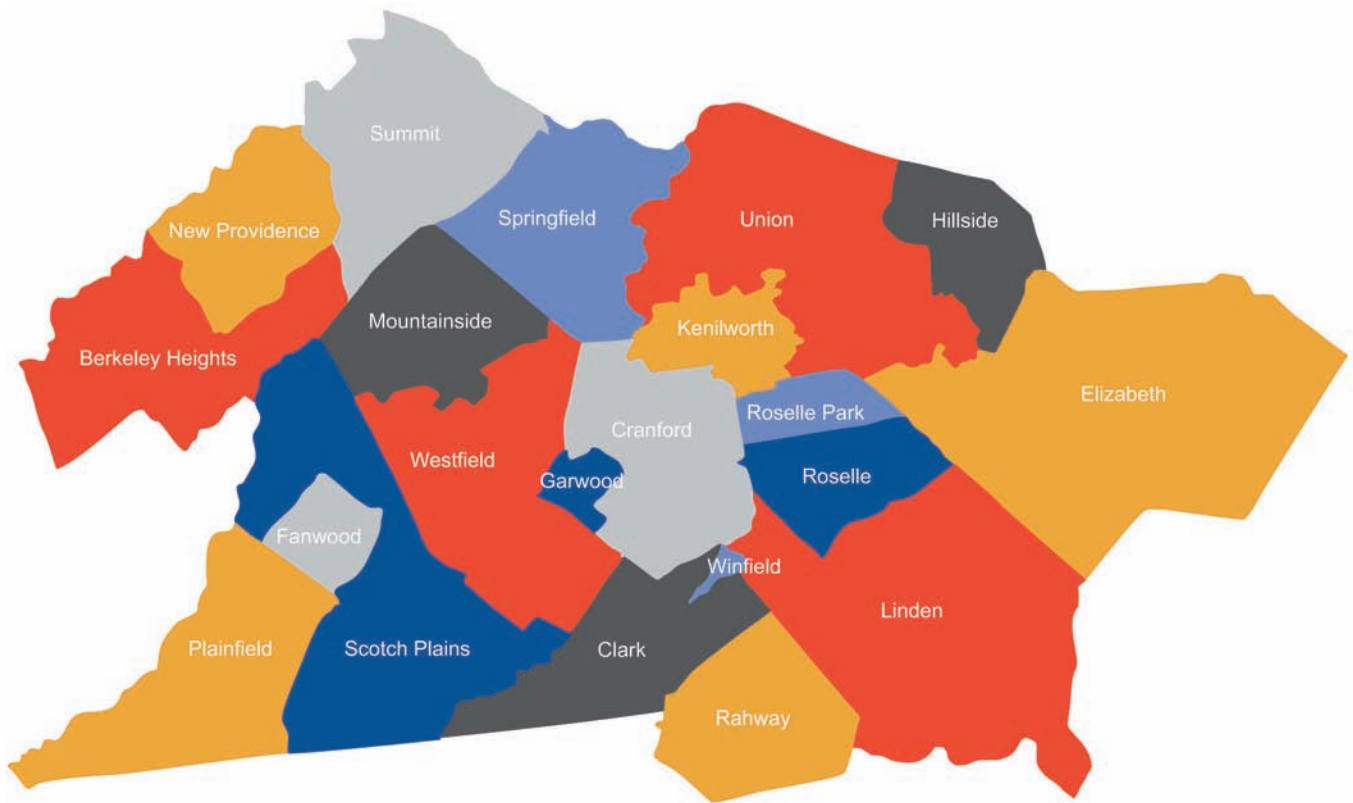


FOCUS GROUP FINDINGS

F I N A L R E P O R T

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Foreword

United Way of Greater Union County's (UWGUC) mission is to ensure the health and human service needs of the community are identified and addressed in ways that create a better future for the residents of Greater Union County.

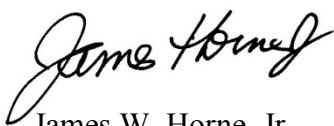
We work to advance the common good for all in the areas of Education, Income, Health and Family Strengthening—the building blocks of a good life. Education is essential to acquiring and maintaining a job with a livable wage and health benefits. An income adequate to pay for today's necessities and save for the future provides families with the foundation for long-term financial stability. Access to quality health care keeps children on track in school and adults productive at work. Strong, vibrant and healthy families are the cornerstone of every community.

In an effort to gain a more comprehensive understanding of the issues in these areas and develop the most relevant and effective strategies to address them, we sought the input and advice of experts, practitioners, academics and community members. Focus Groups were created around each area and were tasked with identifying: (1) targeted local priorities; (2) innovative practices and strategies for addressing the identified local priorities; and (3) appropriate outcomes and indicators of improvement to benchmark progress in these areas.

It is our wish that this report will serve as a foundation from which future actions and strategies will arise. We also hope that this document will encourage people to get involved in shaping the future of our community. Only by working together, can we can move to a place of action and advance the common good for all.

Acknowledgements

This report is a product of tireless dedication from committed individuals. On behalf of the staff and Board of United Way of Greater Union County, much appreciation and gratitude is given to Merck & Co., Inc. for sponsoring this project. Their continued generosity and leadership was instrumental in carrying this project forward. A special thank you is also due to the participants of the focus groups who devoted numerous hours to this project. Their input was insightful and instrumental in helping us gain a deeper understanding of the needs in the community. We would also like to thank the Rutgers University Institute for Families Research Team: Dr. Allison Blake, Donna Van Alst, Natalie Aloyets Artel and Lorin Mordechai. Their hard work and dedication is evident in the quality of the information contained in these pages.



James W. Horne, Jr.
President & CEO
United Way of Greater Union County

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Executive Summary

United Way of Greater Union County (UWGUC) completed a focus group process to identify community needs, develop actions and strategies to address the needs, and attach relevant performance indicators to measure progress over time. UWGUC chose four focus areas: income, health, education, and family strengthening. UWGUC's aim was to gain a more comprehensive understanding of the issues in these areas and develop the most relevant and effective strategies to address them.

The focus group participants were subject matter experts and other interested parties. All of the groups, with the exception of the family strengthening group, met three times to work on one of the three goals of the focus group project. The data detailed in the results and discussion sections will be utilized to formulate UWGUC's strategic plan for moving forward.

The main themes that emerged from all focus group discussions point to the issues of greatest need in Union County. They are listed as follows in the order they are discussed in the report:

1. Special focus populations in all four topic areas are working poor, homeless, seniors, and teens.
2. Need for financial stability in employment and housing.
3. Need for communication and information sharing "Navigator".
4. Need for life skills education.
5. Need for education and skills training.
6. Need for family strengthening services.

The needs identified by members of each focus group were both varied and complex. There was also much overlap in the different group discussions, as they all touched upon similar

topics. Participants often pointed out that many of the needs were connected to and dependent upon needs identified in other groups, and that addressing the needs effectively required a comprehensive approach. The importance of working collaboratively with a wide array of agencies, governments, and private institutions was a way in which they believed these problem areas could best be addressed. Focus group members also hoped there could be greater communication and resource sharing among all of the parties interested in influencing change within the county. Ultimately, the contribution from all project participants in these focus groups was done in order to better the lives of residents in Union County and will hopefully be evaluated in the future to assess progress and make necessary changes.

Introduction

United Way of Greater Union County (UWGUC) works to advance the common good for all in the areas of Education, Income, Health and Family Strengthening—the building blocks of a good life. In an effort to gain a more comprehensive understanding of the issues in these areas and develop the most relevant and effective strategies to address them, UWGUC sought the input and advice of experts, practitioners, academics and community members. Focus Groups were created around each area and were tasked with identifying: (1) targeted local priorities; (2) innovative practices and strategies for addressing the identified local priorities; and (3) appropriate outcomes and indicators of improvement to benchmark progress in these areas.

The Institute for Families (IFF) at Rutgers School of Social Work was asked to partner with UWGUC to conduct the focus groups and analyze the findings. There were three rounds of focus groups for each of the subject areas structured in the following format:

1. To identify needs within Union County.
2. To develop programming actions and strategies for the identified needs.
3. To create appropriate outcomes and measures of improvement that reflects the new community impact strategy.

Methods

Focus Group Methodology

Focus groups are a means by which qualitative data can be collected. In this case, UWGUC utilized these focus groups in order to collect information on income, health, education and family strengthening. Through the unique medium of a focus group, participants were able to give in-depth responses, which provided for rich qualitative data. Altogether, there were a total of eleven focus groups.

The purpose of the first round of focus groups was to identify the local needs in each subject area. Once this task was completed, participants prioritized those needs using a rankings worksheet. During the second focus group session, participants were asked to brain storm possible actions and strategies based on the prioritized needs addressed in the first session. This was accomplished by following a simple chart, as innovative practices created by group members were matched to address the appropriate need. In the third and final round, members of the focus group developed broad performance indicators for identified needs. Based on suggested actions and strategies raised in the second round, they discussed ways in which results could be measured and how the effectiveness of an applied intervention could be determined. Handouts specifically designed for this exercise were used in order to familiarize participants about indicators and provide an outline of the needs and strategies brought up in previous meetings.

For the most part, each focus group followed a similar structure. There were a few differences, however, in the education and family strengthening groups. To obtain accurate information on all age groups and grade levels, the education group was subdivided by age strata. The identification of community needs, their prioritization, and subsequent action and strategy

formulation were completed by strata as well. As a result of the large volume of content in this category, certain age groups were briefly touched upon. The family strengthening group was created midway through the project and it was carried out slightly different from the others. While all other groups were completed in three rounds, the family strengthening group essentially covered the same amount of information in two rounds. Participants of the family strengthening group identified and prioritized the needs in the first session and discussed actions and outcome indicators in the second.

Focus Group Scheduling and Participant Recruitment

Local stakeholders and experts in each specific subject were identified and invited by UWGUC to participate in one of the four focus group areas (income, education, health, or family strengthening). On October 28, 2008, a general meeting was held in the town of Union for participants and facilitators. The objective was to provide a brief overview of the *Union County Needs Assessment Study* (2008) conducted by Kean University and to introduce the focus group project.

UWGUC staff scheduled the dates, times, and locations of the focus groups. Focus groups began in November 2008 and ended in January 2009. There were four designated sites within Union County where each group was assigned to meet, which were Plainfield, Rahway, Union, and Elizabeth. Participants assigned to discuss income met at County of Union Park-Madison Building in Plainfield on November 3, November 13, and December 8, 2008. Eleven volunteers attended the first meeting and seven participated in the second and third meetings. Participants assigned to the health focus group met at Merck & Co. Inc.'s Rahway Campus on November 7, November 12, and December 12, 2008. Initially, twenty-three people attended the

first group meeting. This number fell to nine in the second meeting and third meetings. There was a significant decline because some of the participants were moved to the group on family strengthening. Those assigned to the education group convened at two sites in Union. Participants met at AGL/Elizabethtown Gas Building on November 17 and at Kean University on November 19 and December 10, 2008. The first meeting focused on identifying the needs, and prioritizing them, the second round focused on developing action strategies to address the needs, and the final round focused on developing performance indicators to measure progress over time. Twelve people attended the first meeting, ten people attended the second meeting, and seven people attended the third meeting. Members of the family strengthening group traveled to the offices of Central Jersey Legal Services in Elizabeth. Because the tasks of the second and third round were completed in one session, only two rounds of focus groups were held as opposed to three. Meetings for family strengthening took place on January 15 and January 21, 2009. There were nine people who attended the first round and seven people who attended the second. Table 1 provided below displays the number of participants who attended each round of focus groups.

