JANUARY 2024 – DECEMBER 2026

<u>COMPREHENSIVE PLAN</u>

*NEW JERSEY
JUVENILE JUSTICE COMMISSION*

Matthew J. Platkin, Attorney General
Chair, JJC Executive Board

Jennifer LeBaron, Ph. D, Executive Director

1. JUVENILE JUSTICE COMMISSION FUNDING SOURCES

2. COUNTY MANAGEMENT STRUCTURE & PLANNING BODIES

3. PLANNING PROCESS

4. CONTINUUM OF PROGRAMS & EXISTING SERVICES

5. DELINQUENCY PREVENTION

6. DIVERSION
(Law Enforcement, FCIU, & Family Court)

7. DETENTION

8. DISPOSITION

9. REENTRY

10. VISION

ATTACHMENTS
(e.g., Additional data, copy of survey, etc.)

1

Juvenile Justice Commission Funding Sources

Juvenile Justice Commission (JJC) Funding Sources
Local Level Funding Administered by the JJC

State/Community Partnership Program

The State/Community Partnership Grant Program (Partnership Program) was established within the Juvenile Justice Commission to support, with grants allocated by a formula to Counties through County Youth Services Commissions, sanctions and services for juveniles adjudicated or charged as delinquent and programs for the prevention of juvenile delinquency (N.J.S.A. 52:17B-179).

The goals of the Partnership Program are to: (1) encourage the development of sanctions and services for juveniles adjudicated and charged as delinquent and programs for the prevention of juvenile delinquency that protect the public, ensure accountability and foster rehabilitation; (2) increase the range of sanctions for juveniles adjudicated delinquent; (3) reduce overcrowding in state juvenile institutions and other facilities to ensure adequate bed space for serious, violent and repetitive offenders: (4) reduce overcrowding in County detention facilities; (5) provide greater access to community-based sanctions and services for minority and female offenders; (6) expand programs designed to prevent juvenile delinquency; and (7) promote public safety by reducing recidivism.

Partnership funds are awarded to the Counties by the JJC upon approval of County Comprehensive Youth Services Plans. County Youth Services Commissions administer the Partnership Program on behalf of County governments.

Family Court Services Program

Effective December 31, 1983 legislation was passed to establish in each county one or more juvenile-family crisis intervention units. Each unit could operate as a part of the court intake service, or where provided for by the county, through any other appropriate office or private service pursuant to an agreement with the Administrative Office of the Courts, provided that all such units were subject to the Rules of Court.

In 1986, legislation was passed which provided funds to the Department of Human Services for allocation to the Counties to support programs and services for juveniles involved with or at risk of involvement with the Family Court. The appropriation was directed to two program areas: Juvenile Family Crisis Intervention Units (JFCIU's) and the development of community-based services and programs to serve Family Court clients. When the Juvenile Justice Commission was established in 1995, the funds which supported the Family Court Services Program were moved to the JJC 's budget and are administered in coordination with the guidelines of the State/Community Partnership Program.

On January 1, 2006 Family Crisis Intervention Units that were staffed by the Judiciary were transferred to non Judiciary entities. Allocations for those counties were determined and an agreement was signed between the Judiciary, the JJC and the Department of Human Services. The JJC accepted the agreed upon funding allocation for each in-court Family Crisis Intervention Unit and included this amount in that county's Family Court Services allocation. These funds are administered in coordination with the guidelines of the State Community Partnership Program established pursuant to N.J.S.A. 52:17B-179. Entities selected by each county's planning process to serve as the Family Crisis Intervention Unit must execute an agreement with the Administrative Office of the Courts pursuant to N.J.S.A. 2A:4A-76. The entity must agree to provide services consistent with the Family Crisis Intervention Unit manual approved by the New Jersey Judiciary Judicial Council. Program services must be provided in coordination with the Mobile Response and Stabilization Services in each county as contracted by the NJ Department of Human Services, Division of Child Behavioral Health Services, Office of Children's Services.

Office of Juvenile Justice and Delinquency Prevention (OJJDP)

Formula Grant Program

Congress enacted the Juvenile Justice and Delinquency Prevention (JJDP) Act (Pub. L. No. 93-415, 34 U.S.C. §11101 et seq.) in 1974, reauthorized in 2002. This landmark legislation established the Office of Juvenile Justice and Delinquency Prevention (OJJDP) to support local and state efforts to prevent delinquency and improve the juvenile justice system. In December 2018, the Juvenile Justice Reform Act (JJRA) of 2018 was signed into law,

reauthorizing and substantially amending the JJDP Act. The amendments made by the JJRA become effective October 1, 2019. The Act provides funding to states to implement the Formula Grants Program.

Formula grants are awarded to states on the basis of relative population under the age of 18 for the purpose of meeting the Act's mandates and to improve the State's juvenile justice system. It is required that two-thirds of Formula Grant funds be passed through to the locals, with one-third available for State level initiatives.

The Act requires that states, through their State Advisory Group (SAG) submit a comprehensive plan for juvenile justice every three years and updates to that plan annually. The Plan includes an summary of the state's juvenile justice system, an analysis of juvenile crime statistics and an assessment of the needs of its juveniles. Based on the plan, funding is then prioritized and allocated among thirty-four Standard Program Areas. Formula Grants Program Areas are located at https://www.nttac.org/index.cfm?event=fgaps.

Juvenile Detention Alternatives Initiative (JDAI) Innovations

JDAI strives to create more effective and efficient processes surrounding the use of juvenile detention. To help jurisdictions accomplish this goal, JDAI provides a framework for conducting a thorough, data-driven examination of the detention system, and for using that information to develop and implement strategies for system improvement.

The purpose of JDAI Innovations Funding is to provide an additional resource and support to those JDAI sites that have demonstrated an active commitment to the implementation of the eight JDAI Core Strategies. Funds are used in furtherance of data driven policies and practices that are clearly consistent with the eight JDAI Core Strategies.

1. **Collaboration**

   Key juvenile justice stakeholders coordinate detention reform activities and conduct joint planning and policymaking under a formal governance structure. They work together to identify detention bottlenecks and problems; to develop common understandings and

solutions; to generate support for proposed reforms and routinely monitor reform progress.

2. **Data Driven Decisions**

JDAI depends upon objective data analysis to guide detention reform planning and policy development. Data on detention population, utilization and operations is collected to provide a portrait of who is being detained and why, as well as suggesting what points in the process may need attention. As a results-based initiative, JDAI establishes and tracks performance measures. All data is disaggregated by race/ethnicity and gender to monitor disparities in the system.

3. **Objectives Admissions Criteria and Instruments**

Detention admissions policies and practices must distinguish between the youth who are likely to flee or commit new crimes and those who are not.   JDAI sites develop Risk Assessment Instruments to screen for individual risk using reliable, standardized techniques. Absent an objective approach, high-risk offenders may be released and low-risk offenders detained.

4. **Non-Secure Alternatives to Detention**

New or enhanced non-secure alternatives to detention programs increase the options available for arrested youth yet ensure that juveniles are held accountable for their behavior and the community is protected. Pre-trial detention alternative programs target only the youth who would otherwise be detained.

5. **Case Processing Reforms**

Modifications of juvenile court procedures accelerate the movement of delinquency cases, streamline case processing and reduce unnecessary delay. Case processing reforms are introduced to expedite the flow of cases through the system. These changes reduce length of stay in custody, expand the availability of non-secure program slots and ensure that interventions with youth are timely and appropriate.

6. **Special Detention Cases**

Special strategies are necessary for handling difficult populations of youth who are detained unnecessarily. The data analysis directs the site to the cases or cluster of

cases in need of special attention. They may include children detained on warrants, children detained for probation violations, or children detained pending dispositional placement. Addressing these cases can have immediate and significant impact on reducing detention populations.

7. **Reducing Racial Disparities**

Reducing racial disparities requires specific strategies aimed at eliminating bias and ensuring a level playing field for youth of color. Ongoing objective data analysis is critical. Racial disparities are the most stubborn aspect of detention reform. Real lasting change in this arena requires determined leadership and targeted policies and programming.

8. **Conditions of Confinement**

Reducing overcrowding in detention can immediately improve conditions. To monitor conditions of confinement in secure detention centers and to identify problems that need correction, JDAI sites establish "self-inspection" teams of local volunteers. These self-inspection teams are trained in a rigorous methodology and ambitious standards that carefully examine all aspects of facility policies, practices and programs. The teams then prepare comprehensive reports on their findings and monitor implementation of corrective action plans.

Restorative and Transformative Justice for Youths and Communities Pilot Program

The Restorative and Transformative Justice for Youths and Communities Pilot Program, P.L. 2021, c.196 (Pilot Program) creates a two-year Pilot Program to develop an innovative restorative and transformative continuum of care in the municipalities of Camden, Newark, Paterson, and Trenton. The Pilot Program is intended to help prevent young people in New Jersey from entering the youth justice system and to support young people being released from a Juvenile Justice Commission (Commission) facility. The Pilot Program will greatly enhance the funding initiatives currently in place to serve youth in their communities. Pursuant to P.L. 2021, c.196 each of the four identified municipalities shall have a restorative justice hub that will provide community-based enhanced diversion and reentry

wraparound services. Counties must actively engage communities and properly fund services to divert youth from formal justice system involvement and reintegrate youth back into their communities successfully.

The goals, as identified in P.L. 2021, c.196, are as follows:

1. To increase participation in education, vocational programming, and employment. Youth participants in the Pilot Program shall receive academic support, depending on personal development goals, and shall be connected to secondary schools, alternative schools, vocational schools, apprenticeship programs and colleges and universities. The program shall collaborate with local community college's admissions and academic support programs, and offer workshops that include financial aid planning. Participants seeking employment shall be linked to vocational or job readiness training. The selected partner-providers participating in the Pilot Program shall be trained in and utilize evidence-based and evidence-informed practices with respect to the provision of their respective services;

2. To increase participation in mental health and well-being programming. The program shall employ trauma-informed practices and connect youth to licensed outpatient mental health care facilities and professionals. The program shall create safe, caring environments to address physical health, mental health and substance use disorder conditions and facilitate healing for youth, families, and communities.

3. To decrease incidents of harmful and unlawful behavior. The program shall work with youth to comply with their probation or parole plan, as applicable. Moreover, the program shall employ trauma-informed practices, violence reduction, and peacemaking supports and tools to address harmful and unlawful behavior;

4. To have restorative justice hubs establish working relationships with local law enforcement agencies, courts, prosecutors, and defense attorneys to support the diversion of youth away from arrests and prosecution and towards participation in restorative justice services provided in the hubs;

5. To improve the socioemotional and behavioral responses of youth within communities through the use of more appropriate, and less punitive, interventions, thereby establishing more restorative interventions; and

6. To increase program participation rates in other restorative and transformative justice programs in the municipalities in which the Pilot Program is established.

DEFINITION & RATIONALE

General Statement:
This section defines and describes each decision-making point on the youth justice continuum. Planners should review and consider these definitions as part of the planning process.

PREVENTION

Delinquency prevention programs are strategies and services designed to increase the likelihood that youth will remain free from initial involvement with the formal or informal juvenile justice system. The goal of delinquency prevention is to prevent youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency. For the purposes of this plan, *primary delinquency prevention programs* are those directed at the entire juvenile population in a targeted area like a specific school, neighborhood or town/community where delinquency risk factors are prevalent. *Secondary delinquency prevention programs* are those directed at specific youth who are at higher risk of involvement in the juvenile justice system than the general population, based on exhibited behaviors associated with delinquency. Given this goal, delinquency prevention programs that are developed annually through the comprehensive planning process must serve a clearly identified target population of at-risk youth and services must address the known causes and correlates of delinquency.

Delinquency prevention data describe trends in juvenile delinquency and in factors that reflect the causes and correlates of delinquent activity. By understanding the nature and extent of delinquent behavior and the factors associated with involvement in delinquency, counties can better identify the content and scope of prevention programs needed. This information will help counties make informed decisions regarding the allocation of resources to delinquency prevention programming.

The Delinquency prevention data required for the Comprehensive Plan is meant to become the foundation for prevention program planning. However, it should be noted that the typical prevention planning process requires an in-depth analysis of communities, families, peer associations, and education factors that identify problem areas in a specific school, neighborhood, or town/community in the County.

This Comprehensive Plan requires only a small portion of the data that could potentially inform the need for delinquency prevention programming. Counties are encouraged to utilize additional local data in the planning process.

DIVERSION

Diversion is a broad term referring to "exit ramps" that move young people away from the juvenile legal system, offering alternatives to arrest and alternatives to prosecution. The goal of diversion programming is to target the underlying problems that led to the alleged delinquency behavior in the first place. By addressing the root causes of community instability diversion programs help improve long-term community safety. Youth who do not successfully complete a diversion program may ultimately have their case referred for formal processing by the juvenile court. Given this goal, diversion programs developed through the comprehensive planning process should

clearly focus on developing diversion programs that include strategies to address the issues leading to delinquency, including restorative strategies for mitigating harm and increasing healing.

Diversion Process

In New Jersey, juveniles are dealt with informally through one or more of the following: Law Enforcement Station House Adjustments (Attorney General Directive 2020-12), Family Crisis Intervention Units (FCIU), Family Court Juvenile Conference Committees, or Family Court Intake Service Conferences.

Diversion Programs

Diversion programs are the activities young people are required to perform to avoid a formal arrest or to avoid a formal prosecution. Diversion programs may be operated by a law enforcement agency, the court, or by a contracted service provider.

The diversion data describe trends in the extent and nature of cases diverted in your county. This information will help counties begin to make informed decisions regarding the allocation of resources to diversion programming. When reviewing these data, note any differences in the use of diversion by race. Planning should include ways to level the playing field so that all youth, regardless of race, have an equal opportunity for diversion. The Comprehensive Plan requires only a small portion of the data that could potentially be collected at the County or municipal level.

DETENTION
The detention decision making point includes 1) police referral for detention, 2) court remands to detention, and 3) the issuance of warrants requiring detention placement/due to technical violations.

"Detention" is defined as the temporary care of juveniles in physically restricting facilities pending court disposition (N.J.A.C. 13:92-1.2).

The statutory detention criteria require a finding that the young person poses a "threat to the physical safety of the community and/or whose confinement is necessary to insure their presence at the next court hearing (N.J.A.C. 13:92-1.3)." Counties may plan to use a limited amount of funding to support court ordered evaluations for adjudicated youth who reside in the detention center, only when all other resources are exhausted.

Detention alternative programs provide community supervision to juveniles who would otherwise be placed in a secure detention facility, while awaiting final disposition of their case. Detention alternative programs expand the continuum of programming options for Family Intake decisionmakers and for the court.   Detention alternative programs are not to be provided in the detention center. The programs are designed to link to the middle category of the detention screening tool. They provide short-term (30 – 60 days) community supervision to ensure that youth remain arrest free and attend court hearings until the final disposition of their case. As such, these programs help to safely reduce the detention population and eliminate the trauma of secure

detention placement on young people, particularly youth of color.

Detention data describe the number of juveniles placed in detention, the characteristics of detained juveniles, and the types of alleged charges/technical violations for which they are detained. By understanding the use of secure detention and the characteristics of the detained population, planners can better identify the continuum of detention alternative programs needed in their counties. As such, counties will be better equipped to make informed decisions regarding the allocation of resources to detention alternative programs.

DISPOSITION

Disposition is the phase of the juvenile justice system that occurs after a young person is adjudicated delinquent. At this decision point, young people are ordered by the court to comply with specific sanctions, supervision, and services as a consequence for their delinquent behavior. In New Jersey, the range of dispositions available to the court includes but is not limited to restitution/fines, community service, probation, and commitment to the Juvenile Justice Commission. For youth disposed to a term of probation supervision, among the conditions of probation that might be imposed by the court is the completion of a disposition program. The structure of these programs are varied, but common among these options are intensive supervision programs, day and evening reporting centers, and structured day and residential programs. Given this goal, disposition programs developed through the comprehensive planning process should clearly focus on providing incentives, sanctions, supervision, and services that are aligned with rehabilitation, so that young people are better off for having the programming experience.

When determining the appropriate disposition in each case, the court faces the complex task of considering multiple goals, including promoting public safety, ensuring offender accountability, and providing juveniles with opportunities for personal growth and skill development through rehabilitative efforts. By developing and enhancing local disposition programs, counties can center young people's well-being by providing the court with the range of options that matches best their supervision and service needs. Research and experience indicate that well developed community-based disposition programs can effectively reduce the likelihood of continued delinquency, improving the lives of the youth they serve, and improve the quality and safety of the local community and its citizens.

The disposition data provided describe the number of youth adjudicated delinquent and disposed by the court, as well as the characteristics of these juveniles that reflect the causes and correlates of delinquent activity. By understanding the nature and extent of the juvenile population facing disposition and the factors associated with involvement in delinquency, planners can better identify the content and scope of Dispositional Option Programs needed in their counties. As such, counties will be better equipped to make informed decisions regarding the allocation of resources to disposition programs,.

REENTRY

In the juvenile justice system reentry generally refers to the period of community-based supervision and services that follows a juvenile's release from a secure facility, residential program, or other structured dispositional placement.

However, for the purposes of this application, the use of the term Reentry <u>only</u> applies to committed youth paroled from a Juvenile Justice Commission (JJC) facility and supervised by the JJC's Office of Juvenile Parole and Transitional Services and to juveniles disposed to a JJC program as a condition of probation and supervised by the Juvenile Probation Division. Reentry is a transitional period where young people need additional support to foster their successful reintegration home. Given this goal, reentry programs developed through the comprehensive planning process should clearly focus on providing supports and services to youth, regardless of their age, that address the common issues young people face when returning home. .

By developing reentry services that compliment the supervision provided by the JJC and Probation, counties can increase the likelihood that juveniles returning to their communities will reintegrate successfully. This type of cooperative effort in the delivery of reentry services and supervision improves each youth's chance of becoming productive, law-abiding citizens, which in turn enhances the safety and quality of the local communities in which these juveniles reside.

The reentry data provided describe the number of committed youth and probationers returning to the community from JJC facilities and programs, as well as the demographic and offense characteristics of these juveniles that reflect the causes and correlates of delinquent activity. By understanding the nature and extent of the population released to Reentry and the factors associated with involvement in delinquency, planners can better identify the content and scope of Reentry services and programs needed in their counties. As such, counties will be better equipped to make informed decisions regarding the allocation of resources to Reentry services.

2

County Management Structure & Planning Bodies

County Management Structure

Name	Title	JJC Grants				Duties
		SCP	FC	JDAI	RTJ	
Jamie Ziegelhofer*	Administrator	X	X	X		Administer the Bergen County Youth Services Commission (arrange all membership meeting dates, committee and officers slate, preparation of membership meeting minutes and agendas); reports on Partnership & Family Court activities ; works in collaboration with the Youth Services Commission to implement YSC and other juvenile justice program goals and objectives; prepare all workplans and drafts for Three-Year Comprehensive County Plans and Updates, prepares application for juvenile justice funding; conduct analysis of statistical data to determine scope of delinquency issues, pattern of offenses, and service development; help ensure consistency with YSC recommendations, funding guidelines and state/county policies; prepares Bergen County resolutions, agreements with the State JJC, and state fiscal reports; coordinates and conduct all Site visits of programs funded with Juvenile Justice Allocation and JDAI Innovations and prepares all monitoring tools, summaries for the YSC and the State, provide assistance for various grants (Juvenile Justice Allocation and JDAI Innovations); monitors contracts for juvenile justice programs funded through the YSC; analyze program outcomes and level of service in order to establish trends and aid in program development; prepare requests for proposals; assist in the preparation of the annual JDAI Innovations Packet; attend and participate in various meetings (Juvenile Officers Association, CIACC, Statewide Youth Services Commission Administrators, etc); presentations on the BCYSC and Juvenile Justice system, as requested.
Robert Sibi	Planning Officer	X	X	X		Ensure, through direct supervision and monitoring of staff, that all activities related to the Juvenile Justice grants are accomplished efficiently; assists in the preperation of the application for juvenile justice funding; assists in the preparation of and oversees Requests for Proposals, ensuring consistency with YSC recommendations, funding guidelines and state/county policies; assists with the preparation of and oversees Bergen County Resolutions, agreements with the State JJC, and state

County Management Structure

Name	Title	JJC Grants				Duties
		SCP	**FC**	**JDAI**	**RTJ**	
						fiscal reports; oversees contracts to funded agencies.
Tbd*	tbd	X	X	X		Prepares monthly minutes, aids in the completion of the quarterly report narratives (LOS and outcomes), Attend program reviews and site visits, aids in the completion of the program review documentaition and site visit reports Aid in scheduling (doodle) – work with administrator to schedule various subcommittee meetings, contracts – prep and organization, assist in the RFP process, offense report data collection and organization, help with data collection and processing, assist with BCYSC Conference, JAMS support for agencies
Natalie Cureton	Deputy Director/Chief of Finance and Accounts	X	X	X		Ensure, through direct supervision and monitoring of staff, that all fiscal activities related to the Juvenile Justice grants are accomplished efficiently; assists in the preperation of the application for juvenile justice funding; assists in the preparation of Requests for Proposals, ensuring consistency with YSC recommendations, funding guidelines and state/county policies; assists with the preparation of Bergen County Resolutions, agreements with the State JJC, and state fiscal reports; oversees payments to funded agencies.
Maria Sgro	Business Manager	X	X	X		Acts as liaison to the Bergen County Treasury Division; reviews contract budgets for consistancy with county/state fiscal policies; reviews fiscal reports to ensure compliance with contract requirements; processes purchase orders and payments to sub-contracted agencies.

Legend

SCP – State Community Partnership   JDAI – Juvenile Detention Alternatives Initiative
FC – Family Court   RTJ – Restorative and Transformative Justice

* Staff is funded in whole or part through a JJC grant.

Planning Bodies

CYSC – County Youth Services Commission   CJJSI – County Council on Juvenile Justice System Improvement

No	Race/ Ethnicity*	Name & Designee	Position/Representative	CYSC	CJJSI
1	White	Jamie Ziegelhofer	Youth Services Commission Administrator	X	X
2	White	Honorable Jane Gallina Mecca/Honorable Magali Francois	Presiding Judge – Family Part of the Superior Court	X	X
3	White	Liana Dinallo/Marcia Hartkopp	Family Division Manager (or Assistant Family Division Manager)	X	X
4	White	Amanda Marcino/Janice Conti	Chief Probation Officer	X	X
5	White	James J. Tedesco III/Jared Lautz	Highest elected official of County government (e.g., Freeholder/ County Executive)	X	
6	White	Mark Musella/Seth Victor	County Prosecutor	X	X
7	White	April Petersen/Richard Nunes	County Public Defender	X	X
8	White	Melena Anderson and Jessica Ambrosini/Anne Giacobbe	County DCP&P District Manager	X	X
9	White	Shelby Klein	County Mental Health Administrator	X	
10	White	Louis DeLisio/Marie LaTesta	County Superintendent of Schools	X	
11	White	Dr. Howard Lerner/Mitchell Badiner	Superintendent of the County Vocational School	X	
12	White	Melissa DeBartolo/Natalie Cureton	County Human Services Department Director	X	
13	White	TBD/John Cutitto	Youth Shelter Director	X	
14	Hispanic	Jorge Sandoval	Youth Detention Center Director	X	
15	White	TBD/Kristen Ambrosio	Juvenile Family Crisis Intervention Unit - Director	X	
16	White	Matt Stanislao	President – Juvenile Officers Association or other law enforcement representative who works primarily with youth/Police	X	
17	White	Shelby Klein	County Alcoholism and Drug Abuse Director	X	
18	White	Tammy Molinelli/Harry Lisa	Workforce Investment Board Representative	X	

* Race/Ethnicity: White, Black, Hispanic or Other (Other represents Native American, Alaskan Native and Asian or Pacific Islander).

Planning Bodies

CYSC – County Youth Services Commission   CJJSI – County Council on Juvenile Justice System Improvement

No	Race/ Ethnicity*	Name & Designee	Position/Representative	CYSC	CJJSI
19		Vacant	Business Representative	X	
20	White	Kyle Sheehan	Court Liaison - Juvenile Justice Commission	X	X
23	Black	Honorable Magali Francois	Juvenile Judge – Family Part of the Superior Court	X	X
24	White	Kerri Lynn Walsh-Wood	Trial Court Administrator – Family Part of the Superior Court		X
25	White	Liana Dinallo	Family Division Manager – Family Part of the Superior Court	X	X
26	White	Erica Hein	JJC JDAI Detention Specialist	X	X
27	Black	Richard Nunes	County Public Defender's Office	X	X
28	White	Seth Victor	County Prosecutor's Office	X	X
29	White	Amanda Marcino/Janice Conti	Probation Division	X	X
30			Private/ Non-profit organization	X	X
31			Parents of youth in the juvenile justice system	X	
32		Resigned	Youth member	X	
33	White	Rosemarie Lobretto	Organization that works on the behalf of parents/families/youth	X	
34	Black	Adiylah Washington	Education Sector	X	
35			Advocacy group	X	
36			Clergy	X	

* Race/Ethnicity: White, Black, Hispanic or Other (Other represents Native American, Alaskan Native and Asian or Pacific Islander).

Planning Bodies

CYSC – County Youth Services Commission   CJJSI – County Council on Juvenile Justice System Improvement

No	Race/ Ethnicity*	Name & Designee	Position/Representative	CYSC	CJJSI
37	White	Linda Spiegel	Family Law Practitioner	X	
38		Vacant	Representation from AOC's Supreme Court Committee on Diversity, Inclusion, and Community Engagement committee	X	
39			Civic Organization	X	
40		n/a	Municipal Youth Services Commission	X	
41	White	Nick Montello			
42					
43					
44					
45					
46					
47					
48					
49					
50					
			Total Number of Members		

* Race/Ethnicity: White, Black, Hispanic or Other (Other represents Native American, Alaskan Native and Asian or Pacific Islander).

3

Planning Process

COUNTY YOUTH SERVICS COMMMISSION PLANNING
Bergen County

Instructions

This section will allow you to describe to the public your county's planning process regarding identifying the needs of youth in your county. Your answers to each of the following questions should describe your county's planning *process*, **not the results/outcome** of the planning process. Answer all questions using this form.

Planning Process

1. Briefly describe your county's YSC planning process for determining funding decisions. Include the work of the CYSC, its subcommittees and other collaborations. Also, include any key factors like trends or funding levels that may have impacted the YSC's thoughts and conversations around youth services in the county.

    The BCYSC Membership meets monthly to plan, discuss, and address service needs and gaps throughout the continuum of care. All funded programs are reviewed onsite and/or virtually each year to determine and ensure contract compliance, as well as any new concerns or trends presented by juveniles served by the particular program. The BCYSC Planning subcommittees met to discuss and answer the analysis questions on multiple occasions as well as review the data. The BCYSC Allocations/Program Review subcommittee meets many times throughout the year to discuss programs, data, trends, and budget modifications. They also met to prepare the vision chart and discuss RFPs.

2. How does the CYSC stay informed of best practices or evidence-based programming for serving youth? Does the CYSC mandate that funded programs implement best practice and or evidence-based programming? Please describe CYSC efforts to ensure funded programs follow best practices or evidence-based programming, if applicable.

    The BCYSC stay informed of best practices and/or evidence-based programming for serving youth in various ways. The diverse membership brings their knowledge and experience to the meetings. The membership and administrator attend various presentations, trainings, boards, etc. The Request for Proposal requires the following: Programs and services will be assessed on the extent to which they address the Causes and Correlates of Delinquency, which includes characteristics, circumstances, and behaviors that research and experience have shown to have the strongest association with delinquent behavior. Evidence based programming is encouraged not required, but research and experience/outcomes are required when applying for funding.

3. As a JDAI site, list topics and discussion points that were shared between the Youth Services Commission and the County Council on Juvenile Justice System Improvement and any activities that helped to facilitate the completion of this Comprehensive Plan.

The Bergen County Council Juvenile Justice System Improvement Steering Committee (BCCJJSI) and the BCYSC have an excellent working relationship. The BCYSC and the BCCJJSI have cross membership, which enhances the planning and funding recommendations for both groups. Unfortunately, the BCCJJSI has not met consistently in the past few years.

4. Describe efforts made by the YSC to seek additional funding to supplement the funding received through the JJC. Complete the below chart to show what funding the YSC has reviewed as a potential funding opportunity.

Date	Grantor and Name	Eligible	Applied	Approved or Denied	Comments
6/1/2019	*OVC FY 2019 Enhancing Community Responses to the Opioid Crisis: Serving Our Youngest Crime Victims*	*Yes*	*No*	*n/a*	*County did not apply but forwarded to YSC membership*
3/3/23	FY 2023 Reducing Risk for Girls in the Juvenile Justice System	Yes	No	n/a	County did not apply, but forwarded to BCYSC membership
3/3/23	FY 2023 Community-Based Alternatives to Youth Incarceration Initiative	Yes	No	n/a	County did not apply, but forwarded to BCYSC membership
9/5/23	FY 2023 Building Local Continuums of Care to Support Youth Success	Yes	No	n/a	County did not apply, but forwarded to BCYSC membership
10/20/23	JAMS Foundation-ACR Initiative for Students and Youth	No	n/a	n/a	County did not apply, but forwarded to BCYSC membership

Community Participation

The work of the Youth Services Commission impacts youth, families, and communities. It is therefore critical that the Youth Service Commission's planning include participation by and input from youth, families, and the community.

1. Describe what the county has done or will do to increase public awareness about the Youth Services Commission. For example, describe any materials that have been distributed through marketing or advertising campaigns or any "community forums" or "open houses" that have been held to educate the community about the YSCs purpose and role. Indicate when these activities occurred and/or when they will occur.

BCYSC Administrator attended two World of Resources events. The first event took place on April 21, 2023; they had a table and gave out brochures and candy. The second event took place

on November 3, 2023; they had a table and gave out brochures, candy, pens, chip clips, phone wallets and stress ball phone holders. This year the BCYSC is hosting a conference on December 5, 2023, to educate existing members, promote community engagement, and recruit new members.

2. Describe what the county has done or will do to increase participation on the YSC by youth, families, and the community, including people impacted by the youth legal system. Such efforts might include, for example, researching the best times and locations for public attendance and adjusting meetings accordingly; publicizing the meetings in a way that is more accessible to the community (beyond posting on county's website and in county buildings); having YSC committee members serve as liaisons to community groups so they can report back to the YSC; and creating subcommittees on youth, families and/or community engagement that include representatives from each of these groups and that meet at a time convenient to these members.

   The BCYSC administrator attends webinars, classes, maintains membership to various committees, commissions, and organizations, etc. to keep informed and keep the BCYSC up to date as well as educating the community. Subcommittee meetings are available at various times, which are determined by a survey of the members. The online format has increased attendance. BCYSC members are encouraged and have invited potential members to the membership meetings.

3. Describe how the county has or will ensure youth, families, and community members, including people impacted by the youth legal system participate in the development of the YSC's comprehensive plan.

   The BCYSC conducts a stakeholder and a youth survey. The BCYSC has one community member and a parent advocate. The BCYSC meetings are open to the public and the BCYSC will continue to recruit key members and attend varied committees, commissions, and events. The BCYSC also conducts youth and parent interviews for the funded programs and includes the data collected in the Plan and subsequent plan updates.

4. Describe youth, family, and community membership on the current YSC, including people impacted by the youth legal system. If there are no members who fit this category or if membership is limited, what steps will be taken to increase their membership?

   The BCYSC currently has one community member and a parent advocate. The BCYSC administrator continues to do outreach and recruiting to have a more diverse membership. This year the BCYSC is hosting a conference to educate existing members, promote community engagement, and recruit new members.

5. Additional Comments:

4

Continuum of Programs & Existing Services

CY 2023
CONTINUUM OF PROGRAMS & EXISTING SERVICES
County of Bergen

Delinquency Prevention Programs	**Law Enforcement Diversion Programs**	**Family Crisis Intervention Unit**

Agency and Program Name/LOS/Funding Source

1. Center for Modern Dance Education and Moving into Knowledge/1400 hours, 70 students/SCP
2. Children's Aid and Family Services and Life Skills Training and EPIC/760 LST youth, 380 LST classes, 10 EPIC youth, 48 EPIC meetings, 4 EPIC prevention activities, 20 youth 7 habits/SCP
3. Teaneck Public Schools and PASS Partnership/40 youth, 240 contact hours/SCP
4. Big Brothers Big Sisters of Northern NJ and One-to-one youth mentoring/90 youth, 5,040 mentoring hours, 4,200 case mgmt hours/SCP
5. TMR Mental Health Care PC and Treat me right youth program/30 youth/families, 30 evaluations, 394 individual sessions/SCP
6. YWCA Northern NJ and Junior Jumpstart for BC youth/25 youth and families, 10 workshop sessions/SCP
7. TMR Mental Health Care PC and Mindset for success/10 youth, 20 family sessions, 40 individual sessions, 36 seminars/SCP
8. BC Division of Family Guidance and Culinary Arts for Teens/40 youth, 68 group sessions/SCP
9. Care Plus Fire Prevention/varies
10. BC Division of Family Guidance (BCDFG) Empower House/varies/County
11. BC Division of Family Guidance (BCDFG) Essex House/varies/County
12. BCDFG Reflections/18 youth/County
13. BCDFG Conklin Youth Resource Center/20/County
14. School based Youth programs (Forum-Teaneck, Zone-Englewood, Drop in Center-Hackensack)/varies/varies
15. Boys and Girls Clubs/varies/varies
16. BCDFG Adolescent and Family Treatment/varies/County
17. BCDFG Bergen's Place Youth Shelter/16 beds/Federal, County
18. BC Division of Family Guidance and Adolescent Substance Abuse Program/81 treatment clients, 220 evaluations, 500 individual sessions, 96 male groups, 96 female groups, 48 parent groups, 10 experiential sessions, BIPAS 36 youth, PAVE 36 youth/FC
19. BC Division of Family Guidance and Positive Strides/80 youth, 800 sessions, 160 parent sessions/FC
20. BC Division of Family Guidance and Using Technology Responsibly/52 youth, 52 assessments, 210 psycho-educaitonal sessions, 84 parent/guardian sessions/SCP & FC

Agency and Program Name/LOS/Funding Source

1. BC Division of Family Guidance and Using Technology Responsibly/52 youth, 52 assessments, 210 psycho-educational sessions, 84 parent/guardian sessions/SCP & FC
2. BC Division of Family Guidance and Regional Stationhouse Adjustment Program/50 sha, 50 youth/SCP
3. BC Division of Family Guidance and Positive Strides/80 youth, 800 sessions, 160 parent sessions/FC
4. BC Division of Family Guidance and Adolescent Substance Abuse Program/81 treatment clients, 220 evaluations, 500 individual sessions, 96 male groups, 96 female groups, 48 parent groups, 10 experiential sessions, BIPAS 36 youth, PAVE 36 youth/FC
5. Care Plus Fire Prevention/varies
6. BCDFG Tolerance, Empathy, Acceptance, and Respect (TEAR)/varies/County
7. BCDFG Conklin Youth Resource Center/varies/County
8. Various Stationhouse Adjustments (All 70 municipalities)/varies/varies
9. TMR Mental Health Care PC and Treat me right youth program/30 youth/families, 30 evaluations, 394 individual sessions/SCP

Agency and Program Name/LOS/Funding Source

1. BC Division of Family Guidance and Using Technology Responsibly/52 youth, 52 assessments, 210 psycho-educaitonal sessions, 84 parent/guardian sessions/SCP & FC
2. BC Division of Family Guidance and Regional Stationhouse Adjustment Program/50 sha, 50 youth/SCP
3. BC Division of Family Guidance and Positive Strides/80 youth, 800 sessions, 160 parent sessions/FC
4. BC Division of Family Guidance and Adolescent Substance Abuse Program/81 treatment clients, 220 evaluations, 500 individual sessions, 96 male groups, 96 female groups, 48 parent groups, 10 experiential sessions, BIPAS 36 youth, PAVE 36 youth/FC
5. BCDFG Multi-Systemic Therapy Program/18 families/County
6. Care Plus Fire Prevention/varies
7. BCDFG Juvenile Crisis Intervention Unit/varies/County
8. BCDFG Conklin Youth Resource Center/varies/County
9. School based Youth programs (Forum-Teaneck, Zone-Englewood, Drop in Center-Hackensack)/varies/varies
10. Bergen County Division of Family Guidance (BCDFG) Empower House/varies/County
11. Bergen County Division of Family Guidance (BCDFG) Essex House/varies/County
12. Children's Crisis Intervention Services/15 bed, 2 extended/State, County, Insurance, other
13. BCDFG Bergen's Place Youth Shelter/16 beds/Federal, County
14. Comprehensive Behavioral Healthcare/New Directions and Checkers/varies/State, Agency
15. TMR Mental Health Care PC and Treat me right youth program/30 youth/families, 30 evaluations, 394 individual sessions/SCP

Family Court Diversion Programs

1. BC Division of Family Guidance and Using Technology Responsibly/52 youth, 52 assessments, 210 psycho-educaitonal sessions, 84 parent/guardian sessions/SCP & FC
2. BC Division of Family Guidance and Regional Stationhouse Adjustment Program/50 sha, 50 youth/SCP
3. BC Division of Family Guidance and Positive Strides/80 youth, 800 sessions, 160 parent sessions/FC
4. TMR Mental Health Care PC and Treat me right youth program/30 youth/families, 30 evaluations, 394 individual sessions/SCP
5. BC Division of Family Guidance and Adolescent Substance Abuse Program/81 treatment clients, 220 evaluations, 500 individual sessions, 96 male groups, 96 female groups, 48 parent groups, 10 experiential sessions, BIPAS 36 youth, PAVE 36 youth/FC
6. Care Plus Fire Prevention/varies
7. BCDFG Bergen's Place Youth Shelter/16 beds/Federal, County
8. BCDFG Conklin Youth Resource Center/varies/County
9. Period of Adjustments/varies/Judiciary
10. Family Court Hearing Officer/varies/Judiciary
11. Intake Service Conference/varies/Judiciary

Detention Alternative Programs
(Pre-Adjudicated Youth)

1. BC Division of Family Guidance and Alternatives to Detention/50 youth, bracelets, phones/SCP
2. MS Integrated Psychotherapy and Counseling/Psychiatric Evaluations/5 evaluations/FC
3. BCDFG Bergen's Place Youth Shelter/16 beds/Federal, County
4. BC Division of Family Guidance and Adolescent Substance Abuse Program/81 treatment clients, 220 evaluations, 500 individual sessions, 96 male groups, 96 female groups, 48 parent groups, 10 experiential sessions, BIPAS 36 youth, PAVE 36 youth/FC
5. BCDFG Psychological Evaluations/35 youth/FC

Community Based Disposition Options *(Post-Adjudicated Youth)*	**Reentry Programs**
Agency and Program Name/LOS/Funding Source	*Agency and Program Name/LOS/Funding Source*

Community Based Disposition Options	Reentry Programs
1. Superior Court of NJ and Probation Youth and Family Engagement program/4 parent orientation/internet tutorials, 2 painting with a purpose sessions, 1 speaker series, ongoing life skills sessions/FC	1. BCDFG Shelter Plus Care/7/HUD, State, County
2. BC Division of Family Guidance and Adolescent Substance Abuse Program/81 treatment clients, 220 evaluations, 500 individual sessions, 96 male groups, 96 female groups, 48 parent groups, 10 experiential sessions, BIPAS 36 youth, PAVE 36 youth/FC	2. BCDFG Visions/12/State, County
3. BC Division of Family Guidance and Psychological Evaluations/50 evaluations/FC	3. BC One Stop Career Center/varies/Federal, State, County
4. BCDFG Adolescent and Family Treatment/varies/County	4. BCDFG Conklin Youth Resource Center/varies/County
5. Care Plus Fire Prevention/varies	5. BCDFG Empower House/varies/County
6. BCDFG Conklin Youth Resource Center/varies/County	6. BCDFG Essex House/varies/County
7. BC One Stop Career Center/varies/Federal, State, County	7. BCDFG Connections/varies/County
8. BCDFG Teen Re-Adjustment Program/varies/County	8. BCDFG Bridges to Employment/varies/County
9. BCDFG Bergen's Place Youth Shelter/16 beds/Federal, County	9. BCDFG Multi-Systemic Therapy Program/18 families/County
10. BCDFG Commitment Program JDC/varies/County	
11. BC Division of Family Guidance and Using Technology Responsibly/52 youth, 52 assessments, 210 psycho-educaitonal sessions, 84 parent/guardian sessions/SCP & FC	
12. BCDFG Probation Bracelet Electronic Monitoring/10 youth/SCP	
13. TMR Mental Health Care PC and Treat me right youth program/30 youth/families, 30 evaluations, 394 individual sessions/SCP	
14. BC Division of Family Guidance and Positive Strides/80 youth, 800 sessions, 160 parent sessions/FC	
15. BCDFG Bridges to Employment/varies/County	
16. BCDFG Multi-Systemic Therapy Program/18 families/County	

Comments:

5

Delinquency Prevention

| DELINQUENCY PREVENTION |
| ANALYSIS QUESTIONS |

➢ When answering questions regarding trends, describe *whether* any change has occurred, the *direction* of any change (e.g., increase, decrease), and the *size* of any change (e.g., small, moderate, large).

