible entities will report to the HSAC Planning Committee on actions taken as designated by a plan strategy. A bi-annual meeting will be held to monitor, update strategies in the plan as needed, and show progress/evaluate the plan. The plan will be updated in its entirety as designated by the State Department of Human Services/State Department of Children and Families or the Human Services Advisory Council Planning committee determines there is a demonstrated change in unmet needs in 2021.

II. Overview

Planning Process

The HSAC Planning Committee consists of members as designated by the Somerset County HSAC By-Laws. Members outside of the HSAC were added to the committee because of their expertise in certain areas such as a representative from Division of Child Protection and Permanency, representative from the Division of Developmental Disabilities, the County Mental Health Administrator, and the County Alcoholism and Drug Abuse Coordinator. The committee decided to include eight (8) priority populations. Then, the committee was broken down into subcommittees according to priority population. Priority Population Subcommittee Chairs were chosen. The six top unmet needs were decided by the subcommittees and approved by the whole planning committee. Lists of services were comprised for each of the priority populations by the population subcommittee. Findings and recommendations were devised for each of the priority population and its six top unmet needs. The needs, the outcomes, the recommendations, benefits to target populations, proposed participants, action steps, and indicators were derived for each unmet need. Supporting evidence and statistics were gathered to demonstrate the unmet need of the County.

General Description

County Character

Somerset County consists of 305 square miles and is located in one of the wealthiest metropolitan areas in the United States. The County is comprised of 21 municipalities with a population of in 323,444 in 2010 and with 333,654 by the end of 2016 (ACS Annual Estimates of Annual Population April 1, 2010 to July 1, 2016). The Median Household Income of \$98,440 (ACS 2015 Comparative Economic Characteristics 2015) reflects a quality of life that may be considered as one of the better in the country. Diversity is slowly increasing within the County, demonstrated by the various ethnic groups residing in communities. At one time, the County was a rural and underdeveloped area of Central New Jersey. In 2007, Somerset County was a very desirable and economically prosperous balance between urban and the suburban neighborhoods and rural countryside. Its location between New York City and Philadelphia enhance the economic potential. After the recession of 2008, a slow recovery had affected the economy in Somerset County through decreased and slow to recover retail spending and sporadic massive layoffs. The 2016 first three month average unemployment rate of 3.8% is an eight year low (NJ Dept. of Labor and Workforce Development Office of Research and Information Economic and Demographic Research Bureau of Labor Force Statistics Labor Force Estimates 2016 Unemployment Rate http://wd.dol.state.nj.us/labor/lpa/employ/uirate/lfest_index.html).

Regardless of the affluence in Somerset County, there are County residents living in poverty, which include the working poor. **In 2010, child poverty was 6.6 % or 5,295. In 2015, child poverty continued to increase to 7.9% or 5,929** (U.S. Census Bureau, American Community Survey Comparative Economic 1-Year Estimates). **During 2010, the overall poverty rate was 4.9% or 15,800 compared to 5.5% or 18,132 in 2015. The poverty rate was still increasing in the County as was the total number of children and individuals in poverty. In addition, the total County population increased.**

There were 9,194 individuals issued Food Stamps in 2010. In addition, there were 11,482 individuals or 3.4% of the County population on Food Stamps in December 2016, which was an 8% decrease in one year. In addition, during 2010, according to the Somerset County Board of Social Services (SCBSS) Director the Board served over 42,000 individuals or 13% of the County population. In 2015, there were over 36,000 individuals served by the SCBSS or approximately 10.8% of the County population. The number of individuals being serviced by the SCBSS is decreasing. Possible reasons for this decrease are change in eligibility requirements, low unemployment or not eligible because of lack of documentation. Most of the low-income population live in a concentrated area in the municipalities of Franklin Township, Somerville, North Plainfield, Bound Brook, South Bound Brook, and Manville, all located in the central/southeastern part of the County below Route 22.

County Development

Somerset County is part of the broad suburban perimeter of the metropolitan area centered on Manhattan, where its economic market share had grown dramatically before 2007.

In Somerset County, as reflected in the rest of New Jersey, there is great disparity between the wealthy and the poor. Economists believe that the jobs gap will not close until 2020.

According to the New Jersey Department of Labor, Labor and Workforce Development, *Data for Decision Making Series November 2016* and Industries with the Greatest Growth in NJ <http://wd.dol.state.nj.us/labor/lpa/pub/factbook/snapshot/som.pdf>:

Key Industries in Somerset County, NJ Total Jobs and New Hires in Somerset County, by Sector

Five Dominant Industries with Hiring Needs

Administrative and support and waste management and remediation services (5,072), and retail trade (3,396) experienced the most hiring in Somerset County during the 3rd quarter of 2015.

Total Jobs by Industry, Somerset County - 3rd Qtr. 2010 & 3rd Qtr. 2015 Somerset County's private sector employment totaled 153,691 in the 3rd quarter of 2015. Professional and business services added the most jobs between the 3rd quarters, 2010 and 2015 (+3,962).

From 2014 to 2024, Somerset County is projected to add 19,532 jobs. The County is expected to add (+10.2%) jobs at a significantly higher rate than the state over the 10-year period (+6.5%). The professional, scientific and technical services industry is expected to be the County's job growth leader adding (+5,833) jobs over the period.

According to New Jersey Department of Labor and Workforce Development Office of Research and Information Bureau of Labor Market Information Data for Decision Making Series Key Industries in New Jersey's Counties <http://wd.dol.state.nj.us/labor/lpa/pub/factbook/snapshot/som.pdf> :

Administrative and support and waste management and remediation services (2,016), and retail trade (1,751) had significant hiring needs during the four most recent quarters. Somerset County's private sector employment totaled 165,723 in the 4th quarter of 2014. Professional and business services added the most jobs between 4th quarter, 2010 and 2014 (+5,752). Somerset County is projected to add 19,500 jobs by 2022. With a projected increase of 4,650 or 23.4 percent, professional, scientific, and technical services are expected to be Somerset's job growth leader through 2022. The County's employment is projected to grow by 10.8 percent, well above the statewide rate of 7.5 percent.

Cross County Issues

The cost of living outstrips earnings in Somerset County, as reported by Legal Services of New Jersey Poverty Research Institute <https://www.lsnj.org/PRI.aspx> . For example, in 2014, the Real Cost of Living Calculator estimates that two parents with one preschooler and one school-age child living in Somerset County would need \$6,181 a month or \$74,177 a year to meet their basic needs (<https://www.lsnj.org/PRIResearchReports.aspx>). According to Out of Reach by the National Low Income Housing Coalition (<http://nlihc.org/oor/new-jersey>), HUD's Fair Market Rate in 2017 was \$1,296 for a one-bedroom unit and \$1,654 for a two-bedroom unit. An extremely low income household in Somerset County, one earning 30% of Area Median Income (\$31,620 a year), cannot afford a rent of more than \$791 per month although the area 2017 area estimated Renter Median Household Income was \$1550, where affordability was 30% of the income. The housing wage, the amount one must earn per hour to afford a two-bedroom unit while working 40 hours per week, was 411% compared to the minimum wage. **the County's Housing wage was \$31.81 in 2017.** The rent affordable at minimum wage is \$439 per month while the **minimum wage was \$8.44** <https://www.minimum-wage.org>.

A single mother with two children employed in a minimum wage job cannot meet the basic needs of her family and pay the high co-pay of child care. In 2017, the typical low-income individual made a minimum wage of \$8.44 per hour, which translated to \$17,555 a year before taxes. Even if there were two adults earning a minimum wage in a family, there was no way they could earn enough to afford the housing costs, food, clothing, or the child care needed for their family with two children in Somerset County or in most counties within the state unless they were both working two jobs. Assuming both parents work two jobs, for 80 hours a week, child care would be needed, but is not affordable to these families.

2017 Economic, Demographic, and Technological Realities according to a public policy expert in 2017
<http://bloustein.rutgers.edu/bloustein-school-faculty-staff-presence-nj-planning-conference/>:

.....A short address from Bloustein School Dean James W. Hughes on the past and future of New Jersey and planning. Dr. Hughes began by talking about the cyclical state of the economy in the United States and New Jersey, inserting several adages; on the collapse of the tech bubble and the housing bubble, "You don't know you're in an economic bubble until it bursts," while on the expansions and recessions of the economy, "Economic wild parties lead to economic hangovers".

Dr. Hughes went on to discuss how things have changed for the public world in the past decade. Homeownership has dropped since 2006, and while jobs were on the rise for a few years, they are back down again. He also noted that while the country may have recovered from the recession, New Jersey still has a ways to go in regards to jobs.

Another layer of this interesting situation is the millennial generation and what sort of traits they possess compared to other generations, as well as technological advances of the time like artificial intelligence. Millennials, and where they move to when the time comes for them to leave the nest, could very well influence policy for the future, and AI could prove to be very disruptive to the status quo of the planning world.

So what exactly does all this mean for planners? It is hard to say, he said. We are not at a point yet where we can predict what the next "game changer" will be, and the planning world we may want to come, or that we think is coming, may not necessarily be the one that will come.

According to Public Policy experts (Mantell and Lehr, 2013), "growth will continue between 2012 and 2022 at an average rate of 0.8 percent or 33,700 jobs per year. The level of jobs recovered to the 2007 peak in 2018; by the end of the forecast period the employment level will be only 158,900 jobs greater than the peak level."

According to Central Regional Fact Book 2014:

<http://lwd.dol.state.nj.us/labor/lpa/pub/factbook/somfct.pdf>

Somerset County is projected to have 6,430 job openings annually through 2020. The top 25 occupations ranked by annual job openings are anticipated to account for 34.7 percent of the County's average annual job openings. Fifteen of the top 25 occupations projected to have the most job openings in Somerset County by 2020 require only low education and training skills. Fourteen of these occupations are expected to grow, while the other one will remain stable over the 2010-2020 decade. Eight of the occupations requiring higher education and training skills are also expected to show growth over the decade. However, they are all projected to add less than 100 jobs annually.

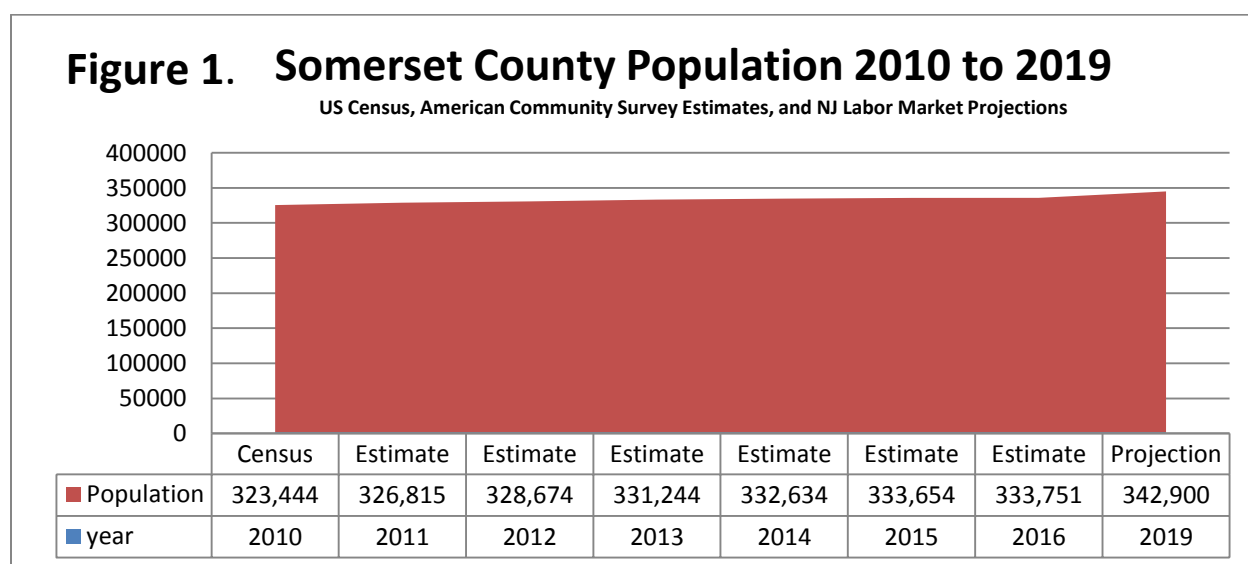
The top 20 occupations in Somerset County are:

Cashiers	First-Line Supervisors/Managers of Office and
Retail Salespersons	Administrative Support Workers
Customer Service Representatives	Janitors and Cleaners, Except Maids and
Receptionists and Information Clerks	Housekeeping Cleaners
Waiters and Waitresses	Landscaping and Groundskeeping Workers
Combined Food Preparation and Serving Workers, Including Fast Food	Management Analysts
Stock Clerks and Order Fillers	Market Research Analysts and Marketing Specialists
Computer Systems Analysts	Registered Nurses
Office Clerks, General	Teacher Assistants
Accountants and Auditors	Financial Analysts
Bookkeeping, Accounting, and Auditing Clerks	First-Line Supervisors/Managers of Retail Sales Workers
Child Care Workers	Elementary School Teachers, Except Special Education
	Financial Managers

County Description

Population Trends

The New Jersey Employment & Population in the 21st Century, Volume 2 projected Somerset County to be the fastest growing County in the State with a 1.4% average annual growth rate between 2000 and 2010 before the economic recession in 2008. The County in 2000 had a population of 297,490 and 323,444 in 2010 (see Figure 1). The population change between 1990 and 2000 was 57,191 or 23.8% over the 10-year period. Between 2000 and 2010, the population change was approximately 29,954 or 8.7% over that 10-year period. Over all, the County population was still growing in 2016, but not nearly as rapidly as it did between 2000 and 2010. From 2015 to 2016, the population of Franklin Township and Bridgewater Township has declined significantly. During the same period, Montgomery, Hillsborough and Raritan's population have increased significantly. The other municipalities have remained stable.



Population Density

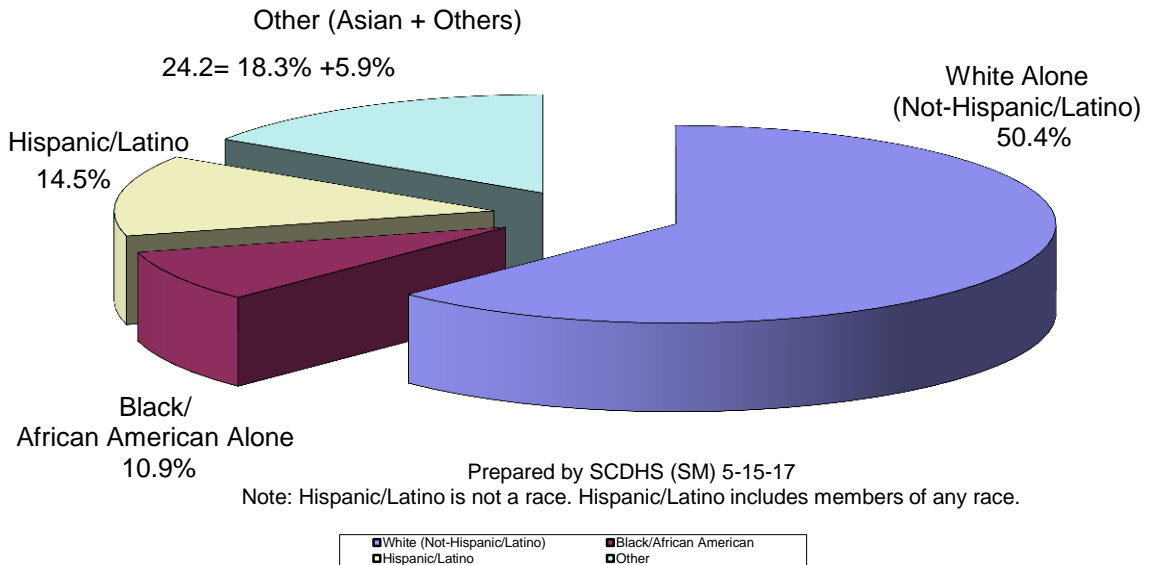
Countywide in 2010, there was an estimated population density of 1,071.7 persons per square mile, which is an increase of 9.8% from the density of 976.4 persons per square mile in the 2000 Census. The highest density municipality was North Plainfield (area of low-income individuals) with 7,850 persons per square mile to the lowest density area Far Hills (area of extremely high-income individuals), with a density of 191.6 persons per square mile. Other low-income areas with high density are South Bound Brook, Bound Brook, Somerville, and Manville. According to Census 2010 in the American Fact Finder, three municipalities decreased in population density: Bedminster, Branchburg, and Somerville https://factfinder.census.gov/faces/tableservices/jsf/pages/productview.xhtml?pid=DEC_10_SF1_GCTPH1.CY10&prodType=table.

Population Diversity

In 2015, the population of Somerset County was more diverse than in past years. The populations of both Blacks (African Americans) and other ethnic groups such as Asian, Pacific Islander, American Indian, and Alaskan Native, grew faster than their White counterpart did. Therefore, in the County the percentage of Blacks (African Americans) and other minorities are projected to increase into the next decade. The percentage of Whites in the County will continue to decrease as the percentage of non-Whites increases. An estimated 48.8% of the County population in 2015 is male and 51.2% of the population is female (American Community Survey 2015 1-Year Estimate).

- The US Census Bureau American Fact Finder stated the total White Alone population of the County in 2015 was 50.4%, while Hispanics/Latinos of any race made up 14.5% of the population, Blacks/African Americans made up 10.9% of the population, and others made up 18.3% (Asian 14.1%, Native American 0.9%, and other races) of the population. Hispanics/Latinos could be considered to be of any race. The estimates of County minority populations are 49.6% in 2015 (see Figure 2).

Figure 2. Somerset County Population Race Alone and Hispanic/Latino Origin American Community Survey Estimate 2015



According to NJ Labor and Workforce Development Community Fact Book for Somerset County October 2014:

- The fastest growing racial group in Somerset County is projected to be Asians, which is expected to increase by 24,471 persons or 52.6 percent. With an expected increase of 51.4 percent or 2,920 residents, multi-racial persons (of two or more races) are projected to be the second-fastest growing group. On the other hand, the white population in Somerset County is projected to decline by 4.3 percent.
- The municipalities with the highest diversity are Franklin, North Plainfield, Bound Brook, and Somerville (see Figure 3). In 2015, the municipalities with the highest percentage of Hispanics/Latinos from highest to lowest were North Plainfield with 47.8%, second was Bound Brook with 42.6%, third was South Bound Brook with 32.6%, Somerville with 23.0%, Manville with 21.2% and last was Raritan with 17.8%. Franklin had the highest Black/African American population comprised of 26.6% of the municipal population, second was North Plainfield with 18.9%, and Somerville has 12.2%. The “Other” minorities such as Asians (Indian, Chinese) and Pacific Islanders (Filipino) also increased in the County in 2015. The municipalities with high Asian populations are Montgomery with 30.3%, Franklin with 22.6%, Bridgewater with 21.1% and Warren with 16.9%. Franklin, North Plainfield, Somerville, Bound Brook, and South Bound Brook are municipalities have the most low income families. The low-income population is predicted to have the greatest increase in numbers over other minority groups.
- Bridgewater, Hillsborough, Warren, and Watchung, the municipalities with fewer low-income habitants, will continue to see an increase in other minorities. All other municipalities are estimated to have an increase in minorities overall. At present, Hispanic/Latinos and other minorities (Asian Indian, Chinese, Filipino, Korean, Vietnamese, and other Asians) outnumbered Blacks/African Americans in the County.

This implies that there is and will be a greater need for bilingual staff (Polish-speaking in Manville, Spanish, Indian, Chinese, Japanese, Filipino, Vietnamese, and African language speaking, and other dialects in the rest of the County) in mental health services, Substance Use disorder treatment, child care centers and other community services, especially those that provide services to low-income families.

- Franklin and Bridgewater townships have remained the largest municipalities in Somerset County since the 1970 Census. Franklin Township led in total population.
- Somerset County encountered one of the largest retreats in percentage points between 2000 and 2015 of the White population and White Alone population Not Hispanic/Latino .
- Approximately, 18,017 children ages 0-4 years old compiled 5.4% of the County population in 2015; 20,353 children ages 5-9 years old formed 6.1% of the population; and 23,689 children ages 10-14 years old comprised 7.1% of the population. The estimate of all children ages 0 to 14 years old in Somerset County was 61,046 in 2010 and 62,059 in 2013, which is a 1.7% increase. Most children reside in the central/southern parts of the County below Route 22.

According to NJ Labor and Workforce Development Fact Book for Somerset County October 2014:

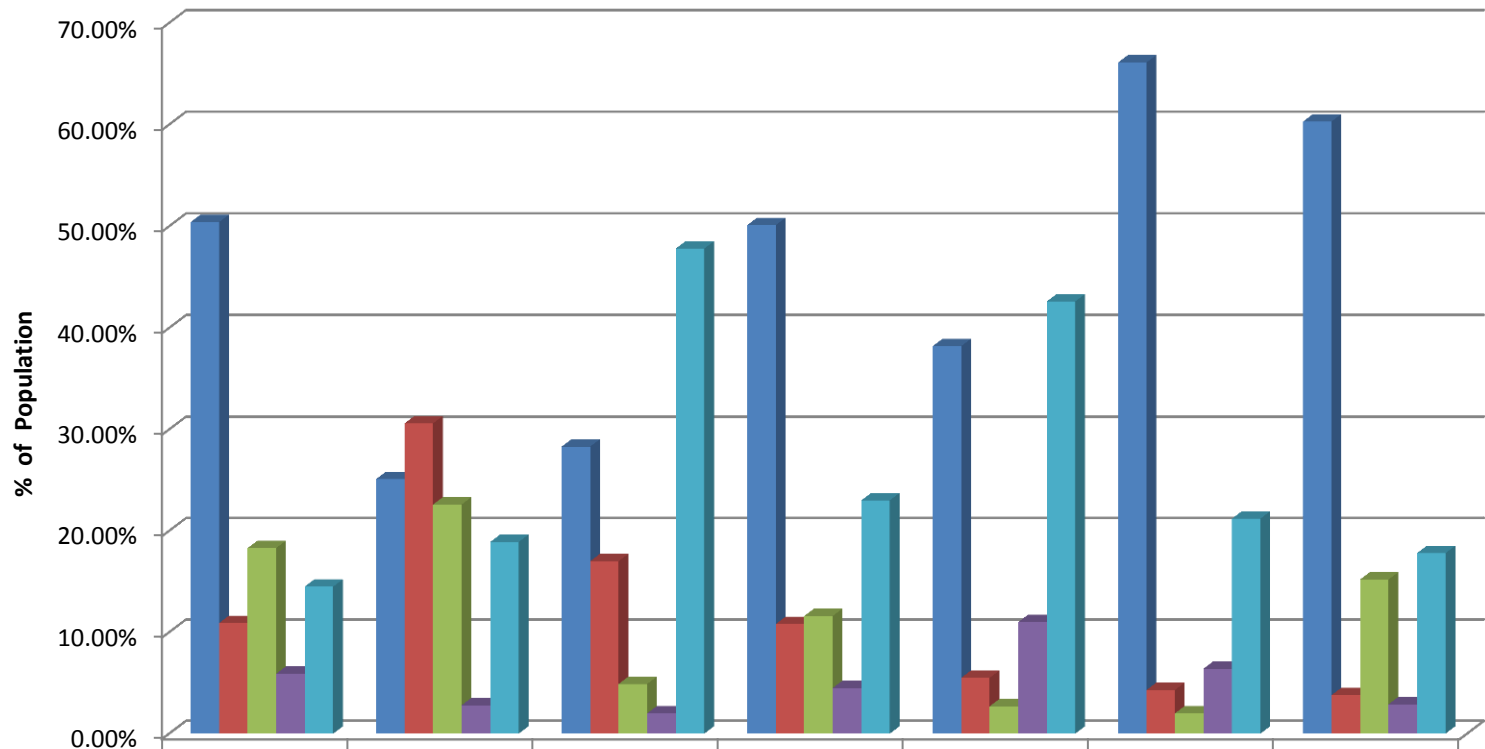
- The County's over 65 population age group is projected to add the most persons over the decade. This segment of the population is expected to add 16,698 persons through 2020, an increase of 41.7 percent. The 15-24 age group is projected to post the second largest increase (+5,502 persons or +15.3%) over the decade.
- Somerset County's 0-14-year-old age group is the only age group projected to decline (-5,188 persons or - 7.9%)
- Somerset County was one of seven counties that had a faster rate of growth than the state between 2015 and 2016.

