



OCEAN COUNTY DEPARTMENT OF HUMAN SERVICES

1027 Hooper Avenue * Building 2 * P.O. Box 2191 * Toms River * New Jersey * 08754-2191

www.co.ocean.nj.us/ocdhs/index.html

Gerry P. Little, Department Liaison, Ocean County Board of Chosen Freeholders

Jill S. Perez, Director

Tracy Maksel, Assistant Director

Jamie Hart, Children's Inter Agency Coordinating Council Coordinator

OCEAN COUNTY C.I.A.C.C.

CHILDREN'S INTERAGENCY COORDINATING COUNCIL

County Service Needs Assessment FY2011

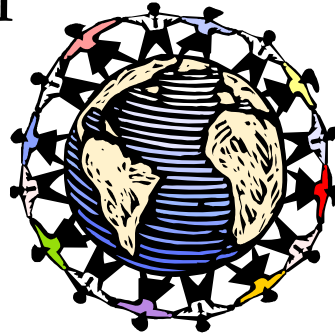


Table of Contents

Click on the title to skip ahead to that section
Click the top-right of any page to return here

Executive Summary.....	Page 3
Factor Analysis.....	Page 6
Risk and Protective Factors.....	page 7
Other Planning Documents.....	page 28
Prioritization of Factors.....	page 29
Resource Mapping.....	Page 30
Gaps Analysis: 2010 Children’s Behavioral Health Needs	
Assessment Survey Results.....	Page 31
Service Priorities.....	Page 33
Sources.....	Page 36

Attachments:

Children’s Behavioral Health Needs Assessment Survey Form
Prior CIACC County Service Needs Assessment Results

- Actions Taken in 2006 to Address Identified Needs
- 2007 Top Five Service Priorities
- Actions Taken in 2007 to Address Identified Needs
- 2008 Top Five Service Priorities
- Actions Taken in 2008 to Address Identified Needs
- 2009 Top Five Service Priorities

Ocean County Board of Chosen Freeholder Resolution approving
the FY2011 County Service Needs Assessment Report

Executive Summary

This report marks the fourth annual comprehensive County Service Needs Assessment completed by the Children’s Inter Agency Coordinating Council (CIACC). Historically, the assessment process utilized stakeholder surveys and public forums to identify gaps in the service continuum. From the qualitative information gathered, the top five service needs were prioritized.

For 2007, the process of assessing the county’s need for children’s behavioral health services expanded to include statistical analysis of related factors and existing service utilization. Over time, social and behavioral sciences have become increasingly scientific. Controlled studies have been undertaken to identify factors that may predict or correlate to behavioral health challenges, mental illness and suicide, which helps us understand these phenomena and opportunities to prevent them. Now, the target is to identify which of the predetermined, research-based risk factors are prevalent in our community.

For 2009, additional refinements were made in order to incorporate the recommended steps to select an Evidence Based Practice, in response to the availability of funds to develop or enhance Evidence Based Practices.

The annual cycle of the Needs Assessment was modified to a fiscal year calendar for FY2011. As well as top five service priorities, this year’s assessment process incorporated steps to identify Continuous Quality Improvement (CQI) projects for the CIACC to undertake in the coming year, designed to enhance the quality and efficiency of the System of Care for children with behavioral challenges. The CQI projects will be listed in the annual CIACC Work Plan; the plan to address findings of the needs assessment.

The Needs Assessment Process

The Executive Committee of the Ocean County Children’s Inter Agency Coordinating Council (CIACC) has been charged with the task of completing County Service Needs Assessments. The participants on this Committee are:

- Deedra Eckhoff, CIACC Chair/ Ocean County Family Support Organization;
- Rick De Gironimo, Ocean Partnership for Children;
- Gail Howell, Division of Youth and Family Services;
- Debra Johnson, Monmouth Medical Center CCIS;
- Sandra McDonnell, Division of Youth and Family Services; and
- Kim Veith, CIACC Vice Chair/ Ocean Mental Health Services.

The Executive Committee developed a timeline for the development the Needs Assessment report on February 25, 2010 with the intent to better involve the full membership of the CIACC and its Family Advisory Committee.

A focus group meeting of the full CIACC was held on April 22, 2010. The group reviewed the 2009 County Service Needs Assessment report, and updated risk and protective factor data

Executive Summary, continued

correlated with mental health. Interpretations and findings were formulated and compiled in a narrative County Service Needs Assessment Report. Prevalent risk factors and other trends were highlighted.

The Executive Committee convened to review the results of the 2010 Needs Assessment survey on May 19, 2010. The survey sought input from stakeholders in the system of care for children with behavioral challenges and mental health needs, including providers, educators, juvenile justice, other related system partners, and children and families. Based on this information, the Committee identified seven leading children's behavioral health service needs: Services for youth with co-occurring developmental disability and mental health; Services for very young children 5 years and younger; Services for youth of a linguistic minority; Specialized treatments (i.e. to address firesetting, eating disorders, self-injury); Recreational activities for youth with behavioral challenges; Summer and therapeutic camps; and Independent living/ Supervised transitional living programs.

An additional focus group was held as part of the CIACC's Family Advisory Committee meeting on May 25, 2010. Participants provided input and discussion on the top service priorities identified.

The leading service needs identified by the Executive Committee, along with Family Advisory Committee feedback were presented at the May 27 open public CIACC meeting for discussion. A vote was taken to prioritize the top five (5) service needs for Ocean County.

At the May 27, 2010 CIACC meeting, the Council moved to approve submission of the Report to the State. The CIACC Coordinator presented the report to the Mental Health Board for approval on June 14. The Ocean County Board of Chosen Freeholders reviewed the document at their June 16 meeting. Finally, the report was forwarded to the NJ Department of Children and Families, Division of Child Behavioral Health Services on June 25, 2010. The Continuous Quality Improvement projects will be incorporated into an annual CIACC Work Plan during July 2010.

Findings and Recommendations

Ocean County is a fast growing county, and one of the largest in the state of New Jersey. While the area is known for its high concentration of senior residents, the youth population is sizable and expanding, particularly young children. The county's geographical features present unique challenges to service delivery to all of its residents.

In the backdrop of a nationwide economic recession, many of the prevalent risk factors highlighted for Ocean County are financial in nature. The income of many families in Ocean is not equitable to the cost of living, and yet many assistance services are underutilized; a trend that far predates the current recession.

The increasing utilization of emergent, acute care services indicates a need for capacity

Executive Summary, continued

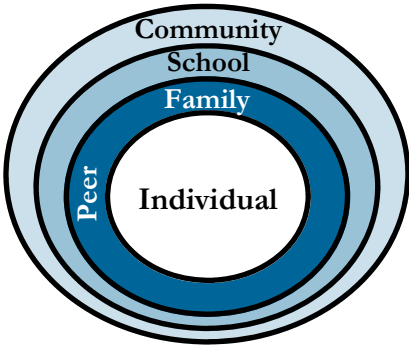
building in alternate behavioral health services. A lack of “core” mental health treatment modalities (e.g. psychiatric evaluations, medication monitoring, and outpatient counseling) has been recognized for some time in Ocean County and contributes to the burden on emergent and urgent care. This trend may be the result of (and is compounded by) the commensurate increase in demand for services due to population growth.

The top Service Priorities identified for Ocean County by the CIACC are as follows: Services for Youth with Co-occurring Mental Health and Developmental/ Learning Disability; Recreational Activities for Youth with Behavioral Challenges; Independent Living and Supervised Transitional Living; Specialized Therapies; Services for Very Young Children under 5 years old. See page 34 for a full description of each priority.

Factor Analysis

*"A mental health risk factor is... a condition that increases the likelihood of the development of a mental health problem. A protective factor... mitigates against the development of mental health problems and helps to promote resiliency."*²

Spheres of Influence



Risk and Protective Factors

A myriad of studies have been conducted to test the strength of the relationship between mental health and possible correlates. Sources such as the Center for Disease Control & Prevention, and the Suicide Prevention Resource Center of SAMHSA have compiled the individual research findings into a comprehensive list.

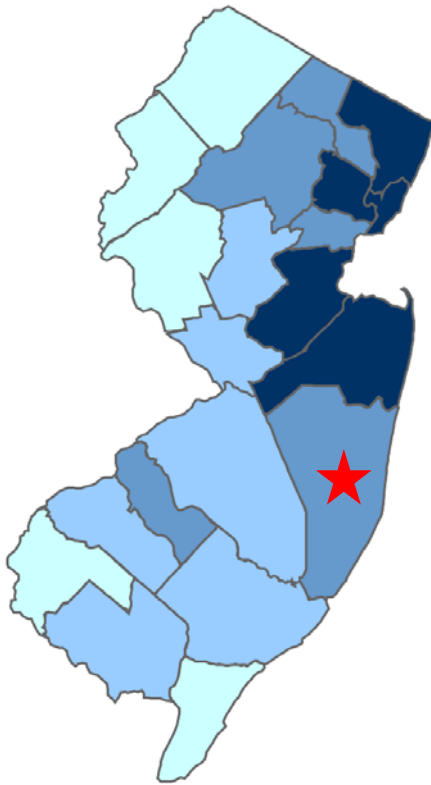
The overarching themes linking the validated Risk and Protective Factors for mental health are positive support, stability and health. Often, the absence of a protective factor can be considered a risk factor, and vice versa. Factors fall into four categories or spheres of influence: Individual, Family, School and Community. Several key data points in each sphere that are available for Ocean County will be analyzed for the purposes of this assessment, shown in the table below.

Together with information from the ongoing Systems Review Committee and other relevant planning documents, Ocean County’s highlighted risk and protective factors for children’s behavioral health will be identified and prioritized.

Risk and Protective Factors

Community	Population, Population Growth, Ethnic Diversity Page 7-9	Economic Status: Community Poverty, Cost of Living, Housing Page 10-11	Safety: Juvenile Delinquency, Substance Abuse Page 12-13
School	Engagement and Support: Enrollment, Special Education Page 14	Safety: Incidents of Violence and Vandalism in Schools Page 15	Academic Success: Graduations, Dropout Rate Page 16
Family	Stability: Family Poverty, Teen Pregnancy, Single Parent Families Page 17-19	Cohesion: Divorce, Domestic Violence Page 20-21	Health: Prenatal care, Nutrition, Access to Assistance Programs and Health Insurance Page 22
Individual	Biological: Disability, Chronic Illness Page 23	Psychological: Child Abuse and Neglect, Youth Suicide Page 24-25	Social: Access to Behavioral Health Services Page 26-27

New Jersey Counties
Total Population, 2006



- 581,742 and higher
- 450,628 to 581,741
- 154,105 to 450,627
- 154,104 and lower

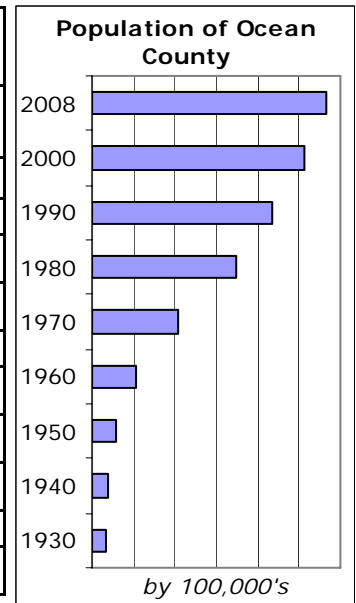
Ocean County is the sixth most populous county of the state of New Jersey. With 565,493 residents in 2009 according to the US Census Bureau, Ocean continues to grow. Ocean was the fastest growing county in 2006 (9.3%) and second fastest in 2009 (12.3%), contributing about 20% of New Jersey's total growth in the current decade.

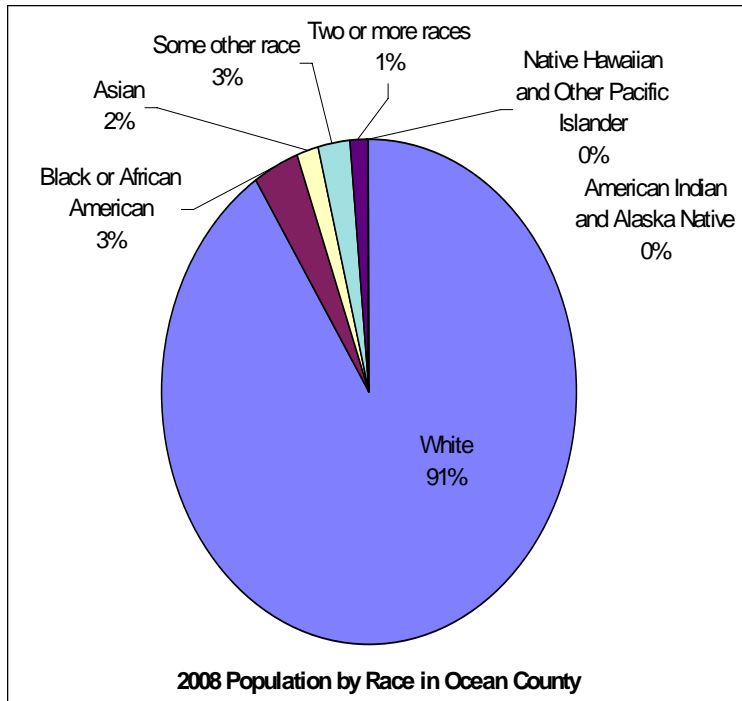
Ocean is only one of two counties that it is *both* one of the most populated *and* fastest growing. Statistically, it is more likely that a less populated county will have a larger growth rate, because each person carries a greater percentage there than they would in a larger county. Ocean is in the top 10 among New Jersey's counties in both of these factors, a status shared only with Middlesex.

On a positive note, the population density in Ocean County is moderate. Ocean is the second largest county in area, spanning 638.1 square miles. The population density is 901.6 overall, less than New Jersey as a whole (1,173), the densest state in the US. However, the overall rate does not account for the considerable amount of (unoccupied) preserved land in the County. By block group, the average density in the county is between 1,000 to 3,000 (see map on page 29). The U.S. population density is 86.1 persons per square mile.

Due to population increase, the demand for all services has, likewise, increased. Ocean County strives to keep up with the needs of its residents; a group that is expanding at record speeds. Funding formulas need to be sensitive to population growth in order to adequately serve Ocean County.

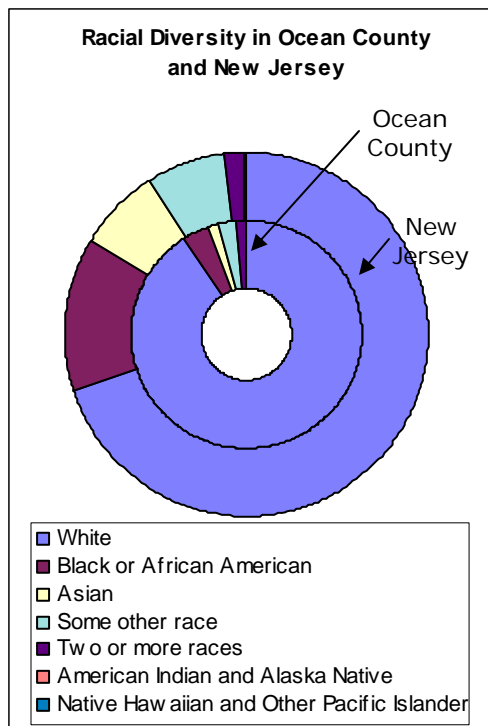
County Population Growth, 2000 to 2009 Sorted by Percent Change							
	% Change	2009 Population	Pop. Rank		% Change	2009 Population	Pop. Rank
Gloucester	13.4	289,920	14	Mercer	4.4	366,222	12
Ocean	12.3	573,678	6	Morris	3.9	488,518	10
Somerset	9.9	326,869	13	Salem	3.2	66,342	21
Cumberland	7.7	157,745	16	Camden	2.0	517,879	8
Atlantic	7.6	271,712	15	Bergen	1.3	895,250	1
Warren	7.0	109,638	19	Union	0.7	526,426	7
Hunterdon	6.6	130,034	18	Passaic	0.3	491,778	9
Middlesex	5.4	790,738	2	Hudson	-1.8	597,924	5
Burlington	5.4	446,108	11	Essex	-2.9	769,644	3
Sussex	4.8	151,118	17	Cape May	-6.1	96,091	20
Monmouth	4.7	644,105	4				



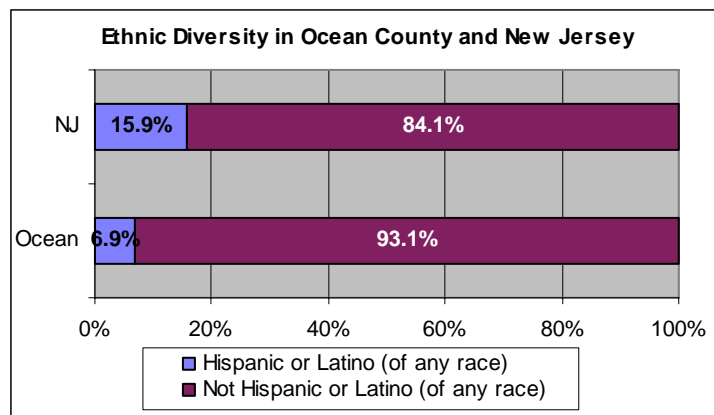


An overwhelming majority of the residents of Ocean County identify their race as white or Caucasian (91% in 2008; down from 94% in 2000). Three percent identify black or African American. Six percent of the population identified themselves as of either Asian, some other race, or of two or more races. Less than 0.5% identified American Indian/Alaska native, or Native Hawaiian or other pacific islander. It can be inferred that the county is fairly racially homogenous. Anecdotal information suggests that these proportions may change in the upcoming Census 2010.

Compared to New Jersey as a whole, Ocean County is less diverse. In the graph at the bottom left of this page, Ocean County's racial breakdown in the year 2008 is shown in the center circle, juxtaposed with New Jersey's breakdown in the outer circle. There are roughly about three times as many residents of a minority race in New Jersey than there are in Ocean County.



The US Census enumerates Hispanic/Latino ethnicity independent of race. In Ocean County, 6.9% of the total population indicated their ethnicity as Hispanic or Latino (up from 5% in 2000). Looking at New Jersey as a whole, about 16% identifies as Hispanic/Latino. This data also supports the assertion that Ocean is less ethnically diverse than New Jersey as a whole, but this is decreasing over time.



**Youth Population Growth, 2000 to 2008
Sorted by Percent Change**

	% Change	2008 Population	Pop. Rank		% Change	2008 Population	Pop. Rank		% Change	2008 Population	Pop. Rank
Ocean	10.7%	131789	5	Mercer	-0.8%	83686	12	Hudson	-5.2%	130338	6
Somerset	6.0%	80534	13	Gloucester	-1.0%	66479	14	Essex	-5.5%	195592	2
Cumberland	3.0%	38301	16	Morris	-1.4%	115208	10	Camden	-6.3%	127537	8
Middlesex	2.6%	182324	3	Warren	-2.3%	26075	19	Hunterdon	-6.5%	29349	18
Atlantic	0.7%	64306	15	Bergen	-3.5%	195873	1	Salem	-8.9%	14986	21
Union	-0.2%	129721	7	Burlington	-4.4%	101788	11	Sussex	-11.1%	35742	17
Passaic	-0.5%	126893	9	Monmouth	-5.2%	152017	4	Cape May	-16.7%	19044	20

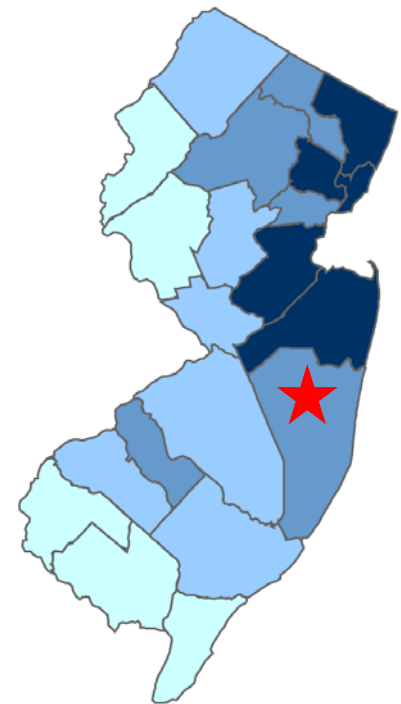
There are 131,789 children and adolescents living in Ocean County as of 2008 Census data. These youth make up 23% of Ocean's residents, a group just as large as the senior population (over 65 years of age). While Ocean is known for its high concentration of seniors, it is also home to just as many children. The largest group of youth in Ocean are under 5 years of age.