➢ When answering questions regarding rank orders, draw comparisons between categories (e.g., using terms like least/smallest, most/largest).

DEMOGRAPHICS

YOUTH POPULATION

For Questions 1-3, use Tables 1 through 3 (County Youth Population).

1. Using the data in Table 1 (Total County Youth Population, under 18, by Gender) between 2018 and 2020, describe how the male, female and total youth population has changed between 2018 and 2020. For each category, describe whether a change has occurred, the direction of the change and the size of the change.

   There was a slight decrease in the youth population overall as well among male and female youth from 2018 to 2020. Overall, total youth population decreased -1.2% (2,349) from 2018 to 2020. Male youth decreased -1.3% (1,264) and female youth decreased -1.1% (1,085) from 2018 to 2020.

2. Using the data in Table 2 (Total County Youth Population, under 18, by Race 2018-2020). Describe youth population by race in 2018 and in 2020 for each category. Then, rank the categories for each year, beginning with the group that has the highest percent change. Describe the rank order by drawing comparisons between the categories. Describe trends by indicating whether any change has occurred, the direction of any change and the size of any change.

   White youth had the largest decrease (-2.3%), but remains the largest population. Other youth increased 1.1% and remains the second largest population. Black youth increased 3% and remained the lowest population.

3. Using the data in Table 3 (Total County Youth Population, under 18, by Ethnicity 2018-2020). Describe youth population by ethnicity 2018 and in 2020 for each category. Then, rank the categories for each year, beginning with the group that has the highest percent change. Describe the rank order by drawing comparisons between the categories. Describe trends by indicating whether any change has occurred, the direction of any change and the size of any change.

   Hispanic youth had a 4.6% increase from 2018 to 2020 while Non-Hispanic youth had a -3.1% decrease.

4. Using the information in Questions 1, 2 and 3, what does this information tell you about the nature of your county's overall youth population by gender, race, and ethnicity in 2020? How has the population changed since 2018?

There was a slight decrease in the youth population overall as well among male and female youth from 2018 to 2020. Overall, total youth population decreased -1.2% (2,349) from 2018 to 2020. Male youth decreased -1.3% (1,264) and female youth decreased -1.1% (1,085) from 2018 to 2020. In 2020, White youth had the largest decrease (-2.3%), but remains the largest population. Other youth increased 1.1% and remains the second largest population. Black youth increased 3% and remained the lowest population. Hispanic youth had a 4.6% increase from 2018 to 2020.

NATURE & EXTENT OF DELINQUENCY

JUVENILE ARRESTS

For Questions 5-7, use Table 7 (County Juvenile Arrests by Offense Category).

5. Using Table 4, (County Juvenile Arrests by Offense Category, 2018, 2019 and 2020), describe changes in delinquency arrest categories and in total juvenile arrests by highlighting findings regarding the number of juvenile arrests for each category, the percent of all juvenile arrests for each category, the rate per 1,000 youth for each category, and the trends in percent change for each category in 2018 and in 2020.

Overall, the delinquency arrests decreased by -32.7% (300) from 2018 (917) to 2020 (617).

All other offenses had the largest number of arrests (172) and rate per 1,000 (0.9), but the smallest percent change (-18.1%). Drug/Alcohol offenses had the second largest number of arrests (171) and rate per 1,000 (0.9), and the third highest percent change (-43.2%). Property offenses had the third largest number of arrests (151) and rate per 1,000 (0.8), but the second smallest percent change (-23.7%). Violent offenses had the fourth largest number of arrests (61) and rate per 1,000 (0.3), but the third smallest percent change (-32.2%). Public order & status offenses had the third lowest number of arrests (45) and rate per 1,000 (0.2), but the fourth highest percent change (-42.3%). Special Needs offenses had the second lowest number of arrests (9) and rate per 1,000 (0.0), but the second hightest percent change (-50%). Weapons offenses had the lowest number of arrests (8) and rate per 1,000 (0.0), but the largest percent change (-63.6%)

6. Using the 2020 data from Table 4 (County Juvenile Arrests by Offense Category, 2018, 2019 and 2020), rank the offense categories from the highest number to the lowest number. Describe how the categories are ranked and draw comparisons between the categories.

Ranking of Offense Categories, 2020

Rank	Offense Category	Number
1	All Other Offenses	172
2	Drug/Alcohol Offenses	171
3	Property Offenses	151
4	Violent Offenses	61
5	Public Order & Status Offenses	45
6	Special Needs Offenses	9
7	Weapons Offenses	8

7. Using the % Change in the Number of Arrests column from 2018-2020 column from Table 4 (County Juvenile Arrests by Offense Category, 2018, 2019 and 2020), rank the juvenile arrest offense categories beginning with the highest percent change between 2018 and 2020. Describe the rank order by making comparisons between the categories.

Ranking of Offense Categories between 2018 and 2020

Rank	Offense Category	% Change	Number
1	Weapons Offenses	-63.6%	8
2	Special Needs Offenses	-50%	9
3	Drug/Alcohol Offenses	-43.2%	171
4	Public Order & Status Offenses	-42.3%	45
5	Violent Offenses	-32.2%	61
6	Property Offenses	-23.7%	151
7	All Other Offenses	-18.1%	172

8. Using the information in Questions 5, 6 and 7, what does this information tell you about extent of your county's overall juvenile arrests in 2020? How has the nature of juvenile arrests changed since 2018?

   While overall the amount of juvenile arrests decreased from 2018 to 2020, the distribution among the offense categories have remained the same. All other offenses are still number one followed by Drug/Alcohol offenses, then Property offenses. The smallest offense categories remain in order as Violent offenses followed by Public Order & Status offenses, Special Needs offenses, and lastly Weapons offenses.

DISPROPORTIONATE MINORITY CONTACT

For Questions 9-14, use Tables 5 and 6 (Juvenile Arrest and Youth Population Compared to Juvenile Arrests.

9. Using Table 5 (Total County Youth Population Compared to Juvenile Arrests by Race, 2018 & 2020), describe the youth population by race, juvenile arrests by race and the percent of the youth population arrested by race in 2020. Highlight any data that shows disproportionate contact.

   In 2020 only 0.3% of the the youth population were arrested: 0.3% of white youth were arrested, 1.0% of black youth were arrested, and 0.1% of other youth were arrested. This data indicates a disproportionately higher number of Black youth being arrested in comparison to White and other youth.

10. Using Table 5 (Total County Youth Population Compared to Juvenile Arrests by Race, 2018 & 2020), compare the youth population, juvenile arrests and the percent of youth population arrested for 2018 and for 2020, describe whether any change has occurred, the direction of any change and the size of any change, highlighting any data that shows disproportionate minority contact.

   Overall, the youth population decreased slightly, but the juvenile arrests decreased significantly in 2020 (-56.5%). (This may be due to the pandemic.) While there still is a disproportionaly higher number of Black youth being arrested in comparison to White and other youth the gap was reduced slightly.

11. Using Table 5 (Total County Youth Population Compared to Juvenile Arrests by Race, 2018-2020), compare the percent change 2018-2020 in youth population and in juvenile arrests for each category, highlighting any data that shows disproportionate minority contact. Then, rank the top three categories of juvenile arrest by race for 2018 and 2020 by percent change, beginning with the largest percent change. Draw comparisons between the categories.

Other youth had the largest percentage change in juvenile arrests with a decrease of 76.7%, but the population increase for other youth was 1.1%. White youth had the second largest percentage change in juvenile arrests with a decrase of 58.8% and the population decrased by 2.3%. Black youth juvenile arrests decreased by 42.6%, but the population increased by 3%. All of the juvenile arrests had significant decreases and the population changed only slightly. It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

12. Using Table 6 (Total County Youth Population Compared to Juvenile Arrests by Ethnicity, 2018 & 2020), describe the youth population by ethnicity, juvenile arrests by ethnicity and the percent of the youth population arrested by ethnicity in 2020. Highlight any data that shows disproportionate contact.

In 2020, Hispanic youth comprised 26.2% of the youth population compared to 73.8% of non-Hispanic youth. 0.4% of Hispanic youth were arrested compared to 0.3% of non-Hispanic youth. This shows a slightly higher disproporation among Hispanic youth.

13. Using Table 6 (Total County Youth Population Compared to Juvenile Arrests by Ethnicity, 2018 & 2020), compare the youth population, juvenile arrests and the percent of youth population arrested for 2018 and for 2020, describe whether any change has occurred, the direction of any change and the size of any change, highlighting any data that shows disproportionate minority contact.

Hispanic youth population had a 4.6% increase from 2018 to 2020 while non-Hispanic youth had a -3.1% decrease. Hispanic youth arrests had a -50% decrease and non-Hispanic youth had a -59.4% decrease. 0.4% of Hispanic youth were arrested compared to 0.3% of non-Hispanic youth indicating a slightly higher disproportion among Hispanic youth.

14. Using Table 6 (Total County Youth Population Compared to Juvenile Arrests by Ethnicity, 2018-2020), compare the percent change 2018-2020 in youth population and in juvenile arrests for each category, highlighting any data that shows disproportionate minority contact. Then, rank the top three categories of juvenile arrest by ethnicity for 2018 and 2022 by percent change, beginning with the largest percent change. Draw comparisons between the categories.

Hispanic youth population had a 4.6% increase from 2018 to 2020 while Non-Hispanic youth had a -3.1% decrease. Hispanic youth arrests had a -50% decrease and non-Hispanic youth had a -59.4% decrease. 0.4% of Hispanic youth were arrested compared to 0.3% of non-Hispanic youth indicating a slightly higher disproportion among Hispanic youth. 2022 data not available.

15. Using the information from Questions 9-14, what does this information tell you about the extent of juvenile arrests by race and ethnicity in 2020? How has the nature of juvenile arrests by race and ethnicity changed since 2018?

The data indicates a disproportionately higher number of Black youth being arrested in comparison to White and other youth and a slightly higher disproportion among Hispanic youth. Although the gap was reduced slightly between Black youth and White and other. The findings are consistent with 2018.

VIOLENCE, VANDALISM, WEAPONS, AND SUBSTANCE ABUSE IN COUNTY SCHOOLS

For Questions 16-18, use Table 7 (Violence, Vandalism, Weapons, and Substance Abuse in County Schools).

16. Using Table 7 (Violence, Vandalism and Substance Abuse in County Schools, 2017-2018 and 2021-2022), describe the overall change in total school-based incidents over the academic periods 2019-2020 and 2021-2022.

Table 7 compares 2017-2018 and 2021-2022. School based incidences decreased -16.6% overall.

17. Using Table 7 (Violence, Vandalism and Substance Abuse in County Schools, 2017-2018 and 2021-2022), rank school-based incidents in the 2020-2021 academic year, beginning with the category that has the greatest number of incidents. Draw comparisons between the categories.

Table 7 compares 2017-2018 and 2021-2022.

Ranking of School Based Incidences, 2021-2022

Rank	School based Incidences	Number
1	Incidents of Violence	487
2	Incidents of Substances	385
3	Incidents of Vandalism	94
4	Incidents of Weapons	61

The ranking of school based incidences remained the same.

18. Using Table 7 (Violence, Vandalism and Substance Abuse in County Schools, 2017-2018 and 2021-2022, Column 6), rank the percent change in school-based incidents, beginning with the category that has the largest percent change. Draw comparisons between the categories.

Table 7 compares 2017-2018 and 2021-2022.

Ranking of School Based Incidences, 2021-2022

Rank	School based Incidences	% Change	Number
1	Incidents of Vandalism	-34.3%	94
2	Incidents of Weapons	32.6%	61
3	Incidents of Violence	-23.7%	487
4	Incidents of Substances	-4.7%	385

Incidents of Vandalism had the largest percentage change with a decrease of -34.3%, but remained the third highest amount. Incidents of Weapons had the second largest percentage change with an increase of 32.6%, but remained the lowest amount. Incidents of Violence decreased -23.7%, but remained the hightest amount. Incidents of Substances had the lowest percentage change with a decrease of -4.7%, but remained the second highest amount.

19. Using the information in Questions 16-18, what does the information tell you about the extent of your county's school-based incidents over the academic period 2021-2022? How has the nature of school-based incidents changed since the academic period 2017-2018?

Table 7 compares 2017-2018 and 2021-2022. The ranking school based incidents remained the sames. Incidents of Vandalism had the largest percentage change with a decrease of -34.3%, but remained the third highest amount. Incidents of Weapons had the second largest percentage change with an increase of 32.6%, but remained the lowest amount. Incidents of Violence decreased -23.7%, but remained the hightest amount. Incidents of Substances had the lowest percentage change with a decrease of -4.7%, but remained the second highest amount.

NATURE & EXTENT OF COMMUNITY FACTORS THAT PUT YOUTH AT RISK

ENROLLMENT IN AND DROPOUTS FROM COUNTY SCHOOLS

For Question 20 use Table 8 (Enrollment in and Dropouts from County Schools)

20. Using Table 8 **(**Enrollment in and Dropouts from County Schools, 2019-2020 and 2021-2022), describe the Percent Change Over Years (Column K) and describe how enrollment in schools and dropouts has changed between academic periods 2019-2020 and 2021-2022. Draw comparisons between the categories.

    Enrollment decreased -1.7% from 2019-2020 to 2021-2022. Total dropouts decreased -1.8% from 2019-2020 to 2021-2022. It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

COMMUNITY INDICATORS OF CHILDREN AT RISK

> ➢ **For Questions 21 & 22, use Table 9 (Community Indicators of Children At Risk).**

21. Using Table 9 (Community Indicators of Children at Risk, 2018-2022), rank the community indicators of children at risk for the most recent year available, 2020,2021, or 2022 from largest of change to smallest. Draw comparisons between the categories.

    Child abuse/neglect substantiations had the largest percentage change with a decrease of -37% from 2018 to 2021. Children receiving TANF had the second largest percentage change with a decrease of -15% from 2018 to 2022. Children receiving NJ SNAP had the third largest percentage change with a 5% increase from 2018 to 2022. Birth to adolescents had the least percentage change with a decrease of -3% from 2018 to 2020. It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

22. Using information from your county's Municipal Alliance Plan, describe the overall risk and protective factors for each domain. How was this information used in your planning process?

    The Municipal Alliance no longer has overall risk and protective factors for each domain. The coordinator sent me the following data: The Bergen County Municipal Alliance for the Prevention of Substance Abuse is committed to improving the ability of the community to provide more effective prevention services for substance abuse disorders through a community-based approach. We will review the data in the context of emerging risk and protective factors, including personal and environmental causes contributing to the community problem. Our countywide action plan is divided into three parts: 1. The Youth Task Force, where 25-50 high school students will gain the skills needed to identify alcohol-related problems within the community by participating in prevention initiatives. 2. Community events, where the goal is to raise awareness about the prevalence of undiagnosed mental illness and emotional stressors in youth to prevent the practice of self-medication with alcohol or drugs. Participants will learn about stigma reduction, drug trends, ongoing efforts to decrease substance use, and the tools needed to do so, including how and where drugs can be hidden in plain sight. We will partner with the Bergen County Department of Health Services, the Office of Alcohol and Drug Dependency, and Bergen County Mental Health Services, as well as engage local businesses and provider agencies. 3. The Alliance training, where participants will gain knowledge about alliance capacity building, programs, resources, drug trends, and other relevant information. All facilitators will be credentialed and certified to facilitate each workshop. Consultants may include speakers such as Matt Bellace, Tim Shoemaker, John Kriger, and other consultants to be determined as appropriate. We will also engage consultants who will facilitate with no cost, such as Bergen County Prosecutor's Office Detectives,

Bergen County Department of Health certified staff, The Center for Alcohol and Drug Resources, and Regional Coalition certified staff.

23. Using the information in Questions 20-22, what does the information tell you about the extent community factors that put children at risk? How has the nature of community factors that put children at risk changed over time?

There is a fairly steady increase in children receiving NJ SNAP from 2018 to 2022. Births to adolescents did not change much from 2018 to 2020. Children receving TANF as well as child abuse/neglect substantiations fluctuated from 2018 to 2022. It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

Other Data Regarding Extent and Nature of Need – Delinquency Prevention Programs

Was additional data used in your county's planning process? (If other data was used submit a copy of the data in Chapter 11.

24. What does any other available data tell you about how your County's overall need for prevention programs has changed in recent years and which offense categories and which indicators of youth at risk seem reasonable to address through your county's prevention programs/services? Are there additional data that relates to Disproportionate Minority Contact and or racial and ethnic disparities? How does this additional data further inform your county's delinquency prevention plan?

The BCYSC collects data throughout the year and it is included in the plan. The data is as follows: Offenses Maps for various years, BC Municipalities ranked by number of charges filed, 2023 BCYSC Program Reviews/Site Visit Reports, 2022 End of the Year report, JAMS reports, 2023 stakeholder survey, Bergen County NJ4S Student Needs Survey. Overall, the data provided and the additional data establishes the need for prevention programs and the importance to expand programming in this area on the local level.

IMPLICATIONS FOR
DELINQUENCY PREVENTION PLAN

RECOMMENDATIONS

25. Review the data and the answers to questions 4,8,15,19, 23 and 24. Based on the totality of this information, what are the County Youth Services Commission's program or strategy recommendations for the county prevention plan? Recommendations and strategies should align with addressing problems and county trends, particularly through lens of race and ethnicity. What recommendations is the County Youth Services Commission making to improve the county's policies or practices related to delinquency prevention, particularly through the lens of race? What recommendations or strategies is the County Youth Services Commission making to ensure similar outcomes for similarly situated youth? List recommendations and priorities below.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	School-based incidents	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	that would be addressed by programming that addresses school-based incidents, collaborative planning with juvenile officers, Prosecutor's office and school administrators that will create programming and initiatives
B	Need for continuous trainings for juvenile officers/school resource officers	RSAP Program Statistics, SHA data, JJC Data	to be addressed by creating a comprehensive mapping of the current SROs, use the list to increase the creation of SROs in communities that do not have one, develop an academy for SROs The RSAP program has been addressing the need and should be expanded.
C	Substance Use Incidents (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or	JJC Data, 2022 National Night Out data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming and school collaboration and education

L	stregthen policies to address usage in the schools and increase education.		
D	Disproportionate Minority Contact	JJC Data	to be addressed by targeting program delivered within the communities where the youth live and/or attend school. Cuturally centered and academic enrichment programming Explore ways to gather data and gain greater knowledge of specifics Bilingual staffing and program literature in various languages Increase availability and training such as diversity, equity, and inclusion to youth serving partners including law enforcement, SROs, and school staff
E	Risk factors to delinquency	JJC Data	to be addressed by programming
F	Transportation	JJC Data	to be addressed by programming (to provide transportation) and/or within programs
G	Offense Categories	JJC Data	to be addressed by pro-social programming to address the issues that contribute to the risk factors associated with these offenses
H	Large number of youth receiving NJ SNAP	JJC Data	to be addressed by inclusion of food /meals within the programs
I	Increased mental health needs among youth	JJC Data	increased mental health services
J	Structured and supportive after school and summer programming	JJC Data	after school and summer programming that include, but are not limited to the arts, animal assisted therapy Middle school and high school focused
K	Internet related issues and crimes such as Cyberbullying, Sexting, Internet safety, social media, etc.,	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	programming, outreach, and education
L	Lack of positive role model	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, education, mentor, etc.

*Plan Justification (PJ): Use this letter to identify the funded program or service to address this recommendation.

Comments:

6

Diversion
(Law Enforcement, FCIU, & Family Court)

DIVERSION
ANALYSIS QUESTIONS

➢ **When answering questions regarding trends, describe *whether* any change has occurred, the *direction* of any change (e.g., increase, decrease), and the *size* of any change (e.g., small, moderate, large).**

➢ **When answering questions regarding rank orders, draw comparisons between categories (e.g., using terms like least/smallest, most/largest).**

NATURE & EXTENT OF DIVERTED CASES

LAW ENFORCEMENT STATION HOUSE ADJUSTMENTS: Data collected by each county for 2018-2022, or the most recent year that is available.

Data Regarding the Nature and Extent of Diverted Cases – Law Enforcement Diversion

1. Describe the data used to understand the nature and extent of the use of diversion in your county.   Submit a copy of the data in Chapter 11.
   Regional Stationhouse Adjustment Program Statistics, RSAP survey results, 2021 Attorney General SHA data

2. Describe the use of stationhouse adjustments by police in 2018 and in 2022 or in the most recent year.
   It is difficult to describe the use of stationhouse adjustments since there is not an accurate tracking system in place. Since the start of the regional stationhouse adjustment program there has been a steady increase in referrals.

3. Describe the use of stationhouse adjustments by race/ethnicity in 2018 and in 2022, or the most recent year, for each category. Then, calculate the percent change between 2018 and 2022 overall and by category. Rank the categories, beginning with the group that has the highest percent change. Describe the overall change in the use of stationhouse adjustments and the rank order by drawing comparisons between the categories.
   There is not enough information to make any accurate comparisons or inferences.

4. Using the answers to Questions 1-3, what are the most significant findings about your county's overall use of stationhouse adjustments and the use of stationhouse adjustments by race, and by ethnicity in 2022, or the most recent year? How has the use of diversion changed overall and through the lens of race/ethnicity since 2018?
   There is not enough information to make any accurate comparisons or inferences.

FAMILY CRISIS INTERVENTION UNITS

> ➢ **For Questions 5-6, use Table 1 (FCIU Caseload by Category).**

5. Using the data in Table 1, describe the FCIU Caseload overall and by category in 2018 and in 2022. Rank the caseloads from largest to smallest for 2022.

   Ranking of FCIU Caseload Categories for 2022

Rank	Category	Number
1	Truancy	147
2	Disorderly/petty disorderly persons offense diverted to FCIU	141
3	Serious conflict between parent/guardian and juvenile	62
4	Serious threat to the well-being/physical safety of the juvenile	14
5	Other	12
6	Unauthorized absence by a juvenile for more than 24 hours	3

6. Using the data in Table 1, (Columns H & I), rank the categories, beginning with the category that has the highest percent change. Describe the total percent change and the rank order by indicating whether any change has occurred, the direction of any change and the size of any change.

   Ranking of FCIU Caseload Categories between 2018 and 2022

Rank	Category	% Change	Number
1	Disorderly/petty disorderly persons offense diverted to FCIU	1181.8%	141
2	Serious threat to the well-being/physical safety of the juvenile	40%	14
3	Other	-20%	12
4	Truancy	-19.2%	147
5	Serious conflict between parent/guardian and juvenile	-4.6%	62
6	Unauthorized absence by a juvenile for more than 24 hours	0%	3

   Please note the increase in the DP/PDP offenses are most likely due to the creation of and successful implementation of the Regional Stationhouse Adjustment program.

7. Using the answers to Questions 5-6, what are the most significant findings related to your county's overall FCIU caseload in 2022? What are the most significant findings about how the FCIU caseload has changed between 2018 and 2022?

   Truancy remains the largest caseload, but decreased -19.2% from 2018 to 2022 The biggest increase and percentage change is disorderly/petty disorderly persons offense diverted to FCIU. It went from 11 to 141 with a 1181.8% increase from 2018 to 2022. Serious conflict between parent/guardian and juvenile decreased slightly, but still remains the third largest caseload. Serious threat to the well-being/physical safety of the juvenile increased by 40%, but had the third lowest caseload. Other was the fourth lowest with a -20% decrease. Unauthorized absence by a juvenile for more than 24 hours had no change and remained the lowest caseload. Please note the increase in the DP/PDP offenses are most likely due to the creation of and successful implementation of the Regional Stationhouse Adjustment program.

> ➤ **For Questions 8-9, use Table 2 (FCIU Petitions Filed by Petition Type, 2018, 2021, 2022).**

8. Using the data in Table 2, describe the FCIU Petitions Filed by Petition Type overall and by category in 2018 and in 2022. Rank and discuss the caseloads from largest to smallest for 2022.

   Ranking of FCIU Petitions filed by petition type between 2018 and 2022

Rank	Petition Type	Number
1	Out-of-home	3
2	Juvenile/Family Crisis	21

9. Using the data in Table 2, Percent Change in Petitions Filed 2018-2022, describe the change in total petitions filed, and rank the categories beginning with the category with the largest percent change. Draw comparisons between the categories.

   Ranking of FCIU Petitions filed by petition type between 2018 and 2022

Rank	Petition Type	% Change	Number
1	Out-of-home	50%	3
2	Juvenile/Family Crisis	50%	21

10. Using the answers to Questions 8-9, what are the most significant findings related to your county's overall FCIU filed petitions and FCIU petitions filed by category in 2022? What are the most significant findings about how the FCIU petitions filed has changed since 2018?

    Overall petitions filed increased 50% from 2018 to 2022

> ➤ **For Questions 11-12, use Table 3a (FCIU Referrals by Referral Type).**

11. Using the data in Table 3a, describe FCIU Referrals by Referral Type overall and by category in 2018 and in 2022. Rank and discuss the referral types from largest to smallest for 2022.

    Ranking of FCIU Referral Types for 2022

Rank	Referral Type	Number
1	Referrals made to other outside agencies	228
2	Referrals made to substance abuse program	26
3	Referrals made to DYFS	8

12. Using the data in Table 3a, Percent Change in the Number of Referrals Filed 2018-2022, describe the change in total referrals and rank the categories by referral type beginning with the category that has the largest percent change. Draw comparisons between the categories.

    Ranking of FCIU Referral Types between 2018 and 2022

Rank	Referral Type	% Change	Number
1	Referrals made to DYFS	-69.2%	8

2	Referrals made to other outside agencies	15.2%	228
3	Referrals made to substance abuse program	-7.1%	26

13. Using the answers to Questions 11-12, what are the most significant findings related to your county's overall FCIU referrals and FCIU referrals by referral type in 2022? What are the most significant findings about how FCIU referrals and FCIU referrals by referral type have changed since 2018?

    Overall, referrals increased by 4%. Referrals to DCPP (DYFS) had the most drastic decrease -69.2%. Referals made to other outside agencies increased 15.2%, but continued to be the bulk of the referral types. Referrals made to substance abuse programs remained fairly consistent with a small decrease of 7.1%

FAMILY CRISIS INTERVENTION/MOBILE RESPONSE MERGED UNITS data collected by each county using a merged unit for 2018-2022 or the most recent year available.

Data regarding the nature and extent of merged FCIU/Mobile Response Cases

14. Describe the data used to understand the nature and extent of the use of the merged FCIU/mobile response team in your county. Submit a copy of the data in Chapter 11.

    Bergen County does not have a merged unit

15. Describe the FCIU/mobile response caseload in 2018 and in 2022, or in the most recent year.

    Bergen County does not have a merged unit

16. Describe the use of FCIU/mobile response by race/ethnicity in 2018 and in 2022, or the most recent year, for each category. Then, calculate the percent change between 2018 and 2022 overall and by category. Rank the categories, beginning with the group that has the highest percent change. Describe the overall change in the use of FCIU/mobile response and the rank order by drawing comparisons between the categories.

    Bergen County does not have a merged unit

17. Using the answers to Questions 14-16, what are the most significant findings about your county's overall use of FCIU/mobile response and the use of FCIU/mobile response by race, and by ethnicity in 2022, or the most recent year? How has the use of diversion changed overall and through the lens of race/ethnicity since 2018?

    Bergen County does not have a merged unit

JUVENILE COURT REFERRALS (NEW FILINGS)

> **For Questions 18-19, use Table 3b (Total Referrals (New Filings) to Juvenile Court by Race/Ethnicity, 2018 and 2022**

18. Using the data in Table 3b, describe total referrals by race/ethnicity overall and by category in 2018 and in 2022. Rank and discuss the referral types from largest to smallest for 2022.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

19. Using the data in Table 3b (Percent Change 2018-2022), describe the percent change in total referrals and rank the categories by race/ethnicity beginning with the category that has the largest change. Draw comparisons between the categories.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

20. Using the answers to Questions 18-19, what are the most significant findings related to your county's overall new filings and new filings to juvenile court by race/ethnicity in 2022? What are the most significant findings about how new filings overall and new filings by race/ethnicity has changed since 2018?

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

Disproportionate Minority Contact and Racial And Ethnic Disparities

> **For Questions 21-22, use Table 3c Total Referrals (New Filings) to Juvenile Court Compared to Juvenile Arrests by Race/Ethnicity, 2018-2020.**

21. Using the data in Table 3c, describe the percent of arrests referred to court overall and by category for 2018 and for 2020.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

22. Using the data in Table 3c, describe the percent change in arrests referred to court overall. Rank the percent change in arrests referred to court (2018-2020) by category, beginning with the category that has the largest change. Draw comparisons between the categories.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

23. Using the answers to Questions 21-22, what are the most significant findings related to your county's percent of arrests referred to family court overall and by category for 2020? What are the most significant findings regarding juvenile arrests and referrals to family court

overall and by category since 2018?

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

FAMILY COURT DIVERSIONS

> **For Question 24-25, use data from Table 4a (Total Juvenile Cases Diverted, 2018-2022).**

24. Using the data in Table 4a, describe the number and percent of total cases diverted by race/ethnicity overall and by category for 2018 and for 2022. Rank the percent of total cases diverted by category, beginning with the category that has the largest change. Draw comparisons between the categories.

    Also since 2022 the way data is collected in E-Courts no longer collects data on race; therefore in Table 4A, total cases may not be accurate because not all diversion cases from intake have come over into this chart of race and ethnicity.

25. Using the data in Table 4a, describe the percent change in total juvenile cases diverted by race/ethnicity between 2018 and 2022 (see total cases row). Using the last column, rank the categories by percent change in juvenile cases diverted by race/ethnicity between 2018 and 2022. Draw comparisons between the categories.

    Also since 2022 the way data is collected in E-Courts no longer collects data on race; therefore in Table 4A, total cases may not be accurate because not all diversion cases from intake have come over into this chart of race and ethnicity.

26. Using the answers to Questions 24-25, what are the most significant findings related to your county's use of diversion by race/ethnicity overall and by category in 2022? What are the most significant findings regarding juveniles diverted from family court overall and by category since 2018?

    Also since 2022 the way data is collected in E-Courts no longer collects data on race; therefore in Table 4A, total cases may not be accurate because not all diversion cases from intake have come over into this chart of race and ethnicity.

Disproportionate Minority Contact and Racial and Ethnic Disparities

> **For Questions 27-28, use data from Table 4b (Total Juvenile Cases Diverted Compared to Juvenile Arrests by Race/Ethnicity, 2018-2020).**

27. Using the data in Table 4b, describe the percent of arrests diverted from court overall and by category for 2018 and for 2020.

This data is not valid. Cases are being removed from the system once the diversion requirements are fulfilled.

28. Using the data in Table 4b, describe the percent change in arrests diverted from court overall. Rank the percent change in arrests referred to court (2018-2020) by category, beginning with the category that has the largest change. Draw comparisons between the categories.

    This data is not valid. Cases are being removed from the system once the diversion requirements are fulfilled.

29. Using the answers to Questions 27-28, what are the most significant findings related to your county's percent of arrests diverted from court overall and by category for 2020? What are the most significant findings regarding juvenile arrests diverted from family court overall and by category since 2018?

    This data is not valid. Cases are being removed from the system once the diversion requirements are fulfilled.

IMPLICATIONS FOR DIVERSION PLAN

Extent and Nature of Need – Law Enforcement Station House Adjustment Program Implications

30. Review the answer to Question 4. What does the data tell you about how county's overall need for stationhouse adjustment programs? What does the data examining the use of stationhouse adjustments by race/ethnicity tell you about the need for station house adjustment programs through a racial lens? How can your county ensure that youth of color have the same access to stationhouse adjustment programs as white youth?

    The steady and dramatic increase of referrals to the Regional Stationhouse Adjustment program demonstrates the need for the stationhouse adjustment programs. According to the program data, youth of color make up two-thirds of the youth served. It is important to continue to provide education to all municipalities of the availabilty and importance of SHA and to help prevent any bias in the referral process.

Extent and Nature of Need - Family Crisis Intervention Unit/FCIU/Mobile Response Program Implications

31. Review the answers to Questions 7, 10 and 13 (or Question 17 for merged FCIU/mobile response program). What does the extent and nature data tell you about your county's need for FCIU or Merged FCIU/mobile response programming overall and through the lens of race/ethnicity? Which types of crises seem reasonable to address through your county's FCIU diversion programs? How can your county ensure that youth of color have the same access to FCIU/mobile response programs as white youth?

    It is important to continue to education and help prevent any bias in the referral process. The BCYSC acknowledges the importance of addressing all types of crises in some fashion with an emphasis on serious conflict between parent/guardian and juvenile, serious threat to the well-being/physical safety of the juvenile and truancy. The data enforces the need for diversion programs. Staffing should reflect the population it serves. It is important to train staff on various topics such as cultural sensitivity. Programming should be diverse to address the needs of all the youth.

Extent and Nature of Need - Family Court Diversion Program Implications

32. Review the answers to Questions 26 and 29. What does the extent and nature data tell you about your county's need for family court diversion programs overall and through the lens of race/ethnicity? How can your county ensure that youth of color have the same access to diversion programs as white youth?

    E-Courts no longer collects data on race/ethnicity. Also, cases are being removed from the system once the diversion requirements are fulfilled.

<u>Disproportionate Minority Contact and Racial and Ethnic Disparities</u>

33. Looking at the answers to Questions 30, 31 and 32, what recommendations or strategies would your county make with regards to diversion policy and practice through the lens of race and ethnicity? What recommendations or strategies would your county consider to ensure similar outcomes for similarly situated youth?

Staffing should reflect the population it serves. It is important to train staff on various topics such as cultural sensitivity. Programming should be diverse to address the needs of all the youth.

RECOMMENDATIONS

Law Enforcement Station House Adjustment Program Recommendations

34. Looking at your answers to Question 30, what is the County's programming plan to address problems and county trends in this category? Cite the data that indicates the problem or trend. State how the CYSC plan to address the need and/or service gap.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	Low number of police diversions to stationhouse adjustment programs	RSAP Program Statistics, SHA data, RSAP survey results, JJC Data	educating police officers and the community of the different resources and programs to promote the use of stationhouse adjustments; programming, outreach, and education
B	Lack of stationhouse adjustments in other languages; lack of bilingual staff	RSAP Program Statistics, SHA data, RSAP survey results, JJC Data	to be addressed by seeking and/or developing new materials or programs in different languages and require programs to hire bilingual staff
C	Substance Use (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or stregthen policies to address usage in the schools and increase education.	JJC Data, 2022 National Night Out data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education
D	Internet related issues and crimes such as Cyberbullying, Sexting, Internet safety, social media etc.,	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education
E	Racial disparaties, ethnicity, gender, sexual orientation, and other bias issues and crimes	JJC Data	Programming, outreach, and education

F	Family youth conflict	JJC Data	Programming, outreach, and education
G	Lack of transportation	JJC Data	to be addressed by programming (to provide transportation) and/or within programs
H	Increased mental health needs among youth	JJC Data	increased mental health services; Programming, outreach, and education
I	Large number of families experiencing food insecurity	JJC Data, NJ SNAP	to be addressed by inclusion of food /meals within the programs
J	Offense categories	JJC Data	Programming, outreach, and education
K	The benefit and opportunity of the SHA	RSAP Program Statistics, SHA data, RSAP survey results, JJC Data	Programming, outreach, and education
L	Lack of positive role model	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education, mentor, etc.

*Plan Justification (PJ): Use this letter to identify the funded program or service to address this recommendation.

Comments:

Family Crisis Intervention Unit/Family Crisis Intervention/Mobile Response Unit Program Recommendations

35. Looking at your answers to Question 31, what is the County's programming plan to address problems and county trends in this category? Cite the data that indicates the problem or trend. State how the CYSC plan to address the need and/or service gap.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	Serious behavioral issues	JJC Data	Programming, outreach, and education
B	Substance Use (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or stregthen policies to address usage in the schools and increase education.	JJC Data	Programming, outreach, and education
C	Family youth conflict	JJC Data	Programming, outreach, and education
D	Violent Offenses	JJC Data	to be addressed by programming that include anger management and coping skills; Programming, outreach, and education
E	Truancy/Lack of a standard definition of unexcused absences/lack of referrals in a timely fashion	JJC Data	Programming, outreach, collaboration, and education Partner with schools to educate families and community of resources
F	Internet related issues and crimes such as Cyberbullying, Sexting, Internet safety, social media, etc.,	JJC Data	Programming, outreach, and education
G	Racial disparities, ethnicity, gender, sexual orientation, and other bias issues and crimes	JJC Data	Programming, outreach, and education

H	Underutilization of programmatic resources	JJC Data	to be addressed by training and education
I	Transportation	JJC Data	to be addressed by programming (to provide transportation) and/or within programs
J	Poor school performance Disruptive behavior in school	JJC Data	Programming, outreach, and education
K	Large number of families experiencing food insecurity	JJC Data, NJ SNAP	to be addressed by inclusion of food /meals within the programs
L	Lack of positive role model	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education, mentor, etc.
M			
N			

*Plan Justification (PJ): Use this letter to identify the funded program or service to address this recommendation.

Comments:

Family Court Diversion Program Recommendations

36. Looking at your answers to Question 32, what is the County's programming plan to address problems and county trends in this category?
   Cite the data that indicates the problem or trend. State how the CYSC plan to address the need and/or service gap.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	Serious behavioral issues	JJC Data	Programming, outreach, and education
B	Substance Use (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or stregthen policies to address usage in the schools and increase education.	JJC Data	Programming, outreach, and education
C	Family youth conflict	JJC Data	Programming, outreach, and education
D	Violent Offenses	JJC Data	to be addressed by Programming, outreach, and education that include ander management and coping skills;
E	Internet related issues and crimes such as Cyberbullying, Sexting, Internet safety, social media, etc.,	JJC Data	Programming, outreach, and education
F	Racial disparities, ethnicity, gender, sexual orientation, and other bias issues and crimes	JJC Data	Programming, outreach, and education
G	Large number of families experiencing food insecurity	JJC Data, NJ SNAP	to be addressed by inclusion of food /meals within the programs
H	Transportation	JJC Data	to be addressed by programming (to provide transportation) and/or within programs

I	Poor school performance Disruptive behavior in school	JJC Data	Programming, outreach, and education
J			

*Plan Justification (PJ): Use this letter to identify the funded program or service to address this recommendation.

Comments:

7

Detention

DETENTION & DETENTION ALTERNATIVE PROGRAM ANALYSIS QUESTIONS

Using your completed data worksheet and your Juvenile Detention Alternatives Initiative All Sites data report, describe in your answers trends or changes in the data analyzed.

➢ **When answering questions regarding trends, describe *whether* any change has occurred, the *direction* of any change (e.g., increase/up, decrease/down), and the *size* of any change (e.g., small, moderate, large).**

➢ **When answering questions regarding rank orders, draw comparisons between categories (e.g., using terms like least/smallest, most/largest).**

NATURE & EXTENT OF DETENTION AND DETENTION ALTERNATIVE PROGRAM UTILIZATION

JUVENILE DETENTION ADMISSIONS & AVERAGE DAILY POPULATION

➢ **For Questions 1-3, use Table 1 (Juvenile Detention Admissions by Race/Ethnicity and Gender).**

1. Using the data in Table 1, describe total detention admissions, detention admissions by race/ethnicity, and detention admissions by gender in 2022.
   There were a total of 50 detention adminissions in 2022. The largest number of juveniles admissions were White youth (24), followed by Black youth (14), then Hispanic youth (11), then other youth (1). Male youth still comprise the bulk of the detention admissions with 42 youth compared to female youth (8).

2. Using the data in Table 1, (% Change in detention admissions by race/ethnicity and gender 2018-2022 column), describe the total change in detention admissions, from 2018 to 2022. Rank total % changes in detention admissions by race/ethnicity and by gender between 2018 and 2022. Describe changes in total detention admissions by race/ethnicity and gender since 2018.
   Overall, detenion admissions decreased 35.9%.