Table 1 Annual Estimates of the Resident Population for Municipalities in Somerset County: April 1, 2010 to July 1, 2015

<u>Estimates as of July 1st</u>							
<u>Area Name</u>	Census	2010	2011	2012	2013	2014	2015
<i>Somerset County</i>	323,444	324,170	326,815	328,674	331,244	332,634	333,654
Bedminster Township	8,165	8,176	8,222	8,239	8,252	8,260	8,241
Bernards Township	26,652	26,699	26,826	26,931	27,020	27,074	27,010
Bernardsville Borough	7,707	7,728	7,761	7,777	7,784	7,798	7,801
Bound Brook Borough	10,402	10,417	10,475	10,514	10,530	10,527	10,497
Branchburg Township	14,459	14,538	14,624	14,665	14,679	14,698	14,675
Bridgewater Township	44,464	44,527	44,772	45,142	45,233	45,298	45,198
Far Hills Borough	919	920	927	930	931	932	930
Franklin Township	62,300	62,505	63,184	63,713	65,260	65,678	66,158
Green Brook Township	7,203	7,213	7,254	7,274	7,288	7,288	7,268
Hillsborough Township	38,303	38,409	38,890	39,134	39,298	39,660	39,821
Manville Borough	10,344	10,359	10,436	10,461	10,482	10,458	10,429
Millstone Borough	418	419	418	419	420	420	419
Montgomery Township	22,254	22,300	22,453	22,542	22,613	22,769	23,049
North Plainfield Borough	21,936	21,962	22,085	22,143	22,172	22,188	22,140
Peapack and Gladstone Borough	2,582	2,572	2,579	2,587	2,598	2,600	2,602
Raritan Borough	6,881	6,893	6,932	6,946	7,280	7,522	8,031
Rocky Hill Borough	682	683	689	688	691	692	690
Somerville Borough	12,098	12,114	12,182	12,210	12,228	12,232	12,202
South Bound Brook Borough	4,563	4,572	4,599	4,615	4,627	4,623	4,622
Warren Township	15,311	15,347	15,653	15,851	15,940	15,990	15,955
Watchung Borough	5,801	5,817	5,854	5,893	5,918	5,927	5,916

US Census 2010 Data and American Community Survey Estimates 2015 (SM 4-25-17)

Figure 3. Somerset County and Selected Municipalities by Race and Hispanic/Latino 2015



	Somerset County	Franklin	North Plainfield	Somerville	Bound Brook	Manville	South Bound Brook
White	50.40%	25.10%	28.30%	50.10%	38.20%	66.10%	60.30%
Black/African American	10.90%	30.60%	17.00%	10.80%	5.50%	4.30%	3.80%
Asian	18.30%	22.60%	4.90%	11.60%	2.70%	2.00%	15.20%
Other	5.90%	2.80%	2.00%	4.50%	11.00%	6.40%	2.90%
Hispanic/Latino	14.50%	18.90%	47.80%	23.00%	42.60%	21.20%	17.80%

Municipalities

Selected Characteristics of Total and Native Populations, American Community Survey Estimate SM 5-24-17

According to American Community Survey Estimates of Resident Population Change: April 1, 2010 to July 1, 2016
2016 Population Estimates:

- US Census Components of Population Change in Somerset County 2010 to 2016 and 2015 to 2016:

<u>County</u>	<u>Births</u>	<u>Deaths</u>	<u>International Migration</u>	<u>Domestic Migration</u>	<u>Births</u>	<u>Deaths</u>	<u>International Migration</u>	<u>Domestic Migration</u>
<i>(2010-2016 American Community Survey)</i>				<i>(2015-2016 American Community Survey)</i>				
Somerset	21,249	14,403	10,512	-7,069	3,234	2,535	1,786	-1,569
Total Population Change 10,323				Total Population Change 736				
Natural Increase 6,846				Natural Increase 699				
Total Migration 3,443				Total Migration 217				

Poverty

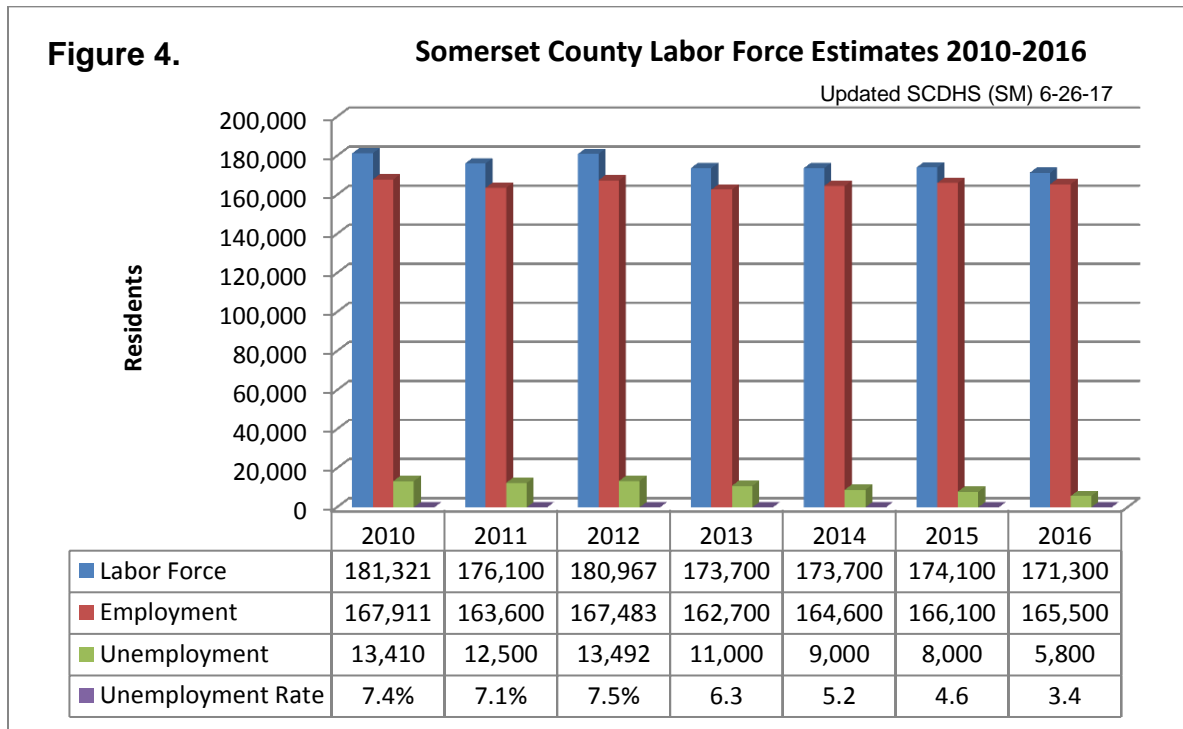
According to Census statistics, poverty in Somerset County is usually less prevalent than other parts of the state. Nevertheless, there are poor and impoverished people in the County. **The children in poverty in 2010 was 6.6 % or 5,295. Though in 2015, there was a jump in child poverty to 7.9% or 5,929 children. During 2010, the poverty rate rose to 4.9% or 15,800. In 2015, poverty was still increasing at 5.2% or 17,035.** In 2015, 19.4% of families with a female householder and no husband present with children under 18 years old had incomes below the poverty level. In 2010, the percentage was 19.1%.

Most of the low-income live in the municipalities of Franklin Township, Somerville, North Plainfield, Bound Brook, South Bound Brook and Manville. These municipalities are in the central/southeastern part of the County. Though economic wealth and high cost of living thrives in Somerset County, there is an attraction for the working poor and their children to the County because of a lower unemployment rate and schools with lower student to teacher ratios.

Median Household Income

Consumer spending, savings, debt, housing affordability, and more are affected by the income of individuals. Household income can indicate the affluence and overall prosperity of an area, as well as, the disparity between the wealthy and the poor in a County. Even though the median household income of the residents in Somerset County is high, so is the cost of living. In 2015, the County median household income was \$98,440 (ACS 2015 <https://factfinder.census.gov>). There is a greater difference between the person making a minimum wage salary of \$17,555 (\$8.44/hour for a 40 hour work week with no vacation) and median household income. Even if two adults each had two minimum wage jobs, they would only make \$70,220 per year. **The Somerset County median household income is approximately 5.6 times a single minimum wage earner's yearly salary.** Thus, there is disparity in income between the median household and the working poor in Somerset County. In 2017, the minimum wage of \$8.44 per hour for one individual, earns about \$7,045 less than the 2017 Federal Poverty Level of \$24,600 per year for a family of four. Therefore, not only is the cost of living affecting the low-income in the County, but also continues to affect inflation.

Labor Force



The County labor force has decreased from 2010 to 2016 as has the employment, though the unemployment rate has dropped to 3.4%. **Franklin is highest in population growth in the central region of NJ in 2015.** These municipalities are less densely developed, have highway access, and expanded development. Many municipalities decreased in population from 2014 to 2015 except Bernardsville, Hillsborough, Montgomery, Raritan and Peapack Gladstone. No municipality lost population from the period of 2010 to 2015.

Somerset County has always experienced low unemployment and in the past had one of the lowest rates in the nation, as well as in New Jersey. Realistically, many individuals have been dropped from unemployment and are still unemployed (those that drop from receiving unemployment with no job are not counted). For instance, in 2010 there was 181,321 people in the labor force while in 2015 there were 171,1000 in the labor Force. The population in 2015 has increased in the County by over 10,000.

According to The Central Regional Fact Book Somerset County April 2014:

- By 2020, Somerset County's labor force is projected to reach 184,600 workers, an increase of 6.3 percent 2010. The "Asian" category is projected make the largest contribution to the labor force growth (+12,700 or +52.5%). Whites are expected to decline by 5,500 or 4.2 percent.
- Hispanics are projected to account for 87.2 percent of the growth in Somerset County's labor force from 2010 to 2020. The County's Hispanic labor force is expected to grow at a much faster rate (+40.4%) than the non-Hispanic labor force (+0.9%).
- Somerset County's labor force increased minimally by 1,200 or 0.7 percent from 2008 through 2013. In comparison, statewide the labor force has grown by 0.6 percent since 2008.
- Somerset County's unemployment rate has remained below that of the state every year since 1990 (earliest data available). The County's historically lower unemployment rate compared to the state's rate could be attributed to the County's demographic profile and the stability of the industries within its borders.
- The number of persons filing for unemployment compensation benefits in Somerset County increased by 2.6 percent between 2012 and 2013. The professional and business services sector posted the largest change (+13.7%) in unemployment claimants over the year. However, many sectors showed improvement since 2012 with retail trade's decline of 10.3 percent leading the way.

- In Somerset County, an unemployment insurance claimant was most likely to be a non-Hispanic, White, male worker between the ages of 45 and 54 and formerly employed in the professional and business services sector during 2013.
- Somerset County is projected to have 6,430 job openings annually through 2020. The top 25 occupations ranked by annual job openings are anticipated to account for 34.7 percent of the County's average annual job openings.
- Fifteen of the top 25 occupations projected to have the most job openings in Somerset County by 2020 require only low education and training skills. Fourteen of these occupations are expected to grow, while the other one will remain stable over the 2010-2020 decade.
- Eight of the occupations requiring higher education and training skills are also expected to show growth over the decade. However, they are all projected to add less than 100 jobs annually.

As seen in the following Table 2, the types of industry that showed a decrease by 2011 were agriculture, professional/scientific/management, construction, manufacturing, finance insurance and real estate, and education/health/social services. Developers have bought much of the farmland while professional/scientific/management and manufacturing were down due to "outsourcing," a decrease in demand, and the drastic economic decline from 2007 to 2009 which is still ongoing in some sectors in 2015.

TABLE 2.

**Somerset County Employment by Sector
2005-2007, 2008, 2009, 2010, 2011, and 2015**

Industry	2005-2007	2008	2009	2010	2011	2015
Agriculture	368	815	591	419	375	631
Professional, scientific, management	24,043	24,846	24,439	24,680	22,259	27,747
Construction	9,126	13,076	8,481	8,430	7,7073	7,517
Manufacturing	23,761	24,759	17,901	22,572	22,242	21,204
Transportation	7,045	6,422	5,203	5,939	6,658	6,731
Information	7,332	7,220	7,653	6,392	7,102	6,830
Wholesale Trade	6,376	6,139	5,256	3,857	4,463	6,527
Retail Trade	15,139	16,092	16,699	16,233	16,848	16,886
Finance Insurance and Real Estate	19,812	18,357	19,299	18,386	17,343	18,613
Education, health, social services	32,098	33,660	35,777	38,417	36,928	38,776
Arts, entertainment, recreation, food	8,626	11,089	9,682	9,145	9,192	3,020
Public Administration	4,429	4,634	4,475	4,731	5,236	4,359
Other services	6,399	4,723	5,890	6,519	7,785	6,732
Total	166,561	171,832	161,346	165,720	163,504	165,573

Source: American Fact Finder and American Community Survey, U.S. Census Bureau 2005-2011, 2015 Updated by SCDHS (SM) 5-26-2017

The retail market continues to expand in the County, but is in an area primarily in the central part of the County which requires private transportation. Bridgewater Commons Mall, Watchung Square, and Bridgewater Promenade demonstrated growth in the retail industry before September 2008. The working poor have to compete with higher educated/skilled workers, as well as, college students from Rutgers, The State University of New Jersey and Raritan Valley Community College for many of these jobs. The manufacturing industry, which used to require many hourly low-wage workers, has declined in the County. The hotels in Franklin are another source that employs low-income workers. There is little central-based growth in the older towns of the County, where many of the low-income reside.

Transportation

According to the American Community Survey Data Profiles* estimate of the US Census Data for Somerset County and Somerset County Transportation Plan, the following data accounts for the means of transportation by workers ages 16 years and over:

(SCDHS SM updated 5-26-17) Source: ACS 210, 2011, 2015	2010	2011	2015
Drove alone in car, van, or truck*	129,505	128,873	134,577
Carpooled*	12,703	12,891	12,021
Public Transportation (exc. taxicab)*	8,696	6,284	8,140
Worked at home*	6,834	9,185	10,565
Railroad			
Walked*			3,684
Bus or trolley bus			33
Bicycle			
Subway or elevated			
Motorcycle			
Taxi			184
Streetcar			
Other means*	2,862	1,611	
Mean travel time to work (minutes)*	32	31	31.8

In 2015, 78.7% of workers in Somerset County drove alone; 7.8% of workers carpooled; 4.7 % used public transportation; 5.7% worked at home; and 1.1% of workers used a taxi or other means. For those commuting to work it took them an average of 31.8 minutes.

According to the 2013 Update Somerset County Coordinated Public Transit – Human Services Plan:

The County has contracts for the provision of transportation services with a number of no-profit agencies in the County; these include the Adult Day Center of Somerset County, Somerset Hills Adult Day Center and the Arc of Somerset, the County provides services under contract to Franklin Township and Warren Townships, Montgomery Township and Veterans Affairs. The County has consistently sought to coordinate services where there would be a direct benefit to the passenger base or maximize the use of capital equipment through the consolidation of the transportation programs.

Several human services and municipal agencies provide a variety of services that are currently not available through the coordinates program operated by the County. Services provided by these agencies and municipalities provide a link for County residents which would otherwise not provided. These services include, but are not limited to, same day short notice medical trips, social service agency trips and numerous other trip purposes otherwise unmet by the County para-transit program. This provision of service is recognized as being part of the County transportation coordinated effort without the need for any formal recognition of the agencies or municipalities through contract or other means. The County does not feel the need to enter into contracts with these entities in order to see the benefit of having a network of service providers available within the County. It is the intent of the County to certify all entities, which provide for the transportation services, either directly or through contract as beginning an integral part of the County network or transportation providers. In making this statement, the County is certifying these entities as eligible to apply for and receive any and all grants, contracts or funds as might be made available through any state or federal program.

Specific details regarding unmet needs and the means to address them were addressed within the paragraphs above. It must be noted that the issue with any transportation service is the direct labor costs associated with providing service. In many cases, funding is made available for a short term with

the caveat that long term funding be identified by the local entity developing the new program. This has been the case with several recent federal programs including Job Access Reverse Commute (JARC) funds and the New Freedom Initiative. Both of these programs provide seed money with a requirement that sustained funding come from other sources. Frankly, this type funding is the reason there are so many unmet needs in a County such as Somerset, which has a dearth of public transit. The County, local and private funds are spent trying to make up the fact that there are no transportation options available to the general public, passengers who are disable or senior citizens who do not or cannot drive. Local resources are consumed attempting to fill the entire range of service options for this population base, as the public transit program is not adequate to address any, but the most limited service areas in the suburbs. It has been the County who has taken the lead in Somerset, developing public transit options and funding them with minimal assistance from State and Federal agencies. Somerset County has also funded para-transit services to a substantial level for many years. Somerset County presently has the largest para-transit fleet in the State. It is anticipates that without substantial new funding para-transit funding that the County will be requires to continue funding para-transit services in order to meet the needs of County residents.

Low Income Analysis

The working poor of the County are difficult to quantify. Not all the working poor apply for assistance programs. In 2015, 11% or 36,587 individuals, live below 185% of poverty in Somerset County (2015 American Community Survey). Over half the individuals receiving SNAP (SNAP or Supplemental Nutrition Assistance Program) (Food Stamps) in the County are children. From 2007 to 2014, the total individuals receiving Food Stamps in Somerset County continued to rise (see Figure 5 and Figure 6). In the past couple of years, 2015 and 2016, Food Stamps recipients have begun to decline. From 2014 to 2016, the amount of recipients had declined by 11.5%. Individuals receiving Food Stamps are members of the working poor or on Temporary Assistance to Needy Families (161 adults and 390 children) or General Assistance (166 individuals), where eligibility for Food Stamps is 185% of poverty and below (NJ Division of Family Development Current Program Statistics 2016 <http://www.state.nj.us/humanservices/dfd/news/cps.html>). In 2016, 11,482 individuals received Food Stamps or 3.4% of the County population. The counties that showed the highest percent increase in emergency assistance payments in April 2017 were Hudson (5.1%), Middlesex (21.6%) and Somerset (38.3%). The County that showed a percent increase for GA cases from April 2016 to April 2017 was Somerset (12.4%).

There were 73,982 potential recipients of services in the County below 300% of poverty. In 2015, these possible recipients of human services were 22.4% of the County population. Individuals qualifying for subsidized child care are 250% of poverty and below. Recipients of human services through the funding of the Non Profit Purchase of Service are at 350% and below. The municipalities with the highest amount of Food Stamp recipients are Franklin, North Plainfield, Bound Brook, Somerville, Bridgewater, Manville, and Hillsborough respectively. These are the more urban and poorer municipalities which are located in the central and southern parts of the County located below Route 22.