Ocean County comprises 6.4% of the those under 18 years of age living in New Jersey, ranking 5th among counties in the number of youthful residents. Interestingly, New Jersey has experienced a decline in the number of youth living here, with 80% counties declining or fluctuating less than 1% in the current decade. Conversely, Ocean's child population has risen 10.7% from 2000 to 2008 (the greatest amount in the state).

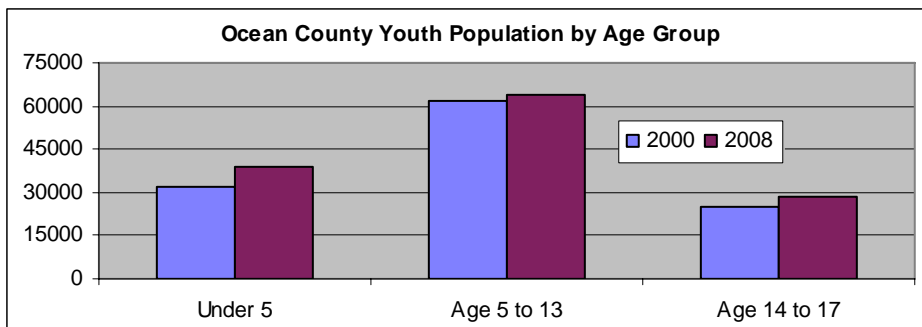
The demand for services for children in Ocean, from education to recreation to various other services and forms of assistance, has grown over the last several years a substantial amount in proportion to the youth population growth. Ocean stands out in this regard in comparison to other counties in New Jersey which have fewer youthful residents than they have in the past.

National averages indicate that 5 to 7% of youth will experience serious emotional issues and 20 to 25% of individuals will experience a need for some mental health care in their lifetime. For Ocean County, this would mean that 32,947 youth may seek some type of mental health care and 9,225 may experience serious disturbance.

**New Jersey Counties
Child Population Under 18, 2006**



- 134,550 and higher
- 104,033 to 134,549
- 37,410 to 104,032
- 37,409 and lower



The 2009 Poverty Guidelines for the 48 Contiguous States and the District of Columbia	
Persons in family	Poverty guideline
1	\$10,830
2	14,570
3	18,310
4	22,050
5	25,790
6	29,530
7	33,270
8	37,010
For families with more than 8 persons, add \$3,740 for each additional person.	

Data collected in 1999 indicates that 7% of the residents of Ocean live below the federal poverty level. This represents nearly 35,000 of the county's 510,000 residents. At right, the current poverty guideline is shown. In 1999, the poverty level for a single person was \$8,240, and \$2,820 more for each additional person in the household.

The third most populated municipality in the County at the time—Lakewood Township—was home to one third of the County's poorest residents, which comprises 20% of the township's total population.

The highest rate of poverty for a municipality is seen in Seaside Heights, with 24% of its residents living below the federal poverty level. Since this data was collected, there has been a considerable

amount of building in the area, changing the concentration from motels to condominiums, that may show an impact on future poverty statistics.

Department of Labor statistics indicate that there is a 10% rate of unemployment in Ocean. Although New Jersey's unemployment rate is about average nationwide in light of the current economic recession, Ocean has one of the highest rates in the state. Ocean is considered in the 10-county footprint surrounding New York City to be impacted by the financial sector crisis.

Individuals below the Federal Poverty Level in 1999 by Municipality							
Municipality	#	Population	%	Municipality	#	Population	%
Barnegat Light Boro	36	764	4.7%	Long Beach Twp	171	3,329	5.1%
Barnegat Twp	944	15,270	6.2%	Manchester Twp	2,102	38,928	5.5%
Bay Head Boro	39	1,238	3.0%	Mantoloking Boro	3	423	0.8%
Beach Haven Boro	47	1,278	3.7%	Ocean Gate Boro	213	2,076	10.3%
Beachwood Boro	462	10,375	4.5%	Ocean Twp	502	6,450	7.8%
Berkeley Twp	2,157	39,991	5.4%	Pine Beach Boro	68	1,950	3.5%
Brick Twp	3,411	76,119	4.5%	Plumsted Twp	367	7,275	5.0%
Dover Twp (Toms River)	4,988	89,706	5.7%	Point Pleasant Beach Boro	325	19,306	6.1%
Eagleswood Twp	51	1,441	3.5%	Point Pleasant Boro	616	5,314	3.2%
Harvey Cedars Boro	18	359	5.1%	Seaside Heights Boro	753	3,155	24.1%
Island Heights Boro	71	1,751	4.1%	Seaside Park Boro	195	2,263	8.6%
Jackson Twp	1,573	42,816	3.7%	Ship Bottom Boro	114	1,384	8.2%
Lacey Twp	1,140	25,346	4.5%	South Toms River Boro	452	3,634	12.6%
Lakehurst Boro	179	2,522	7.1%	Stafford Twp	899	22,532	4.0%
Lakewood Twp	11,440	60,352	19.8%	Surf City Boro	107	1,442	7.5%
Lavallette Boro	201	2,665	8.0%	Tuckerton Boro	273	3,517	7.9%
Little Egg Harbor Twp	1,028	15,945	6.5%	TOTAL Ocean County	34,945	510,916	7.0%

When considering economic status of the residents of Ocean County, other variables must be considered in addition to income and poverty level. The cost of living in Ocean County is notably expensive, which impacts all residents of the County, including children and families.

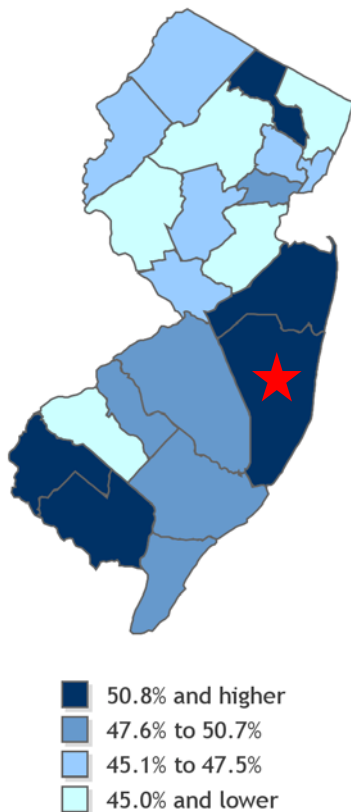
According to data gathered in the 2006 American Community Survey, Ocean County has the second highest median housing cost for renters (\$1,151) in New Jersey, an increase of 40% since 2000. Among more than 800 counties nationwide, Ocean ranks 24th in this area, which is in the 95th percentile. The New Jersey median rental housing cost ranks third among states, closely behind Hawaii and California.

New Jersey's minimum wage is \$7.15/ hour. This wage covers only 32% of the hourly wage needed to afford a 2 bedroom apartment at Fair Market Rent. Families receiving the maximum TANF benefit would need to spend 273% of their income on rent to afford a 2 bedroom apartment.
 - National Center on Family Homelessness

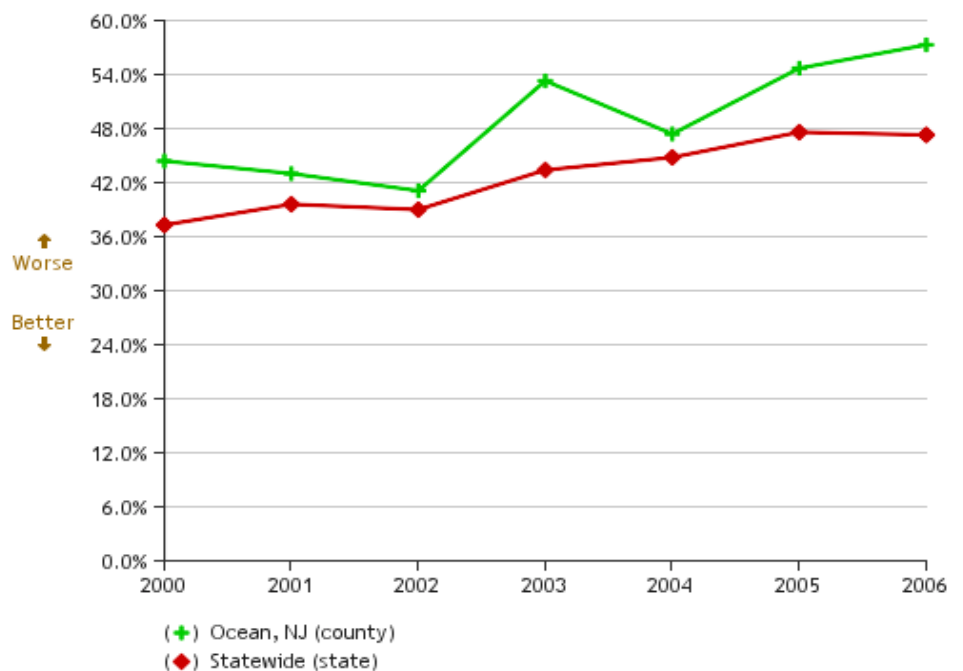
In Ocean, 17% of the households rent their housing quarters and more than half of them dedicate in excess of 30% of their income for rent (57.3% in 2006). Ocean County has historically had the highest figure of households paying more than one third of income towards rent within New Jersey, and ranks 14th relative to counties nationwide (98th percentile). This suggests that Ocean County residents are not earning equal to the cost of living. This may be indicative of a large number of "working poor" in addition to the 7% poverty rate.

The median cost for homeowners is somewhat lower comparatively (\$1,851 per month), which falls in the top 85th percentile nationwide. However, this average may be somewhat skewed because of the high concentration of active adult communities that are affordably priced but available only to seniors. There are 250,000 housing units in the County, 26% (~65,000) of which are located in adult communities.

New Jersey Counties
 Percent of Households Paying
 +30% of Income For Rent, 2006



Percent of Households Paying +30% of Income For Rent, 2000—2006



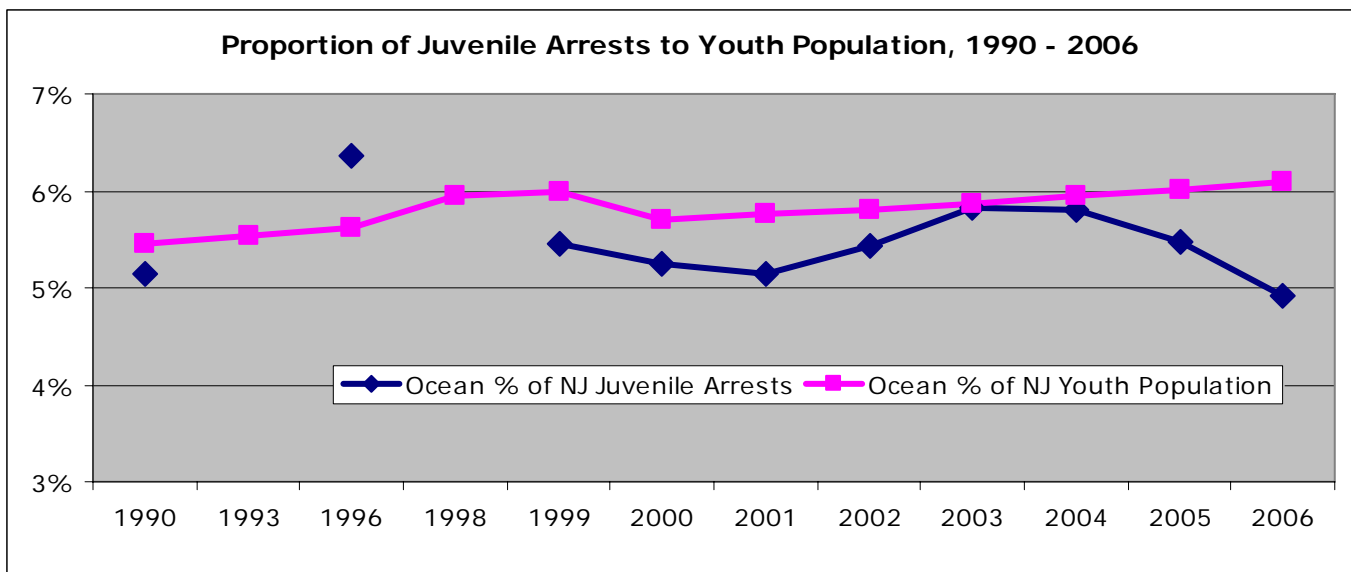
During 2006, 3,000 youth were arrested in Ocean County, which reflects less than 3% of the youth population. Just under 200 youth were admitted to Juvenile Detention and 12 juveniles were sentenced to serve a commitment to the custody of the NJ Juvenile Justice Commission.

Juvenile Arrests by County, 2006		
NJ Total	62,350	Rank
Camden	8,526	1
Essex	5,266	2
Monmouth	4,932	3
Passaic	4,891	4
Mercer	4,726	5
Bergen	4,675	6
Hudson	3,437	7
Ocean	3,062	8
Middlesex	3,054	9
Union	3,047	10
Burlington	2,899	11
Atlantic	2,445	12
Cumberland	2,261	13
Morris	2,060	14
Gloucester	1,792	15
Somerset	1,709	16
Cape May	1,116	17
Sussex	790	18
Salem	625	19
Warren	491	20
Hunterdon	459	21
Unknown	87	-

Ocean County ranks 8th among counties in the state for juvenile arrests. Uniform Crime Report data shows that the total of juvenile arrests in Ocean County decreased by 16% from the 3,648 in 2003 to the 3,062 in 2006. This trend is aligned with, but of significantly greater magnitude than the overall statewide decline of 1% over the same time period. Considering the increase in youth population in Ocean yet the decrease of arrests, it could be inferred that the extent of juvenile delinquency in the county has declined.

The utilization of Detention has increased, but has not exceeded the capacity. There was a decrease in admissions from 2003 to 2006, but the Average Length of Stay increased from about 32 days to about 38 days (19%). The Average Daily Population fell by 22% from about 26 juveniles to about 20 juveniles. This figure is anticipated to continue to show a decrease since the Juvenile Detention Alternative Initiative (JDAI) rolled out in Ocean County in 2007.

According to JDAI One Day Detention Snapshot, 62.5% of detained youth exhibited one or more indicators of mental health concerns. 37% were currently or previously involved with the Division of Youth and Family Services.



The NJ Division of Addiction Services (DAS) conducted a comprehensive statistical analysis to estimate the number of adults in the state who currently need substance abuse treatment or will need it during their lifetime. Just over 13% of the state's population aged 18 years or older need or will need treatment for alcohol or illicit drug use. For Ocean County, the estimated substance abuse treatment need is 38,117 adult residents in 2003. This reflects about 7% of the county total population. These figures indicate a somewhat lower rate of substance abuse in Ocean, compared to the rest of the state.

In 2008, 4,800 residents of Ocean County received substance abuse treatment, for a rate of about 8 per 1,000 residents (up from 4,337 in 2007). Ocean ranks highly among counties for access to substance abuse treatment, an interesting phenomenon considering the estimated treatment need. About 10% of those exhibit significant mental health issues.

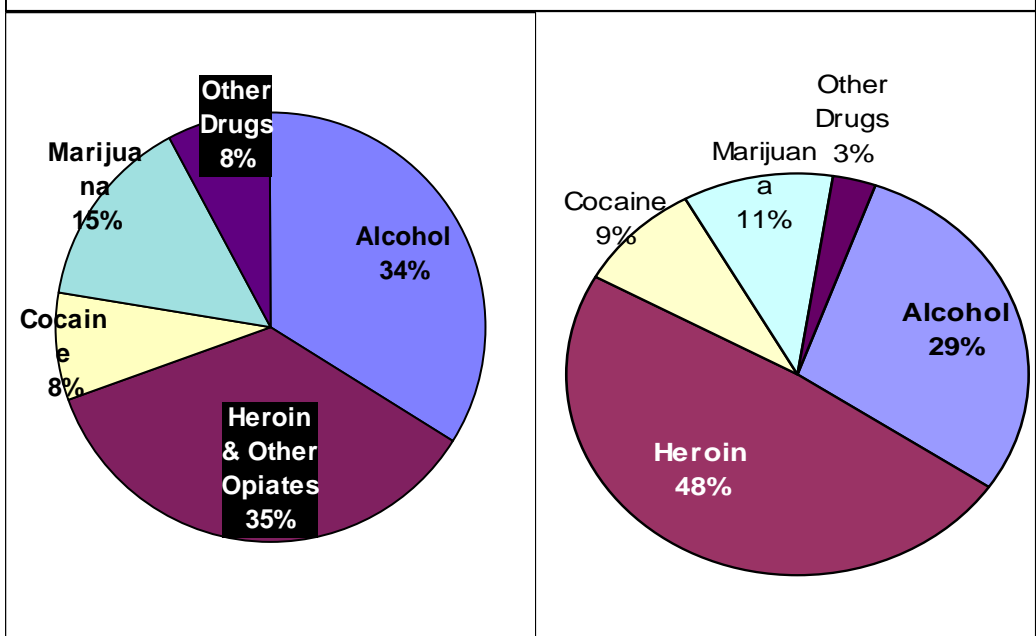
As shown in the pie charts below, the majority of individuals in treatment reported a primary drug of heroin or another opiate, or alcohol. Compared to the primary drugs of individuals admitted for treatment in 2004, there has been a decrease in the proportion of individuals using heroin and increase in other drugs, alcohol and marijuana. In comparison to NJ, there is a higher proportion of other drug use and lesser heroin/opiate in Ocean.

394 of the individuals receiving substance abuse treatment in 2008 were under the age of 18 at admission (8.2%; an increase from 6.4% in 2007). An additional 650 treatment episodes were served to individuals between 18 and 21 years (14%; an increase from 10% in 2007). The average age of individuals receiving treatment has decreased.

This could indicate a heightened awareness and help seeking behaviors in Ocean County, or more serious drug use at a younger age.