   Ranking of % Change in Detention Admissions by Race/Ethnicity between 2018 and 2022

Group	% Change	Number
White	100%	24
Black	-44%	14
Hispanic	-73.2%	11
Other		1

   Ranking of % Change in Detention Admissions by Gender between 2018 and 2022

Group	% Change	Number
Female	-50%	8
Male	-32.3%	42

White males increased 110% and white females increased 50%. In total, White youth increased 100%. Black males decreased 42.1% and Black females decreased 50%. In total, Black youth decreased 44%. Hispanic males decreased 72.7%, and Hispanic females decreased 75%. In total, Hispanic youth decreased 73.2%. Overall, there was a decrease of 32.3% among males and 50% among females.

3. Rank the percent change in admissions by race/ethnicity and gender (e.g., White male, Black male, etc.), beginning with the category that has the highest percent change. Describe changes in detention admissions by race/ethnicity and gender since 2018, drawing comparisons between the categories.

Overall, detenion admissions decreased 35.9%.

Ranking of % Change in Detention Admissions by Race/Ethnicity between 2018 and 2022

Group	% Change	Number
White	100%	24
Black	-44%	14
Hispanic	-73.2%	11
Other		1

Ranking of % Change in Detention Admissions by Gender between 2018 and 2022

Group	% Change	Number
Female	-50%	8
Male	-32.3%	42

White males increased 110% and white females increased 50%. In total, White youth increased 100%, Black Males decreased 42.1%, and Black females decreased 50%. In total, Black youth decreased 44%, Hispanic males decreased 72.7%, and Hispanic females decreased 75%. In total, Hispanic youth decreased 73.2%. Overall, there was a decrease of 32.3% among males and 50% among females.

4. Using the answers to questions 1-3, what are the most significant findings about overall detention admissions, admissions by race/ethnicity and admissions by gender in 2022? What are the most significant findings about the changes in total detention admissions, total detention admissions by race/ethnicity, admissions by race/ethnicity and gender since 2018?

Overall, detenion admissions decreased 35.9%. White males increased 110% and white females increased 50%. In total, White youth increased 100%, Black males decreased 42.1%, and Black females decreased 50%. In total, Black youth decreased 44%, Hispanic males decreased 72.7%, and Hispanic females decreased 75%. In total, Hispanic youth decreased 73.2%. Overall, there was a decrease of 32.3% among males and 50% among females.

➢ **For Questions 5-, use Table 2 (Juvenile Detention Admissions Compared to Referrals to Court by Race/Ethnicity)**

5. Using the data in Table 2 (% Change 2018-2022 column), describe the total percent change in referrals to court and the total percent change in detention admissions. Rank the percent change in referrals to court by race/ethnicity and gender (e.g., White male, Black male), starting with the category that has the highest percent change. Describe the percent change in referrals to court, drawing comparisons between the categories. Rank the percent change

in detention admissions by race/ethnicity and gender, beginning with the category that has the highest percent change. Describe the percent change in detention admissions since 2018, drawing comparisons between the categories. Draw comparisons between the total percent change in referrals to court and the total percent change in detention admissions and by race/ethnicity and gender since 2018.

There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category. This resulted in the inability to properly analyze the data

6. Using the answers to questions 4-5 what are the most significant findings about juvenile detention admissions and juvenile detention admissions by race/ethnicity and gender in 2022? What are the most significant findings about juvenile detention admissions and juvenile detention admissions by race/ethnicity since 2018? What are the most significant findings about referrals to court, detention admissions and the percent of referrals admitted to detention in total and by category in 2022? What are the most significant finds about referrals to court in total and by category since 2018? What are the most significant findings about detention admissions in total and by category since 2018? What are the most significant findings from the comparison of the percent change in referrals to court and the percent change in admissions to detention since 2018?

There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category. This resulted in the inability to properly analyze the data

➤ **For Questions 7-10, use Table 3 (Juvenile Detention Population 2018-2022)**

7. Using the data in Table 3, describe the overall Average Daily Population (ADP) 2022.
   The overall average daily population in 2022 was 6.

8. Using the data in Table 3, (% Change 2018-2022 column), describe the total change in ADP between 2018 and 2022.
   The ADP increased 15.4% from 2018 (5.2) to 2022 (6).

9. Using the data in Table 3, describe the overall Average Length of Stay (ALOS) 2022.
   The overall average length of stay in 2022 was 32.5.

10. Using the data in Table 3, (% Change 2018-2022 column), describe the total percent change in ALOS between 2018 and 2022.
    The ALOS increased 47.7% from 2018 (22) to 2022 (32.5).

11. Using the answers to questions 7-10, what are the most significant findings about overall ADP and ALOS in 2022? What are the most significant findings about the percent change in ADP and in ALOS since 2018?
    Both ADP and ALOS have increased. ALOS increased significantly and the ADP increased slightly.

CHARACTERISTICS OF YOUTH IN DETENTION

➢ **For Questions 12-15, use the data files (2022 Detention admission by age, degree of offense, most serious current offense, and municipality of residence) provided by the JJC.**

12. Rank the top three municipalities of residence for youth admitted to detention in 2022, beginning with the municipality with the highest frequency. Name the top three municipalities and describe the number of detained youth and the percent of all detained youth for each municipality within the county.

Ranking of the top three municipaliteis of residence for youth admitted to detention in 2022

Municipality	Number	% of total
Hackensack	11	22%
Garfield	9	18%
Bergenfield	2	4%
Fort Lee	2	4%

Please note out of county municipalities were listed under Bergen and omitted from this answer.

13. Review the detention admissions by age data. Describe the age range youth admitted to detention by number and percent of total, the average age of detention admission and the median age of detention admission in 2022. Rank each age by percent of total, beginning with the highest percent. Draw comparisons between the categories.
    There were 50 youth in detention in 2022. The average age was 16.2, the minimum age was 13.4 and maximum age was 20.

Ranking of each age by percent of total

Age	% of total	number
16	26%	13
17	26%	13
15	22.9%	12
14	10%	5
13	6%	3
20	4%	2
18	2%	1
19	2%	1

14. Review the Detention Admissions by Most Serious Current Offense data for 2022 (frequency and percent). Rank the offenses beginning with the offense that has the highest number/percent of total. Draw comparisons between the categories.
    Ranking of the detention admissions by most serious current offense for 2022

Offense	% of total	Frequency
Violation of Detention Alternative/Alternative Custody	12%	6
2 - Eluding - Creating Risk of Death/Injury	10%	5
2 - Assault - Aggravated	8%	4
3 - Burglary	8%	4
1 - Robbery	6%	3

2 - Possession of Firearm, Explosives, or Destructive Device	6%	3
2 - Possession of Other Weapon (Non-Firearm) While Committing	6%	3
3 - Theft Offenses	6%	3
Violation of Probation	6%	3
FTA	6%	3
2 - Robbery	4%	2
2 - Arson - Aggravated	4%	2
3 - Terroristic Threats	4%	2
1 - Murder, Attempted Murder, Conspiracy to Commit Murder	2%	1
1 - Leader of Firearms Trafficking Network	2%	1
2 - False Public Alarm	2%	1
3 - Possession of Weapon (Non-Firearm/Explosives) for Unlawful	2%	1
3 - Resisting Arrest; Hindering Apprehension/Prosecution	2%	1
DP/PDP - Property Offenses	2%	1
Out of State Warrant	2%	1

15. Review the Detention Admissions by Degree of Offense data for 2022. Rank the degree of offenses beginning with the category that has the highest number/percent of total. Draw comparisons between the categories.

Ranking of the degree of offenses for 2022

Degree	% of total	Number
2nd	40%	20
n/a - no delinquency	26%	13
3rd	22%	11
1st	10%	5
DP/PDP	2%	1
4th	0	0

16. Using the answers to questions 12-15, Describe the most significant findings related to the characteristics of young people who were detained in 2022 (municipality, age, offense, offense degree). Please use the information from all four answers in your response.

Hackensack, age 16-17, Violation of Detention Alternative/Alternative Custody, 2nd degree

DETENTION ALTERNATIVE PROGRAM UTILIZATION AND OUTCOMES

JUVENILE DETENTION ALTERNATIVE PROGRAM ADMISSIONS & AVERAGE DAILY POPULATION

➢ **For Questions 17-18, use Table 4 (Juvenile Detention Alternatives Program Population)**

17. Using the data in Table 4, describe the average daily detention alternative population and average monthly detention alternative population admissions in 2022.

The average daily detention alternative population in 2022 was 13.3 and the average monthly detention alternative population admissions in 2022 was 7.5.

18. Using the data in Table 4, (% Change 2018-2022 column), describe the percent change in the average daily population of detention alternative programs between 2018 and 2022. Describe the percent change in average monthly admissions between 2018 and 2022.

The average daily population decreased 12.5% from 2018 (15.2) to 2022 (13.3). The average monthly admissions increased 1.4% from 2018 (7.4) to 2022 (7.5).

19. Using the answers to questions 17-18, what are the most significant findings about the average daily population in detention alternative programs and in average monthly admissions to detention alternative programs in 2022? What are the most significant findings about average daily population in detention alternative programs and average monthly admissions to detention since 2018?

The average daily population had a slight decrease while the average monthly admissions had an insignificant increase.

JUVENILE DETENTION ALTERNATIVE AVERAGE LENGTH OF STAY

➢ **For Questions 20-21, use Table 5 (Juvenile Detention Alternative ALOS by Race/Ethnicity)**

20. Using the data in Table 5, describe the ALOS in detention alternative programs overall and by race/ethnicity in 2022.

Overall the ALOS in detention alternative programs increased by 75.6%.

21. Using the data in Table 5, (% Change 2018-2022 column), describe the total percent change in ALOS between 2018 and 2022. Using the data in Table 5, (% Change 2018-2022), rank the percent change in ALOS in detention alternatives by race/ethnicity, beginning with the group that has the highest percent change. Describe the overall percent change in detention alternative program ALOS and describe the ranking of changes in ALOS by category by drawing comparisons between the categories.

Ranking of % Change in ALOS by Race/Ethnicity between 2018 and 2022

Group	% Change	Number
Hispanic	94.7%	82
Black	68%	91
White	66.7%	72
Other		0

22. Using the answers to questions 20-21, what are the most significant findings about ALOS overall and about ALOS for each racial/ethnic group in 2022? What are the most significant findings about ALOS for each racial/ethnic groups and about overall ALOS in detention alternative programs since 2018?

There has a been a significant and steady increase among all youth. However, Hispanic youth had the largest

increased almost doubling the amount from 2018.

DETENTION ALTERNATIVE PROGRAM UTILIZATION & OUTCOMES

➢ **For Questions 23-26, use Table 6 (Juvenile Detention Alternative Program Outcomes).**

23. Using the data in Table 6, describe the number of successful completions of detention alternative programs in 2022 and the percent change (% Change 2018-2022 column) in the success rate of detention alternative programming between 2018 and 2022.
    The number of successful completions of detention alternative programs in 2022 was 92.6, which was a 1.9% increase from 2018 (90.9).

24. Using the data in Table 6, describe the number of new charge violations of detention alternative programs in 2022 and describe the percent change (% Change 2018-2022 column) in detention alternative program violations tied to new charges between 2018 and 2022.
    The number of new charge violations of detention alternative programs in 2022 was 5.8, which was a 427.3% increase from 2018 (1.1).

25. Using the data in Table 6, describe the number of violations of detention alternative programs tied to a technical violation/non-compliance in 2022 and describe the percent change (% Change 2018-2022 column), change in technical violations/non-compliance of detention alternative programs between 2018 and 2022.
    The number of violations of detention alternative programs tied to a technical violation/non-compliance in 2022 was 1.2, which was a decrease of 85% from 2018 (8).

26. Using the answers to questions 23-25, what are the most significant findings about the number of successful completions, the number of violations due to new charges and the number of violations due to technical violations/non-compliance of detention alternative programs in 2022? What are the most significant findings about the total number/percentage change in the detention alternative program success rate, new charge violations and technical violations/non-compliance since 2018?
    Violations of detention alternative programs tied to a technical violation/non-compliance decreased significantly while new charge violations increased significantly and successful completions increased slightly.

➢ **For Questions 27, use JAMS data.**

27. Looking at each program on the detention point of the continuum (Total Intakes by Program, 2018 & 2022 column), describe detention alternative program admissions, by program, in 2022. Looking at the percent change 2018-2022 column, rank the detention alternative programs starting with the program that has the highest percent change. Describe how detention alternative utilization by program has changed since 2018.
    JAMS does not break down intakes further by continuum and does not calculate percent change. The BCYSC collects data throughout the year and it is included in the plan. The data is as follows: Offenses Maps for various years, Bergen County Municipalities ranked by number of charges filed, 2021-2023 BCYSC Program Reviews/Site Visit Reports, 2021 and 2022 End of the Year report, JAMS reports, 2023 stakeholder

survey, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary, New Jersey, Kids Count 2023, Suicide Mortality in the United States, 2001–2021, Regional Stationhouse Adjustment Program Statistics, RSAP survey results, SHA data, 2022 National Night Out data..

2022 alternatives to detention
White   19
Black   32
Hispanic   35
Other   9
Psychiatric Evaluations
White   1

➢ **Other Data Regarding Extent and Nature of Need**

28. Was additional data, not provided by the JJC, was used in your county's planning process? (If other data was used attach a copy.) If so, what does that data tell you about how your County's overall need for secure detention and detention alternative programs has changed in recent years and about the needs and characteristics of youth that should be addressed through your county's juvenile detention plan? Are there additional data that relates to Disproportionate Minority Contact or Racial and Ethnic Disparities?

The BCYSC collects data throughout the year and it is included in the plan. The data is as follows: Offenses Maps for various years, Bergen County Municipalities ranked by number of charges filed, 2021-2023 BCYSC Program Reviews/Site Visit Reports, 2021 and 2022 End of the year report, JAMS reports, 2023 stakeholder survey, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary, New Jersey, Kids Count 2023, Suicide Mortality in the United States, 2001–2021, Regional Stationhouse Adjustment Program Statistics, RSAP survey results, SHA data, 2022 National Night Out data. Staffing should reflect the population it serves. It is important to train staff on various topics such as cultural sensitivity. Programming should be diverse to address the needs of all the youth.

IMPLICATIONS FOR JUVENILE DETENTION ALTERNATIVE PROGRAMS PLAN

Extent and Nature of Need- Detention Utilization

29. Taken collectively, what do the answers to questions 4,6, 11, 16 and 28 tell you about your county's detention admissions, average daily population, and the characteristics of detained young people? How does this information inform the need for detention alternative programs?

    The effectiveness of the program is demonstrated by the overall decrease of admissions in detention.

Extent and Nature of Need- Detention Alternative Programs

30. Taken collectively, what do the answer to questions 19, 22, 26, 27 and 28 tell you about your county's use of detention alternative programming and their outcomes? How does this information inform the need for detention alternative programs?

    The data highlights that we have been effective in connecting the youth with the appropriate level of care and supports. Our efforts of early intervention and support have benn successful.

31. What does this information tell you collectively about the status of disproportionate minority contact and racial/ethnic disparities at this point of the juvenile justice continuum within your county?

    The dcrease in Black and Hispanic admissions demonstrate the success in decreasing the disproportionate minority contact and racial/ethnic disparities.

RECOMMENDATIONS

29. Looking at your answers to questions, what is the County's juvenile detention plan to address problems and county trends. Cite the data that indicates the problem or trend. State how the CYSC plan to address the need and/or service gap.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	Mental Health Issues with Court involved youth	JJC Data	Evaluations, programming, outreach, and education
B	ADP and ALOS of detained youth	JJC Data	Comprehensive Alternatives to Detention Program, including 24/7 Electronic Monitoring. (Pro-social activities, shared meal, case management, life skills training, character building skills development).
C	Lack of bilingual paperwork, staff/therapists and programming	JJC Data	Programming with bilingual staff, paperwork, and/or specifically targeted bilingual programming
D	Transportation	JJC Data	Programming (to provide transportation) and/or within programs
E	Substance Use (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or stregthen policies to address usage in the schools and increase education.	JJC Data, 2022 National Night Out data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Evaluations, programming, outreach, and education
F	Lack of a positive role model	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education mentor, etc.
G	Disproportionate Minority Contact	JJC Data	Programs funded to meet the needs of black and Hispanic youth and their families

H	Sexual Offenses	JDAI Data	Programming, outreach, and education, increase resources
I	Placements for youth who cannot return home	JDAI Data	Increased resources such as shelter beds or placements for youth that cannot return to the home

*Plan Justification: Use this letter to identify the funded program or service to address this recommendation.

Comments:

30. In reviewing all the above analysis questions, what recommendations or strategies would your county make with regards to Juvenile Detention policy and practice through the lens of race and ethnicity? What recommendations or strategies would your county consider ensuring similar outcomes for similarly situated youth?

Staffing at the facilities reflect the population it serves. It is important to train staff on various topics such as cultural sensitivity. Programming in the facility should be diverse to address the needs of all the youth.

Comments:

8

Disposition

DISPOSITION
ANALYSIS QUESTIONS

> When answering questions regarding trends, describe *whether* any change has occurred, the *direction* of any change (e.g., increase, decrease), and the *size* of any change (e.g., small, moderate, large).

> When answering questions regarding rank orders, draw comparisons between categories (e.g., using terms like least/smallest, most/largest).

NATURE & EXTENT OF THE DISPOSED POPULATION

JUVENILES ADJUDICATED DELINQUENT

> For Questions 1-2, use Table 1: Juveniles Adjudicated Delinquent by Gender 2018 and 2022.

1. Using the data in Table 1, describe the total number of young people adjudicated delinquent and the number and percent of total of young people adjudicated by gender in 2022.

    The total number of youth adjudicated delinquent in 2022 was 164. Of the 164, 76.2% (125) were male and 23.8% (39) were female.

2. Using the data in Table 1 (% Change in Juveniles Adjudicated by Gender 2018-2022 column), describe the percent change in adjudications overall. Rank the percent change in adjudications by gender. Describe changes in adjudications by gender since 2018.

    Overall the number of youth adjudicated delinquent decreased by 54.6% in 2022. Male youth decreased 56.4% and female youth decreased 47.3% in 2022 compared to 2018. Male youth remain the majority of youth adjudicated delinquent, but the percentage of the total dropped slightly in 2022 while the female youth percentage increased slightly.

3. Using the answers in questions 1-2, what are the most significant findings about adjudications and adjudications by gender in 2022? What are the most significant findings about changes in adjudications overall and changes in adjudications by gender since 2018?

    Overall the number of youth adjudicated delinquent decreased by 54.6% in 2022. Male youth decreased 56.4% and female youth decreased 47.3% in 2022 compared to 2018. Male youth remain the majority of youth adjudicated delinquent, but the percentage of the total dropped slightly in 2022 while the female youth percentage increased slightly.

> For Questions 3-5, use Table 2: Juvenile Cases Adjudicated Delinquent with Probation and Incarceration Dispositions 2018 and 2022.

4. Using the data in Table 2, describe the number of adjudicated juvenile cases by probation and incarceration category and in total for 2022.

    In 2022, there were two JJC committed cases. There was one short-term commitment. There were 145 Probation cases.

5. Using the data in Table 2, (% Change in Dispositions 2018-2022 column), describe the total percent change in juvenile cases adjudicated delinquent with probation and incarceration dispositions since 2018. Rank the disposition categories, beginning with the category that has the highest percent change. Describe how adjudications resulting in probation or incarceration has changed since 2018.

    There was a decrease of 83.3% of short-term commitment cases in 2022 (1) vs. 2018 (6). There was a decrease of 50% in both JJC committed and probation cases in 2022 (JJC committed 2, Probation 145) vs. 2018 (JJC committed 4, Probation 290).

6. Using the answers in questions 4-5, what are the most significant findings about juvenile cases adjudicated delinquent with probation or incarceration dispositions in 2022? What are the most significant findings about changes in juvenile cases adjudicated delinquent resulting in probation or incarceration since 2018?

    In 2022, there were two JJC committed cases. There was one short-term commitment. There were 145 Probation cases. There was a decrease of 83.3% of short-term commitment cases in 2022 (1) vs. 2018 (6). There was a decrease of 50% in both JJC committed and probation cases in 2022 (JJC committed 2, Probation 145) vs 2018 (JJC committed 4, Probation 290).

➤ **For Questions 7-9, use Table 3: Juveniles Adjudicated Delinquent by Race 2018 and 2022.**

7. Using the data in Table 3, describe the total number of adjudicated juveniles by race in 2022. Describe the number and percent of total of adjudicated juveniles by race/ethnicity category in 2022.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

8. Using the data in Table 3 (% Change in Juveniles Adjudicated Delinquent by Race 2018-2022 column), rank the race/ethnicity categories by percent change, beginning with the category that has the highest change. Describe how juveniles adjudicated delinquent by race/ethnicity has changed since 2018.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

9. Using the answers to questions 7-8, what are the most significant findings about juveniles adjudicated delinquent by race/ethnicity in 2022? What are the most significant findings about juveniles adjudicated delinquent by race/ethnicity since 2018?

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

➤ **For Questions 10-13, use Table 4: Juveniles Adjudicated Delinquent Compared to Juvenile**

Arrests by Race/Ethnicity 2018 and 2020.

10. Using the data from Table 4, describe the total number of juvenile arrests, juvenile arrests by race/ethnicity, the total number of juveniles adjudicated delinquent, the number of juveniles adjudicated delinquent by race/ethnicity, the total percent of arrestees adjudicated delinquent, and the percent of arrestees adjudicated delinquent by race/ethnicity in 2020.

   There were 429 juvenile arrests of white youth and 80 of which were adjudicated delinquent or 18.6%. There were 210 juvenile arrests of Hispanic youth and 62 of which were adjudicated delinquent or 29.5%. There were 167 juvenile arrests of Black youth and 48 of which were adjudicated delinquent or 28.7%. There were 21 juvenile arrests of other youth and 16 of which were adjudicated delinquent or 76.2%. It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

11. Using the data from Table 4 (% Change 2018-2020 column), describe the total percent change in juvenile arrests since 2020, then rank the percent change in juvenile arrests by race/ethnicity beginning with the category that has the highest change. Describe how juvenile arrests have changed by race/ethnicity since 2020.

   Overall, juvenile arrests decreased 56.6%.

Ranking of Juvenile Areests by Race Between 2018 and 2020

Rank	Race	% Change	Number
1	Other	-76.7%	21
2	White	-58.8%	429
3	Hispanic	-50%	210
4	Black	-42.6%	167

   It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

12. Using the data from Table 4 (% Change 2018-2020 column), describe the total percent change in juveniles adjudicated delinquent since 2018, then rank the percent change in juveniles adjudicated delinquent by race/ethnicity, beginning with the category that has the highest change. Describe how juvenile adjudication by race/ethnicity has changed since 2018.

   Overall, juveniles adjudicated delinquent decreased 42.9%.

Ranking of Juveniles Adjudicated Delinquent by Race Between 2018 and 2020

Rank	Race	% Change	Number
1	White	-47%	
2	Other	-46.7%	
3	Black	-39.2%	
4	Hispanic	-38.6%	

   It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

13. Using the answers to questions 10-12, what are the most significant findings about the total number of juvenile arrests, juvenile arrests by race/ethnicity, the total number of juveniles adjudicated delinquent, the number of juveniles adjudicated delinquent by race/ethnicity, the total percent of arrestees adjudicated delinquent, and the percent of arrestees adjudicated delinquent by race/ethnicity in 2020. What is the most significant finding s about the percent change in juvenile arrests and the percent change in juvenile arrests by race ethnicity since 2018? What is the most significant change in the

total percent change in juveniles adjudicated delinquent and in juveniles adjudicated delinquent by race/ethnicity since 2018?

    The % of arrest adjudicated delinquent increased across all race/ethnicity.

    It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data.

> ➤ **For Questions 14-16, use Table 5: Juveniles Adjudicated Delinquent by Age, 2018 and 2022.**

14. Using the data from Table 5, describe the total number of juveniles adjudicated delinquent, the number of juveniles adjudicated by age and the percent of juveniles adjudicated by age in 2022.

    Overall there were 166 juveniles adjudicated delinquent in 2022. 45.2% of juveniles adjudicated delinquent (75) were 15-16. 25.9% of juveniles adjudicated delinquent (43) were 17. 23.5% of juveniles adjudicated delinquent (39) were 13-14. 5.4% of juveniles adjudicated delinquent (9) were 11-12.

15. Using the data from Table 5 (% Change in Juveniles Adjudicated Delinquent by Age 2018-2022 column), rank the percent change in juveniles adjudicated by age, beginning with the category that has the highest change. Describe how juveniles adjudicated delinquent by age has changed since 2018.

    Ranking of Juveniles Adjudicated Delinquent by Age Between 2018 and 2020

Rank	Age Groups	% Change	Number
1	17	-70.3%	43
2	15-16	-49.7%	75
3	11-12	-35.7%	9
4	13-14	-26.4%	39
5	6-10	0%	0
6	18 and over	0%	0

16. Using the answers to questions 14-15, what are the most significant findings about juveniles adjudicated by age in 2022? What are the most significant findings in the percent change in juveniles adjudicated delinquent by age since 2018?

    The percent of total juveniles adjudicated delinquent is consistent from 2018 to 2020. The biggest percent change is with age 17, which dropped drastically 145 in 2018 and 43 in 2022, a decrease of 70.3%.

PROBATION PLACEMENTS

> ➤ **For Questions 17-19, use Table 6: Probation Placements by Race/Ethnicity 2018 and 2022.**

17. Using the data from Table 6, describe the total number of juvenile probation placements, the number of juvenile probation placements, by race/ethnicity and the percent of total probation placements by race/ethnicity in 2022.

    There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

18. Using the data from Table 6 (% Change in Probation Placements 2018-2022 column), rank the categories by race/ethnicity beginning with the category that has the most change. Describe how probation placements have changed since 2018.

> There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

19. Using the answers to questions 17-18, what are the most significant findings about probation placements by race/ethnicity in 2022? What are the most significant findings about the change in probation placements since 2018?

> There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

➤ For Questions 20-23, use Table 7: Juvenile Probation Placements Compared to Juveniles Adjudicated Delinquent by Race/Ethnicity, 2018 and 2022.

20. Using the data from Table 7, describe the total number of juveniles adjudicated delinquent, the number of juveniles adjudicated delinquent by race, ethnicity, the total number of juveniles placed on probation, the number of juveniles placed on probation by race/ethnicity and the percent of adjudicated juveniles placed on probation by race/ethnicity in 2022.

> There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

21. Using the data from Table 7 (% Change 2018-2022), rank the percent change in juveniles adjudicated delinquent by race beginning with the category that has the highest change. Describe the change in juveniles adjudicated delinquent by race/ethnicity has changed since 2018.

> There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

22. Using the data from Table 7 (% Change 2018-2022), rank the percent change in juvenile probation placements by race/ethnicity, beginning with the category that has the largest percent change. Describe the change in juveniles placed on probation by race/ethnicity since 2018.

> There is a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

23. Using the answers to questions 20-22, what are the most significant findings about describe the total number of juveniles adjudicated delinquent, the number of juveniles adjudicated delinquent by race, ethnicity, the total number of juveniles placed on probation, the number of juveniles placed on probation by race/ethnicity and the percent of adjudicated juveniles placed on probation by race/ethnicity in 2022? What are the most significant findings about the comparison between the percent change in juveniles adjudicated delinquent and probation placements by race/ethnicity since 2018?

> There is a change in how the AOC captures race and ethnicity, which has led to an excess of

"missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

SECURE PLACEMENTS

➢ **For Questions 24-26, use Table 8: Secure Placements by Race/Ethnicity, 2018 and 2022.**

24. Using Table 8, describe the total number of juveniles securely placed, the number of juveniles securely placed by race/ethnicity and the percent of total secure placements by race/ethnicity in 2022.
There was one black youth in a secure placement in 2022.

25. Using Table 8 (% Change in Secure Placements 2018-2022 column) rank the percent change in juveniles securely placed by race/ethnicity, beginning with the category that has the highest change. Describe how the secure placement of juveniles by race/ethnicity has changed since 2018.
Ranking of Secure Placements by Race/Ethnicity, Between 2018 and 2020

Race/Ethnicity	% Change	Number
White	-100%	0
Hispanic	-100%	0
Black	0%	1
Other	0%	0

26. Using the answers to questions 24-25, what are the most significant findings about the secure placement of juveniles in 2022? What are the most significant findings about how the secure placement of juveniles by race/ethnicity has changed since 2018?
Given the low number of youth in secure placements it is difficult to make any accurate inferences.

➢ **For Questions 27-30, use Table 9: Secure Placements Compared to Juveniles Adjudicated Delinquent by Race/Ethnicity, 2018 and 2022.**

27. Using Table 9, describe the total number of juveniles adjudicated delinquent, juveniles adjudicated delinquent by race/ethnicity, the total number of juveniles securely placed, the number of juveniles securely placed by race/ethnicity and the percent of adjudications resulting in secure confinement by race/ethnicity in 2022.
There were 206 youth adjudicated delinquent in 2022. There were 80 White youth adjudicated delinquent with none resulting in secure placement. There were 62 Hispanic youth adjudicated delinquent with none resulting in secure placement. There were 48 Black youth adjudicated delinquent with 1 resulting in secure placement or 2.1%. There were 16 other youth adjudicated delinquent with none resulting in secure placement.

28. Using Table 9 (% Change 2018-2022), rank the percent change in juveniles adjudicated delinquent race/ethnicity categories beginning with the category that has the highest change. Describe the changes in juveniles adjudicated delinquent since 2018.
Ranking of percent change in juveniles adjudicated delinquent by Race/Ethnicity, Between 2018

and 2020

Race/Ethnicity	% Change	Number
White	-47%	80
Other	-46.7%	16
Black	-39.2%	48
Hispanic	-38.6%	62

29. Using Table 9 (% Change 2018-2022), rank the percent change in secure placements by race/ethnicity category, beginning with the category that has the highest change. Describe the changes in juveniles securely placed by race/ethnicity since 2018.

Ranking of percent change in secure placements by Race/Ethnicity, Between 2018 and 2020

Race/Ethnicity	% Change	Number
White	-100%	0
Hipanic	-100%	0
Black	0%	1
Other	none	0

30. Using the answers to questions 27-29, what are the most significant findings about the total number of juveniles adjudicated delinquent, juveniles adjudicated delinquent by race/ethnicity, the total number of juveniles securely placed, the number of juveniles securely placed by race/ethnicity and the percent of adjudications resulting in secure confinement by race/ethnicity in 2022? What are the most significant findings about What are the most significant findings about the comparison between the percent change in juveniles adjudicated delinquent and in juveniles securely placed overall by race/ethnicity since 2018?

Given the low number of youth in secure placements it is difficult to make any accurate inferences.

JAMS DISPOSITION PROGRAM INFORMATION 2022

> ➢ **For Questions 31-35, run the following JAMS reports for 2022: intakes by gender, race, and age, and by problem areas, services intervention provided, and services intervention needed. Use these reports to answer questions 31-35.**

31. Looking at each disposition program, describe disposition program intakes by program in 2022.

In 2022, Adolescent Substance Abuse Program had 36 intakes (24 male, 12 female) under disposition. Positive strides had 7 intakes (6 male, 1 female) under disposition. Psychological Evaluations had 36 intakes (27 male, 9 female) under disposition. Using Technology Responsibly had 4 intakes (4 male, 0 female) under disposition.

32. Looking at each dispositional program, describe dispositional program intakes by gender, race, and age by in 2022.

In 2022, Adolescent Substance Abuse Program had 36 intakes (24 male, 12 female) under disposition. Positive strides had 7 intakes (6 male, 1 female) under disposition. Psychological Evaluations had 36 intakes (27 male, 9 female) under disposition. Using Technology Responsibly had 4 intakes (4 male, 0

female) under disposition. JAMS does not break down intakes further by continuum.

33. Using Table 10, look at the ranking of problem areas in 2022, describe the problem areas identified in your county starting with the problem area that has the highest total.

2022

Rank	Problem Area	Total
1	Personality/Behavior	48
2	Family Circumstances/Parenting	47
3	Substance Abuse	36
4	Other (Specify)	36
5	Education	20
6	Attitudes/Orientation	11
7	Peer Relations	8
8	Teen Pregnancy/Parenting	3
9	Vocational Skills/Employment	1

34. Using Table 11, look at the ranking of service interventions provided in 2022, describe the service interventions identified in your county starting with the service intervention category that has the highest total.

2022

Rank	Service Intervention Provided	Total
1	Other (Specify)	35
2	Substance Abuse Evaluation	26
3	Urine Monitoring	24
4	Substance Abuse Treatment/Counseling	5
5	Anger Management Training	3

35. Using Table 12, look at the ranking of service interventions needed in 2022, describe the service interventions needed in your county starting with the services needed category that has the highest total.

2022

Rank	Service Intervention Needed	Total
1	Other (Specify)	35
2	Substance Abuse Evaluation	26
3	Urine Monitoring	25
4	Substance Abuse Treatment/Counseling(Outp	6
5	Anger Management Training	3

36. Using the answers to questions 31-35, what are the most significant findings about program intakes by program gender, race, and age, and by, problem areas, service interventions identified, and service interventions needed in 2022?
    Agencies need to accurately report the problem areas, service interventions provided and needed.

OTHER DATA

> ### Other Data Regarding Extent and Nature of Need

37. Was additional data used in your county's planning process? (If other data was used, please attach a copy.) If so, what does that data tell you about how your County's overall need for disposition programs has changed in recent years and about the needs and characteristics of youth that should be addressed through your county's juvenile disposition plan? Are there additional data that relates to Disproportionate Minority Contact or Racial and Ethnic Disparities?

        The BCYSC collects data throughout the year and it is included in the plan. The data is as follows: Offenses Maps for various years, Bergen County Municipalities ranked by number of charges filed, 2023 BCYSC Program Reviews/Site Visit Reports, 2022 End of the year report, JAMS reports, 2023 stakeholder survey, Bergen County NJ4S Student Needs Survey. Overall, the data provided and the additional data establishes the need for diposition programs and the importance to expand programming in this area on the local level.

IMPLICATIONS FOR COMMUNITY-BASED DISPOSITION PROGRAMS PLAN

Extent and Nature of Need: Juveniles Adjudicated Delinquent

38. Taken together, what does the answers to questions 6,9,13 and 16 tell you about your county's juvenile adjudicated population by gender, by race/ethnicity, by age, by disposition, and as compared to arrests in 2022 and since 2018? How does this information inform the need for disposition programs in your county?

It should be noted the covid pandemic was from 2020 to 2023, which may skew the validity of the data. In addition there was a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category. Overall, the data provided and the additional data establishes the need for diposition programs and the importance to expand programming in this area on the local level.

Extent and Nature of Need: Juveniles Disposed to JJC Probation Placements

39. Taken together, what do the answers to questions 19 and 23 tell you about total probation placements, the change in probation placements by race/ethnicity, probation placements compared to juveniles adjudicated delinquent by race/ethnicity in 2022 and since 2018? How does this information inform the need for disposition programs in your county?

There was a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

Extent and Nature of Need: Juveniles Disposed to JJC Secure Placements

40. Taken together, what do the answers to questions 26 and 29 tell you about total secure placements, the change in secure placements by race/ethnicity and secure placements compared to juveniles adjudicated delinquent by race/ethnicity in 2022 and since 2018? How does this information inform the need for disposition programs in your county?

Given the low number of youth in secure placements it is difficult to make any accurate inferences.

Extent and Nature of Need: Other County Data

41. Review the answers to question 37, what are the most significant findings overall, through the lens of racial and ethnic disparities and through the lens of disproportionate minority contact? How does this information inform the need for disposition programs in your county?

There was a change in how the AOC captures race and ethnicity, which has led to an excess of "missing" data on this variable when the race and ethnicity is not mandatory. As a result, there is a large number of youth in the "not indicated" category.

Problem Areas and Funded Disposition Programs in 2022

42. Review the answer to question 36, what are the most significant findings about program intakes by gender, race, and age and by problem areas, service intervention provided, and services intervention needed in 2022. How does this information inform the need for disposition programs in your county?

JAMS does not break down intakes further by continuum. Agencies need to accurately report the problem areas, service interventions provided and needed.

RECOMMENDATIONS

43. Looking at your answers to Questions 22, 23, 24 and 25, state the problem or county trends to be addressed. Cite the data that indicates the problem or trend. State how will the CYSC address the problem or county trend.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	Mental Health Issues with Court involved youth	JJC Data	Evaluations, programming, outreach, and education
B	Violations of Probation	JJC Data	Programming, outreach, and education
C	Substance Use (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or stregthen policies to address usage in the schools and increase education.	JJC Data, 2022 National Night Out data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Evaluations programming, outreach, and education
D	Violent Offenses	JJC Data	Evaluations, programming, outreach, and education, etc. to address anger and coping
E	Lack of Vocational skills and employment opportunities	JJC Data	Programming, outreach, and education to increase vocational skills and employment opportunities
F	Transportation	JJC Data	Programming (to provide transportation) and/or within programs
G	Inability to access prosocial recreational programs which includes Life Skills Training	JJC Data	Programming, outreach, and education
H	Lack of a positive role model	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education mentoring, etc.

I	Lack of accurate data in JAMS	JJC Data	Training agencies in JAMS
J	Disproportionate Minority Contact	JJC Data	Programs funded to meet the needs of black and Hispanic youth and their families
K	Youth Family Conflict	JJC Data	Programming, outreach, and education
L	Internet related issues and crimes such as Cyberbullying, Sexting, Internet safety, social media, etc.,	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, outreach, and education

*Plan Justification: Use this letter to identify the funded program or service to address this recommendation.

Comments:

44.   In reviewing all the above analysis questions, what recommendations or strategies would your county make with regards to disposition policies and practices through the lens of race and ethnicity? What recommendations or strategies would your county consider to ensure similar outcomes for similarly situated youth?
Staffing should reflect the population it serves. It is important to train staff on various topics such as cultural sensitivity. Programming should be diverse to address the needs of all the youth.

Comments:

9

Reentry

REENTRY
ANALYSIS QUESTIONS

➢ **When answering questions regarding trends, describe *whether* any change has occurred, the *direction* of any change (e.g., increase, decrease), and the *size* of any change (e.g., small, moderate, large).**

➢ **When answering questions regarding rank order, draw comparisons between categories (e.g., using terms like least/smallest, most/largest).**

NATURE & EXTENT OF REENTRY POPULATION

JUVENILE PROBATIONERS ADMITTED TO JJC RESIDENTIAL

1. Using the data in Table 1 (Juvenile Probationers Admitted to JJC Residential by Race/Ethnicity 2018-2022), describe the total number of youth admitted as a probationer to JJC residential, the number of youth admitted by race/ethnicity and % of total for each category in 2022.

   There was 1 Black youth admitted as a probationer to JJC residential in 2022.

2. Using the data in Table 1 (% Change in Juvenile Probationers Admitted to JJC Residential by Race/Ethnicity, 2018-2022 column). Describe the total percent change, then rank the categories by percent change, starting with the category that has the highest percent change. Describe the rank order by drawing comparisons between the categories. Describe trends by indicating whether any change has occurred, the direction of any change and the size of any change.

   In 2018 there was 2 Hispanic youth admitted as a probationer to JJC residental therefore it decreased by 100% in 2022. There were no Black youth in 2018, but 1 in 2022.

3. Using the information in Questions 1-2, what does this information tell you about the Juvenile Probationers Admitted in the year 2022? How has the total number of juvenile probationers admitted to JJC residential programs changed since 2018? How has probationer admissions by race/ethnicity changed since 2018?

   There remains a low number of probationers admitted to JJC Residential. The numbers are so low it is difficult to make any accurate inferences.

JUVENILES RELEASED TO PROBATION REENTRY SUPERVISION

4. Using the data in Table 2 (Juvenile Probationers Released by Type, 2018-2022), describe the total number of juvenile probationers released from a residential program in 2022.

   There was 1 youth probationer released from a residential program in 2022.

5. Using the data in Table 3 (Juvenile Probationers Released from JJC Residential Programs by Race and Gender) describe total released, releases by race/ethnicity category and releases by gender in 2022.

    There was 1 Black male probationer released from JJC residential in 2022.

6. Using the data in Table 3 (Percent Change in Probationers Released, 2018-2022 column), describe the total percent change, then rank the race/ethnicity categories by percent change starting with the category that has the highest change. Rank the gender categories by percent change starting with the category that has the highest changes. Describe the rank order by drawing comparisons between the categories.