Potential Projects Identified at Priority Population Focus Groups

Networking Opportunities

Human Services Education Forums on Current Best Practices and or Current Trends

Educational Opportunities to Providers on How to Treat Consumers

Educational Information to Consumers on Available Human Services

A Consistent Referral Process for Providers to Consumers of Services

Advocacy for Access to Available Whole Health Care Services

Advocacy for Quality Care

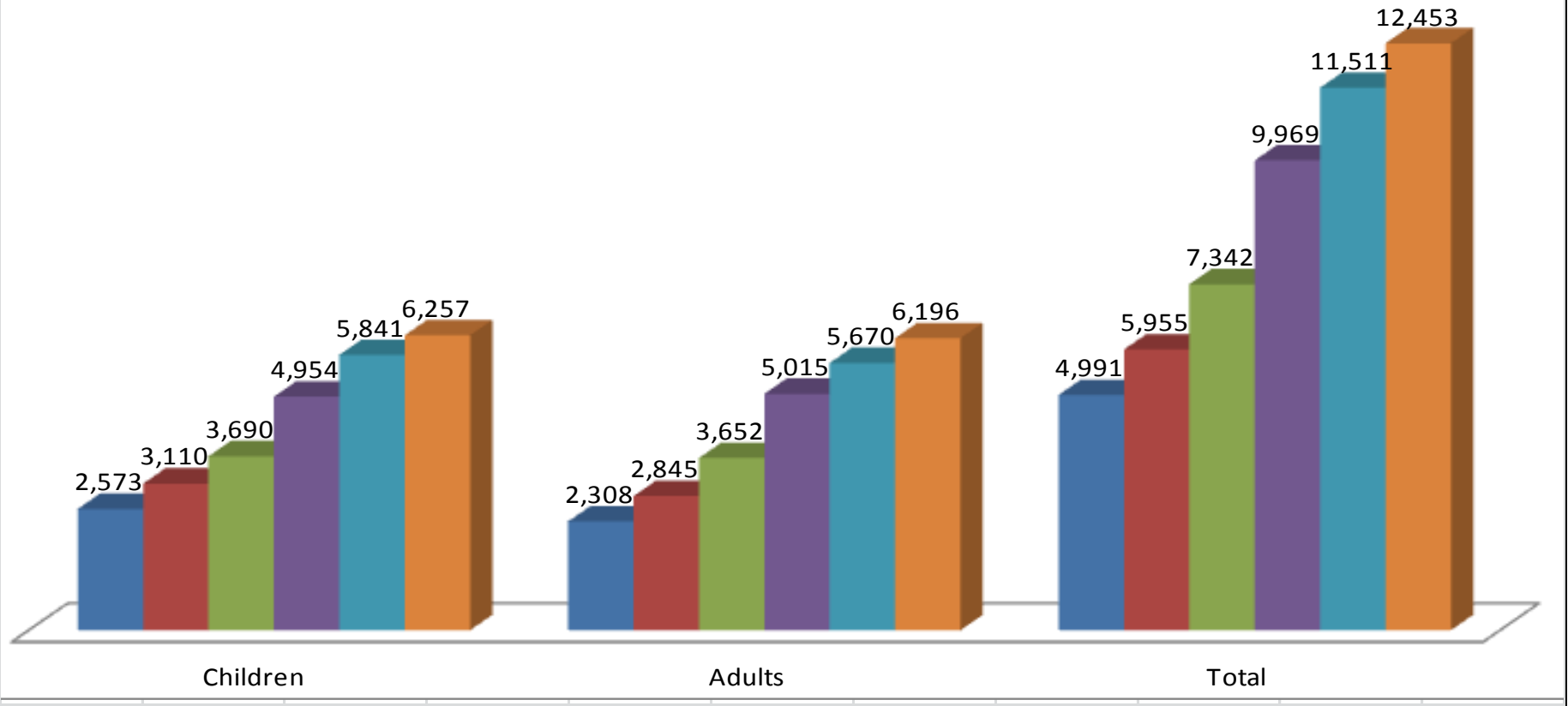
Advocate to Community and County Programs for Consistent Client Case Managers

Provide a Pathway for Access to Information Concerning Affordable Transportation, Whole Health Care and Housing

Continue Human Services Combined Councils, Commissions and Boards Meetings

Figure 5. NJ Food Stamps

■ 2007 ■ 2008 ■ 2009 ■ 2010 ■ 2011 ■ 2012

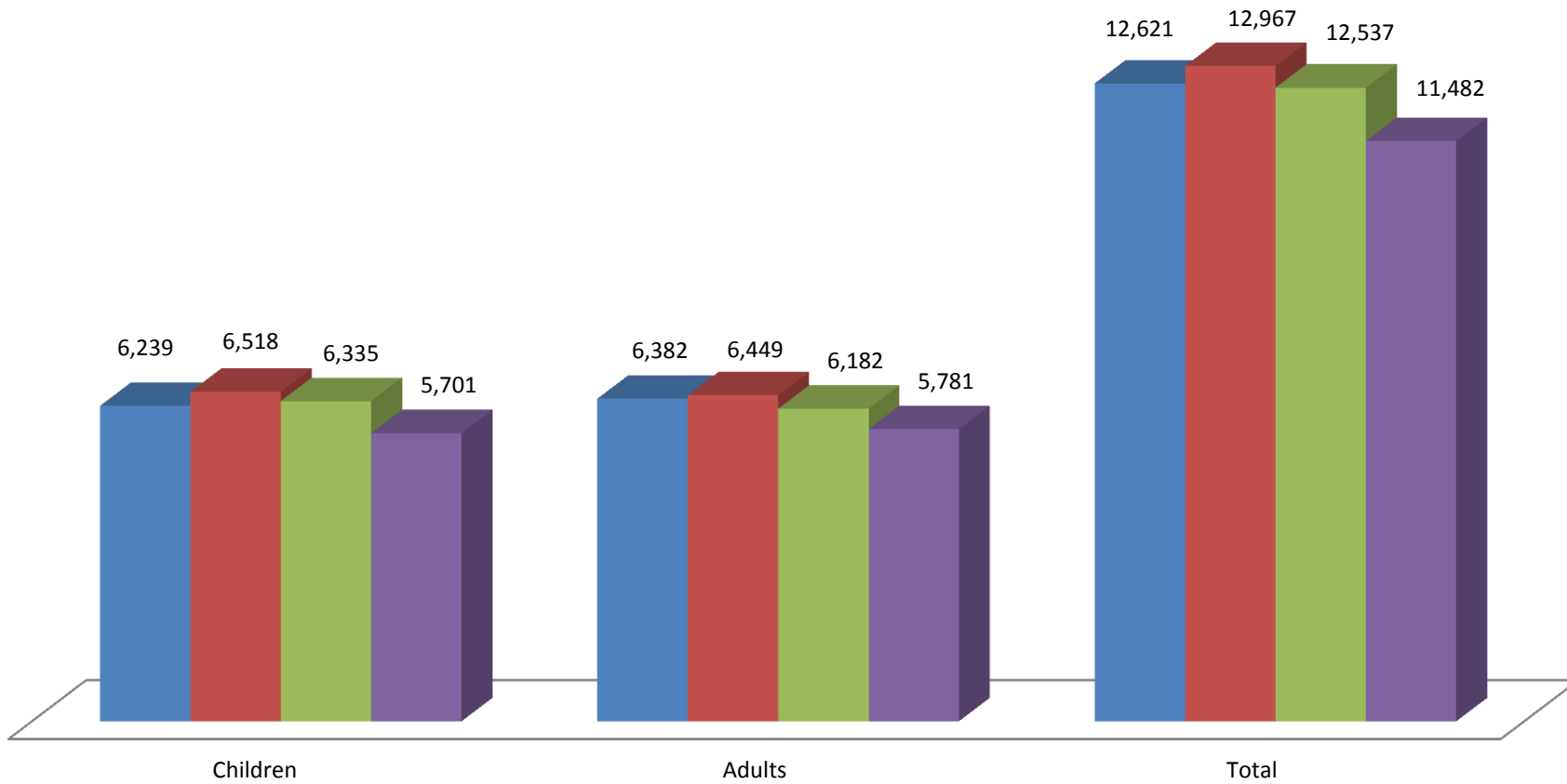


Prepared by SCDHS (SM) 7-11-11 Data from NJDHS via SCBSS

SCDHS (SM) 2-20-2013
Data from NJDHS
via SCBSS

Figure 6 NJ Food Stamps

2014 2015 2016



SCDHS (SM) 5-25-2017
Data from NJDHS
Current Program
Statistics

III. Needs Assessment and Services to Priority Populations

The Somerset County Department of Human Services and Somerset County Human Services Advisory Council (HSAC) have actively participated with the community at large to build partnerships to provide services and continual support and empowerment to the most needy and vulnerable populations of the County. Somerset County supports activities to enhance community empowerment and the support of families. The County will always find the department and Council as active participants in enhancing community partnerships. The Department of Human Services and HSAC utilize the Standards for Prevention Programs as recommended by the New Jersey Task Force on Child Abuse and Neglect, Prevention Subcommittee to establish effective prevention programs:

Standards, Principles and Premises

Conceptual Standards:

- Family Centered
- Community-Based
- Culturally Sensitive and Culturally Competent
- Early Start
- Developmentally Appropriate
- Participants as Partners with Staff
- Empowerment and Strengths-Based Approach

Practice Standards:

- Flexible and Responsive
- Partnerships Approaches
- Links with Informal and Formal Supports
- Universally Available and Voluntary
- Comprehensive and Integrated
- Easily Accessible
- Long Term and Adequate Intensity

Administrative Standards:

- Sound Program Structure, Design, and Practices
- Committed, Caring Staff
- Data Collection and Documentation
- Measures Outcomes and Conducts Evaluations
- Adequate Funding and Long Range Plan
- Participants and Community as Collaborators

Description of Priority Populations

Priority Populations

- **Children Youth and Families Population**
The children, youth and families priority population consists of those who use protective services, domestic violence, new mothers, aging out youth, children with behavioral health issues, juveniles, and families. Planning efforts should include prevention, protection, permanency, and family support programming.
- **Mental Health Population**
The mental health priority population consists of people who have experienced a general emotional stressor or a disruption that impacts their level of functioning or changes their mental status. This population may also consist of those who have a co-occurring mental health and substance use disorder diagnosis, mental health diagnosis (per the DSM-5) and developmental disability diagnosis.
- **Substance Use Disorder Population**
The substance use disorder priority population consists of people, in absence of mental health diagnosis, whose use of alcohol and other drugs has become problematic in that it has caused impairment in their daily functioning and mental status.
- **Developmentally Disabled Population**
Those with intellectual/developmental disabilities including but not limited to, autism, brain injury, cerebral palsy, fetal alcohol syndrome, down syndrome, intellectual disability and spina bifida. Planning should occur in coordination with the NJ Division of Developmental Disabilities' plans for the expansion services across the lifespan, and self-directed services.
A developmental disability is a chronic disability which:
 - originated at birth or during childhood and is manifested before the age of 22
 - is expected to continue indefinitely
 - substantially restricts the individual's functioning in several major life activities
 - is attributable to a mental or physical impairment or a combination of mental and physical impairments
 - results in substantial functional limitations in three or more of the following areas of major life activity:

self-care	receptive and expressive language
learning	mobility
self-direction	capacity for independent living
economic self-sufficiency	
 - effects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services which are of lifelong or extended duration and are individually planned and coordinated
- **Homeless Population**
Individuals who lack a fixed, regular, residence or have a residence that is (1) a publicly supervised or privately operated shelter designed to provide temporary living accommodations (including welfare hotels, shelters, transitional housing or even temporarily living at someone's home on a couch), (2) an institution that provided temporary residence for individuals to be institutionalized, or (3) a public or private place not designed for, or ordinarily used as, a regular sleeping accommodation for human beings such as cars, vans, tents, deserted homes, under bridges, etc. An individual may be homeless if seeking shelter due to domestic violence or a student who can be designated as homeless under the McKinney Act. The term homeless does not apply to any individual imprisoned or otherwise detained pursuant to an act of the Congress or a State or a local law.

- Low Income Population
(Working poor)
Individuals who receive or are a member of a family that receives a total family income of 350% of poverty and below for a family of that size, or the individual is receiving or is a member of a family who is receiving cash assistance payments from Federal or State agencies or Food Stamps, or uses such services as food banks or the student who receives free or reduced lunch.
- Physically Disabled Population
Planning should address the needs of people with disabilities, promoting maximum independence in community life through information, and access to services and supports; including the blind and visually impaired, and deaf and hard of hearing.
- Aging Population
Planning shall address the needs of people over 60 who are aging in the community, promoting maximum independence and choice through information and access to services.

Unmet Needs

Somerset County Priority Populations

Children Youth and Families	Mental Health	Substance Use Disorder	Developmentally Disabled	Homeless	Low Income	Physically Disabled	Aging
Affordable Housing	Affordable Housing	Affordable Housing	Affordable Housing	Affordable and/or Subsidized Housing	Healthy Safe Affordable Housing	Housing	Ability to Meet Basic Needs
Affordable Accessible Transportation	Transportation	Transportation	Transportation	Transportation	Transportation	Transportation	Transportation
Substance Use Disorders	Access to Whole Health Care	Whole Health Care Services	Whole Health Care Services	Mental Health and Substance Use Disorder Treatment Services	Financial Literacy/Credit Counseling	Whole Health Care Services	Ability to be Self-Sufficient Living Alone or Medically Fragile
Prevention Activities	Community Based Case Management	Community Based Case Management	Comprehensive Services Across the Lifespan	Case Management Legal Advocacy Community Engagement	Legal Advocacy Supportive Case Management	Transition Planning	Information to Aging Especially in an Emergency
Support Services for Families	Affordable Medication	Medication Assisted Therapy	Qualified Staff for all Services	Discharge Planning for those Released from Treatment	Ability to Meet Basic Needs/Including Food Security	Education of Providers and Consumers	Home Maintenance
Child Care	Access to Employment Services	Access to Employment Services	Productive Employment Transitional and Daytime Services	Employment Job Training Vocational Services	Employment Job Training and Education	Day Programs	Adult Day Care

NOTE: The order demonstrates the consistency of the unmet needs that occurs in each priority population and **not ranking**

Recommendations for Improvement

Somerset County Priority Population: Children, Youth & Families

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Affordable Housing	<ul style="list-style-type: none"> ✦ Advocate for SC children & their families to have safe affordable housing 	<ul style="list-style-type: none"> ✦ Advocate for an increase in the numbers of Affordable Housing & Section 8 Vouchers that are about to be released ✦ Section 8 Voucher slots should be replaced when the slot leaves the County in order to maintain a consistent number of slots ✦ Make sure individuals do not leave their housing without informing Section 8 housing ✦ Investigate the affordable housing availability ✦ Explore other options for housing 	<ul style="list-style-type: none"> ✦ Safe, not crowded, & quality housing for children and families to create a healthy environment 	<ul style="list-style-type: none"> ✦ CJHRC ✦ HUD ✦ SC HSAC ✦ SC Continuum of Care Committee ✦ BSS 	<ul style="list-style-type: none"> ✦ Advocate to legislatures for adequate number of Section 8 Vouchers and increase funding to expand affordable housing 	<ul style="list-style-type: none"> ✦ Number of Affordable Housing is stable
Transportation	<ul style="list-style-type: none"> ✦ All children & families have better access to transportation in Somerset County, especially low-income families 	<ul style="list-style-type: none"> ✦ Increase the availability of transportation for all working poor and Work First Families ✦ Educate the SC community more on the public transportation system ✦ Reduce fares to income eligible families ✦ Investigate options of alternative transportation at Zarephath (court ordered visitation) 	<ul style="list-style-type: none"> ✦ Available transportation for daily needs 	<ul style="list-style-type: none"> ✦ BSS, SCOOT, CAT, DASH, Somerset County Transportation, SCAP, MLK (has bus available for after care children in Somerville and Bridgewater), NJ Transit, Amtrak ✦ Ridewise ✦ SC HSAC advocacy 	<ul style="list-style-type: none"> ✦ Create an emergency transportation for families (through contract w/cab company) ✦ Advocate to legislature 	<ul style="list-style-type: none"> ✦ Reduction in waiting list for SC Transportation, BSS, SCAP, MLK services that need transportation

Recommendations for Improvement

Somerset County Priority Population: Children, Youth & Families

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Substance Use Disorders Treatment	<ul style="list-style-type: none"> ✦ Availability of adequate Substance Use prevention & treatment programs for youth and families 	<ul style="list-style-type: none"> ✦ Increase in availability of Substance Use treatment prevention for children & their families ✦ Identify youth that have a secondary diagnosis and provide adequate treatment options ✦ LCADC on site to refer to treatment programs and follow through case management (IOP or Level I) 	<ul style="list-style-type: none"> ✦ More services available and less recurrent Substance Use diagnosis 	<ul style="list-style-type: none"> ✦ STS, DARE, FCS, Carrier, RHMHC, Catholic Charities, RWJ Somerset, AA, Al-A-Teen, BSS 	<ul style="list-style-type: none"> ✦ Create resident treatment programs where children & parents are together ✦ Create satellite offices CADC's (DCP&P Staff) to do Substance Use treatment 	<ul style="list-style-type: none"> ✦ Decrease in referrals ✦ Increase in prevention activities ✦ Decrease in out of home placements for Substance Use families

Recommendations for Improvement

Somerset County Priority Population: Children, Youth & Families

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Prevention Activities</p>	<ul style="list-style-type: none"> ✦ Activities/programs will occur to reduce risk ✦ Extracurricular activities that are free ✦ Support youth services organizations 	<ul style="list-style-type: none"> ✦ Make prevention referrals and take part in activities/programs before problems occur ✦ Provide education events/programs in social problem issues ✦ Increase funding for parenting programs ✦ Create a parent mentorship program ✦ Employment activities for workshops ✦ Support groups for parents ✦ Utilize Peer leadership, SC Youth Council, Leadership Somerset ✦ Make referrals, utilize, and promote domestic violence services and activities ✦ Form a collaboratin of higher risk school districts (Youth Services and Municipal Alliances) ✦ Meet with directors of special education (what can we do for you) 	<ul style="list-style-type: none"> ✦ Less stress, reduction in treatment & intervention referrals, fewer abuse referrals & child abuse substantiations 	<ul style="list-style-type: none"> ✦ DCP&P, Municipal Alliances, Youth Services Commissions, SCAP, TLG, MLK, Parents as Teachers, etc. (see human services resource guide) ✦ Prevent Child Abuse, NJ ✦ Zufall Health Ctr.sexual assault ✦ Safe & Sound Somerset Services ✦ YMCA's JFS, YES, Middle Earth, Twilight (summer), SC Education & Training ✦ Parent as Teachers 	<ul style="list-style-type: none"> ✦ Create community collaborations to recommend actions to be taken to prevent problems in own community ✦ Encourage school districts to apply for School Based Youth Services funding when available 	<ul style="list-style-type: none"> ✦ Decrease in the number of intervention referrals

Recommendations for Improvement

Somerset County Priority Population: Children, Youth & Families

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Support Services for Families</p>	<ul style="list-style-type: none"> ✦ Services would expedite the family unification process ✦ In-home services could help satisfy DCP&P and or court ordered services to facilitate compliance ✦ Clients would have quicker access to required services that currently have waiting lists ✦ Access to affordable family counseling 	<ul style="list-style-type: none"> ✦ Increase and expand “in-home” services to include: Substance Use, anger management, individual therapy, couples counseling and other related “court ordered’ services ✦ Provide alternate provisions for DCP&P court ordered parent/child visits to accommodate “after hours” and weekend visits ✦ Provide mentoring services for “at risk” and or DCP&P involved families ✦ Coordinate meetings between service providers and DCP&P workers on a more frequent basis, to discuss case plan and goals ✦ Advocate for DCP&P court involved children to use APN’s through the courts ✦ Access to Trauma Specific Therapy 	<ul style="list-style-type: none"> ✦ Families could access court mandated services in a timely manner ✦ Reunification could happen at a quicker pace ✦ Increased participation in programs 	<ul style="list-style-type: none"> ✦ Families under DCP&P supervision ✦ North Branch Reformed Church Counseling ✦ Family Support Organization ✦ Zarephath Health & Counseling Ctr. ✦ Empower Family Success Center ✦ RHCMHC Counseling ✦ FCS, JFS, Rutgers Foster Care Counseling Programs ✦ Zufall Health Ctr. Programs ✦ CPS – Dorothy Hirsch ✦ Home visitation programs (Nurse Family Partnerships, Healthy Families, Parents as Teachers) ✦ Middle Earth ✦ Twilight program in summer 	<ul style="list-style-type: none"> ✦ Advocate for funding to develop more in – home programs ✦ Courts need to revisit guidelines for parents using substances ✦ Division needs to visit the reunification process 	<ul style="list-style-type: none"> ✦ Caseloads would remain open a shorter period of time ✦ Unifications occur at a quicker pace ✦ Reduced case loads

Recommendations for Improvement

Somerset County Priority Population: Children, Youth & Families

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Child Care</p>	<ul style="list-style-type: none"> ✦ Quality Affordable Child Care for all Somerset County eligible residents 	<ul style="list-style-type: none"> ✦ Expand the availability of quality affordable child care ✦ New Resource/Kinship Families will be guaranteed subsidized child care ✦ Increase the reimbursable rate so programs will accept the vouchers, especially the infant/toddler rate & infant resource family child care rate ✦ Secure adequate child care for children in out of home placement ✦ Explore options for alternative child care (drop-in and holidays) 	<ul style="list-style-type: none"> ✦ More affordable Child Care slots will be available in Somerville, Franklin, Bound Brook, Manville & N. Plainfield ✦ Parents are able to work & children are well cared for which reduces stress 	<ul style="list-style-type: none"> ✦ BSS , Community Child Care Solutions, The Learning Gate, MLK, SCAP, School Districts, and other child care providers ✦ Family Child Care, Approved Homes, agencies that accept State subsidies, NJ State, Federal Government, & SC HSAC ✦ Scholarships ✦ After Care programs ✦ YMCAs 	<ul style="list-style-type: none"> ✦ Increase the availability of subsidized Child Care vouchers in the neediest parts of the County ✦ Dedicate funds to Resource/Kinship Families ✦ Advocate for consideration for regional cost of care 	<ul style="list-style-type: none"> ✦ Number of subsidized child care slots ✦ Increased availability of child care slots for Resource/Kinship families

Recommendations for Improvement

Somerset County Priority Population: Behavioral Health (Mental Health/Substance Use Disorder)

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Affordable Housing	<ul style="list-style-type: none"> ✘ Increase in the level of all housing, wet housing, sober housing (housing for all) 	<ul style="list-style-type: none"> ✘ Expand affordable housing both independent and supervised for mental health population 	<ul style="list-style-type: none"> ✘ Decreased assisted living ✘ Increased quality of life ✘ Recovery ✘ Reduce criminal behavior ✘ Decrease domestic violence ✘ Improve family functioning ✘ Reduce neglect 	<ul style="list-style-type: none"> ✘ DHMAS ✘ SC Department of Human Services ✘ Municipalities ✘ Community Development ✘ BSS 	<ul style="list-style-type: none"> ✘ Advocacy ✘ Expansion of levels of housing ✘ Create a work group to expand affordable housing ✘ Work with BSS and Community Development Office 	<ul style="list-style-type: none"> ✘ Reduced homelessness ✘ Decrease emergency hospitalization ✘ Reduced number incarceration with mental illness
Transportation	<ul style="list-style-type: none"> ✘ Reliable easy access information on transportation disseminated to the community in various municipalities 	<ul style="list-style-type: none"> ✘ Access to all transportation routes ✘ Provide a list of all services of Logisticare for consumers 	<ul style="list-style-type: none"> ✘ Decrease risk of hospitalization ✘ Compliance to treatment plans ✘ Continuity of care ✘ Increased family cohesion ✘ Increase ability to access basic needs, medical care and education 	<ul style="list-style-type: none"> ✘ NJ Transit ✘ Logisticare ✘ Rideshare ✘ Somerset County Transportation including DASH, SCOOT, CAT ✘ Ridewise 	<ul style="list-style-type: none"> ✘ Advocate for transportation budget in services ✘ Work with State on providing improved Logisticare services 	<ul style="list-style-type: none"> ✘ More riders on County transportation and NJ Transit ✘ Clients will report increased satisfaction with Logisticare services