Treatment Admissions by County, 2008	
Essex	8021
Monmouth	5334
Camden	4873
Ocean	4800
Union	3736
Middlesex	3621
Passaic	3601
Morris	3421
Bergen	3241
Hudson	3024
Atlantic	2923
Gloucester	2914
Mercer	2253
Burlington	1855
Cumberland	1757
Somerset	1726
Cape May	1593
Sussex	1333
Warren	1073
Hunterdon	920
Salem	661

Primary Drug among Individuals from Ocean County who received Substance Abuse Treatment, 2008 (Left) and 2004 (Right)



Enrollments in Public School, 2000–2007

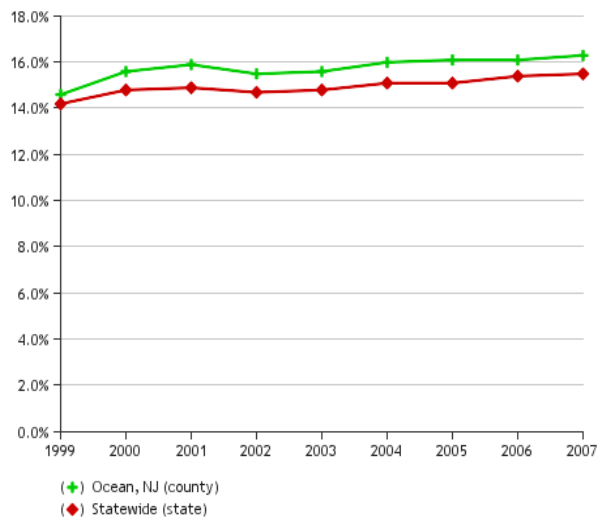
		2001	2002	2003	2004	2005	2006	2007	2008	2009
Total School Enrollment	Ocean	74,817	76,419	78,857	78,905	78,539	78,259	77,891	76,966	76,156
	Statewide	1,313,394	1,341,503	1,367,249	1,380,882	1,392,465	1,394,782	1,387,959	1,378,631	1,377,728
	Ocean % of NJ	5.7%	5.7%	5.8%	5.7%	5.6%	5.6%	5.6%	5.6%	5.5%
Special Education Enrollments	Ocean	11,863	11,863	12,283	12,629	12,680	12,609	12,730		
	Statewide	195,981	196,907	202,569	208,748	209,731	214,907	215,539		
	Ocean % of NJ	6.1%	6.0%	6.1%	6.0%	6.0%	5.9%	5.9%		

In 2009, 76,000 of the 131,000 children in Ocean County were enrolled in school. Ocean County is home to 5.5% of the state's total enrollments, and 6% of the youth population. The population under 5 years in Ocean may account for this difference.

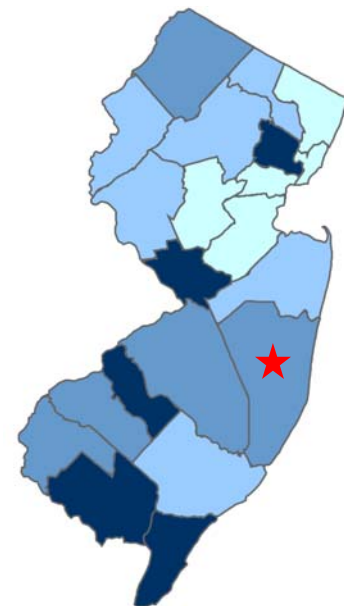
There are slightly more special education enrollments from Ocean County than the statewide average (16.1% versus 15.4%). Of students aged 3 to 21, the classification rate is 18.4% in Ocean (16.8% NJ 2007). There are 8 approved schools for students with disabilities in addition to in-district programs.

The 2007 NJ Middle School Risk and Protective Factor Survey indicates that the level of Risk Factor in the school domain for Ocean County is slightly elevated compared to NJ as a whole (0.36 versus 0.33). The survey sampled 451 Ocean County students from four middle schools. In particular, Low Commitment to School was highlighted in the Ocean County student sample (0.40 vs 0.33).

Percent of Students Enrolled in Special Education, 1999–2007



New Jersey Counties Percentage of Special Education Enrollments, 2007

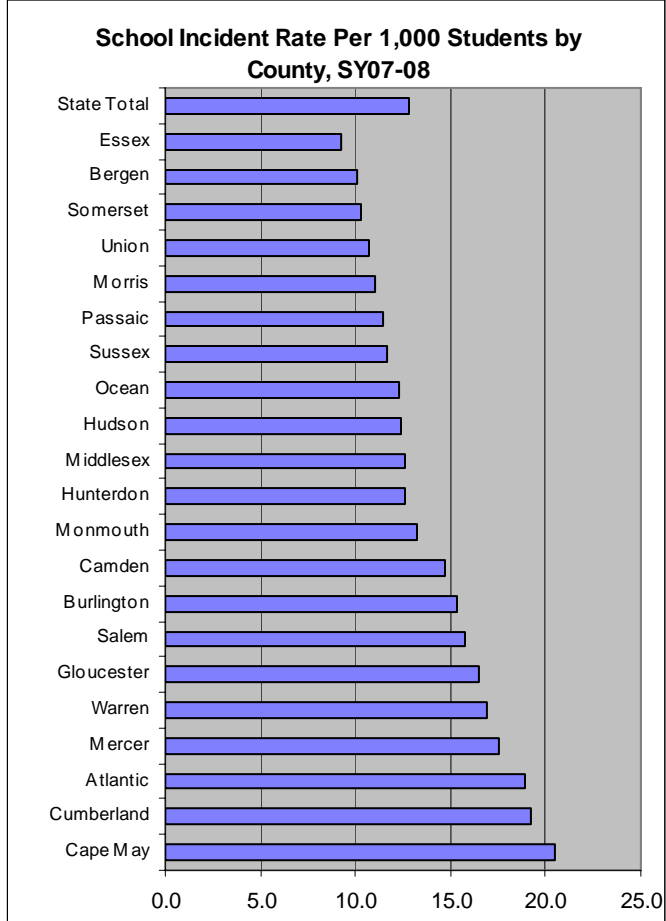
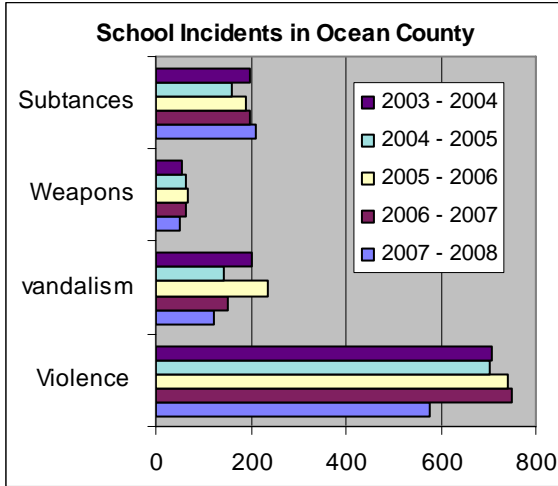


In 2004, over 15,000 Ocean County students were enrolled in private schools, including schools for students with disabilities. 16% of all students attend private schools, above the state average of 13%.

Of 68 private schools in the County, about 30 are affiliated with the growing Jewish community, primarily in Lakewood. These schools enroll just over half of all private school students (7,801). Lakewood is home to the world's largest Yeshiva.

Number of Private School Enrollments, 2004

	Number	% of NJ
Bergen	25035	12.0%
Essex	21187	10.2%
Monmouth	20806	10.0%
Middlesex	16562	8.0%
Ocean	15358	7.4%
Hudson	13984	6.7%
Camden	13641	6.6%
Passaic	12814	6.2%
Union	12294	5.9%
Morris	11252	5.4%
Mercer	9702	4.7%
Somerset	9007	4.3%
Burlington	7130	3.4%
Atlantic	5694	2.7%
Gloucester	4183	2.0%
Sussex	2954	1.4%
Cumberland	2212	1.1%
Cape May	1676	0.8%
Warren	1326	0.6%
Hunterdon	828	0.4%
Salem	492	0.2%
	208137	100%



Total School Based Incidents dropped by 25.3% from 1269 in the 2001-2002 School Year to 948 in the 2007-2008 School Year. This is twice as dramatic as the decrease statewide (12.6%). Without consideration for students involved in multiple incidents, this reflects a rate of 12.3 incidents per 1,000 students. Ocean is about average for the rate of incidents compared to other counties, which range from 9 to 21.

Violent Incidents remain the most frequent type of incident reported at about 60% of the total incidents. Substance Abuse reports are back up to 22%, Vandalism accounts for approximately 19% of incident reports, and Firearms are still last at about 5%.

NJ Middle School Risk and Protective Factor Survey 2007 Prevalence of Selected Delinquent Behaviors		
	Ocean	NJ
Attacking Someone with Intent to Harm	8.4%	9.2%
Attempting to Steal a Vehicle	0.9%	0.9%
Being Arrested	2.4%	2.8%
Being Drunk or High at School	2.7%	3.1%
Carrying a Handgun	2.0%	1.6%
Getting Suspended	13.2%	12.7%
Selling Drugs	0.6%	0.9%
Taking a Handgun to School	1.1%	0.4%
In a Gang, with or without a name	4.7%	5.9%

The 2007 NJ Middle School Risk and Protective Factor Survey asked its sample of students to self report their involvement with several behaviors. For selected delinquent behaviors, several were more prevalent in Ocean than in the state as a whole, as seen in the table below. Taking a Handgun to School directly speaks to the feeling of safety that students feel while at school. However, it is important to note that the magnitude of this difference between Ocean and New Jersey is less than one percentage point.

According to NCHEM, NJ has the highest high school graduation rate in the country of 86.3%. Interestingly, the state is 3rd to last in the percent of graduations of associates programs after 3 years.

Approximately 5,500 Ocean County students graduate each year. The number of graduates has grown over the last few years at a rate equal to the growth in enrollments. Commensurate to the proportion of students enrolled in Ocean's schools, the same percentage of statewide graduates are from Ocean County schools (5.7%).

Many class of 2008 graduates indicated plans to go on to college, military or another post-secondary program (84%).

Number of Public School Graduates per County, Sorted by 07-08

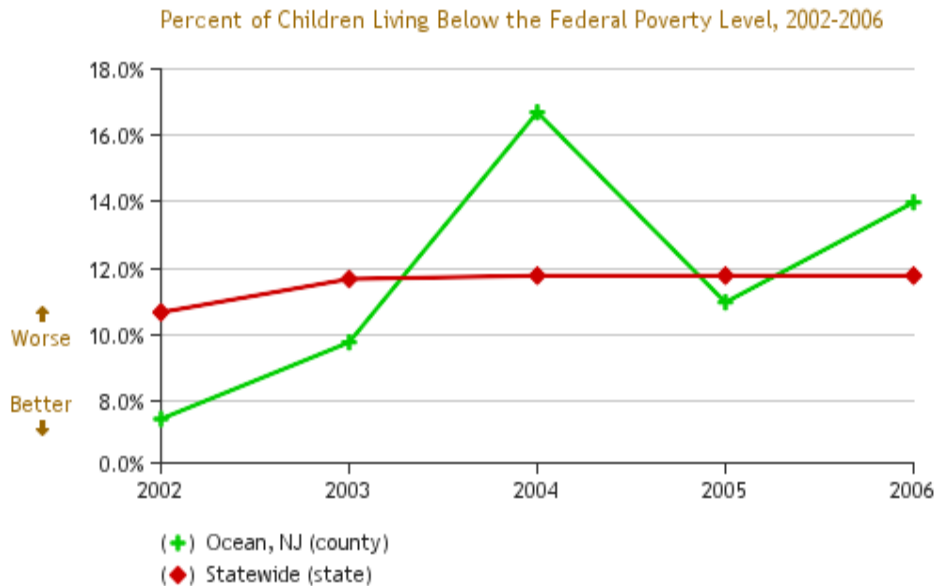
	04-05 Total	05-06 Total	06-07 Total	07-08 Total
NJ Total	86,445.0	89,858.0	92,601.0	94,808.5
Bergen	8,760.5	9,291.0	9,555.0	9,864.5
Middlesex	7,753.0	7,880.0	8,298.0	8,538.5
Essex	7,432.5	7,635.5	7,631.0	8,039.0
Monmouth	7,021.0	7,402.0	7,644.5	7,858.5
Camden	5,517.0	5,695.0	5,863.0	5,881.0
Morris	5,207.0	5,271.0	5,564.0	5,716.0
Burlington	4,899.0	5,215.0	5,386.5	5,543.0
Union	5,242.5	5,405.5	5,424.5	5,526.0
Ocean	4,956.5	5,110.0	5,314.0	5,416.0
% of NJ	5.70%	5.70%	5.70%	5.71%
Passaic	4,617.5	4,471.5	4,591.5	5,042.5
Hudson	4,479.5	4,757.0	4,686.5	4,657.5
Somerset	3,133.0	3,445.5	3,635.0	3,773.0
Mercer	3,681.5	3,736.5	3,895.5	3,761.5
Gloucester	3,075.0	3,278.0	3,451.5	3,477.5
Atlantic	2,825.5	3,006.0	3,161.0	3,090.5
Sussex	1,953.0	2,148.5	2,132.0	2,080.5
Hunterdon	1,496.0	1,496.5	1,598.5	1,659.0
Cumberland	1,476.0	1,578.0	1,573.0	1,618.5
Warren	1,209.0	1,276.0	1,353.0	1,405.0
Cape May	998.0	1,040.0	1,084.0	1,102.5
Salem	712.0	719.5	759.0	758.0

Number of Public School Dropouts per County, Sorted by 07-08

	03-04 Total	04-05 Total	05-06 Total	06-07 Total	07-08 Total
State Total	10110.5	8802.5	9003.0	9054.0	8024.5
Passaic	1304.0	912.0	646.0	747.0	953.0
Essex	1841.5	1057.0	1054.0	777.0	886.0
Camden	901.0	931.0	921.0	920.0	770.0
Union	637.0	589.0	714.0	770.5	703.0
Hudson	997.0	958.0	832.0	800.0	688.0
Middlesex	531.0	476.5	416.0	504.5	541.0
Ocean	473.0	547.0	1078.0	1489.5	490.0
% of NJ	4.70%	6.20%	12.00%	16.50%	6.11%
Mercer	491.0	301.0	289.0	374.0	434.0
Cumberland	442.0	514.0	461.0	459.5	426.5
Atlantic	506.5	507.0	515.0	448.5	420.5
Gloucester	276.5	288.0	283.0	280.5	324.5
Bergen	368.5	362.5	458.0	291.5	267.0
Burlington	295.0	329.0	305.0	291.0	235.0
Morris	167.5	177.5	150.0	157.0	200.5
Monmouth	306.0	212.0	205.0	167.0	118.5
Sussex	131.5	158.0	116.0	114.5	109.0
Cape May	122.5	106.0	123.0	111.0	106.0
Warren	127.5	149.0	139.0	137.0	106.0
Somerset	89.5	97.5	128.0	73.5	100.0
Salem	70.0	104.0	110.0	102.5	87.0
Hunterdon	32.0	26.5	60.0	38.0	59.0

For the School Year 2006 to 2007, Ocean became the county with the greatest number of dropouts in the state. It had been ranked 9th four years prior (School Year 2003—2004) and returned to rank 7th in SY07-08. It is inferred that the spike in SY06-07 was the result of a statistical anomaly.

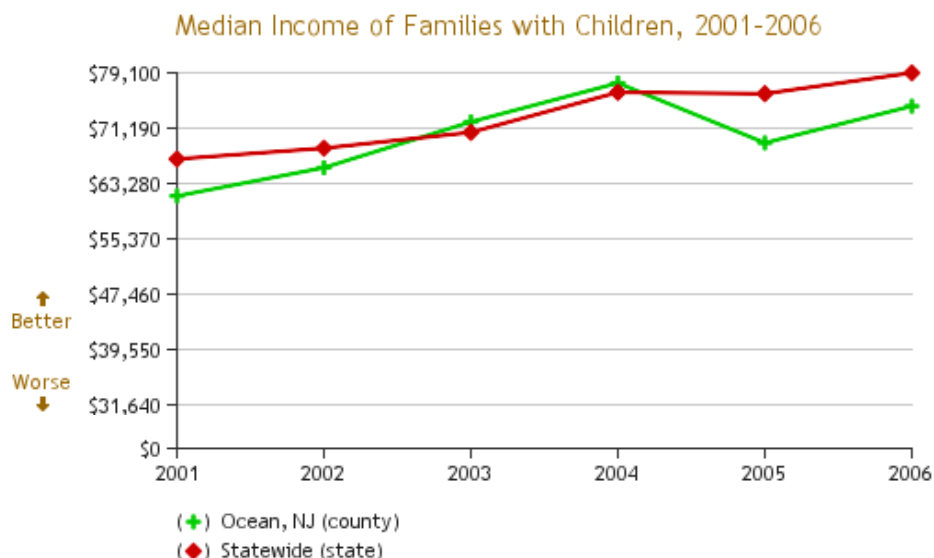
In 2004, 90 of the special education program students dropped out. This was the 4th highest number among the 21 counties, and 6th highest rate of dropout in the State. The elevation does not appear to indicate a trend, as the proceeding years' figures are reduced by half. For 07-08, 50 of the students who dropped out were classified (10.3%).



The percentage of children living below the poverty level in Ocean County has fluctuated over the last several years. Over the same time period, the overall rate for New Jersey has remained relatively stable around 12%. In 2006, rate of child poverty in Ocean rose to 14%, the 6th highest in the state. Remember that the average rate of poverty among all Ocean residents in 1999 was 7%.

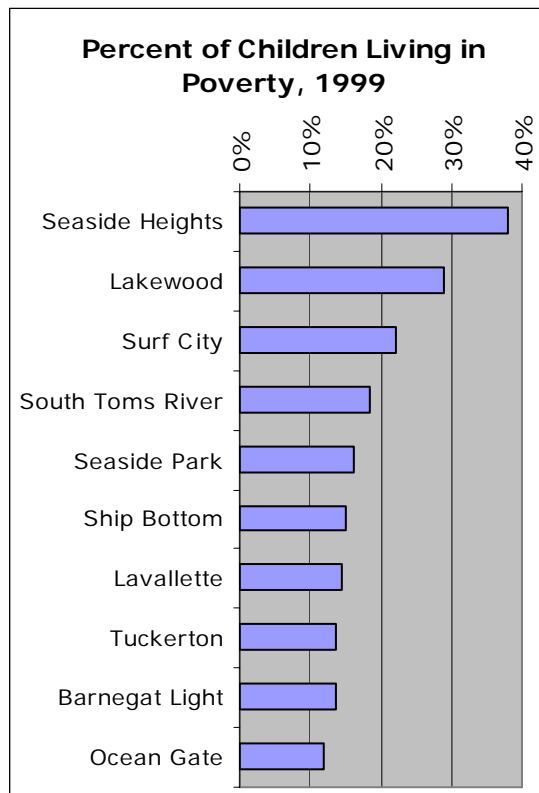
The median income of families with children in Ocean County has shown a decline in recent years. Ocean’s figure had surpassed the statewide average in 2003 and rose commensurate with NJ’s average in 2004. Statewide, the median income has leveled off in 2005, but Ocean County’s figure has decreased by 11% (\$8,500). The cause is unknown, but is a concern.

Taken together, families in Ocean may have less resources than they have had in previous years.



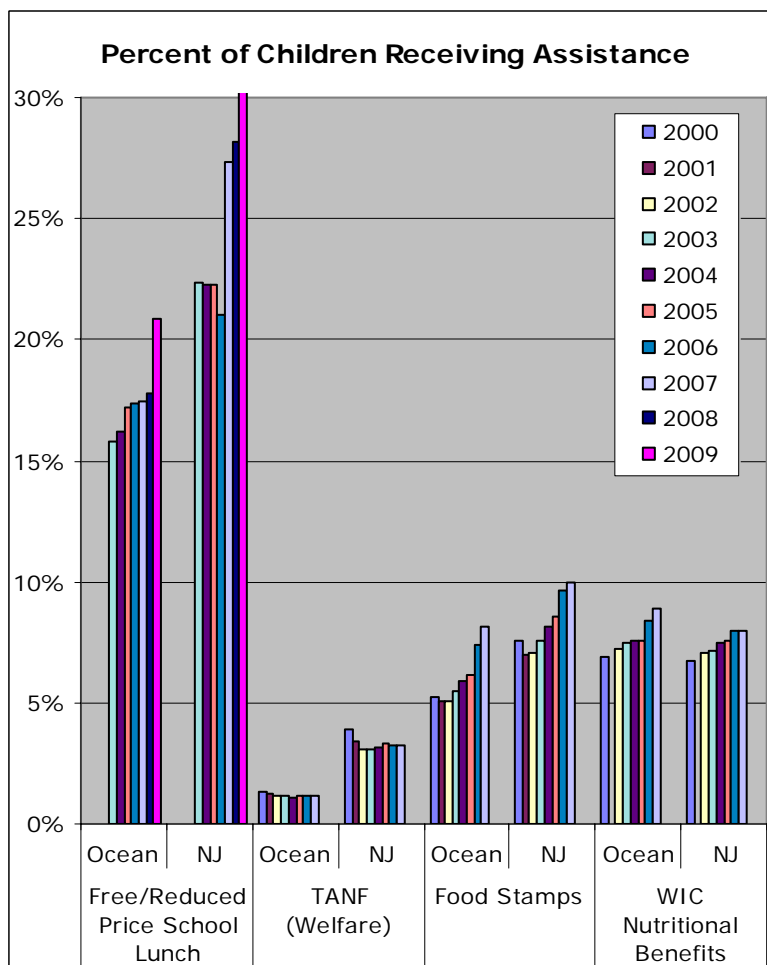
There are particular municipalities within the county that are home to families and children who are living at or below the poverty level. Lakewood, Dover (now Toms River), and Brick - the largest municipalities—have a large number of children living in poverty. However, 29% of the children in Lakewood live in poverty. 38% of children in Seaside Heights are in poverty. South Toms River has a rate of 18% children in poverty.