Table 1. Participants

Subject Area	Total Number of Participants who Attended		
	Round 1: Need Identification	Round 2: Action Strategies	Round 3: Outcome Indicators
Income	11	7	7
Health	23	9	9
Education	12	10	7
Family Strengthening	9	7	

Focus Group Discussion

Each focus group discussion was 1 ½ to 2 hours in length. It was led by the same moderator and assistant moderator. The moderator stood at the front of the room to guide the discussion and provided input to the conversation when necessary. The assistant moderator was strategically placed behind the group to take detailed notes and record observations. Each focus group was audio-taped in addition to note-taking. At the start of the session, the moderator gave some introductory remarks, reviewed focus group guidelines, and then asked all participants to introduce themselves as well as the agency they represented. Key issues and comments were written on an easel for both the moderator and project participants to follow throughout the discussion. Towards the end of the meeting, the moderator reviewed the contents produced by the group, gave some closing remarks reminding them about the next session meeting, and thanked the participants for their time and contributions.

A brief summary was written after each individual focus group to list the main themes and ideas. This was compiled using the information written on the participants’ worksheets and

the notes taken by the moderator and assistant moderator during the session. Moreover, the cassette tapes from each focus group were transcribed in order to capture accurate quotations.

Data Analysis

Notes and summaries for each of the eleven focus groups were analyzed using content analysis. Content analysis was conducted by the same research team who facilitated the groups. General frames were created from the prioritized needs. The frames helped to identify specific actions and potential indicators for each need that were based upon ideas that emerged from the data in the focus group discussions.

Results

Findings from the focus group discussions are presented in the following pages. Each section is structured based on the area of interest, identified needs, actions and strategies to meet those needs, and indicators that could be used to measure outcomes. The prioritization results table(s) can be found prior to each area's results section. In every table, the needs are listed in rank order from the highest priority to the lowest priority and structure the way in which the material is presented.

Actions and strategies for each need were subdivided into program actions and advocacy work. Under advocacy, there are another two sub-units including legislative advocacy and coalition and collaboration building. Performance indicators were later matched with the overarching goal of identified needs. The needs reported in this document are those that participants found to be of greatest importance. Project moderators ensured that most of the needs were linked to actions to address the issue as well as subsequent indicators to measure performance over time. This is important to note since many needs were addressed in the first round session, but only those that fit the greatest needs criteria are discussed in this report.

Income

Focus group participants noted several imperative needs in Union County on the topic of income. These included affordable housing, underemployment, education and training, coordination of services and case management, and transportation.

Table 2, which could be found on the following page, illustrates the rankings for each priority discussed in the first round of income focus groups. At the completion of the session, participants worked separately to prioritize the list of needs mentioned in their discussion. Using a worksheet, the 9 group members were asked to rate each need on a scale from 1 to 5 (1 being the first priority need and 5 being the 5th priority need). The rating number reflected the amount of points given to the need (priority 1 was one point; priority 2 was two points; and so on). These were then added together to find the priority order. The need with the lowest number of points was labeled as the highest priority while the need with the highest score was labeled as the lowest priority. As shown below, housing had the lowest total of 13 points, marking this as the highest priority. The second priority was underemployment at 23 points, the third was education and training at 29 points, and the fourth was better coordination of services and case management at 31 points. Transportation had the largest sum of 39, ranking this as the lowest priority for the income group.

Table 2. Priorities for Income (n=9)

Need	1 st Priority	2 nd Priority	3 rd Priority	4 th Priority	5 th Priority	Total Points	Overall Priority
Affordable housing	6	2	1	0	0	13	1
Underemployment	2	4	0	2	1	23	2
Education/Training	1	1	3	3	1	29	3
Coordination of Services/Case Management	0	1	4	3	1	31	4
Transportation	0	1	1	1	6	39	5

Affordable Housing

First and foremost, participants explained that there was a lack of affordable and stable housing for low-income people, which include homeless families, immigrants, released inmates,

“Income and actually having a place to live are completely intertwined. If you don’t have housing of some kind, it becomes incredibly difficult to actually hold a job, keep a job, or try to get a job.”

people with mental and physical disabilities, and senior citizens. When asked what type of actions or strategies can be used to ameliorate this problem, participants suggested funding seed grants for redevelopments and working with non-profit organizations like Habitat for Humanity. They

also mentioned advocating for legislation that could provide tax advantages to build affordable housing as well as implementing rent control laws. Additionally, participants thought UWGUC may be able to create a collaborative group of parties to work on affordable housing that involve

government agencies, develop mixed-use housing, and increase rent controlled apartments. To measure the effectiveness of these proposed ideas, UWGUC could look at the number of affordable housing seed grants given out to those in need, the number of rental units versus the owner occupied units created, the number of units of affordable housing produced, the number of meetings with legislators to advocate for affordable housing, the number of legislations introduced as well as the number of legislations passed, and the number of organizations focused on creating affordable housing and the internal satisfaction of those organizations.

Another major issue in Union County raised by members of this focus group was the lack of resources to transition homeless people into stable housing. To help, participants thought shelters could increase the number of beds within their facilities. In regard to legislation, they said there could be greater advocacy for zoning that would allow halfway homes and long term rehab building, constructing a more appropriate definition of “homeless,” and advocating to a greater extent on a municipal level. Moreover, participants agreed that information could be made more available to the public and language services at county offices could be improved for those who have difficulty communicating. As indicators, one could look at the number of people served and their length of stay at shelters, the number of beds in shelters, an increase in tracking those who transitioned out of shelters, the number of meetings with legislators to advocate for increased services for the homeless, and the number of incorporated zones where halfway houses and rehab facilities could be sited.

Underemployment

Next, participants discussed the lack of a continuous living wage income to pay for housing, various bills, and food. The populations with greatest need were immigrants, refugees, female-led households, released inmates, and senior citizens. Participants suggested teaching necessary living wage job skills, and creating a registration for employers and day laborers. Employers could also be encouraged to furlough their workers as opposed to laying them off their jobs altogether. In regard to seniors, group members proposed developing senior training programs. If these ideas were to be enacted, participants believed it would be beneficial to measure the decrease in the number of people congregating outside on street corners for work, an increase in the use of registration centers, and an increase in the number of people registered at day laborer centers who actually utilize the service. Similarly, participants noted that there is a lack of job opportunities. One way they thought this may be improved is through offering micro loans to small businesses that are first getting underway. Another strategy they thought could meet this need is increasing enforcement of work discrimination laws. On the topic of collaboration and coalition building, participants felt that UWGUC may be able to establish a link between non-profit organizations and county employers to create job opportunities for low-income residents and immigrants, encourage temporary agencies to offer more full time positions, and develop supports for increasing smaller businesses. According to participants, possible indicators for these actions could be an increase in the number of individuals who moved into stable or permanent employment, the number of collaborative functions held, and the number of employers that hire for living wage jobs.

“Employers that are hiring need to encourage full time and continuous employment and the temp agencies offset that.”

Education-Training

Because there are fewer job opportunities, members of the income group also felt that it is especially difficult for people with disabilities, immigrants, and released inmates to attain a living wage job due to little, or lack of, education. Moreover, they believed there is little

“We have a huge number of people who are functionally illiterate and that’s a huge barrier to work.”

knowledge regarding new job opportunities and retraining initiatives for people shifting sectors. Suggested strategies for this problem are to increase literature programs, teach non-English speakers their native language before improving their English, increase the number of adult school programs as well as their public marketing, and develop job skill assessments and career guidance services. Participants felt building collaborations could increase the number of English as a Second Language (ESL) classes and increase the size of One-Stops on a larger scale. Also, partnering with local colleges and universities could open more skills training classes for the public. These approaches could be measured by evaluating the number of people served at job training programs and the number of people successfully placed into jobs after completing an education or training program.

Coordination of Services/Case Management

Members of the group also expressed that there is a lack of quality case management to bridge gaps in services and provide improved services delivery.

“If a person doesn’t know how to get access to services, it doesn’t work.”

For enhanced communication, participants suggested the expansion of the 211 help line service and improve publicity, as well as create a Wiki Navigator service to facilitate the exchange of knowledge and information. Furthermore, participants believed that it might be beneficial for the coordination of services between government and

non-profit organizations. According to the group, performing a community audit of currently available services and the organizations that provide them may be a potential indicator.

Participants later raised the concern that there is a lack of resources for families to afford quality child care. They agreed that there should be more after-school care co-ops and more affordable day care centers. Likewise, participants explained that there needs to be an increase in the quality of care at existing centers. To do so, they suggested that UWGUC could develop partnerships with small businesses or organizations and potential consumers. Additionally, tax incentives for businesses could be created in order to foster on-site day care centers.

Transportation

Participants were also concerned with the lack of quality and affordable transportation services for both inter-county and intra-county. They believed there should be an increase in subsidies for public transportation to make it more affordable, increase bus services in the

“Better transportation would probably help issues of underemployment, maybe housing issues because you could look in other areas that you wouldn’t generally look.”

county, improve route conveniences, and increase the number of parking spaces at or around train stations. Due to time constraints in the third round, participants were not able to provide outcomes and indicators for affordable child care or transportation.

Health

In the focus groups conducted on the topic of health, participants raised many concerns for residents within the county. Mental health was listed as the highest priority; however, this topic was not discussed in other rounds. Instead, mental health was filtered out of the health group and later covered in the family strengthening group.

Table 3 on page 17 shows the total ranking for each priority discussed in the first round of health focus groups. At the completion of the session, participants worked separately to prioritize the list of needs mentioned in their discussion. Using a worksheet, they were asked to rate each need on a scale from 1 to 5 (1 being the first priority need and 5 being the 5th priority need). The rating number reflected the amount of points given to the need (priority 1 was one point, priority 2 was two points, and so on). These were then added together by the moderators to find the priority order. The need with the lowest number of points was labeled as the highest priority while the need with the highest score was labeled as the lowest priority. The 16 group members ranked attending to children's health needs as the first priority with a total of 46 points, creating better health insurance and coverage as the second priority with 50 points, building a useful navigator tool as the third priority with 59 points, increasing access and care for senior citizens as the fourth priority with 67 points, and preventing substance abuse as the fifth priority with 78 points.

Table 3. Priorities for Health (n=16)

Need	1 st Priority	2 nd Priority	3 rd Priority	4 th Priority	5 th Priority	6 th Priority	Total Points	Overall Priority
Children’s needs	0	8	4	2	2	0	46	1
Health insurance	6	0	4	1	2	3	50	2
Navigator	3	3	1	2	3	4	59	3
Seniors	0	1	4	5	3	3	67	4
Substance abuse	0	1	0	4	6	5	78	5

Children’s Needs

Participants listed child obesity as one of the major problems for children in Union County. They believed there is a lack of attention as well as resources to address this health issue and felt that the family plays a crucial role in their child’s health. Participants thought one way to reduce the high numbers of children with obesity is through educating families about nutrition and physical activity. They said this could be achieved by creating more programs that offered healthy cooking classes or physical activity classes, subsidize the cost of healthy foods, and increase farmers markets in low income communities. Another proposal was to increase walking paths, bike lanes, and mile markers to encourage more physical activity. Building coalitions with local governments, agencies, and businesses would also be beneficial to help address this issue. The effectiveness of these ideas could be measured by looking at an increase in the nutritive value of school lunches, number of farmer markets willing to accept food stamps, increase in physical activity both during and after school, an increase in knowledge

“One of the reasons why parents don’t choose healthier foods is because it’s more expensive.”

of Body Mass Index (BMI) as well as a decrease in BMI levels, and an increase in the number of coalitions on obesity prevention.