    There was a decrease of 100% for Hispanic males (1 to 0) and other males (1 to 0). There was an increase from 0 to 1 for Black males.

7. Using the data in Table 4: Juvenile Probationers Released from JJC Residential Programs by Age, 2018-2022, describe the total number of juvenile probationers released from a residential program, the number of probationers released by each age category, and the percent of total for each age category in 2022.

    There was 1 youth age 15-16 released from a residential program, which increase from 0. There was a decrease of 100% for youth 17-18 and 19 and over (1 to 0) and no change for youth 14 and under, which remained at 0.

8. Using the data in Table 5 (Offenses of Residentially Placed Juvenile Probationers by Type, 2018-2022 column) describe the number of offenses and the % of total for each category in 2022.

    There was 1 VOP in 2022, which accounted for 100% of the offenses.

9. Using the data in Table 5 (% Change in Offenses by Type column), rank the categories starting with the categories that have the highest percent change. Describe the rank order by drawing comparisons between the categories.

    There was 1 VOP in 2022, which was a decrease of 50% from 2018. There was a decrease of 100% from 1 to 0 for Weapons.

10. Using the data in Table 6 (Juvenile Probationers Released from Pinelands, 2018-2022), describe the number of juvenile probationers released from Pinelands in 2022 and describe the percent change in juvenile probationers released from Pinelands since 2018.

    There were no juvenile probationers released from Pinelands in 2018 and 2022.

11. Using the answers to questions 4-10, what are the most significant about juvenile probationers released from residential programs in 2022? What are the most significant findings about probationers released from residential program since 2018?

    The numbers are too low to make any accurate inferences.

COMMITTED JUVENILES TO THE JJC

12. Using the data in Table 7 (Committed Juveniles Admitted to JJC by Race/Ethnicity, 2018-

2022), describe the total number of juveniles committed to the JJC and the number and percent of total for each race/ethnicity category in 2022.

There was 1 Black youth admitted to JJC in 2022, which was 100% of the total committed juveniles admitted to JJC.

13. Using the data in Table 7 (% Change in Committed Juveniles Admitted to JJC, 2018-2022 column), rank the percent change in committed juveniles admitted to JJC between 2018 and 2022, beginning with the category that has the highest percent change. Describe the rank order by drawing comparisons between the categories.

There was a decrease of 100% of White youth (1 to 0) and Hispanic youth (2 to 0). There was no change to Black youth, which had 1 in 2018 and 1 in 2022 and Other youth, which remained at 0.

14. Using the answers to questions 12-13, what are the most significant findings about juveniles committed to the JJC?

The numbers are too low to make any accurate inferences.

COMMITTED JUVENLES RELEASED FROM THE JJC

15. Using the data in Table 8 (Committed Juveniles Released to Juvenile Parole Supervision, 2018-2022), describe the total number of committed juveniles released to juvenile parole supervision in 2018 & in 2022. Describe the percent change in committed juveniles released to parole supervision between 2018 and 2022.

There was a decreased of 66.7% of committed juveniles released to juvenile parole supervision from 2018 (3) to 2022 (1).

16. Using the data in Table 9 (Average Length of Stay of Committed Juveniles Released (in months), 2018-2022), describe the average length of stay in committed juveniles released in 2018 and in 2022. Describe the percent change in average length of stay since 2018.

There was a decrease of 68.7% for the average length of stay of committed juveniles released from 2018 (11.81) to 2022 (3.7).

17. Using the data in Table 10 (Committed Juveniles Released by Race/Ethnicity and Gender, 2018-2022), describe total releases, releases by race/ethnicity category and releases by gender in 2022.

There was 1 Black male youth admitted to JJC in 2022, which was 100% of the total committed juveniles released by race and gender.

18. Using the data in Table 10 (% Change in Committed Juveniles Released by Race/Ethnicity and Gender, 2018-2022 column), rank the race/ethnicity categories by percent change beginning with the category that has the highest change. Describe the rank order by drawing comparisons between the categories. Rank the gender categories by percent change, beginning with the category that has the highest change. Describe the rank order by drawing comparisons between the categories.

There was a decrease of 100% of White youth (1 to 0) and Hispanic youth (2 to 0). There was no change to Black youth, which had 1 in 2018 and 1 in 2022 and Other youth, which remained at 0.

19. Using the data in Table 11 (Committed Juveniles Released by Age, 2018-2022), describe total releases and releases by age category in 2022.

   There was 1 youth age 17-18, which comprised 100% of the committed juveniles released in 2022.

20. Using the data in Table 11 (% Change Committed Juveniles Released by Age, 2018-2022 column), rank the age categories by percent change beginning with the category that has the highest change. Describe the rank order by drawing comparisons between the categories.

   There was a drecrease of 100% of youth 19 and over from 2018 (2) and 2022 (0). There was no change for age 17-18 (1). There was no change for 14 and under or 15-16 (0).

21. Using the data in Table 12 (Offenses of Committed Juveniles by Type, 2018-2022), describe the offenses of committed juveniles by type by category in 2022.

   There was 1 VOP in 2022

22. Using the data in Table 12 (% Change in Offenses of Committed Juveniles by Type, 2018-2022 column), rank the categories by percent change, beginning with the category that has the highest change. Describe the rank order by drawing comparisons between the categories.

   Ranking of Offenses of Committed Juveniles admitted to the JJC by Type Between 2018 and 2020

Rank	Type	% Change	Number
1	Persons	-100%	0
2	Weapons	-100%	0
3	CDS	-100%	0
4	Public Order	-100%	0
5	VOP	no change	1
6	Property	no change	0

23. Using the data in Table 13, (Committed Juveniles with a Sex Offense Charge in their History, 2018-2022), describe the number of committed juveniles who had a sex offense change in their history in 2018 and in 2022. Using the percent change column, describe the percent change in committed juveniles who had a sex offense charge in their history.

   There were no committed juveniles admitted to the JJC with a sex offense charge in their court history in 2018 and 2022.

24. Using the answers to questions 15-23, what are your most significant findings about committed juveniles released from JJC?

   Given the low number of youth it is difficult to make any accurate inferences.

JUVENILE AUTOMATED MANAGEMENT SYSTEM (JAMS): REENTRY PROGRAMMING

➢ **For Questions 25-30, run the following JAMS reports for 2022: intakes by gender, race, and age, and by problem areas, services intervention provided, and services intervention needed. Use these reports to answer questions 25-29.**

25. Looking at each reentry program, describe reentry program intakes by program in 2022.

   There were no reentry programs funded in 2022.

26. Looking at each reentry program, describe reentry program intakes by gender, race and age by in 2022.

    There were no reentry programs funded in 2022.

27. Using Table 14, look at the ranking of problem areas in 2022, describe the problem areas identified in your county starting with the problem area that has the highest total.

    There were no reentry programs funded in 2022.

28. Using Table 15, look at the ranking of service interventions provided in 2022, describe the service interventions identified in your county starting with the service intervention category that has the highest total.

    There were no reentry programs funded in 2022.

29. Using Table 16, look at the ranking of service interventions needed in 2022, describe the service interventions needed in your county starting with the services needed category that has the highest total.

    There were no reentry programs funded in 2022.

30. Using the answers to questions 25-29, what are the most significant findings about program intakes by gender, race, and age and by problem areas, service interventions identified, and service interventions needed in 2022?

    There were no reentry programs funded in 2022.

OTHER DATA

> **Other Data Regarding Extent and Nature of Need**

31. Was additional data used in your county's planning process? (If other data was used, please attach a copy.) If so, what does that data tell you about how your County's overall need for reentry programs has changed in recent years and about the needs and characteristics of youth that should be addressed through your county's juvenile reentry plan? Are there additional data that relates to Disproportionate Minority Contact or Racial and Ethnic Disparities?

    The BCYSC collects data throughout the year and it is included in the plan. The data is as follows: Offenses Maps for various years, Bergen County Municipalities ranked by number of charges filed, 2021-2023 BCYSC Program Reviews/Site Visit Reports, 2021 and 2022 End of the year report, JAMS reports, 2023 stakeholder survey, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary, New Jersey, Kids Count 2023, Suicide Mortality in the United States, 2001–2021, Regional Stationhouse Adjustment Program Statistics, RSAP survey results.

IMPLICATIONS FOR REENTRY PLAN

Extent and Nature of Need- Juvenile Probationers

32. Using the information from your answers to question 3 and question 11, describe how your county will support young people returning home from residential placement on probation with programming.

    Reentry will be included in programs.

Extent and Nature of Need-Committed Youth

33. Using the information from your answers to question 14 and questions 24, describe your county's need for programs to support young people returning home on parole with programming.

    Reentry will be included in programs.

Extent and Nature of Need: Other County Data

34. Review the answer to question 31, what are the most significant findings overall, through the lens of racial and ethnic disparities and through the lens of disproportionate minority contact? How does this information inform the need for reentry programs in your county?

    Given the low number of youth it is difficult to make any accurate inferences.

Programming Findings

35. Review the answer to question 30, what are the most significant findings about program intakes by gender, race, and age and by problem areas, service intervention provided, and services intervention needed in 2022. How does this information inform the need for reentry programs in your county?

    There were no reentry programs funded in 2022.

Reentry Racial and Ethnic Disparities Policy Recommendations

36. In reviewing all the above analysis questions, what recommendations or strategies would your county make with regards to Reentry policy and practice through the lens of race and ethnicity? What recommendations or strategies would your county consider to ensure similar outcomes for similarly situated youth?

    Staffing should reflect the population it serves. It is important to train staff on various topics such as cultural sensitivity. Programming should be diverse to address the needs of all the youth.

RECOMMENDATIONS

37. Using your answers to questions 32-36, state the problems and county trends that need to be addressed. Cite the data that indicates the problem or need. State how the CYSC plan to address the problem or county trend.

PJ*	What is the problem or county trend to be addressed?	Cite the data that indicates the problem or trend	How will the CYSC address the problem or county trend?
A	Assistance for families of transitioning juveniles being released from NJ JJC on Parole Status and/or Probation back to Bergen County	JJC Data	Programming, Client Specific Funds
B	Providing assistance in transitioning juveniles with mental health needs being released from NJ JJC on Parole Status and/or Probation back to Bergen County	JJC Data	Programming, Client Specific Funds
C	Lack of employment opportunities	JJC Data	Programming, Client Specific Funds
D	Education/Training	JJC Data	Programming to increase vocational skills and employment opportunities
E	Substance Use (Drug, Alcohol, Vaping) The new marijuana and alcohol legislation has had a negative impact on the perception of using and created confusion in regards to the laws and health risks in regards to juvenile usage. There is a need to work with school personnel/school boards to establish and/or stregthen policies to address usage in the schools and increase education.	JJC Data, 2022 National Night Out data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Resources, programming
F	Lack of positive role model	JJC Data, Bergen County NJ4S Student Needs Survey, New Jersey Middle School Risk and Protective Factors Survey: 2021 Bergen County Summary	Programming, mentor, etc.

G	Food and housing insecurity	JJC Data	Programming, resources

*Plan Justification: Use this letter to identify the funded program or service to address this recommendation.

Comments:

10

Vision

V I S I O N

Bergen County

The types of programs listed, should represent what your County's ideal Continuum of Care would look like, regardless of funding limitations.

PREVENTION

Delinquency Prevention Programs are strategies and services designed to increase the likelihood that youth will remain free from initial involvement with the formal or informal juvenile justice system. The goal of delinquency prevention is to prevent youth from engaging in anti-social and delinquent behavior and from taking part in other problem behaviors that are pathways to delinquency. Primary Delinquency Prevention programs are those directed at the entire juvenile population without regard to risk of involvement in the juvenile justice system. Secondary Delinquency Prevention programs are those directed at youth who are at higher risk of involvement in the juvenile justice system then the general population. Given this goal, Delinquency Prevention programs developed through the comprehensive planning process should clearly focus on providing services that address the known causes and correlates of delinquency.

P R E V E N T I O N				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	Positive youth development programs which begin at the Elementary School level. Programs will be evidence-based and will address three or more of the 12 Problem Areas noted below: • Substance use (including alcohol, vaping, etc.) • Difficulty in controlling youth's behavior • Mental health • Poor school performance • Anxiety • Verbally aggressive • Poor problem solving skills • Truancy • Disruptive behavior in schools • Poor anger management • Fire curiosity and fire setting behaviors	Yes	Yes	Yes

	Food insecurity Priority will be given to programs that include, but is not limited to: • Youth participation in program planning process • Elimination of barriers to participation • Parent/caretaker component • Mentoring component • Mechanisms that reduce stigma • How youth's screen time/activity (including internet, social media, texting etc.) affect and contribute to all of the priority areas listed above • Fine Arts • Animal Assisted Therapy • Movement and Mindfulness			
2	Technology Programs with a parent component that address the following, but not limited to: • Positive Digital Citizenship • Multi-tasking through the use of technology • Sexting • Gaming • Cyber Bullying/HIB • Social Media • Gambling	Yes	Yes	Yes
3	Transportation Services	No	No	Yes
4	Teacher/School Staff trainings	Yes	No	Yes
5	Mentoring programs	Yes	Yes	Yes
6	Vocational Skills Employment Program. Program will include, but is not limited to: • Job Training • Skills Development • Job Coaching • Job Placement • Stipend	Yes	Yes	Yes
7	Family and Youth Engagement Initiatives Priority will be given to programs that include but is not limited to: • Fine Arts • Movement and Mindfulness • Animal Assisted Therapy	Yes	Yes	Yes
8	Family based programs	Yes	No	Yes
9	Community Outreach and Education	Yes	No	Yes
10	Mental Health Services for youth including, but not limited to anxiety, depression, suicide, and self-harm	Yes	Yes	Yes

11	Structured and supportive after school and summer programming	Yes	Yes	Yes
13	Alcohol/Substance Use and Misuse – Evaluations, Educational, and Treatment Programs	Yes	Yes	Yes
14	Training, outreach, and education for school resource officers and juvenile officers	Yes	Yes	Yes

DIVERSION

The Diversion stage of the juvenile justice system offers alleged juvenile offenders an opportunity to avoid arrest and/or prosecution by providing alternatives to the formal juvenile justice system process. The goal of Diversion is to provide services and/or informal sanctions to youth who have begun to engage in antisocial and low level delinquent behavior in an effort to prevent youth from continuing on a delinquent pathway. Youth who do not successfully complete a diversion program may ultimately have their case referred for formal processing by the juvenile court. Given this goal, Diversion programs developed through the comprehensive planning process should clearly focus on providing services and/or informal sanctions that address the known causes and correlates of delinquency.

LAW ENFORCEMENT				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	Alcohol/Substance Use and Misuse – Evaluations, Educational, and Treatment Programs	Yes	Yes	Yes
2	Program to address building Character Development Skills will be evidence-based with a parent component and will address the following: • Anger Management • Life Skills • Pro Social Activities • Interpersonal Skills	Yes	Yes	Yes
3	Technology Programs with a parent component that address the following, but not limited to: • Positive Digital Citizenship • Multi-tasking through the use of technology • Sexting • Gaming • Cyber Bullying/HIB • Social Media • Gambling	Yes	Yes	Yes
4	Structured and supportive after school and summer programming for students who do not engage in academic instruction during standard school hours	Yes	Yes	Yes
5	In home family interventions	Yes	No	Yes
6	Transportation Services	No	No	Yes
7	Regional Stationhouse Adjustment Program	Yes	Yes	Yes
8	Restorative Justice programs	No	No	Yes
9	Family based programs	Yes	No	Yes
10	Vocational Skills Employment Program. Program will include, but is not limited to:	Yes	Yes	Yes

		Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
	• Job Training • Skills Development • Job Coaching • Job Placement • Stipend			
11	Mentoring Programs	Yes	Yes	Yes
12	Juvenile Officer/SRO trainings	Yes	No	Yes
13	Mental Health Services for youth including, but not limited to anxiety, depression, suicide, and self harm	Yes	Yes	Yes
14	Structured and supportive after school and summer programming	Yes	Yes	Yes
15	Community Outreach and Education	Yes	No	Yes

FAMILY CRISIS INTERVENTION UNIT (FCIU)				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	In home family interventions	Yes	No	Yes
2	Program to address building Character Development Skills will be evidence-based with a parent component and will address the following: • Anger Management • Life Skills • Pro Social Activities • Interpersonal Skills	Yes	Yes	Yes
3	Technology Programs with a parent component that address the following, but not limited to: • Positive Digital Citizenship • Multi-tasking through the use of technology • Sexting • Gaming • Cyber Bullying/HIB • Social Media • Gambling	Yes	Yes	Yes
4	Structured Interactive Program for Students who do not engage in academic instruction during standard school hours	No	No	Yes
5	Transportation Services	No	No	Yes
6	Restorative Justice programs	No	No	Yes
7	Alcohol/Substance Use and Misuse – Evaluations, Educational, and Treatment Programs	Yes	Yes	Yes
8	Mentoring Programs	Yes	Yes	Yes

9	Vocational Skills Employment Program. Program will include, but is not limited to: • Job Training • Skills Development • Job Coaching • Job Placement • Stipend	Yes	Yes	Yes
10	Family based programs	Yes	No	Yes
11	Community Outreach and Education	Yes	No	Yes
12	Mental Health Services for youth including, but not limited to anxiety, depression, suicide, and self-harm	Yes	Yes	Yes
13	Structured and supportive after school and summer programming	Yes	Yes	Yes

FAMILY COURT (DIVERSION)				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	Alcohol/Substance Use and Misuse – Evaluations, Educational/Treatment Programs	Yes	Yes	Yes
2	Technology Programs with a parent component that address the following, but not limited to: • Positive Digital Citizenship • Multi-tasking through the use of technology • Sexting • Gaming • Cyber Bullying/HIB • Social Media • Gambling	Yes	Yes	Yes
3	Program to address building Character Development Skills will be evidence-based with a parent component and will address the following: • Anger Management • Life Skills • Pro Social Activities • Interpersonal Skills	Yes	Yes	Yes
4	Structured Interactive Program for Students who do not engage in academic instruction during standard school hours	No	No	Yes
5	In home family interventions	Yes	No	Yes
6	Transportation Services	No	No	Yes
7	Family based programs	Yes	No	Yes
8	Mentoring programs	Yes	Yes	Yes
9	Vocational Skills Employment Program.	Yes	Yes	Yes

	Program will include, but is not limited to: • Job Training • Skills Development • Job Coaching • Job Placement • Stipend			
10	Restorative justice programs	No	No	Yes
11	Food insecurity	Yes	No	Yes
12	Housing that will include, but not limited to specialized out of home placements, and independent living	Yes	No	Yes
13	Racial disparities, ethnicity, gender, sexual orientation, and other bias issues and crimes	Yes	No	Yes
14	Community Outreach and Education	Yes	No	Yes
15	Community outreach and education on the positive function of stationhouse adjustments	Yes	No	Yes
16	Mental Health Services for youth including, but not limited to anxiety, depression, suicide, and self-harm	Yes	Yes	Yes
17	Structured and supportive after school and summer programming	Yes	Yes	Yes
18	Mentoring programs	Yes	Yes	Yes

DETENTION

"Detention" is defined as the temporary care of juveniles in physically restricting facilities pending court disposition (N.J.A.C. 13:92-1.2).

An objective of detention is to provide secure custody for those juveniles who are deemed a threat to the physical safety of the community and/or whose confinement is necessary to insure their presence at the next court hearing (N.J.A.C. 13:92-1.3). For the purpose of this plan a limited amount of funding may be provided to support court ordered evaluations for adjudicated youth who reside in the detention center, if all other resources have been exhausted.

DETENTION				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	Court-Ordered Diagnostic Evaluation – Psychiatric	Yes	Yes	Yes
2	Court-Ordered Diagnostic Evaluation - Psychological including Psychometric and Psychosocial	Yes	Yes	Yes
3	Court-Ordered Diagnostic Evaluation – Neurological	No	No	Yes
4	Court-Ordered Alcohol/Substance Abuse Evaluations	Yes	Yes	Yes

		Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
5	Transportation Services for pre-adjudicated youth who are in need of transportation to and from necessary services	No	No	Yes
6	Family and Youth Engagement Initiatives Priority will be given to programs that include but is not limited to: • Fine Arts • Movement and Mindfulness • Animal Assisted Therapy	Yes	Yes	Yes
7	MDT/Client Specific Funds	Yes	No	Yes

DETENTION ALTERNATIVES

Detention Alternative Programs provide supervision to juveniles who would otherwise be placed in a secure detention facility while awaiting their adjudicatory hearing, expanding the array of pre-adjudication placement options available to the judiciary. Detention Alternative Programs/Services are not to be provided in the detention center. These programs are designed to provide short-term (30 – 60 days) supervision sufficient to safely maintain appropriate youth in the community while awaiting the final disposition of their case. Additionally, programs are designed to link to the middle category of the detention screening tool and to also provide options to judges that allow for the safe pre-dispositional release of youth admitted to detention. As such, these programs help to reduce the overall detention population and relieve detention overcrowding and its related problems where it exists.

DETENTION ALTERNATIVES				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	Comprehensive Alternatives to Detention Program-ATD, including Electronic Monitoring, 24/7, Afterschool component for juveniles ordered onto the Alternatives Program (Pro-social activities, shared meal, case management, life skills training, character building skills development). add phone and biometric	Yes	Yes	Yes
2	Transportation Services	No	No	Yes
3	Family and Youth Engagement Initiatives Priority will be given to programs that include but is not limited to: • Fine Arts • Movement and Mindfulness • Animal Assisted Therapy	Yes	Yes	Yes
4	Alternative living arrangements in Bergen County for High Risk juveniles (i.e. juveniles with sexual offending behaviors and juveniles with cognitive limitations)	Yes	No	Yes

		Yes	No	Yes
5	MDT/Client Specific Funds	Yes	No	Yes
6	Structured and supportive after school and summer programming	Yes	Yes	Yes
7	Mentoring programs	Yes	Yes	Yes
8	Vocational Skills Employment Program. Program will include, but is not limited to: • Job Training • Skills Development • Job Coaching • Job Placement • Stipend	Yes	Yes	Yes

DISPOSITION

Disposition is the phase of the juvenile justice system where youth adjudicated delinquent are ordered by the court to comply with specific sanctions, supervision, and services as a consequence for their delinquent behavior and as a means to redirect behavior, promote rehabilitation, and support youth on a path to success. In New Jersey, the range of dispositions available to the court include but are not limited to restitution/fines, community service, probation, and commitment to the Juvenile Justice Commission. For youth disposed to a term of probation supervision, among the conditions of probation that might be imposed by the court is the completion of a Dispositional Option Program. The structure of these Dispositional Option Programs varies, but common among these options are intensive supervision programs, day and evening reporting centers, and structured day and residential programs. Given this goal, Disposition programs developed through the comprehensive planning process should clearly focus on providing sanctions, supervision, and services that address the known causes and correlates of delinquency.

DISPOSITION				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a Gap
1	Probation Parent and Youth Family Engagement Programs	Yes	Yes	Yes
2	Court-Ordered/Probation referred Diagnostic Evaluation - Psychiatric	Yes	Yes	Yes
3	Court-Ordered/Probation referred Diagnostic Evaluation - Psychological including Psychometric and Psychosocial	Yes	Yes	Yes
4	Court-Ordered/Probation referred Diagnostic Evaluation - Neurological	No	No	Yes
5	Alcohol/Substance Use and Misuse – Evaluations, Educational/Treatment Programs	Yes	Yes	Yes
6	Electronic Monitoring Bracelets	Yes	Yes	Yes
7	Character Development Skills Building Program. Program will be evidence-based with	Yes	Yes	Yes

	a parent component and will address the following: • Anger Management • Life Skills • Pro Social Activities • Interpersonal Skills			
8	Technology Programs with a parent component that address the following, but not limited to: • Positive Digital Citizenship • Multi-tasking through the use of technology • Sexting • Gaming • Cyber Bullying/HIB • Social Media • Gambling	Yes	Yes	Yes
9	Vocational Skills Employment Program. Program will include, but is not limited to: • Job Training • Skills Development • Job Coaching • Job Placement • Stipend	Yes	Yes	Yes
10	Transportation Services	No	No	Yes
11	MDT/Client Specific Funds	Yes	No	Yes
12	Mentoring programs	Yes	Yes	Yes
13	JAMS Trainings	Yes	No	Yes
14	Structured and supportive after school and summer programming	Yes	Yes	Yes
15	Mental Health Services for youth including, but not limited to anxiety, depression, suicide, and self-harm	Yes	Yes	Yes

REENTRY

For the purposes of this plan, the use of the term Reentry only applies to committed youth paroled from a Juvenile Justice Commission (JJC) facility and supervised by the JJC's Office of Juvenile Parole and Transitional Services and to juveniles disposed to a JJC program as a condition of probation and supervised by the Department of Probation. Reentry is a mechanism for providing additional support during this transitional period in order to foster the successful reintegration of juveniles into their communities. Given this goal, Reentry programs developed through the comprehensive planning process should clearly focus on providing services to youth, regardless of their age, that address the known causes and correlates of delinquency.

REENTRY				
Rank Order	Type of Program and/or Service Need	Program / Service Currently Exists	Program / Service Currently Funded by the YSC County	Program / Service is not meeting need therefore is a

				Gap
1	In home family interventions	Yes	No	Yes
2	Mentoring	Yes	Yes	Yes
3	Vocational Skills Employment Program. Program will include, but is not limited to: • Job Training • Skills Development • Job Coaching • Job Placement • Stipend	Yes	Yes	Yes
4	MDT/Client Specific Funds	Yes	No	Yes
5	Alcohol/Substance Use and Misuse – Evaluations, Educational/Treatment Programs	Yes	Yes	Yes
6	Character Development Skills Building Program. Program will be evidence-based with a parent component and will address the following: • Anger Management • Life Skills • Pro Social Activities • Interpersonal Skills	Yes	Yes	Yes
7	Technology Programs with a parent component that address the following, but not limited to: • Positive Digital Citizenship • Multi-tasking through the use of technology • Sexting • Gaming • Cyber Bullying/HIB • Social Media • Gambling	Yes	Yes	Yes
8	Community Outreach and Education	Yes	No	Yes
9	Structured and supportive after school and summer programming	Yes	Yes	Yes
10	Mental Health Services for youth including, but not limited to anxiety, depression, suicide, and self-harm	Yes	Yes	Yes

11

Attachments
(e.g., Additional data, copy of survey, etc.)

New Jersey Middle School
Risk and Protective Factors Survey:
2021 Bergen County Summary

The New Jersey Middle School Risk and Protective Factors Survey (NJRPFS) is a student health survey that has been conducted by the New Jersey Department of Human Services (NJDHS) Division of Mental Health and Addiction Services (DMHAS) once every three years since 1999. The survey is administered to seventh and eighth grade students across New Jersey (NJ) and includes questions about their use of alcohol, tobacco, and other drugs and the availability of these substances in their community, as well as factors that encourage or discourage substance use and antisocial behaviors. Results from this survey are used to help communities decide what types of programs can help youth avoid risky behaviors. These data are also used to inform program funding, policymaking, and the design of education initiatives in the community.

In 2018, DMHAS contracted with the Center for Research and Evaluation on Education and Human Services (CREEHS) at Montclair State University to administer this survey to seventh and eighth grade students in public and charter schools across the state. Schools were eligible for selection if they had at least 40 students enrolled in grades seven and eight combined. Schools were randomly selected within each county. The number of selected schools ranged from 4 to 10, depending on the number of eligible schools per county. The likelihood of any given school's selection increased with its enrollment size. When a school declined to participate, its spot was offered to another school within the same county.

In-person survey administrations began in November 2019 and were intended to continue through June 2020. On March 18, 2020, all NJ schools were closed due to the COVID-19 pandemic. As a result, all study and data collection activities were put on hold. Survey administrations resumed in January 2021 and concluded in March 2021 using a fully virtual administration design. In total, CREEHS collected 6,490 student surveys from 97 schools across all of NJ's 21 counties.

The tables that follow present selected data collected in **Bergen County** and statewide across the two school years (2019 – 2020 and 2020 – 2021). Data based on COVID-19 survey items were collected only during the 2020 – 2021 period.

Prepared by the Center for Research and Evaluation
on Education and Human Services

Participating Sample

Overall, 436 students participated in the survey in **Bergen County**. Nineteen of these students were removed from data analysis due to inconsistent responses, leaving 417 eligible responses from students in **Bergen County**. This sample represents 7 out of 9 of the selected schools in the county.

Table 1. Student Participation: County to State Comparison

	Bergen County (N=417)		New Jersey (N=6,190)		Difference
	n	**%**	**n**	**%**	**%**
Data collection year					
2020	320	76.7	3,955	63.9	**12.9 ***
2021	97	23.3	2,235	36.1	**-12.9 ***
Grade					
7th grade	193	46.3	3,020	48.8	-2.5
8th grade	224	53.7	3,170	51.2	2.5
Gender					
Male	192	46.2	2,740	44.6	1.5
Female	222	53.4	3,299	53.8	-0.4
Other gender	2	0.5	99	1.6	-1.1
Ethnicity					
Hispanic or Latino	138	33.6	1,807	29.8	3.8
Race					
White	185	44.4	3,022	48.8	-4.5
Black or African American	20	4.8	511	8.3	-3.5
Asian	61	14.6	441	7.1	**7.5 ***
Native American or Alaskan Native	2	0.5	31	0.5	0.0
Native Hawaiian or Pacific Islander	3	0.7	11	0.2	0.5
Other race	83	19.9	1,171	18.9	1.0
Two or more races	55	13.2	898	14.5	-1.3
Military parent					
Yes	68	16.4	970	15.8	0.5

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

Caution should be practiced when comparing county and state level data, especially when demographic characteristics are significantly different.

Substance Use

Students were asked about their use of various substances, including illicit drugs across three time periods:

- Lifetime (i.e., ever): *"How old were you when you first…"*
- Past Year: *"Within the past year (12 months) how often have you…"*
- Past 30 Days: *"During the past 30 days, on how many occasions have you…"*

Table 2. Substance Use: County to State Comparisons

	Bergen County (N=416)		New Jersey (N=6,175)		Difference
	n	**%**	**n**	**%**	**%**
Lifetime use					
Ever used (at least once)					
Alcohol	76	18.5	1,006	16.5	2.1
Binge drinking	16	3.9	248	4.1	-0.2
E-cigarettes	33	8.0	589	9.6	-1.7
E-cigarettes without marijuana	29	7.0	553	9.0	-2.0
E-cigarettes with marijuana	11	2.6	211	3.4	-0.8
Marijuana	4	1.0	194	3.2	-2.2
Prescription drugs not prescribed to them	8	2.0	149	2.5	-0.5
Cigarettes	6	1.5	112	1.8	-0.4
Inhalants	8	2.0	83	1.4	0.6
Other illicit drugs	5	1.3	63	1.1	0.2
Early onset use (11 years or younger)					
Alcohol	29	7.1	401	6.6	0.5
E-cigarettes without marijuana	3	0.7	101	1.7	-0.9
Prescription drugs not prescribed to them	3	0.8	68	1.1	-0.4
Cigarettes	2	0.5	50	0.8	-0.3
Marijuana	1	0.2	34	0.6	-0.3
Past year use					
Alcohol	44	10.8	632	10.4	0.5
Binge drinking	11	2.7	171	2.8	-0.1
E-cigarettes	24	5.9	403	6.6	-0.7
E-cigarettes without marijuana	21	5.2	365	6.0	-0.9
E-cigarettes with marijuana	8	1.9	161	2.6	-0.7
Marijuana	3	0.7	153	2.5	-1.8
Prescription drugs not prescribed to them	7	1.8	107	1.8	0.0
Other illicit drugs	2	0.5	34	0.6	-0.1
Cigarettes	4	1.0	65	1.1	-0.1
Cough medication	3	0.7	56	0.9	-0.2
Inhalants	5	1.2	47	0.8	0.5

Table 2. Substance Use: County to State Comparisons (continued)

Past 30 day use					
Alcohol	26	6.3	362	5.9	0.5
Binge drinking	2	0.5	102	1.7	-1.2
E-cigarettes	7	1.7	241	3.9	-2.2
E-cigarettes without marijuana	7	1.7	222	3.6	-1.9
E-cigarettes with marijuana	2	0.5	96	1.6	-1.1
Marijuana	1	0.2	104	1.7	-1.5
Prescription drugs not prescribed to them	3	0.7	51	0.8	-0.1
Inhalants	4	1.0	32	0.5	0.5
Cigarettes	0	0.0	27	0.4	-0.4

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

Alcohol = had a drink of beer, wine or hard liquor (vodka, whiskey or gin) other than a few sips

Binge drinking = had 3 or more drinks of beer, wine or hard liquor in a row within a couple of hours

E-cigarettes = used e-cigarette, vape pen, e-liquid rig (JUUL, N2, Joyetech)

Marijuana = used marijuana (pot, hash, weed)

Inhalants = used inhalants (glue, gas, Whippits) to get high

Other illicit drugs = includes students who used cocaine or crack, heroin (opiates), hallucinogens (PCP, LSD), crystal meth (ice, crank), Ecstasy (MDMA, Molly), other club drugs (ketamine, GHB, Rohypnol), uppers (amphetamines), downers (tranquilizers, sedatives), anabolic steroids, or OxyContin

BLUE indicates the county is below the state average and ORANGE indicates the county is above the state average (significant at p<.05).

Table 3. Substance Use: 10-Year Trends

	Bergen County				New Jersey			
	2010	**2012**	**2015**	**2021**[a]	**2010**	**2012**	**2015**	**2021**[a]
	%	%	%	%	%	%	%	%
Alcohol								
Lifetime	25.5	23.2	5.8	18.5	27.0	23.1	14.3	16.5
Past year	19.0	17.8	3.3	10.8	20.4	17.3	8.4	10.4
Past 30 days	8.9	7.4	2.0	6.3	10.7	9.0	4.4	5.9
Binge drinking								
Lifetime	7.2	5.8	1.3	3.9	9.5	7.6	3.2	4.1
Past year	4.5	5.2	1.3	2.7	7.6	6.3	2.6	2.8
E-cigarettes[b]								
Lifetime	-	-	3.4	8.0	-	-	10.5	9.6
Past year	-	-	3.4	5.9	-	-	8.8	6.6
Past 30 days	-	-	1.0	1.7	-	-	5.5	3.9
Marijuana								
Lifetime	4.7	3.3	1.3	1.0	5.7	5.4	4.8	3.2
Past year	3.7	3.2	0.3	0.7	5.0	4.9	2.6	2.5
Past 30 days	2.4	1.9	0.0	0.2	3.1	3.3	1.8	1.7
Prescription drugs not prescribed to them								
Lifetime	5.0	6.3	3.2	2.0	5.8	5.6	3.2	2.5
Past year	3.2	4.8	1.9	1.8	4.2	3.9	2.2	1.8
Past 30 days	2.2	2.9	0.6	0.7	2.7	2.0	1.3	0.8
Cigarettes								
Lifetime	7.8	6.8	1.0	1.5	9.5	7.6	4.2	1.8
Past year	5.5	5.1	1.0	1.0	7.4	5.7	3.2	1.1
Past 30 days	2.5	3.7	0.3	0.0	4.4	3.2	2.4	0.4
Inhalants								
Lifetime	4.5	3.5	0.0	2.0	4.8	4.1	1.4	1.4
Past year	2.5	3.1	0.0	1.2	3.4	2.7	0.7	0.8
Past 30 days	1.0	2.5	0.0	1.0	1.9	1.6	0.5	0.5
Other illicit drugs								
Lifetime	1.4	2.3	0.0	1.3	2.4	2.5	1.4	1.1
Past year	0.7	2.1	0.0	0.5	1.4	1.6	0.8	0.6

- Data not available

[a] 2021 data represents an aggregate of data collected across the two school years (2019-2020 and 2020-2021).

[b] In 2015, a question item about use of "e-cigarette, vape pen, e-liquid rig" was added to the NJRPFS instrument. In 2020, this question item was modified to add examples and split into two categories to collect use of "e-cigarette, vape pen, e-liquid rig (JUUL, N2, Joyetech) without marijuana" and "e-cigarette, vape pen, e-liquid rig (JUUL, N2, Joyetech) with marijuana." 2021 data represents the aggregate of these two categories.

Common Sources for Substances

Students were asked *"Where do kids your age usually get or buy…"* common substances, such as alcohol, marijuana, e-cigarettes, and cigarettes. Below are the top five (six or more, where tied) most frequently indicated sources for each substance. This question was added in 2020.

Table 4. Common Sources: County to State Comparisons

	Bergen County (N=409)		New Jersey (N=6,120)		Difference
	n	%	n	%	%
Cigarettes					
I don't know	289	71.4	4,139	67.8	3.6
From a friend	51	12.6	804	13.2	-0.6
From a gas station	28	6.9	503	8.2	-1.3
From some other person	19	4.7	232	3.8	0.9
From a grocery store	6	1.5	84	1.4	0.1
From a family member	6	1.5	184	3.0	-1.5
E-cigarettes without marijuana					
I don't know	244	61.0	3,485	57.6	3.4
From a friend	62	15.5	1,094	18.1	-2.6
From a gas station	35	8.8	506	8.4	0.4
From some other person	26	6.5	278	4.6	1.9
On the internet	14	3.5	295	4.9	-1.4
E-cigarettes with marijuana					
I don't know	297	75.0	4,148	68.6	6.4
From a friend	40	10.1	768	12.7	-2.6
From some other person	26	6.6	378	6.3	0.3
From a gas station	15	3.8	233	3.9	-0.1
On the internet	7	1.8	213	3.5	-1.8
Marijuana					
I don't know	324	79.4	4,368	72.4	7.1
From a friend	42	10.3	720	11.9	-1.6
From some other person	27	6.6	559	9.3	-2.6
From some other place	6	1.5	91	1.5	0.0
On the internet	4	1.0	107	1.8	-0.8

Table 4. Common Sources: County to State Comparisons (continued)

Alcohol					
I don't know	256	63.7	3,815	63.0	0.7
From a family member	63	15.7	902	14.9	0.8
From a friend	31	7.7	519	8.6	-0.9
From a grocery store	15	3.7	238	3.9	-0.2
From some other person	15	3.7	210	3.5	0.3
Prescription drugs not prescribed to them					
I don't know	330	80.7	4,728	77.3	3.4
From a friend	20	4.9	374	6.1	-1.2
From some other person	16	3.9	256	4.2	-0.3
From a grocery store	14	3.4	210	3.4	0.0
From a family member	14	3.4	315	5.2	-1.7

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and ORANGE indicates the county is above the state average (significant at p<.05).

Suspension and Antisocial Behaviors

Students were asked about their behaviors related to suspension, youth violence, delinquent activities, and other antisocial behaviors.

Table 5. Suspension and Antisocial Behaviors: County to State Comparisons

	Bergen County (N=417)		New Jersey (N=6,183)		Difference
	n	**%**	**n**	**%**	**%**
Lifetime					
Getting suspended	29	7.0	701	11.4	**-4.4 ***
Attacking someone with intent to harm	23	5.6	395	6.4	-0.8
Carrying a handgun	5	1.2	147	2.4	-1.2
Belonging to a gang	6	1.5	142	2.4	-0.9
Belonging to a gang with a name	0	0.0	66	1.1	-1.1
Getting arrested	0	0.0	55	0.9	-0.9
Past year					
Getting suspended	18	4.3	498	8.1	-3.7
Attacking someone with intent to harm	23	5.5	347	5.6	-0.1
Carrying a handgun	5	1.2	152	2.5	-1.3
Being drunk or high at school	2	0.5	135	2.2	-1.7
Getting arrested	0	0.0	62	1.0	-1.0
Taking a handgun to school	1	0.2	53	0.9	-0.6
Selling drugs	0	0.0	51	0.8	-0.8
Stealing or attempting to steal a vehicle	2	0.5	45	0.7	-0.3

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

Table 6. Suspension and Antisocial Behaviors: 10-Year Trends

	Bergen County				New Jersey			
	2010	**2012**	**2015**	**2021**[a]	**2010**	**2012**	**2015**	**2021**[a]
	%	%	%	%	%	%	%	%
Past year								
Getting suspended	10.4	6.3	5.1	4.3	11.4	9.6	7.2	8.1
Attacking someone with intent to harm	8.5	7.3	6.9	5.5	9.5	7.9	7.0	5.6
Carrying a handgun	0.9	1.7	0.0	1.2	1.9	1.6	2.3	2.5
Being drunk or high at school	3.2	2.0	0.7	0.5	3.9	3.3	1.8	2.2
Getting arrested	2.0	1.9	0.0	0.0	2.8	2.0	1.5	1.0
Taking a handgun to school	0.3	0.0	0.0	0.2	0.5	0.3	0.7	0.9
Selling drugs	0.7	2.1	0.0	0.0	1.3	1.3	0.8	0.8
Stealing or attempting to steal a vehicle	0.3	0.2	0.0	0.5	0.9	0.5	0.8	0.7

[a] 2021 data represents an aggregate of data collected across the two school years (2019-2020 and 2020-2021).