Seaside Heights, Ship Bottom, Seaside Park, and Surf City are resort towns with high percentage of child residents living below the poverty level. Winter rentals of small beach homes may attract renters at or below poverty, and poverty in those areas may be exacerbated by the area’s distance from year round employment opportunities and human services. Without personal transportation, the distance becomes a barrier especially in the off peak winter months.



The percent of children receiving assistance services is below the statewide average. 3.2% of children in the state receive Temporary Assistance to Needy Families (TANF), yet only 1.1% of Ocean County youth access this service. Food Stamps are utilized by 10% of New Jersey children, but only 8% of Ocean’s children. About 30% of NJ students receive free or reduced price lunch, compared to 21% in Ocean.

The only exception is seen in Women, Infant and Children Nutritional Benefits (WIC), where 9% of Ocean’s children and 8% of children in the state receive assistance. WIC is designed for families with young children, and the number of children in Ocean under 5 years may account for this.

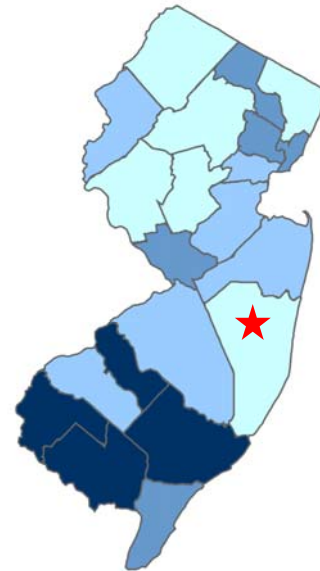


Teen births present challenges to both the infant and the young parents. The number of births to girls aged 10 to 19 years of age has remained stable at a rate below the statewide average. Girls from this age range have given birth about 335 times each year. Less than 5% of this category of births statewide occur in Ocean County. The percent of births to young girls of all births is lower in Ocean County than the statewide average (4% versus 6%). Recent statistics show an increase in the number of births to girls age 15 to 19 years nationally, at a rate of 42.5 per 1,000.

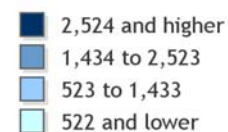
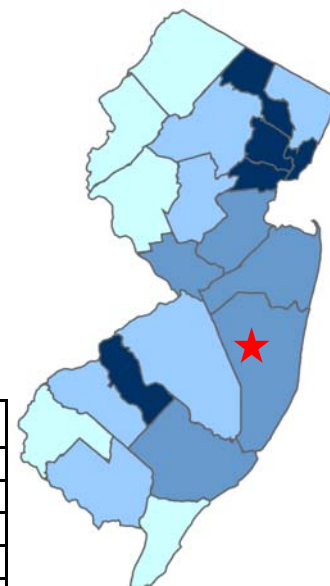
Births to unmarried women in the county represent about one out of every five births (20%), and this proportion has been relatively stable over the time period shown. In New Jersey as a whole, nearly 30% of all children are born to unmarried women. It could be inferred that more children are born to married couples in Ocean compared to the state in general.

A point to note is that this data is most likely gathered from birthing hospitals. The Regional Perinatal Consortium of Monmouth and Ocean Counties, upon analysis of maternal and child health statistics, reports that many pregnant women from Ocean County choose to deliver in Monmouth County hospitals. Thus, the data for Ocean County—if it tabulates according to location of hospital rather than mother’s residence—may not accurately reflect all of the births in Ocean County.

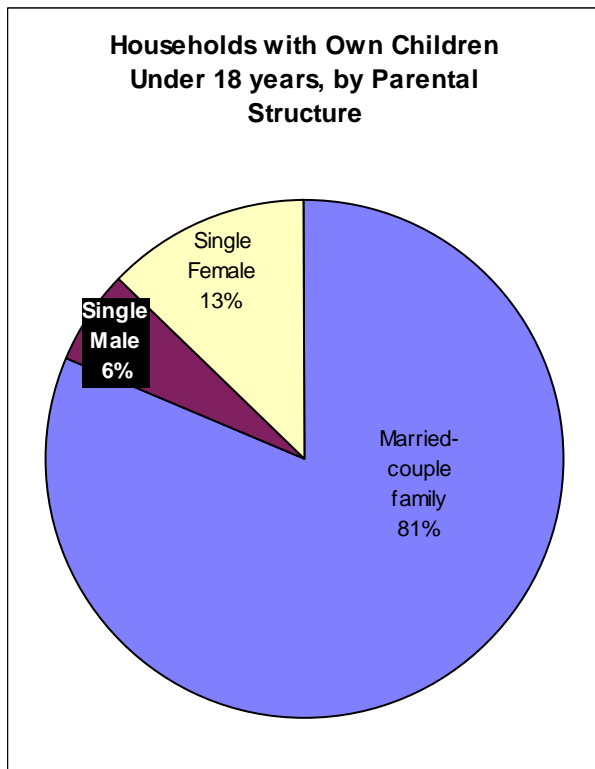
New Jersey Counties
Percent of Births to Girls Ages 10-19, 2004



New Jersey Counties
Births to Unmarried Women, 2004



Births in Ocean County, 2000—2004						
		2000	2001	2002	2003	2004
Total Births	Ocean	6,542	6,938	7,049	7,424	7,662
	Statewide	115,542	115,769	114,641	116,823	114,443
Births to Girls Aged 10 - 19	Ocean	323	335	348	348	339
	Statewide	8152	7795	7472	7209	6968
	Ocean % of NJ	4.0%	4.3%	4.7%	4.8%	4.9%
% Births to Girls Aged 10-19	Ocean	4.9%	4.8%	4.9%	4.7%	4.4%
	Statewide	7.1%	6.7%	6.5%	6.2%	6.1%
Births to Unmarried Women	Ocean	1,316	1,375	1,431	1,470	1,473
	% of All Births	20.1%	19.8%	20.3%	19.8%	19.2%
	Statewide	32,917	33,362	33,304	33,879	34,087
	Ocean % of NJ	4.0%	4.1%	4.3%	4.3%	4.3%



There are 222,000 households in Ocean County: 68% of are considered families and 30% comprise related children under 18 years of age.

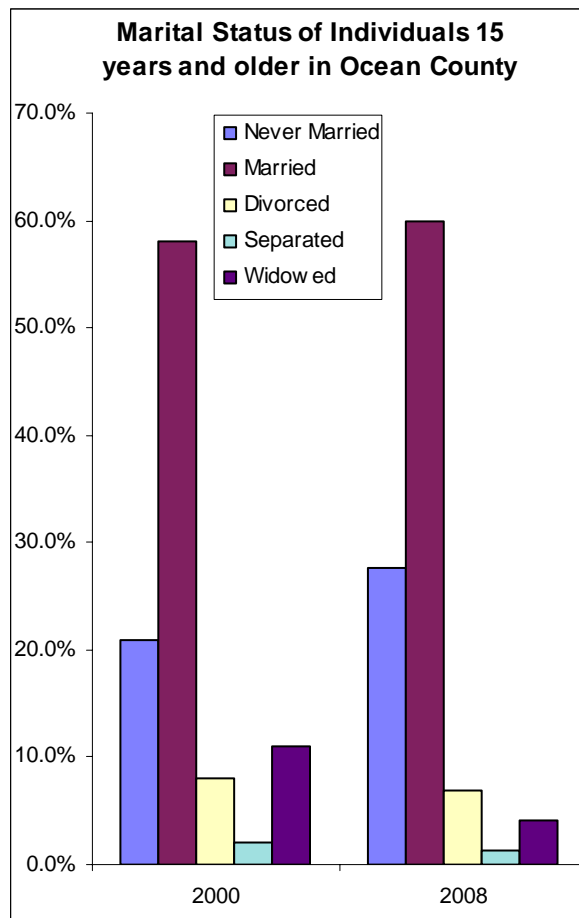
The majority of households with children are married-couple families. 13% are headed by a single female and 6% are headed by a single male.

About 6% of all households are comprised of grandparents caring for their own grandchildren under 18. In four of 10 instances, these grandparents are responsible for the grandchildren in their care.

The majority of residents of Ocean County are married (60%). Seven percent are currently divorced or separated, according to 2008 Census data. From 2000 to 2008, the percentage of never married individuals has increased, while the proportion of widowers and divorcees has decreased.

New Jersey's divorce rate per capita has decreased from 4.0 to 3.0 over the 20-year period of 1985 to 2005. On the other hand, the percent of first-time marriages has decreased slightly. This may indicate that many once-divorced individuals remarry.

Ocean's divorce rate in 2005 was 2.6, lower than the statewide figure.



In New Jersey during 2008, there were 70,613 domestic violence offenses reports by the police and 21,665 arrests made. In both areas, this reflects a 4.5% decrease in two years. In one third of the offenses, children were present (28%) or involved (5%). Injury resulted from about 3 out of 10 offenses reported. Alcohol or drugs were involved in 28% of all cases. In 20%, prior court orders had been issued against the alleged offender.

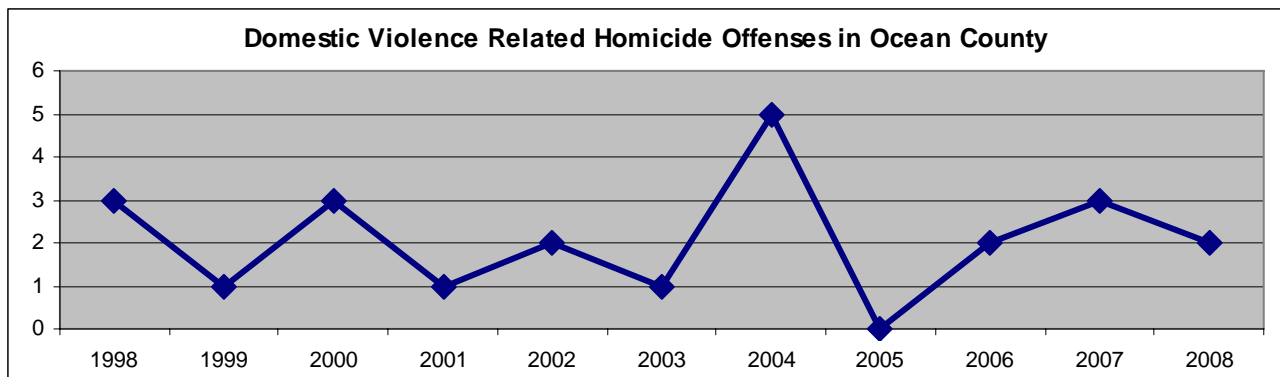
Despite a 10% decrease, Ocean ranks fourth among counties in the number of domestic violence offenses. In 2006, its ranking was second behind only Camden.

Controlling for population, Ocean is ranked 9th in offenses per capita, behind southern region counties (except Burlington), Sussex and Warren Counties.

In the state, there are 3.2 offenses for every arrest. In Ocean, there have historically been about 4 offenses for every arrest, although in 2008 this margin narrowed. This may indicate that police are more frequently utilized to diffuse disputes, and/or victims of domestic violence in Ocean are less likely to prosecute the offender.

There has been domestic violence related homicides nearly every year in Ocean since 1998. In 2004, there was an unusually high number of 5.

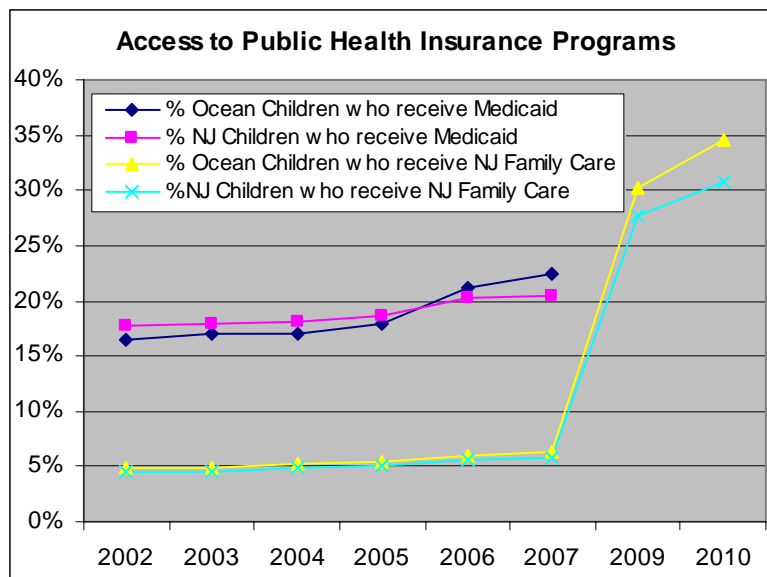
Domestic Violence by County, Sorted by Number of Offenses in 2008						
	Offenses			Arrests		
	2006	2007	2008	2006	2007	2008
Camden	6,814	6,225	6,615	2,363	2,066	2,127
Monmouth	5,403	5,650	5,284	1,860	1,890	1,791
Atlantic	5,378	5,265	5,198	1,115	1,222	1,106
Ocean	5,733	5,256	5,156	1,460	1,317	1,402
Essex	5,245	4,550	4,701	1,560	1,467	1,437
Middlesex	5,026	4,882	4,490	1,649	1,577	1,434
Bergen	4,664	4,381	4,299	1,311	1,285	1,245
Passaic	4,105	4,154	4,094	1,601	1,592	1,521
Hudson	4,569	4,341	4,069	1,092	1,103	1,107
Union	4,096	3,884	3,785	1,272	1,237	1,166
Burlington	3,795	3,708	3,667	1,918	1,771	1,667
Cumberland	3,353	3,309	3,268	954	931	911
Gloucester	3,010	2,988	3,187	1,039	1,040	1,147
Mercer	3,136	3,084	2,706	1,043	1,034	928
Morris	2,599	2,473	2,445	727	716	768
Somerset	2,202	2,194	2,145	529	533	537
Warren	1,295	1,519	1,565	186	264	226
Sussex	989	1,374	1,423	278	349	355
Cape May	1,185	1,200	1,103	315	372	300
Salem	663	767	722	299	311	303
Hunterdon	489	697	691	129	202	187
Total	73,749	71,901	70,613	22,700	22,279	21,665



Health Indicators									
		1990	2000	2001	2002	2003	2004	2005	2006
Newborns of Low Birth Weight	Ocean	308	382	436	456	492	495	-	-
	% of Births	-	5.8%	6.3%	6.5%	6.6%	6.5%	-	-
	Statewide	8,466	8,702	8,929	8,921	9,244	9,157	-	-
Number of Women Receiving 1st Trimester Prenatal Care	Ocean	-	5,097	5,399	5,604	6,136	6,312	-	-
	Statewide	-	86,045	86,273	88,210	89,138	86,703	-	-
Percent of Women Receiving 1st Trimester Prenatal Care	Ocean	-	77.9%	77.8%	79.5%	82.7%	82.4%	-	-
	Statewide	-	74.5%	74.5%	76.9%	76.3%	75.8%	-	-
Childhood Lead Screening: Number Tested	Ocean	-	4,704	4,433	6,232	4,424	5,810	7,754	7,461
	Statewide	-	137,536	149,233	171,712	172,932	181,265	196,335	200,581
Childhood Lead Screening: Percent Poisoned	Ocean	-	1.4%	1.4%	1.2%	1.3%	1.3%	1.2%	1.0%
	Statewide	-	5.0%	3.8%	3.2%	3.0%	2.7%	2.3%	1.8%

The percentage of mothers in Ocean County who receive first trimester prenatal care is greater than the statewide average (82.4% versus 75.8%). New Jersey has one of the lowest state rates in the nation of women receiving prenatal care. This figure has increased over the last several years, which is favorable for the health of children in Ocean County. The number of infants of low birth weight has grown slightly in proportion to the number of births each year in Ocean County. Infants of low birth weight comprise about 6.5% of the total births in the county. Since 2000, the proportion has increased from 5.8%; a trend to be monitored.

In 2000, it was estimated that 10% of children under 18 in Ocean do not have health insurance coverage, the fifth highest percent in the state greater than the average of 8.9%. While children are not receiving free/reduced school lunch, TANF, and Food Stamps at the same rate at the statewide average, over 20% of Ocean County children receive Medicaid benefits. 6.3% of children receiving Medicaid statewide reside in Ocean County.



Historically, the number of children receiving the NJ Family Care appeared low in comparison to the number receiving Medicaid and the poverty rate. During 2008, utilization exponentially increased. 2009 data from the NJ Family Care website reports that 30% or 39,000 Ocean County children became enrolled, along with 16,000 caregiver adults. 2010 data reports 35% or 46,000 children and 20,000 adults are enrolled. The number may continue to increase as the July 2008 legislation takes effect to ensure that every child under 19 is insured.

New Jersey has one of the lowest rates of individuals between 5 and 20 years with a disability, with 5.4%. It is ranked 47 in the nation, less than one percentage point below the national rate of 6.2%.

In Ocean County, the rate is lower still, at 4.8%. Although the number of youth with a disability is comparatively small, this circumstance is correlated with poverty. 16% of children with a disability between 5 and 15 years live below the poverty guideline, as do 30% of those aged 16 to 20.

Anecdotally, it is well known that there are sizable clusters of individuals—many of them children—who are diagnosed with autism in Ocean County. Concrete data is unavailable at this time.

“Chronic Conditions affect people’s physical and mental health, their social life, and employment status in radically different ways. Some individuals with chronic conditions live full, productive, and rewarding lives; for others, isolation, depression, and physical pain are the consequences of severe chronic illness.” *Robert Wood Johnson Foundation*

One quarter of all children under 20 years have a chronic illness, according to 2001 estimate. Among children, respiratory (35%) and asthma (27%) are most common chronic illness. The rate of common illness among children in Ocean County is unknown at this time.

The incidence of cancer in Ocean County—one of many chronic illnesses—is elevated compared to the state as a whole. In the absence of age-delineated data, it can be inferred that the cancer incidence among children is similar.

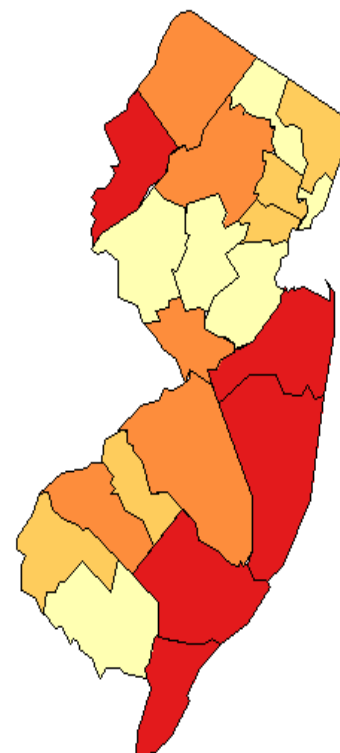
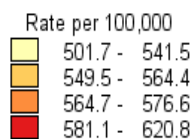
The Census Bureau defines disability as a long-lasting sensory, physical, mental, or emotional condition or conditions that make it difficult for a person to do functional or participatory activities such as seeing, hearing, walking, climbing stairs, learning, remembering, concentrating, dressing, bathing, going outside the home, or working at a job. In the 2006 American Community Survey, there are three disability questions, each with two subparts.