Secondly, participants noted that there are a lack of support services regarding teen pregnancy, sexually transmitted diseases (STD's), bullying and violence, substance abuse, and teen parenting education. The group concluded that offering more life skills education programs and services for each subject area would be the best approach. Measuring a decrease in the numbers of teen pregnancy, STD's, and violence, an increase in the percentage of teens informed of health services, and a decrease in substance abuse in general would be possible indicators for the applied programs.

Another issue identified by the group was that there needs to be a decrease in lead poisoning and lead exposure among children. To do so, participants believed UWGUC could advocate for mobile screening units as well as more lead testing to be done by primary doctors and school nurses. Moreover, they suggested that reminders could be called in to parents. Health group members introduced many ways to measure outcomes and indicators, including a decrease in lead levels in children under 6 years old, an increase in the percentage of lead testing by pediatricians, an increase in funding for lead abatements, a change in the percentage of parents who demonstrate an increase in lead poisoning prevention, and a decrease in lead containing products.

Next, participants noted that there was a lack of services for families with children diagnosed with Attention Deficit Hyperactivity Disorder (ADHD) and Autism. To increase awareness of ADHD and Autism for families, participants recommended increasing the number of pediatric neurologists in the county and increasing collaborations with hospitals in order to

scan and complete evaluations for children who might have these disorders. Parent education and support groups could also be created to assist in their care for special needs children.

Health insurance

Members of the focus group also talked a great deal about health insurance. They explained that there are a significant number of people who are both uninsured and underinsured. They felt that part of the reason for this problem is due to a decline in Charity Care. In response

“We can do all we want to do but if doctors don’t come to the table, we’re not going too far.”

to this problem, participants agreed that UWGUC should advocate for an increase in health insurance coverage, expand Charity Care, and create incentives for doctors and

dentists to participate in plans that cover those who are uninsured or underinsured. By implementing these programs, the effectiveness could be measured by observing a decrease in the number of people without insurance, an increase in the percentage of eligible people enrolled in Medicaid and Medicare, and a higher percentage of adults and children enrolled in NJ Health.

Navigator

In addition to health insurance, participants noted that there are a lack of comprehensive tools to inform consumers and providers of county wide medical and mental health services. More specifically, providers need to take into account language and method delivery barriers. Participants recommended building partnerships between county and hospital based social workers, organizing meetings for providers to share knowledge and resolve problems, creating one location for a reliable navigator, and expanding 211 help line and improving their services. Indicators listed by group members for this need were measuring an increase of health-related

navigator sites, an increase of the number of calls or visits to navigator systems, the percentage of residents who have knowledge of the 211 system, and the number of shared partnerships working on this issue.

According to participants, it is especially difficult for people with low-income, immigrants, working poor, and those who recently lost their jobs to access available

“We’re trying to get to those who are uninsured that do qualify for the coverage but don’t know anything about it.”

resources. An action identified to improve access would be by reaching out to hard to reach areas within the county and inform residents of New Jersey Health. Possible outcome indicators were said to be increases in the percentages of people who are aware of enrollment process for insurance and an increase in the number of sites providing information on health insurance.

Seniors

The health group also discussed the lack of resources to attend to senior health needs.

“Our culture is so biased towards the youth and seniors really feel left out. We can offer day outings, more physical fitness programs geared towards seniors, and more social services.”

Participants thought it would be helpful to establish additional social day cares and social events, increase transportation services, increase volunteer opportunities for people who work with

the elderly, and create partnerships with religious institutions to help address senior health needs.

Unfortunately, there was not enough time to delve into outcomes and indicators for this issue.

Substance Abuse

The fifth priority need that participants discussed was the issue of substance abuse. They believed that there was a lack of effective substance abuse prevention programs or treatment options for minors. To improve substance prevention, they suggested creating education programs for families to gain more knowledge in prevention, utilize scientific evidence to study the effectiveness of existing prevention programs, and focus on programs that use the disease model of addiction. Furthermore, participants proposed designing additional educational tools for young children, such as take-home projects. As a result of the significant amount of information covered in the third round and time constraints, outcomes and indicators were not identified for these specific needs.

Broad Goals

Aside from the prioritized needs, participants in this group identified several broad goals for health that should also be taken into consideration. These objectives included observing the amount of information regarding morbidity and mortality rates, the percent of morbidity and mortality in homeless population, a decrease in the number of 62-65 year olds on disability who are without health insurance, and a decrease in the percentage of people experiencing chronic disease (heart disease, diabetes, cancer, HIV, and asthma).

Education

The third set of group meetings focused on the topic of education. The listing of needs was subdivided into six age strata from 0-2 ½ years old to adults. Although each age strata experienced a set of unique unmet needs, there were some themes that emerged across the age categories. Tables 4A-4E display the total ranking for each priority discussed in the first round of education focus groups. At the completion of the session, the twelve participants used a worksheet to categorize the listed needs for each specific age group on a scale. Because there were a different amount of needs for each age group, the scale varied from as little as 1 to 3 and as much as 1 to 5 (1 always being the highest priority). When the worksheets were collected and counted by the moderators, the need with the lowest score was labeled as the highest priority while the need with the highest score was labeled as the lowest priority.

0-2 ½ Years Old

Table 4A. Priorities for 0-2 ½ Years (n=12)

Need	1st Priority	2nd Priority	3rd Priority	Total Points	Overall Priority
Accessibility/Affordability	6	4	2	20	1
Professional Development	2	5	5	27	2
Quality of Service	4	1	7	27	2

In the younger ages (pre-school and below) the greatest needs dealt with program affordability, staff quality, and lack of parental partnerships. When looking at the priorities in Table 4A, access and affordability scored as the first priority for the age group 0-2 ½ years old

with 20 points, while professional development and quality of service both had a total score of 27 points and tied as the second priority.

Many of the participants identified a lack of affordable programs for children under two, children with special needs, as well as the pre-school population. They felt that there were probably enough programs in existence, but most were unaffordable to low and middle income families who need them most. To meet the need of affordable, quality programs for young children, the group suggested strategies such as linking with vocational programs and community colleges that have early childhood educational programs as a way to reduce cost. Others thought that sharing services by buying in bulk and bargaining collectively could reduce the cost for early childhood programs overall. A few participants suggested offering scholarships and stipends both for traditional child care slots and for early intervention services. They also recommended increasing the number of Head Start slots. Some indicators developed to measure the progress of the action strategies included the number of scholarships and stipends offered to subsidize child care costs, the number of partnerships between colleges and universities, and agencies for service provisions to special needs children, and number of Head Start slots compared with need.

3-5 Year Olds

Table 4B. Priorities for 3-5 Years (n=12)

Need	1st Priority	2nd Priority	3rd Priority	4th Priority	Total Points	Overall Priority
Parental Involvement/Family Strengthening	6	2	1	3	25	1
Quality of Education	3	4	3	2	28	2
Professional Development	3	1	3	5	34	3
Extended Care/Misc	0	3	4	5	38	4

For the 3-5 age group, parental involvement and family strengthening was the first priority with 25 points, quality of education was the second priority with 28 points, professional development was the third priority with 34 points, and extended care and other miscellaneous issues was the fourth priority with 38 points.

The first major unmet need participants identified was the lack of parental partnerships. They felt this was more of a problem in the pre-school population, and one with wide-ranging consequences throughout the school years. The actions and indicators that linked with the lack of parental partnerships included training staff in facilitating teacher-parent partnerships, using technology to improve teacher-parent partnerships, providing materials in other languages, and developing resources to assist immigrant parents. The indicators discussed to measure progress in this area included the percentage of children entering kindergarten at grade level, number of involved parents, percentage of bilingual education service providers, and percentage of parent workshops and teacher conferences.

“It’s really important [for parents] to be an integral part of the program.”

Participants stated that program quality also needed to be addressed in Union County especially in the pre-school population. The issues identified here included a lack of quality

“Often time’s parents believe that their child care is of high quality when in fact it’s not.”

supplies, curriculum, and practices. Staff training and quality was another major unmet need in the under five population. Some participants noted that there were no clear standards for staff who work with young children. It was noted that many teachers are not getting the necessary training to work effectively with young children. Participants felt that services for special needs children was an unmet need mostly because the services were not available and not affordable. The group addressed availability by proposing an increase in the programs that train speech and language specialists as well as an increase in the number of students graduating from those programs. The issue of staff quality was addressed by the group in several key ways. One proposal was to credential all staff who work with toddlers through programs such as First Step NJ run by the 4C’s and Project Improve. Another idea discussed was to recruit additional bilingual trainers to meet the need of bilingual staff. The indicators that link to this need included the goals of 80-100% of early childhood centers certified in Uniformed Staff Development Training, the percentage of certified and credentialed staff, and the percentage of the National Association for the Education of Young Children (NAEYC) accredited centers.

Table 4C. Priorities for K-5th Grade (n=12)

Need	1st Priority	2nd Priority	3rd Priority	4th Priority	Total Points	Overall Priority
Literacy	7	1	0	4	25	1
Innovative learning services/technology	3	4	3	2	28	2
Family strengthening	2	2	1	7	37	3
Behavior skills	0	2	1	9	43	4

The next set of needs focused on the K-5th grade population which is outlined in Table 4C. With the lowest score of 25 points, literacy was the highest priority, followed by innovative learning services and modern technology at 28 points, family strengthening at 37 points, and behavior skills at 43 points.

The greatest needs in this age group included the lack of literacy education especially for at-risk youth, a lack of life skills training programs, and a need for improved services for special

“Kids are more likely to be engaged with their peers, or with an older peer, in an activity like reading that they might not be motivated to do with a parent.”

needs children. Several participants also stated that the lack of arts education was a compelling need currently not being addressed. In the area of literacy education, group participants suggested developing peer-to-peer tutoring, and

collaborative efforts with libraries and non-profit organizations to increase literacy programs. In the last meeting, the group developed several indicators they felt would measure progress in this area. One suggestion was to measure the percentage of children read to or told stories by a

family member. Another was to measure the percentage of K-5th graders reading at grade level, and their ability to meet state standards in reading.

Regarding the need of life skills programs, the group offered suggestions such as introducing life skills programs in school and after-school program curriculum. The specific life skills taught could include careers, character, financial issues, literacy, coping, conflict resolution, leadership, and community service. The group thought that UWGUC should collaborate in this area with after-school programs to advocate for a change in their curriculum. Some participants felt that children who need special services should be a population of focus. They discussed actions such as improving intervention services with performance measures that access the number of in-school services including mental health, percentage of students moving into a less restrictive environment, and number of evaluations and referrals made by the school social workers.

In the area of arts education, those in the group who felt strongest about this issue suggested strategies such as developing arts-in-residence programs that promoted college students to teach art, and for UWGUC to work with after-school programs to develop arts projects and related educational programs. The indicators discussed to measure progress in this area include increasing the percentage of schools with arts programs and the number of partnerships between school and the arts community.

“There’s a strong presence of arts communities wanting to get into the schools but there’s a lack of funding.”