Gambling or Betting

Students were asked whether they *"bet or gambled something at least once during the past year."* Gambling involves betting anything of value (e.g., money, a watch, soda) on a game or event. This question was added in 2020.

Table 7. Gambling or Betting: County to State Comparisons

	Bergen County (N=399)		New Jersey (N=5,843)		Difference
	n	%	n	%	%
Gambling behaviors in the past year					
Purchasing a loot box or skins in a video game	124	31.2	1,900	32.6	-1.4
Buying a lottery or instant scratch off lottery ticket	60	15.1	1,000	17.2	-2.1
Playing dice or cards[a]	69	17.3	977	16.8	0.6
Betting on sports	93	23.3	1,102	18.9	**4.5 ***
Playing e-sports[a]	63	16.0	845	14.5	1.5
Betting on fantasy sports	52	13.1	666	11.5	1.6

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

[a] For money or something of value

Mental Health

Students were asked if they have *"had a period of time lasting several days or longer when most of the day [they] felt sad, empty or depressed"* during the past year. This question was added in 2020.

Table 8. Mental Health: County to State Comparisons

	Bergen County (N=401)		New Jersey (N=5,843)		Difference
	n	%	n	%	%
Feelings of sadness, emptiness or depression in the past year					
Yes	196	48.9	2,950	50.5	-1.6

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

Risk and Protective Factors

Students were asked questions related to four risk factors and two protective factors, based on the Communities That Care™ survey. Mean item scores were calculated and standardized to a 0 to 1 scale. A higher risk factor score indicates that the group is at greater risk for using drugs and participating in antisocial behaviors. A higher protective factor indicates that the group is better protected from these behaviors.

Table 9. Risk Factors: County to State Comparisons

	Bergen County (N=417)	New Jersey (N=6,190)	Difference
	Mean	**Mean**	**Mean**
Risk domains and factors			
Community	**0.26**	**0.28**	**-0.02 ***
Low neighborhood attachment	0.31	0.35	**-0.04 ***
Community disorganization	0.21	0.24	**-0.03 ***
Community transitions and mobility	0.37	0.40	**-0.03 ***
Perceived availability of drugs	0.26	0.27	-0.01
Perceived availability of handguns	0.07	0.10	**-0.03 ***
Laws and norms favorable to drug use	0.30	0.33	**-0.03 ***
Family	**0.18**	**0.19**	-0.01
Poor family management	0.24	0.24	0.00
Parental attitudes favorable toward drug use	0.12	0.13	**-0.01 ***
Parental attitudes favorable toward antisocial behavior	0.19	0.19	0.00
School	**0.33**	**0.35**	**-0.02 ***
Academic failure	0.26	0.27	-0.01
Low commitment to school	0.41	0.42	-0.01
Peer-Individual	**0.09**	**0.11**	**-0.02 ***
Gang involvement	0.01	0.02	**-0.01 ***
Perceived risks of drug use	0.18	0.20	-0.02
Early initiation of drug use	0.04	0.05	-0.01
Early initiation of antisocial behavior	0.03	0.05	**-0.02 ***
Favorable attitudes toward drug use	0.15	0.15	0.00
Favorable attitudes toward antisocial behavior	0.21	0.21	0.00
Rewards for antisocial behavior	0.18	0.21	**-0.03 ***
Friends' use of drugs	0.04	0.05	-0.01
Interaction with antisocial peers	0.02	0.03	**-0.01 ***

Table 9. Risk Factors: County to State Comparisons (continued)

Overall mean			
Risk factors (combined)	**0.18**	**0.19**	**-0.01 ***

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

Table 10. Protective Factors: County to State Comparisons

	Bergen County (N=417)	New Jersey (N=6,190)	Difference
	Mean	**Mean**	**Mean**
Protective domains and factors			
School	**0.67**	**0.66**	0.01
School opportunities for prosocial involvement	0.74	0.72	**0.02 ***
School rewards for prosocial involvement	0.61	0.61	0.00
Peer-Individual	**0.47**	**0.44**	**0.03 ***
Interaction with prosocial peers	0.61	0.57	**0.04 ***
Prosocial involvement	0.33	0.31	0.02
Rewards for prosocial involvement	0.45	0.44	0.01
Overall Mean			
Protective factors (combined)	**0.55**	**0.53**	**0.02 ***

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

Experiences during COVID-19

The COVID-19 pandemic has caused life-altering disruptions for school-aged youth. Students were asked about their *"experiences since March 2020 (since schools were closed because of COVID-19)."* These questions were newly added in 2020-2021. Data for **Bergen County** reflects the experiences of 97 students who completed the survey in 2021. These results should be interpreted with caution due to the low number of respondents.

Table 11. Experiences during COVID-19: County to State Comparisons

	Bergen County (N=95)		New Jersey (N=2,032)		Difference
	n	%	n	%	%
Parent(s) or guardian(s) information					
Serving as an essential worker	45	47.9	1,015	51.2	-3.3
Losing their job	8	8.5	286	14.3	**-5.8 ***
COVID-19 information exposure and reassurance					
Looking at information about COVID-19 for two or more hours per day	12	13.2	155	7.8	**5.4 ***
Parent(s) or guardian(s) providing reassurance about safety most days or every day[a]	38	41.3	857	42.9	-1.6
Connectedness[b] (most days or every day)					
Communicating with family	64	67.4	1,325	65.2	2.2
Communicating with friends	77	81.1	1,562	77.0	4.1
Communicating with school associates[c]	31	33.3	669	33.1	0.2
Communicating with sports teammates	42	44.7	483	24.0	**20.7 ***
Communicating with church, religious, or faith-based group	6	6.5	139	6.9	-0.4
Communicating with youth group	9	9.5	165	8.2	1.3
Communicating with volunteer groups	2	2.1	59	2.9	-0.8

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

[a] The question asked: "How often has your parent(s) or guardian(s) reassured you that you are safe despite the news about coronavirus/COVID-19?"

[b] The question asked: "How often have you communicated (by phone, text, video, gaming, etc.) with the following people or groups since March 2020?"

[c] School associates include teachers, school counselors, and classmates.

Table 12. Gambling or Betting during COVID-19: County to State Comparisons

	Bergen County (N=94)		New Jersey (N=2,035)		Difference
	n	**%**	**n**	**%**	**%**
More than before since March 2020					
Purchasing a loot box or skins in a video game	18	19.2	254	12.5	**6.6** *
Buying a lottery or instant scratch off lottery ticket	6	6.4	35	1.7	**4.7** *
Playing dice or cards[a]	9	9.6	61	3.0	**6.6** *
Betting on sports	6	6.4	37	1.8	**4.6** *
Playing e-sports[a]	9	9.6	147	7.3	**2.3** *
Betting on fantasy sports	3	3.2	28	1.4	**1.8** *

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

[a] For money or something of value

Table 13. Mental Health during COVID-19: County to State Comparisons

	Bergen County (N=95)		New Jersey (N=2,033)		Difference
	n	**%**	**n**	**%**	**%**
Most days or every day since March 2020					
Feeling nervous, anxious, or on edge	20	21.1	533	26.2	**-5.2** *
Not being able to stop or control worrying	22	23.2	462	22.8	0.4
Feeling down, depressed, or hopeless	19	20.0	471	23.2	**-3.2** *
Little interest or pleasure in doing things	14	14.7	534	26.3	**-11.6** *

Some sample sizes may be lower than sample N reflected in the header due to item-level nonresponse.

BLUE indicates the county is below the state average and **ORANGE** indicates the county is above the state average (significant at p<.05).

For More Information

See the *New Jersey Middle School Risk and Protective Factors Survey: 2021 Statewide Report* for additional details and patterns of disparities by demographics. The statewide report explores the extent to which risk and protective factors are related to students' substance use and likelihood of engaging in antisocial behaviors. It also compares rates of substance use and antisocial behavior prior to and during the COVID-19 pandemic. *The 2021 Statewide Report* will be available for download from the DMHAS website upon its release.

2021 Top Fifteen Bergen County Municipalities
Ranked by Number of Juvenile Charges Filed

Top number = 2021 Rank
Bottom number = (2020 Rank)

NOTES: 1) Numbers in the bracket indicate the 2020 rank; **2)** Omitted from the rank is the number of out-of-county and out-of-state juveniles & offenses, and number of Violations of Probation; **3)** Expanded to 15 to show top 20%

Mahwah
15
(32)

Oakland

Ramsey

Upper Saddle River

Montvale

Park Ridge

Allendale

Saddle River

Woodcliff Lake

River Vale

Harrington Park

Northvale

Rockleigh

Old Tappan

Franklin Lakes

Wyckoff

Waldwick

Hillsdale

Ho-Ho-Kus

Washington Township

Westwood

Norwood

Closter

Ridgewood

Emerson

Alpine

Midland Park

Glen Rock

2
(12)

Oradell

Haworth

Demarest

Paramus

Dumont

Cresskill

13
(43)

Fair Lawn

Rochelle Park

10
(11)

River Edge

New Milford

14
(19)

Bergenfield

Tenafly

4
(9)

Maywood

Elmwood Park

7
(3)

Saddle Brook

1
(1)

Teaneck

Englewood

12
(22)

Englewood Cliffs

7
(5)

Garfield

Lodi

Hackensack

6
(5)

2
(7)

Wallington

Bogota

Leonia

Fort Lee

Wood-Ridge

11
(30)

Hasbrouck Heights

Teterboro

Moonachie

Edgewater

South Hackensack

Ridgefield

Palisades Park

Little Ferry

Rutherford

Carlstadt

Ridgefield Park

Lyndhurst

East Rutherford

Fairview

Cliffside Park

9
(8)

North Arlington

5
(11)

RANK - TOP 15 MUNICIPALITES: 1) Hackensack; 2) Lodi; 2) Paramus; 4) Elmwood Park; 5) Fairview; 6) Teaneck; 7) Rochelle Park; 7) Garfield; 9) Cliffside Park; 10) Fair Lawn; 11) Ridgefield Park; 12) River Edge; 13) Glen Rock; 14) Bergenfield; 15) Mahwah

New to Top Ranking 2021 – Fairview; Ridgefield Park; River Edge; Glen Rock; Bergenfield; Mahwah

No longer in Top Ranking 2021 – Westwood – 53 (2), Englewood – 23 (4), Ridgewood – 16 (10), Wood-Ridge – 53 (13), Waldwick – 17 (14), Wyckoff – 28 (14)

2021 Bergen County Juvenile Offenses

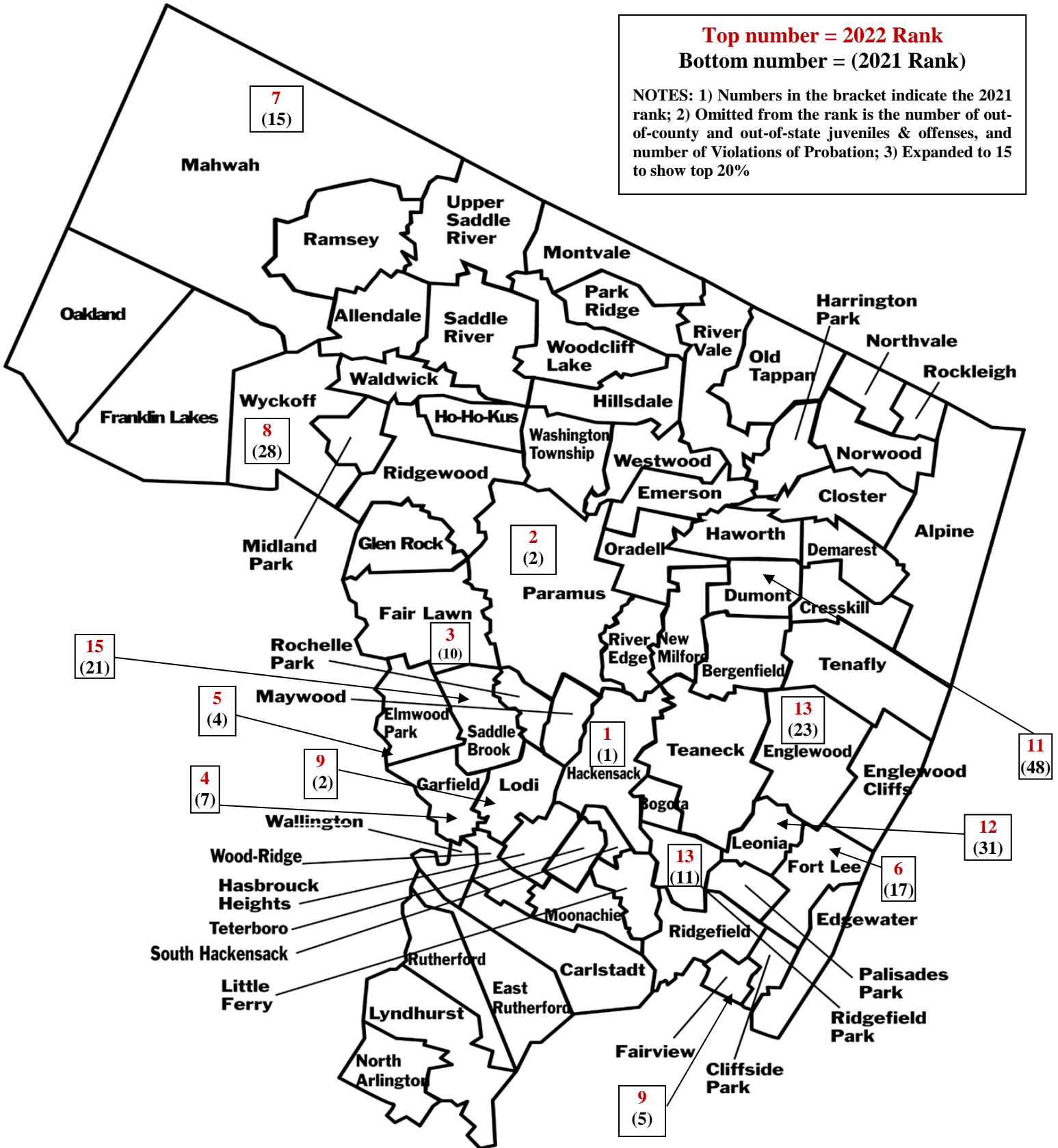| Municipalities	Municipal Juveniles	Municipal Offenses	Non Municipal Juveniles	Non Municipal Offenses	Total Bergen County Juveniles	Total Bergen County Offenses	Out of County Juveniles	Out of County Offenses	Out of State Juveniles	Out of State Offenses	Total Juveniles	Total Offenses	Rank by Municipal Only Offenses	Ranked by Total BC Offenses (Municipal and Non-Municipal) (Shown on Map)
ALLENDALE	0	0	1	4	1	4	0	0	0	0	1	4	43	33
ALPINE	0	0	1	1	1	1	0	0	5	36	6	37	43	48
BERGENFIELD	8	15	0	0	8	15	0	0	2	2	10	17	9	14
BOGOTA	1	1	0	0	1	1	0	0	0	0	1	1	39	48
CARLSTADT	2	2	0	0	2	2	0	0	0	0	2	2	33	41
CLIFFSIDE PK.	4	7	4	16	8	23	3	6	1	3	12	32	21	9
CLOSTER	0	0	0	0	0	0	1	4	0	0	1	4	43	53
CRESSKILL	0	0	0	0	0	0	5	10	0	0	5	10	43	53
DEMAREST	0	0	0	0	0	0	0	0	0	0	0	0	43	53
DUMONT	1	1	0	0	1	1	0	0	0	0	1	1	39	48
E. RUTHERFORD	3	3	2	4	5	7	5	10	2	3	12	20	28	26
EDGEWATER	1	2	0	0	1	2	0	0	0	0	1	2	33	41
ELMWOOD PK.	13	24	6	12	19	36	2	6	0	0	21	42	3	4
EMERSON	1	3	0	0	1	3	0	0	0	0	1	3	28	37
ENGLEWOOD	4	8	0	0	4	8	4	8	4	9	12	25	18	23
ENGLEWOOD CLIFFS	0	0	0	0	0	0	5	13	0	0	5	13	43	53
FAIRLAWN	11	22	0	0	11	22	1	5	0	0	12	27	4	10
FAIRVIEW	2	2	4	25	6	27	4	11	1	1	11	39	33	5
FT. LEE	3	8	1	4	4	12	4	11	9	15	17	38	18	17
FRANKLIN LKS.	0	0	0	0	0	0	1	1	0	0	1	1	43	53
GARFIELD	18	19	3	5	21	24	7	18	0	0	28	42	6	7
GLEN ROCK	3	16	0	0	3	16	1	3	0	0	4	19	8	13
HACKENSACK	27	62	7	15	34	77	1	2	0	0	35	79	1	1
HARRINGTON PK	0	0	0	0	0	0	0	0	0	0	0	0	43	53
HAS. HEIGHTS	0	0	0	0	0	0	0	0	1	1	1	1	43	53
HAWORTH	0	0	0	0	0	0	1	1	0	0	1	1	43	53
HILLSDALE	0	0	1	2	1	2	0	0	0	0	1	2	43	41
HO-HO-KUS	2	8	0	0	2	8	0	0	0	0	2	8	18	23
LEONIA	1	1	4	4	5	5	0	0	1	4	6	9	39	31
LITTLE FERRY	0	0	1	2	1	2	0	0	0	0	1	2	43	41
LODI	9	41	2	3	11	44	1	1	1	5	13	50	2	2
LYNDHURST	3	7	1	1	4	8	2	4	0	0	6	12	21	23
MAHWAH	8	14	0	0	8	14	0	0	16	37	24	51	10	15
MAYWOOD	2	2	0	0	2	2	1	2	0	0	3	4	33	41
MIDLAND PK.	0	0	0	0	0	0	0	0	0	0	0	0	43	53
MONTVALE	0	0	1	1	1	1	0	0	4	10	5	11	43	48
MOONACHIE	1	6	0	0	1	6	0	0	0	0	1	6	26	28
N. MILFORD	2	2	2	4	4	6	0	0	1	2	5	8	33	28
N. ARLINGTON	5	11	0	0	5	11	4	8	1	1	10	20	14	20
NORTHVALE	0	0	0	0	0	0	1	3	0	0	1	3	43	53
NORWOOD	2	3	0	0	2	3	0	0	0	0	2	3	28	37
OAKLAND	1	2	0	0	1	2	0	0	0	0	1	2	33	41
OLD TAPPAN	0	0	0	0	0	0	0	0	0	0	0	0	43	53
ORADELL	0	0	0	0	0	0	0	0	0	0	0	0	43	53
PALISADES PK.	3	10	1	2	4	12	1	1	3	5	8	18	16	17

2021 Bergen County Juvenile Offenses

Municipalities	Municipal Juveniles	Municipal Offenses	Non Municipal Juveniles	Non Municipal Offenses	Total Bergen County Juveniles	Total Bergen County Offenses	Out of County Juveniles	Out of County Offenses	Out of State Juveniles	Out of State Offenses	Total Juveniles	Total Offenses	Rank by Municipal Only Offenses	Ranked by Total BC Offenses (Municipal and Non-Municipal) (Shown on Map)
PARAMUS	11	18	16	26	27	44	23	28	13	20	63	92	7	2
PARK RIDGE	0	0	1	1	1	1	0	0	0	0	1	1	43	48
RAMSEY	1	3	0	0	1	3	0	0	0	0	1	3	28	36
RIDGEFIELD	0	0	2	5	2	5	0	0	0	0	2	5	43	31
RIDGEFIELD PARK	7	13	5	8	12	21	1	1	1	3	14	25	11	11
RIDGEWOOD	5	7	2	6	7	13	4	20	0	0	11	33	21	16
RIVEREDGE	5	13	2	4	7	17	0	0	0	0	7	17	11	12
RIVERVALE	1	7	0	0	1	7	0	0	0	0	1	7	21	26
ROCHELLE PK.	5	11	4	13	9	24	0	0	0	0	9	24	14	7
ROCKLEIGH	0	0	0	0	0	0	0	0	0	0	0	0	43	53
RUTHERFORD	0	0	2	4	2	4	0	0	0	0	2	4	43	33
SADDLE BROOK	4	7	1	3	5	10	0	0	0	0	5	10	21	21
SADDLE RIVER	1	4	0	0	1	4	0	0	0	0	1	4	27	33
S. HACKENSACK	0	0	2	4	2	4	0	0	1	1	3	5	43	33
TEANECK	7	21	3	5	10	26	0	0	3	3	13	29	5	6
TENAFLY	2	9	0	0	2	9	0	0	0	0	2	9	17	22
TETERBORO	0	0	0	0	0	0	1	1	1	1	2	2	43	53
U.SADDLE RIVER	0	0	0	0	0	0	0	0	0	0	0	0	43	53
WALDWICK	9	12	0	0	9	12	0	0	0	0	9	12	13	17
WALLINGTON	0	0	0	0	0	0	0	0	0	0	0	0	43	53
WASH. TWP.	1	1	1	1	2	2	1	4	0	0	3	6	39	41
WESTWOOD	0	0	0	0	0	0	0	0	0	0	0	0	43	53
WOODCLIFF LK.	0	0	1	3	1	3	1	2	0	0	2	5	43	37
WOODRIDGE	0	0	0	0	0	0	0	0	0	0	0	0	43	53
WYCKOFF	1	3	1	3	2	6	2	4	0	0	4	10	28	28
Total	**201**	**431**	**85**	**191**	**286**	**622**	**88**	**188**	**71**	**162**	**445**	**972**		
2020					**493**	**1,282**					**625**	**1,564**		
2019					**699**	**1,282**					**888**	**1,825**		
2018					**760**	**1,387**					**951**	**2,459**		
2017					**1,047**	**2,040**					**1,265**	**2,459**		
2016					**1,178**	**2,123**					**1,767**	**3,301**		
2015					**1,378**	**2,561**					**1,540**	**2,832**		
2014					**2,081**	**3,756**					**2,298**	**4,034**		
2013					**2,098**	**3,731**					**2,352**	**4,065**		
2012					**2,792**	**4,918**					**3,014**	**5,193**		
2011					**2,828**	**4,983**					**3,053**	**5,257**		
2010					**2,728**	**4,487**					**3,001**	**4,857**		
2009					**3,103**	**5,145**					**3,362**	**5,452**		
2008					**2,951**	**5,205**					**3,250**	**5,598**		

2022 Top Fifteen Bergen County Municipalities
Ranked by Number of Juvenile Charges Filed

Top number = 2022 Rank
Bottom number = (2021 Rank)

NOTES: 1) Numbers in the bracket indicate the 2021 rank; 2) Omitted from the rank is the number of out-of-county and out-of-state juveniles & offenses, and number of Violations of Probation; 3) Expanded to 15 to show top 20%

7 (15) Mahwah

8 (28) Wyckoff

2 (2) Paramus

3 (10) Fair Lawn

15 (21) Rochelle Park

5 (4) Maywood / Elmwood Park

9 (2) Garfield / Lodi

4 (7) Wallington

1 (1) Hackensack

13 (23) Englewood

11 (48)

12 (31) Leonia

6 (17) Fort Lee

13 (11) Ridgefield

9 (5) Fairview / Cliffside Park

RANK - TOP 15 MUNICIPALITES: 1) Hackensack; 2) Paramus; 3) Fair Lawn; 4) Garfield; 5) Elmwood Park; 6) Fort Lee; 7) Mahwah; 8) Wyckoff; 9) Fairview; 9) Lodi; 11) Dumont; 12) Leonia; 13) Englewood; 13) Ridgefield Park; 15) Saddle Brook

New to Top Ranking 2022 – Fort Lee, Dumont, Leonia, Englewood, Saddle Brook, and Wyckoff
No longer in Top Ranking 2022 – Teaneck – 17 (6), Rochelle Park – 21 (7), Cliffside Park – 23 (9), River Edge – 38 (12), Glen Rock – 16 (13), Bergenfield – 21 (14)

2022 Bergen County Juvenile Offenses

Municipalities	Municipal Juveniles	Municipal Offenses	Non Municipal Juveniles	Non Municipal Offenses	Total Bergen County Juveniles	Total Bergen County Offenses	Out of County Juveniles	Out of County Offenses	Out of State Juveniles	Out of State Offenses	Total Juveniles	Total Offenses	Rank by Municipal Only Offenses	Ranked by Total BC Offenses (Municipal and Non-Municipal) (Shown on Map)
ALLENDALE	0	0	2	4	2	4	0	0	0	0	2	4	42	38
ALPINE	0	0	1	1	1	1	0	0	1	6	2	7	42	47
BERGENFIELD	4	10	0	0	4	10	0	0	0	0	4	10	11	21
BOGOTA	0	0	0	0	0	0	0	0	0	0	0	0	42	55
CARLSTADT	0	0	0	0	0	0	0	0	1	2	1	2	42	55
CLIFFSIDE PK.	4	9	0	0	4	9	0	0	0	0	4	9	13	23
CLOSTER	0	0	0	0	0	0	0	0	1	4	1	4	42	55
CRESSKILL	0	0	0	0	0	0	2	4	0	0	2	4	42	55
DEMAREST	0	0	0	0	0	0	0	0	0	0	0	0	42	55
DUMONT	1	19	0	0	1	19	0	0	0	0	1	19	5	11
E. RUTHERFORD	1	2	3	7	4	9	6	11	3	4	13	24	32	23
EDGEWATER	2	3	2	4	4	7	0	0	0	0	4	7	29	30
ELMWOOD PK.	6	9	5	26	11	35	3	3	0	0	14	38	13	5
EMERSON	2	6	0	0	2	6	0	0	0	0	2	6	20	32
ENGLEWOOD	7	14	1	1	8	15	1	1	2	4	11	20	8	13
ENGLEWOOD CLIFFS	0	0	0	0	0	0	0	0	0	0	0	0	42	55
FAIRLAWN	12	34	2	3	14	37	1	2	0	0	15	39	3	3
FAIRVIEW	1	4	1	16	2	20	2	3	0	0	4	23	26	9
FT. LEE	10	26	0	0	10	26	2	5	11	26	23	57	4	6
FRANKLIN LKS.	2	4	0	0	2	4	4	4	1	13	7	21	26	38
GARFIELD	11	35	1	1	12	36	2	4	1	2	15	42	2	4
GLEN ROCK	1	9	2	4	3	13	0	0	0	0	3	13	13	16
HACKENSACK	27	62	11	18	38	80	1	3	2	8	41	91	1	1
HARRINGTON PK	0	0	0	0	0	0	1	3	0	0	1	3	42	55
HAS. HEIGHTS	0	0	1	3	1	3	0	0	0	0	1	3	42	42
HAWORTH	0	0	0	0	0	0	1	1	0	0	1	1	42	55
HILLSDALE	0	0	2	3	2	3	0	0	0	0	2	3	42	42
HO-HO-KUS	1	2	2	2	3	4	1	3	0	0	4	7	32	38
LEONIA	3	16	0	0	3	16	0	0	0	0	3	16	7	12
LITTLE FERRY	1	3	2	5	3	8	0	0	0	0	3	8	29	26
LODI	7	17	2	3	9	20	0	0	1	5	10	25	6	9
LYNDHURST	2	5	0	0	2	5	6	10	1	1	9	16	21	35
MAHWAH	1	2	4	23	5	25	3	23	6	16	14	64	32	7
MAYWOOD	2	5	0	0	2	5	0	0	0	0	2	5	21	35
MIDLAND PK.	0	0	0	0	0	0	0	0	0	0	0	0	42	55
MONTVALE	1	4	2	3	3	7	0	0	5	10	8	17	26	30
MOONACHIE	2	7	1	1	3	8	0	0	0	0	3	8	18	26
N. MILFORD	0	0	0	0	0	0	0	0	0	0	0	0	42	55
N. ARLINGTON	4	12	0	0	4	12	1	2	0	0	5	14	9	17
NORTHVALE	0	0	0	0	0	0	0	0	1	2	1	2	42	55
NORWOOD	1	1	0	0	1	1	0	0	0	0	1	1	36	47
OAKLAND	2	11	1	1	3	12	0	0	2	14	5	26	10	17
OLD TAPPAN	0	0	0	0	0	0	0	0	0	0	0	0	42	55
ORADELL	1	3	0	0	1	3	0	0	0	0	1	3	29	42
PALISADES PK.	3	8	0	0	3	8	0	0	1	1	4	9	17	26

2022 Bergen County Juvenile Offenses

Municipalities	Municipal Juveniles	Municipal Offenses	Non Municipal Juveniles	Non Municipal Offenses	Total Bergen County Juveniles	Total Bergen County Offenses	Out of County Juveniles	Out of County Offenses	Out of State Juveniles	Out of State Offenses	Total Juveniles	Total Offenses	Rank by Municipal Only Offenses	Ranked by Total BC Offenses (Municipal and Non-Municipal) (Shown on Map)
PARAMUS	3	5	25	39	28	44	23	55	8	13	59	112	21	2
PARK RIDGE	0	0	1	1	1	1	0	0	1	3	2	4	42	47
RAMSEY	0	0	3	6	3	6	2	4	1	4	6	14	42	32
RIDGEFIELD	1	1	0	0	1	1	0	0	0	0	1	1	36	47
RIDGEFIELD PARK	3	5	6	10	9	15	2	6	1	3	12	24	21	13
RIDGEWOOD	2	7	1	1	3	8	1	2	0	0	4	10	18	26
RIVEREDGE	0	0	1	4	1	4	0	0	0	0	1	4	42	38
RIVERVALE	1	2	0	0	1	2	0	0	0	0	1	2	32	45
ROCHELLE PK.	3	10	0	0	3	10	0	0	0	0	3	10	11	21
ROCKLEIGH	0	0	0	0	0	0	0	0	0	0	0	0	42	55
RUTHERFORD	0	0	1	2	1	2	1	2	0	0	2	4	42	45
SADDLE BROOK	1	1	2	13	3	14	2	5	0	0	5	19	36	15
SADDLE RIVER	0	0	1	12	1	12	2	4	0	0	3	16	42	17
S. HACKENSACK	1	1	0	0	1	1	0	0	2	8	3	9	36	47
TEANECK	1	1	6	11	7	12	2	2	0	0	9	14	36	17
TENAFLY	1	1	0	0	1	1	0	0	0	0	1	1	36	47
TETERBORO	0	0	0	0	0	0	0	0	0	0	0	0	42	55
U.SADDLE RIVER	0	0	0	0	0	0	0	0	0	0	0	0	42	55
WALDWICK	5	9	0	0	5	9	0	0	0	0	5	9	13	23
WALLINGTON	0	0	1	1	1	1	0	0	0	0	1	1	42	47
WASH. TWP.	0	0	1	1	1	1	0	0	1	2	2	3	42	47
WESTWOOD	3	5	1	1	4	6	0	0	0	0	4	6	21	32
WOODCLIFF LK.	0	0	0	0	0	0	0	0	0	0	0	0	42	55
WOODRIDGE	0	0	1	5	1	5	0	0	0	0	1	5	42	35
WYCKOFF	0	0	3	21	3	21	1	2	2	3	6	26	42	8
Total	**147**	**390**	**102**	**257**	**249**	**647**	**73**	**164**	**56**	**154**	**378**	**965**		
2021					**286**	**622**					**445**	**972**		
2020					**493**	**1,282**					**625**	**1,564**		
2019					**699**	**1,282**					**888**	**1,825**		
2018					**760**	**1,387**					**951**	**2,459**		
2017					**1,047**	**2,040**					**1,265**	**2,459**		
2016					**1,178**	**2,123**					**1,767**	**3,301**		
2015					**1,378**	**2,561**					**1,540**	**2,832**		
2014					**2,081**	**3,756**					**2,298**	**4,034**		
2013					**2,098**	**3,731**					**2,352**	**4,065**		
2012					**2,792**	**4,918**					**3,014**	**5,193**		
2011					**2,828**	**4,983**					**3,053**	**5,257**		
2010					**2,728**	**4,487**					**3,001**	**4,857**		
2009					**3,103**	**5,145**					**3,362**	**5,452**		

Q1 Location

Answered: 179   Skipped: 0

ANSWER CHOICES	RESPONSES	
Fair Lawn	4.47%	8
Garfield	32.96%	59
Hackensack	16.20%	29
Little Ferry	4.47%	8
Lodi	11.73%	21
Lyndhurst	3.91%	7
Paramus	14.53%	26
Rochelle Park	3.35%	6
Rutherford	1.68%	3
Saddle Brook	6.70%	12
TOTAL		179

Q2 What is your gender?

Answered: 177   Skipped: 2

ANSWER CHOICES	RESPONSES	
Male	29.38%	52
Female	69.49%	123
Other	1.13%	2
TOTAL		177

Q3 Which of the following categories includes your age?

Answered: 178   Skipped: 1

ANSWER CHOICES	RESPONSES	
18-25	15.17%	27
26-44	44.38%	79
45-59	22.47%	40
60+	17.98%	32
TOTAL		178

Q4 What is your ethnic and/or cultural background?

Answered: 179   Skipped: 0

ANSWER CHOICES	RESPONSES	
Middle Eastern	1.68%	3
Native American/ Alaskan	0.56%	1
Black/ African American	7.26%	13
Native Hawaiian/ Pacific Islander	0.00%	0
White/ Caucasian	59.78%	107
Asian	5.03%	9
Hispanic/ Latino	27.37%	49
Bi-racial	2.23%	4
Total Respondents: 179		

Q5 I am:

Answered: 175   Skipped: 4

ANSWER CHOICES	RESPONSES	
Parent/ Guardian of children under the age of 21	50.29%	88
Grandparent taking care of children (under the age of 21)	6.86%	12
Children/ Grandchildren are over the age of 21	10.86%	19
No children or grandchildren	33.71%	59
Total Respondents: 175		

Q6 How many children under the age of 21 do you care for?

Answered: 174   Skipped: 5

ANSWER CHOICES	RESPONSES	
no children	44.25%	77
1	16.67%	29
2	23.56%	41
3	10.92%	19
4 or more	4.60%	8
TOTAL		174

Q7 How would you rate the level of risk for young people in the following categories?:

Answered: 178   Skipped: 1

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	TOTAL	WEIGHTED AVERAGE
Smoking cigarettes	12.36% 22	15.17% 27	28.65% 51	43.82% 78	178	0.00
Smoking electronic cigarettes/ vaping devices	12.00% 21	5.71% 10	18.86% 33	63.43% 111	175	0.00
Drinking five or more alcoholic beverages in a week	11.43% 20	18.86% 33	27.43% 48	42.29% 74	175	0.00
Drinking alcoholic beverages at social or family gatherings (weddings, barbeques, graduations)	11.56% 20	22.54% 39	26.59% 46	39.31% 68	173	0.00
Smoking marijuana occasionally	15.91% 28	13.64% 24	25.00% 44	45.45% 80	176	0.00
Smoking marijuana frequently	15.91% 28	13.64% 24	23.30% 41	47.16% 83	176	0.00
Using prescription drugs for recreation	15.43% 27	17.14% 30	22.29% 39	45.14% 79	175	0.00

Q8 How easy do you believe it is for young people to get the following:

Answered: 179   Skipped: 0

	DON'T KNOW	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY	TOTAL	WEIGHTED AVERAGE
Tabacco products (cigarettes, cigars, etc.)	6.70% 12	2.79% 5	12.85% 23	37.99% 68	39.66% 71	179	0.00
Alcohol (beer, wine, liquor etc.)	3.98% 7	5.11% 9	9.66% 17	38.64% 68	42.61% 75	176	0.00
Marijuana	7.30% 13	2.81% 5	9.55% 17	30.34% 54	50.00% 89	178	0.00
Prescription drugs NOT prescribed to them	8.43% 15	8.99% 16	19.10% 34	35.39% 63	28.09% 50	178	0.00

Q9 How wrong do you believe it would be for your child(ren)/ grandchild(ren) to do the following:

Answered: 178   Skipped: 1

	NOT APPLICABLE	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG	TOTAL	WEIGHTED AVERAGE
Use tabacco products	12.36% 22	1.12% 2	5.06% 9	21.91% 39	59.55% 106	178	0.00
Have one or two alcoholic beverages every day	11.93% 21	2.27% 4	9.09% 16	19.32% 34	57.39% 101	176	0.00
Use marijuana	11.93% 21	5.11% 9	8.52% 15	20.45% 36	53.98% 95	176	0.00
Use prescription drugs not prescribed to them	12.57% 22	1.14% 2	2.86% 5	6.29% 11	77.14% 135	175	0.00

Q10 At what age did you first:

Answered: 178   Skipped: 1

	NEVER	UNDER 11	12	13	14	15	16	17	18 OR OVER	TOTAL	WEIGHTED AVERAGE
Use tabacco	45.66% 79	1.16% 2	6.36% 11	2.31% 4	5.20% 9	3.47% 6	5.20% 9	5.20% 9	25.43% 44	173	0.00
Drink alcohol	16.57% 29	1.71% 3	2.86% 5	2.29% 4	3.43% 6	9.71% 17	10.86% 19	10.29% 18	42.29% 74	175	0.00
Use marijuana	52.73% 87	0.00% 0	3.03% 5	1.82% 3	1.21% 2	6.06% 10	6.06% 10	7.88% 13	21.21% 35	165	0.00
Use prescription drugs not prescribed to you	87.65% 149	0.00% 0	0.00% 0	1.76% 3	0.59% 1	0.00% 0	1.18% 2	1.18% 2	7.65% 13	170	0.00
Use over-the-counter drugs to get high	92.40% 158	0.00% 0	0.58% 1	0.00% 0	0.58% 1	1.17% 2	0.58% 1	0.00% 0	4.68% 8	171	0.00

Q11 During the past 30 days have you:

Answered: 179   Skipped: 0

2022 National Night Out

	YES	NO	TOTAL	WEIGHTED AVERAGE
Smoked all or part of a cigarette	12.29% 22	87.71% 157	179	0.00
Used an electronic nicotine device (e-cigarettes, vaping device)?	13.48% 24	86.52% 154	178	0.00
Had one or more alcoholic beverages?	46.63% 83	53.37% 95	178	0.00
Used marijuana?	8.99% 16	91.01% 162	178	0.00
Used prescription drugs not prescribed to you?	2.82% 5	97.18% 172	177	0.00
Misused prescription or over-the-counter drugs to get high?	1.69% 3	98.31% 174	177	0.00

Q1 What is your age

Answered: 62   Skipped: 0

ANSWER CHOICES	RESPONSES	
10-12	25.81%	16
13-18	72.58%	45
19-25	1.61%	1
TOTAL		62

Q2 What town do you live in?

Answered: 54   Skipped: 8

#	RESPONSES	DATE
1	Garfield	8/15/2022 3:54 PM
2	Garfield	8/15/2022 3:51 PM
3	Garfield	8/15/2022 3:49 PM
4	Garfield	8/15/2022 3:47 PM
5	Garfield	8/15/2022 3:45 PM
6	Garfield	8/15/2022 3:43 PM
7	Garfield	8/15/2022 3:40 PM
8	Garfield	8/15/2022 3:36 PM
9	Garfield	8/15/2022 3:34 PM
10	Garfield	8/15/2022 3:32 PM
11	Garfield	8/15/2022 3:29 PM
12	Passaic	8/15/2022 3:27 PM
13	Garfield	8/15/2022 3:21 PM
14	Garfield	8/15/2022 3:18 PM
15	Garfield	8/15/2022 3:16 PM
16	Garfield	8/15/2022 3:14 PM
17	Garfield	8/15/2022 3:12 PM
18	Garfield	8/15/2022 3:09 PM
19	Garfield	8/15/2022 3:06 PM
20	Garfield	8/15/2022 3:03 PM
21	Garfield	8/15/2022 3:01 PM
22	Garfield	8/15/2022 2:57 PM
23	Garfield	8/15/2022 2:55 PM

24	Garfield	8/15/2022 2:51 PM
25	Garfield	8/15/2022 2:46 PM
26	Garfield	8/15/2022 11:07 AM
27	Saddle Brook	8/9/2022 3:33 PM
28	Lodi	8/9/2022 3:31 PM
29	Saddle Brook	8/9/2022 3:30 PM
30	Teaneck	8/9/2022 3:29 PM
31	Saddle Brook	8/9/2022 3:28 PM
32	Saddle Brook	8/9/2022 3:27 PM
33	Rochelle Park	8/9/2022 3:27 PM
34	Saddle Brook	8/9/2022 3:26 PM
35	Saddle Brook	8/9/2022 3:25 PM
36	Rutherford	8/9/2022 3:24 PM
37	Lyndhurst	8/9/2022 2:43 PM
38	Lyndhurst	8/9/2022 2:41 PM
39	Lyndhurst	8/9/2022 2:39 PM
40	Lyndhurst	8/9/2022 2:38 PM
41	Lodi	8/9/2022 2:34 PM
42	Lodi	8/9/2022 2:33 PM
43	Lodi	8/9/2022 2:30 PM
44	Lodi	8/9/2022 2:28 PM
45	Lodi	8/9/2022 2:26 PM
46	Lodi	8/9/2022 2:24 PM
47	Lodi	8/9/2022 2:22 PM
48	Lodi	8/9/2022 2:19 PM
49	Lodi	8/9/2022 2:18 PM
50	Lodi	8/9/2022 9:33 AM
51	Little Ferry	8/9/2022 8:18 AM
52	TEANEcK	6/8/2022 11:34 AM
53	here	6/8/2022 11:27 AM
54	teaneck	6/8/2022 11:24 AM

Q3 Do you know any teens who do the following?