Ocean County Residents Living with a Disability by Age Group, 2006

	# With a Disability	% of Population with Disability	% in Poverty
Age 5-15	3,082	4.1%	15.8%
Age 16-20	2,099	6.4%	30.5%
Age 21-64	32,061	10.7%	15.3%
Age 65+	41,707	37.0%	5.8%

Age-Adjusted Cancer Incidence Rates in New Jersey All Sites, 1990-2006 By County

Age-Adjusted to the 2000 U.S. Standard Million Population
New Jersey Rate: 558.4



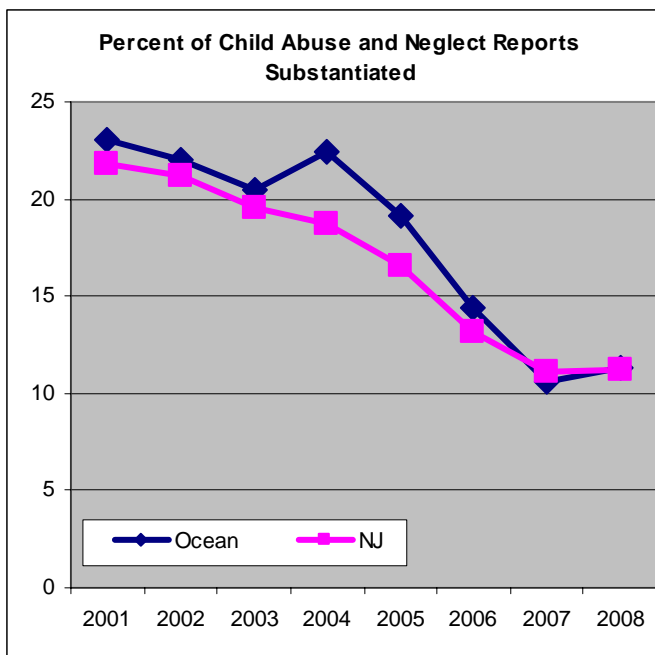
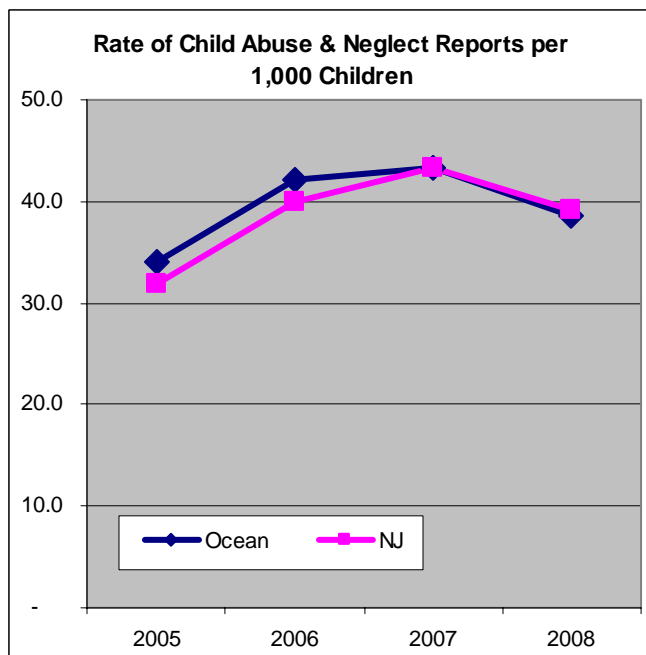
Created Mar 14, 2009
Copyright (C) 2009 New Jersey Cancer Registry

In 2008, over 5000 reports of suspected abuse and neglect of children were made in Ocean County. These are calls made to the DYFS hotline at a rate of 39 per 1000 children living in the county. Ocean has been one of the top counties in number of annual referrals to DYFS for several years. Child abuse or neglect was substantiated for about 600 children.

It appears that the number of reports and have increased dramatically, but the percent of those that are substantiated has declined. The substantiation rate has decreased statewide, as seen in the line graph below, but at a somewhat different trajectory than Ocean County. This may be related to the implementation of the System of Care in Ocean during 2005, which created new resources for families, and may reflect an elevated number of families referred to DYFS for child welfare issues (versus abuse or neglect).

It is important to note that data was calculated differently beginning in April 2005. The total number reflects the number of *children* involved in reports, and the case disposition categories were changed from "substantiated," "unconfirmed," and "unfounded" to only "substantiated" or "unfounded." Also, a second local office and area office of DYFS were opened around the same time, which increased the local capacity to serve child abuse and neglect referrals.

	# of Children Reported	# Substantiated	% Substantiated
Camden	7816	1071	13.7%
Essex	8599	1062	12.4%
Hudson	5725	771	13.5%
Ocean	5083	572	11.3%
Middlesex	5514	557	10.1%
Monmouth	4667	546	11.7%
Gloucester	3161	435	13.8%
Bergen	4121	423	10.3%
Mercer	3652	401	11.0%
Atlantic	3701	392	10.6%
Passaic	5475	391	7.1%
Union	4045	391	9.7%
Burlington	4178	359	8.6%
Somerset	2186	332	15.2%
Cumberland	3194	329	10.3%
Morris	2899	315	10.9%
Cape May	1375	236	17.2%
Salem	1135	126	11.1%
Sussex	1575	114	7.2%
Warren	1515	106	7.0%
Hunterdon	650	73	11.2%
Out of State	85	13	15.3%
Total	80351	9015	11.2%



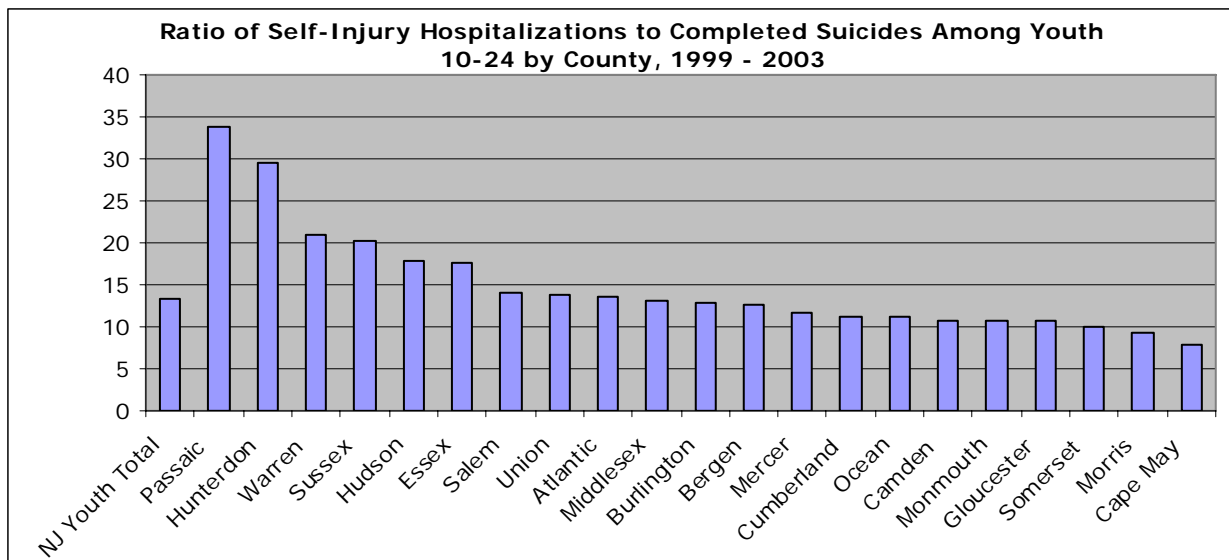
County-level self-inflicted injuries, ratio of attempts to completions, New Jersey, 1999-2003			
	Self-injury Hospitalizations	Completed Suicides	Ratio
NJ Youth Total	4165	311	13.4
Middlesex	406	31	13.1
Monmouth	317	30	10.6
Camden	291	27	10.8
Bergen	330	26	12.7
Essex	387	22	17.6
Ocean	235	21	11.2
Mercer	231	20	11.6
Hudson	303	17	17.8
Morris	148	16	9.3
Burlington	192	15	12.8
Somerset	129	13	9.9
Union	180	13	13.8
Gloucester	127	12	10.6
Atlantic	136	10	13.6
Passaic	337	10	33.7
Cumberland	102	9	11.3
Cape May	47	6	7.8
Sussex	101	5	20.2
Salem	42	3	14
Warren	63	3	21
Hunterdon	59	2	29.5

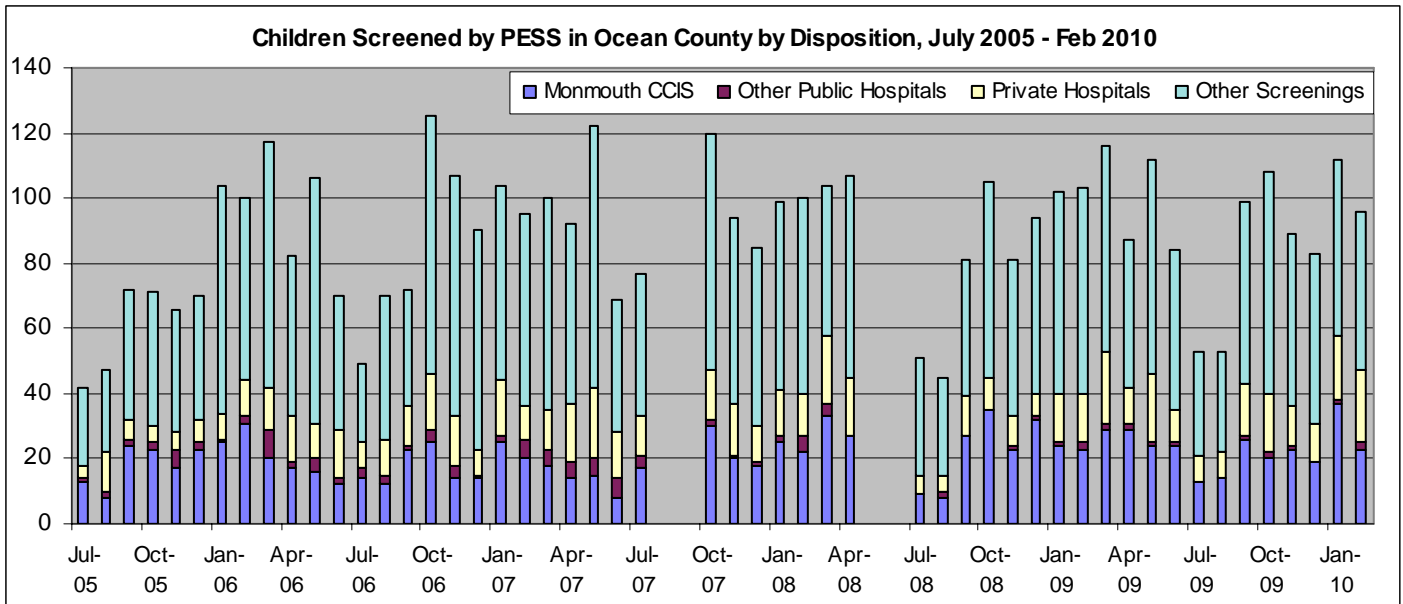
According to reports by the NJ Department of Health and Senior Services' Office of Injury Surveillance and Prevention, New Jersey has lower than average suicide rates for all age groups. It is ranked 50 out of 51.

Nationally, adolescent suicide rates have declined about 20 percent since 1990. In New Jersey, there are about 65 to 75 suicides among those aged 10-24 years. Ocean is 6th in number of youth suicides during 1999 to 2003 with 21 (or 3.5 annually).

Youth, in comparison to individuals of other age groups, are more likely to engage in self-injurious behavior leading to a hospitalization, or suicide attempts. For each completed suicide among youth in New Jersey, there were 11.2 attempts that required hospitalization.

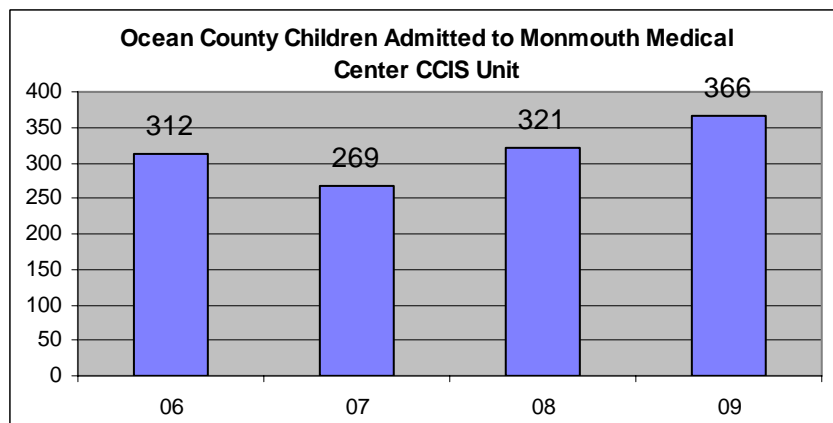
Non-fatal attempts are less frequent in Ocean. A statewide analysis revealed that southern counties saw a smaller attempts to completed suicide than northern counties. The OISP attributes this phenomenon, in part, to geographic difference of hospital utilization.





There is an average of 88 screenings of children through PESS each month, up from 52 in 2008. The number of children at PESS has steadily increased, although not as rapidly as the number of adults screened. Approximately 40% of children screened are consequently hospitalized, at either the region's CCIS unit, another public hospital, or a private one. Of note, the number of youth utilizing private hospitals has increased over the last two years.

Ocean ranked 5th among counties for utilization of CCIS acute hospitalization beds in FY2006, just over 8% of the state's total use. Length of stay has been steadily decreasing down to 6 days in 2009.



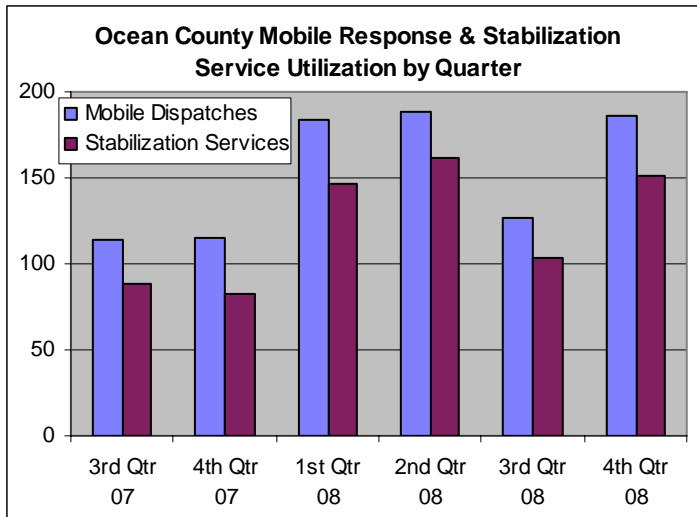
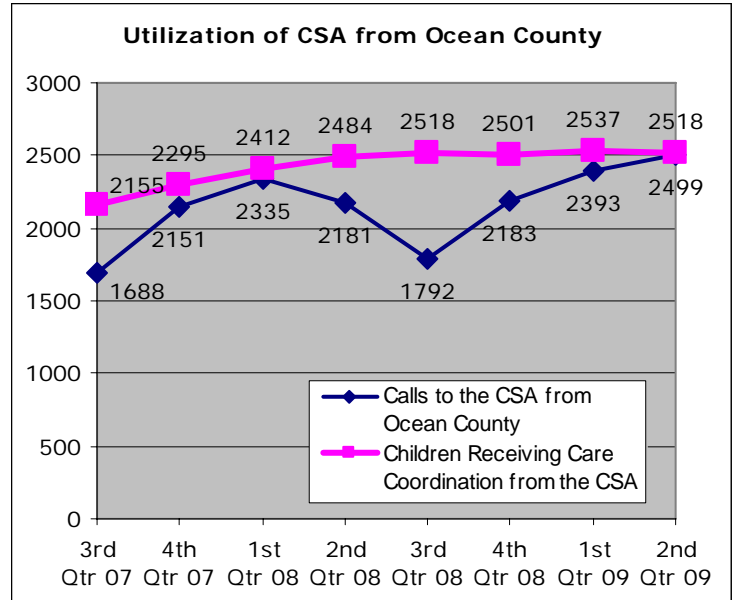
A concern in Ocean County for both the chil-

children's and adult mental health system is a lack of psychiatric outpatient services (e.g. evaluations and medication management). Waiting lists for can be months long and longer still for practitioners who accept Medicaid. A lack of these core treatment modalities has contributed to a reliance on the acute care system of psychiatric screening and hospitalization. Anecdotal information suggests that the lack of outpatient services leaves many children unable to maintain stabilization in the community, which ultimately leads them to emergency psychiatric care.

There is not a high number of re-screenings or re-admissions. This may indicate that the services to which families are linked after screening or hospitalization are meeting their needs.

The final components of the DCBHS System of Care (SOC) opened in Ocean County in mid 2005. About 800 calls are received monthly by the Contracted Systems Administrator (CSA) from families in Ocean County seeking services. According to the most recent available data, 2,500 local children receive care through the SOC.

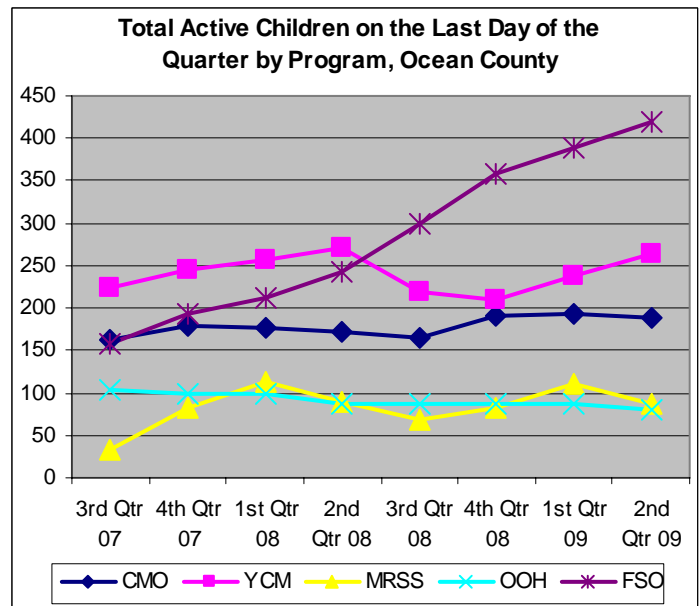
Ocean County ranks 5th in utilization of Mobile Response and Stabilization Services (MRSS) compared to other counties. MRSS responded to an average of 49 families per month during 2007. In 2008, this figure increased to about 60.



The number of youth in Youth Case Management (YCM) had historically been high, decreasing when the Care Management Organization (CMO) was opened. The expansion of CMO slots from 180 to 200 corresponded with a decrease in YCM caseload. The CMO reached expanded capacity during the fourth quarter of 2008. Utilization of YCM has increased again. In 2010, over 300 families are currently served by YCM.

Throughout, children in Out of Home (OOH) placements has slowly decreased to just under 100.

The Family Support Organization, according to the County Data Dashboard, has steadily increased the number of families it serves through peer support and community support groups. While other SOC services come to an end, many families are able to and remain linked by varying degrees with the support of the FSO.