Table 4D. Priorities for 6-8th Grade (n=12)

Need	1st Priority	2nd Priority	3rd Priority	4th Priority	5th Priority	Total Points	Overall Priority
Life skills	8	2	1	0	1	20	1
Parent involvement/Family strengthening	2	5	0	0	5	37	2
Behavior skills	1	3	2	0	6	43	3
Career services	1	0	3	1	7	49	4
Truancy	0	1	3	0	8	51	5

The next age group whose needs were enumerated was 6-8th grade children. As seen in Table 4D, life skills was the highest priority with a total score of 20 points. Next were parental involvement and family strengthening, behavior skills, and career services. Truancy was the lowest priority for this group with a total of 51 points.

In the 6-8th grade age group, the lack of life skills education was again discussed as a significant unmet need. Unlike the prior group, mentoring was added in as part of that need. In addition, the group discussed the lack of employment and career development opportunities, and lack of strategies to address truancy. The actions and strategies developed to address the needs were varied. In the area of career opportunities, the participants suggested the development of mentoring, shadowing, and coaching as well as career programs to allow this population to test careers. The indicators developed to measure progress included percentage of students in career development programs, number of job related opportunities for children under 14, and the number of partnerships between schools and business corporations. To address truancy, the

group suggested creating incentives for attendance, developing alternative education routes, family-based supportive services, and providing school-based counseling at school and in after-school programs. The indicators to measure progress in this area include assessing the number of students in alternative school, the number of truancy charges against parents, the school attendance percentage, and a decrease in gang involvement and teen pregnancy. To meet the need for life skills education and mentoring, the group suggested introducing age-appropriate life skills education into the school curriculum. There was one indicator developed to measure progress; the number of life skill workshops by agencies and schools.

9-12th Grade

Table 4E. Priorities for 9-12th Grade (n=12)

Need	1st Priority	2nd Priority	3rd Priority	4th Priority	5th Priority	Total Points	Overall Priority
Drop-out	8	2	0	0	2	22	1
Transitioning/Life skills	1	3	3	2	3	39	2
Innovative teaching/21st century skills	0	4	2	0	6	44	3
Parental Involvement/Family strengthening	2	2	0	0	8	46	4
Career services	1	1	2	0	8	49	5

The final school-age group discussed in the three focus groups was the 9-12th graders. By looking at Table 4E, tackling drop-out rates in high school was ranked as the first priority with 22 points. Implementing life skills was ranked as the second priority, utilizing innovative teaching strategies and 21st century skills ranked as the third priority, parental involvement and

family strengthening was ranked as the fourth priority, and career services was ranked as the fifth priority.

There were three needs the group felt were of greatest priority: the need to decrease the drop-out and truancy rates, the need to develop life skills programs, and the need for career services or career alternatives programs. In the area of graduation and truancy rates, the actions suggested to address these needs include the creation of mentoring programs, developing

“High schools have to prepare kids to compete in real life which is well beyond just being able to get through remedial classes in college.”

alternative education routes, introducing academic skills (studying, testing etc.) into the curriculum, to provide incentives for school completion, and improve out of high

school transitional services. The progress of the actions would be measured by indicators such as the absentee rate, the percentage of in-school suspensions, and an increase in number of career

development programs in high schools. To address the need for life skills, career service programs, and alternative education, the group proposed increasing the number of career development and field education opportunities, creating postsecondary transitional services,

“We have colleges in the county but yet it doesn’t seem like we’re really utilizing the resources we have here to really catapult those kids to get that exposure of what’s out there, what’s available and to make better use of their time.”

developing non-traditional education routes, creating life skills programming that encompasses financial literacy, relationships, civics, leadership, and career issues. To assess progress in meeting these needs, the group suggested several key indicators: the employment rate in non-college bound graduates, the number of partnerships with businesses for mentoring or internships for non-college bound students, and the number of career development programs in high schools. The indicators related to life skills included the number of 18 year olds registered to vote, the percentage of students volunteering, and the percentage of teens with bank accounts. Progress in

reducing the drop-out and truancy rate could be measured by indicators such as the percentage of students in summer remedial attendance, absentee rate, drop-out rate, and percentage of violence and vandalism reports.

The group discussed indicators of academic achievement for both the 6-8th grade students and for the 9-12th graders. This issue was not discussed during either the needs development or the action and strategies group meetings. The group felt strongly about this issue as it relates to all the other issues discussed in both age groups. Since it was a major topic, the moderators felt it needed to be discussed in this section. The indicators that the group noted for the 6-8th grade students included increasing the percentage of them at or above state standards in math, reading, and writing, the percentage of 8th graders graduating on time, the percentage of retained students, and the percentage participating in extra-curricular activities. Some of the indicators were also discussed for measuring academic achievement in the 9-12th graders. There were others added that specifically applied to this population. Those included number of districts with 90% of students graduating on time, the percentage of students taking college entrance exams, the number of students enrolled in Advanced Placement (AP) courses, the percentage of students filing a Free Application for Federal Student Aid (FAFSA) application for financial college aid, and the percentage of students using tutoring. The groups felt that most important indicator was the drop-out rate.

Adults

Finally, the group briefly discussed adult education, which included ages 18 and older. Because there was a significant amount of information covered in the education group, however, there was little time to go into detail for this particular age group. Time constraints in the first

and second meetings prevented participants from prioritizing the needs and developing actions to address those needs. Nevertheless, they felt strongly that indicators for this group should be included in the final report. The primary needs for this population were the lack of education and training opportunities as well as the lack of literacy and ESL education. The indicators to measure progress in addressing the first need included the number of alternative education programs, the percentage of companies paying for adult education, the percentage of students completing college or vocational school, and the percentage of those participating in life skills programs. To measure progress in addressing the second need, the group determined three potential outcome indicators. These include measuring adult education learning slots versus length of time on waiting list, the number of ESL, literacy, technical programs, and the percentage of literate adults. Because there was not enough time to complete a list of priorities for the adults section, a priority table is not provided.

“A lot of adults need financial literacy, credit management, and retirement planning.”

Family Strengthening

The final round of focus groups addressed needs related to family strengthening. Participants of the group included mental health providers and the directors of two family success centers. They identified five of the highest priority needs in the county.

Table 5 illustrates the total ranking for each priority discussed in the first round of family strengthening focus groups. At the completion of the session, participants used a worksheet to categorize the listed needs on a scale from 1 to 5 (1 being the most important need and 5 being the least important). When calculated, the need with the lowest score was labeled as the highest priority while the need with the highest score was labeled as the lowest priority. Out of the 9 participants, the need for affordable and accessible services was ranked at the highest priority with a total of 14 points. The need for clinical services was ranked as the second priority, while parental involvement was the third priority, and prevention education was the fourth priority. With the highest total of 39 points, family enrichment was the fifth priority.

Table 5. Priorities for Family Strengthening (n=9)

Need	1st Priority	2nd Priority	3rd Priority	4th Priority	5th Priority	Total Points	Overall Priority
Affordable/accessible services	6	1	2	0	0	14	1
Clinical services	2	6	0	0	1	19	2
Parental involvement	0	1	4	3	1	31	3
Prevention education	1	1	2	2	3	32	4
Family enrichment	0	0	1	4	4	39	5

Affordable and Accessible Services

The first need dealt with the lack of service access and affordability. There were three sub-areas that fell under this need that will be discussed. The first one was the lack of service access and affordability for a range of family-related issues including child abuse and neglect, domestic violence, difficulties from economic changes, family in transition stress, and mental illness. The lack of accessible and affordable services in these areas was particularly pervasive for working poor families. The actions identified to address this need included increasing funding for service sectors and for sliding scale service provision. The group also discussed the importance of increased collaborative work among agencies to lessen gaps and facilitate information sharing. They also agreed that increased advocacy with agencies such as the NASW (National Association of Social Workers) and NJMHA (New Jersey Mental Health Association) was important in promoting support for mental health. The group developed a range of performance indicators to measure the outcomes of the actions they proposed. To measure client related access and affordability issues, the group suggested tracking the number of clients without insurance who pay limited fees, the number of clients referred out because of lack of capacity, the number of clients under a certain income that are seen, and the number of people placed on waiting lists. Regarding the goal of increasing collaboration among agencies, the measure would be the number of collaboration meetings held in a specific span. Agencies would be defined broadly to include all mental health and family services agencies in the county. In assessing the success of the advocacy work, the measures the group developed would be to measure the number of legislations implemented such as the mental health parity laws and the type of legislation passed.

“A lot of the services are pretty traditional in terms of how they’re established, whereas with families in the community, they’re not so traditional. And it’s that inability for the families to be able connect to the service providers.”

Another sub-area under service access and affordability was the lack of services tailored to non-traditional families. Non-traditional families include single-parent families, same gender parent families, and families with a grandparent as the primary

caretaker. One example mentioned was that there are not enough evening and weekend services. The group suggested the following actions to address this need. The first would be to increase the evening capacity of service providers. This would be measured by the number of non 9-5pm service hours offered. The second was to increase the number of services to non-traditional groups. The success of this action would be measured by tracking the number of non-traditional groups served.

The final sub-area the group noted as an unmet need was the lack of knowledge of where to access help. The group participants agreed that the lack of knowledge was a problem for both the clients and the providers. They suggested the creation of a real-

“In general, people don’t know where to go for help. And that’s true from a client’s perspective and from an agency’s perspective.”

time, interactive directory of county services that would be easy to access and use. The indicator the group suggested as one measure of success would be to track the percentage of providers that find the directory useful.

Clinical Services

The second priority areas identified by the focus group were the lack of clinical services. They specifically noted that there is a lack of counseling and psychiatric services, a lack of services for co-morbid conditions such as mental illness and substance abuse, and a lack of

clinical services for seniors, specifically services that could address both mental health and medical needs. The group developed a number of actions and strategies to address the range of clinical service needs. They included increasing service capacity, increasing funding for clinical services, increasing the locations where clinical services were available especially in high need areas, increasing service awareness, and increasing the number of agencies that can handle co-occurring conditions. The group also suggested two types of advocacy related strategies. The first was to establish coalitions with the State for lobbying efforts and the second was to lobby directly for increased Medicaid reimbursement rates. To measure progress in meeting the needs in clinical service provision in the county, the group suggested the following indicators. They thought it was important to track the number of clients served, the number of referrals given, the number of part-time psychiatrists, and the number of new locales in high service need areas. To measure needs specific to populations with co-occurring conditions, the group recommended tracking the number of agencies that handle co-occurring conditions and the level of funding for senior needs. The final indicator discussed was related to service awareness. In this case, the group suggested that the number of clinical service multi-media advertisements produced should be tracked over time as a way to assess public awareness.

Parental Involvement

The group coupled the need of lack of parental involvement with prevention/parenting education services. They are interchangeable in priority since the group gave each the same priority score. The moderator decided to discuss parental involvement first followed by prevention/parenting education services. The actions they suggested in addressing both needs included increasing the life skills curriculum and education in schools, hospitals, and in

community settings. They specified that skills such as how to manage relationships, parenting skills, and financial education were particularly lacking. They also suggested increasing public services programming as an educational tool. The final proposal was to implement flexible, interactive parenting skills models that were locally developed and community-based. One example of a model is the FAST (Families and Schools Together) program. To measure the success of their strategies in addressing this need, the group developed a number of key indicators. To assess life skills education, they suggested measuring the number of life skills and parenting programs offered outside school, the number of programs for parents of teens, and the number of parent participants in parenting teen’s classes. Tracking the number of teen births and the number of abuse and neglect referrals were also suggested as important indicators for assessing the success of life skills education. Their final indicator was to measure the number of public service programs shown in a specific time frame to assess if increasing public service programming was an effective strategy.