Recommendations for Improvement

Somerset County Priority Population: Behavioral Health (Mental Health/Substance Use Disorder)

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Whole Health Care</p>	<ul style="list-style-type: none"> ✘ Increased adherence to behavioral health, mental health, substance use disorder treatment, increased health care compliance, reduce healthcare illnesses, reduce ER admissions, access to care under one roof, and reduce all risk 	<ul style="list-style-type: none"> ✘ Maintain and keep open the federally Qualified Health Center ✘ Identify specialists ✘ Identify those that do preventative screening ✘ Increase collaboration in County providers ✘ Maintain and use mobile units 	<ul style="list-style-type: none"> ✘ Reduced relapse ✘ Improved employment ✘ Improved quality of life ✘ Improved physical health ✘ Improved family functioning ✘ Increased adherence to behavioral health, mental health, substance use disorder treatment, increased health care compliance reduce healthcare illnesses, reduce ER admissions, access to care under one roof, and reduce all risk 	<ul style="list-style-type: none"> ✘ RHCMHC ✘ Zufall Health Center ✘ Somerset Family Practice Specialists ✘ Zarephath Health Ctr 	<ul style="list-style-type: none"> ✘ Identify Specialists ✘ Advertise the Whole Health Care Services as expansion of services are available ✘ Take referrals from Community Providers 	<p>Reduced involvement in:</p> <ul style="list-style-type: none"> ✘ Health disparities ✘ Hospitalizations ✘ Relapse ✘ ER visits ✘ Illnesses <p>Increase in:</p> <ul style="list-style-type: none"> ✘ Use of health facilities ✘ Healthy food choices <p>All of which are asked in follow-up client satisfaction surveys</p>
<p>Community Based Case Management</p>	<ul style="list-style-type: none"> ✘ Increased treatment compliance, medical compliance, family inclusion, and quality of life 	<ul style="list-style-type: none"> ✘ Part of provider budget should include case management to provide better client outcomes 	<ul style="list-style-type: none"> ✘ Increased communication ✘ Decreased level of higher level services ✘ Decreased duplication ✘ Relationships with clients are maintained 	<ul style="list-style-type: none"> ✘ RVCC ✘ County Community providers 	<ul style="list-style-type: none"> ✘ More certification and validation ✘ Training and education ✘ Advocacy for certification for case management ✘ Determine linkages between proposed participants 	<ul style="list-style-type: none"> ✘ Increased community support through program involvement ✘ Increased coordination of care with referral agencies ✘ Decreased recidivism ✘ Use of client surveys and staff surveys concerning services provided

Recommendations for Improvement

Somerset County Priority Population: Behavioral Health (Mental Health/Substance Use Disorder)

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Affordable Medication (Mental Health)	<ul style="list-style-type: none"> Individuals and families will have access to affordable medication as prescribed 	<ul style="list-style-type: none"> Link to Federally Qualified Health Center Information to fill out a Pharma application by a doctor or have a case manager follow-up 	<ul style="list-style-type: none"> Remains on medication Reduce hospitalization Stability in the community 	<ul style="list-style-type: none"> Adults with serious mental illness ICMS Non-profit providers RHCMHC 	<ul style="list-style-type: none"> Liking people to Federally Qualified Health Center All mental health providers, case managers assist in pharmacy application, PAP (Prescription Assistance Program) Development of a smooth process and system to get a case management program Linkage to community providers Quarterly consumer forums on a topic Provide provider education 	<ul style="list-style-type: none"> Use of a seamless process to get people to services they need, a single point of contact Use of a client survey or agency statistics indicating reduction of recidivism and reduction in hospitalization
Medication Assisted Therapy (Substance Use Disorder)	<ul style="list-style-type: none"> All clients have appropriate access to these services (suboxone, vivitrole, and any evidence based therapy) 	<ul style="list-style-type: none"> Expand services to be available on demand (there is limited access to medication assisted therapy in the County - one provider) 	<ul style="list-style-type: none"> Reduced relapse Improved employment Improved quality of life Improved physical health Improved family involvement Decreased violence 	<ul style="list-style-type: none"> RHCMHC (for dual diagnosed clients) State Department of Human Services HSAC, LACADA, PACADA County Department of Human Services Other community agencies, (e.g. FCS, STS, CC, etc.) 	<ul style="list-style-type: none"> Advocate to Medicaid, physicians, APN, Pharmaceutical Companies, insurance companies Division of Mental Health and Addiction Services to increase funding and access for these services 	<ul style="list-style-type: none"> Reduce Hospitalization Reduce Incidents of mortality Reduced relapse
Access to Employment Services (Mental Health)	<ul style="list-style-type: none"> Educate the community that all people can work 	<ul style="list-style-type: none"> Educate provider that there is a shift to get clients [to work 	<ul style="list-style-type: none"> Increase quality of life Reduced stress Client centered services Contributing members of society 	<ul style="list-style-type: none"> RHCMHC SHIP NAMI Alternatives One Stop Center Division of Vocational Rehabilitation) DVR Freedom Trail 	<ul style="list-style-type: none"> Sponsor provide education Host a provider roundtable NAMI provide trainings Consumer groups at Freedom Trail 	<ul style="list-style-type: none"> Reduced stress Improved compliance Able to hold a consistent a job Use of client survey

Recommendations for Improvement

Somerset County Priority Population: Behavioral Health (Mental Health/Substance Use Disorder)

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Access to Supportive Employment Services (Substance Use Disorder)</p>	<ul style="list-style-type: none"> ✦ All clients have access to employment supportive services (there is only one support – DVR) 	<ul style="list-style-type: none"> ✦ Encourage employers to use a sensitivity while employing clients ✦ Educate small business and other employers to problems of the population ✦ Provide clients with work readiness skills 	<ul style="list-style-type: none"> ✦ Lower unemployment ✦ Reduced relapse ✦ Improved self-esteem ✦ Improved family functioning 	<ul style="list-style-type: none"> ✦ One Stop ✦ DVR ✦ Local businesses ✦ RHCMHC Supportive Employment ✦ NJ Division of Disabilities Services ✦ WDB 	<ul style="list-style-type: none"> ✦ Advocate that the State fulfills their legal obligations with parity ✦ Investigate the connection of the One Stop and DOL to see if being utilized by clients ✦ Task force to connect NJ DOL with NJ Division of Disabilities Services 	<ul style="list-style-type: none"> ✦ Lower unemployment for those with Substance Use disorders ✦ Reduced relapse ✦ Improved self-esteem ✦ Improved family functioning ✦ Use a client survey and agency statistics to measure relapse

Recommendations for Improvement

Somerset County Priority Population: Developmentally Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Affordable Housing</p> <p>(Ongoing 5 Years to transition to new Home and Community Based Services (HBS) guidelines by 2019)</p>	<ul style="list-style-type: none"> ✦ Affordable Accessible ✦ Integrated Housing ✦ Availability of Support Services ✦ Availability of Subsidized Housing ✦ Appropriate, Inspected Housing (New HCBS Housing) 	<ul style="list-style-type: none"> ✦ Increase all types of housing options ✦ Provide a continuum of supportive services within different housing models ✦ Ensure the availability of needed support services ✦ All DDD Housing funded through vouchers (State Funding) 	<ul style="list-style-type: none"> ✦ Stable living situation in a safe environment ✦ Reduce stress for caregivers ✦ Ability to live and thrive in an appropriate environment ✦ Living in integrated settings - no more than 25% of residents can be DD/ID ✦ Housing Choice ✦ Portability of housing vouchers 	<ul style="list-style-type: none"> ✦ DCA and DDD ✦ Somerset County Providers Agencies ✦ Public Housing ✦ Housing Developers ✦ Supported Housing Connection 	<ul style="list-style-type: none"> ✦ Increase in the availability of accessible housing stock ✦ Increase supports within housing programs and within community ✦ Expand all types of housing programs including: small community residences, supported and supervised housing ✦ Develop partnerships and collaborations ✦ Increase availability of housing within the FMR (Fair Market Rental) guidelines ✦ NJ FY' 17 Budget includes funding for reduction in CCW Waiting List funding for housing vouchers ✦ Implement HCBS* Housing rules. ✦ Insure housing meets standards in NJ Administrative Code 10:44 A (DDD Licensing Standards for Housing) ✦ Increase the number of homes with supports while living with family ✦ Advocating and making resources known to stay with families 	<ul style="list-style-type: none"> ✦ Reduction of the DDD CCW (Community Care Waiver) Waiting List ✦ Less frequent movement, increased stability ✦ Easier access to housing

Recommendations for Improvement

Somerset County Priority Population: Developmentally Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Comprehensive Services Across the Life Span</p>	<ul style="list-style-type: none"> ✘ Ensure services are provided throughout the life span of an individual ✘ Close any gaps in services based on age ✘ Ensure smooth transition from service to service: Early Intervention (EI), DOE, DCF, DDD ✘ Improve quality of life and access to services for individuals served and family members 	<ul style="list-style-type: none"> ✘ Provide families with a user friendly guide to disability services for each age range ✘ Expand respite options for all individuals both in home and out of home ✘ Create transition coordinators to ensure no gaps in services as individuals age and travel through service delivery systems ✘ Expand the number and types of services for the aging population (retirement planning, day services, end of life planning) 	<ul style="list-style-type: none"> ✘ Increased knowledge and ability to advocate for services for families ✘ Reduced Caregiver stress and increase quality of family life ✘ Increased/more consistent service delivery to allow individuals to remain in family home longer ✘ Transition into later stages of life with services intact 	<ul style="list-style-type: none"> ✘ All related systems/ funders: ✘ Early intervention, ✘ Department of Education, ✘ Division of Children and Families, ✘ Division of Developmental Disabilities; ✘ Office on Aging & Disabilities Services ✘ Other service providers 	<ul style="list-style-type: none"> ✘ Allow for expanded Respite options for all age groups (funding) ✘ Develop intra-agency transition coordinators ✘ Provide funding to service providers to create/ sustain programs for the aging population 	<ul style="list-style-type: none"> ✘ Decreased demand for residential services ✘ Family caregivers report less stress through a survey ✘ Family caregivers are provided with additional respite opportunities as recorded by DDD ✘ Individuals with disabilities are able to remain in the family home for longer periods of time as measured by caregiver survey ✘ Individuals age in place as reported by DDD and supporting agencies

Recommendations for Improvement

Somerset County Priority Population: Developmentally Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Whole Health Care</p>	<ul style="list-style-type: none"> ✦ Individuals with Intellectual Disabilities/Develop mental Disabilities (ID/DD) will be able to quickly access appropriate medical, dental, specialist and mental health services in the community ✦ Medical and health care professionals will receive training and guidance on the unique needs of the population, including higher risk of Alzheimer 's disease in certain subsets of the population ✦ Quicker assignment of legal guardians for necessary medical services 	<ul style="list-style-type: none"> ✦ Develop provider list of medical/ health professionals who have experience, expertise/interest working with DDD population ✦ Offer training/support to the medical and mental health community on the needs of the DDD population ✦ Increase access to mental health services by creating a specialized service in the County ✦ Advocate with Medicaid HMO's to develop lists of doctors with ID/DD expertise who accept Medicaid ✦ Recruit interested individuals to be guardians 	<ul style="list-style-type: none"> ✦ Improved quality of life for individuals ✦ More proactive health care ✦ Preventative health care ✦ Quicker diagnoses of life-threatening illnesses 	<ul style="list-style-type: none"> ✦ DDD provider agencies ✦ Medical, dental, specialist health providers ✦ Mental health providers ✦ Trinitas and other inpatient treatment centers that serve this area ✦ Basic Generation Service (BGS) ✦ Developmental Disabilities Nurses Association (DDNA) ✦ National Association of the Dual Diagnosed (NADD) ✦ Attorneys, including Legal Assistance of Northwest Jersey ✦ Boggs Center 	<ul style="list-style-type: none"> ✦ More specialized training for providers (will need dedicated funds) ✦ Partnerships between all health providers ✦ Develop a professional network of DD providers, health and mental health providers and advocates to formulate memorandums of understanding 	<ul style="list-style-type: none"> ✦ Decrease in inpatient hospitalizations ✦ Decrease in ER visits ✦ Decrease in PESS visits ✦ Decrease in serious secondary complications of major diseases as reported by whole health care agencies

Recommendations for Improvement

Somerset County Priority Population: Developmentally Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Productive Employment, Transition & Day Services</p>	<ul style="list-style-type: none"> ✦ To adequately prepare students with ID/DD for work/meaningful day services after high school ✦ Increase opportunities for competitive employment for individuals with ID/DD ✦ An array of meaningful day services will be available for individuals with ID/DD who need/want them 	<ul style="list-style-type: none"> ✦ Increase collaboration between Department of Education, DDD, DVRS, individuals and families ✦ Provide communication/outreach (marketing) regarding available services ✦ Increase availability of quality Supported Employment services ✦ Increase collaboration between Supported Employment vendors and employers ✦ Expand opportunities/exposure of students with ID/DD to workforce while still in school ✦ Increase Day Services options 	<ul style="list-style-type: none"> ✦ Successful employment ✦ Greater independence and self-sufficiency ✦ Improved self-worth ✦ Improved perception of people with ID/DD in the community 	<ul style="list-style-type: none"> ✦ DDD ✦ DVRS ✦ WDB/One Stop ✦ Transition Coordinators Network ✦ Adult Day Services providers ✦ Somerset County partnerships ✦ Somerset County Business Partnership ✦ SPAN (Statewide Parent Advocacy Network) ✦ Transition Services providers ✦ Support Coordinators ✦ Supported Employment vendors ✦ Individuals with ID/DD ✦ Families 	<ul style="list-style-type: none"> ✦ Assure existing efforts related to competitive employment for individuals with ID/DD include all stakeholders and that updates are regularly communicated to the Somerset County HSAC ✦ Assess current marketing/communications efforts of pertinent providers, and expand, if deemed appropriate ✦ Determine ways to measure and then address gaps in Supported Employment/Day Services ✦ Assess opportunities currently provided to students with ID/DD in Somerset County schools and address gaps 	<ul style="list-style-type: none"> ✦ Number of students with ID/DD are receiving meaningful Day Services, Supported Employment services, are in competitive employment or post-secondary education within 30 days of graduation as reported by schools and supporting agencies ✦ The number of individuals with ID/DD served by DDD and DVRS in Supported Employment increases ✦ The number of adults with ID/DD who are competitively employed increases ✦ The number of adults with ID/DD who are engaged in meaningful daytime activities increases ✦ The array of options for Day services for individuals with ID/DD increases

Recommendations for Improvement

Somerset County Priority Population: Developmentally Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Transportation</p>	<ul style="list-style-type: none"> ✦ People with developmental disabilities are better informed about transportation options and better able to integrate into their community ✦ Find a way to allow aids on busses 	<ul style="list-style-type: none"> ✦ Inform consumers, providers and guardians of all different forms of transportation services in the County that make connections throughout the County and out of the County 	<ul style="list-style-type: none"> ✦ Fuller participation in community life ✦ Enhanced quality of life 	<ul style="list-style-type: none"> ✦ SC Transportation (CAT, SCOOT, and DASH bus lines) ✦ Municipal transportation ✦ NJ Transit ✦ Rideshare ✦ Taxi Services ✦ Agency Vans ✦ SC Parks & Recreation ✦ YMCA ✦ Volunteer transportation ✦ NJTIP Program ✦ Private DDD funded transportation ✦ Access Link ✦ Logisticare ✦ Empower Somerset's Children's Youth Council ✦ SC Human Services Advisory Council 	<ul style="list-style-type: none"> ✦ Disseminate existing brochures, websites and other sources of available transportation throughout the County to all communities ✦ Explore partnerships among public, nonprofit and private transportation providers ✦ Provider agency and HSAC representation present at advocacy forums ✦ Provide advocacy and involvement of local and State legislators in all forms or advocacy and in initiatives 	<ul style="list-style-type: none"> ✦ Increase in number of individuals with developmental disabilities employed throughout the County as recorded by DDD, supporting agencies, and the Department of Labor ✦ Number and % of individuals with developmental disabilities who report being able to meet their needs for transportation to medical and other appointments, social activities, shopping etc.

Recommendations for Improvement

Somerset County Priority Population: Developmentally Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Qualified and Appropriately Paid Employees (especially for those in direct service roles) for all services</p>	<ul style="list-style-type: none"> ✦ Employees who play a vital role in the delivery of service to individuals served will be paid at a rate that will promote sustainability of employment, will reduce the need for multiple full time jobs and will increase the consistency and quality of the services provided 	<ul style="list-style-type: none"> ✦ Over the course of several years, increase the hourly wage of direct services workers to a level that will promote longevity and reduce turnover and the related costs (both financial and the effects on the quality of services) 	<ul style="list-style-type: none"> ✦ Individuals served will experience more consistency with services which will ultimately increase the quality of care and the quality of life ✦ A reduction in errors/ incidents that can be attributed to high turnover rates (and thus an unfamiliarity of those served) 	<ul style="list-style-type: none"> ✦ Current and future services providers ✦ County and State ✦ Funding sources 	<ul style="list-style-type: none"> ✦ Provide County and state funding agencies with the "cost" related to high turnover and vacancies rates ✦ Demonstrate that the savings gained from reducing turnover/vacancy is significant and can be used to offset the cost of increasing hourly rates 	<ul style="list-style-type: none"> ✦ Reduction in staff turnover rates ✦ Reduction in vacancy rates ✦ Reduction in the number of jobs employees must obtain ✦ Increased satisfaction rates of individuals served <p>As measured by agency, client and worker surveys</p>

Recommendations for Improvement

Somerset County Priority Population: Homeless/Low-Income

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Affordable Housing or Subsidized Healthy Safe Housing</p>	<ul style="list-style-type: none"> ✦ Advocate for funds to be directed toward housing and case management ✦ Provide continuing education and training for direct service staff and the public ✦ Disseminate information effectively to direct service staff and the public ✦ Hold at least three community events where housing information is made available to the public ✦ Enroll at least five families leaving emergency shelter in the Somerset County Rental Assistance Program 	<ul style="list-style-type: none"> ✦ Advocate for and support the inclusion of new rental and renewal assistance projects in the Somerset County Continuum of Care application ✦ Advocate for and support the use of Homelessness Trust Fund Dollars to provide rental assistance and case management ✦ Advocate for and support the use of County Non-Profit POS Dollars to provide rental assistance and case management ✦ Support efforts to inform the public about Somerset County Rental Assistance Program ✦ Provide continuing education related to how to access mainstream resources to direct service staff at least twice a year ✦ Create a data bank or some other mechanism to share information related to mainstream and local resources that will help this population ✦ Strengthen inter-committee relationships by collaborating ✦ Encourage committees and subcommittees to commit to tasks and events that are housing-related 	<ul style="list-style-type: none"> ✦ Homeless individuals/ families will not have to rely upon emergency housing for any length of time ✦ There will be a significant reduction in family/individual stress caused by housing insecurity ✦ The reduction in the need for emergency shelter nights will save housing resources. ✦ Case management services will assist families/individuals to resolve potential housing emergencies and lower the risk of homelessness. ✦ Children will not require educational transportation from homeless shelters to sending districts 	<ul style="list-style-type: none"> ✦ Somerset County government ✦ Somerset County Department of Human Services ✦ HSAC ✦ Continuum of Care Committees ✦ Homelessness Trust Fund Committee ✦ Central Jersey Housing Resource Center ✦ SCBSS ✦ Selected homeless service providers ✦ Agencies that serve special needs populations 	<ul style="list-style-type: none"> ✦ Develop a subcommittee of Continuum of Care Committee to explore options, funding, including the redirection of available resources. ✦ Complete an assessment on how to effectively redirect funds from emergency to permanent housing ✦ Coordinate with other housing advocates throughout the state to work towards a unified approach to end homelessness 	<ul style="list-style-type: none"> ✦ Fewer incidents of homelessness as evidenced by a significant reduction in the number of nights of Emergency Shelter ✦ Increased evidence of family stabilization ✦ Reduction in the number of tenancy complaints and evictions ✦ Reduction in the cost associated with the transportation of homeless school children

Recommendations for Improvement

Somerset County Priority Population: Homeless/Low-Income

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Ability to Meet Basic Needs/ Including Food Security</p>	<ul style="list-style-type: none"> ✦ All income eligible people have access to services that they need i.e.: food, clothing, transportation, school supplies 	<ul style="list-style-type: none"> ✦ Increase accessibility to online resource guides that lists all available services and programs ✦ Ensure that the resource guide is linked to all service providers' web sites ✦ Ensure that all service providers participate in outreach efforts to promote access to resources ✦ Additional resources to be developed to keep up with changing needs ✦ Work to ensure that services are sensitive to the changing cultural needs within the community ✦ Expand outreach efforts to encourage participation in Food Stamps/ WIC/Medicaid ✦ Ensure that transportation to essential services is adequate to meet the need ✦ Screen all potentially eligible clients for government programs: Food Stamps, WFNJ, etc. ✦ Develop a toll free hotline for information on how to access services better than 211 	<ul style="list-style-type: none"> ✦ People will be more quickly linked to the services they need ✦ Individuals' basic needs will be met enabling them to focus their attention on other pursuits, e.g. education, employment ✦ All eligible individuals will receive the services they need 	<ul style="list-style-type: none"> ✦ SCDHS ✦ Members of the HSAC and Community Development ✦ SCBSS ✦ Services providers that provide basic needs ✦ Faith Based Organizations ✦ Any public or private agencies that interact with the public 	<ul style="list-style-type: none"> ✦ Reestablish the "Basic Needs Group" and charge it with the responsibility of developing a web-based resource guide ✦ Expand outreach efforts to clients through more effective use of available media ✦ Expand the ability for all service providers to appropriately link consumers to needed service through ongoing training 	<ul style="list-style-type: none"> ✦ Increase in the number of Food Stamps, WIC and Medicaid consumers ✦ Fewer requests for emergency food through food banks