Risk and Protective Factors Identified in Other Plans

Human Services Advisory Council (HSAC) Priority Populations Plan 2006 Summary

Children and Family Service Needs Highlights

Basic Needs – #9 transportation; #10 housing; #8 child care; #4 transitional and independent living services for at-risk youth; #7 financial assistance for single women who are victims of domestic violence

#1 Information and education about existing services

#2 Improved access to services; #3 coordinated case management for at-risk youth

#5 Additional preventive and IOP services for substance abusers

#6 After school programs for middle school youth

Mental Health Population Needs Highlights

#1 Improved Access to Services

#2 Housing

#3 Transportation

#4 Programs that are sensitive to cultural and linguistic issues

Mental Health Board Plan Update 2009 Summary

Top Planning Priorities

Education and Awareness including existing service delivery system; cross-training in community; and a comprehensive resource directory.

Access to services including alternatives to traditional mental health services; diversions from PESS; and increased housing opportunities.

Collaboration and communication including a centralized database of shared information.

Common Needs Identified:

- Transportation, housing and ensuring basic needs
- Improved access and education about available services, and coordinated systems partnerships
- Psychiatric time and access
- Other service recommendations include: parenting skills training, coordinated case management, preventive and IOP substance abuse services, after school programs for middle school youth and culturally/linguistically appropriate services

Prioritization of Factors

- Ocean is only one of two counties that it is *both* one of the most populated *and* fastest growing.
- Compared to New Jersey as a whole, Ocean County is less diverse but the ethnic composition is diversifying. There are roughly about three times as many residents of a minority race in New Jersey than there are in Ocean.
- New Jersey has experienced a significant decline in the number of youth living here, as have 80% of counties declining or fluctuating less than 1% in the current decade. Ocean's child population has risen the most: 10.7% from 2000 to 2008.
- The largest group of youth in Ocean are under 5 years old.
- The highest rate of poverty for a municipality is seen in Seaside Heights, with 24% of its residents living below the federal poverty level. 38% of the children in Seaside Heights are in poverty, and 29% of the children in Lakewood.
- The rate of child poverty has fluctuated from 2002 to 2006, and the median income of families decreased in 2005.
- Ocean County has the second highest median housing cost for renters (\$1,151) in New Jersey, an increase of 40% since 2000. Among more than 800 counties nationwide, Ocean ranks 24th in this area, which is in the 95th percentile.
- Percent of children receiving assistance services (TANF, Free/Reduced School Lunch, Food Stamps) is lower than state average.
- Considering the increase in youth population in Ocean yet the decrease of arrests, it could be inferred that the extent of juvenile delinquency in the county has declined. However, 2/3 of juvenile detainees show indicators of mental health needs.
- Regarding substance abuse, there is a lower amount of estimated treatment need and high number of individuals receiving treatment in Ocean.
- The 2007 NJ Middle School Risk and Protective Factor Survey indicates that the level of Risk Factor in the school domain for Ocean County is slightly elevated compared to NJ as a whole.
- Majority of households with children are lead by married couples (81%).
- In 2000, it was estimated that 10% of children under 18 do not have health insurance coverage, the fifth highest percent in the state greater than the average of 8.9%. There has been an exponential increase of families utilizing NJ Family Care.
- The percent of children living with a disability is small in Ocean (4.8%), lower than NJ (5.4%) and US (6.2%).
- Number of calls to DYFS increased and percent substantiated decreased, which may indicate the availability of alternative services or an increase in child welfare referrals.
- Number of youth suicides and self-injury hospitalizations is low in Ocean, and NJ.
- Increasing utilization of PESS, CCIS acute hospitalization, and Mobile Response.
- Increasing utilization of Youth Case Management.

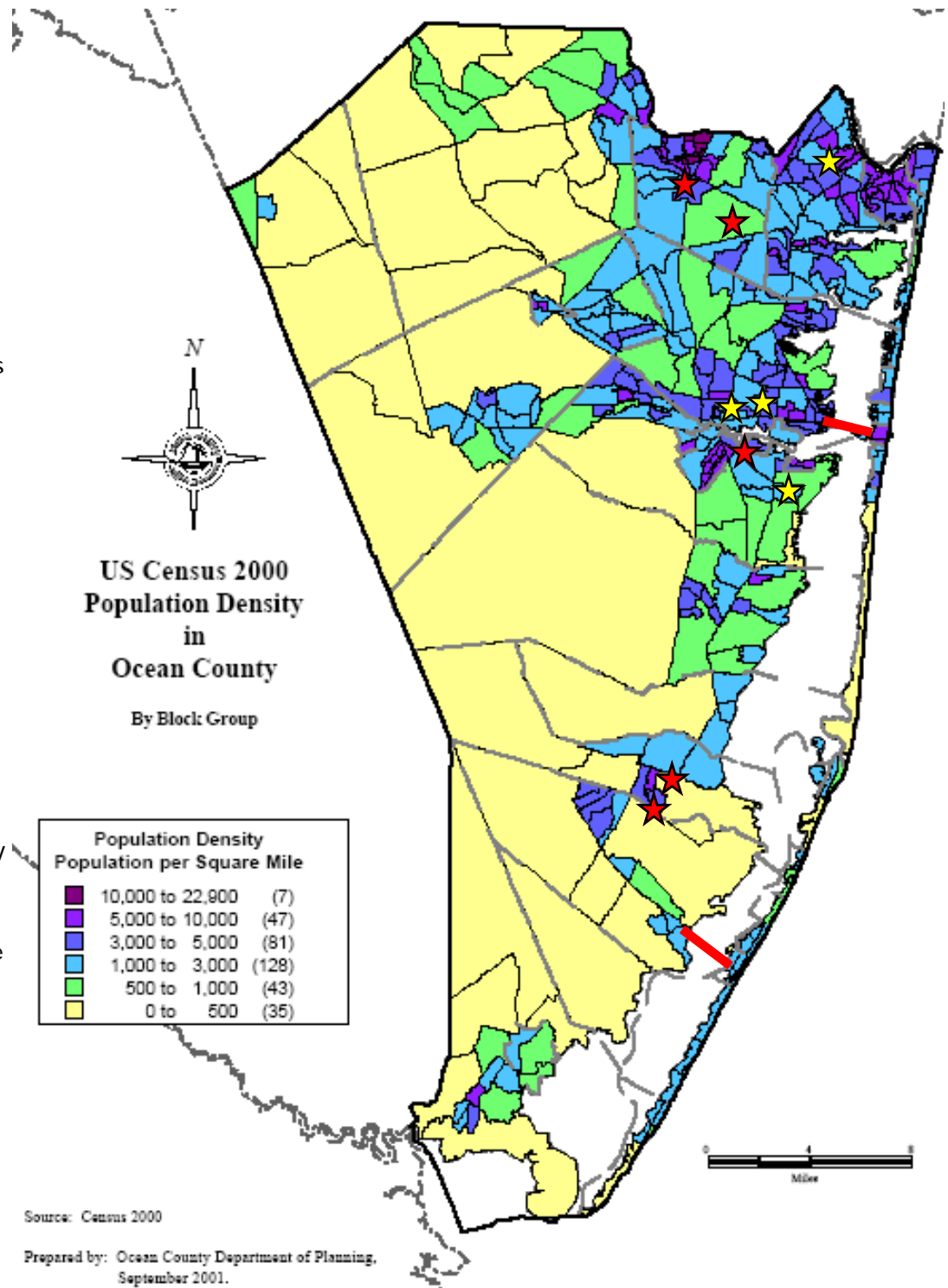
Resource Mapping

The map below shows the population density in Ocean as of 2000. It encompasses 636 square miles of land, nearly 40 miles of the Garden State Parkway and 8,338 acres of preserved land.

Locations of the Community Mental Health Centers (CMHCs) and the county's designated Screening Center are starred in red. DCBHS system partners are shown in yellow. Children's behavioral health services are indeed located in the highly populated areas. However, southern western and island areas are naturally geographically isolated. The burden of distance falls on both the families who travel to access services, and the providers who travel to deliver services in the home and community.

The southern half of the county (e.g. Lacey, Manahawkin, Little Egg Harbor) has historically been less populated than the northern area (e.g. Lakewood, Brick, Toms River). In the decade since this map was created, however, building and population in the south has boomed.

Ocean County contains two long barrier islands, which are connected by only three bridges to the mainland, depicted here by red lines. The commute from these areas can be quite lengthy, especially during the peak summer months when the county's population doubles with tourists.



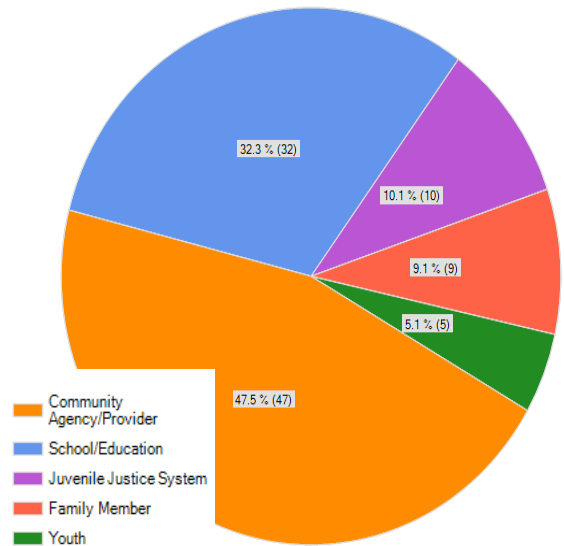
Gap Analysis

Children’s Behavioral Health Survey 2010 Results

The survey form was revised for 2010 to collect richer data about stakeholders’ perception on the System of Care as well as service gaps and barriers (see sample, attached). Information on gaps and barriers is presented here as part of the Service Needs Assessment to determine priority areas for service development. The survey results will also be applied towards the development of Continuous Quality Improvement projects for the CIACC to undertake in FY2011, delineated in the annual Work Plan.

There were 101 total respondents to the 2010 Needs Assessment Survey. The sample represents several stakeholder groups concerned with children’s behavioral health (see graph). The sample was also fairly representative of the ethnic diversity of Ocean County, with 90% Caucasian, 4% Latino/Latina, 4% African American, and 2% Other (of the 91 who identified ethnicity). A majority of the respondents are female (75%).

I represent the following (please select the one that applies the best):



Behavioral Health Services and Supports

Participants were asked to rate how available and accessible specified behavioral health services are in Ocean County, for youth who experience mental health/behavioral challenges. Acute services (i.e. crisis intervention, emergency crisis intervention and hospitalization) were rated highly, as available “Most of the Time” by 43%. The majority of respondents rated all services as available at least some of the time. The services with the highest rating of “Not at All Available” were: Summer/Therapeutic Camps (20.5%); Independent Living or Supervised Transitional Living (19.3%); Specialized therapies (18.2%); and Recreational Activities (12.5%). See chart below for the top 10. Camps and Recreation rose to the top among youth and family respondents. Camps and Independent/Supervised Transitional Living were rated similarly in the 2008 survey.

Please rate how available and accessible the following behavioral health services are in Ocean County, for youth who experience mental health/behavioral challenges:

	Not at all	Some of the time	Most of the time	Very	I don't know
Summer camp/ therapeutic camp	18	30	12	5	23
Independent Living or Supervised Transitional Living	17	31	10	6	24
Specialized therapies (specific programs for Self Injury, Eating Disorders, Fire Setting, etc.)	16	34	18	6	14
Residential treatments	15	30	15	5	23
Recreational activities	11	39	17	8	13
Therapeutic foster care/ Treatment homes	11	28	20	4	25
Education, training, and workshops for parents	10	34	27	8	8
Psychiatric evaluations for medicine	8	49	20	4	7
Support groups and peer support	8	34	25	12	9
Psychiatric hospitalization	8	22	38	11	9

Gap Analysis, continued

Participants were also asked to rate how well the local System of Care address the needs of youth with specific characteristics (target populations). The majority of respondents indicated that most youth are adequately served based on the factors listed. About 39% felt that youth with co-occurring mental health and developmental or learning disability are poorly served, 37% youth between birth and age 5; and 37% youth of a linguistic minority other than English-speaking. See chart for top 10. Services for very young children was rated poorest among youth/families (54.5%).

How well do you feel the Ocean County System of Care serves the needs of youth with the following specific characteristics?				
	Poorly Served	Adequately Served	Well Served	I don't know
Co-occurring mental health and developmental or learning disability	29	22	11	13
Very young (0-5 yrs)	28	17	7	23
Linguistic minority (other than English speaking)	27	19	11	17
Caregivers who also experience mental health challenges	25	27	8	15
Aggressive behaviors	24	31	12	8
Lesbian, gay, bisexual, transgendered or questioning (LGBTQ)	24	16	6	29
Families with limited resources to meet basic needs	21	32	10	12
Severe mental health/ behavioral challenges	21	31	17	6
Young (6-12 yrs)	21	30	11	12
Families who are homeless	21	26	12	15

Have you, your family or someone you know encountered any of the following barriers when trying to access children's mental health/ behavioral health services?

	Often	Some times	Never
There was a long wait time for services	34	34	9
No transportation to get to the service	34	27	16
Service was too expensive	20	38	19
Co-pays and/or deductibles are too expensive	18	44	15
Parent wants the service, but the youth does not	18	41	17
Services were too far away (outside Ocean County)	18	38	21
Health insurance or other funding ran out before the service was completed	17	39	21
Health insurance would not pay for the service	16	48	13
Lack of awareness about services or services were too confusing to navigate	16	45	15
Services were too far away (in Ocean County)	15	40	22

Barriers

Seen at left, the most often experienced barriers to accessing services are: A Long Wait for Services (44.2%); No Transportation to Get to the Service (44.2%); and the Service was Too Expensive (26.0%). Also in the top 10 are closely related barriers regarding location of services (services too far away within or outside Ocean) and financial limitations (co-pays, deductibles, lack of funding, services not covered). Transportation, Waiting Lists (53%) and Cost (46%) were also in the top five barriers in the 2007 and 2008 surveys.

Ancillary Services

When asked about the availability of ancillary human services, Food Pantries and Subsidy Programs were rated highly (39% very available) and Public Transportation (45.2%) and Safe Affordable Housing (37.8%) rarely available.

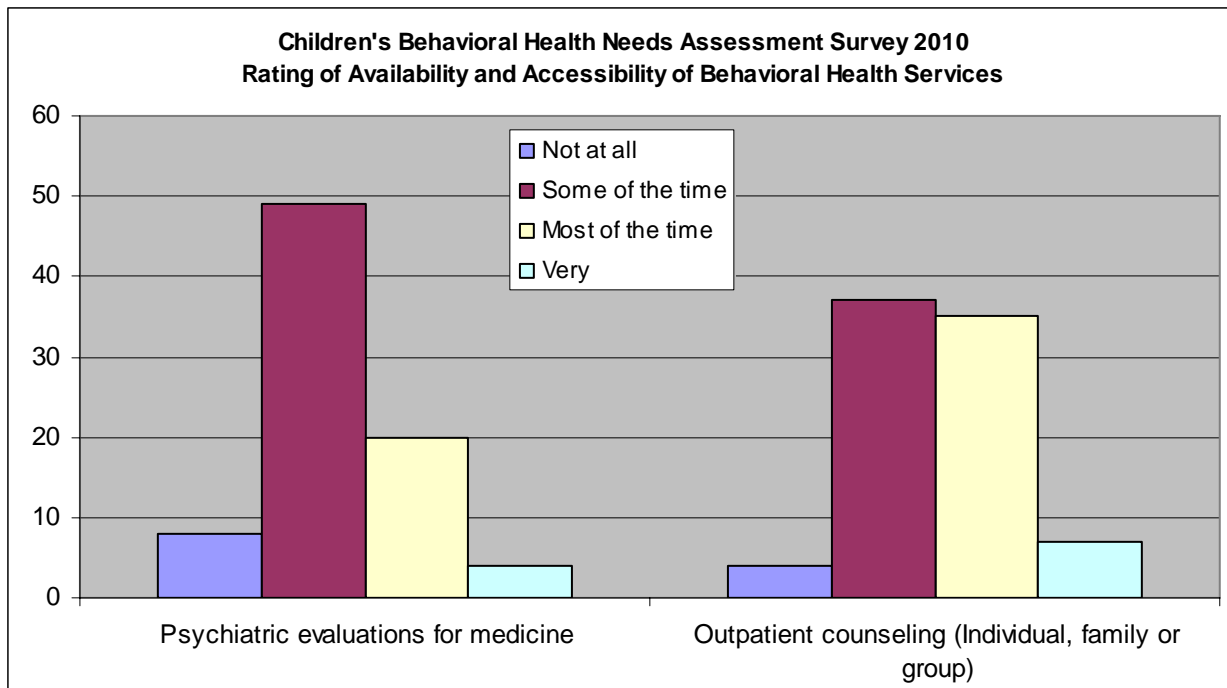
Top 5 Service Priorities, FY2011

Ocean County's core infrastructure of community mental health services was established around 40 years ago, prior to the explosion of population in the area that continues at present. Historically, insufficient access to psychiatric, outpatient and partial care program services has been deemed high priority in this county. However, the majority of service development has been in programs for specific populations as opposed to core mental health services.

In the 2010 survey, respondents were asked to rank of the importance of last year's top five priorities as to their current importance. 80% ranked Psychiatric Service Accessibility (i.e. evaluations, medication monitoring appointments) as Important or Very Important. About 66% ranked Outpatient Service Accessibility (i.e. individual, family or group counseling) Important to Very Important. In a previous survey question to rate the availability and accessibility of both service modalities, they were rated at least somewhat available (see chart below) and did not rise to the top five services of poorest rating.

For families within the DCBHS System of Care, stopgap measures and innovations have been put in place to combat limited capacity of and waiting lists for psychiatrists and other therapists on an outpatient basis. These measures have been working for families that rise to this level of care, but there are many more families who would benefit from community mental health services. Furthermore, greater availability on the lower end of the continuum of care may prevent youth from developing the needs that necessitate more intense and acute services later on.

While Psychiatric and Outpatient Services will not be included in the top five service priorities in the FY11 Needs Assessment, it is imperative to understand that capacity building in these areas is sorely needed and would serve a great benefit to the wellbeing of children and youth of Ocean County.



Top 5 Service Priorities, FY2011 continued

1. Services for Youth with Co-occurring Mental Health and Developmental/ Learning Disabilities

A local CIACC committee purposed to enhance partnership between providers and stakeholders in the children's mental health and developmental disability systems was developed in 2008. The committee closely followed the work of the NJ Dual Diagnosis Task Force that began shortly thereafter and has provided input whenever possible. It has been very challenging to partner while there are sweeping statewide changes pending and the Division of Developmental Disabilities (DDD) is also in a state of reorganization. Ocean County looks forward to the implementation of Task Force recommendations for an integrated service system that is very much needed and would be very interested to serve as a pilot. In FY11, the CIACC will reinvigorate the local committee and focus on developing/enhancing services and improving policy around dually diagnosed youth.

2. Recreational Activities for Youth with Behavioral Challenges

While many municipalities and organizations offer recreational activities for children, few in the County are designed to serve children who display mental health/ behavioral challenges. In the typical setting, staffing may not be sufficient to monitor and address challenging behaviors or to accommodate a child who needs to take medication. Cost is a frequent barrier as well. Base fees can be considerable and may require supplementary costs for equipment that low- to moderate-income families of children with behavioral challenges find difficult to pay in addition to contributing towards therapeutic interventions. The development of recreational activities as well as scholarship or grant programs for low income and working class families are a high priority for Ocean County.