Prevention Education

In the priority need discussed as prevention and education services, the group indicated one major need in this area, namely the lack of after-school programs and activities for

“A lot of the programs, or after-school programs, are wonderful but they don’t meet the needs of a high school aged child.”

adolescents. They suggested the action of increasing after-school programs for teenagers aside from athletic programs, which they felt were sufficient. An outcome indicator developed to measure progress would be the

number of adolescents participating in these activities.

Family Enrichment

Family enrichment was the final priority need area discussed. The group felt that there was a countywide lack of family strengthening activities combined with social activities that families can engage in. Participants specified activities related to financial literacy, counseling, and parenting skills as being the most lacking. Suggested actions were to enhance the existing family success centers especially their space, partnering, and hours of availability, and to increase parenting programs for both current parents and teens. To track success in achieving these goals, the group recommended the following performance indicators. The indicators related to teens included tracking drop-out rates, the percentage of teen pregnancy, and academic achievement numbers. In regard to families, possible indicators included looking at the number of families engaged in centers and in their activities, the number of participants in parenting programs, and the number of referrals to mental health agencies. The final set of indicators relate to the centers themselves, as it would be beneficial to measure the number of partners the center engage with and the number of family centered activities.

“Because there is a lack of family unity as a result of everybody going different directions for work, school, etc, having a location where they can all assemble and have a good time together is like an outing for them.”

Addendum Needs

There were two addendum needs that did not fit directly into any of the prior categories.

“More money needs to be pumped into the service sector so that the agencies that have the ability to provide those services can afford to provide them.”

The group thought they were important to address, and should be included in this discussion. Participants first raised the concern that there was a lack of funding for

legal services. They recommended an increase in funding as the sole action needed to address

the deficit in this area. An indicator to track progress would be the level of funding for legal services. Another need discussed was the lack of combined job placement/career development and mental health services. The actions suggested included an increase in assistance for combined mental health and vocational services, and an increase in the number of co-locations for agencies to work together in providing both types of services in the same place. Group members also included one advocacy strategy in addressing this need, namely to decrease career related sanctioning of mentally ill clients. To measure progress in meeting this need, the group developed several key indicators. Two related indicators were to

“Maybe not every agency has the capacity within its own organization to do this range of services, but if you have community centers where agencies can come and co-locate so the clients don’t have to go to 5 different places, that’s a plus.”

track the number of agencies that provide both career and mental health related services, and to track the number of co-locations where both services could be received. Also listed as ways to measure outcomes were tracking the funding for combined programs and tracking the number of sanctions received by mentally ill clients from their career related service providers.

Discussion

Strengths and Limitations

By meeting with local stakeholders and experts in each subject area, IFF was able to gather a great deal of information through the completion of the focus groups. Not only did members of the focus groups use their knowledge and expertise in their specific field, but they also based their ideas on their personal experience from working with residents of Union County to contribute to the discussion. With this combination, participants were able to identify major issues within the area along with a list of possible solutions to those problems.

Despite the valuable information put forth by the participants, there were some limitations to this project. Because the participants in the focus group were limited to local stakeholders and experts, the content does not reflect the opinions of all those living in Union County. Thus, this was not a representative sample of the population. One possible option for future work is to develop a survey with questions relating to income, health, education, and family strengthening. These surveys could then be distributed to county residents, community social workers, school administrators and teachers, local organization leaders and members, or other subject matter experts. In doing so, a much wider array of viewpoints could be gathered.

Another limitation was the late addition of the family strengthening group. Although the family strengthening topic was a vital part of this project, combining three focus groups into two may have affected the results. Since a significant amount of information was expected to be covered in a short span of time, some participants felt they were being rushed through the material. As a result, participants reported that they did not have enough time to think about their ideas or suggestions thoroughly. To the goal of conducting high quality research, it is important for participants to be given ample time to provide their input. However, given the

research design, this option was not possible. One way to address this issue in future projects would be to provide the participants with the questions beforehand, thereby giving them time to reflect upon each question.

Analysis

A number of important themes emerged throughout the focus groups. One of the themes centered on the populations of greatest need in the county. While issues for middle and upper classes were discussed, the bulk of the conversation focused on lower-income and working poor families. According to participants, the working poor, immigrants, and homeless were deemed the most at risk populations. The principal issue for all of these groups was their income, or lack thereof, which put them at a tremendous disadvantage in many aspects of their lives. Group members believed that those categorized as lower income may not be able to afford stable housing, quality child care, basic health insurance, quality education, or consistent family services. Other groups of special focus were senior citizens and adolescents. Focus group participants agreed that needs for seniors most often related to insufficient social activities, poor transportation systems, little knowledge about health, and inadequate insurance coverage for their age group. Participants felt this group had a particular need for combined medical and mental health services. Adolescents, on the other hand, were said to lack in the areas of services for transitioning into adulthood and career development, as well as prevention programs regarding risky health behaviors. Because people of lower socioeconomic status, seniors, and adolescents were brought up in each focus group for a variety of reasons, it was clear that participants were deeply concerned that the multi-faceted needs of these populations are not being met.

Regardless of the focus group topic, it was evident that a lack of financial means was a major underlying factor impacting people across the different topic areas. Participants in all of the groups believed that their proposed actions and strategies could not be achieved without additional funding. They explained that additional funding would increase the possibility of building affordable housing, creating affordable quality child care, establishing more available services, and launching more educational programs focused on life skills and risky health behaviors. Furthermore, greater funding would enable programs to implement marketing strategies that could reach a larger percentage of the population. In short, the more financial resources a program has, the greater ability they have to improve their organization and its effectiveness. Therefore, if more money is allocated to programs and organizations, then there would be a better opportunity to improve the lives of those in Union County who need the services most.

Another major theme discussed across all groups was the lack of shared informational services. Although Union County offers a variety of services to assist its residents, the majority of the population is unaware of these services. Participants in all groups agreed there was a need for better communication and coordination among the service providers in the county. Although the 211 line was said to be helpful, group members believed there was room for improvement. They recommend expanding the 211 line and increasing its publicity. Moreover, group members suggest creating a frequently updated directory of all family services in the county, as well as a user-friendly web-based navigator system that would allow anyone querying it to locate the assistance and support they need. In doing so, the focus group participants assumed that a larger percentage of residents would be more aware of available shelters, affordable housing, healthcare coverage, educational programs, counseling, and other family services. By collaborating and

sharing information, not only would each provider be better able to serve their client population, but there would also be a positive impact on the entire population of the county.

The topic of life skills was also addressed in each of the four focus groups. While participants viewed this issue through a different lens depending on the focus group topic, all groups agreed that a lack of life skills accounted for many of the needs identified in the groups. Whether in the income group where the participants expressed a lack of financial literacy as a lacking life skill, or the family strengthening group where the lack in life skills included relationship and parenting skills in addition to financial literacy skills, the theme remained consistent. Participants discussed life skills as common sense skills that are often not taught within the traditional school curriculum. They viewed these as essential for successful living and coping with life's challenges. It was said that those who lack this knowledge often present with a host of complex inter-related challenges that could partially be alleviated if they had been educated in life skills. The main recommendation with regard to this issue is to extend life skills education services into the school system and community, tailored to the needs of the various communities in the county. By offering additional life skills programs, people will be better prepared to face challenges of everyday life, which could ultimately help to reduce some of the problems and difficulties they are experiencing.

In a related area, the groups focused much attention on the need for improved education and skills training in all of topic areas. For income, group members felt that the lack of education and skills training opportunities directly impacts other expressed needs, specifically the lack of affordable housing and the lack of a continuous income to sustain a decent standard of living. One aspect discussed was the lack of trainings to assist workers who were laid off, and the subsequent transition into a different financial lifestyle. Participants of the income group

also spoke about the lack of modern-day skills training that could help those who received little or no education attain a living wage job. In the education group, the lack of education and skills training was discussed in a slightly different way. They viewed the lack of options for both adolescents and adults who did not fit the traditional education model as a major unmet need. They felt that career management was lacking in middle and high school education leaving young adults with little guidance as they graduated from high school. The members of the education group also spent a fair amount of time discussing the lack of professional training for teachers. They expressed that there are some pre-school teachers who could benefit from better training in early childhood education and some traditional grade-school teachers who do not understand how to integrate technology and problem-based learning into their curriculum.

Unlike the income and education groups, the family strengthening and health focus groups had similar views when discussing education and skills training. Both groups spoke of the lack of education for many populations in areas related to parenting skills, financial literacy, and obesity prevention. It is clear from the emergence of the education and training theme in all groups that this was a critical area for UWGUC to address. In addition to funding education and training initiatives, participants thought UWGUC could be involved in advocacy and collaborative work. One idea was to advocate for life skills training to be added to the school curriculum. The other was to collaborate with organizations involved in education and training work through development of partnerships. Although thoughts differed between groups, the topic of education and training seemed to be an important tool in improving the lives of residents of Union County.

Family support was the final theme that emerged across all of the focus groups. Like the different ideas on education and training, family support was also discussed from various

perspectives depending on the group topic. In general, all groups described a lack of family support and strengthening services as constituting a major unmet need in the county. The impact was seen in all families, but the working poor and single parent families were said to be the most affected. Participants in the education focus group discussed the lack of parental involvement across the entire school experience. They explained how this issue impacted a range of academic and social problems seen in students. This same issue was presented as a priority area in the family strengthening focus group. Group members felt the lack of family support services was linked closely to the lack of family strengthening activities. They pointed to programs such as the two Family Success Centers as examples of success in engaging families. A place for families to interact socially and also receive needed services and education was seen as critical to providing the support needed by the most at-risk families. In the health focus group, the family support issue was expressed in the two priority areas of child/adult obesity and the range of teen related health problems. Lack of parental involvement was seen as a major factor in both issues. Participants felt strongly that addressing both needs necessarily meant involving the entire family. To this end, improving family support services is critical. Although this issue presented differently depending on the focus group where it was discussed, the fact remained that it was a theme in all of the groups, and an issue of high priority according to the participants.

Conclusion

The UWGUC focus group project was the second part of a two-part process designed to assess the needs in Union County. The aim was to gain a more comprehensive understanding of the issues and develop the most relevant and effective strategies to address them. UWGUC chose four focus group areas: income, health, education, and family strengthening. The first three mirrored the United Way of America's main topic areas, and the last one reflected UWGUC's newest initiatives. The goal of both projects was to facilitate UWGUC in becoming an agent of community change in Union County.