Recommendations for Improvement

Somerset County Priority Population: Homeless/Low-Income

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Mental Health Substance Use Disorder Treatment	<ul style="list-style-type: none"> ✦ All eligible residents have access to basic medical care which includes mental health and Substance Use disorder treatment. 	<ul style="list-style-type: none"> ✦ Screen all homeless individuals for medical assistance eligibility. ✦ Support independent free or reduced fee independent clinics. ✦ Ensure that adequate transportation is available to allow consumers to access medical care. ✦ Develop a medical assistance resource guide that identifies all indigent care medical/dental/ ✦ Increase knowledge and access to pharmaceutical assistance programs 	<ul style="list-style-type: none"> ✦ Individuals will receive proper medical care including preventative care reducing potentially debilitating conditions 	<ul style="list-style-type: none"> ✦ SCBSS (SAI program) ✦ S.H.I.P. (Emergency Substantive Services) ✦ Zarephath medical clinic ✦ RHCMHC ✦ RWJ Somerville 	<ul style="list-style-type: none"> ✦ Coordinate efforts of service providers to develop a comprehensive resource guide ✦ Develop inter-agency working agreements between partners to facilitate linking the customer to the mental health, medical and health related services needed 	<ul style="list-style-type: none"> ✦ Reduction in the number of emergency room care visits by homeless/low-income individuals and families
Discharge Planning for Those Released from Treatment	<ul style="list-style-type: none"> ✦ Stricter monitoring of discharge planning so individuals are not discharges into homelessness 	<ul style="list-style-type: none"> ✦ Documentation of discharging programs and facilities that they have spoken to the programs clients are discharged to ✦ Reduce the waiting time for placement ✦ Appropriate referrals of emergency Substance Use disorder programs (housing, clothing, GA, SHIP, etc.) 	<ul style="list-style-type: none"> ✦ Stabilization ✦ Continued treatment ✦ Reduced recidivism 	<ul style="list-style-type: none"> ✦ SHIP ✦ GA ✦ RHCMHC ✦ Mental Health Administrator ✦ Alcohol & Drug Abuse Coordinator ✦ All treatment services 	<ul style="list-style-type: none"> ✦ Make yearly presentation to area providers (treatment facilities) to talk directly to referral agencies when discharging ✦ Develop a plan with providers to ensure successful outcomes (facilities & referral providers) 	<ul style="list-style-type: none"> ✦ Reduce the number of immediate relapsed after the first 24 hours after services as documented by servicing agencies and clients seeking services

Recommendations for Improvement

Somerset County Priority Population: Homeless/Low-Income

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Employment/ Vocational Services	All homeless people will have the opportunity to have an assessment to determine their employability	<ul style="list-style-type: none"> ✦ SCBSS and the One Stop Career Center will assess all homeless individuals and engage them in appropriate activities that improve their chances to become employed 	<ul style="list-style-type: none"> ✦ Individuals will know their capacity for employment ✦ Individuals will be directed to appropriate training and educational opportunities 	<ul style="list-style-type: none"> ✦ SCBSS ✦ One Stop Career Center ✦ Jointure ✦ Division of Vocational Rehab ✦ Middle Earth Programs ✦ Center for Educational Advancement ✦ SAI (referrals to BSS for employment) 	<ul style="list-style-type: none"> ✦ Lobby for increased capacity of the One Stop to provide this service ✦ Continue to foster closer relationships among all service providers ✦ Lobby for adequate case management funds 	<ul style="list-style-type: none"> ✦ Number of recorded assessments increases
	All potentially employable individuals secure positions providing adequate salary and benefits	<ul style="list-style-type: none"> ✦ Support the WDB's efforts to expand job opportunities for all County residents 	<ul style="list-style-type: none"> ✦ Individuals are able to live in adequate housing and have sufficient funds to meet their basic needs 	<ul style="list-style-type: none"> ✦ Greater Raritan WDB 	<ul style="list-style-type: none"> ✦ Encourage WDB Board members to identify this outcome as one of their priority areas 	<ul style="list-style-type: none"> ✦ Number of jobs offering above minimum wage salary and benefits increases ✦ Individuals move from financial dependence to self-sufficiency at a much faster rate as reported by the SCBSS and agencies providing support services
	All barriers to employment are identified and where possible supports are put in place to reduce the barriers	<ul style="list-style-type: none"> ✦ Provide case management services to all employable individuals requesting this service ✦ Examine barriers to employment on an administrative level and attempt to develop broader remedies ✦ Encourage flexibility of employers e.g.: flex time, van pools, on-site child care 	<ul style="list-style-type: none"> ✦ Individuals will have greater employment stability 	<ul style="list-style-type: none"> ✦ Greater Raritan WDB ✦ Area employers ✦ SCBSS ✦ SCDHS 	<ul style="list-style-type: none"> ✦ Ensure that jobs developed are shared with relevant placement agencies ✦ Lobby for increased funding for case management 	<ul style="list-style-type: none"> ✦ Reduction in job turnover ✦ Decrease in number of people receiving unemployment locally ✦ Increase in number of people receiving jobs <p>As recorded by DOL labor statistics for the County and as recorded by agencies providing support services</p>

Recommendations for Improvement

Somerset County Priority Population: Homeless/Low-Income

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Supportive Case Management Legal Advocacy Community Engagement</p>	<ul style="list-style-type: none"> ✦ Provide legal assistance to approximately 300 households facing eviction ✦ Provide rental assistance to approximately 50 households that are currently spending more than 30% of their income on rent ✦ Provide legal services in the area of basic needs 	<ul style="list-style-type: none"> ✦ Advocate for funds to be directed toward homelessness prevention, rental assistance, tenant advocacy and case management ✦ Ensure that Rental Assistance information is provided to clients that receive services from Legal Services at Landlord Tenant Court ✦ Work to educate the public and particularly low-income County residents about Fair Housing Law and how to report housing discrimination ✦ Hold at least three community events where housing information is made available to the public 	<ul style="list-style-type: none"> ✦ Consumers feel supported in their efforts to maintain housing ✦ Former clients development of a sense of community by volunteering to mentor others who have become homeless or low-income 	<ul style="list-style-type: none"> ✦ Housing insecure community support team 	<ul style="list-style-type: none"> ✦ Pursue establishing a case management team within the County 	<ul style="list-style-type: none"> ✦ Increased evidence of community engagement by individuals and families no longer homeless ✦ Decrease in the number of individuals in need of legal advocacy as recorded by Legal Services of NW Jersey and Safe and Sound Somerset ✦ More individuals entering the system before homeless or unemployed as recorded by the SC BSS

Recommendations for Improvement

Somerset County Priority Population: Physically Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Safe/Accessible Affordable Housing	People with physical disabilities have safe housing	<ul style="list-style-type: none"> ✦ Increase all types of housing options 	<ul style="list-style-type: none"> ✦ Stable living situation in a safe environment 	<ul style="list-style-type: none"> ✦ CJHRC ✦ The ARC ✦ Alternatives ✦ Easter Seals ✦ Div. of Blind and Disabled ✦ SC Office on Aging & Disability Services 	<ul style="list-style-type: none"> ✦ Advocate for more funding for capital and operating funds ✦ Increase housing stock ✦ Enhance/expand existing units 	<ul style="list-style-type: none"> ✦ Number and percent of people who are living in safe housing
	People with physical disabilities have appropriate supports within their housing	<ul style="list-style-type: none"> ✦ Provide a continuum of supportive services within different housing models ✦ Ensure quality of care through appropriate training, reimbursement rates, and supervision 	<ul style="list-style-type: none"> ✦ Ability to live and thrive in an appropriate environment 	<ul style="list-style-type: none"> ✦ Alternatives ✦ The ARC ✦ NJ Div of Blind and Disabled ✦ SC Office on Aging & Disability Services ✦ PASP 	<ul style="list-style-type: none"> ✦ Increase supports within housing programs and within community ✦ Expand all types of housing programs ✦ Increase the number of housing vouchers (section 8) 	<ul style="list-style-type: none"> ✦ Number and percent of people who have appropriate levels of support services in their housing
Transportation	People with physical disabilities are able to work, shop, receive services and recreate	<ul style="list-style-type: none"> ✦ Expand and diversify transportation services (public and private) to increase access ✦ Increase number of vehicles able to accommodate people with physical disabilities ✦ Expand transportation services to include social and recreational trips 	<ul style="list-style-type: none"> ✦ Fuller participation in community life ✦ Enhanced quality of life 	<ul style="list-style-type: none"> ✦ SC Transportation ✦ NJ Transit ✦ SCOOT ✦ Amtrak ✦ Agency Vans ✦ SC Office on Aging & Disability Services 	<ul style="list-style-type: none"> ✦ Fund more transportation services (public and nonprofit) ✦ Explore partnerships among public, nonprofit and private transportation providers 	<ul style="list-style-type: none"> ✦ Increased percentage of individuals with physical disabilities in day programs ✦ Number and percent of individuals with physical disabilities who report being able to meet their needs for transportation to medical and other appointments, social activities, shopping etc. ✦ Number of vehicles (public and non-profit) that are accessible
Whole Health Care	<p>People with physical disabilities are healthy</p> <p>People with physical disabilities have access to all necessary health care</p>	<ul style="list-style-type: none"> ✦ Ensure access to adequate insurance ✦ Ensure access to medical care including dental (transportation, competence of providers in dealing with disabilities etc.) ✦ Remove financial barriers to obtaining treatment ✦ Promote preventative care 	<ul style="list-style-type: none"> ✦ Improved quality of life 	<ul style="list-style-type: none"> ✦ Matheny Center ✦ The ARC ✦ NJ Div of Blind and Disabled ✦ SC Office on Aging & Disability Services ✦ Vocational Rehabilitation ✦ PASP ✦ College and Dental Schools 	<ul style="list-style-type: none"> ✦ Increase Medicare providers in County ✦ Advocate for dental care to be covered by Medicare and Medicaid ✦ Advocate for low cost dental insurance for disabled 	<ul style="list-style-type: none"> ✦ Number of emergency room visits/hospitalizations ✦ Number and percent of individuals reporting satisfaction with their health care ✦ Number and percent of individuals reporting severe financial impact from obtaining health care ✦ Number of screenings provided

Recommendations for Improvement

Somerset County Priority Population: Physically Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Transition Planning	<ul style="list-style-type: none"> ✦ Ensure services are provided throughout the life span of an individual ✦ Close any gaps in services based on age ✦ Ensure smooth transition from service to service (EI , DOE, DCF, DDD, Division of Deaf & Hard of Hearing (DDHH), Commission of the Blind and Viually Impaired (CBVI) ✦ Improve quality of life and access to services for individuals served and family members 	<ul style="list-style-type: none"> ✦ Provide families with a user friendly guide to disability services for each age range ✦ Expand respite options for all individuals both in home and out of home ✦ Create transition coordinators to ensure no gaps in services as individuals age and travel through service delivery systems ✦ Expand the number and types of services for the aging population (retirement planning, day services, end of life planning) 	<ul style="list-style-type: none"> ✦ Increased knowledge and ability to advocate for services for families ✦ Reduced Caregiver stress and increase quality of family life ✦ Increased/ and more consistent service delivery to allow individuals to remain in family home longer ✦ Transition into later stages of life with services intact 	<ul style="list-style-type: none"> ✦ All related systems/ funders: ✦ Early intervention, ✦ Department of Education, ✦ Division of Children and Families, ✦ Division of Developmental Disabilities; ✦ Office on Aging and Disability Services ✦ DDHH ✦ CBVI ✦ Other service providers 	<ul style="list-style-type: none"> ✦ Allow for expanded Respite options for all age groups (funding) ✦ Develop intra-agency transition coordinators ✦ Provide funding to service providers to create/ sustain programs for the aging population 	<ul style="list-style-type: none"> ✦ Decreased demand for residential services ✦ Family caregivers report less stress through a survey ✦ Family caregivers are provided with additional respite opportunities as recorded by DDD ✦ Individuals with disabilities are able to remain in the family home for longer periods of time as measured by caregiver survey ✦ Individuals age in place as reported by DDD, DDHD, CBVI and supporting agencies
Education of Providers and Consumers	<ul style="list-style-type: none"> ✦ Increased knowledge of how to treat disabled with respect. ✦ Increase the disabled's knowledge of services available to them 	<ul style="list-style-type: none"> ✦ Ensure that educational programs prepare individuals for work 	<ul style="list-style-type: none"> ✦ Greater independence and self-sufficiency ✦ Improved self-confidence 	<ul style="list-style-type: none"> ✦ Dept. of Labor ✦ DDD ✦ NJ Div of Blind and Disabled ✦ Alternatives ✦ The ARC ✦ Easter Seals ✦ Vocational Rehab ✦ Ticket-to-Work ✦ Bethel Ridge ✦ SC Office on Aging & Disability Services ✦ RVCC ✦ Somerset Vo-Tech 	<ul style="list-style-type: none"> ✦ Create local collaborations ✦ ACODI work to educate communities and services 	<ul style="list-style-type: none"> ✦ Percent of clients reporting more respectful treatment ✦ Percent of communities provided community education concerning treatment of individuals

Recommendations for Improvement

Somerset County Priority Population: Physically Disabled

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Day Programs	<ul style="list-style-type: none"> ✦ Day program services for all that desire them 	<ul style="list-style-type: none"> ✦ Expand existing day programs ✦ Increase day services options ✦ Improve the quality of day program opportunities ✦ Increase marketability of clients through training ✦ Provide computers and other home-based adaptable equipment ✦ Increase collaboration between Department of Education, DDD, DVRS, Division of Deaf and Hard of Hearing (DDHH), Center of the Blind and Visually Impaired (CBVI) individuals and families ✦ Provide communication/outreach (marketing) regarding available services 	<ul style="list-style-type: none"> ✦ Increased independence ✦ Improved self-esteem ✦ Increase self-sufficiency ✦ Positive perception of individuals with different abilities 	<ul style="list-style-type: none"> ✦ DVR ✦ Adult Service Providers ✦ Web Based Vendors ✦ Families ✦ Alternatives ✦ The Arc of Somerset 	<ul style="list-style-type: none"> ✦ Locate more funds to expand programs ✦ Educate employers ✦ Enhance Day programs with increased training options ✦ Increase work in day programs by educating private corporations and businesses 	<ul style="list-style-type: none"> ✦ Percentage of people with physical disabilities who are in day programs inside and outside their community ✦ People less reliant on social service expenditures because of their employment

Recommendations for Improvement

Somerset County Priority Population: Aging

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Ability to Meet Basic Needs</p>	<ul style="list-style-type: none"> ✦ Seniors will have access to essential nutrients needed for sustaining health ✦ Seniors will have access to safe housing ✦ Seniors will have shelter if homeless ✦ Seniors will have access to affordable mental health services 	<ul style="list-style-type: none"> ✦ Access for seniors to receive essential nutrients for a minimum of one meal per day ✦ Access for seniors to receive nourishment in a social setting ✦ Increased caregiver supports ✦ Increased safety check for seniors living alone ✦ Increased access to mental health services ✦ Access to housing including shelter ✦ Increased access to healthcare 	<ul style="list-style-type: none"> ✦ Better nutrition ✦ Increased overall health ✦ Improved quality of life ✦ Decreased isolation ✦ Increased ability to live longer in own home ✦ Decreased stress on family members ✦ Maintain social ties to community ✦ Decreased institutionalization 	<ul style="list-style-type: none"> ✦ SC Office on Aging and Disability Services: Senior Centers and Home Delivered Meals programs ✦ SC Transportation services ✦ Food Bank Network ✦ BSS - Food Stamps, Medicaid ✦ Catholic Charities: Senior Shopper ✦ RHCMHC ✦ Freedom Trail ✦ Jewish FS ✦ All food banks ✦ Capital Care ✦ Managed Long Term Services & Supports (MLTSS) program ✦ Zarephath ✦ Zufall Health Ctr. ✦ Renaissance ✦ Faith Based supports 	<ul style="list-style-type: none"> ✦ Nutritional assessment to indicate level of nutritional support needed ✦ Link seniors to ensure access to food provided through OoA&DS, Medicaid, Food Stamps and Food Bank Network ✦ Assist in completing all necessary documentation for access ✦ Link seniors to volunteers to help with food shopping 	<ul style="list-style-type: none"> ✦ Increased health and wellness ✦ Decreased doctors and hospital visits ✦ Decreased isolation ✦ Increased safety and wellness check ✦ Decreased caregiver stress

Recommendations for Improvement

Somerset County Priority Population: Aging

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Transportation	<ul style="list-style-type: none"> Seniors will have access to transportation services to meet basic needs (i.e., food, medical), decrease isolation and increase quality of life 	<ul style="list-style-type: none"> To maintain active involvement in the community To prevent isolation To provide increased caregiver support To provide increased independence Access to services that meet basic needs (food, medical) 	<ul style="list-style-type: none"> Greater independence Improved physical health Improved nutrition Increased socialization Avoid institutionalization 	<ul style="list-style-type: none"> SC Transportation services Logisticare (Medicaid) Red Cross SC Office on Aging and Disability Services referrals only 	<ul style="list-style-type: none"> Provide information and assist in directing seniors to the appropriate partner Assist in the provision of all available resources Advocate for increased, ongoing and uninterrupted service Advocate for increased funding Make transportation more affordable 	<ul style="list-style-type: none"> Increased access to community resources Increased socialization Decreased caregiver stress Decreased isolation Improved health and well-being
Ability to be Self-Sufficient if Living Alone and Medically Fragile	<ul style="list-style-type: none"> Seniors will have access to affordable in-home services to avoid facility placement 	<ul style="list-style-type: none"> Increased options for seniors for affordable, flexible options regarding home health aides, nurses, companions and respite care Increase availability of equipment and adaptive devices to assist seniors to remain independent at home longer Increased caregiver support 	<ul style="list-style-type: none"> Improved quality of life Increased independence Reduced anxiety for senior and family Fewer hospitalizations Improved quality of care Better nutrition Health/Social support services in a protective environment Caregiver can retain job outside the home Decrease in institutionalization Help with Activities of Daily Living (ADLs) with dignity 	<ul style="list-style-type: none"> SC Office on Aging and Disability Services: MLTSS (Medicaid Program), Jersey Assistance for Community Caregiving (JACC) Visiting Nurse Association: Certified Home Health Aides Telephone Reassurance SC Board of Social Services: Homemaker program Personal Emergency Response Systems (PERS) VNA's Home Health Aids Respite Care (Hills VNA) Community VNA Home Delivered Meals 	<ul style="list-style-type: none"> Comprehensive assessment to determine level of care needed Determine clinical and financial eligibility for programs that provide assistance for services Promote programs and how to access them Assist in compiling and completing relevant documentation for eligibility requirements and program entry Frequent monitoring of services and assistance beneficial to seniors' care 	<ul style="list-style-type: none"> Seniors remain at home, independent in the community longer Decreased hospitalizations Decreased Nursing Facility costs Increased quality of life Decreased caregiver stress Increased caregiver support

Recommendations for Improvement

Somerset County Priority Population: Aging

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
Information to Aging Especially in an Emergency	<ul style="list-style-type: none"> ✦ All seniors will have access and be connected to information, services and programs to keep them active, engaged and independent in the community 	<ul style="list-style-type: none"> ✦ To increase caregiver support ✦ To increase seniors' quality of life ✦ To increase level of independence ✦ To increase the connection and access to resources provided in the community ✦ Provide increased education ✦ Information translated into appropriate languages 	<ul style="list-style-type: none"> ✦ Increased awareness ✦ Increased independence ✦ Increased health benefits ✦ Increased socialization ✦ Improve quality of life ✦ Reduced anxiety 	<ul style="list-style-type: none"> ✦ SC Office on Aging and Disability Services ✦ SC Board of Social Services 	<ul style="list-style-type: none"> ✦ Promote programs and how to access them ✦ Outreach to assist seniors in completing and submitting necessary paperwork ✦ Provide information and opportunity for seniors to access available resources ✦ Provide background of all eligible programs to keep seniors more informed ✦ Provide education and assistance to keep seniors connected to community resources ✦ Market available resources 	<ul style="list-style-type: none"> ✦ Improved independence ✦ Ability to navigate community resources ✦ Ability to advocate for necessary services based on provided information ✦ Decreased caregiver stress ✦ Improved quality of life
Home Maintenance	<ul style="list-style-type: none"> ✦ Seniors will have access to services that ensure safety and security within their homes to promote independent living 	<ul style="list-style-type: none"> ✦ Increased safety precaution in the home ✦ Increased accessibility ✦ Increased awareness of assistive devices and equipment to increase independence ✦ Increased caregiver support 	<ul style="list-style-type: none"> ✦ Greater accessibility ✦ Improved functioning ✦ Increased independence ✦ Prevent Institutionalization 	<ul style="list-style-type: none"> ✦ SC Office of Volunteer Services ✦ SC Office on Aging and Disability Services ✦ Catholic Charities: Senior Shopper ✦ CDBG Grants ✦ Faith Based supports 	<ul style="list-style-type: none"> ✦ Provide information of all available resources ✦ Connect seniors to volunteer or cost-effective services 	<ul style="list-style-type: none"> ✦ Increased independence in the community ✦ Increase quality of life ✦ Increase access to resources ✦ Decreased caregiver stress

Recommendations for Improvement

Somerset County Priority Population: Aging

Needs	Outcomes	Recommendations	Benefits to Target Populations	Proposed Participants	Action Steps	Indicators
<p>Adult Day Care</p>	<ul style="list-style-type: none"> ✦ Supervised programs to remain in the community longer 	<ul style="list-style-type: none"> ✦ Access to affordable day care 	<ul style="list-style-type: none"> ✦ Helps to remain in the community longer ✦ Relieves care givers ✦ Gives care giver support ✦ Decreases institutionalization ✦ Provides socialization through current events and physical activity ✦ Provides a purpose in live 	<ul style="list-style-type: none"> ✦ Adult Day Care ✦ Somerset Hills Adult Day Care ✦ Additional day care programs in and out the County 	<ul style="list-style-type: none"> ✦ Continue to inform seniors and their families about programs ✦ Link seniors to programs 	<ul style="list-style-type: none"> ✦ Increased health and well-being ✦ Decreased hospitalizations ✦ Decreases doctors' visits ✦ Decrease in misuse of available prescriptions ✦ Decreased premature morbidity ✦ Increase quality of life ✦ Decreased caregiver stress