3. Independent Living and Supervised Transitional Living

Independent Living and Supervised Transitional Living programs provide a structured (to varying degrees) environment for youth and young adults to live in while developing their skills for independence. According to some data, Ocean County only has 7 of these placements within its borders, the second lowest number per county in the state which is very disproportionate to high number of youth and youth seeking services. The very high cost of living in Ocean makes it difficult for any young adult to transition to independence, let alone one who is struggling with additional challenges. Since 2007, a joint Aging Out/In Committee of the CIACC and Mental Health Board has convened to case conference and

Top 5 Service Priorities, FY2011 continued

reduce fragmentation for youth transitioning from the children's to adult mental health system. Ocean County became a pilot for Transition Planning Conferencing in 2008 and worked with the Division of Child Behavioral Health (DCBHS) to apply for the federal Substance Abuse and Mental Health Services Administration's (SAMHSA) Healthy Transitions project in 2009. It is a prime time for program development to complement and enhance these existing efforts.

4. Specialized Therapies

The fourth priority for service development is in the area of specialized therapies to address youth behaviors such as fire-setting, self-injury and eating disorders. Traditional treatment and service delivery philosophies have demonstrated varied degrees of effectiveness in addressing these specific areas. Research on evidence-based/ blueprint practices has advanced understanding and resulted in the identification of effective treatments for youth who exhibit these behaviors. It would be a great benefit to the youth of Ocean County to increase the availability of specialized clinicians and therapies.

5. Services for Very Young Children under 5 years old

Early childhood mental health has been an area of growing awareness nationwide. The DCBHS System of Care was crafted to serve children and youth aged 5 to 17 and, in some cases, young adults up to age 22. Ocean County was honored to work with the NJ Departments of Health and Senior Services (DHSS) and Children and Families (DCF) on an application for SAMHSA's Project LAUNCH in 2008, which was not selected for funding. The growing number of Ocean County children in this age group and dearth of resources coupled with the potential to prevent/reduce future, more intense symptomatic behavior makes this a priority area of service development in FY11.

Sources

About Risk and Protective Factors

U.S. Department of Health and Human Services, Center for Disease Control and Prevention—Suicide Prevention: Risk and Protective Factors

<http://www.cdc.gov/ViolencePrevention/suicide/riskprotectivefactors.html>

http://www.cdc.gov/ncipc/dvp/suicide/suicide_risk_pfactors.htm

Devon Child and Adolescent Mental Health Training Website (CAMHS)—Risk Factors Influencing the Development of Mental Health Problems <http://www.camhs.nhs.uk/mentalHealth/risk%2Dand%2Dprotective%2Dfactors/>

Education Development Center, Suicide Prevention Resource Center—Risk and Protective Factors for Suicide <http://www.sprc.org/library/srisk.pdf>

National Center for Children in Poverty, Columbia University—Children’s Mental Health: Facts for Policy Makers, November 2006 <http://www.nccp.org>

Students First Project—Risk and Protective Factors http://www.studentsfirstproject.org/v2/index.php?option=com_content&view=article&id=35&Itemid=524

U.S. Office of the Surgeon General—Mental Health: A Report of the Surgeon General <http://www.surgeongeneral.gov/library/mentalhealth/chapter2/sec5.html>

Data Sources

Association for Children of New Jersey—Kids Count, www.kidscount.org

Annie E. Casey Foundation - Community-Level Information on Kids (CLIKs), <http://www.aecf.org/cgi-bin/cliiks.cgi>

National Center for Higher Education Management Systems (NCHEMS) <http://www.higheredinfo.org/dbrowser/index.php?submeasure=36&year=2006&level=nation&mode=graph&state=0>

National Center on Family Homelessness America’s Youngest Outcasts: State Report Card on Child Homelessness http://www.homelesschildrenamerica.org/pdf/report_cards/long/nj_long.pdf

NJ Department of Children and Families, Child Welfare Statistics and Data <http://www.state.nj.us/dcf/home/childdata/index.html>

NJ Department of Children and Families, Division of Child Behavioral Health Services <https://www.vonewjersey.com/ReportRequestWeb/Login.aspx?access=Public>

NJ Department of Children and Families, Division of Child Behavioral Health Services—NJ0536.1 County Profile Report

NJ Department of Education—Data <http://www.state.nj.us/education/data/>

Sources, continued

Data Sources (continued)

NJ Department of Children and Families, Youth Suicide Prevention Advisory Council—Adolescent Suicide in New Jersey: Data Overview and Prevention Activities http://www.state.nj.us/dcf/about/commissions/suicide/AdolesSuicideRpt_Feb07.pdf

NJ Department of Education—Violence, Vandalism and Substance Abuse in New Jersey Schools, School Year 2007—2008 <http://www.state.nj.us/education/schools/vandv/0708/>

NJ Department of Health and Senior Services, Center for Health Statistics—Marriages, Divorces and Domestic Partnerships 2005 www.nj.gov/health/chs/stats05/marrdp05.pdf

NJ Department of Health and Senior Services, Center for Health Statistics—Health Insurance of New Jersey residents http://www.state.nj.us/health/chs/documents/hic00_08.pdf

NJ Department of Health and Senior Services—New Jersey Cancer Registry <http://www.cancer-rates.info/nj/>

NJ Department of Health and Senior Services, Office of Injury Surveillance and Prevention—Adolescent Suicide in New Jersey http://www.nj.gov/health/chs/oisp/documents/ad_suicide07.pdf

NJ Department of Human Services, Division of Addiction Services—2007 New Jersey Middle School Risk and Protective Factor Survey <http://www.state.nj.us/humanservices/das/2007NJMidSchRiskProtectiveFactorSurv.pdf>

NJ Department of Human Services, Division of Addiction Services—Alcohol and Other Drug Reports http://www.state.nj.us/humanservices/das/das_reports.html

NJ Department of Human Services, Division of Addiction Services—Ocean County Chartbook <http://www.state.nj.us/humanservices/das/Chartbooks/Ocean.htm>

NJ Department of Labor and Workforce Development—Experimental Small Area Health Insurance Estimates by County, 2000 http://www.wnjp.state.nj.us/OneStopCareerCenter/LaborMarketInformation/Imi02/Sahie_NJ00.xls

NJ Family Care—County Enrollments http://www.njfamilycare.org/enroll/enroll_chart.html

NJ State Police—Domestic Violence Reports <http://nj.gov/njsp/info/stats.html>

Private School Review Online <http://www.privateschoolreview.com/religiousSelection/typeReli/17/stateid/NJ>

U.S. Department of Health and Human Services—Poverty Guidelines
1999 <http://aspe.hhs.gov/poverty/99poverty.htm>
2009 <http://aspe.hhs.gov/POVERTY/09poverty.shtml>

Ocean County Department of Human Services, Human Services Advisory Council—Priority Populations Plan <http://www.co.ocean.nj.us/ocdhs/hsac/index.html>

Ocean County Department of Human Services, Mental Health Board—Mental Health Plan Update 2009 <http://www.co.ocean.nj.us/ocdhs/mhb/index.html>

Sources, continued

Data Sources (continued)

Ocean County Department of Juvenile Services, Youth Services Commission—
Comprehensive Youth Services Commission Plan 2008

Ocean County Planning Department—Ocean County Data Book 2008

<http://www.planning.co.ocean.nj.us/databooc.htm>

Partnerships for Solutions: A Project of Johns Hopkins University and The Robert Wood
Johnson Foundation—Chronic Conditions: Making the Case for Ongoing Care [http://
www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf](http://www.partnershipforsolutions.org/DMS/files/chronicbook2004.pdf)

US Census Bureau <http://www.census.gov>

American Community Surveys <http://www.census.gov/acs/www/>

B18030: Disability Status by Sex by Age by Poverty Status for the Civilian Non-
institutionalized Population 5 years and over

[http://factfinder.census.gov/servlet/DTable?_bm=y&-state=dt&-context=dt&-
ds_name=ACS_2006_EST_G00_-mt_name=ACS_2006_EST_G2000_B18030&-
tree_id=306&-redoLog=false&-caller=geoselect&-geo_id=05000US34029&-
search_results=01000US&-format=&-lang=en](http://factfinder.census.gov/servlet/DTable?_bm=y&-state=dt&-context=dt&-ds_name=ACS_2006_EST_G00_-mt_name=ACS_2006_EST_G2000_B18030&-tree_id=306&-redoLog=false&-caller=geoselect&-geo_id=05000US34029&-search_results=01000US&-format=&-lang=en)

S0901: Children Characteristics, Ocean County, New Jersey

S0201: Selected Population Profile in the United States, Ocean County, New Jersey

Subject Definitions [http://www.census.gov/acs/www/Downloads/2006/usedata/
Subject_Definitions.pdf](http://www.census.gov/acs/www/Downloads/2006/usedata/Subject_Definitions.pdf)

Population Estimates

Attachment A

Ocean County CIACC Children's Behavioral Health 2010 Needs Assessment Survey Form

CIACC Needs Assessment Survey 2010

WELCOME MESSAGE

The Ocean County Children's Inter Agency Coordinating Council (CIACC) was established as a multidisciplinary forum to ensure an accessible, responsive and integrated local system of care for children and youth who experience social, emotional and behavioral health challenges.

One of the CIACC's responsibilities is that of planning, and the CIACC updates its local Needs Assessment annually to outline what populations and service gaps need to be addressed.

This survey was developed to capture important information from you, our community residents, providers and stakeholders, regarding children's behavioral health services in Ocean County. All the information collected through this survey will be analyzed and included in the County Service Needs Assessment FY2011.

Thank you for taking the time to participate in our planning process. By sharing your perspective through this survey, you have the ability to contribute essential information that will help us to improve upon our System of Care in Ocean County.

Feel free to invite others to participate in this survey! Responses will be collected through Sunday, April 18, 2010 at www.surveymonkey/s/OceanCIACCNeedsAssessment2010

REPRESENTATIVE INFORMATION

I represent the following (please select the one that applies the best):

- Youth
- Community Agency/Provider
- Juvenile Justice System
- Family Member
- School/Education

Other (please specify)

YOUTH AND FAMILY

If you are a youth or family member, please indicate your health insurance status:

- Privately Insured
- NJ Family Care
- Uninsured
- I don't know
- Medicaid
- Not applicable (not a youth or family member)
- Medicare
- Other (please specify)

CIACC Needs Assessment Survey 2010

*** Please indicate which child mental health/behavioral services that you or your family has used recently (check all that apply):**

- | | | |
|---|--|--|
| <input type="checkbox"/> Bayside Partial Care program | <input type="checkbox"/> Counseling at a Community Mental Health Center (Ocean Mental Health or Preferred Behavioral Health) | <input type="checkbox"/> Psychiatrist at a Community Mental Health Center (Ocean Mental Health or Preferred Behavioral Health) |
| <input type="checkbox"/> Behavioral Assistance | <input type="checkbox"/> Family Crisis Intervention Unit | <input type="checkbox"/> Psychologist |
| <input type="checkbox"/> Care Management Organization (Ocean Partnership for Children) | <input type="checkbox"/> In home therapist/counselor | <input type="checkbox"/> SAIL Partial Care program |
| <input type="checkbox"/> CCIS Psychiatric Hospital Unit | <input type="checkbox"/> None of these | <input type="checkbox"/> School-based counseling services |
| <input type="checkbox"/> Child Study Team/ Special Education Program | <input type="checkbox"/> Ocean County Family Support Organization | <input type="checkbox"/> Section 504 Education Plan/ Program |
| <input type="checkbox"/> Children's Mobile Response and Stabilization Services | <input type="checkbox"/> Psychiatric Emergency Screening at hospital emergency departments | <input type="checkbox"/> Therapist, Counselor or Social Worker, privately paid or through insurance |
| <input type="checkbox"/> Contracted Systems Administrator (Perform Care or Value Options) | <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Youth Case Management |

Other (please specify)

AGENCY/PROVIDER INDICATOR

If you represent a Community Agency/Provider - choose your area(s) of service delivery/administration:

- | | |
|--|--|
| <input type="checkbox"/> Developmental Disability Services | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Addiction Treatment Services | <input type="checkbox"/> Youth/Family Services |
| <input type="checkbox"/> Social/Human Services | <input type="checkbox"/> Children's Behavioral Health Services |

Other (please specify)

DEMOGRAPHIC INFORMATION

Please tell us about yourself

	Age	Gender	Township	Ethnicity
This information is optional:	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>	<input type="text" value="6"/>

SYSTEM OF CARE PRINCIPLES

CIACC Needs Assessment Survey 2010

Please rate Ocean County's System of Care for children and youth with mental health/ behavioral challenges, as to how well it demonstrates the following principles:

	I don't know	Very	Most of the time	Some of the time	Not at all
ACCESSIBLE - easily reached and able to be used without difficulty	jn	jn	jn	jn	jn
RESPONSIVE, YOUTH GUIDED AND FAMILY DRIVEN - you and your family are asked for your opinion, and are listened to about what you want and need	jn	jn	jn	jn	jn
INDIVIDUALIZED AND FLEXIBLE - adapts to what you and your family wants and needs	jn	jn	jn	jn	jn
COLLABORATIVE, TEAM BASED - works together with other service providers and my whole family	jn	jn	jn	jn	jn
COMMUNITY BASED - is located close to where I live	jn	jn	jn	jn	jn
PERSISTENT AND STRENGTHS-BASED - looks at my and my family's good qualities, and keeps going until there is success	jn	jn	jn	jn	jn
CULTURALLY COMPETENT - respects my values, preferences, beliefs, culture, and identity	jn	jn	jn	jn	jn
OUTCOME ORIENTED - builds in observable and measurable indicators of success	jn	jn	jn	jn	jn
COST EFFECTIVE - uses resources wisely and the services are worth what they cost in the outcomes they produce	jn	jn	jn	jn	jn

Please rate Ocean County's system of care for children and youth with mental health/ behavioral challenges, as to how well it demonstrates the following principles:

INTEGRATED WITH...

	I don't know	Very	Most of the Time	Some of the Time	Not at All
Primary Care/ Public Health Services	jn	jn	jn	jn	jn
Education System	jn	jn	jn	jn	jn
Juvenile Justice and Law Enforcement	jn	jn	jn	jn	jn
Substance Abuse Treatment	jn	jn	jn	jn	jn
Developmental Disability Service System	jn	jn	jn	jn	jn
Child Welfare and Child Protection	jn	jn	jn	jn	jn
Adult Mental Health Service System	jn	jn	jn	jn	jn

CHILD BEHAVIORAL HEALTH SERVICE GAPS

CIACC Needs Assessment Survey 2010

Please rate how available and accessible the following behavioral health services are in Ocean County, for youth who experience mental health/behavioral challenges:

	I don't know	Not at all	Some of the time	Most of the time	Very
Information about where to find help	jn	jn	jn	jn	jn
Early detection/ intervention strategies	jn	jn	jn	jn	jn
Diagnostic/ assessment services	jn	jn	jn	jn	jn
Psychiatric evaluations for medicine	jn	jn	jn	jn	jn
Outpatient counseling (Individual, family or group)	jn	jn	jn	jn	jn
Specialized therapies (specific programs for Self Injury, Eating Disorders, Fire Setting, etc.)	jn	jn	jn	jn	jn
Intensive outpatient counseling	jn	jn	jn	jn	jn
Case or care management	jn	jn	jn	jn	jn
Appropriate education/ academic programs	jn	jn	jn	jn	jn
Support groups and peer support	jn	jn	jn	jn	jn
Education, training, and workshops for parents	jn	jn	jn	jn	jn
Recreational activities	jn	jn	jn	jn	jn
Crisis intervention	jn	jn	jn	jn	jn
Emergency crisis intervention	jn	jn	jn	jn	jn
Psychiatric hospitalization	jn	jn	jn	jn	jn
Partial care/ after school therapeutic programs	jn	jn	jn	jn	jn
Summer camp/ therapeutic camp	jn	jn	jn	jn	jn
Therapeutic foster care/ Treatment homes	jn	jn	jn	jn	jn
Independent Living or Supervised Transitional Living	jn	jn	jn	jn	jn
Residential treatments	jn	jn	jn	jn	jn

BARRIERS

CIACC Needs Assessment Survey 2010

Have you, your family or someone you know encountered any of the following barriers when trying to access children's mental health/ behavioral health services?

	Often	Sometimes	Never
Lack of awareness about services or services were too confusing to navigate	jn	jn	jn
There was a long wait time for services	jn	jn	jn
Services were too far away (in Ocean County)	jn	jn	jn
Services were too far away (outside Ocean County)	jn	jn	jn
No transportation to get to the service	jn	jn	jn
Service was too expensive	jn	jn	jn
Health insurance would not pay for the service	jn	jn	jn
Co-pays and/or deductibles are too expensive	jn	jn	jn
Health insurance or other funding ran out before the service was completed	jn	jn	jn
Service was not available during convenient times/ days	jn	jn	jn
Youth was ineligible for the service due to age	jn	jn	jn
Youth was ineligible for the service because needs were too high or too severe	jn	jn	jn
Youth was ineligible for the service because their needs were not high/severe enough	jn	jn	jn
Family wants a different service than what is offered to them	jn	jn	jn
Youth wants the service, but their parents do not	jn	jn	jn
Parent wants the service, but the youth does not	jn	jn	jn
Needed a translator/ Services were not linguistically appropriate	jn	jn	jn
Services were not culturally competent	jn	jn	jn
Family could not utilize a service because there were other children in the household who needed care/ supervision	jn	jn	jn
Services were intrusive or not confidential	jn	jn	jn

CHILD BEHAVIORAL HEALTH NEEDS

CIACC Needs Assessment Survey 2010

How well do you feel the Ocean County System of Care serves the needs of youth with the following specific characteristics?

	Poorly Served	Adequately Served	Well Served	I don't know
Mild mental health/ behavioral challenges	jn	jn	jn	jn
Moderate mental health/ behavioral challenges	jn	jn	jn	jn
Severe mental health/ behavioral challenges	jn	jn	jn	jn
Aggressive behaviors	jn	jn	jn	jn
Suicidal ideation, gestures or behaviors	jn	jn	jn	jn
History of trauma (child abuse, neglect, sexual assault, etc.)	jn	jn	jn	jn
Co-occurring mental health and substance abuse	jn	jn	jn	jn
Co-occurring mental health and developmental or learning disability	jn	jn	jn	jn
Involvement with juvenile justice/ delinquency	jn	jn	jn	jn
Medically fragile	jn	jn	jn	jn
Lesbian, gay, bisexual, transgendered or questioning (LGBTQ)	jn	jn	jn	jn
Very young (0-5 yrs)	jn	jn	jn	jn
Families who are homeless	jn	jn	jn	jn
Youth who are homeless	jn	jn	jn	jn
Families with limited resources to meet basic needs	jn	jn	jn	jn
Caregivers who also experience mental health challenges	jn	jn	jn	jn
Young (6-12 yrs)	jn	jn	jn	jn
Adolescents (13-18 yrs)	jn	jn	jn	jn
Young adults (19-22 yrs)	jn	jn	jn	jn
Males	jn	jn	jn	jn
Females	jn	jn	jn	jn
Cultural minority (other than Caucasian)	jn	jn	jn	jn
Linguistic minority (other than English speaking)	jn	jn	jn	jn

OTHER SERVICE GAPS

CIACC Needs Assessment Survey 2010

Please rate the availability of other ancillary services that serve children, youth and families:

	Very Available	Sometimes Available	Rarely Available	I don't know
Early Care and Education (Day Care)	jn	jn	jn	jn
Appropriate Education that Promotes Academic Success	jn	jn	jn	jn
Services to Engage Youth in School and Keeps Them Safe	jn	jn	jn	jn
Public Transportation	jn	jn	jn	jn
Vocational Training, Job/ Employment Services	jn	jn	jn	jn
Food Pantries and Subsidy Programs	jn	jn	jn	jn
Safe, Affordable Housing and Housing Assistance	jn	jn	jn	jn
Preventative and Emergency Medical Care	jn	jn	jn	jn
Health Insurance	jn	jn	jn	jn
Medicine/ Pharmaceutical Subsidy Programs	jn	jn	jn	jn
Income Maintenance/ Financial Assistance	jn	jn	jn	jn
Clubs, Activities, Sports Teams, Scouting Groups	jn	jn	jn	jn
Family Activities and Community Events that Support and Strengthen Families	jn	jn	jn	jn

IMPORTANCE OF SERVICE GAPS AND AREAS OF IMPROVEMENT

In FY2010, the top 5 service priorities of the CIACC were as follows. Please RANK the CURRENT importance of these priorities to you:

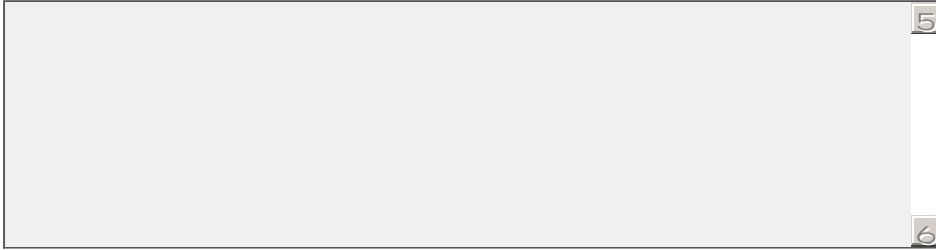
	Most Important	Important	Somewhat Important	Less Important	Least Important
Psychiatric Service Accessibility (i.e. psychiatric evaluations, medication monitoring appointments)	jn	jn	jn	jn	jn
Outpatient Service Accessibility (i.e. individual, family and group counseling)	jn	jn	jn	jn	jn
Mobile, Multidisciplinary Outreach to Bring Information About Services to More Areas in the County	jn	jn	jn	jn	jn
Partial Care/ Therapeutic After School Programs	jn	jn	jn	jn	jn
Transitional Services for Youth Aging Out of Children's Behavioral Health Services into Adult Mental Health Services	jn	jn	jn	jn	jn

FEEDBACK

CIACC Needs Assessment Survey 2010

Please Provide Additional Feedback/Comments:

If you had the ability to change or create any aspect of the system of care for youth with mental health/behavioral challenges, what would it be and why?