The focus group framework was uniquely geared to meet this objective. Each focus group was comprised of experts, practitioners, academics and members of the local community. They met at least three times to develop a systematic approach to addressing identified needs. By working collaboratively to express their ideas and opinions and exchange ideas, they became engaged in the very process of community change UWGUC is aiming to affect. Six themes emerged from the information gathered in the groups. The first one addressed the disproportionate impact of unmet needs on the homeless, immigrants, and working poor. Many of the groups' participants discussed how the identified needs had a significant impact on these populations. The second theme that emerged across the groups was the lack of financial stability. All groups agreed that financial status was intimately connected to a variety of needs expressed in all the groups. The third theme was the lack of an interactive, user-friendly information system that allowed for information sharing in the county. Participants in all of the groups emphasized how little the community members know about what other services are available in the county and thought this tool referred to as the "Navigator" would be instrumental

in providing a necessary, real time information resource. The fourth theme discussed in all of the groups was the lack of life skills in all segments of the population. They thought the unmet need was most significant in the adolescent and transitioning to adulthood population, and was connected to many social, academic, and financial problems this group experienced. The fifth theme was the lack of education and training for students of all ages, as well as the various staff that worked in the education field. Many were particularly concerned for the people whose education and vocational skills inhibited their abilities to remain employed, maintain good health, earn a decent education, and support their families. The final need was for family strengthening. Participants in all four groups commented that many of the identified needs were exacerbated by vulnerable family structures. Regardless of the topic, the participants felt that engaging the entire family was instrumental to affecting any lasting positive change.

UWGUC plans to utilize the results of this project as well as the needs assessment completed by Kean University in developing its future work. This collaborative effort not only provides the UWGUC with sound guidance for future planning, but also, by engaging a wide array of non-profit, government, and private entities, they have initiated a grassroots initiative to affect community change.

Appendices

APPENDIX A.

Informed Consent

Consent Form to Participate in the United Way of Greater Union County Focus Groups Research

PRINCIPAL INVESTIGATOR

Donna Van Alst
Associate Director of Community Initiatives
Institute for Families, Rutgers University School of Social Work

INTRODUCTION

You are invited to participate in a research study. Before you agree to participate in this study, you should know enough about it to make an informed decision. If you have any questions, ask the investigator. You should be satisfied with the answers before you agree to be in the study.

BACKGROUND/PURPOSE

The purpose of this study is to assist the United Way of Greater Union County in conducting focus groups to identify community needs, programming strategies and potential measures reflecting its new community impact strategy. The process would lead to the development of an action plan and outcome measures for new community impact areas.

INFORMATION

Participating in this study will involve attending one general meeting session followed by three focus groups. In each focus group you will be asked to contribute your knowledge to develop needs priorities in Union County in one of three topic areas. In the final meeting you will be asked to develop outcomes for each priority need and a way to measure the need in assessing the effectiveness of the intervention.

RISKS

Due to the nature of this study, anticipated risk in participation is minimal. Any potential risk can be avoided by discontinuing participation at any time.

BENEFITS

Participation in this study will benefit the United Way of Greater Union County in identifying potential local areas of focus within the United Way of America's impact categories of education, income and health;(2) innovative practices, programs and strategies for addressing identified local areas of focus; and (3) appropriate outcomes and indicators of improvement in the identified areas.

CONFIDENTIALITY

This research is confidential. The information provided will be kept confidential by limiting individual's access to the research data and keeping it in a secure location. The research team and the Institutional Review Board at Rutgers University are the only parties that will be allowed to see the data, except as may be required by law. If a report of this study is published, or the results are presented at a professional conference, only group results will be stated, unless you have agreed otherwise.

COMPENSATION

There is no compensation for participating in this study.

EMERGENCY MEDICAL TREATMENT (if applicable)

Not applicable.

CONTACT

If you have questions at any time about the research or the procedures, you may contact the researcher, principal investigator, Donna Van Alst, at 100 Joyce Kilmer Avenue, Building 4161, Piscataway, NJ 08854, or at 732-445-0512 x 109.

If you have any questions about your rights as a research **subject**, you may contact the **IRB Administrator** at

**Rutgers University Institutional Review Board for the Protection of Human Subjects
Office of Research and Sponsored Programs**

3 Rutgers Plaza

New Brunswick, NJ 08901-8559

Tel: 732-932-0150 ext. 2104

Email: humansubjects@orsp.rutgers.edu

PARTICIPATION

Your participation in this study is voluntary; you may decline to participate at any time without penalty to you. If you decide to participate, you may withdraw from the study at any time without penalty and without loss of benefits to which you are otherwise entitled. If you withdraw from the study before data collection is completed your data will be removed from the data set and destroyed.

Sign below if you agree to participate in this research study. You will be given a copy of this form to keep.

Subject's signature _____ **Date** _____

Investigator's signature _____ **Date** _____

APPENDIX B.

Focus Group Guidelines

1. We will be on a first name basis.
2. There are no wrong answers, just different points of view.
3. Please speak up – only one person should talk at a time.
4. Please turn off or set to vibrate your cell phones and pagers. If you need to take a call, please step out of hearing distance.
5. Moderator may interrupt to refocus discussion.
6. Moderator may solicit opinion from someone who has not spoken.
7. We will be done by 12:00PM.

APPENDIX C.

Focus Group Questions

Income

United Way of America (UWA) Statement on Income

“As many as one-third of working Americans do not earn enough money to meet their basic needs. These individuals are walking a financial tightrope — they are barely able to get by, with no ability to save for college, a home, or for retirement.” UWA has selected increased financial stability for low-income families, increased savings, and increased assets as their target issues.

Our goal is to define the income/financial needs in Union County so that resources can be directed to address the greatest of these needs.

1. What are the specific financial stability needs of the different populations in Union County?
2. What actions need to be taken in order to address each specific need?
(What is United Way’s current role in addressing each need, and what should they be doing in the future?)
3. Do you know of other ongoing efforts/initiatives that take on any of these issues?
4. Is there anything additional that should be part of this discussion?

Health

UWA Statement on Health

“Community by community, United Ways and their partners target childhood obesity, health insurance coverage, healthcare quality, childhood immunizations, substance abuse, family violence, oral health or other healthcare concerns voiced by their community.” UWA has selected these issues as their target issues.

Our goal is to define the health needs in Union County so that resources can be directed to address the greatest of these needs.

1. What are the specific health service needs the different populations in Union County?
2. What actions need to be taken in order to address each specific need?
(What is United Way’s current role in addressing each need, and what should they be doing in the future?)
3. Do you know of other ongoing efforts/initiatives that take on any of these issues?

4. Is there anything additional that should be part of this discussion?

Education

UWA Statement on Education

“Education is the cornerstone of individual and community success. It’s essential to getting and keeping a job with a livable wage and health benefits. And it’s fundamental to a community’s economic prosperity: a well-educated workforce attracts world-class jobs.” UWA has selected child care and development, increased school readiness for kindergarteners, and increased rates of academic completion as their target issues.

Our goal is to define the educational needs in Union County so that resources can be directed to address the greatest of these needs.

1. What are the specific educational needs of the following populations in Union County (pre-school, primary education, high school, adult education)
2. What actions need to be taken in order to address each specific need?
(What is United Way’s current role in addressing each need, and what should they be doing in the future?)
3. Do you know of other ongoing efforts/initiatives that take on any of these issues?
4. Is there anything additional that should be part of this discussion?

Family Strengthening

Our goal is to define the family strengthening needs in Union County so that resources can be directed to address the greatest of these needs.

1. What are the specific family strengthening needs of different populations in Union County?
2. What actions need to be taken in order to address each specific need?
(What is United Way’s current role in addressing each need, and what should they be doing in the future?)
3. Do you know of other ongoing efforts/initiatives that take on any of these issues?
4. Is there anything additional that should be part of this discussion?

APPENDIX D. Income Outline

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Housing</p> <p>➤ Lack of affordable, stable housing for low-income people (homeless families, immigrants, released inmates, people with mental and physical disabilities, and seniors)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Fund seed grants for redevelopments • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Work with non-profit organizations like Habitat for Humanity to advocate for legislation that could provide tax advantages to build affordable housing ▪ Advocate for rent control laws ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ United Way should create a collaborative group of parties working on affordable housing involving government agencies (include decision makers ó Code Blue model) ▪ Develop mixed-use housing ▪ Increase rent controlled apartments 	<ul style="list-style-type: none"> • Number of affordable housing seed grants given • Number of rental units versus owner occupied units created • Proximity of affordable housing units to jobs • Number of units of affordable housing produced • Number of meetings with legislators to advocate for increased affordable housing • Number of legislations introduced • Number of legislations introduced that were passed • Number of organizations focused on affordable housing • Internal satisfaction of organizations working on this issue
<p>➤ Lack of resources to transition homeless population into stable housing</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase number of shelter beds • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Advocate for zoning that would allow halfway homes and long term rehab building ▪ Advocate for a change in HUD's definition of homeless ▪ Advocate for enacting the Abandoned Properties Act on a municipal level ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ United Way should create collaborative group of parties working on affordable housing involving government agencies (include decision makers - Code Blue model) ▪ Work to reform Board of Social Services - refocus on service delivery ▪ Develop mixed-use housing ▪ Share information on service availability via publicity ▪ Improve language services at county offices ▪ Increase HOPWA funding (HIV/AIDS) 	<ul style="list-style-type: none"> • Number of shelter beds • Number of people served • Number of meetings with legislators to advocate for increased services for homeless individuals • Number of legislations introduced • Number of legislations introduced that were passed • Length of persons' stay in shelter • Outcomes from tracking post-shelter transitioning • Decrease in the number of individuals assisted • Number of incorporated zones where halfway houses and rehab facilities could be sited

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Living Wage</p> <p>➤ Lack of a continuous, living wage income to afford housing, bills, and food (especially for immigrants/refugees, female-led households, released inmates, and seniors)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Develop senior training programs (e.g. Easter Seals by Red Cross) ○ Teach living wage job skills ○ Create registration system for employers and day laborers • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Encourage employees to furlough workers instead of laying them off 	<ul style="list-style-type: none"> • Number of people registered at day laborer center that are using its services • Decrease in the number of congregating people • Increased use of registration center
<p>➤ Lack of job opportunities</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Offer micro loans for starting small businesses • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Increase enforcement of work discrimination laws ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Create links between non-profit organizations and county employers to create job opportunities for low-income and immigrants ▪ United Way develop a forum with Rotary Clubs and Chambers of Commerce to discuss the underutilized work force in the county (tax incentives could be used as a tool) ▪ Encourage temporary agencies to offer more full time opportunities ▪ United Way work with businesses who support their mission ▪ Develop supports for increasing small businesses 	<ul style="list-style-type: none"> • Increase in the number of individuals who moved into stable/permanent employment (many government indicators) • Number of collaborative functions held • Number of employers that hire for living wage jobs

<p>➤ Lack of resources to afford quality child care</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Encourage the formation of day care and after-school care co-ops • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase amount, affordability, and quality of child care ○ United Way can develop partnerships between small business start ups and potential consumers ○ Legislative <ul style="list-style-type: none"> ▪ Create tax incentives for businesses to have on-site day care centers 	<p>(See asterisk on page 49)</p>
PRIORITIES		ACTIONS/STRATEGIES
OUTCOME INDICATORS		
<p>➤ Lack of education to attain a living wage job (especially people with disabilities, immigrants, and released inmates)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase literacy programs (embed literacy education in programs like Community Women's Education Project (CWEP)) ○ Teach non-English speakers their language first before improving their English speaking skills ○ Increase number of adult school programs and how they are promoted ○ Develop job skill assessment and career guidance services • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase the number of English as a Second Language (ESL) classes and their availability ▪ Increase size of One-Stops (staff, space, and computers) ▪ Partner with local colleges and universities to offer skills training 	<ul style="list-style-type: none"> • Number of people served at job training programs • Number of people successfully placed into jobs after going through an education/training program
<p>➤ Lack of knowledge on new job opportunities and retraining initiatives for people shifting sectors</p>		

<p>Misc Needs</p> <p>➤ Lack of quality case management to bridge gaps in services and provide improved services delivery</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Expand 211 services in the county and its publicity ○ Create a Wiki Navigator service to facilitate exchange of knowledge and information • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Coordinate services between government and non-profit organizations 	<ul style="list-style-type: none"> • Perform a community audit of currently available services and which organizations provide them
<p>➤ Lack of quality, affordable transportation services within Union county and inter-county</p>	<ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Increase subsidies for public transportation to make it more affordable ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase bus service in county ▪ Improve route convenience (stop at train stations) ▪ Increase the number parking spaces near train stations 	<p>(See asterisk on page 49)</p>

*Due to time constraints, outcome indicators for underemployment and transportation could not be determined.