Services by Unmet Need for Children, Youth and Families

Affordable Housing	Child Care	Substance Use Disorders	Support Services for Families	Prevention Activities	Transportation
<p><u>Existing</u></p> <p>BSS eligibility Programs of Central Jersey Housing Resource Center Franklin House - Alternatives Agape House Programs of Interfaith Hospitality Network Friends of the Carpenter – N. Plainfield Habitat for Humanity IDA – SCAP – Home Ownership – Saving & Match Family Financial Stabilization Prom SC Homelessness Trust Fund Rental Assist. Program - CDBG Volunteer Services Rental Assistance - NORWESCAP</p> <p><u>Unmet Need</u></p> <p>Family Unification grants Section 8 and pay part of: - Home Certificates - Home funding for moderate housing rehab – cost is too high to rehab houses in Somerset County CD Housing Development Association SCAP DCP&P- funding for landlord issues Eligibility criteria for the working poor Education of providers and consumers of the eligibility process Not enough Section 8 vouchers Vouchers converted to home ownership Section 8 - not enough Section 8 – not enough landlords who accept Affordable Housing- multiple families (4-6) living in a single dwelling unit across the County who need their own apartments</p>	<p><u>Existing</u></p> <p>SCAP, Head Start, MLK, TLG, Community Child Care Solutions, Family Child Care, Approved Homes, and other child care agencies</p> <p><u>Unmet Need</u></p> <p>All towns: affordable school age & summer care. Children in Family Child Care would go to centers if there were space. Working poor cannot afford co-pays Manville & Somerville need affordable infant care Need more subsidized care Kinship Navigator Emergency Care Slots for Kinship Care for border babies Not enough Family Care providers or Approved Homes Not enough reimbursement for Family Care providers or Approved Homes Not enough funding in voucher payments to cover the cost of care at child care centers Head Start Infant Child Care is not affordable when not subsidized for low income families DCP&P should be a priority in Care</p>	<p><u>Existing</u></p> <p>Programs of: Somerset Treatment Services, Family & Community Services, Carrier, Richard Hall CMHC, Catholic Charities, Refuge House – BB Anderson House Great Expectations Crawford House Princeton House Institute of Guided Life Structures - treatment RWJ Somerset: Methadone for Somerset Treatment Services Carrier Family Center – onsite Daycare – 5 days a week for drug abuse (Medicaid Pay) BSS – Substance Use Services (SAI) Alcoholics Anonymous Narcotics Anonymous Seabrook House CADC's work in DCP&P through Behavioral Health Program BSS – Substance Use Services for Medicaid</p> <p><u>Unmet Need</u></p> <p>Dual Diagnosed beds for children Aged out youth More Chapter 51 funds Preferred Services Assessments Mommy and Me</p>	<p><u>Existing</u></p> <p>Programs of the Family Support Organization Twilight Summer Program Parents as Teachers Program Programs of Catholic Charities Working Single Parents in Franklin Food Banks- SC & Franklin, places of Worship Somerset County Transportation and NJ Transit Central Jersey Housing Resource Center Programs Government supported low income housing: Somerset Harbor, Parkside One Stop Career Center DV Liaison out of Safe & Sound Somerset DCP&P - in-home counseling case management Catholic Charities New Adolescent Unit Pathways- 15-21 independent living skills program Moms, Pops, and Tots Mobile Soup Kitchen - SHIP Family Success Center</p> <p><u>Unmet Need</u></p> <p>In-Home services: parenting, family therapy, Substance Use, anger management - FCS, visitation for non-custodial parents Transportation for after hour services Food Jobs for Middle Income Families Job Training for Middle Income Families that meet the demand of the job market Services for the under employed Visitation Need more Psych. Evaluations Affordable Co-pays and deductibles Resource Fair with services offered by agencies</p>	<p><u>Existing</u></p> <p>SCAP: Infant/Toddler and child care slots TLG programs MLK: Summer School Programs of: DCP&P Advisory Board, Commission on Child Abuse, Middle Earth, Municipal Alliances, LACADA, SC Youth Council, Youth Serv. Commission, Community Recreation, County Recreation, 4-H, Girl Scouts, Boy Scouts, Faith Based Services, Jewish Family Services Samaritan Homeless Interim Program Services Programs at: Empower Somerset, Somerset Treatment Services, Carrier, Catholic Charities, Family Community Services, Veteran's Administration – Lyons, Zufall Health Center, Central Jersey Family Health Consortium Adolescent Treatment Services Therapeutic After School Planned Parenthood Linkages – Youth Services Program Div. of Family & Com. Partnerships Child Behavioral Health Services Middle Earth Meeting BB/BS Warren Mentoring Middle Earth (DCP&P) Mentors SC Council of Young Children – 0 to 8 yrs. JCC Mentoring Program. Care Management Organization Children's Hope Initiative Programs CHAP, FYEP After School</p> <p><u>Unmet Need</u></p> <p>Not enough Child Care Slots MLK: Need larger facility Parenting In-Home Programs Parent Mentors CMO's Mobile Outreach Women's Mentoring Program EIN Assistance to attain Need Child Mentors Longer BB/BS-lunchtime mentoring program</p>	<p><u>Existing</u></p> <p>MLK- (from Afterschool to and from Summer Care) BSS – Work First NJ Ridewise SC Transportation - SCOOT, DASH, CAT BSS - Cash Assistance to keep employed and prevent homelessness Kids Play Way on Rt. 206 Catholic Charities Therapeutic Visitation and Unification (not on weekends) Probation Transportation</p> <p><u>Unmet Need</u></p> <p>Franklin (children taxed – North Plainfield.) DCP&P – transportation aids (2) Unification – waiting list for visitation 10 children Disabilities – Fed. Legislation – child needs aids - disabled Day care transportation TLG – Foster Parents Safe & Sound Somerset – transportation for children to daycare All after school & summers school programs including MLK with limited summer transportation All towns need transportation Transportation for children under 18 if there is no car in the family No bus transportation for children & adolescents in the County</p>

Services By Unmet Need for Mental Health

Affordable Housing	Access to Whole Continuum of Healthcare Services	Transportation	Community Based Case Management and Pathways to Entitlements	Affordable Medication on Demand	Access to Employment Opportunities
<p><u>Existing:</u> Alternatives, Inc. (Variety of Programs) Easter Seals Inter-Faith Hospitality Network Home Sharing Central Jersey Housing Resource Center</p> <p><u>Unmet Needs:</u> There are still limits on the number of housing units available in the community. DMHAS RFP's while available could be increased significantly in both dollars and scope Advocacy for more Section 8 certificates Housing First Model Mental Health Advocates at State State Housing/Disabled Capped SSD or SSI (hard to acquire) More specialized supervised housing Housing is not accessible to transportation or other services</p>	<p><u>Existing Psychiatric Services</u> Child psychiatry hours at RHCMHC, Gen Psych (No Medicaid), Family and Community Services, Catholic Charities, Somerset Treatment Services and small number of private practitioners, RHCMHC Walk-In Clinic, PESS</p> <p><u>Unmet Needs</u> not enough hours (For both Mental Health & Psychiatric Services) Lack of Psychiatric practitioners in County</p> <p><u>Existing Mental Health Services</u> Services of: RHCMHC, FCS, STS, CC, JFS, PESS, IOP, LYONS CARE Program</p> <p><u>Unmet Needs</u> DD Mental Health Services</p> <p><u>Existing Primary Healthcare/Dental Services</u> Richard Hall Community Health Center Model (All healthcare services in one location) Zufall has adult medical, pediatric, and women's health services Zarephath services SHIP Eye Glass Clinic Lyon's Eye Care/Glasses Program SC Food Bank Network Eye Care Program and Pediatric Dental</p> <p><u>Unmet Needs</u> Most programs offered by non-clinic entities limited funding for medical services Lack of Medicaid Medicare provider Very little affordable dental cares except Renaissance Integration Initiative, SHIP, and Medicaid providers</p>	<p><u>Existing</u> Logisticare (medical) Somerset County Transportation NJ Transit</p> <p><u>Unmet Needs</u> Logisticare is notoriously unreliable Somerset County Transportation does not transport more than 5 miles beyond County border</p>	<p><u>Existing</u> Catholic Charities, Family, and Community Services, RHCMHC, Gen Psych, JFS, all provide traditional OP tx, as do many private practitioners in the County Medicaid providers are limited, and waiting lists exist at the larger agencies, which tend to deal with very complex and challenging cases Case Management services outside the realm of programs like ICMS, for example, exist, but are understaffed Easter Seals to offer Case Management services</p> <p><u>Unmet Needs</u> Traditional OP tx exists, waiting lists, especially for specialized treatment or those who do not qualify for a higher level of care but are highly symptomatic Case management services attached to traditional counseling for these complex clients are needed- for example, Richard Hall has only one case manager attached to all of the clients (+500) attached to its medication clinic</p>	<p><u>Existing</u> Medicaid Medicare Prescription Affordable Care Act Food Bank Network – Prescription Program SHIP Eye Glass Clinic Zarephath Medical Clinic Lower cost generics at COSTCO Manufacturer subsidized medications for those without insurance</p> <p><u>Unmet Needs</u> Medication upon release from inpatient services (pharmacy at inpatient facility to last for at least one month) Mail order for Medicaid prescriptions</p>	<p><u>Existing</u> RHCMHC Supportive Employment Program Division of Vocational Rehabilitation One Stop Training Center</p> <p><u>Unmet Needs</u> Most jobs for this population do not meet the cost of living There is an income limit on Social Security (SSI, SSD, etc.) recipients</p>

Services by Needs for the Substance Use Disorder Population

Affordable Housing	Community Based Case Management	Supportive Employment	Transportation	Medication Assisted Therapy	Whole Health Care Services
<p><u>Existing</u> Agape House shelter (Men, Women and Families) IHN (Families with Children) Freedom House Delaware House Hampton House Easter Seals- Some Co-Occuring Disorder (COD) Transitional Alternatives – Some COD Transitional Center for Great Expectations programs Anderson House Crawford House</p> <p><u>Unmet Need</u> There is no Housing First Model (Wet to Dry Housing) in Somerset County The County funds beds but the demand is greater than the capacity and the funding for County residents (If someone stays longer in beds it keeps another client from accessing the bed) It is a State capacity issue</p>	<p><u>Existing</u> PACT and ICMS for mentally ill SPMI (Serious Persistent Mentally ill) COD PACADA training for all providers on Case Management in June 2016 (Easter Seals & PACADA)</p> <p><u>Unmet Need</u> Increased Services for in hope that it is a recovery support in the future</p>	<p><u>Existing</u> DVR One Stop DOL WDB RHCMHC (Co-Occurring only)</p> <p><u>Unmet Need</u> Jobs Job skills and life skills training Continued training for providers If case management expanded could assist in supportive employment</p>	<p><u>Existing</u> Some agencies provide transportation 9Like Princeton House) Taxies Trains Busses Bike Friends relatives NJ Transit Somerset County Transportation (SCOOT, CAT, DASH) Rideshare Logisticare (Medicaid medical transportation)</p> <p><u>Unmet Need</u> There is not enough affordable, reliable, timely, service to meet the demand</p>	<p><u>Existing</u> STS Local Private Providers (like Gen Psych) Summit Behavioral Health</p> <p><u>Unmet Need</u> Perhaps RHMHC in the future Services Like New Brunswick Counseling Services</p>	<p><u>Existing</u> Richard Hall CMHC</p> <p><u>Unmet Need</u> Richard Hall Mental Health Center (RHMHC) services increase services to meet demand Need more providers and regionally placed providers</p>

Services by Unmet Need for the Developmentally Disabled

Affordable Housing	Transportation	Whole Health Care	Comprehensive Services Across the Lifespan	Qualified and Appropriately Paid Staff for All Services	Productive Employment, Transitional and Daytime Services
<p><u>Existing</u> DDD sponsored group homes, apartments (various providers) Very limited Section 8 voucher availability State Rental Assistance Vouchers Approximately 35 residential provider agencies currently providing services in Somerset County</p> <p><u>Unmet Need</u> Accessible apartments Specialized Housing Significant expansion of Section 8 availability Creation of affordable accessible housing options, expansion of group homes and apartment programs to meet the DDD wait list Major Maintenance funding for facilities Community Services through Olmstead and Emergencies Affordable Rental Units Quality Accessible Housing/Homes with Affordable Beds Affordable Rental Units Dementia Capable Housing Funds to modify existing housing for DD</p>	<p><u>Existing</u> Adult Day Care (limited) Somerset County Transportation, NJ Transit, Wheels, SCOOT, CAT, DASH Logisticare (Medicaid medical transportation) ACCESS Link, Link Individual Agency' Limited Availability for DD population within Somerset County NJ/Taxi Vouchers</p> <p><u>Unmet Need</u> Provide funding to maintain and replace aging vehicles Expansion of Somerset County Transportation for DD population i.e.: Physical disabilities - limited range of motion, wheelchair accessibility Not enough transportation of any type Limited availability of Public Transportation Not enough qualified drivers</p>	<p><u>Existing</u> Limited Medicaid providers/HMO's Somerset Family Practice Limited Medicaid dental services Matheny Dental & Health Clinic RWJ Somerset & Emergency Room Morristown Medical Center - (DDC) Developmental Disabilities Center Dental Clinic</p> <p>Psychiatric Emergency Screening Services (P.E.S.S.) out-patient Carrier - limited availability Trinitas Services</p> <p><u>Unmet Need</u> Create/expand DD Clinic, Medicaid medical and dental services and providers Need more providers Limited Psychiatric Services Providers for eyes and dental are limited Create and expand in-patient and out-patient psychiatric services for persons with DD and mental illness Educate medical staff on DD laws to treat consumers Not enough appropriate psychiatric beds Aids in hospitals trained to work with DD</p>	<p><u>Existing</u> The Arc of Somerset; Jerry Davis Early Childhood Center 1) Early Intervention 2) Birth to 3 months 3) Preschool ages 3 to 5 yrs. 4) Daycare for ages 3 months to 5 yrs. 5) After school / after work program 6) Saturday Respite Program Summer Camp 5 to 75</p> <p><u>Unmet Need</u> Countywide training for working with special needs children. Additional staff support within existing programs (create smaller ratios) to meet the increasing demands of children served : i.e.: medically fragile and children with Autism Expand the ability of generic childcare services to accept children with disabilities</p>	<p><u>Existing</u> Overworked and underpaid workforce Diminishing qualified workforce Qualifications of workers have to be loosened</p> <p><u>Unmet Need</u> Lack of transportation to facilities Staff cannot afford to live in Somerset County Lack of qualified staff affects the quality of services that affects the ability to meet unmet needs</p>	<p><u>Existing</u> Supported Employment (Job Coaching) , DDD Day Services The Achievement Center at RVCC Sheltered Workshop Occupational Training Center - The Arc Center for Family Support Deveroux WDB – Disability Program Coordinator: Employment Readiness Memorandum of Understanding w/DVR & DDD Family Resource Network Training (Life After 21, etc.) Provided by School Systems</p> <p><u>Unmet Need</u> Expansion of Supported Employment (Job Developing & Coaching for competitive community employment) Improvement in school based programs for transition from school to work Employers which will accept DDD population Jobs and transportation to jobs Expansion of Adult Special Needs Programs Expansion of Job Development & Coaching services for competitive employment in community settings Expansion of DDD Special Needs Programs Linkages with businesses Better Collaboration between School Systems, DCF, Division of Vocational Rehabilitation Schools need more education and awareness of linkages of services after High School Quality Transition Services Day services for aging DD</p>

Services by Need for the Homeless Population

Affordable Housing And/ or Subsidized Housing	Mental Health and Substance Use Disorder Treatment Services	Discharge Planning for Those Released from Treatment	Legal Advocacy/ Supportive Case Management	Employment/ Vocational	Case Management Legal Advocacy Community Engagement
<p>Existing</p> <p>Tenant based Rental Assistance Temporary Rental Assistance available to TANF, GA and SSI eligible individuals and families HUD supported housing options Low income housing options-rooming houses County based homeless trust fund Central Jersey Housing Resource Center-Housing Search Community HOPE services for veterans</p> <p>Easter Seals Housing programs Alternatives Transitional and Permanent Housing programs Visions and Pathways Programs</p> <p>Unmet Need</p> <p>Reduction of rental assistance vouchers TANF, GA and SSI emergency assistance time limited and unrealistic in providing long-term housing assistance Eligible population restricted by age, disability, veterans status Definition of "low income" housing unrealistic and inadequate in reaching majority of low income households Lack of adequate, safe and secure SRO living opportunities within the County Case management service designed to promote a "housing first" approach to homelessness Development of housing resource service to function as a registry for available housing stock</p>	<p>Existing Mental Health Services</p> <p>Services of: RHCMHC, FCS, STS, CC, JFS, PESS, IOP, LYONS CARE Program</p> <p>Unmet Needs</p> <p>DD Mental Health Services Not enough detox beds for Medicaid insufficient</p>	<p>Existing</p> <p>All government agencies providing housing System Review Education All Food Banks and Pantries RHCMHC STS SHIP (Better Way Interim Counseling Program, Assessment & Referral, Substance Use referrals, Housing assistance) Thrift Shop Program for clothing Carrier and STS Methadone Programs</p> <p>Unmet Need</p> <p>Education of hospitals and rehabs to programs being discharged Medicaid does not have enough reimbursement More time to become stable (3 to 6 months) Housing First Emergency Shelter with services Trained professionals at shelters with credentials Housing for those discharged relapse because of lack of housing within 24 hrs. of discharge</p>	<p>Existing</p> <p>Legal services of NW Jersey Community Health Sane & Sound Somerset Legal Advocates for Domestic Violence BOSS case management services provided by specialized care providers: Alternatives, Easter Seals, RHCMHC, Homelessness Trust Fund</p> <p>Unmet Need</p> <p>Long-term or ongoing support for high-risk homeless populations Legal services severely limited by loss of funding "Housing First" supportive services</p>	<p>Existing</p> <p>Employment services available at the BOSS and WDB One-Stop Vocational/Rehabilitation services Child Care assistance ESL and GED available services Employment supports available to WFNJ recipients</p> <p>Unmet Need</p> <p>Adequate number of entry level jobs that provide a wage that will cover basic needs Adequate available employment related transportation services Ongoing post-TANF employment supports Affordable Child Care Supportive counseling services</p>	<p>Existing</p> <p>DOES NOT EXIST (need to establish SOAR Case Management)</p> <p>Unmet Need</p> <p>Case management services to link homeless to the community through a "Housing First" approach to homelessness. Develop a "Community-based Basic Needs Resource Guide" designed to assist the former homeless develop linkages to the community. Increase involvement in the Faith-based community's outreach efforts to the homeless/former homeless</p>

Services by Need for the Low Income Population

Healthy, Safe, and Affordable Housing	Ability to Meet Basic Needs	Financial Literacy/Credit Counseling	Employment Job Training & Education	Discharge Planning For Those Released From Treatment	Transportation
<p><u>Existing</u> Ridge Oak Centerbridge Somerville Senior Housing Cooperative Housing HomeSharing Section 8 slots NJ SRAP-State Rental Assistance Program CJHRC Easter Seals</p> <p><u>Unmet Need</u> Enough Affordable Accessible Apartments Cannot afford the Market Rate Need more subsidized rental units Need more Section 8 Certificates</p>	<p><u>Existing</u> NORWESCAP Pharmaceutical Assistance to Seniors and Disabled (PAAD) FISH Food Banks - SC & Franklin Food Bank Salvation Army Catholic Charities Giving Network Food Stamps SSD & SSI TANF GA SHIP (Food, clothing, toiletries, eye clinic, dog food) Easter Seals – wheel chairs United Cerebral Palsy Seeing Eye Companion</p> <p><u>Unmet Need</u> Case Management</p>	<p><u>Existing</u> Visions and Pathways Pathways Program (21 yrs. or less) SCAP program CC: FFSP Ones Stop: YES Infinity Federal Credit Union: Financial Literacy NORWESCAP programs CJHRC</p> <p><u>Unmet Need</u> More financial and credit counseling programs accessible and affordable in every community</p>	<p><u>Existing</u> Division of Vocational Rehabilitation One Stop Career Center Raritan Valley Community College Vo-Tech/TI PASP</p> <p><u>Unmet Need</u> Part-time and home based jobs Home Based Job training needs computers</p>	<p><u>Existing</u> All Mental Health and Substance Use Disorder Treatment Providers</p> <p><u>Unmet Need</u> Consistent discharge planning especially hospitals and in-patient treatment facilities</p>	<p><u>Existing</u> Division of Vocational Rehabilitation NJ Transit S.C. Transportation (Life sustaining – grocery, employment on a route, doctor's appointments) Individual agencies: DVR, Ridewise – SCOOT, CAT, DASH NJ-TIP-Travel Instruction Program</p> <p><u>Unmet Need</u> Additional services for employment, daily activities, and social trips More in all areas No transportation for Social trips during the day and weekend Transportation to employment not on a Somerset County transportation route 5 miles out County No transportation for looking for a job</p>

Services by Needs for the Physically Disabled Population

Housing	Transportation	Whole Health Care Services	Transition Planning	Education of Providers and Consumers	Day Programs
<p><u>Existing</u> Central Jersey Housing Resource Center NJ Housing Resource Center (Searchable online data base by County and municipality) Section 8 Vouchers (when available) NJ State Rental Assistance Homeless Trust Fund Rental Assistance (Somerset County) Bridgewater Affordable Housing Coordinator Individual Municipal Housing Authorities</p> <p><u>Unmet Need</u> Many more affordable accessible apartments for physical disabled individuals More Section 8 Vouchers and better announcement process as to their availability Supervised apartments/supported housing More Housing for those supposed to be served by the DDD Waiting list More housing Modification/ Rehabilitation Programs (including ramps) Homeless shelters/ services/ accommodations that are accessible for those with disabilities Adult Foster Care programs Housing near transportation</p>	<p><u>Existing</u> Logisticare for Medical appointments (Medicaid clients) NJ Transit S.C. Transportation fixed routes and some door to door (mainly for medical appointments in County and 5 miles beyond) Ridewise (\$3/mile + membership fee) NJ-TIP-Travel Instruction Program Hunterdon County LINK (fixed route from RVCC and Bridgewater Mall to Flemington) NJ Div of Vocational Rehabilitation Uber and LYFT ACCESS Link (limited availability within Somerset County)</p> <p><u>Unmet Need</u> More ACCESS Link service areas within Somerset County More Somerset County transportation for employment, daily activities, and social trips Expand Somerset County Transportation (to include evenings and weekends) More funding for modified vehicles</p>	<p><u>Existing</u> Richard Hall Community Mental health Center Website for available health providers that accept Medicaid County Transportation to medical appointments within the County Zufall Health Center Zaraphath Health Center Mathaney UMDNJ Medical Clinic in Manville Trinitas NJMMIS (NJ Molina Medicaid Information System) Script Talk Clinic at Plainfield Health Center</p> <p><u>Unmet Need</u> Transportation is not available for Partial Care program County Transportation is limited to 5 miles outside of the County Transportation by Logisticare requires Medicaid (not timely) Physicians that come to the home No home mental health from Richard Hall Medicare does not cover hearing aids, eyeglasses Protheses are not covered fairly by insurance (Medicare Part B) Accessibility of Doctors' offices</p>	<p><u>Existing</u> Support Groups (Family Support Planning Councils; Family Support Organization Chapters) DDD Support Coordinators Special Needs Attorneys (Hinkle & Pryor and others) ABLE (Achieving a Better Life Experience) Accounts Webinars The Arc of Somerset DRNJ – Disability Rights New Jersey Child Study Teams College (eg. RVCC) Disability Coordinators The Arc of Somerset Greater Raritan One Stop Career/Career Training & Employment Centers Bridges to Employment Alternative, Inc. Jointure</p> <p><u>Unmet Need</u> Housing (there is a waiting list) Personal Care Assistants/ Companions Funding for Guardianship More employment opportunities More Day Programs/Activities in the community More Transition Planning Programs for Parents and Siblings</p>	<p><u>Existing</u> Webinars Sensitivity Training by Disability Specialists Disability Awareness Events</p> <p><u>Unmet Need</u> Community Education initiatives (schools, churches, local organizations) Professional Education Initiatives (police, hospital staff, community colleges) Response to deaf or those w/other disabilities Sensitivity training (bullying training in schools)</p>	<p><u>Existing</u> Somerset County Adult Day Care Center County Senior Wellness Centers (only over age 60 and are independent) Arc of Somerset (Branchburg Adultly Training Center , Center-based Adult program at 4 facilities, monthly recreation programs, Camp Jotoni, Achievement Center at RVCC) Empower Family Success Center (Workshops) Mt. Bethel Day Program (Basking Ridge) SWIM Program (Basking Ridge and Bridgewater): Neuromuscular disabilities Alliance Center for Independence (Tri-County; serves Somerset, but in Edison) Disability Allies (in New Brunswick, but open to Somerset County residents)</p> <p><u>Unmet Need</u> “Wellness Center” that welcome/accommodate physically disabled individuals of all ages, but particularly those who have aged out of the school district entitlements More recreational opportunities for physically disabled individuals to attend RVCC (Bridge Programs) More volunteer opportunities for physically disabled individuals More Business mentoring programs for physically disabled individuals Day time therapeutic recreation programs</p>