Answered: 61   Skipped: 1

ANSWER CHOICES	RESPONSES	
Drink underage	45.90%	28
Use nicotine products (Ex: Vapes, JUUL, Cigarettes, Chew, Cigarellos, Cigars, etc.)	65.57%	40
Misuse prescription drugs (sharing prescriptions, not taking as directed, using someone else's)	18.03%	11
Use Marijuana/Cannabis	44.26%	27
I don't know any peers that do any of the above	26.23%	16
Total Respondents: 61		

Q4 As we move back towards "normalcy" after the COVID-19 pandemic, do you think teen use of the following substances has increased, decreased, or stayed the same?

Answered: 56   Skipped: 6

	INCREASED	DECREASED	STAYED THE SAME	TOTAL
Alcohol	53.70% 29	9.26% 5	37.04% 20	54
Nicotine (Ex: Vapes, Cigarettes, Chew, Cigarillos, Cigars, etc.)	73.21% 41	5.36% 3	21.43% 12	56
Prescription drugs that do not belong to them	23.21% 13	19.64% 11	57.14% 32	56
Marijuana	61.11% 33	1.85% 1	37.04% 20	54

Q5 Do you think teens are becoming addicted to vaping? (An addiction is doing something even though you know it is harmful but cannot stop, it is a brain disease.)

Answered: 61   Skipped: 1

ANSWER CHOICES	RESPONSES	
Yes	73.77%	45
No	8.20%	5
Maybe	18.03%	11
TOTAL		61

Q6 What does the recent legalization of adult use (21+) of cannabis (marijuana) make you think of its safety?

Answered: 61   Skipped: 1

ANSWER CHOICES	RESPONSES	
Marijuana is More Safe	29.51%	18
Marijuana is Less Safe	21.31%	13
No difference in my opinion of safety	49.18%	30
TOTAL		61

Q7 How do you think the recent legalization for adult use (21+) of cannabis (marijuana) relates to youth using it?

Answered: 60   Skipped: 2

ANSWER CHOICES	RESPONSES	
More will use	55.00%	33
Less will use	16.67%	10
It won't make any difference	28.33%	17
TOTAL		60

Q8 If you know any peers who drink underage, use nicotine products, or misuse prescription drugs, WHY do you think they are doing so?

Answered: 59   Skipped: 3

ANSWER CHOICES	RESPONSES	
To fit in	50.85%	30
Influenced by popular/social media	54.24%	32
To feel good	54.24%	32
To do better	16.95%	10
To experiment	30.51%	18
To feel better	37.29%	22
Other (please specify)	10.17%	6
Total Respondents: 59		

#	OTHER (PLEASE SPECIFY)	DATE
1	to live a better life	8/15/2022 3:43 PM
2	rebelling	8/15/2022 3:34 PM
3	to act cool	8/15/2022 3:06 PM
4	to feel rebellious	8/15/2022 2:55 PM
5	Issues or Problems	8/9/2022 3:33 PM
6	stress	8/9/2022 2:33 PM

Q9 If teens are using these drugs, how do you think they are getting them?

Answered: 26   Skipped: 36

	ALCOHOL	NICOTINE/VAPES	PRESCRIPTION DRUGS	MARIJUANA	PARENTS	TOTAL RESPONDENTS
Friends	84.00% 21	84.00% 21	48.00% 12	84.00% 21	0.00% 0	25
Stores	57.14% 12	76.19% 16	38.10% 8	52.38% 11	0.00% 0	21
Family Members	61.54% 8	53.85% 7	69.23% 9	38.46% 5	0.00% 0	13
Online	33.33% 6	38.89% 7	44.44% 8	55.56% 10	0.00% 0	18
Parents	72.73% 8	27.27% 3	72.73% 8	45.45% 5	0.00% 0	11

Q10 What do you think teens believe is the level of risk to their health for using...

Answered: 58   Skipped: 4

	NO RISK	LOW RISK	MODERATE RISK	HIGH RISK	TOTAL
Alcohol	12.73% 7	25.45% 14	41.82% 23	20.00% 11	55
Vapes/Nicotine	12.50% 7	33.93% 19	26.79% 15	26.79% 15	56
Prescription drugs	11.11% 6	11.11% 6	37.04% 20	40.74% 22	54
Marijuana	18.87% 10	28.30% 15	26.42% 14	26.42% 14	53

Q11 Do you think your peers are aware of the long-term dangers of using these drugs?

Answered: 58   Skipped: 4

ANSWER CHOICES	RESPONSES	
Yes	34.48%	20
No	31.03%	18
Maybe	34.48%	20
TOTAL		58

Q12 Do you think your parents' awareness of the dangers of the following are low or high?

Answered: 58   Skipped: 4

	LOW	HIGH	TOTAL
Underage Drinking	23.21% 13	76.79% 43	56
Nicotine use/Vaping	30.36% 17	69.64% 39	56
Prescription drug misuse	40.35% 23	59.65% 34	57
Marijuana use	23.64% 13	76.36% 42	55

Q13 Do you think your peers have access to resources if they want to quit?

Answered: 55   Skipped: 7

ANSWER CHOICES	RESPONSES	
Yes	52.73%	29
No	18.18%	10
Maybe	29.09%	16
TOTAL		55

Q14 Are there resources you feel your peers need that aren't available? If so, what do you feel they need?

Answered: 29   Skipped: 33

#	RESPONSES	DATE
1	They're a lot of resources	8/15/2022 3:51 PM
2	Help ASAP or 988 for NJ for good therapy	8/15/2022 3:43 PM
3	therapy	8/15/2022 3:38 PM
4	someone needs to tell them it needs to stop	8/15/2022 3:34 PM
5	I don't know	8/15/2022 3:32 PM
6	no	8/15/2022 3:27 PM
7	don't know	8/15/2022 3:24 PM
8	no	8/15/2022 3:18 PM
9	no	8/15/2022 3:16 PM

10	mental health education on drugs	8/15/2022 3:09 PM
11	no	8/15/2022 3:06 PM
12	They need a pep talk and reality check	8/15/2022 3:03 PM
13	mental health	8/15/2022 3:01 PM
14	free therapy	8/15/2022 2:57 PM
15	maybe have more people of authority to help	8/15/2022 2:55 PM
16	An actual reason to get them to quit.	8/15/2022 2:51 PM
17	information on quitting and addiction	8/15/2022 2:46 PM
18	information on quitting and addiction	8/15/2022 11:07 AM
19	IDK some may have problems at home.	8/9/2022 3:33 PM
20	a supporter	8/9/2022 3:28 PM
21	N/A	8/9/2022 3:27 PM
22	free rehab	8/9/2022 3:27 PM
23	NO	8/9/2022 3:25 PM
24	none	8/9/2022 2:43 PM
25	I think we have everything we need	8/9/2022 2:41 PM
26	They need help to stop vaping life lessons.	8/9/2022 2:24 PM
27	They need to know it to get the help they need	8/9/2022 2:22 PM
28	schools need more resources to help	8/9/2022 8:18 AM
29	THERAPY	6/8/2022 11:32 AM

Q15 Do you think your peers have experienced an increase in anxiety or depression in the previous year?

Answered: 54   Skipped: 8

ANSWER CHOICES	RESPONSES	
Yes	70.37%	38
No	9.26%	5
Maybe	20.37%	11
TOTAL		54

Q16 Are you interested in working with other teens to enact community change by reducing substance use in youth? (Earn community service hours)

Answered: 58   Skipped: 4

ANSWER CHOICES	RESPONSES	
Yes	31.03%	18
No	36.21%	21
Maybe	32.76%	19
TOTAL		58

Q17 If yes or maybe (Q18), please tell us your name and email for more information.

Answered: 15   Skipped: 47

#	RESPONSES	DATE
1	Rialda Mackie rialdamackie@gmail.com	8/15/2022 3:54 PM
2	Elleanna M melleannamalo@icloud	8/15/2022 3:49 PM
3	Daniel	8/15/2022 3:47 PM
4	monicavegasaguatena@gmail.com	8/15/2022 3:43 PM
5	Grianna	8/15/2022 3:40 PM
6	Brooke Stebbing	8/15/2022 3:34 PM
7	Nathan nathan.zenguij@passaiccharter.org	8/15/2022 3:27 PM
8	Carmen Zenquis don't got one	8/15/2022 3:24 PM
9	Janell	8/15/2022 3:18 PM
10	Rachel Fuentes	8/15/2022 3:16 PM
11	yamila.alvarado alvarado.yamila@gboe.org	8/15/2022 3:12 PM
12	Christine Boharquez kihitaborhoquez@gmail.com	8/15/2022 2:55 PM
13	Joseph Chavarria jchivar22@gmail.com	8/15/2022 2:51 PM
14	Alicia Pfieffer aliciapfieffer@gmail.com	8/15/2022 2:46 PM
15	Alicia Pfeiffer aliciapfieffer@gmail.com	8/15/2022 11:07 AM

Q1 Location

Answered: 59   Skipped: 0

ANSWER CHOICES	RESPONSES	
Fair Lawn	0.00%	0
Garfield	100.00%	59
Hackensack	0.00%	0
Little Ferry	0.00%	0
Lodi	0.00%	0
Lyndhurst	0.00%	0
Paramus	0.00%	0
Rochelle Park	0.00%	0
Rutherford	0.00%	0
Saddle Brook	0.00%	0
TOTAL		59

Q2 What is your gender?

Answered: 58   Skipped: 1

ANSWER CHOICES	RESPONSES	
Male	29.31%	17
Female	68.97%	40
Other	1.72%	1
TOTAL		58

Q3 Which of the following categories includes your age?

Answered: 59   Skipped: 0

ANSWER CHOICES	RESPONSES	
18-25	16.95%	10
26-44	52.54%	31
45-59	25.42%	15
60+	5.08%	3
TOTAL		59

Q4 What is your ethnic and/or cultural background?

Answered: 59   Skipped: 0

ANSWER CHOICES	RESPONSES	
Middle Eastern	3.39%	2
Native American/ Alaskan	0.00%	0
Black/ African American	6.78%	4
Native Hawaiian/ Pacific Islander	0.00%	0
White/ Caucasian	61.02%	36
Asian	0.00%	0
Hispanic/ Latino	35.59%	21
Bi-racial	0.00%	0
Total Respondents: 59		

Q5 I am:

Answered: 58   Skipped: 1

ANSWER CHOICES	RESPONSES	
Parent/ Guardian of children under the age of 21	62.07%	36
Grandparent taking care of children (under the age of 21)	5.17%	3
Children/ Grandchildren are over the age of 21	8.62%	5
No children or grandchildren	27.59%	16
Total Respondents: 58		

Q6 How many children under the age of 21 do you care for?

Answered: 59   Skipped: 0

ANSWER CHOICES	RESPONSES	
no children	37.29%	22
1	20.34%	12
2	23.73%	14
3	11.86%	7
4 or more	6.78%	4
TOTAL		59

Q7 How would you rate the level of risk for young people in the following categories?:

Answered: 59   Skipped: 0

	NO RISK	SLIGHT RISK	MODERATE RISK	GREAT RISK	TOTAL	WEIGHTED AVERAGE
Smoking cigarettes	11.86% 7	13.56% 8	25.42% 15	49.15% 29	59	0.00
Smoking electronic cigarettes/ vaping devices	13.79% 8	5.17% 3	24.14% 14	56.90% 33	58	0.00
Drinking five or more alcoholic beverages in a week	14.04% 8	17.54% 10	31.58% 18	36.84% 21	57	0.00
Drinking alcoholic beverages at social or family gatherings (weddings, barbeques, graduations)	16.07% 9	21.43% 12	28.57% 16	33.93% 19	56	0.00
Smoking marijuana occasionally	15.52% 9	17.24% 10	29.31% 17	37.93% 22	58	0.00
Smoking marijuana frequently	17.24% 10	10.34% 6	24.14% 14	48.28% 28	58	0.00
Using prescription drugs for recreation	17.24% 10	18.97% 11	20.69% 12	43.10% 25	58	0.00

Q8 How easy do you believe it is for young people to get the following:

Answered: 59   Skipped: 0

	DON'T KNOW	VERY DIFFICULT	FAIRLY DIFFICULT	FAIRLY EASY	VERY EASY	TOTAL	WEIGHTED AVERAGE
Tabacco products (cigarettes, cigars, etc.)	6.78% 4	6.78% 4	10.17% 6	40.68% 24	35.59% 21	59	0.00
Alcohol (beer, wine, liquor etc.)	5.17% 3	8.62% 5	13.79% 8	37.93% 22	34.48% 20	58	0.00
Marijuana	10.17% 6	1.69% 1	13.56% 8	35.59% 21	38.98% 23	59	0.00
Prescription drugs NOT prescribed to them	11.86% 7	6.78% 4	16.95% 10	40.68% 24	23.73% 14	59	0.00

Q9 How wrong do you believe it would be for your child(ren)/ grandchild(ren) to do the following:

Answered: 59   Skipped: 0

	NOT APPLICABLE	NOT AT ALL WRONG	A LITTLE BIT WRONG	WRONG	VERY WRONG	TOTAL	WEIGHTED AVERAGE
Use tabacco products	13.56% 8	1.69% 1	5.08% 3	18.64% 11	61.02% 36	59	0.00
Have one or two alcoholic beverages every day	15.25% 9	0.00% 0	6.78% 4	20.34% 12	57.63% 34	59	0.00
Use marijuana	13.56% 8	1.69% 1	3.39% 2	18.64% 11	62.71% 37	59	0.00
Use prescription drugs not prescribed to them	15.25% 9	0.00% 0	5.08% 3	11.86% 7	67.80% 40	59	0.00

Q10 At what age did you first:

Answered: 58   Skipped: 1

	NEVER	UNDER 11	12	13	14	15	16	17	18 OR OVER	TOTAL	WEIGHTED AVERAGE
Use tabacco	42.11% 24	0.00% 0	5.26% 3	1.75% 1	1.75% 1	5.26% 3	5.26% 3	8.77% 5	29.82% 17	57	0.00
Drink alcohol	13.79% 8	0.00% 0	1.72% 1	1.72% 1	1.72% 1	5.17% 3	15.52% 9	12.07% 7	48.28% 28	58	0.00
Use marijuana	53.70% 29	0.00% 0	1.85% 1	1.85% 1	0.00% 0	9.26% 5	7.41% 4	7.41% 4	18.52% 10	54	0.00
Use prescription drugs not prescribed to you	92.86% 52	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	3.57% 2	0.00% 0	3.57% 2	56	0.00
Use over-the-counter drugs to get high	92.86% 52	0.00% 0	0.00% 0	0.00% 0	0.00% 0	1.79% 1	1.79% 1	0.00% 0	3.57% 2	56	0.00

Q11 During the past 30 days have you:

Answered: 59   Skipped: 0

2022 National Night Out

	YES	NO	TOTAL	WEIGHTED AVERAGE
Smoked all or part of a cigarette	15.25% 9	84.75% 50	59	0.00
Used an electronic nicotine device (e-cigarettes, vaping device)?	13.56% 8	86.44% 51	59	0.00
Had one or more alcoholic beverages?	40.68% 24	59.32% 35	59	0.00
Used marijuana?	3.39% 2	96.61% 57	59	0.00
Used prescription drugs not prescribed to you?	0.00% 0	100.00% 59	59	0.00
Misused prescription or over-the-counter drugs to get high?	0.00% 0	100.00% 59	59	0.00

	YES	NO	TOTAL	WEIGHTED AVERAGE

Q1 Grade

Answered: 102   Skipped: 11

ANSWER CHOICES	RESPONSES	
Freshman	14.71%	15
Sophomore	22.55%	23
Junior	33.33%	34
Senior	27.45%	28
Teacher/ Advisor	1.96%	2
TOTAL		102

Q2 I learned new information I will use.

Answered: 112   Skipped: 1

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.89% 1	44.64% 50	54.46% 61	112	4.54

Q3 The speakers were knowledgeable about the subject.

Answered: 113   Skipped: 0

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	11.50% 13	88.50% 100	113	4.88

Q4 I would recommend this workshop.

Answered: 113   Skipped: 0

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	18.58% 21	81.42% 92	113	4.81

Q5 My experience with the summit has been positive.

Answered: 113   Skipped: 0

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	18.58% 21	81.42% 92	113	4.81

Q6 The summit has been helpful.

Answered: 112   Skipped: 1

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	27.68% 31	72.32% 81	112	4.72

Q7 Staff was professional in their demeanor.

Answered: 113   Skipped: 0

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	0.00% 0	0.00% 0	0.00% 0	15.04% 17	84.96% 96	113	4.85

Q8 I know or have learned about other services available to me/my school.

Answered: 113   Skipped: 0

	STRONGLY DISAGREE	DISAGREE	NEITHER AGREE NOR DISAGREE	AGREE	STRONGLY AGREE	TOTAL	WEIGHTED AVERAGE
(no label)	3.54% 4	0.00% 0	2.65% 3	37.17% 42	56.64% 64	113	4.43

Q9 Please tell us what you liked most about this program.

Answered: 102   Skipped: 11

#	RESPONSES	DATE
1	Meeting new friends	10/27/2022 1:57 PM
2	The people	10/27/2022 1:56 PM
3	It was very inclusive and I enjoyed the breakout groups	10/27/2022 1:56 PM
4	I liked being able to meet new people	10/27/2022 1:52 PM
5	People	10/27/2022 1:51 PM
6	The little goodies and meeting new people	10/27/2022 1:51 PM
7	Meeting people like me	10/27/2022 1:50 PM
8	Meeting other people	10/27/2022 1:49 PM

9	I liked learning new things	10/27/2022 1:48 PM
10	Everything!	10/27/2022 1:47 PM
11	The panel	10/27/2022 1:46 PM
12	I loved making new friends, the breakout groups were super fun	10/27/2022 1:45 PM
13	The people who spoke	10/27/2022 1:44 PM
14	Everything!	10/27/2022 1:43 PM
15	The sense of community and how educational it was	10/27/2022 1:42 PM
16	Free stuff	10/27/2022 1:41 PM
17	The connection with like-minded people	10/27/2022 1:41 PM
18	The panel and sharing time	10/27/2022 1:40 PM
19	The people, nametags, introductions, and panelists	10/27/2022 1:39 PM
20	I enjoyed the panel	10/27/2022 1:38 PM
21	I liked meeting new people	10/27/2022 1:37 PM
22	I liked meeting over alliance members from other schools and hearing speakers talk about issues that are important to me	10/27/2022 1:36 PM
23	Queer people have good style	10/27/2022 1:35 PM
24	Meeting people	10/27/2022 1:34 PM
25	The panel with 3 people	10/27/2022 1:33 PM
26	The people	10/27/2022 1:32 PM
27	Speakers	10/27/2022 1:32 PM
28	I loved the food and diversity	10/27/2022 1:31 PM
29	It was amazing to meet so many people I could connect with	10/27/2022 1:30 PM
30	Meeting new friends	10/27/2022 1:28 PM
31	The enthusiasm, compassion and love	10/27/2022 1:28 PM
32	I loved meeting others like me, I haven't been this happy in forever.	10/27/2022 1:27 PM
33	I liked the speaker's knowledge and how helpful they were	10/27/2022 1:26 PM
34	Socializing	10/27/2022 1:25 PM
35	The people I got to meet	10/27/2022 1:25 PM
36	How I could meet more of my people	10/27/2022 1:24 PM
37	The fact that multiple people from different schools could interact	10/27/2022 1:23 PM
38	I really enjoyed what the panelists had to say	10/27/2022 1:22 PM
39	Nice people	10/27/2022 1:21 PM
40	Meeting new people like me	10/27/2022 1:20 PM
41	I loved the open discussion panel and how we all got a chance to share and chat	10/27/2022 1:19 PM
42	I liked the presentation, learning ways to advocate	10/27/2022 1:18 PM
43	I liked the panel	10/27/2022 1:16 PM
44	The speakers and talking in groups about how to solve issues	10/27/2022 1:16 PM
45	I liked how it fostered communication within groups	10/27/2022 1:15 PM
46	The speakers were incredibly knowledgeable	10/27/2022 1:14 PM

47	I liked meeting new people from other schools that are like me	10/27/2022 1:10 PM
48	Meeting people	10/27/2022 1:10 PM
49	Kahoot	10/27/2022 1:09 PM
50	The social connection between queer students and teachers	10/27/2022 1:07 PM
51	Meeting other students was really nice!	10/27/2022 1:06 PM
52	The community	10/27/2022 1:05 PM
53	The panel	10/27/2022 1:05 PM
54	The atmosphere	10/27/2022 1:04 PM
55	I loved the panel	10/27/2022 1:03 PM
56	I liked meeting new people	10/27/2022 1:02 PM
57	The 3 speakers	10/27/2022 1:01 PM
58	Small groups	10/27/2022 1:00 PM
59	Speakers	10/27/2022 1:00 PM
60	I liked how we were able to interact with people from other towns, I made a lot of friends	10/27/2022 12:59 PM
61	Interacting with others	10/27/2022 12:53 PM
62	The interactive parts	10/27/2022 12:52 PM
63	Everything	10/27/2022 12:52 PM
64	I like that they put us in groups so we could interact with new people	10/27/2022 12:51 PM
65	The social aspect and being with others in my community	10/27/2022 12:49 PM
66	I liked how I got to meet new and likeminded people	10/27/2022 12:49 PM
67	I enjoyed the speakers and the opportunity to ask questions	10/27/2022 12:48 PM
68	I liked the diversity of the speakers	10/27/2022 12:47 PM
69	Speakers were very knowledgeable and eloquent	10/27/2022 12:46 PM
70	Meeting new people	10/27/2022 12:44 PM
71	Meeting new people and the tables in the hallway	10/27/2022 12:43 PM
72	Meeting new people	10/27/2022 12:42 PM
73	The panelists and kahoot	10/27/2022 12:41 PM
74	Meeting new people	10/27/2022 12:40 PM
75	Everything	10/27/2022 12:39 PM
76	I liked how it allowed for so many people who are like me to get together	10/27/2022 12:38 PM
77	I loved how well spoken everyone was	10/27/2022 12:37 PM
78	I loved the diversity	10/27/2022 12:36 PM
79	I liked that the program was really inclusive and that I got to meet a bunch of new people	10/27/2022 12:35 PM
80	I liked the activity grouping me with other schools students	10/27/2022 12:34 PM
81	I enjoyed meeting so many new queer people from across the county	10/27/2022 12:33 PM
82	Meeting new people	10/27/2022 12:31 PM
83	I enjoyed how welcome everyone made me feel	10/27/2022 12:30 PM
84	Being able to meet more LGBTQ people	10/27/2022 12:28 PM

85	I liked how supportive everyone was and I got to meet people from other schools.	10/27/2022 12:28 PM
86	The panel of speakers	10/27/2022 12:26 PM
87	I liked the widespread diversity of schools	10/27/2022 12:25 PM
88	I learned more about my community	10/27/2022 12:23 PM
89	The other students and the stuff we all get	10/27/2022 12:21 PM
90	The Garden State Equality speakers, safe space training	10/27/2022 12:19 PM
91	I love how open I can be here.	10/27/2022 12:16 PM
92	I enjoyed meeting so many new queer people from across the county	10/27/2022 11:52 AM
93	Meeting new people	10/27/2022 11:49 AM
94	I enjoyed how welcome everyone made me feel	10/27/2022 11:48 AM
95	Being able to met more LGBTQ+ people	10/27/2022 11:46 AM
96	I liked how supportive everyone was and that I got to meet people from other schools	10/27/2022 11:45 AM
97	The panel of speakers	10/27/2022 11:44 AM
98	I liked the widespread diversity of schools	10/27/2022 11:43 AM
99	I learned more about my community	10/27/2022 11:42 AM
100	The other students + stuff we all get	10/27/2022 11:03 AM
101	The Garden State Equity Speakers - Safe Space Training	10/27/2022 11:01 AM
102	I love how open I can be here.	10/27/2022 10:38 AM

Q10 How could it be improved?

Answered: 91   Skipped: 22

#	RESPONSES	DATE
1	More group work	10/27/2022 1:57 PM
2	More group work	10/27/2022 1:56 PM
3	Less speeches	10/27/2022 1:56 PM
4	More projects	10/27/2022 1:52 PM
5	More flag options	10/27/2022 1:51 PM
6	Speaker schedule (it got a little boring)	10/27/2022 1:51 PM
7	More guest speakers	10/27/2022 1:50 PM
8	Giving out flags	10/27/2022 1:49 PM
9	Breaks between speakers	10/27/2022 1:48 PM
10	More games, kahoots, blookets and more	10/27/2022 1:47 PM
11	More time for panel questions	10/27/2022 1:45 PM
12	Limit times on some events	10/27/2022 1:44 PM
13	Captions on speeches	10/27/2022 1:43 PM
14	Someplace quite for someone to take a break	10/27/2022 1:42 PM
15	More food options	10/27/2022 1:41 PM

16	More activities together	10/27/2022 1:41 PM
17	more time for sharing and questions	10/27/2022 1:40 PM
18	More food options	10/27/2022 1:39 PM
19	The happy energy of the kahoot did not matchthe serious statistics	10/27/2022 1:38 PM
20	Having another panel	10/27/2022 1:38 PM
21	More groups and more things to be involved in	10/27/2022 1:37 PM
22	Activities ran for a bit longer than necessary	10/27/2022 1:36 PM
23	More time to meet everyone	10/27/2022 1:35 PM
24	Different languages, spelled wrong	10/27/2022 1:34 PM
25	More structure in the second half	10/27/2022 1:33 PM
26	Hot beverages	10/27/2022 1:32 PM
27	More activities	10/27/2022 1:31 PM
28	More activities to participate in	10/27/2022 1:30 PM
29	Multiple days/ more than once a year	10/27/2022 1:28 PM
30	If it were more often	10/27/2022 1:27 PM
31	Different time frames	10/27/2022 1:26 PM
32	It was good as it was	10/27/2022 1:25 PM
33	More student interactive events	10/27/2022 1:24 PM
34	To improve accessibility, consider adding in small scheduled breaks to stretch our legs	10/27/2022 1:22 PM
35	More food	10/27/2022 1:21 PM
36	More opportunities to ask questions	10/27/2022 1:20 PM
37	Maybe breaking up speeches with interactive experiences for attention span purposes	10/27/2022 1:19 PM
38	More resources	10/27/2022 1:18 PM
39	No speeches/ mor interactives	10/27/2022 1:16 PM
40	We spent a lot of time on each topic, make it more interactive	10/27/2022 1:16 PM
41	Better food	10/27/2022 1:15 PM
42	More control over interruptions and yelling	10/27/2022 1:14 PM
43	If it was all interactive	10/27/2022 1:10 PM
44	Picking our own groups	10/27/2022 1:09 PM
45	I don't know	10/27/2022 1:07 PM
46	Possibly have our group join before lunch	10/27/2022 1:06 PM
47	More time to know people personally	10/27/2022 1:05 PM
48	More cool panelists like the ones today	10/27/2022 1:04 PM
49	More panels	10/27/2022 1:03 PM
50	I feel like you could have advertised the activities better	10/27/2022 1:02 PM
51	More time for small talk (and less work?)	10/27/2022 1:00 PM
52	More coffee, more time for questions	10/27/2022 1:00 PM
53	More time for questions for the speakers	10/27/2022 12:59 PM

54	More interaction time	10/27/2022 12:53 PM
55	More time for interaction	10/27/2022 12:52 PM
56	everything is good, but make it a bit shorter	10/27/2022 12:52 PM
57	More prizes for everyone	10/27/2022 12:51 PM
58	If I won the raffle	10/27/2022 12:49 PM
59	It doesn't need to be improved	10/27/2022 12:49 PM
60	I think a longer break or an added break would be helpful to rest of talk to others	10/27/2022 12:48 PM
61	Breaks in between classes	10/27/2022 12:47 PM
62	I would love to see more generalists that can bring other perspectives	10/27/2022 12:46 PM
63	Speeches less boring	10/27/2022 12:44 PM
64	Shorter speeches, more individual speaking	10/27/2022 12:43 PM
65	More activities	10/27/2022 12:42 PM
66	More student engagement	10/27/2022 12:41 PM
67	More activities that we can engage with others	10/27/2022 12:40 PM
68	It was perfect	10/27/2022 12:39 PM
69	Accommodations for people with anxiety/ fear of public speaking	10/27/2022 12:38 PM
70	I think it could use some more games and prizes	10/27/2022 12:37 PM
71	More interactive activities	10/27/2022 12:36 PM
72	Make more activities with other schools put together	10/27/2022 12:34 PM
73	I think that more interactive activities like the kahoot would be beneficial	10/27/2022 12:33 PM
74	No clue	10/27/2022 12:31 PM
75	Have more schools and programs involved	10/27/2022 12:28 PM
76	More time with other groups of students to meet new people	10/27/2022 12:28 PM
77	more activities	10/27/2022 12:26 PM
78	I think allowing kids 15 minutes to decompress and communicate	10/27/2022 12:25 PM
79	No clue, it was great	10/27/2022 12:23 PM
80	Better bread	10/27/2022 12:21 PM
81	Maybe bring in a legal expert/Bergen County Teachers associate rep	10/27/2022 12:19 PM
82	Make a over stimulated room.	10/27/2022 12:16 PM
83	I think that more interactive activities like the kahoot would be beneficial	10/27/2022 11:52 AM
84	Have more schools and programs involved	10/27/2022 11:46 AM
85	More time with other groups of students to meet new people!	10/27/2022 11:45 AM
86	More activities	10/27/2022 11:44 AM
87	I think allowing kids 15 minutes to roam and communicate	10/27/2022 11:43 AM
88	No clue, it was great	10/27/2022 11:42 AM
89	Better bread	10/27/2022 11:03 AM
90	Maybe bring in a legal expert / Bergen County teachers' associate rep	10/27/2022 11:01 AM
91	Make an over stimulated room.	10/27/2022 10:38 AM

Q11 Suggested topics for future programs(s).

Answered: 78   Skipped: 35

#	RESPONSES	DATE
1	Sed Education	10/27/2022 1:57 PM
2	The subjects were good	10/27/2022 1:56 PM
3	Sex Ed	10/27/2022 1:56 PM
4	Art	10/27/2022 1:52 PM
5	Mental health	10/27/2022 1:51 PM
6	Helth Classes	10/27/2022 1:51 PM
7	Mental health	10/27/2022 1:49 PM
8	ACE Rep	10/27/2022 1:48 PM
9	Sexualities	10/27/2022 1:47 PM
10	Intersectionality	10/27/2022 1:46 PM
11	LGBTQ+ history	10/27/2022 1:45 PM
12	Neopronouns and Xeno genders	10/27/2022 1:43 PM
13	Sex education for LGBTQ+ students	10/27/2022 1:41 PM
14	mental health in the LGBTQ+ community	10/27/2022 1:40 PM
15	Help in educating family members and loved ones	10/27/2022 1:39 PM
16	Social media activism	10/27/2022 1:38 PM
17	LGBTQ+ inclusion in school curriculums, making school a safe space	10/27/2022 1:36 PM
18	Bullying	10/27/2022 1:34 PM
19	A history panel	10/27/2022 1:33 PM
20	Bullying	10/27/2022 1:32 PM
21	mental health in LGBTQ+ youth	10/27/2022 1:28 PM
22	Aro/Ace awareness	10/27/2022 1:28 PM
23	The discussion of asexuality and aromanticism	10/27/2022 1:27 PM
24	More discussion around trans topics	10/27/2022 1:26 PM
25	How to understand your sexuality	10/27/2022 1:25 PM
26	How to help those in need of mental support	10/27/2022 1:24 PM
27	Intersectionality, white allies	10/27/2022 1:21 PM
28	How to help others less fortunate	10/27/2022 1:20 PM
29	Specific ways to get involved	10/27/2022 1:19 PM
30	No separation from school to different groups. People may have social anxiety	10/27/2022 1:18 PM
31	Go over pronouns and help students solve	10/27/2022 1:16 PM
32	More educational and more usable advice for making changes	10/27/2022 1:16 PM
33	Doing a history kahoot rather than statistics	10/27/2022 1:15 PM

34	More in-depth solutions	10/27/2022 1:14 PM
35	Queer history	10/27/2022 1:10 PM
36	Learning more about queer history	10/27/2022 1:09 PM
37	Mental health and suicide prevention	10/27/2022 1:07 PM
38	Bathroom and locker room discussions	10/27/2022 1:06 PM
39	Intersectionality	10/27/2022 1:05 PM
40	Socioeconomic change	10/27/2022 1:04 PM
41	School bathrooms	10/27/2022 1:03 PM
42	Sharing coming out experiences	10/27/2022 1:00 PM
43	LGBTQ+ history	10/27/2022 1:00 PM
44	More focused information on LGBTQ+ history	10/27/2022 12:59 PM
45	LGBTQ+ history and trans resources	10/27/2022 12:53 PM
46	Trans youth, POC	10/27/2022 12:52 PM
47	Sex education	10/27/2022 12:52 PM
48	everything was PERFECT	10/27/2022 12:51 PM
49	How to deal with homophobia	10/27/2022 12:49 PM
50	Sharing between GSAs on what they can do	10/27/2022 12:48 PM
51	Along with POC LGBTQ+ have more neurodivergent speakers	10/27/2022 12:47 PM
52	Lack of mental health/ sexual health awareness for LGBTQ+ students	10/27/2022 12:46 PM
53	Sign ups for more events to advocate	10/27/2022 12:43 PM
54	Icebreakers and kahoots	10/27/2022 12:42 PM
55	Best ways top advocate	10/27/2022 12:41 PM
56	Ways to deal with getting bullied	10/27/2022 12:40 PM
57	Bi- erasure	10/27/2022 12:38 PM
58	Maybe they could talk about how LGBTQ+ rights also affects other communities	10/27/2022 12:35 PM
59	Let the students present more	10/27/2022 12:34 PM
60	Explanation of rights	10/27/2022 12:33 PM
61	Maybe talk more about how to deal with homophobic parents	10/27/2022 12:30 PM
62	Environmentalism	10/27/2022 12:28 PM
63	Mental Health	10/27/2022 12:28 PM
64	The process of coming out	10/27/2022 12:26 PM
65	How to come out to your super catholic family	10/27/2022 12:23 PM
66	Employment	10/27/2022 12:21 PM
67	Add some social element for the staff	10/27/2022 12:19 PM
68	Tips on organization	10/27/2022 12:16 PM
69	Explanation of rights	10/27/2022 11:52 AM
70	Maybe talk more about how to deal with homophobic parents	10/27/2022 11:48 AM
71	Environmentalism	10/27/2022 11:46 AM

72	Mental Health	10/27/2022 11:45 AM
73	The process of coming out	10/27/2022 11:44 AM
74	Music station, fashion, computers	10/27/2022 11:43 AM
75	How to come out to your super Catholic family	10/27/2022 11:42 AM
76	Empowerment	10/27/2022 11:03 AM
77	Add some social element for the students	10/27/2022 11:01 AM
78	Tips on organizing	10/27/2022 10:38 AM

Q12 Any other comments?