APPENDIX E. Health Outline

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Obesity</p> <p>➤ Lack of attention and resources to address childhood obesity especially focused on the role of family</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Educate families about nutrition and activity (focus on younger children) ○ Increase number of physical activity and nutrition education programs (e.g. partner with schools) ○ Offer healthy cooking classes and/or programs ○ Subsidize cost of healthy food ○ Increase farmers markets in low-income communities ○ Provide vouchers to purchase whole foods • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Work with local governments to encourage local food stores/bodegas to stock fresh foods ▪ Increase walking paths, bike lanes, and mile markers ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Build coalitions with government, agencies, businesses, etc. to work on this issue ▪ Subsidize cost of healthy food ▪ Increase farmers markets in low-income communities ▪ Provide vouchers to purchase whole foods ▪ Support co-ops 	<ul style="list-style-type: none"> • Percent of children who were breastfed through the first year • Percent of children and adults who made healthy eating choices • Increase in nutritive value of school lunches • Number of farmer markets accepting food stamps • Percent of mothers involved in Women, Infants, and Children (WIC) that use fruit/vegetable vouchers • Number of safe playgrounds • Increase in physical activity programs in school and after-school programs • Increase in physical activity in adults • Increase in the number of physical activity programs sponsored by managed care • Increase knowledge of Body Mass Index (BMI) • Decrease in BMI in children and adults • Increase in nutritional education in school curriculum • Increase in the number of coalitions on obesity prevention
<p>Teens</p> <p>➤ Lack of support services in teen pregnancy, STD, bullying and violence, substance abuse prevention, and teen parenting skills education</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Develop life skills teaching programs that include: <ul style="list-style-type: none"> ▪ Pregnancy prevention ▪ Sex education/disease prevention ▪ Substance abuse prevention ▪ Violence prevention (bullying) ▪ Parenting skills 	<ul style="list-style-type: none"> • Decrease in teen pregnancies, STDs, and violence • Increase in enrollment of eligible teens in Family Care • Increase in pre-natal care • Increase in school-based health centers • Decrease in substance abuse related emergency room visits • Decrease in substance abuse in general • Increase in the percentage of teens informed of health services • Increase in the number of 1st trimester obstetrician visits

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Uninsured</p> <ul style="list-style-type: none"> ➤ Large number of people who are uninsured and underinsured due in part to a decline in Charity Care ➤ Lack of resources for populations of greatest need including low-income, immigrants working poor, and people who recently lost their jobs 	<ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Expand NJ Health (Horizon) - insures low-income, uninsured children and their parent ▪ Advocate for increased health insurance coverage ▪ Advocate to expand Charity Care ▪ Create incentives for doctors/dentists to participate in plans that cover those who are uninsured and underinsured ○ Collaborations/Coalition Building <ul style="list-style-type: none"> ▪ Increase the number of providers in county health centers • Reach out to hard to access population to inform them of NJ Health (e.g. literature from schools) 	<ul style="list-style-type: none"> • Decrease in the number of people without health insurance • Increase in the percentage of eligible people enrolled in Medicaid and Medicare • Percentage of adults and children enrolled in NJ Health • Increase in the amount of public health funding • Percentage of people aware of enrollment process for insurance • Increase in the number of sites providing information on health insurance
<p>Navigator</p> <ul style="list-style-type: none"> ➤ Lack of comprehensive tool to inform consumers and providers of county wide medical and mental health services (need to take into account language and method delivery barriers) 	<ul style="list-style-type: none"> • Collaborations/Coalition Building <ul style="list-style-type: none"> ○ Increase effectiveness of Board of Social Services ○ Partner with county and hospital based social workers ○ Create a provider round table to share knowledge and problem solve ○ Expand 211 line and improve service ○ Create one location to administer Navigator program (and update frequently) 	<ul style="list-style-type: none"> • Increase in the number of health-related Navigator sites • Increase in the number of visits to Navigator sites • Number of 211 calls • Percentage of resident knowledge of the 211 system • Decrease in Board of Social Services complaints • Number of knowledge sharing partnerships

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Lead Poisoning</p> <ul style="list-style-type: none"> ➤ Decrease the amount of lead poisoning and lead levels in children 	<ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Work with primary doctors to increase testing (provide more incentives) ▪ Mobile screening units ▪ Call reminders to parents ▪ Work with schools to increase testing rates 	<ul style="list-style-type: none"> • Decrease in lead levels in children under 6 years old • Increase in the percentage of lead testing by pediatricians • Increase funding for lead abatement • Increase in the number of successful abatements • Increase in the rate of compliance in pre-school testing • Percentage of parents who demonstrate an increase in lead poisoning prevention • Decrease in lead containing products
<p>ADHD/Autism</p> <ul style="list-style-type: none"> ➤ Lack of services for children with Attention Deficit Hyperactivity Disorder (ADHD)/Autism and their families 	<ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase the number of pediatric neurologists in the county ▪ Partner with hospitals to increase child evaluation rates in ADHD and Autism ▪ Create parent education and support groups to assist in their care for special needs children 	<p><i>(See asterisk on page 53)</i></p>

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Substance Abuse</p> <ul style="list-style-type: none"> ➤ Lack of effective substance abuse prevention programs ➤ Lack of treatment options for minors 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Create programs that educate the family ○ Utilize evidence based programs ○ Create take-home projects for younger children to be used as an education tool ○ Focus on programs that use the disease model of addiction • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase advertising and encourage attendance at Alcoholics Anonymous and Narcotics Anonymous 	<p>(See asterisk on page 53)</p>

*Due to time constraints, performance indicators for ADHD/Autism, Seniors, and Substance Abuse could not be determined.

BROAD GOALS FOR HEALTH
<ul style="list-style-type: none"> • Percent of information regarding morbidity and mortality rates • Percent of morbidity and mortality in homeless population • Decrease the number of 62-65 year olds and those on disability who are without health insurance • Decrease in the percentage of chronic disease rates (heart disease, diabetes, cancer, HIV, and asthma)

APPENDIX F.
Education Outline
Early Childhood (0-2 ½ Years Old)

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Professional Training</p> <p>➤ Lack of professional development for staff who work with this population</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Train staff and make sure they get appropriate toddler credentials (e.g. model programs like First Step NJ by 4C&s and Project Improve) ○ Recruit more bilingual trainers • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Broaden collaborations and create linkages with community colleges and universities 	<ul style="list-style-type: none"> • Percentage of certified/credentialed staff • 80-100% of early childhood centers are certified in Uniformed Staff Development Training • Percentage of National Association of Educating Young Children (NAEYC) accredited centers
<p>Child Care</p> <p>➤ Lack of affordable, accessible child care centers (especially for at-risk children)</p>	<ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Reduce cost by changing the regulations in the law ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Broaden collaborations and create linkages with community colleges and universities ▪ Reduce cost by linking centers with vocational programs that have early childhood education programs ▪ United Way should develop an alliance of early childhood programs ▪ Share services (co-op) ó buy in bulk to reduce cost and bargain collectively ó develop a clearinghouse 	<ul style="list-style-type: none"> • Decrease in the percentage of income spent on child care • Increase in the number of affordable day care slots (subsidized) • Decrease in the number of individuals on waiting lists for affordable slots
<p>➤ Lack of quality at child care centers (including supplies, curriculum, and practices)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Child care centers should perform self studies • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Child care centers develop incentives to recruit and train staff 	<p style="text-align: center;"><i>(See asterisk on page 60)</i></p>
<p>Special Education</p> <p>➤ Lack of affordable special education services for early intervention</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Scholarships or other financial support for early intervention services • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Early childhood educational programs should open clinics for special needs services 	<ul style="list-style-type: none"> • Number of scholarships and stipends for early intervention services

3-5 Years Olds

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Related Services</p> <ul style="list-style-type: none"> ➤ Lack of related services (e.g. speech/hearing, developmental delays, etc.) 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase the number of speech and language specialists as well as increasing the number of speech/language programs at higher education institutions • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Encourage early childhood educational programs to open clinics for special needs services 	<ul style="list-style-type: none"> • Number of college graduates in speech and language pathology specialties • Number of partnerships between colleges/universities and agencies for service provision to special needs children • Percentage of developmentally delayed and special needs children entering kindergarten at grade level • Decrease in socially disruptive behaviors
<p>Affordable Pre-Schools</p> <ul style="list-style-type: none"> ➤ Lack of affordable, accessible, and available pre-schools 	<ul style="list-style-type: none"> • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Share services (co-op) - buy in bulk to reduce cost and bargain collectively & develop a clearinghouse 	<ul style="list-style-type: none"> • Decrease in the percentage of Head Start eligible children on waiting list • Increase in the number of Head Start slots • Increase in the percentage of Early Childhood Environmental Rating Scale (ECERS) scores • Percent of kids entering kindergarten at grade level
<p>Parent Partnerships</p> <ul style="list-style-type: none"> ➤ Lack of strong parent-school partnerships 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Train staff in facilitating teacher-parent partnerships and social work skills ○ Use technology to improve parent-teacher partnerships by increasing communication (e.g. provide parents low cost laptops) 	<ul style="list-style-type: none"> • Increase in the percentage of involved parents • Increase in the percentage at parent workshops and teacher conferences
<p>Family Support</p> <ul style="list-style-type: none"> ➤ Lack of family support services which include family strengthening and parent education 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Provide resources and education for parents • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Develop school-based intake process to assess parents and link them with necessary services 	<p><i>(See asterisk on page 60)</i></p>
<p>ESL Needs</p> <ul style="list-style-type: none"> ➤ Lack of education for immigrants parents in ESL, cultural norms, and parental rights in the education process 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Provide resources and education for parents ○ Develop a cultural/language clearinghouse to assist immigrant parents ○ Develop materials in other languages for ESL parents • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Collaborate with non-profit organizations to target parents who need ESL and literacy education 	<ul style="list-style-type: none"> • Increase in multi-language communication with parents • Percent of bi-lingual education service providers