Attachment B

Prior CIACC County Service Needs Assessment Results

Actions Taken in 2006 to Address Identified Needs

- Advocacy through the Human Services Advisory Council (HSAC), Legislative Advocacy Committee (LAC) and Committee for Emergency Assistance Services (CEAS) is continual for transportation, housing and other services to ensure basic needs are met for all Ocean County residents.
- Education Subcommittee's *Behavioral Health, Child Protective Services, and Education Systems Partnership* will facilitate enhanced coordination, communication, education and training for professionals in those major child-serving systems. Juvenile justice, developmental disability services, substance abuse services, medical professionals and the general community are not yet integrated into the partnership.
- CIACC Systems Review Committee is forming a data subcommittee to discuss youth with co-occurring disorders (I.e. mental health issues and substance abuse, and mental health issues and developmental disability). After analyses of the nature and extent of need, the subcommittee may identify and advocate for needed services to serve youth with co-occurring issues that cross service systems.
- CIACC Systems Review Committee and the adult Systems Review Committee have formed a joint Aging Out/Aging In Committee to improve coordination, collaborative case planning, and best access the available resources for challenging cases that are transitioning between systems.
- The CIACC and Youth Services Commission are in the process of convening a joint Committee to discuss system issues between the behavioral health and juvenile justice system, which may partner with the Mental Health Board's Jail Diversion Committee.
- CMO community resource development funds have provided equipment to set up telepsychiatry services at PESS. Children admitted to PESS in Ocean County will be able to see a psychiatrist located in Monmouth County, specialized in treating children. Does not address all children in need of psychiatric services or the capacity of Community Mental Health Centers (CMHCs).
- YCM and CMO's psychiatric collaboration with Integrated Care Concepts and Consultation (ICC&C) addresses those children in case management who are in dire need of psychiatric services awaiting the availability of outpatient services. Does not address all children in need of psychiatric services or the capacity of CMHCs. Funding is limited and is not annualized.
- St. Barnabas Institute for Prevention offers parenting skills training and seminars.
- CMO and FSO have been implemented and are about to reach full operation capacity.
- Mobile Response and Stabilization Services is working towards training outreach workers as parent coaches who would be able to provide parenting skills training.

Top 5 Service Priorities, 2007

⇒ **Outpatient Psychiatric Services**

While Ocean County has made strides to alleviate the intense need for psychiatric services through child telepsychiatry at PESS and the psychiatric collaborative of CMO and YCM, a need continues to exist. Both the children's and adult systems experience this demand for accessible psychiatric evaluations and ongoing medication management appointments, which is related to the capacity of Community Mental Health Centers (CMHCs) as well as the availability of psychiatrists in the area among other factors. This need is exacerbated in the children's system by a requisite for psychiatrists who specialize in treating children.

⇒ **Outpatient Services, specifically to address Waiting Lists**

The DCBHS system of care has brought many needed services to Ocean County, including case management and mobile response services. However, the system was predicated upon the availability of outpatient services. In this county, outpatient mental health services continue to be outmatched by a growing population. The Ocean County Board of Chosen Freeholders has funded mental health services at one of the highest per capita rates in the State, however the State contributes per capita funding amount to Ocean that is 12th among counties. Without building the capacity of CMHCs, the demand for services increases and the available supply remains the same. Waiting lists grow in length and in number and many of those consumers may be without any interim services or supports. This may contribute to the high number of screenings each year.

⇒ **Summer/Therapeutic Camps, After School and Partial Care Programs**

More than half of the survey respondents expressed a need for more programs targeted to provide therapy and supervision for children while parents are working. There are few camps and after school programs that are equipped to manage children with behavioral challenges. Ocean has been top in the State for flex fund spending on therapeutic camp for children in the system of care. In addition to providing therapy, these programs give parents respite.

⇒ **Specialized Therapies**

A need for specialized therapies was also noted by a majority of the survey respondents. Specialized therapies can range from those targeted for children with severe aggression, sexual acting out and firesetting, for children who are becoming adults, or for children with co-occurring substance abuse and mental illness. There are few services available to address these issues in the community and the state, which may be a reason for many out-of-state placements.

⇒ **Parenting Skills Training**

Parenting children with behavioral challenges takes a special skill set. Anger management, psychoeducation, and other supportive services are needed to be available and affordable for parents and caregivers of children involved in the system of care. A home environment that is prepared to deal with a child's behavioral challenges is essential for the effectiveness of clinical services and supports. The FSO has created a forum for families to support other families, and professional parenting skills training would only enhance parents' and caregivers' capability and self-sufficiency.

Actions Taken in 2007 to Address Identified Needs

Efforts Continued

- Advocacy through the Human Services Advisory Council (HSAC), Legislative Advocacy Committee (LAC) and Committee for Emergency Assistance Services (CEAS) is continual for transportation, housing and services to meet basic needs for all Ocean County residents.
- Education Subcommittee's *Behavioral Health, Child Protective Services, and Education Systems Partnership* has facilitated enhanced coordination, communication, education and training for professionals in those major child-serving systems. Liaisons to the Partnership have been appointed in every school district, nearly every school building, each DYFS office and each behavioral/mental health program. An intensive cross training was held in October 2007, as well as 5 monthly educational and information sharing sessions. An evaluation of the project is scheduled for June, 2008. Other systems have not yet been integrated.
- CIACC Systems Review Committee and the adult Systems Review Committee continued a joint Aging Out/Aging In Committee to improve coordination, collaborative case planning, and seamless transition for young adults between systems. It is one of few models statewide and has been considered in the development of a statewide policy.
- Telepsychiatry services continue to be utilized at PESS and the four hospital ER's in Ocean County, linking families to a child psychiatrist located in Monmouth County. YCM and CMO's psychiatric collaboration with Integrated Care Concepts and Consultation (ICC&C) continues to address psychiatric services in a treatment team model for case management children (on a limited basis) while awaiting the availability of outpatient services. The Youth Services Commission is considering expanding ICC&C's services to juveniles in detention. None address the capacity of Community Mental Health Centers (CMHCs). A survey in May 2007 revealed that each CMHC has access to only one full time child psychiatrist.
- The CIACC Systems Review Committee continually updates processes to keep abreast of the quality, accountability, accessibility, coordination and continuity of the local System of Care. Data review (of both System of Care and traditional mental health services) is conducted quarterly, along with monthly disputed case review.

New Efforts

- Ocean County has embraced the 211, NJ's community resource web site and call center. The CIACC and Department of Human Services have lent their support to Contact of Ocean County—our local center—in their mission to compile all of the resources available and increase community awareness. The CIACC Education Partnership also considers 211 the hub for resource sharing.
- The FSO and Mobile Response are collaborating on a Parent Connection Program, which links FSO family volunteers to families in Mobile who are new to the System of Care.
- In March 2007, the CIACC created a Family CIACC meeting in partnership with the FSO; a forum to share information with and elicit their feedback from interest families as part of CIACC activities.
- The Quality Assurance Committee of CIACC conducted a review of all Ocean County DCBHS-funded FY2008 contracts, and provide recommendations on performance improvement.
- The CIACC participated in a joint process with the CMO in the allocation of Community Resource Development Funds. Awards were made to St. Francis Center for training parents of children with challenging behaviors, and to Ocean Mental Health Services for a transportation service.
- A CIACC Committee to identify and address needs of Ocean County children who are dually diagnosed with developmental disabilities and behavioral health challenges was formed in Nov 2007. DYFS has also implemented case review with DDD to improve coordination in shared cases.

Top 5 Service Priorities, 2008

⇒ **Services for Youth Aging Out of the Children's System of Care**

Nearly half of the survey respondents indicated a need for services for youth who are becoming adults, including transitional living and independent living programs. The Aging Out/ In Committee is examining this issue through a partnership of children's and adult system partners, which has brought to light a gap for local services under this category. There is one shelter for homeless youth and few independent living programs in the county. The Family CIACC also identified links to appropriate job training and placement services as a need for older youth.

⇒ **Prevention Services**

Prevention was cited by one third of the survey respondents as a need in Ocean County. The Family CIACC felt very strongly that early prevention and intervention services should be expanded county-wide, integrated into elementary and intermediate level school programs. Anecdotal information from the school liaisons of the CIACC Education Partnership concurs. These findings are in line with the Governor's Safe Schools and Neighborhoods Plan and coincide with the Division of Prevention and Community Partnership's Prevention Planning.

⇒ **Activities for Children while they are not in school (Summer/Therapeutic Camps, After School and Partial Care Programs)**

As was seen in the 2007 survey results, the need for activities for children that provide supervision and therapeutic interventions while they are not in school and while parents are working. There are few camps and after school programs that are equipped to manage children with behavioral challenges. Ocean has been top in the State for flex fund spending on therapeutic camp for children in the system of care. In addition to providing therapy, these programs give parents respite. Ocean's two partial care programs have intermittently developed waiting lists. There are no partial care programs in the County for children under 12 years of age.

⇒ **Outpatient Services, including Psychiatric Services**

In this county, the accessibility of outpatient mental health services continues to be overtaxed by a growing population. The demand for services increases and the capacity has remained the same, contributing to waiting lists and, perhaps, the high number of screenings each year. Tele-psychiatry at PESS and the psychiatric collaborative of CMO and YCM have addressed some high priority youth in need of psychiatric evaluations and follow up, but neither address the capacity of Community Mental Health Centers (CMHCs). Currently, DCBHS does not sponsor children's outpatient services in Ocean.

⇒ **Family Activities and Community Links**

41% of the sample identified family activities as a need in Ocean County. Examples of activities for families with children with behavioral challenges, cited by Family CIACC participants, were Tai Chi, yoga, therapeutic massage, and bowling. These activities can be therapeutic without feeling like therapy, and give youth stress management skills that they can apply in other situations. Typical recreational activities for families may not be geared to handle children with behavioral challenges, or may be costly.

Actions Taken in 2008 to Address Identified Needs

Efforts Continued

- Advocacy through the Human Services Advisory Council (HSAC), Legislative Advocacy Committee (LAC) and Committee for Emergency Assistance Services (CEAS) is continual for transportation, housing and services to meet basic needs for all Ocean County residents.
- Education Subcommittee's *Behavioral Health, Child Protective Services, and Education Systems Partnership* has facilitated enhanced coordination, communication, education and training for professionals in those major child-serving systems. Liaisons to the Partnership have been appointed in every school district, every school building, each DYFS office and each behavioral/mental health program. An evaluation of the first full school year of the project was completed in June, 2008 and a second year of the Partnership intensive and monthly trainings was undertaken in the Fall of 2008. Opportunities to integrate the Juvenile Justice and Family Development/Welfare systems are planned.
- CIACC Systems Review Committee and the adult Systems Review Committee continued a joint Aging Out/Aging In Committee to improve coordination, collaborative case planning, and seamless transition for young adults between systems; one of few models statewide. Ocean was selected as one of four counties in the state to pilot a "Transition Planning Conferencing" initiative during the Fall 08, which builds upon the current charge of the Committee with support from DCBHS and DMHS.
- Telepsychiatry services continue to be utilized at PESS and the four hospital ER's in Ocean County, linking families to a child psychiatrist located in Monmouth County. YCM and CMO's psychiatric collaboration with Integrated Care Concepts and Consultation (ICC&C) continues to address psychiatric services in a treatment team model for case management children (on a limited basis) while awaiting the availability of outpatient services. Neither of these innovations, however, address the capacity of Community Mental Health Centers (CMHCs), which have access to only one full time child psychiatrist each.
- The CIACC Systems Review Committee continually updates processes to keep abreast of the quality, accountability, accessibility, coordination and continuity of the local System of Care. Data review (of both System of Care and traditional mental health services) is conducted quarterly, along with monthly disputed case review.
- The CIACC has maintained a Family Advisory Committee during 2008 in partnership with the FSO. This forum to share information with and elicit feedback from interested families has been utilized for County Service Needs Assessments.
- A committee to identify and address needs of Ocean County children who are dually diagnosed with developmental disabilities and behavioral health challenges has continued to meet and work in cooperation with the state level Dual Diagnosis Task Force.

New Efforts

- For the second year, the CIACC participated in a joint process with the CMO in the allocation of Community Resource Development Funds. Awards were made to MOCEANS Center for Independent Living for a Community Based Youth Training/ Self Help program, and Christ Episcopal Church Community Center for a youth training and leadership development program.
- Members of the Ocean CIACC collaborated with local Maternal Child Health service agencies, the NJ Division of Child Behavioral Health Services and the NJ Department of Health and Senior Services on a grant application for SAMHSA's Project LAUNCH (Linking Actions for Unmet Needs in Children's Health), geared to promote the physical, emotional, social and behavioral wellness of young children, birth to 8 years of age.
- The CIACC participated in the stakeholder planning process of County Mental Health Plan Update for 2009.

Top 5 Service Priorities, 2009

1. Psychiatric Services

In this county, the availability of outpatient mental health services, particularly child psychiatry services, continues to be overtaxed by a growing population, which contributes to waiting lists and, perhaps, the high number of screenings. Tele-psychiatry at PESS and the psychiatric collaborative of CMO and YCM address some high priority youth in need of psychiatric evaluations and follow up, but neither address the capacity of Community Mental Health Centers (CMHCs). Currently, DCBHS does not sponsor children's outpatient services in Ocean.

2a. "Mobile Solutions"

The geographical uniqueness of Ocean County—its size, pockets of population, and barrier islands - has historically influenced service utilization and accessibility. Areas that demonstrate the most need for services are also naturally geographically isolated. The CIACC recommends a multi-disciplinary collaborative outreach effort. Through a mobile unit, linkages to services and some service interventions can be provided in more and convenient locations, flexible to the community needs and pooling of resources among system partners and community agencies.

2b. Outpatient Services

Parallel to the need for psychiatric services, the demand for outpatient mental health counseling services for children outweighs the current supply and leads to lengthy waiting lists. The recent emphasis on enforcing time limitations of Intensive In-Community (IIC) services may exacerbate this issue and leave many families at completion of IIC without service to transition in to. Again, DCBHS does not sponsor children's outpatient services in Ocean.

2c. Partial Care Programs

For several years, the need for partial care programs has been highlighted in the CIACC Needs Assessments. In addition to providing therapy and other rehabilitative services on a level more intensive than outpatient, these programs afford parents respite. Ocean's two partial care programs have intermittently developed waiting lists. There are no partial care programs in the County for children under 12 years of age or for young adults over 18.

3. Services for Youth Aging Out of the Children's System of Care

For the second year, the CIACC recognizes a need for services for youth who are becoming adults, including transitional living and independent living programs. The Aging Out/ In Committee continues to foster collaboration between children's and adult system partners and to identify service gaps, now since 2008 as a DCBHS Transition Planning Conferencing pilot county. FY2008 Community Resource Development funds through the CMO were dedicated to this service area.

Evidence Based Practice Recommendations, 2009

1. Parenting with Love and Limits (PLL) combines group therapy and family therapy to treat children and adolescents aged 10-18 who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation. The program also has been used with teenagers with less extreme behaviors. PLL teaches families how to reestablish adult authority through consistent limits while reclaiming a loving relationship. It includes six multifamily sessions, conducted by two facilitators, that employ group discussions, videotapes, age-specific breakout sessions, and role-play. Individual families also receive intensive 1- to 2-hour therapy sessions in an outpatient or home-based setting to practice the skills learned in the group setting. Three or four family therapy sessions are recommended for low- to moderate-risk adolescents; up to 20 sessions may be recommended for those with more severe problems such as involvement with the juvenile or criminal justice system. PLL's integration of group sessions and family therapy is designed to help families apply skills and concepts to real-life situations and prevent relapse.

2. Children's Summer Treatment Program (STP) is a comprehensive intervention for children with attention-deficit/hyperactivity disorder (ADHD) and related disruptive behaviors. The program focuses on the child's peer relations, the child's academic/classroom functioning, and the parents' parenting skills--three domains that drive outcomes in children with these conditions. The STP is based on the premise that combining an intensive summer treatment program with a follow-up program during the school year is more likely to provide an effective intervention for ADHD than clinic-based treatment alone. Children entering grades 1-6 are treated for 6-9 hours daily, 5 days per week, in a camp-like setting in which they engage in a variety of recreational and classroom activities. During the 8-week program, multiple strategies are implemented, including a point system with associated rewards and consequences, sports skills training and practice, group problem solving and social skills training, and a Daily Report Card for assessing each child's targeted behaviors. Ideally, treatment is conducted by a team of undergraduate interns (4 or 5 per group of 12-16 children) trained and supervised by staff with STP experience from the implementing organization, but staff may provide the treatment themselves if the use of interns is not possible. Parents attend weekly evening sessions in which they learn behavior management skills to apply to their children in the home setting. A teen version of the program also has been developed for adolescents entering grades 7-10.

3. Cognitive Behavioral Therapy (CBT) for Adolescent Depression is a developmental adaptation of the classic cognitive therapy model developed by Aaron Beck and colleagues. CBT emphasizes collaborative empiricism, the importance of socializing patients to the cognitive therapy model, and the monitoring and modification of automatic thoughts, assumptions, and beliefs. To adapt CBT for adolescents, more emphasis is placed on (1) the use of concrete examples to illustrate points, (2) education about the nature of psychotherapy and socialization to the treatment model, (3) active exploration autonomy and trust issues, (4) focus on cognitive distortions and affective shifts that occur during sessions, and (5) acquisition of problem-solving, affect-regulation, and social skills. As teens frequently do not complete detailed thought logs, internal experiences such as monitoring cognitions associated with in-session affective shifts are used to illustrate the cognitive model. To match the more concrete cognitive style of younger adolescents, therapists summarize session content frequently. Abstraction is kept to a minimum, and concrete examples linked to personal experience are used when possible. The treatment program is delivered in 12-16 weekly sessions.

Attachment C

Ocean County Board of Chosen Freeholders Resolution Approving the FY2011 County Service Needs Assessment Report