Answered: 27   Skipped: 86

#	RESPONSES	DATE
1	I loved it!	10/27/2022 1:56 PM
2	I will be coming back	10/27/2022 1:47 PM
3	This was a super cool experience!	10/27/2022 1:45 PM
4	I wish it was a little less overstimulating	10/27/2022 1:43 PM
5	I had a lot of fun	10/27/2022 1:35 PM
6	Give program info beforehand	10/27/2022 1:33 PM
7	Thank you so much for making this possible!	10/27/2022 1:19 PM
8	Overall a really fun time. Maybe more history about LQBTQ+	10/27/2022 1:18 PM
9	Thank you for a great day	10/27/2022 1:16 PM
10	I am so glad to have joined today!	10/27/2022 1:06 PM
11	Wish we had more time for questions	10/27/2022 1:04 PM
12	ACIU speakers	10/27/2022 1:00 PM
13	I had a lot of fun and hope to come back next year	10/27/2022 12:59 PM
14	I loved the event	10/27/2022 12:51 PM
15	I enjoyed my time here	10/27/2022 12:38 PM
16	This was fun	10/27/2022 12:35 PM
17	Thanks	10/27/2022 12:34 PM
18	This was very fun and it will be sweet to go next time to an event like this if I can	10/27/2022 12:33 PM
19	Thanks for this! I had so much fun and feel so safe with supportive people	10/27/2022 12:28 PM
20	slay	10/27/2022 12:23 PM
21	Slay	10/27/2022 12:21 PM
22	thank you!	10/27/2022 12:19 PM
23	Always slay always gay	10/27/2022 12:16 PM
24	This was very fun and I want go next time an event like this is available if I can	10/27/2022 11:52 AM
25	Thanks for this! Had so much fun and feel so safe with supportive people	10/27/2022 11:45 AM
26	I feel the program was productive, but there was a lot of walking and not enough interaction	10/27/2022 11:43 AM

| 27 | Thank you! | 10/27/2022 11:01 AM |

Q28 Suggested topics for future program

Answered: 252   Skipped: 284

#	RESPONSES	DATE
1	The topics are on point	1/24/2023 1:09 PM
2	I think the topics are great as is	1/24/2023 1:07 PM
3	more on bullying. The second step bullying and bystander was very effective.	1/24/2023 1:04 PM
4	More on bullying. The second step bullying and bystander was very efficient.	1/24/2023 1:02 PM
5	N/A	1/24/2023 12:57 PM
6	N/A	1/24/2023 12:56 PM
7	Self-esteem, appropriate TV/ internet apps/ how to choose appropriate programs - PG only, etc.	1/24/2023 12:52 PM
8	The current topics are appropriate and needed. Continue with them.	1/24/2023 12:49 PM
9	Respect	1/24/2023 12:47 PM
10	Topics are great as they are.	1/24/2023 12:35 PM
11	Todo esta bien	1/24/2023 12:30 PM
12	Reduction of stress	1/24/2023 12:26 PM
13	Bullying and substance abuse education	1/24/2023 12:22 PM
14	hacer mas publicidad, para que muchas familias. Puedan venir	1/24/2023 12:18 PM
15	Parent support and service group	1/24/2023 12:14 PM
16	Counting quiet time to draw	1/24/2023 12:01 PM
17	Tolerance	1/24/2023 11:53 AM
18	Acceptance/LGBTQ topics. Currently we've added focus curriculum.	1/24/2023 11:50 AM
19	Acceptance/LGBTQ topics. Currently we've added focus curriculum.	1/24/2023 11:47 AM
20	speaking to your youth about sex education	1/6/2023 10:58 AM
21	Helping a child to deal with a bully Helping a child to deal with peer pressure	1/6/2023 10:56 AM
22	ninguno todo bien	1/6/2023 10:49 AM
23	ninguno	1/6/2023 10:44 AM
24	canuacar a mis familias	1/6/2023 10:40 AM
25	actualizar los videos	1/6/2023 10:20 AM
26	teen drinking and driving	1/6/2023 10:14 AM
27	Perhaps a longer lesson on the opioid epidemic or vaping which is a huge trend with teens	1/6/2023 10:10 AM
28	drugs, relationships	1/6/2023 9:51 AM
29	developing child skills	1/6/2023 9:20 AM
30	Friendships- what is a friend? What to expect? How you should feel in that friendship Mondern day lingo like text	1/6/2023 9:19 AM
31	How to deal with mood swings	1/6/2023 9:17 AM

32	family and grandparents	1/6/2023 9:15 AM
33	talking back	1/6/2023 9:12 AM
34	about drugs and alcohol	1/6/2023 9:11 AM
35	I believe this content is for older grades in middle school.	12/13/2022 3:47 PM
36	Add some social element for the students.	12/13/2022 2:42 PM
37	empowerment	12/13/2022 2:38 PM
38	How to come out to you super catholic family.	12/13/2022 2:35 PM
39	The process of coming out.	12/13/2022 2:31 PM
40	Mental health.	12/13/2022 2:30 PM
41	Environmentalism.	12/13/2022 2:23 PM
42	drugs and alcohol.	12/13/2022 12:31 PM
43	perhaps a longer lesson on the opioid epidemic, or vaping which is a huge trend with teens.	12/13/2022 12:16 PM
44	drugs, relationships.	12/13/2022 12:14 PM
45	developing child skills	12/13/2022 12:12 PM
46	how to deal with mood swings.	12/13/2022 12:08 PM
47	family and grandparents	12/13/2022 12:06 PM
48	talking back.	12/13/2022 12:03 PM
49	drugs, absent parents.	12/13/2022 11:59 AM
50	how to handle teenagers that struggle with depression.	12/13/2022 11:51 AM
51	peer pressure discussion, transitioning from middle school to high school/high school to college.	12/13/2022 11:50 AM
52	single parent programs	12/13/2022 11:44 AM
53	exploration of rights	12/9/2022 2:40 PM
54	let the students present more	12/9/2022 2:38 PM
55	LGBTQ+ rights also affects other communities mroe	12/9/2022 2:37 PM
56	ways to deal with when getting bullied.	12/9/2022 2:33 PM
57	best ways to advocate	12/9/2022 2:30 PM
58	more ice breakers/kahoots	12/9/2022 2:29 PM
59	sign ups for more events to advocate	12/9/2022 2:28 PM
60	lack of mental health/sexual health awareness for LGBTQ+ students	12/9/2022 2:26 PM
61	neurodivergence, LGBTQ+ history	12/9/2022 2:24 PM
62	sharing between GSAS on what they could do	12/9/2022 2:22 PM
63	how to deal w/ homophobia	12/9/2022 2:21 PM
64	everything was perfect	12/9/2022 2:19 PM
65	sex ed	12/9/2022 2:17 PM
66	trans youth, POC	12/9/2022 2:16 PM
67	LGBTQ+ history/trans resources	12/9/2022 2:14 PM
68	more focused/information on LGBTQ+ history	12/9/2022 2:13 PM
69	LGBTQ+ history	12/9/2022 2:12 PM

70	sharing coming out experience	12/9/2022 2:10 PM
71	school bathrooms	12/9/2022 2:05 PM
72	socioeconomic change, queer homeless youth- how can we change that?	12/9/2022 2:03 PM
73	intersectionality	12/9/2022 2:00 PM
74	bathroom and locker discussion	12/9/2022 1:58 PM
75	mental health/suicide prevention	12/9/2022 1:55 PM
76	learning more about queer history	12/9/2022 1:54 PM
77	queer history	12/9/2022 1:53 PM
78	more in depth solutions	12/9/2022 1:51 PM
79	doing a history kahoot other than statistics	12/9/2022 1:49 PM
80	more education and more usable advice for making changes	12/9/2022 1:48 PM
81	go over pronouns/help students solve	12/9/2022 1:46 PM
82	no separation from school to different groups. people may have social anxiety.	12/9/2022 1:44 PM
83	specific ways to get involved	12/9/2022 1:42 PM
84	how to help others less fortunate	12/9/2022 1:41 PM
85	intersectionailty white allies	12/9/2022 1:39 PM
86	how to help those in need of mental support	12/9/2022 1:34 PM
87	how to understand your sexuality	12/9/2022 1:33 PM
88	more discussion around trans topics	12/9/2022 1:31 PM
89	the discussion of asexuality and aromanticism	12/9/2022 1:29 PM
90	aro/ace awareness as well	12/9/2022 1:27 PM
91	mental health in LGBTQ+ youth	12/9/2022 1:26 PM
92	more talking about aro/ace people	12/9/2022 1:25 PM
93	bullying	12/9/2022 1:18 PM
94	a history panel about LGBT people	12/9/2022 1:17 PM
95	bullying	12/9/2022 1:15 PM
96	LGBTQ+ inclusion in school curriculums making safe space in school	12/9/2022 1:11 PM
97	more groups so we can meet more people	12/9/2022 1:06 PM
98	social media activism	12/9/2022 1:03 PM
99	educating family members and loved ones	12/9/2022 1:01 PM
100	mental health in LGBTW+ and community	12/9/2022 12:59 PM
101	neopronouns and xeno genders	12/9/2022 12:45 PM
102	LGBTQ+ and history, and more things we can bring up at school.	12/9/2022 12:40 PM
103	intersectionality	12/9/2022 12:39 PM
104	sexualities, flag lessons, and drawing	12/9/2022 12:36 PM
105	ace rep	12/9/2022 12:34 PM
106	LGBTQ+ mental health	12/9/2022 12:33 PM
107	speed friendships	12/9/2022 12:30 PM

108	health classes. gender/asexual/LGBTQ+	12/9/2022 12:28 PM
109	sex ed, gay rights	12/9/2022 12:26 PM
110	mental health in LGBTQ+ community	12/9/2022 12:21 PM
111	maybe an art one or a meeting new people program	12/9/2022 12:19 PM
112	sex ed	12/9/2022 12:18 PM
113	the subjects were good/relevant	12/9/2022 12:16 PM
114	homophobia in schools	12/9/2022 12:14 PM
115	Mental health, conflict resolution	12/5/2022 1:26 PM
116	more peer pressure rehearsal skills in action	12/5/2022 1:23 PM
117	more peer pressure rehearsal skills in action	12/5/2022 1:22 PM
118	more peer pressure rehearsal skills in action	12/5/2022 1:22 PM
119	N/A	12/5/2022 1:21 PM
120	more peer pressure rehearsals skills in action	12/5/2022 1:21 PM
121	N/A	12/5/2022 1:20 PM
122	N/A	12/5/2022 1:20 PM
123	N/A	12/5/2022 1:19 PM
124	N/A	12/5/2022 1:18 PM
125	N/A	12/5/2022 1:18 PM
126	I think a social media program would be cool	12/5/2022 11:22 AM
127	talking about anxiety	12/5/2022 10:53 AM
128	when no means no	12/5/2022 10:42 AM
129	maybe a topic on keeping healthy relationships with partners, parents, friends, strangers.	11/18/2022 4:36 PM
130	mental health awareness, school guidance, how to succeed, environmental topics, etc.	11/18/2022 4:32 PM
131	blank	11/18/2022 4:28 PM
132	blank	11/18/2022 4:10 PM
133	more funny games	11/9/2022 2:38 PM
134	More funny games like the ones we did	11/9/2022 2:37 PM
135	N/A	11/9/2022 2:33 PM
136	the games used today	11/9/2022 2:32 PM
137	How to manage frustration and miscommunication.	11/9/2022 2:28 PM
138	more games to provide laughter	11/9/2022 2:25 PM
139	sharing/conflict among peers and resolution.	10/14/2022 5:06 PM
140	Supporting and accepting others.	10/14/2022 5:03 PM
141	Topic about boundaries.	10/14/2022 4:58 PM
142	Dig deeper with different healthy coping skills.	10/14/2022 4:47 PM
143	Dig deeper with different healthy coping skills.	10/14/2022 4:45 PM
144	Bullying.	10/14/2022 4:29 PM
145	Bullying.	10/14/2022 4:27 PM

146	Bullying.	10/14/2022 4:26 PM
147	Bullying.	10/14/2022 4:25 PM
148	Bullying.	10/14/2022 4:23 PM
149	Safe internet use.	10/14/2022 3:44 PM
150	It was great!	10/14/2022 3:39 PM
151	Premios, sopresas.	10/14/2022 3:35 PM
152	Por favor mandemen mas invitaciones.	10/14/2022 3:32 PM
153	Families with special needs children/sibling behavior/relationship.	10/14/2022 3:28 PM
154	More THC/marijuana vape content.	10/14/2022 12:57 PM
155	More THC/marijuana vape content.	10/14/2022 12:55 PM
156	Include more THC/marijuana vape content.	10/14/2022 12:52 PM
157	Include more THC/marijuana vape content.	10/14/2022 12:49 PM
158	Include more THC/marijuana vape content.	10/14/2022 12:46 PM
159	Include more THC/marijuana vape content.	10/14/2022 12:41 PM
160	None.	10/7/2022 1:13 PM
161	Blank.	10/7/2022 1:11 PM
162	More ice breakers for kids of all ages.	10/7/2022 1:10 PM
163	More games.	10/7/2022 1:08 PM
164	More games.	10/7/2022 1:06 PM
165	N/A	10/7/2022 1:04 PM
166	Mental health or drugs.	10/7/2022 1:03 PM
167	N/A	10/7/2022 1:01 PM
168	Blank	10/7/2022 12:59 PM
169	Less touchy activities.	10/7/2022 12:56 PM
170	How to deal with puberty and pressure to be sexually active.	10/7/2022 12:22 PM
171	N/A	10/7/2022 12:17 PM
172	idk	9/21/2022 2:24 PM
173	Peer presaure, How to deal with problems at school.	9/21/2022 2:21 PM
174	Handling stress 3 overall mental health life organization as a youth	9/21/2022 2:19 PM
175	Helping kids understand value of money and parents	9/21/2022 2:17 PM
176	N/A	9/21/2022 2:09 PM
177	N/A	9/21/2022 2:04 PM
178	respecting other people's beliefs, and political feelings	8/18/2022 11:55 AM
179	None	7/15/2022 2:57 PM
180	None	7/15/2022 2:55 PM
181	respecting other people's beliefs, and political feelings	7/15/2022 2:47 PM
182	respecting other people's beliefs, and political feelings	7/15/2022 2:46 PM
183	respecting other people's beliefs, and political feelings	7/15/2022 2:44 PM

184	Role playing	7/15/2022 2:31 PM
185	Bullying	7/15/2022 2:19 PM
186	managing difficult friendships	7/15/2022 2:18 PM
187	managing difficult friendships	7/15/2022 2:16 PM
188	managing difficult friendships	7/15/2022 2:15 PM
189	managing difficult friendships	7/15/2022 2:13 PM
190	managing difficult friendships	7/15/2022 2:11 PM
191	Dealing with emotions/anger.	7/15/2022 1:54 PM
192	making friends/being respectful to others and sharing	7/15/2022 1:48 PM
193	Self-esteem	7/15/2022 1:31 PM
194	vaping, cyber bullying, consequences of taking/posting inappropriate pics or fights of others	7/15/2022 1:29 PM
195	"how to manage stress", "learn how to discover yourself and your uniqueness"	7/15/2022 1:20 PM
196	More on Children's Aid and Family Services	7/15/2022 1:17 PM
197	Athletics	7/15/2022 1:16 PM
198	Let everyone say their opinion in private then open it to discussions.	7/15/2022 1:09 PM
199	more about consent, planning for the future, drugs/alcohol, etc.	7/15/2022 1:06 PM
200	maybe how to create a to-do list/planner	7/15/2022 1:04 PM
201	Teen pregnancy	7/15/2022 1:02 PM
202	Talk about teen struggles/mental illness.	7/15/2022 1:00 PM
203	mental health awareness	7/15/2022 12:58 PM
204	drug use consequences, teen pregnancy	7/15/2022 12:56 PM
205	Self care, social media, time management, identity	7/15/2022 12:53 PM
206	Mindfulness, good eating habits	7/15/2022 12:49 PM
207	Dealing with anger in a healthy way	7/15/2022 12:46 PM
208	Vaping	7/15/2022 12:42 PM
209	None	7/15/2022 12:33 PM
210	None	7/15/2022 12:31 PM
211	None	7/15/2022 12:29 PM
212	None	7/15/2022 12:28 PM
213	pros/cons of technology use	7/15/2022 12:22 PM
214	N/A	7/15/2022 12:20 PM
215	mental health related, maybe	7/15/2022 12:03 PM
216	real life stories & experiences to share	6/24/2022 9:56 AM
217	vape, inhalants, club drugs	6/24/2022 9:50 AM
218	I think the current topics are perfect!	6/23/2022 3:38 PM
219	influence of drug/alcohol consumption through social media	6/23/2022 3:35 PM
220	drugs and alcohol	6/23/2022 3:17 PM
221	online safety	6/23/2022 3:15 PM

222	Respect to teachers and students	6/23/2022 3:13 PM
223	some of the info was recently covered in health	6/23/2022 3:01 PM
224	The 3rd maybe focus on peer pressure without discussing drugs and alcohol	6/23/2022 2:50 PM
225	cyberbullying is huge	6/23/2022 1:29 PM
226	dating, consent, "coming out"/"gay agenda" - peer pressure	6/23/2022 1:23 PM
227	motivation	6/23/2022 1:21 PM
228	effects of marijuana and personal stories from it	6/23/2022 1:20 PM
229	strategies to address in class and online bullying	6/23/2022 12:15 PM
230	sexual education	6/23/2022 12:13 PM
231	n/a	6/23/2022 12:11 PM
232	N/A	6/23/2022 12:08 PM
233	vaping	6/23/2022 12:06 PM
234	vaping	6/23/2022 12:05 PM
235	Consider adding SEL component with a lesson as kids need even more in this day due to lack of social interactions.	6/16/2022 4:01 PM
236	Maybe more than lesson on 'I messages' and coping skills	6/16/2022 3:58 PM
237	N/A	6/16/2022 3:48 PM
238	Stress and relaxation	6/16/2022 3:42 PM
239	none	6/16/2022 3:34 PM
240	N/A	6/16/2022 3:32 PM
241	N/A	6/16/2022 3:28 PM
242	Mental health, conflict resolution	6/16/2022 3:20 PM
243	Mental health, conflict resolution	6/16/2022 3:19 PM
244	Vaping	6/16/2022 3:11 PM
245	Vaping	6/16/2022 3:10 PM
246	It was great!	6/16/2022 3:04 PM
247	Safe internet use	6/16/2022 2:57 PM
248	Mental health and relationships	6/16/2022 2:54 PM
249	Healthy relationships and mental health	6/16/2022 2:51 PM
250	Making new friends, conflict resolution, including others.	6/16/2022 2:41 PM
251	I can't think of anything at this time.	6/16/2022 2:34 PM
252	Perfect!	6/16/2022 2:28 PM

ADVOCATES®
for CHILDREN OF NEW JERSEY

Pocket Guide

kids count

New Jersey
Kids Count 2023
The State of Our Counties

2023 New Jersey Kids Count Pocket Guide

The State of Our Counties

THE ANNIE E. CASEY FOUNDATION

ADVOCATES
for CHILDREN OF NEW JERSEY

35 Halsey Street   (973) 643-3876
Newark, NJ 07102   (973) 643-9153 (fax)

advocates@acnj.org   **www.acnj.org**

Advocates for Children of New Jersey is the trusted, independent voice putting children's needs first for more than 40 years. Our work results in better laws and policies, more effective funding, and stronger services for children and families. And it means that more children are given the chance to grow up safe, healthy, and educated.

Good Data Drives Smart Decisions

The goal of Advocates for Children of New Jersey's (ACNJ) Kids Count Project is to provide a snapshot of child well-being to policymakers, advocates, grant-makers, and the public to help inform critical decisions for children and families. Effective, relevant data promotes information-driven change from policymakers. Service providers use the data to improve their response to emerging child-related issues in their communities and cities. Grant writers use the data to write proposals and solicit support for programs that help children and families. Concerned residents become better, more informed advocates, using the data to identify and address problems facing children and families in their community.

As the state returns to a new normal after COVID-19, new data regarding children and families are emerging, providing an initial view of the impact of the virus and the statewide shutdown. Though it will be a long time before we can determine the true effect the pandemic has had on the physical and mental health, educational opportunities, and overall stability of children, youth, and families, the New Jersey County Pocket Guide 2023 can offer a baseline to start.

When using the data in this guide, please take into account that some percentages and numbers are based on estimates. Smaller geographies like cities and counties sometimes result in suppressed data or significant margins of error. Additionally, certain indicators represent different points in time such as school years, fiscal years, or calendar years. Many of the data presented are the most recent one-year data instead of five-year data trends as reported in previous County Pocket Guides, as it is difficult to compare pre- and post-pandemic data. Please review the data sources listed at the end of the guide for further information on individual indicators.

Total Population

	2021
Atlantic	274,966
Bergen	953,819
Burlington	464,269
Camden	523,771
Cape May	95,661
Cumberland	153,627
Essex	854,917
Gloucester	304,477
Hudson	702,463
Hunterdon	129,924
Mercer	385,898
Middlesex	860,807
Monmouth	645,354
Morris	510,981
Ocean	648,998
Passaic	518,117
Salem	65,046
Somerset	345,647
Sussex	145,543
Union	572,114
Warren	110,731
New Jersey	**9,267,130**

Child Population Under Age 18

	2021
Atlantic	57,527
Bergen	200,450
Burlington	95,674
Camden	118,921
Cape May	16,529
Cumberland	37,252
Essex	202,467
Gloucester	65,563
Hudson	143,110
Hunterdon	24,433
Mercer	82,001
Middlesex	185,765
Monmouth	133,923
Morris	105,047
Ocean	160,695
Passaic	122,623
Salem	14,177
Somerset	73,586
Sussex	28,107
Union	134,052
Warren	21,226
New Jersey	**2,023,128**

Population Under Age 20

	American Indian and Alaska Native, non-Hispanic	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic	Native Hawaiian and Other Pacific Islander, non-Hispanic	White, non-Hispanic	Two or More Races, non-Hispanic	TOTAL
Atlantic	138	4,897	10,457	19,563	32	26,327	2,870	64,284
Bergen	301	36,945	11,657	59,315	42	106,462	7,246	221,968
Burlington	201	6,522	18,281	14,115	72	60,232	5,927	105,350
Camden	203	7,512	26,102	35,617	51	55,314	5,381	130,180
Cape May	42	170	853	3,280	<10	13,151	808	18,309
Cumberland	175	461	7,214	19,220	25	11,974	1,595	40,664
Essex	460	13,000	83,306	65,993	79	53,772	6,383	222,993
Gloucester	80	2,290	8,441	8,210	49	50,151	3,425	72,646
Hudson	391	21,427	18,619	77,336	117	33,832	4,502	156,224
Hunterdon	23	1,456	718	3,356	54	20,818	878	27,303
Mercer	193	12,541	19,182	26,715	88	33,373	3,546	95,638
Middlesex	711	58,612	21,001	62,984	85	60,983	6,221	210,597
Monmouth	150	8,393	10,132	26,630	53	99,152	4,651	149,161
Morris	150	14,261	4,088	21,350	49	73,484	4,318	117,700
Ocean	95	2,782	5,690	23,274	41	137,931	3,886	173,699
Passaic	231	6,977	13,094	71,350	39	42,683	2,627	137,001
Salem	46	129	2,548	2,722	13	9,299	743	15,500
Somerset	192	18,501	7,986	17,244	41	34,427	3,082	81,473
Sussex	38	706	893	4,576	<10	23,923	1,027	31,169
Union	201	8,189	28,380	59,326	58	47,306	3,846	147,306
Warren	26	717	1,869	4,113	<10	16,121	908	23,759
New Jersey	**4,047**	**226,488**	**300,511**	**626,289**	**1,004**	**1,010,715**	**73,870**	**2,242,924**

Population Under Age 5

2021

	American Indian and Alaska Native, non-Hispanic	Asian, non-Hispanic	Black or African American, non-Hispanic	Hispanic	Native Hawaiian and Other Pacific Islander, non-Hispanic	White, non-Hispanic	Two or More Races, non-Hispanic	TOTAL
Atlantic	28	931	2,365	4,717	11	5,438	733	14,223
Bergen	81	8,360	2,565	13,685	18	21,395	1,791	47,895
Burlington	47	1,529	3,969	3,490	19	12,505	1,519	23,078
Camden	40	1,623	5,917	8,997	11	12,863	1,479	30,930
Cape May	10	30	196	840	<10	2,825	171	4,074
Cumberland	30	117	1,609	4,610	<10	2,607	402	9,381
Essex	87	2,898	19,955	17,205	30	11,697	1,725	53,597
Gloucester	20	457	1,786	1,972	12	10,300	811	15,358
Hudson	113	8,868	4,713	18,815	49	11,305	1,685	45,548
Hunterdon	<10	286	158	823	<10	4,028	195	5,505
Mercer	32	2,338	4,244	7,224	22	6,204	818	20,882
Middlesex	118	12,815	4,470	15,143	30	12,227	1,617	46,420
Monmouth	32	1,458	2,248	6,268	12	20,253	1,122	31,393
Morris	36	3,152	870	5,083	15	14,649	970	24,775
Ocean	27	643	1,485	5,495	16	37,619	1,121	46,406
Passaic	45	1,776	2,991	17,854	13	9,377	708	32,764
Salem	11	26	592	659	<10	1,938	208	3,437
Somerset	30	3,598	1,627	4,181	11	6,636	679	16,762
Sussex	11	140	177	1,041	<10	5,076	238	6,683
Union	43	2,049	6,254	15,573	24	10,039	928	34,910
Warren	<10	134	370	977	<10	3,481	205	5,174
New Jersey	**854**	**53,228**	**68,561**	**154,652**	**313**	**222,462**	**19,125**	**519,195**

Languages Spoken in the Home by Percentage of Population 5 and Older

2021

	Only Speaks English	Speaks a Language Other Than English
Atlantic	75%	25%
Bergen	59%	41%
Burlington	87%	13%
Camden	80%	20%
Cape May	N	N
Cumberland	74%	26%
Essex	63%	37%
Gloucester	90%	10%
Hudson	44%	56%
Hunterdon	87%	14%
Mercer	71%	29%
Middlesex	53%	47%
Monmouth	83%	17%
Morris	75%	25%
Ocean	88%	12%
Passaic	52%	48%
Salem	N	N
Somerset	66%	35%
Sussex	88%	12%
Union	54%	46%
Warren	85%	15%
New Jersey	**68%**	**32%**

N indicates data not available.
Percentages may add to more than 100% due to being estimates.

Percentage of Households with Children by Type

2021

	Married -Couple	Cohabiting Couple	Male Householder, No Spouse/Partner	Female Householder, No Spouse/Partner
Atlantic	63%	10%	8%	19%
Bergen	80%	5%	2%	13%
Burlington	74%	8%	3%	15%
Camden	64%	11%	4%	21%
Cape May	76%	7%	4%	13%
Cumberland	63%	17%	5%	15%
Essex	61%	8%	5%	27%
Gloucester	73%	11%	2%	14%
Hudson	66%	11%	3%	21%
Hunterdon	81%	5%	5%	9%
Mercer	74%	6%	4%	16%
Middlesex	76%	9%	2%	13%
Monmouth	78%	4%	3%	15%
Morris	86%	5%	3%	5%
Ocean	83%	6%	2%	9%
Passaic	62%	13%	2%	23%
Salem	59%	12%	2%	27%
Somerset	87%	2%	2%	9%
Sussex	80%	4%	2%	14%
Union	70%	9%	2%	19%
Warren	68%	11%	2%	19%
New Jersey	**73%**	**8%**	**3%**	**16%**

How is Poverty Defined?

Since 1965, the federal government has used the poverty threshold to determine the number of individuals living in poverty within the United States. The measure is based on the cost of a basic food diet and adjusted for inflation and family size. The same poverty threshold is used for the entire nation and does not account for the higher cost of living in certain states like New Jersey, where 200% of the poverty threshold, or an annual income of roughly $55,000 for a family of four, is more reflective of the families struggling to make ends meet. While the poverty threshold is produced by the U.S. Census Bureau, federal poverty guidelines — used to determine eligibility for certain federal programs — are released by the U.S. Department of Health and Human Services and are based on the U.S. Census Bureau's thresholds.

Federal Poverty Thresholds for a Family of Four

	2021
50%	$13,740
100%	$27,479
200%	$54,958

Children Living Below the Federal Poverty Level

	2021	
	Number	%
Atlantic	14,038	25%
Bergen	20,313	10%
Burlington	10,919	12%
Camden	19,886	17%
Cape May	1,075	7%
Cumberland	6,909	19%
Essex	39,993	20%
Gloucester	6,596	10%
Hudson	33,032	23%
Hunterdon	534	2%
Mercer	7,641	9%
Middlesex	16,479	9%
Monmouth	11,814	9%
Morris	6,718	6%
Ocean	34,401	22%
Passaic	25,922	21%
Salem	3,116	22%
Somerset	4,229	6%
Sussex	2,204	8%
Union	15,545	12%
Warren	2,786	13%
New Jersey	**284,150**	**14%**

What is the New Jersey Earned Income Tax Credit?

Tax credits are a vital economic support for many low-income working families and an advantage to New Jersey businesses, as many of these dollars are spent in the communities where these families live. The New Jersey State Earned Income Tax Credit (EITC) rewards work and increases take-home pay for families by lowering the amount of taxes owed and, in some instances, providing a refund.

N.J. EITC, Recipients with at Least 1 Dependent Under Age 19*

2021

	# Credits Issued	Avg. Credit Amount
Atlantic	14,658	$1,170
Bergen	18,272	$1,096
Burlington	11,358	$1,036
Camden	23,126	$1,132
Cape May	3,023	$1,135
Cumberland	8,777	$1,135
Essex	40,179	$1,145
Gloucester	8,055	$1,071
Hudson	29,544	$1,195
Hunterdon	1,398	$1,086
Mercer	13,331	$1,132
Middlesex	24,572	$1,101
Monmouth	11,356	$1,106
Morris	6,243	$1,062
Ocean	18,213	$1,240
Passaic	28,794	$1,186
Salem	2,607	$1,113
Somerset	5,205	$1,081
Sussex	2,951	$1,019
Union	20,580	$1,109
Warren	2,935	$1,100
New Jersey	**295,567**	**$1,137**

Please note that counties may not add up to N.J. total due to a number of credits where the county of residence was unknown.

Federal Earned Income Tax Credit* (EITC)

2020

	# Credits Issued	Avg. Credit Amount
Atlantic	24,610	$2,201
Bergen	44,810	$1,856
Burlington	23,200	$1,947
Camden	41,400	$2,242
Cape May	6,110	$2,006
Cumberland	13,980	$2,328
Essex	76,930	$2,309
Gloucester	15,360	$2,002
Hudson	59,130	$2,193
Hunterdon	3,520	$1,548
Mercer	24,570	$2,197
Middlesex	48,700	$2,055
Monmouth	26,190	$1,839
Morris	15,780	$1,719
Ocean	33,400	$2,371
Passaic	51,970	$2,360
Salem	4,830	$2,174
Somerset	12,740	$1,905
Sussex	5,880	$1,719
Union	41,430	$2,162
Warren	5,580	$2,007
New Jersey	**580,090**	**$2,138**

Please note that counties may not add up to N.J. total due to a number of credits where the county of residence was unknown.

2 Family Economic Security

Unemployment Rate

	2021
Atlantic	9.5
Bergen	6.0
Burlington	5.3
Camden	6.8
Cape May	8.9
Cumberland	7.7
Essex	8.0
Gloucester	6.0
Hudson	6.8
Hunterdon	4.6
Mercer	5.2
Middlesex	5.7
Monmouth	5.5
Morris	5.0
Ocean	6.0
Passaic	8.4
Salem	7.3
Somerset	5.1
Sussex	5.9
Union	6.7
Warren	5.5
New Jersey	**6.6**

Median Family Income with Children Under 18

	2021
Atlantic	$83,255
Bergen	$144,655
Burlington	$116,398
Camden	$97,798
Cape May	$82,574
Cumberland	$59,325
Essex	$80,220
Gloucester	$124,982
Hudson	$76,725
Hunterdon	$158,504
Mercer	$120,605
Middlesex	$114,977
Monmouth	$153,841
Morris	$165,800
Ocean	$99,663
Passaic	$74,231
Salem	$71,761
Somerset	$165,509
Sussex	$132,143
Union	$100,910
Warren	$102,881
New Jersey	**$111,913**

Percentage of Households Spending 30% or More of Income on Rent

	2021
Atlantic	50%
Bergen	49%
Burlington	48%
Camden	51%
Cape May	51%
Cumberland	53%
Essex	53%
Gloucester	47%
Hudson	44%
Hunterdon	44%
Mercer	47%
Middlesex	44%
Monmouth	54%
Morris	43%
Ocean	55%
Passaic	55%
Salem	51%
Somerset	45%
Sussex	46%
Union	48%
Warren	56%
New Jersey	**49%**

Number of Children Participating in TANF

	2022
Atlantic	1,282
Bergen	477
Burlington	648
Camden	2,807
Cape May	140
Cumberland	594
Essex	2,323
Gloucester	503
Hudson	2,985
Hunterdon	74
Mercer	1,297
Middlesex	1,044
Monmouth	410
Morris	154
Ocean	658
Passaic	2,204
Salem	291
Somerset	359
Sussex	46
Union	1,015
Warren	154
New Jersey	**19,465**

Estimated Food Insecure Child Population

	2020	
	#	Rate
Atlantic	13,680	24.3%
Bergen	14,940	7.6%
Burlington	9,060	9.7%
Camden	19,100	16.6%
Cape May	2,780	17.1%
Cumberland	7,380	20.5%
Essex	41,980	22.1%
Gloucester	5,910	9.3%
Hudson	24,940	18.2%
Hunterdon	450	1.9%
Mercer	9,380	11.9%
Middlesex	18,360	10.2%
Monmouth	9,170	7.0%
Morris	4,160	4.0%
Ocean	17,260	11.9%
Passaic	22,770	19.0%
Salem	2,380	17.6%
Somerset	3,340	4.6%
Sussex	2,040	7.3%
Union	17,500	13.4%
Warren	1,890	9.1%
New Jersey	**175,830**	**9.0%**

Please note that these are estimated numbers of food insecure children based on other indicators such as poverty, median income, unemployment, homeownership, etc., so county numbers may not add up to the state total.

Number of Children Participating in SNAP

	2022
Atlantic	15,958
Bergen	12,413
Burlington	8,365
Camden	33,388
Cape May	3,118
Cumberland	12,987
Essex	55,679
Gloucester	6,539
Hudson	43,429
Hunterdon	1,140
Mercer	15,368
Middlesex	23,222
Monmouth	11,976
Morris	4,721
Ocean	31,367
Passaic	39,137
Salem	3,706
Somerset	4,226
Sussex	1,457
Union	20,230
Warren	2,952
New Jersey	**351,378**

WIC Enrollment and Participation

	Enrolled	Participating	2022 % Participating
Atlantic	4,999	4,055	81%
Bergen	7,966	6,855	86%
Burlington	4,079	3,393	83%
Camden	9,824	8,242	84%
Cape May	1,009	801	79%
Cumberland	4,196	3,394	81%
Essex	22,275	19,226	86%
Gloucester	3,146	2,562	81%
Hudson	18,208	16,998	93%
Hunterdon	411	354	86%
Mercer	8,140	6,725	83%
Middlesex	14,305	13,437	94%
Monmouth	6,725	6,353	94%
Morris	2,956	2,439	83%
Ocean	25,370	23,929	94%
Passaic	16,872	15,049	89%
Salem	961	753	78%
Somerset	2,999	2,716	91%
Sussex	767	696	91%
Union	12,083	10,801	89%
Warren	1,167	990	85%
New Jersey	**168,458**	**149,768**	**89%**

of Children Receiving Free- or Reduced-Price School Breakfast

October 2022

	Average Daily Participation (ADP) Reduced	ADP Free	Total
Atlantic	1,008	8,482	9,490
Bergen	935	4,372	5,307
Burlington	974	3,663	4,637
Camden	1,228	14,873	16,101
Cape May	182	1,517	1,699
Cumberland	749	9,807	10,556
Essex	2,419	28,995	31,414
Gloucester	465	3,442	3,907
Hudson	1,946	21,763	23,709
Hunterdon	21	159	180
Mercer	445	7,107	7,552
Middlesex	2,022	13,820	15,842
Monmouth	643	4,968	5,611
Morris	474	1,787	2,261
Ocean	944	6,405	7,349
Passaic	379	23,897	24,276
Salem	184	1,882	2,066
Somerset	577	2,736	3,313
Sussex	108	558	666
Union	2,071	12,744	14,815
Warren	180	1,120	1,300
New Jersey	**17,954**	**174,097**	**192,051**

Note: ADP stands for Average Daily Participation.

of Children Receiving Free- or Reduced-Price School Lunch

October 2022

	ADP Reduced	ADP Free	Total
Atlantic	2,026	12,834	14,860
Bergen	3,758	13,345	17,103
Burlington	2,628	9,079	11,707
Camden	2,573	24,976	27,549
Cape May	311	2,464	2,775
Cumberland	1,249	13,180	14,429
Essex	3,874	40,242	44,116
Gloucester	1,212	6,497	7,709
Hudson	3,513	30,410	33,923
Hunterdon	177	950	1,127
Mercer	1,713	13,662	15,375
Middlesex	5,045	26,585	31,630
Monmouth	2,104	12,123	14,227
Morris	1,547	5,109	6,656
Ocean	2,178	12,007	14,185
Passaic	1,876	36,124	38,000
Salem	372	2,999	3,371
Somerset	1,552	5,862	7,414
Sussex	404	1,347	1,751
Union	4,872	26,486	31,358
Warren	462	2,482	2,944
New Jersey	**43,446**	**298,763**	**342,209**

Note: ADP stands for Average Daily Participation.

Free- and Reduced-Price Student Participation in Breakfast per 100 Participating in Lunch

	October 2022
	Rate
Atlantic	64
Bergen	31
Burlington	40
Camden	58
Cape May	61
Cumberland	73
Essex	71
Gloucester	51
Hudson	70
Hunterdon	16
Mercer	49
Middlesex	50
Monmouth	39
Morris	34
Ocean	52
Passaic	64
Salem	61
Somerset	45
Sussex	38
Union	47
Warren	44
New Jersey	**56**

3 Child Health

Total Births

	2021
Atlantic	2,737
Bergen	9,120
Burlington	4,634
Camden	6,230
Cape May	726
Cumberland	1,763
Essex	9,720
Gloucester	3,035
Hudson	9,116
Hunterdon	1,048
Mercer	4,090
Middlesex	8,722
Monmouth	6,124
Morris	4,925
Ocean	10,211
Passaic	6,249
Salem	715
Somerset	3,166
Sussex	1,366
Union	6,594
Warren	1,039
New Jersey	**101,330**

Births to Foreign-Born Mothers

	2021 #	%
Atlantic	683	25%
Bergen	4,190	46%
Burlington	992	21%
Camden	1,546	25%
Cape May	103	14%
Cumberland	436	25%
Essex	4,391	45%
Gloucester	523	17%
Hudson	5,792	64%
Hunterdon	243	23%
Mercer	1,912	47%
Middlesex	4,740	54%
Monmouth	1,506	25%
Morris	1,577	32%
Ocean	1,583	16%
Passaic	2,898	46%
Salem	163	23%
Somerset	1,372	43%
Sussex	161	12%
Union	3,328	50%
Warren	413	40%
New Jersey	**38,552**	**38%**

Births by Parity (Previous Births)*

	None	One	Two	2021 Three or More
Atlantic	38%	32%	19%	11%
Bergen	42%	36%	16%	6%
Burlington	41%	34%	17%	8%
Camden	38%	34%	16%	12%
Cape May	39%	33%	17%	10%
Cumberland	34%	31%	18%	16%
Essex	40%	34%	16%	9%
Gloucester	39%	35%	16%	10%
Hudson	51%	31%	12%	6%
Hunterdon	39%	37%	17%	7%
Mercer	38%	35%	17%	10%
Middlesex	41%	37%	14%	7%
Monmouth	41%	35%	16%	8%
Morris	43%	37%	14%	5%
Ocean	29%	24%	16%	31%
Passaic	38%	32%	17%	12%
Salem	36%	33%	19%	12%
Somerset	43%	37%	14%	6%
Sussex	44%	35%	15%	7%
Union	39%	36%	16%	9%
Warren	40%	34%	16%	9%
New Jersey	**40%**	**33%**	**16%**	**11%**

According to the New Jersey Department of Health, parity is the number of previous live-born children a woman has delivered.

The Importance of Prenatal Care

Healthy starts for New Jersey's infants begin with quality prenatal care early in a mother's pregnancy. Women who receive late prenatal care — or who do not receive prenatal care at all — expose their babies to a greater chance of health problems later in life.

Women Receiving Early Prenatal Care

	2021	
	#	%
Atlantic	2,028	74%
Bergen	7,476	82%
Burlington	3,726	80%
Camden	4,666	75%
Cape May	553	76%
Cumberland	1,235	70%
Essex	6,296	65%
Gloucester	2,483	82%
Hudson	6,752	74%
Hunterdon	910	87%
Mercer	2,695	66%
Middlesex	6,579	75%
Monmouth	4,941	81%
Morris	4,069	83%
Ocean	7,572	74%
Passaic	4,186	67%
Salem	538	75%
Somerset	2,505	79%
Sussex	1,160	85%
Union	4,614	70%
Warren	869	84%
New Jersey	**75,853**	**75%**

Women Receiving Early Prenatal Care by Race/Ethnicity

2021

	American Indian/ Alaska Native, non-Hispanic	Asian, non-Hispanic	Black, non-Hispanic	Hispanic (of any race)	Native Hawaiian/ Pacific Islander, non-Hispanic	White, non-Hispanic	Other Single Race, non-Hispanic	Two or More Races, non-Hispanic	Unknown
Atlantic	**	72%	68%	70%	**	80%	**	67%	71%
Bergen	**	86%	75%	73%	**	88%	70%	83%	78%
Burlington	**	79%	72%	75%	**	85%	66%	72%	75%
Camden	**	76%	64%	66%	**	85%	50%	75%	68%
Cape May	N/A	**	84%	68%	N/A	79%	**	57%	**
Cumberland	**	**	64%	66%	N/A	79%	**	73%	**
Essex	**	79%	59%	57%	**	83%	50%	61%	70%
Gloucester	**	82%	71%	72%	**	86%	**	73%	91%
Hudson	**	82%	64%	66%	**	83%	67%	68%	77%
Hunterdon	N/A	84%	63%	69%	N/A	92%	**	**	**
Mercer	**	84%	59%	51%	**	84%	56%	58%	50%
Middlesex	**	82%	68%	65%	**	85%	67%	75%	72%
Monmouth	**	81%	67%	65%	**	86%	56%	81%	81%
Morris	**	87%	79%	65%	**	89%	71%	67%	73%
Ocean	**	77%	74%	71%	**	75%	70%	66%	66%
Passaic	**	68%	64%	61%	**	80%	58%	64%	59%
Salem	N/A	**	65%	68%	N/A	81%	**	**	**
Somerset	N/A	87%	76%	61%	**	89%	60%	75%	80%
Sussex	**	83%	69%	73%	**	88%	**	**	93%
Union	**	80%	64%	60%	**	86%	63%	76%	74%
Warren	**	77%	68%	76%	N/A	88%	**	**	**
New Jersey	**61%**	**82%**	**65%**	**64%**	**70%**	**83%**	**62%**	**71%**	**73%**

** indicates data are suppressed. N/A indicates data are not available.

Preterm Babies

	#	2021 %
Atlantic	272	9.9%
Bergen	903	9.9%
Burlington	429	9.3%
Camden	633	10.2%
Cape May	53	7.3%
Cumberland	212	12.0%
Essex	1,011	10.4%
Gloucester	283	9.3%
Hudson	849	9.3%
Hunterdon	80	7.6%
Mercer	382	9.3%
Middlesex	772	8.9%
Monmouth	483	7.9%
Morris	381	7.7%
Ocean	727	7.1%
Passaic	693	11.1%
Salem	69	9.7%
Somerset	257	8.1%
Sussex	106	7.8%
Union	589	8.9%
Warren	108	10.4%
New Jersey	**9,292**	**9.2%**

Percentage of Preterm Births by Race/Ethnicity

2021

	American Indian and Alaska Native, non–Hispanic	Asian,non–Hispanic	Black or , African American, non–Hispanic	Hispanic	Native Hawaiian/ Pacific Islander, non–Hispanic	White, non–Hispanic	Other Single Race, non–Hispanic	Two or More Races, non–Hispanic	Unknown
Atlantic	**	8.7%	16.4%	8.2%	**	8.9%	**	**	**
Bergen	**	8.7%	17.8%	10.9%	**	8.9%	8.2%	10.8%	9.8%
Burlington	**	9.5%	12.1%	10.5%	**	8.1%	**	8.2%	10.6%
Camden	**	7.1%	13.7%	10.0%	**	9.0%	25.0%	10.0%	**
Cape May	N/A	**	**	4.9%	N/A	8.1%	**	**	**
Cumberland	**	**	13.2%	12.8%	N/A	9.6%	**	12.5%	**
Essex	**	8.4%	12.2%	10.7%	**	7.0%	12.8%	9.3%	16.5%
Gloucester	**	6.9%	12.2%	9.4%	**	8.7%	**	12.3%	**
Hudson	**	7.4%	14.9%	10.7%	**	7.4%	10.5%	7.1%	**
Hunterdon	N/A	**	**	8.9%	N/A	7.9%	**	**	**
Mercer	**	9.3%	12.0%	9.6%	**	7.4%	**	12.7%	**
Middlesex	**	8.6%	10.8%	8.9%	**	8.5%	6.8%	8.2%	8.5%
Monmouth	**	7.5%	14.9%	9.0%	**	7.1%	**	9.6%	**
Morris	**	6.6%	11.5%	8.5%	**	7.5%	10.4%	**	5.9%
Ocean	**	7.4%	13.4%	8.6%	**	6.8%	**	7.1%	**
Passaic	**	11.3%	15.7%	11.2%	**	9.6%	9.4%	8.5%	11.5%
Salem	N/A	**	15.6%	8.8%	N/A	7.8%	**	**	**
Somerset	N/A	8.6%	13.8%	7.2%	**	7.0%	**	12.5%	12.2%
Sussex	**	**	25.0%	7.3%	**	7.3%	**	**	**
Union	**	9.2%	11.6%	9.2%	**	6.9%	**	9.0%	14.2%
Warren	**	**	13.2%	14.2%	N/A	8.7%	**	**	**
New Jersey	10.7%	8.3%	13.1%	10.0%	8.5	7.8%	9.8%	9.2%	9.8%

*** indicates data are suppressed. N/A indicates data are not available.*

What is a Low Birthweight?