Services by Needs for the Aging

Ability to Meet Basic Needs	Transportation	Ability to Be Self-Sufficient Living Alone and Medically Fragile	Information to Aging Especially in an Emergency	Home Maintenance	Adult Day Care
<p><u>Existing</u> Home Delivered and Congregate Meals: HDMs and congregate meals served in the home or at Senior Centers BSS – Food Stamps, Homemaker Program Home Health Aids Community VNA Adult Day Care Programs Hills VNA Programs Lifetime MLTSS (Managed Long Term Care Senior Services) JACK Program (financial & clinically eligible) PAAD (Pharmacy Assistance for Aging and Disabled) Personal Care (for those Medicaid eligible)</p> <p><u>Unmet Needs</u> Transportation cutbacks limit number of drivers and vehicles to provide HDMs or transport seniors to the Senior Centers increases isolation and decreases quality of life 3-5 yr. waiting list for low to moderate income housing Section 8 certificates not taking applications No shelters specifically for Seniors Limited number of volunteers through Catholic Charities limits availability to seniors as well as safety check; low nutritional sustenance is indicative of increased health risks and hospitalization</p>	<p><u>Existing</u> Somerset County Transportation Logisticare for those on Medicaid for medical visits CAT, DASH, SCOOT (take a long time 2hrs)</p> <p><u>Unmet Need</u> Financial cutbacks decreasing funding limits transportation availability for seniors to attend events at the Senior Centers; also decreases availability of vehicles and drivers to provide Home Delivered Meals to seniors unable to leave their homes as well as providing respite to Care Givers</p>	<p><u>Existing</u> Visiting Nurse Services Community VNA Somerset Hills VNA Lifetime JACC MLTSS Midland Helping Hands Telephone Reassurance Program County Homemaker Meals on Wheels Long Term Supports Senior Centers Home Health Aids PAAD (Pharmacy Assistance Program for aging and disabled)</p> <p><u>Unmet Need</u> Seniors not meeting financial eligibility but still requiring ADL assistance to maintain independence in their home and provide respite to their CGs 24 hr. care has limited medication management Reaching target populations to provide the information relevant to assist them with prescriptions and insurance questions to maintain independence in their homes and communities</p>	<p><u>Existing</u> Information and Referral: Seniors can contact the OoA&DS for information regarding available services/programs and contact the agencies that provide this assistance</p> <p><u>Unmet Need</u> Reaching target populations to provide the information relevant with assisting them to maintain independence in their homes and communities Reverse 911 NIXEL Silver App Make information available to the public on what services are available</p>	<p><u>Existing</u> Handyman program of Volunteer Services (grab bars, replace lights, ramps, leaf rake)</p> <p><u>Unmet Need</u> Some house of worship provide some services to their worshipers but not to others in the community</p>	<p><u>Existing</u> Adult Day Care Hills (Forever Young) Parkins Day Care in Piscataway Buckingham Place in Middlesex County Pay Center (PACE) St. Francis in Trenton if Medicaid eligible Other Out of County Adult Day Care</p> <p><u>Unmet Need</u> Financial Assistance for those not able to pay for 5 days</p>

TECHNICAL ASSISTANCE

Technical assistance is consistently available through the **Somerset County Department of Human Services**. This includes individuals from the division involved in contracting and monitoring, the Office of Operations and Planning (OAP).

Technical assistance provides guidance to agencies in many ways. Some examples include assisting in contract development, helping to develop client satisfaction surveys, providing coordination between programs under contract, developing client files, providing letters of support for other funding applications and coordinating referrals.

The contracting and monitoring through the effort of OAP includes volunteers from our various advisory councils: HSAC, LACADA, CASS, Municipal Alliance, Intoxicated Resource Center and Mental Health Board. Monitoring primarily involves the individuals listed below. Additional staff will also be available for technical assistance and will be involved in the contracting and monitoring process for specific agencies or community organizations.

Somerset County Department of Human Services Staff

Julie DeSimone, Planning Administrator, OAP

Robert Woodward, Administrator of Contracts and Fiscal Operations, OAP

Pam Mastro, Mental Health Administrator, OAP

Ivanna Pareja, Alcohol and Drug Abuse Coordinator, OAP

Sarah Murchison, Human Services Coordinator, OAP

Jennifer Sorenson, Municipal Alliance Coordinator, OAP

Jen Guyette, Contracts and Fiscal Planner II, OAP

Emilia Fletcher, Program Coordinator II, OAP

IV. Young Adults and Children in Transition (YAC-IT) Plan

Supplemental Information to Human Services Priority Population Plan 2016 to 2020



The Young Adults and Children in Transition (YAC-IT) Plan could not have been completed without the time and effort put forth by the Youth in Transition Planning Committee of the Somerset County Human Services Advisory Council.

PLANNING COMMITTEE MEMBERSHIP

Agape House

Catholic Charities Diocese of Metuchen

Division of Child Protection & Permanency, Somerset County Local Office

Great Expectations

Hunterdon, Somerset, Mercer, Warren Area Office, DCP&P

Office of Community Development

Office of Operations and Planning

Office of Youth Services

Somerset Community Action Program

Somerset County Board of Social Services

Somerset County Human Services Advisory Council

Street Smart, Visions and Pathways

The Learning Gate

In addition, thanks must be extended to the following members of the Office of Operations and Planning Staff:

Christopher Crawley and Ayesha Banerjee, OAP Interns

A special thank you to the young adults of Visions and Pathways for naming our plan, reminding us that all youth want to live free of stigmas and dare to dream.

INTRODUCTION

Scope of Needs Assessment:

The Somerset County Human Services Advisory Council (HSAC) was asked by the New Jersey Department of Children and Families (DCF) to conduct a needs assessment for the purpose of identifying the needs of youth in transition. Youth in transition, for the purpose of this review, were defined as any young adults or children age 18 to 21 years old who identify themselves as homeless and seek services anywhere whether or not they are under Division of Child Protection and Permanency (DCP&P) supervision both in-home or in out-of-home placement.

The needs assessment included a data review and the facilitation of a youth and community service provider focus groups, one was facilitated by the Somerset County Office of Operations and Planning while the other was facilitated by the State Adolescent Unit.

Data Review

The following data sources were used to help identify needs as well as gaps in services:

- ~ NJ Child Welfare Citizen Review Panel Aging Out Report, 2010
- ~ Somerset County HSAC/DCF 2009-2010 Needs Assessment
- ~ Somerset County Point in Time Homeless Survey 2013, 2014, and 2015
- ~ New Jersey Kids Count 2013, 2014, and 2015
- ~ Placement Episode Termination data supplied by DCF
- ~ Supporting Children and Families Plan 2013-2017
- ~ Somerset County Priority Population Plan 2015 - 2020
- ~ U.S. Census Bureau American Community Survey 2015

Focus Groups

A combined community focus group with community service providers and youth 18 to 21 years old was convened on June 3, 2014 at the Somerset Community Action Program Belmont Site in Somerset, New Jersey. The HSAC Youth in Transition Subcommittee decided that having a forum off site from the youth's residency and away from a County site would be best suited to provide a positive atmosphere and during a time chosen by the youth attending. The focus group was given background information on why the County was assigned to provide a plan for homeless youth 18-21 years old. The goal was to identify the strengths and the weaknesses of the current system, to identify gaps in services, and to make recommendations on how to bridge the gaps. The youth at the focus group cited that "Homeless Youth 18-21" placed a negative stigma on them and when asked they named the plan, **YOUNG ADULTS AND CHILDREN IN TRANSITION (YAC-IT) PLAN**.

On December 3, 2014, the Adolescent Unit of the Department of Children and Families held a small focus group to determine the shortfalls youth may encounter while being serviced through the Division of Child Protection and Permanency's (DCP&P's) System focusing on youth in placement.

The Somerset County HSAC Youth in Transition Committee identified just as many, if not more youth in transition with no homes outside the Division of Child Protection and Permanency as in that system. Some of the youth at no fault of their own, had come from poor, disabled, or dysfunctional parents that rejected them because of their sexual orientation. The following priority needs were identified for the Young Adults and Children in Transition Plan.

Priority Needs:

- ~ **Affordable Housing:** Housing Services For Transitional Youth (18-21), Life Skills Training/Services For Transitioning Youth (18-21), Pre and Post Housing services for expectant mothers (18-21)
- ~ **Transportation:** After hours (to and from Raritan Valley Community College and Bridgewater Commons Mall) and other areas in the County
- ~ **Health Care:** Access to Mental Health, Alcohol/Substance Use services and health insurance extension services to the age of 25
- ~ **Mentoring:** Peer to peer mentoring and adult mentors
- ~ **Education (Providers to Youth):** Training and Education for positions that will promote independent living; Job Services, Life Skills Education beginning at the middle school level through high school, after school programs, Employment Services For Transitional Youth (18-21), Post High School Educational Services for Transitional Youth (18-21)

The needs assessment will be updated as designated by the New Jersey Department of Children and Families.

2016 Somerset County Youth in Transition

The following excerpt was written by the Division of Child Protection and Permanency (DCP&P). A DCP&P case can remain open with youth up to 21 years old living at home or in an out-of-home placement. DCP&P's goal is to successfully transition adolescents to independence and self-sufficiency. Beginning at age 14 the DCP&P worker and adolescent collaborate to complete a comprehensive, formal assessment process to determine basic competencies in a number of skill areas.

Case workers can refer adolescents, who are at least 14 years of age and in a DCP&P paid placement, for Life Skills training. Life Skills training offers instruction in daily living domains such as budgeting and financial management, communication, decision making, self-care, and housing. Assistance in obtaining a high school diploma, career exploration, vocational training, job placement, and job retention are also included. The Aftercare agencies provide intensive case management and support services to young adults between the ages of 18 and 22. Aftercare provides the young adult with assistance in obtaining employment, housing, and post-secondary education. An adolescent in placement continues to receive Medicaid. An adolescent is eligible for Medicaid Extension for Young Adults (MEYA), if he or she was in out-of-home placement on or beyond his or her 18th birthday.

Wraparound Funds (also known as Chafee funds) are flexible funding available for those adolescents in an independent living skills, aftercare, or transitional living program. The funds can be used to pay security deposits, up to four months of rent, purchase linens, furniture, driving lessons, or other items or services that will help the adolescent obtain independence. Only independent living skills, aftercare, and supported housing programs can make requests for the Wraparound Funds. Therefore, a standalone youth or one open with the Division of Children's System of Care (DCSOC) would not qualify for this service.

DCF funds a number of supervised and supported transitional housing programs targeted to address the complex needs of homeless youth and youth transitioning out of the DCF system of care. These programs provide safe and stable housing with the ultimate goal of assisting youth to achieve self-sufficiency and a successful transition to adulthood. The Office of Adolescent Services (OAS) has partnered with Perform Care to provide a real-time bed tracking and referral process for all non-clinical adolescent transitional housing programs. The Adolescent Housing Hub ("The Hub") is an online reservation system that has been created for all Adolescent Transitional Housing Programs. Somerset County is fortunate to have within the County three programs that can serve the aging out youth, which translates into 20 beds that can be used by youth statewide. Accessibility also ends when the youth is 21.

Any youth can request his/her case be re-opened for services if they were receiving services from DCP&P, on or after his/her 16th birthday, the adolescent has actively requested that services be provided and is now willing to accept services, and continuation of services would be in the adolescent's best interest and would help the adolescent to become an independent and productive adult.

Within the Department of Children and Families (DCF), funding and subsequent services are dictated by the primary system open with the youth. DCP&P is charged with terminating cases and referring to Case Management Organizations. The fiscal responsibility for placement and services through the CMO deny the youth aging out services available through DCP&P. It is perceived that many youth not connected with DCF are denied access to those services that will assist them in achieving independence. In addition, shared and supported by data, is the need for expansion of transportation services that will ensure accessibility to Raritan Valley Community College, the Bridgewater Mall for job opportunities as well as access to medical services.

Youth in transition are a priority at DCP&P. As part of their mission and case practice, they are committed to achieving safety, well-being, and permanency for all youth. However, continued efforts need to be made to expand services for this vulnerable population from housing to life skills support to achieve successful independence. It is recommended that all youth either, a part of DCF (DCP&P or DCSOC) or not, at risk of homelessness, need unrestricted access to the very services that will assist them in becoming independent.

Table 1: Young Adults and Children in Transition Strategic Plan

AFFORDABLE HOUSING		
Goals	Objectives	Activities
Goal 1: Create Units of affordable Housing for 18-21 year olds	Objective 1: Increase education to landlords to rent to young adults	<ul style="list-style-type: none"> • Work with Central Jersey Housing Resource Center and other affordable housing programs • Work with housing agency providers.
	Objective 2: Increase education for youth on being a good renter	<ul style="list-style-type: none"> • Work with other County planning bodies / committees.
Goal 2: Consider alternate forms of affordable Housing	Objective 1: connect more eligible clients with rental assistance	<ul style="list-style-type: none"> • Provide referrals to agencies for housing assistance.
	Objective 2: Provide Case management for services	<ul style="list-style-type: none"> • Refer to rental assistance programs and Central Jersey Housing Resource Center, etc.
TRANSPORTATION		
Goals	Objectives	Activities
Goal 1: Increase Transportation Opportunities	Objective 1: Work with RVCC & County Transportation entities to discuss challenges and potential changes	<ul style="list-style-type: none"> • Educate youth of available transportation services to and from college and employment • Assist youth in acquiring car, license, and car insurance
	Objective 2: Explore all lines on SCOOT, CAT, DASH and Railroad (NJ Transit) and car purchase	<ul style="list-style-type: none"> • Educate youth of available transportation services
		<ul style="list-style-type: none"> • Create more affordable personal transportation alternatives
HEALTH (MENTAL HEALTH & SUSBTANCE USE)		
Goals	Objectives	Activities
Goal 1: Provide more slots for behavioral health services	Objective 1: Encourage Clients to connect with programs supports for routine care	<ul style="list-style-type: none"> • Use Municipal Alliance for prevention programs • Advocacy for increased funding for services • Increase education to use and access early intervention treatments and recovery supports
MENTORING		
Goals	Objectives	Activities
Goal 1: Provide Mentoring Programs for life skills enhancement	Objective 1: Provide volunteers to assist with paperwork	<ul style="list-style-type: none"> • Use volunteers such as those at Office of Volunteer Services
	Objective 2: Provide peer to peer services for those that have successfully completed programs	<ul style="list-style-type: none"> • Have of housing program provide mentoring to their peers in programs
	Objective 3: Provide a County online chat	<ul style="list-style-type: none"> • Propose an online chat that could be developed with SCDHS
EDUCATION PIECE (PROVIDERS TO YOUTH)		
Goals	Objectives	Activities
Goal 1: Provide education to youth and other providers on available support services	Objective 1: Educate Business to sponsor a program where youth create their own business	<ul style="list-style-type: none"> • Work with County commissions, and councils boards, corporations and other services
	Objective 2: Encourage youth to participate in credit education	<ul style="list-style-type: none"> • Work with training programs for middle school to high school and other services
	Objective 3: Educate youth to participate in alternate forms of housing and the housing hub (assist to make more user friendly)	<ul style="list-style-type: none"> • Work with shelters and transitional housing programs, including support services
	Objective 4: Educate front-line staff	<ul style="list-style-type: none"> • Support educational forums and workshops for providers

Timeline Legend: Current = 6 months Short-term = 6 months to 1 year Intermediate = 1 to 2 years Long-term = 2+ years

2013-2015

[AVAILABLE HOUSING AND SERVICES FOR YOUTH IN TRANSITION (YIT) 18-21 YEARS OLD]

TLP or Shelter	# of Beds	Age Range	Gender Served	Max Service Time	2013 Usage	2014 Usage	2015 Usage
Brahma House	12	13-18 yrs.	Co-ed	Shelter: Short-term; 2-4 weeks Group Home: Long-term; max 6 months	<u>Total:</u> 58 <u>SC:</u> 20	<u>Total:</u> 56 <u>SC:</u> 24	<u>Total:</u> 14 <u>SC:</u> 5
Bridge House	2	18-21 yrs.; as long as necessary	Male (currently; can interchange)	As long as necessary / independence attainment	<u>Total:</u> 3 <u>SC:</u> 1	<u>Total:</u> 2 <u>SC:</u> 0	<u>Total:</u> 2 <u>SC:</u> 0
Village House	2	18-21 yrs.; as long as necessary	Female (currently; can interchange)	As long as necessary / independence attainment	<u>Total:</u> 2 <u>SC:</u> 1	<u>Total:</u> 2 <u>SC:</u> 1	<u>Total:</u> 2 <u>SC:</u> 1
My Place	13	18-21 yrs.	Male	18 months	<u>Total:</u> 13 <u>SC:</u> 5	<u>Total:</u> 12 <u>SC:</u> 2	<u>Total:</u> 5 <u>SC:</u> 3
Whitney House	11	18-21 yrs.	Female	18 months	<u>Total:</u> 9 <u>SC:</u> 4	<u>Total:</u> 11 <u>SC:</u> 6	<u>Total:</u> 6 <u>SC:</u> 3
Passages	30	16-21 yrs.	Co-ed	18 months	<u>Total:</u> 24 <u>SC:</u> 11	<u>Total:</u> 21 <u>SC:</u> 5	<u>Total:</u> 10 <u>SC:</u> 1
Pathways	Non-residential	14-21 yrs.	Co-ed	Non-residential	<u>Total:</u> 46 <u>SC:</u> 26	<u>Total:</u> 18 <u>SC:</u> 18	<u>Total:</u> 15 <u>SC:</u> 13

2013-2015

[AVAILABLE HOUSING AND SERVICES FOR YOUTH IN TRANSITION (YIT) 18-21 YEARS OLD]

Additional Somerset County Transitional Living Programs (TLPs), Shelters, and Support Services								
TLP or Shelter	# of Beds	Age Range	Gender Serviced	Max Service Time	2013 Usage	2014 Usage	Present 2015 Usage	Expansion Plans
Great Expectations	4 bed/bath units with 16 supportive apartments (2)	12-18 yrs. and older	Women	<u>Average:</u> 6-9 months Special cases can be years	8	8	8	Yes; 3500 sq. ft. addition
Agape House	60	All ages <u>Average:</u> 19 yrs.	Co-ed / Families	<u>Average:</u> 6 months <u>Max:</u> 12 months; special cases can be longer	7	4	N/A	N/A
Interfaith Hospitality Network (IHN)	14	All ages	Co-ed / Families	<u>Average:</u> 9-10 months <u>Max:</u> 14 months; some special cases can be longer	N/A	6	3	N/A
Safe and Sound Somerset	13	18 yrs. and older	Women	<u>Average:</u> 12 months <u>Max:</u> 18 months	4	2	0	N/A
Alternatives	11	18 yrs. and older	Co-ed / Families	<u>Average:</u> 6 months <u>Max:</u> 12 months	N/A	0	1	N/A
PATH – Project for Assistance in Transition for Homelessness	Non-residential	18 yrs. and older	Co-ed	<u>Average:</u> 12 months <u>Max:</u> 24 months	<u>Outreached:</u> 205 <u>Served:</u> 108	<u>Outreached:</u> 144 <u>Served:</u> 109	N/A	N/A

Somerset County Transitional Living Programs (TLPs), Shelters, and Supportive Services

Summaries

Vision and Pathways TLPs

Brahma House – Shelter / group home for youth aged 13-18 years that provides food, clothing, counseling, healthcare, education, and independent living-skills to help youth attain independence.

Bridge House - Permanent supportive housing (house) that empowers young adults 18-21 years to complete college or vocational school, obtain full-time employment, and become part of a community.

Village House – Permanent supportive housing (condo) that empowers young adults 18-21 years to complete college or vocational school, obtain full-time employment, and become part of a community.

My Place – Transitional living program for adolescent men aged 18-21 years who are in need of life-skills education and other supportive services to successfully attain independence / live self-sufficiently.

Whitney House – Transitional living program for adolescent women aged 18-21 years who are in need of life-skills education and other supportive services to successfully attain independence / live self-sufficiently.

Passages – Transitional living / group home for adolescents aged 16-21 years who are in need of life-skills education and other supportive services to successfully attain independence / live self-sufficiently.

Pathways – Non-residential life-skills program for youth aged 15-21 years that provides workshops on finances, careers, job interviewing, and much more.

Somerset County Transitional Living Programs (TLPs), Shelters, and Supportive Services Summaries

Additional Somerset County TLPs

Great Expectations – Transitional and permanent supportive housing for homeless, adolescent women aged 12-18 years (and older) and their children who are in need of life-skills education, counseling, addiction and trauma recovery, and other supportive services to attain independence / live self-sufficiently.