K – 5th Grade

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Literacy</p> <ul style="list-style-type: none"> ➤ Lack of literacy education especially in at-risk children (primary focus on 2nd graders) 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Develop peer-to-peer tutoring programs to increase literacy • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ United Way should partner with non-profit organizations to increase child and adult literacy (e.g. summer, after-school, and other innovative reading programs) ▪ United Way should collaborate with libraries to bring books to after-school programs 	<ul style="list-style-type: none"> • Percentage of children in after-school programs • Number of after-school programs • Increase in the number of schools with at least one after-school program
<p>Life Skills</p> <ul style="list-style-type: none"> ➤ Lack of life skills training and programs to address behavioral/psychiatric issues 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Introduce life skills classes for in-school and after-school programs that focus on careers, character, money literacy, coping strategies, conflict resolution, leadership, and community service ○ United Way should develop community service weekend programs for children (e.g. Boy and Girl Scouts at Plainfield YMCA) • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase affordability and accessibility of after-school programs (Continual Educational Services Committee should run before and after care programs) ▪ Improve intervention services (e.g. academic, mental/behavioral health, and life skills) 	<ul style="list-style-type: none"> • Percentage of students that move from self-contained classrooms, resource rooms, and class support • Percentage of students moving to a less restrictive environment • Number of in-school services, including mental health • Number of referrals made by school social workers • Number of student evaluations completed by school social workers
<p>Professional Skills</p> <ul style="list-style-type: none"> ➤ Lack of professional training/skills in literacy, math/science education, problem/project based learning, and use of current technology 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Introduce life skills classes for in-school and after-school programs that focus on careers, character, money literacy, coping strategies, conflict resolution, leadership, and community service ○ United Way should develop community service weekend programs for children (e.g. Boy and Girl Scouts at Plainfield YMCA) • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Increase/diversify communication with parents (e.g. voice messages, newspapers, texts, emails, websites, etc.) ▪ Administration encourage professional development in staff ▪ Encourage teachers to use more problem/project based models (e.g. oYouth as Resourceso) ▪ Need to utilize appropriate research based programs in the classroom (e.g. differentiated teaching) 	<ul style="list-style-type: none"> • Percentage of children read to or told stories by a family member • Percentage of 1st-5th graders reading at appropriate grade level • Percentage of 3rd - 5th graders meeting state standards in math, reading, and writing

K – 5th Grade (Continued)

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Arts</p> <p>➤ Lack of arts education</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Develop arts-in-residence programs that allow college students to teach art • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ United Way should work with after-school programs to develop art projects and other educational programs 	<ul style="list-style-type: none"> • Percentage of schools with art programs • Increase in the number of partnerships between schools and arts community programs • Increase in youth discounts to art programs

6th – 8th Grade

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Career Development</p> <ul style="list-style-type: none"> ➤ Lack of employment opportunities (e.g. internships, mentoring, and summer jobs) ➤ Lack of career development programs 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Establish mentoring/shadowing/coaching programs to ötryö careers ○ Create internship opportunities ○ Increase financing for career related programming 	<ul style="list-style-type: none"> • Percentage of students in career development program • Number of job-related opportunities for children under 14 years old • Increase in the number of partnerships between schools and businesses and corporations
<p>Tuancy</p> <ul style="list-style-type: none"> ➤ Lack of strategies to address truancy 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Create financial incentives for attendance ○ Educate staff and parents on mental health issues • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Develop family-based supportive service (with social and mental health support) interventions ▪ Develop alternative education routes (e.g. virtual school, problem based learning education, and vocational options) ▪ Provide school-based counseling services at school and after-school programs with linkages to community providers 	<ul style="list-style-type: none"> • Decrease in the number of students in alternative schools • Decrease in the number of truancy charges against parents • Increase in the number of school attendance percentages
<p>Life Skills</p> <ul style="list-style-type: none"> ➤ Lack of life skills education and mentoring (e.g. financial literacy, sexual education, violence, substance abuse, parenting, hygiene) 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Introduce effective prevention programs on gang, bullying, pregnancy, and substance abuse ○ Teach age-appropriate life skills in the curriculum 	<ul style="list-style-type: none"> • Increase in life skills workshops by agencies and schools • Decrease in the number of gang involvement • Decrease in the number of teen pregnancy numbers

BROAD GOALS FOR 6th – 8th GRADE

- Percentage of 6th - 8th graders at or above state standards in math, reading, and writing
- Percentage of 8th graders graduating on time
- Decrease in the percentage of retained students
- Percentage of students in extra-curricular activities

9th – 12th Grade

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Drop Out</p> <ul style="list-style-type: none"> ➤ Need to decrease drop-out rates ➤ Lack of career development services 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Create post-secondary transitional services (vocational skill opportunities) ○ Create mentoring programs ○ Develop alternative education routes - non-traditional education (e.g. NJ Challenge ó Fort Dix model) ○ Increase adult schooling programs ○ Increase career development and field education opportunities ○ Introduce studying, learning, and test taking skills into curriculum (especially for 9th graders) ○ Increase knowledge and opportunities in transitional services ○ Incentivize school completion (e.g. offer college scholarships) • Advocacy <ul style="list-style-type: none"> ○ Legislative <ul style="list-style-type: none"> ▪ Change drop-out definition and/or requirements for alternative education programs 	<ul style="list-style-type: none"> • Decrease in absentee rates • Decrease in retention • Decrease of drop-out rate • Percentage of in-school suspensions • Decrease in the number of violence and vandalism reports • Employment rate in non-college bound graduates • Increase in the number of career development programs in high schools • Increase in the number of students taking college entrance exams • Increase in the number of students in AP classes • Percentage of students who are college bound or plan to attend vocational institutions • Increase in the number of partnerships with businesses for mentoring and internships • Percentage of students passing standardized tests • Increase in affordable programs for SAT preparation • Percentage of students filling out a Free Application for Federal Student Aid (FAFSA) • Increase in the percentage of students getting tutored
<p>Life Skills</p> <ul style="list-style-type: none"> ➤ Lack of life skills education in the school curriculum (e.g. financial literacy, , civics, leadership, career, etc.) 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Create family support services that include family strengthening and parenting skills training ○ Need to develop better wellness and health education programming 	<p style="text-align: center;"><i>(See asterisk on page 60)</i></p>

<p>Navigator</p> <ul style="list-style-type: none"> ➤ Lack of coordinated services system for referring teens (Navigator) 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase school-based youth services ○ Improve intervention services (e.g. academic, mental/behavioral health, and life skills) • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ▪ Provide school-based counseling services at school and after-school programs with linkages to community providers 	<ul style="list-style-type: none"> • Increase in the number of partnerships with businesses for mentoring and/or internships (for the non-college bound students) • Increase in the number of partnerships with financial institutions
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Adults

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<ul style="list-style-type: none"> ➤ Lack of education and training programs for adults 	<p><i>(See asterisk on page 60)</i></p>	<ul style="list-style-type: none"> • Percent of companies paying for adult education • Increase in the percentage of students who complete college or vocational school • Decrease in the unemployment rate • Increase in the number of alternative educational programs • Decrease in the number of appointments for social services • Increase in the number of adult participation in life skill programs
<ul style="list-style-type: none"> ➤ Lack of ESL, technology, and literacy education programs 	<p><i>(See asterisk on page 60)</i></p>	<ul style="list-style-type: none"> • More adult education and ESL language slots versus time on waiting list • Increase in the number of ESL, literacy, and technical programs being offered • Increase in the percentage of literate adults in the county

*Due to time constraints, performance indicators for quality of child care and family support services, as well as actions or strategies for adults, were not determined.

APPENDIX G.

Family Strengthening Outline

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Affordable/accessible services</p> <p>➤ Lack affordable and accessible services for a range of family issues especially for working poor families (e.g. child abuse and neglect, domestic violence, economic challenges, family in transition stress, and mental illness)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase funding for service sectors to provide services ○ Increase funding for sliding scale • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ○ Create more collaborative work among agencies to lessen gaps and share information ○ Legislative <ul style="list-style-type: none"> ○ Advocate for more support for mental health (e.g. support programs like NASW and NJMHA) 	<ul style="list-style-type: none"> • Number of clients without insurance who pay limited fees • Number of clients referred out because of lack of capacity • Number of clients under certain incomes that are able to utilize services • Number of people placed on waiting lists • Amount of time people are on waiting lists • Number of agency meetings • Increase in the number of family service agencies • Number of agency or service participants • Number of legislations implemented (including mental health parity laws) • Number of legislations passed
<p>➤ Lack of services tailored to non-traditional families (e.g. not enough late afternoon, evening, or weekend services available)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase evening capacity of service providers ○ Increase number of services to non-traditional groups ○ Create more group therapy programs 	<ul style="list-style-type: none"> • Number of hours offered by service other than 9-5 • Number of non-traditional groups served

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>Clinical Services</p> <ul style="list-style-type: none"> ➤ Lack of counseling and psychiatric services especially for the mentally ill, children, and families needing intensive services ➤ Lack of services for co-morbidity, especially for those with mentally illness and substance abuse ➤ Lack of services for seniors battling certain diseases (such as depression, loneliness/isolation, drug and/or alcohol abuse, and Alzheimer's or Dementia) 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase service capacity ○ Increase funding ○ Increase locations throughout the county concentrated by need ○ Increase awareness of services ○ Increase number of agencies that can handle co-occurring conditions (both medical and mental health) • Advocacy <ul style="list-style-type: none"> ○ Collaboration/Coalition Building <ul style="list-style-type: none"> ○ Establish coalitions with the state for lobbying efforts ○ Legislative <ul style="list-style-type: none"> ○ Lobby for increased Medicaid rates 	<ul style="list-style-type: none"> • Number of clients served • Number of referrals given • Number of part-time psychiatrists • Number of new locales in high service needs areas • Number of multi-media ads • Number of agencies that handle co-occurring conditions • Level of funding for senior needs
<p>Parental Involvement Education</p> <ul style="list-style-type: none"> ➤ Lack of parental involvement links ➤ Lack of parenting education/skills (poor 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase life skill curriculum/education in schools and/or hospitals in the community (relationship skills, parenting, financial, etc.) ○ Increase public service programming as education tool ○ Implement flexible, interactive parenting skills model that are home grown and community based (e.g. Families and Schools Together (FAST)) 	<ul style="list-style-type: none"> • Increase in public service programming • Number of life skills/parenting programs offered outside schools • Number of teen births • Number of abuse/neglect referrals • Number of programs for parents of teens • Number of parents participating in parenting teens classes

<p>boundary setting skills, teen parents, single parents)</p>		
<p>Family Enrichment</p> <ul style="list-style-type: none"> ➤ Lack of after-school programs and activities for teens 	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase after-school programs for teens besides for athletics 	<ul style="list-style-type: none"> • Number of teens participating

PRIORITIES	ACTIONS/STRATEGIES	OUTCOME INDICATORS
<p>➤ Lack of strengthening programs combined with social activities that families can engage in (e.g. financial literacy, counseling, parenting skills, etc.)</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Enhance existing centers (e.g. space, partners, availability) ○ Increase parenting programs for parents of teens 	<ul style="list-style-type: none"> • Decrease in drop-out rates • Percentage of teen pregnancy • Number of referrals to mental health services • Number of partners in programs • Academic achievement numbers • Number of families engaged in centers • Number of family centered activities • Number of parenting programs for parents of teens • Number of participants in programs
<p>Misc Needs</p> <p>➤ Lack of funding for legal services</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase funding for legislative services 	<ul style="list-style-type: none"> • Increase in funding levels for programs
<p>➤ Lack of combined job placement/career development and mental health services</p>	<ul style="list-style-type: none"> • Program Action <ul style="list-style-type: none"> ○ Increase assistance in career development ○ Increase in combined services for mental health and vocational services ○ Increase in the number of co-locations for agencies to work together • Advocacy <ul style="list-style-type: none"> ○ Decrease sanctioning towards mentally ill clients 	<ul style="list-style-type: none"> • Increase in the amount of funding for programs • Number of agencies that provide both services • Number of co-locations • Decrease in the number of sanctions received by mentally ill clients