Agape House – Shelter for homeless families that provides food, clothing, child enrichment, transportation, case management, and other supportive services to help families escape homelessness

Interfaith Hospitality Network (IHN) – Shelter and transitional living for homeless families that provides food, transportation, specialized services, and a daycare for children to help families escape homelessness

Sane and Sound Somerset – Shelter and transitional living program for adolescent women aged 18+ years (and older) and their children who are victims of domestic violence and are seeking refuge, counseling, legal advocacy, and other supportive services to return to a safe, normal, lifestyle.

Alternatives – Transitional living program and varied life-skills supportive services for the disabled, mentally ill, and homeless to successfully attain independence / live self-sufficiently.

PATH – Non-residential program that utilizes case management to refer homeless individuals to a variety of resources (mental health providers, motel managers, soup kitchen staff, thrift stores, etc.) for long-term treatment that can ultimately help them to regain autonomy and life stability.

RVCC – Non-residential program providing case management and counseling to students. Students who present counselors with homelessness are living with a friend or relative. They are not living in a shelter, motel or their car. About 1-2 students a year live in their car a year. 1-2 may be living in a safe house about a month or so due to abuse from a parent or spouse. In the past 8 years, about 1 to 3 students lived at Interfaith Hospitality Network's Transitional housing because they had children. For those living in cars, this is temporary for a few weeks or so and then they may end up moving in with a relative or a friend. RVCC makes referrals to the Board of Social Services. Students rarely go to the Board of Social Services because they do not have transportation to and from class to the motel if placed there. It is not a viable option. RVCC does have emergency funds to help families pay past due rent which is limited to \$500 to prevent homelessness. Six to seven students a semester present with homelessness, which is about 12 students per year.

V. APPENDIX

ACRONYMS USED BY THE NEW JERSEY DPARTMENT OF HUMAN SERVICES

<http://www.state.nj.us/humanservices/resources/acronyms.html>

AAA	Area Agency on Aging
AADSP	Alzheimer's Adult Day Services Program
AATF	Adults with Autism Task Force
AATOD	American Association for the Treatment of Opioid Dependence
ABD	Aged, Blind, and Disabled (NJ Medicaid for)
ACCAP	AIDS Community Care Alternatives Program (DDD)
ACL	Administration for Community Living
ACLU	American Civil Liberties Union
ACSA	AGIS (Assist Guide Information System) County SAMS Administrator
ACTF	Acute Care Task Force (DMHS)
ADA	Americans with Disabilities Act
ADADS	Alcohol and Drug Abuse Data System
ADD	Attention Deficit Disorder
ADDP	AIDS Drug Distribution Program
ADHD	Attention Deficit Hyperactivity Disorder
ADHS	Adult Day Health Services, formally known as Medical Day Care
ADL	Activities of Daily Living
ADL(s)	Activity (Activities) of Daily Living
ADRC	Aging and Disability Resource Connection
ADSSP	Alzheimer's Disease and Support Services Program
AFC	Adult Family Care
AHCPR	Agency for Health Care Policy and Research
AIDS	Acquired Immune Deficiency Syndrome
AKFC	Anne Klein Forensic Center
AL	Assisted Living
ALD	Assistive Listening Device
ALF	Assisted Living Facility
ALP	Assisted Living Program, GO services provided in subsidized housing--Medicaid Waiver
ALR	Assisted Living Residence
ALS	Amyotrophic Lateral Sclerosis - a.k.a. Lou Gehrig's Disease
AMTA	American Methadone Treatment Association
AO	Administrative Order (from the Commissioner)
AoA	Administration on Aging
AOC	Administrative Office of the Courts

AOD	Alcohol and Other Drugs
APC	Area Plan Contract
APH	Ancora Psychiatric Hospital
APS	Adult Protective Services
ARRA	American Recovery and Reinvestment Act of 2009
ASAA	American Society of American Addictions
ASAM	American Society of Addiction Medicine
ASI	Addiction Severity Index
ASL	American Sign Language
ASPI	Asperger Syndrome Pilot Initiative (DDD)
ATS	Addiction Treatment Services (DAS)
ATTC	Addiction Technology Transfer Center
BPA	Bisphenol A (OPMRDD)
BSS	Board of Social Services - also known as County Welfare Agencies
BVI	Blind and Visually Impaired
CAC	Citizens Advisory Committee (DAS)
CADC	Certified Alcohol and Drug Counselor
CAP	Consumer Assistance Program
CARF	Commission on Accreditation of Rehabilitation Facilities or Council on Accreditation of Residential Facilities
CART	Communication Assisted Realtime Translation (DDHH)
CBC	Center Based Care (DFD)
CBOSS	County Boards Of Social Services
CBT	Cognitive Behavioral Therapy
CBVI	Commission for the Blind and Visually Impaired
CCC	Community Choice Counselor
CCIS	Children's Crisis Intervention Services
CCR	Community Care Residence
CCRC	Continuing Care Retirement Communities
CCR&R	Child Care Resource & Referral (DFD)
CCW	Community Care Waiver
CD	Chemical Dependence or Chemically Dependent
CDC or CDCP	Center for Disease Control and Prevention
CDS	Controlled Dangerous Substance
CDSMP	Chronic Disease Self-Management Program
CEPP	Conditional Extension Pending Placement
CFR	Code of Federal Regulations
CFSR	Child Family Service Review
CFT	Child Family Team
CFU	Central Fingerprint Unit

CHIPP	Child Health and Injury Prevention Program (OPMRDD)
CHLP	Community Healthy Law Project
CHSP	Congregate Housing Services Program
CIACC	County Interagency Coordinating Council
CICRF	Catastrophic Illness in Children Relief Fund
CIFA	Center for Innovative Family Achievements
CIL	Center for Independent Living
CILS	Centers for Independent Living
CIMU	Critical Incident Management Unit
CLP	Community Living Program
CMO	Care Management Organization
CMS	Centers for Medicare and Medicaid Services or
	Contract Management System
CN	Certificate of Need
CNA	Certified Nursing Assistant
CNACL	Certificate of Need and Acute Care Licensing
COA	Council On Accreditation for Children and Family Services
COMHCO	Coalition of Mental Health Consumers Organizations
COSA	Children of Substance Users
COSAC	Center for Outreach and Services for the Autism Community, Inc.
CP	Cerebral Palsy
CPCH	Comprehensive Personal Care Home – A form of ALF
C-PEP	Children’s Placement Enhancement Pilot
CPS	Child Protection Specialist or Case Practice Specialist
CPSAI	Child Protection Substance Use Initiative
CQI	Continuous Quality Improvement
CREW	Office of Community Resources Education and Wellness
CRPD	Community Resources for People with Disabilities Waiver (DDS)
CSA	Contracted Systems Administrator
CSAP	Center for Substance Use Prevention
CSAT	Center for Substance Use Treatment
CSS	County Service Specialist
CST	Child Study Team
CWA	County Welfare Agency
CWLA	Child Welfare League of America
CWR	Child Welfare Reform
DAS	Division of Addiction Services (DHS)
DCA	Department of Community Affairs or
	Division of Consumer Affairs (DLPS)
DCBHS	Division of Child Behavioral Health (DCF)

DCF	Department of Children and Families
DCPP	Division of Child Protection and Permanency (Formally Known as DYFS)
DCR	Division of Civil Rights (DLPS)
DCs	Division Circulars (DDD)
DD	Developmental Disability
DDD	Division of Developmental Disabilities (DHS)
DDHH	Division of the Deaf and Hard of Hearing (DHS)
DDRT	Developmental Disabilities Resource Tool
DDS	Division of Disability Services (DHS)
DDTF	Dual Diagnosis Task Force (DAS / DDD / DMHS)
DFD	Division of Family Development (DHS)
DHS	NJ Department of Human Services
	(or federally, Department of Homeland Security)
DHSS	Department of Health and Senior Services
DHWI	Disability Health & Wellness Initiative (DDS)
DLPS	Department of Law & Public Safety
DMAHS	Division of Medical Assistance and Health Services (DHS)
DMHS	Division of Mental Health Services (DHS)
DO	District Office
DoAS	Division of Aging Services (formerly Divisions of Aging and Community Services and Senior Benefits and Utilization Management)
DOC	Department of Corrections
DOE	Department of Education
DOJ	Department of Justice
DOL or DOLWD	Department of Labor & Workforce Development
DPCP	Division of Parole and Community Programs (DOC) or
	Division of Prevention and Community Partnership (DCF)
DSMP	Diabetes Self-Management Program
DUII	Driving Under the Influence Initiative (DAS)
DURB	Drug Utilization Review Board (DMAHS)
DVRS	Division of Vocational Rehabilitation Services (DOL)
EA	Emergency Assistance (DFD)
EBP	Extranet Business Partners (DFD)
EBT	Electronic Benefits Transfer, Families First Card (DFD)
EE	Extended Employment
EEOC	Equal Employment Opportunity Commission (US)
EIPS	Early Intervention and Prevention Services (DAS)
EITC	Earned Income Tax Credit
EOs	Executive Orders (from the Governor)

FAS	Fetal Alcohol Syndrome
FASD	Fetal Alcohol Spectrum Disorders
FASDOPATF	Fetal Alcohol Spectrum Disorders & Other Perinatal Addictions Task Force
FCC	Federal Communications Commission
FFC	Families First Card, Electronic Benefits Transfer card (DFD)
FFS	Fee-for-Service
FQHC	Federally Qualified Health Center
FSO	Family Support Organization
FT	Family Team
FTM	Family Team Meeting
GA	General Assistance (DFD)
GMO	Grants Management Officer
GPPH	Greystone Park Psychiatric Hospital
GO	Global Options for Long-Term Care
GP NFCSP	Grandparent National Family Caregiver Support Program
HAAD	Hearing Aid to Aged and Disabled
HCBS	Home and Community-Based Services
HDM	Home Delivered Meals
HealthEASE	Single entry system for health promotion/disease prevention information & coordination
HH	Hard of Hearing
HI	Hearing Impaired
HIPAA	Health Insurance Portability and Accountability Act
HIT	Health Information Technology
HIV	Human Immunodeficiency Virus
HMO	Health Maintenance Organization
HPH	Hagedorn Psychiatric Hospital
HR	Human Resources
HRC	Housing Resource Center
HRSA	Health Resources and Services Administration (US)
HSP	Human Services Police
HUD	Department of Housing and Urban Development (US)
IAIU	Institutional Abuse Investigative Unit (DCF)
I/A or I/R	Information & Assistance / Referral
IADL(s)	Instrumental Activity (Activities) of Daily Living (e.g. making phone calls, writing checks)
IAS	Information and Assistance Services
ICC	Inspection, Compliance and Complaints
ICM	Intensive Case Management
ICMS	Integrated Case Management Services
ID	Intellectual Disabilities (term preferred over “mental retardation”)
IDDT	Integrated Dual Disorders Treatment
IDEA	Individuals with Disabilities Education Act

IDP	I ntoxicated D riving P rogram
IDRC	I ntoxicated D river R esource C enter
IDT	I nter d isciplinary T eam
IEP	I ndividual E ducation P lan
IFSS	I ntensive F amily S upport S ervices
IHP	I ndividual H abilitation P lan
IOP	I ntensive O utpatient
IPAC	I mplementation and P lanning A dvisory C ouncil (DDD)
IPE	I ndividualized P lan for E mployment
I&R	I nformation and R eferral
ISP	I ndividual S ervice P lan
ITFPLP	I nteragency T ask F orce on the P revention of L ead P oisoning, NJ
JACC	J ersey A ssistance for C ommunity C aregivers
JCAHO	J oint C ommission on A ccreditation of H ealthcare O rganizations
JFCC	J uvenile/ F amily C risis C enter
JJC	J uvenile J ustice C ommission
JKRC	J oseph K ohn R ehabilitation C enter (CBVI)
JTPA	J ob T raining P artnership A ct
KIV	K ey to I nnner V ision
LACADA	L ocal A dvisory C ouncil on A lcoholism and D rug A buse
LAD	L aw A gainst D iscrimination (NJ)
LCADC	L icensed C linical A lcohol and D rug C ounselor
LIHEAP	L ow I ncome H eating & E nergy A ssistance P rogram
LIS	L icensing I nformation S ystem
LOC	L evel of C are
LOCI	L evel of C are I ndex
LOS	L ength of S tay or L evel of S ervice
LRC	L icensed R esidential C apacity or L earning R esource C enter
LTC	L ong T erm C are
LTR	L ong T erm R esidential
LTSS	L ong T erm S ervices and S upports
MAAC	M edical A ssistance A dvisory C ouncil (DMAHS)
MACC	M edical A ssistance C ustomer C enter (DMAHS)
MAP	M utual A greement P rogram
MA-PD	M edicare A dantage P lan (HMO, PPO) with a prescription drug benefit
MAST	M ichigan A lcohol S creening T est
MAT	M edically A ssisted T reatment
MD	M uscular D ystrophy
MDA	M uscular D ystrophy A ssociation
MDSHC	M inimum D ata S et for H ome C are., InterRAI assessment tool.

MDT	Multi-Disciplinary Team
MFP	Money Follows the Person
MICA	Mentally Ill Chemical Abuser
MIM	Medication Information Manual (DMHS)
MIPPA	Medicare Improvements for Patients and Providers Act
MIOP	Methadone Intensive Outpatient
MIS	Management Information Systems (DDS)
MM	Methadone Medication
MMIS	Medicaid Management Information System (DMAHS)
MOU	Memorandum of Understanding
MR	Mental Retardation (the term Intellectual Disabilities is preferred)
MRSS	Mobile Response and Stabilization Services
MS	Multiple Sclerosis
MVC	Motor Vehicle Commission
NACCHO	National Association of County & City Health Officials
NAMI	National Alliance for the Mentally Ill
NAPIS	National Aging Program Information System
NARA	National Association for Regulatory Administration
NASADAD	National Association of State Alcohol/Drug Abuse Directors
NASUAD	National Association of States United for Aging and Disabilities (formerly NASUA)
NBCAT	Needs-based Comprehensive Assessment Tool
NCQA	National Committee for Quality Assurance
NETI	Needle Exchange Treatment Initiative (DAS)
NF	Nursing Facility
NFCSP	National Family Caregiver Support Program (Title III E of the Older Americans Act)
NI	Neurologically Impaired
NIAAA	National Institute on Alcohol Abuse and Alcoholism
NICHCY	National Information Center for Children and Youth with Disabilities
NIDA	National Institute on Drug Abuse
NIMAC	National Instructional Materials Access Center (CBVI)
NIMAS	National Instructional Materials Accessibility Standard (CBVI)
NJ Choice	Statewide comprehensive assessment tool, aka MI Choice
NJ4A	NJ Association of Area Agencies on Aging
NJAC	New Jersey Administrative Code
NJACP	New Jersey Association of Community Providers
NJAI	New Jersey Access Initiative
NJAMHA	New Jersey Association of Mental Health Agencies
NJCDD	New Jersey Council on Developmental Disabilities
NJCFSA	New Jersey Chronic Fatigue Syndrome Association
NJEFA	New Jersey Educational Facilities Authority
NJFC	New Jersey Family Care

NJHRC	New Jersey Housing Resource Center
NJITFPLP	New Jersey Interagency Task Force on the Prevention of Lead Poisoning
NJMMIS	New Jersey Medicaid Management Information System
NJMRP	New Jersey Modular Ramps Project
NJNDP	New Jersey Nurse Delegation Project
NJP&A	New Jersey Protection and Advocacy - now called Disability Rights
NJR	New Jersey Register
NJSA	New Jersey Statutes Annotated
NJ-SAMS	New Jersey Substance Use Monitoring System
NJSPCP	New Jersey Supplemental Prenatal Care Program
NOMs	National Outcome Measures
NOS	Not Otherwise Specified
OAA	Older Americans Act
OAL	Office of Administrative Law (State of NJ)
OCA	Office of the Child Advocate (State of NJ)
OCCO	Office of Community Choice Options (manages pre-admission screening)
OCD	Obsessive-Compulsive Disorder
OCP	Office of Community Programs
OCPM	Office of Contract Policy & Management (DHS)
OCS	Office of Children Services - County level (DCF)
OEM	Office of Emergency Management (DHS)
OIAS	Office of Information and Assistance Services (DDS)
OIG	Office of the Inspector General (US)
OIS	Office of Information Services (DHS)
OIT	Office of Information Technology (State of NJ)
OOA	Office of Auditing (DHS-OPIA)
OOE	Office of Education (DCF)
OOIE	Office of the Ombudsman for the Institutionalized Elderly
OOL	Office of Licensing (DHS-OPIA)
OPA	Office of Public Affairs (DHS)
OPDF	Outpatient Drug Free
OPG	Office of the Public Guardian and Elder Rights
OPIA	Office of Program Integrity and Accountability (DHS)
OPMRDD	Office for Prevention of Mental Retardation and Developmental Disabilities (DHS)
OPRA	Open Public Records Act
ORR	Office of Refugee Resettlement - U.S. Dept. of Health & Human Services, Administration for Children & Families
OT	Occupational Therapy
PA	Provider Agency
PAAD	Pharmaceutical Assistance to the Aged and Disabled
PAC	Professional Advisory Committee (DAS)

PACADA	Providers Advisory Council on Alcohol and Drug Abuse
PACE	Programs of All-inclusive Care for the Elderly
PACT	Programs of Assertive Community Treatment
PAIMI	Protection and Advocacy for Individuals with Mental Illness
PAIR	Protection and Advocacy for Individual Rights
PAP	Pharmaceutical Assistance Program
PAS	Pre-Admission Screen for NF Level of Care
PASP	Personal Assistance Services Program (DDS)
PASRR	Pre-Admission Screening & Resident Review
PASS	Social Security Administration Plan to Achieve Self-Support
PATH	Projects for Assistance in Transition from Homelessness
PATS	Perinatal Addiction Treatment Services (DAS)
PBC	Performance Based Contracts
PBM	Performance Based Management
PC	Partial Care
PCA	Personal Care Attendant or Personal Care Assistance
PCTF	Primary Care Task Force (DMHS)
PDD	Pervasive Developmental Disorder
PDP	Prescription Drug Plan
PEIS	Prevention & Early Intervention Services (DAS)
PFA	Psychological First Aid
PIC	Program Improvement Committee
PIP	Program Improvement Plan
PMO	Program Management Officer
PNA	Personal Needs Allowance
PPMD	Postpartum Mood Disorder
PPR	Prescription Price Registry, NJ
PPSD	Postpartum Stress Disorder
PRO	Peer Review Organization
PRS	Peer Recovery Services (DAS)
PSCU	Patient Services Compliance Unit (DMHS)
PT	Physical Therapy
PTSD	Posttraumatic Stress Disorder
PVC	Polyvinyl Chloride (OPMRDD)
QA	Quality Assurance
QAC	Quality Assurance Coordinator
QAS	Quality Assurance Specialist
QCMR	Quarterly Contract Monitoring Report
QI	Quality Indicator
QMP	Quality Management & Planning (DDD)
QSR	Quality Service Review

RDS	Resource Development Specialist
RDTC	Regional Diagnostic Treatment Centers
RFI	Request for Information
RFP	Request for Proposal
RFQ	Request for Qualifications
RHCF	Residential Health Care Facility
RHHI	Regional Home Health Intermediary
REIC	Regional Early Intervention Collaborative
RMS	Risk Management System (OPIA)
RRG	Refugee Resettlement Grant (DFD)
RRP	Refugee Resettlement Program (DFD)
RSD	Reflexive Sympathetic Dystrophy
RSS	Recovery Support Services (DAS)
SACWIS	Statewide Automated Child Welfare Information System (DCF)
SAI	Substance Use Initiative
SAIF	Supportive Assistance to Individuals and Families (DFD)
SAGE	System for Administering Grants Electronically
SAMHSA	Substance Use and Mental Health Services Administration
SAMS	Social Assistance Management System (a software program owned/operated by Harmony)
SAPT	Substance Use Prevention and Treatment
SASSI	Substance Use Subtle Screening Inventory
SBYSP	School Based Youth Services Program (DCF)
SCAHS	Special Child and Adult Health Services
SCHIP	State Children's Health Insurance Program (US) - NJ Family Care
SCI	Spinal Cord Injury
SCIP	Screening and Crisis Intervention Program
SCORE	Service Core of Retired Executives
SCP	Standard Contract Packages (DFD)
SCR	Statewide Centralized Registry
SDM	Structured Decision Making
SDS	Self-Directed Services (DDD)
SE or SES	Supportive Employment Services
SHIAP	State Health Insurance Assistance Program
SILC	Statewide Independent Living Council
SIT	Special Initiatives and Transportation (DFD)
SJIA	South Jersey Initiative for Adolescents (DAS)
SLMB	Specified Low-Income Medicare Beneficiary
SNAP	Special Needs Advocate for Parents
SNAP	Supplemental Nutrition Assistance Program (Food Stamps)
SPAN	Statewide Parents Advocacy Network

SRCP	Statewide Respite Care Program
SRU	Special Response Unit
SSA	Social Security Administration
SSDI	Social Security Disability Income
SSH	Social Services for the Homeless
SSI	Supplemental Security Income
STR	Short Term Residential
STS	Speech To Speech
SUA	State Unit on Aging
TANF	Temporary Assistance for Needy Families
TARP	Technology Assistive Resource Program
TBI	Traumatic Brain Injury
TBIF	Traumatic Brain Injury Fund
TDD	Telecommunications Device for the Deaf
TEE	Thorough and Efficient Education
TLJC	Time Limited Job Coaching
TO	Table of Organization
TPD	Treatment Provider Directory (DAS)
TPH	Trenton Psychiatric Hospital
TT	Text Telephone
TTY	Teletypewriter
UAP	University Affiliated Program
UCC	Uniform Construction Code
UCPA	United Cerebral Palsy Association
UFC	Uniform Fire Code
UIR	Unusual Incident Report (OPIA)
UIRMS	Unusual Incident Report and Management System (OPIA)
UR	Utilization Review
USAID	United States Agency for International Development
USF	Universal Service Fund
USTF	Unified Services Transaction Form
VA	Veterans' Administration
VI	Visually Impaired
VMHS	Veterans Mental Health Services (DMHS)
VRS	Vocational Rehabilitation Services
VS	Vision Simulation (CBVI)
WFNJ	Work First New Jersey
WFNJSAI	Work First New Jersey Substance Use Initiative
WIC	Supplemental Nutrition Program for Women, Infants, and Children
WRAP	Wellness and Recovery Action Plan
YAP	Youth Advocate Program

YCM	Youth Case Management
YSC	Youth Service Commission