A low birthweight baby is any infant born weighing less than 2,500 grams, or roughly 5.5 pounds. Low birthweight babies may be more likely to develop certain health problems, such as respiratory distress syndrome, than infants born with normal birthweights. Long term, low birthweight babies may be at greater risk of developing chronic conditions such as diabetes.

Babies Born with Low Birthweights

	2021	
	#	%
Atlantic	235	8.6%
Bergen	689	7.6%
Burlington	351	7.6%
Camden	554	8.9%
Cape May	41	5.6%
Cumberland	163	9.2%
Essex	914	9.4%
Gloucester	230	7.6%
Hudson	774	8.5%
Hunterdon	67	6.4%
Mercer	330	8.1%
Middlesex	723	8.3%
Monmouth	367	6.0%
Morris	329	6.7%
Ocean	604	5.9%
Passaic	547	8.8%
Salem	63	8.8%
Somerset	207	6.5%
Sussex	85	6.2%
Union	492	7.5%
Warren	77	7.4%
New Jersey	**7,842**	**7.7%**

Percentage of Babies Born with Low Birthweights by Race/Ethnicity

2021

	American Indian and Alaska Native, non-Hispanic	Asian, non-Hispanic	Black or, African American, non-Hispanic	Hispanic	Native Hawaiian/ Pacific Islander, non-Hispanic	White, non-Hispanic	Other Single Race, non-Hispanic	Two or More Races, non-Hispanic	Unknown
Atlantic	**	8.1%	15.0%	7.9%	**	6.7%	**	**	**
Bergen	**	8.8%	14.3%	8.2%	**	5.9%	5.9%	9.8%	10.7%
Burlington	**	9.5%	11.4%	7.7%	**	6.2%	**	8.2%	**
Camden	**	10.1%	13.5%	8.3%	**	6.7%	13.6%	15.0%	10.5%
Cape May	N/A	**	**	4.9%	N/A	6.3%	**	**	**
Cumberland	**	**	11.3%	10.2%	N/A	5.9%	**	12.5%	**
Essex	**	8.3%	12.7%	8.1%	**	6.0%	9.5%	8.5%	13.0%
Gloucester	**	10.3%	10.1%	8.8%	**	6.7%	**	11.0%	**
Hudson	**	9.0%	14.9%	8.3%	**	6.0%	10.5%	6.7%	8.9%
Hunterdon	N/A	9.5%	**	5.1%	N/A	6.6%	**	**	**
Mercer	**	8.0%	12.4%	7.3%	**	5.9%	**	9.1%	**
Middlesex	**	10.0%	11.7%	8.0%	**	5.5%	9.1%	12.3%	8.5%
Monmouth	**	5.8%	14.9%	6.2%	**	5.2%	**	9.6%	**
Morris	**	8.5%	10.8%	7.0%	**	5.6%	14.6%	20.0%	10.6%
Ocean	**	9.5%	15.6%	6.0%	**	5.6%	**	7.1%	**
Passaic	**	10.3%	16.4%	8.1%	**	7.2%	6.7%	10.2%	10.3%
Salem	N/A	**	17.7%	9.6%	N/A	5.4%	**	**	**
Somerset	N/A	9.1%	9.0%	5.9%	**	5.0%	**	**	**
Sussex	**	**	28.1%	4.5%	**	5.6%	**	**	**
Union	**	8.6%	10.8%	7.1%	**	5.4%	10.7%	9.0%	11.3%
Warren	**	**	7.9%	8.6%	N/A	6.7%	**	**	**
New Jersey	**12.5%**	**9.1%**	**12.8%**	**7.8%**	**12.7**	**5.9%**	**9.0%**	**9.7%**	**9.5%**

*** indicates data are suppressed. N/A indicates data are not available.*

What is New Jersey's Child Fatality and Near Fatality Review Board?

The New Jersey Child Fatality and Near Fatality Review Board (CFNFRB) consists of six different teams, each with their own sets of responsibilities and areas of focus. Team members come from a variety of backgrounds, including law enforcement, medicine, education, and the non-profit sector. The board conducts in-depth reviews of select child death cases, such as when the cause of death may be a result of abuse or neglect or if the cause is undetermined. For more information on the CFNFRB and to review their annual reports, visit https://www.nj.gov/dcf/providers/boards/fatality/.

Infant Mortality

	#	2016–2020 Rate (per 1,000)
Atlantic	88	6.3
Bergen	134	3.0
Burlington	106	4.8
Camden	205	6.8
Cape May	20	5.1
Cumberland	60	6.6
Essex	284	5.6
Gloucester	73	5.1
Hudson	145	2.9
Hunterdon	16	**
Mercer	99	4.9
Middlesex	159	3.6
Monmouth	102	3.6
Morris	72	3.1
Ocean	141	3.2
Passaic	121	3.7
Salem	24	7.3
Somerset	61	3.9
Sussex	20	3.3
Union	134	4.0
Warren	28	6.0
New Jersey	**2,092**	**4.2**

**Indicates data are suppressed.

New Jersey Infant Mortality by Race/Ethnicity

	#	2016–2020 Rate (per 1,000)
Asian, non-Hispanic	148	2.6
Black, non-Hispanic	608	9.2
Hispanic, any race	554	4.0
Native Hawaiian/Pacific Islander, non-Hispanic	<10	**
White, non-Hispanic	561	2.5
Other race, non-Hispanic	53	8.5

**Indicates data are suppressed.

What is Infant Mortality?

Infant mortality is the number of babies who pass away before their first birthday. While the state's infant mortality rate is 4.2 out of every 1,000 live births, there are notable disparities when the data is broken down by race and ethnicity. In particular, Black, non-Hispanic babies have an infant mortality rate of 9.2 — which is more than two times that of New Jersey as a whole. Nurture NJ, led by First Lady Tammy Murphy, recognizes this issue and other concerns related to infant and maternal health. The campaign aims to ensure all women are healthy and have access to care before their pregnancy, build a better system of care for all women during the pre- and post-natal process, and ensure women have access to supportive communities so that opportunities for health are always available. To learn more about Nurture NJ, visit https://nj.gov/governor/admin/fl/nurturenj.shtml. ACNJ, along with other public and private sector leaders, are actively working alongside Nurture NJ to improve maternal and infant health outcomes. For more information, visit www.acnj.org.

Children Ages 6-26 Months with Blood Lead Levels ≥ 5 Micrograms/Deciliter

	2020 #	2020 %
Atlantic	31	1.7%
Bergen	76	1.1%
Burlington	36	1.1%
Camden	52	1.3%
Cape May	11	2.2%
Cumberland	54	3.9%
Essex	288	3.1%
Gloucester	17	1.2%
Hudson	166	2.3%
Hunterdon	10	1.0%
Mercer	96	3.0%
Middlesex	115	1.9%
Monmouth	32	1.0%
Morris	34	0.9%
Ocean	23	0.3%
Passaic	168	2.9%
Salem	17	4.5%
Somerset	30	1.2%
Sussex	<10	0.6%
Union	147	2.3%
Warren	17	2.5%
Unknown Address	0	0%
New Jersey	**1,424**	**1.8%**

Children Under Age 6 with Blood Lead Levels ≥ 5 Micrograms/Deciliter

	2020 #	2020 %
Atlantic	60	1.9%
Bergen	129	1.1%
Burlington	59	1.3%
Camden	94	1.7%
Cape May	14	2.1%
Cumberland	100	3.7%
Essex	764	3.5%
Gloucester	32	1.6%
Hudson	324	2.2%
Hunterdon	14	1.3%
Mercer	195	3.6%
Middlesex	254	2.2%
Monmouth	65	1.2%
Morris	55	1.0%
Ocean	47	0.4%
Passaic	355	2.9%
Salem	26	4.6%
Somerset	52	1.4%
Sussex	<10	0.4%
Union	309	2.5%
Warren	28	3.3%
Unknown Address	0	0%
New Jersey	**2,980**	**2.1%**

Number of Children Ages 6–26 Months Tested for Lead

	#	%
Atlantic	1,847	28%
Bergen	7,105	36%
Burlington	3,313	33%
Camden	4,079	31%
Cape May	490	27%
Cumberland	1,385	32%
Essex	9,397	44%
Gloucester	1,432	21%
Hudson	7,325	42%
Hunterdon	993	43%
Mercer	3,164	37%
Middlesex	6,183	31%
Monmouth	3,342	25%
Morris	3,824	36%
Ocean	6,753	44%
Passaic	5,822	42%
Salem	377	24%
Somerset	2,607	34%
Sussex	687	22%
Union	6,275	44%
Warren	673	28%
Unknown Address	1,774	N/A
New Jersey	**78,847**	**37%**

Number of Children Under Age 6 Tested for Lead

	#	%
Atlantic	3,100	16%
Bergen	11,728	19%
Burlington	4,523	14%
Camden	5,640	14%
Cape May	679	13%
Cumberland	2,713	21%
Essex	21,759	34%
Gloucester	2,046	10%
Hudson	14,809	30%
Hunterdon	1,111	15%
Mercer	5,390	21%
Middlesex	11,606	19%
Monmouth	5,225	12%
Morris	5,401	16%
Ocean	10,485	23%
Passaic	12,139	30%
Salem	565	12%
Somerset	3,729	16%
Sussex	957	10%
Union	12,118	28%
Warren	850	11%
Unknown Address	3,023	N/A
New Jersey	**139,596**	**21%**

N/A indicates data are not available.

NJ FamilyCare, Recipients Under Age 19

	2018	2022	% Change
Atlantic	31,672	34,929	10%
Bergen	46,922	55,060	17%
Burlington	27,438	31,477	15%
Camden	62,004	65,129	5%
Cape May	7,860	8,166	4%
Cumberland	24,160	26,917	11%
Essex	106,534	109,177	2%
Gloucester	20,371	22,553	11%
Hudson	80,353	82,245	2%
Hunterdon	3,974	4,445	12%
Mercer	34,385	39,296	14%
Middlesex	63,210	72,086	14%
Monmouth	37,052	39,740	7%
Morris	18,225	20,185	11%
Ocean	74,266	93,105	25%
Passaic	74,775	79,100	6%
Salem	6,858	7,577	10%
Somerset	15,104	17,524	16%
Sussex	6,152	6,928	13%
Union	55,808	61,526	10%
Warren	6,825	7,733	13%
New Jersey	**805,080**	**885,881**	**10%**

What is NJ FamilyCare?

NJ FamilyCare is New Jersey's publicly funded health insurance program, supported by federal Medicaid and Children's Health Insurance Program (CHIP) dollars and state funding, for children in families with a household income up to 355% of the federal poverty level. As of July 1, 2021, premiums are no longer required for NJ FamilyCare coverage. Qualified state residents of any age may be eligible for free or low-cost health insurance, which covers doctor visits, prescriptions, vision, dental care, mental health and substance use services, and hospitalization. For more information, visit http://www.njfamilycare.org.

The re-determination process for Medicaid eligibility began April 1st. NJ FamilyCare/Medicaid recipients have been able to maintain health insurance coverage since March 2020 without traditional redetermination periods thanks to the provisions specified under the nationwide public health emergency (PHE) in response to the COVID-19 pandemic. At the end of 2022, President Biden signed into law the Consolidated Appropriations Act — an omnibus package that requires states to begin re-determining eligibility for Medicaid enrollees started April 1, 2023. This means that all members enrolled in an NJ FamilyCare program will be reviewed to see if they still qualify for coverage. It is important that NJ FamilyCare recipients confirm that their most current address and contact information is on file in order to ensure they receive any correspondence regarding their healthcare coverage. **Families on NJ FamilyCare can confirm or update their contact information by calling NJ FamilyCare at 1-800-701-0710**. If a family receives mail from NJ FamilyCare/Medicaid, they should respond promptly. Organizations, healthcare providers, and individuals who work closely with families can help spread the word about this process by sharing materials from NJ FamilyCare's Stay Covered Toolkit. Find the most up-to-date information concerning the re-determining process from the New Jersey Department of Human Services on their StayCoveredNJ website, https://nj.gov/humanservices/dmahs/staycoverednj/.

Children Under Age 19 Without Health Insurance

	2021	
	#	**%**
Atlantic	2,317	4%
Bergen	6,806	3%
Burlington	2,224	2%
Camden	4,840	4%
Cape May	276	2%
Cumberland	2,154	6%
Essex	10,901	5%
Gloucester	853	1%
Hudson	6,649	4%
Hunterdon	488	2%
Mercer	1,850	2%
Middlesex	5,316	3%
Monmouth	6,506	5%
Morris	4,239	4%
Ocean	2,572	2%
Passaic	5,548	4%
Salem	282	2%
Somerset	1,130	1%
Sussex	1,166	4%
Union	8,119	6%
Warren	1,529	7%
New Jersey	**75,765**	**4%**

Cover All Kids Initiative

As of January 1, 2023, children under 19 may now apply for NJ FamilyCare regardless of their immigration status. All other requirements for NJ FamilyCare still apply. Visit nj.gov/CoverAllKids to learn more. Multilingual support is available.

What is CP&P?

The Division of Child Protection and Permanency (CP&P), formerly the Division of Youth and Family Services (DYFS), operates within the New Jersey Department of Children and Families (DCF) as the state's child welfare and protection agency. CP&P is responsible for investigating reports of child abuse and neglect and, if necessary, arranging for the child's protection and services for the family. When children cannot remain at home due to safety concerns, CP&P may ask the family court to place the child into foster care and to seek another permanent home for children who cannot be safely re-unified with their parent(s) within the timeframes provided by law.

On April 25, 2023, U.S. District Judge Stanley R. Chesler signed a court order to end federal oversight over New Jersey's child welfare system. The federal court monitor acknowledged many of the state's accomplishments, highlighting the significant decline in the number of children living in foster care. The Staffing and Outcomes Review Subcommittee of the New Jersey Task Force on Child Abuse and Neglect will assume responsibility for the oversight role. Visit www.acnj.org and https://www.nj.gov/dcf/providers/boards/njtfcan/ for updates.

The New Jersey Youth Resource Spot

The New Jersey Youth Resource Spot (https://www.njyrs.org/) is a website created by members of the DCF Youth Council, specially geared for young people in New Jersey that have been involved with DCF and those who work with them.

Children Under Child Protection and Permanency Supervision

	2022
Atlantic	1,426
Bergen	1,447
Burlington	1,368
Camden	3,042
Cape May	463
Cumberland	1,111
Essex	2,839
Gloucester	1,187
Hudson	2,148
Hunterdon	229
Mercer	1,249
Middlesex	2,285
Monmouth	1,435
Morris	841
Ocean	1,603
Passaic	1,922
Salem	429
Somerset	708
Sussex	346
Union	1,618
Warren	604
Other	2,696
New Jersey	**30,996**

Data are as of December 31, 2022.

Number of Children in Out-of-Home Placements

	2022
Atlantic	190
Bergen	87
Burlington	130
Camden	373
Cape May	91
Cumberland	81
Essex	378
Gloucester	175
Hudson	176
Hunterdon	13
Mercer	218
Middlesex	194
Monmouth	150
Morris	55
Ocean	158
Passaic	169
Salem	58
Somerset	39
Sussex	22
Union	154
Warren	30
New Jersey	**2,946**

Data are as of December 31, 2022.

Number of Children in Out-of-Home Placements

2022

	Black or African American		Hispanic		White		Another Race	
	#	%	#	%	#	%	#	%
Atlantic	67	35%	51	27%	53	28%	18	9%
Bergen	18	21%	34	39%	29	33%	<10*	N/A
Burlington	42	32%	28	22%	45	35%	14	11%
Camden	170	46%	63	17%	110	29%	26	N/A
Cape May	13	14%	<10*	N/A	55	60%	17	19%
Cumberland	14	17%	27	33%	33	41%	<10*	N/A
Essex	275	73%	80	21%	18	5%	<10*	N/A
Gloucester	38	22%	40	23%	79	45%	17	10%
Hudson	53	30%	92	52%	24	14%	<10*	N/A
Hunterdon	<10*	N/A	<10*	N/A	<10*	N/A	<10*	N/A
Mercer	120	55%	37	17%	53	24%	<10*	N/A
Middlesex	51	26%	71	37%	52	27%	19	10%
Monmouth	31	21%	35	23%	63	42%	19	13%
Morris	<10*	N/A	14	25%	28	51%	<10*	N/A
Ocean	23	15%	24	15%	96	61%	15	9%
Passaic	55	33%	80	47%	26	15%	<10*	N/A
Salem	20	34%	<10*	N/A	26	45%	<10*	N/A
Somerset	<10*	N/A	11	28%	13	33%	<10*	N/A
Sussex	<10*	N/A	<10*	N/A	12	55%	Ø	N/A
Union	77	50%	54	35%	16	10%	<10*	N/A
Warren	<10*	N/A	<10*	N/A	17	57%	<10*	N/A
New Jersey	**1,097**	**37%**	**770**	**26%**	**857**	**29%**	**209**	**7%**

When data is less than 10, these values are reported as zero with an asterisk on the chart and are not true zeroes. For suppressed data displayed in the table, these values are displayed as "<10". Due to data being suppressed, percentages could not be calculated for some counties resulting in N/A. Ø indicates that no children or cases meet the selected search criteria. Data are as of December 31, 2022.*

Number of Children Receiving In-Home CP&P Supervision

	2022
Atlantic	1,236
Bergen	1,360
Burlington	1,238
Camden	2,669
Cape May	372
Cumberland	1,030
Essex	2,461
Gloucester	1,012
Hudson	1,972
Hunterdon	216
Mercer	1,031
Middlesex	2,091
Monmouth	1,285
Morris	786
Ocean	1,445
Passaic	1,753
Salem	371
Somerset	669
Sussex	324
Union	1,464
Warren	574
Other	2,691
New Jersey	**28,050**

Other indicates children in cases where a county of assignment could not be determined at the time of the data extract. Data are as of December 31, 2022.

Children Receiving In-Home CP&P Supervision, by Race/Ethnicity

2022

	Black or African American		Hispanic		White		Another Race		Missing or Unde-termined	
	#	%	#	%	#	%	#	%	#	%
Atlantic	391	32%	396	32%	328	27%	59	5%	62	5%
Bergen	202	15%	623	46%	381	28%	74	5%	80	6%
Burlington	443	36%	156	13%	478	39%	68	5%	93	8%
Camden	1,048	39%	739	28%	634	24%	114	4%	134	5%
Cape May	42	11%	76	20%	210	56%	28	8%	16	4%
Cumberland	299	29%	401	39%	244	24%	43	4%	43	4%
Essex	1,506	61%	722	29%	140	6%	33	1%	60	2%
Gloucester	243	24%	168	17%	501	50%	53	5%	47	5%
Hudson	498	25%	1,144	58%	162	8%	58	3%	110	6%
Hunterdon	32	15%	41	19%	128	59%	<10*	N/A	<10*	N/A
Mercer	480	47%	309	30%	155	15%	26	3%	61	6%
Middlesex	451	22%	987	47%	379	18%	139	7%	135	6%
Monmouth	323	25%	377	29%	481	37%	49	4%	55	4%
Morris	97	12%	297	38%	310	39%	47	6%	35	4%
Ocean	198	14%	363	25%	770	53%	43	3%	71	5%
Passaic	446	25%	1,005	57%	203	12%	27	2%	72	4%
Salem	116	31%	64	17%	163	44%	<10*	N/A	22	6%
Somerset	178	27%	287	43%	129	19%	33	5%	42	6%
Sussex	18	6%	65	20%	216	67%	16	5%	<10*	N/A
Union	483	33%	759	52%	119	8%	32	2%	71	5%
Warren	75	13%	115	20%	330	57%	24	4%	30	5%
Other	978	36%	578	21%	770	29%	141	5%	224	8%
New Jersey	**8,547**	**30%**	**9,672**	**34%**	**7,231**	**26%**	**1,120**	**4%**	**1,480**	**5%**

When data is less than 10, these values are reported as zero with an asterisk on the chart and are not true zeroes. For suppressed data displayed in the table, these values are displayed as "<10". Due to data being suppressed, percentages could not be calculated for some counties resulting in N/A. Data are as of December 31, 2022.*

Children with Substantiated/Established Cases of Abuse/Neglect

2022

	Substantiated		Established		Total Substantiated/ Established		Total Children Reported for Abuse/Neglect
	#	%	#	%	#	%	#
Atlantic	118	2.9%	140	3.4%	258	6.3%	4,106
Bergen	36	<1.0%	41	<1.0%	77	1.4%	5,400
Burlington	82	1.6%	72	1.4%	154	2.9%	5,226
Camden	202	2.5%	177	2.2%	379	4.6%	8,170
Cape May	39	3.0%	36	2.8%	75	5.8%	1,289
Cumberland	90	2.7%	51	1.5%	141	4.3%	3,311
Essex	200	2.1%	164	1.7%	364	3.8%	9,577
Gloucester	83	2.3%	78	2.1%	161	4.4%	3,632
Hudson	88	1.5%	79	1.3%	167	2.8%	5,922
Hunterdon	<10*	N/A	<10*	N/A	14	1.9%	733
Mercer	40	1.0%	56	1.4%	96	2.4%	4,029
Middlesex	107	1.6%	80	1.2%	187	2.8%	6,793
Monmouth	84	1.6%	109	2.1%	193	3.7%	5,171
Morris	42	1.3%	42	1.3%	84	2.5%	3,322
Ocean	62	1.0%	93	1.5%	155	2.4%	6,364
Passaic	81	1.3%	66	1.1%	147	2.4%	6,115
Salem	21	1.7%	32	2.6%	53	4.4%	1,214
Somerset	23	1.0%	15	<1.0%	38	1.7%	2,224
Sussex	58	3.7%	20	1.3%	78	4.9%	1,577
Union	58	1.1%	71	1.4%	129	2.5%	5,086
Warren	19	1.2%	24	1.5%	43	2.6%	1,623
New Jersey	**1,540**	**1.7%**	**1,453**	**1.6%**	**2,993**	**3.3%**	**90,884**

Data are as of December 31, 2022.

Licensed Child Care Centers and Registered Family Child Care Providers: How Do They Differ?

Licensed child care centers and registered family child care providers both offer child care to children under the age of 13. However, there are key differences in the number of children they are permitted to serve and the locations in which they operate. Licensed child care centers serve a minimum of six children and must adhere to state licensing requirements. Registered family child care providers care for a maximum of five children at a time in their own homes. Family child care providers who register voluntarily through New Jersey's Child Care Resource and Referral Agencies are required to meet state regulations primarily related to health and safety concerns. Visit https://reimaginechildcare.org/ to learn more about New Jersey's child care staff crisis.

Number of Licensed Child Care Centers

	2021
Atlantic	102
Bergen	436
Burlington	141
Camden	221
Cape May	30
Cumberland	68
Essex	494
Gloucester	127
Hudson	393
Hunterdon	67
Mercer	193
Middlesex	329
Monmouth	257
Morris	240
Ocean	155
Passaic	242
Salem	19
Somerset	155
Sussex	56
Union	266
Warren	47
New Jersey	**4,038**

Data are as of December 31, 2021.

Capacity of Licensed Child Care Centers

	2021
Atlantic	8,437
Bergen	43,534
Burlington	14,383
Camden	21,941
Cape May	2,308
Cumberland	7,154
Essex	45,779
Gloucester	10,951
Hudson	33,897
Hunterdon	6,486
Mercer	18,546
Middlesex	33,040
Monmouth	24,875
Morris	22,710
Ocean	14,969
Passaic	26,461
Salem	1,245
Somerset	18,512
Sussex	3,657
Union	24,788
Warren	3,002
New Jersey	**386,675**

Data are as of December 31, 2021.

Registered Family Child Care Providers

	2021
Atlantic	39
Bergen	41
Burlington	54
Camden	135
Cape May	7
Cumberland	26
Essex	190
Gloucester	15
Hudson	110
Hunterdon	4
Mercer	23
Middlesex	81
Monmouth	45
Morris	34
Ocean	27
Passaic	238
Salem	20
Somerset	11
Sussex	9
Union	57
Warren	24
New Jersey	**1,190**

Data are as of December 31, 2021.

New Jersey's State-Funded Home Visitation Programs

Home visitation is defined as families receiving regularly scheduled visits by either a trained home visitor or a nurse. The state's home visitation programs are designed to help mothers and fathers build healthy environments for their infants and young children by promoting infant and child health, nurturing positive parent-child relationships, and linking parents to resources and support. This is typically provided to families facing poverty and other risk factors, with visits starting before or immediately after birth.

Connecting NJ is a network of partners and agencies dedicated to helping New Jersey families thrive and provides referrals to community resources, programs, and services such as home visiting programs. Learn more at https://www.nj.gov/connectingnj/.

Families Receiving State-Funded Home Visitation Programs

	2022
Atlantic	205
Bergen	197
Burlington	230
Camden	342
Cape May	236
Cumberland	175
Essex	491
Gloucester	337
Hudson	258
Hunterdon	23
Mercer	242
Middlesex	468
Monmouth	376
Morris	144
Ocean	159
Passaic	406
Salem	67
Somerset	22
Sussex	170
Union	220
Warren	155
Unknown	2
New Jersey	**4,925**

Data are as of June 2022.

State-Funded Preschool Enrollment

	2021–22
Atlantic	1,985
Bergen	1,555
Burlington	1,603
Camden	2,876
Cape May	635
Cumberland	2,521
Essex	9,010
Gloucester	621
Hudson	7,780
Hunterdon	67
Mercer	1,882
Middlesex	3,657
Monmouth	2,182
Morris	844
Ocean	1,580
Passaic	4,618
Salem	381
Somerset	762
Sussex	258
Union	4,902
Warren	358
New Jersey	**50,077**

Note: Numbers are for preschools fully-funded by the state.

Facilities play an important role in district expansion planning. Frequently, districts do not have enough room in their own buildings to house the "universe" of 3- and 4-year-olds in their community.* Although receiving state funds to provide preschool, some districts are not serving all the children who could benefit from this high quality program due to a lack of classroom space. The good news is that school districts can collaborate with local child care providers and Head Start to implement the same standard of quality preschool in their classrooms in order to maximize the number of children who can benefit.

Calculating a district's preschool universe is determined by multiplying the number of students in the district's first grade by two.

Public Kindergarten Enrollment

	Full Day		Half Day		2021–22 Total Enrollment
	#	%	#	%	#
Atlantic	2,390	97%	68	3%	2,458
Bergen	8,832	100%	0	0%	8,832
Burlington	3,927	91%	397	9%	4,324
Camden	5,108	93%	360	7%	5,468
Cape May	779	100%	0	0%	779
Cumberland	1,692	100%	0	0%	1,692
Essex	9,626	100%	0	0%	9,626
Gloucester	2,911	100%	0	0%	2,911
Hudson	6,046	100%	0	0%	6,046
Hunterdon	1,113	100%	0	0%	1,113
Mercer	3,444	89%	425	11%	3,869
Middlesex	6,290	85%	1,127	15%	7,417
Monmouth	5,566	100%	27	0%	5,593
Morris	4,430	97%	136	3%	4,566
Ocean	4,183	100%	0	0%	4,183
Passaic	5,347	100%	0	0%	5,347
Salem	654	100%	0	0%	654
Somerset	2,177	71%	894	29%	3,071
Sussex	1,242	100%	0	0%	1,242
Union	5,578	92%	472	8%	6,050
Warren	911	95%	50	5%	961
New Jersey	**82,246**	**95%**	**3,956**	**5%**	**86,202**

Pre-K -12 Total Enrollment

	Total	Asian	Black	Hispanic	White	Native American	Hawaiian Native	Two or More Races
	#	#	#	#	#	#	#	#
Atlantic	42,524	3,321	7,867	13,541	16,101	63	114	1,517
Bergen	132,866	21,627	7,241	39,017	60,568	232	393	3,788
Burlington	67,838	4,423	12,851	9,547	37,170	124	167	3,556
Camden	81,748	5,049	18,857	23,445	30,962	150	251	3,034
Cape May	11,912	141	843	2,060	8,576	12	19	261
Cumberland	28,226	329	5,543	14,399	6,959	107	24	865
Essex	143,305	7,600	56,486	46,042	29,432	281	356	3,108
Gloucester	46,059	1,500	6,586	5,495	30,178	53	55	2,192
Hudson	89,648	9,408	11,657	50,840	15,829	178	351	1,385
Hunterdon	17,707	946	489	2,277	13,483	15	37	461
Mercer	62,108	11,296	12,441	20,810	15,550	56	64	1,892
Middlesex	125,551	35,003	12,425	42,944	31,673	485	273	2,748
Monmouth	91,988	5,530	6,655	18,893	57,905	85	105	2,815
Morris	72,336	9,282	2,382	15,759	42,552	90	145	2,126
Ocean	66,794	1,428	3,260	16,278	43,605	58	180	1,985
Passaic	84,629	4,413	8,669	50,085	20,434	172	69	787
Salem	10,979	80	2,102	1,977	6,321	22	<10	470
Somerset	51,606	12,643	5,024	12,824	19,211	156	148	1,600
Sussex	19,252	416	595	2,869	14,899	20	25	429
Union	98,346	5,028	18,559	45,174	27,441	103	185	1,857
Warren	15,499	446	1,416	2,914	10,077	22	25	599
New Jersey	**1,360,916**	**139,909**	**201,946**	**437,187**	**538,924**	**2,484**	**2,993**	**37,474**

Percentage of Pre-K -12 Total Enrollment

2021–22

	Asian	Black	Hispanic	White	Native American	Hawaiian Native	Two or More Races
	%	%	%	%	%	%	%
Atlantic	8%	19%	32%	38%	<1%	<1%	4%
Bergen	16%	5%	29%	46%	<1%	<1%	3%
Burlington	7%	19%	14%	55%	<1%	<1%	5%
Camden	6%	23%	29%	38%	<1%	<1%	4%
Cape May	1%	7%	17%	72%	<1%	<1%	2%
Cumberland	1%	20%	51%	25%	<1%	<1%	3%
Essex	5%	39%	32%	21%	<1%	<1%	2%
Gloucester	3%	14%	12%	66%	<1%	<1%	5%
Hudson	10%	13%	57%	18%	<1%	<1%	2%
Hunterdon	5%	3%	13%	76%	<1%	<1%	3%
Mercer	18%	20%	34%	25%	<1%	<1%	3%
Middlesex	28%	10%	34%	25%	<1%	<1%	2%
Monmouth	6%	7%	21%	63%	<1%	<1%	3%
Morris	13%	3%	22%	59%	<1%	<1%	3%
Ocean	2%	5%	24%	65%	<1%	<1%	3%
Passaic	5%	10%	59%	24%	<1%	<1%	1%
Salem	1%	19%	18%	58%	<1%	<1%	4%
Somerset	24%	10%	25%	37%	<1%	<1%	3%
Sussex	2%	3%	15%	77%	<1%	<1%	2%
Union	5%	19%	46%	28%	<1%	<1%	2%
Warren	3%	9%	19%	65%	<1%	<1%	4%
New Jersey	**10%**	**15%**	**32%**	**40%**	**<1%**	**<1%**	**3%**

Special Education Classification Rates, Ages 3–21

	Special Education Enrollment	Classification Rate
Atlantic	7,392	17.27
Bergen	22,677	16.94
Burlington	13,088	19.17
Camden	13,807	16.92
Cape May	2,173	18.25
Cumberland	4,596	16.16
Essex	21,484	14.85
Gloucester	8,784	19.06
Hudson	11,683	12.90
Hunterdon	3,279	18.40
Mercer	9,627	15.26
Middlesex	18,203	14.43
Monmouth	16,770	18.08
Morris	12,802	17.52
Ocean	14,099	20.85
Passaic	13,204	15.67
Salem	1,992	18.29
Somerset	8,538	16.41
Sussex	3,985	20.56
Union	14,349	14.47
Warren	2,893	18.54
New Jersey	**225,447**	**17.39**

Percentage of Population Ages 25 and Older with a Bachelor's Degree or Higher

	2021
Atlantic	32.3%
Bergen	53.0%
Burlington	43.2%
Camden	36.1%
Cape May	40.8%
Cumberland	18.3%
Essex	38.5%
Gloucester	36.6%
Hudson	47.6%
Hunterdon	54.3%
Mercer	45.9%
Middlesex	45.1%
Monmouth	50.2%
Morris	57.0%
Ocean	32.4%
Passaic	30.6%
Salem	25.8%
Somerset	58.2%
Sussex	40.3%
Union	38.2%
Warren	36.5%
New Jersey	**43.1%**

Births to Adolescents and Teens Ages 10-19

	2021	
	#	%
Atlantic	92	3%
Bergen	79	1%
Burlington	88	2%
Camden	218	3%
Cape May	22	3%
Cumberland	106	6%
Essex	329	3%
Gloucester	60	2%
Hudson	167	2%
Hunterdon	12	1%
Mercer	195	5%
Middlesex	171	2%
Monmouth	80	1%
Morris	46	1%
Ocean	104	1%
Passaic	231	4%
Salem	33	5%
Somerset	49	2%
Sussex	11	1%
Union	175	3%
Warren	18	2%
New Jersey	**2,286**	**2%**

Juvenile Arrests

	2020	
	#	Rate (per 1,000)
Atlantic	445	7.66
Bergen	617	3.04
Burlington	448	4.65
Camden	1,056	8.84
Cape May	358	21.33
Cumberland	257	6.83
Essex	929	4.50
Gloucester	276	4.20
Hudson	667	4.51
Hunterdon	50	2.03
Mercer	735	8.85
Middlesex	472	2.51
Monmouth	593	4.37
Morris	322	3.03
Ocean	383	2.42
Passaic	852	6.80
Salem	111	7.87
Somerset	303	4.06
Sussex	70	2.50
Union	422	3.11
Warren	114	5.34
New Jersey	**9,480**	**4.63**

What is the Juvenile Detention Alternatives Initiative?

New Jersey's Juvenile Detention Alternatives Initiative (JDAI) was formed in 2004 with the support and leadership of the Annie E. Casey Foundation and is managed by the state's Juvenile Justice Commission (JJC). Since the program's inception, JDAI has resulted in a dramatic decrease in detention populations throughout New Jersey without risk to public safety. JDAI fosters a fundamental shift in the way law enforcement, prosecutors, judges, and public defenders handle juvenile crime cases by moving the focus from locking kids up to returning them to their communities and addressing the issues that led to criminal behavior. Detention centers are reserved only for more serious youth offenders. JDAI has helped reduce costs considerably, due to the reduction in the daily population in detention and subsequent closure of many county detention centers. In 2018, the Annie E. Casey Foundation recognized New Jersey as the first state to implement JDAI resulting in a decrease in the average daily detention center population by nearly 70% between 2003 (pre-JDAI) and 2017. Find other data and learn more about NJ's Juvenile Justice System at https://www.njoag. gov/about/divisions-and-offices/juvenile-justice-commission-home/.

Number of Youth Admissions to County Detention

	2021
Atlantic	69
Bergen	36
Burlington	54
Camden	234
Cape May	16
Cumberland	38
Essex	338
Gloucester	23
Hudson	167
Hunterdon	<10
Mercer	76
Middlesex	65
Monmouth	36
Morris	23
Ocean	26
Passaic	88
Salem	14
Somerset	19
Sussex	<10
Union	74
Warren	11
New Jersey	**1,411**

Percentage of Youth Admissions to County Detention by Race/Ethnicity

2021

	Black or African American	White	Hispanic	Other
Atlantic	75%	6%	19%	0%
Bergen	28%	11%	58%	3%
Burlington	70%	30%	0%	0%
Camden	71%	9%	19%	2%
Cape May	25%	44%	31%	0%
Cumberland	66%	16%	18%	0%
Essex	88%	1%	10%	1%
Gloucester	57%	22%	22%	0%
Hudson	60%	6%	33%	1%
Hunterdon	0%	100%	0%	0%
Mercer	87%	0%	13%	0%
Middlesex	35%	18%	43%	3%
Monmouth	86%	3%	11%	0%
Morris	17%	39%	35%	9%
Ocean	38%	46%	15%	0%
Passaic	55%	2%	42%	1%
Salem	86%	14%	0%	0%
Somerset	47%	37%	11%	5%
Sussex	100%	0%	0%	0%
Union	76%	1%	23%	0%
Warren	45%	55%	0%	0%
New Jersey	**69%**	**9%**	**21%**	**1%**

Youth Commitments to County Detention

	2021
Atlantic	2
Bergen	0
Burlington	8
Camden	30
Cape May	0
Cumberland	4
Essex	8
Gloucester	1
Hudson	5
Hunterdon	1
Mercer	6
Middlesex	8
Monmouth	1
Morris	0
Ocean	1
Passaic	21
Salem	0
Somerset	1
Sussex	0
Union	2
Warren	0
New Jersey	**99**

Teens Not Working and Not in School

	2017–2021	
	#	%
Atlantic	844	6%
Bergen	1,684	4%
Burlington	1,252	6%
Camden	1,932	8%
Cape May	309	8%
Cumberland	1,312	17%
Essex	3,700	9%
Gloucester	773	5%
Hudson	2,157	8%
Hunterdon	502	7%
Mercer	1,182	5%
Middlesex	1,946	4%
Monmouth	1,171	3%
Morris	931	3%
Ocean	1,113	4%
Passaic	1,662	6%
Salem	247	8%
Somerset	848	5%
Sussex	330	5%
Union	2,016	7%
Warren	298	5%
New Jersey	**26,209**	**6%**

Data are reflective of teens who are 16 to 19 years old.

1 Demographics

Total Population, 2021. As reported by the U.S. Census Bureau, Population Division, Population Estimates Program. Data are as of July 1 for each year.

Child Population Under Age 18, 2021. As reported by the U.S. Census Bureau, Population Division, Population Estimates Program. Data are as of July 1 for each year.

Population Under Age 20, 2021. As reported by the U.S. Census Bureau, Population Division, Population Estimates Program. Note, counts of less than ten are suppressed in order to retain confidentiality. Data are as of July 1 for each year.

Population Under Age 5, 2021. As reported by the U.S. Census Bureau, Population Division, Population Estimates Program. Note, counts of less than ten are suppressed in order to retain confidentiality. Data are as of July 1 for each year.

Languages Spoken in the Home by Percentage of Population 5 and Older, 2021. As reported by the U.S. Census Bureau, American Community Survey chart S1601 using 1-year estimates. Data are for languages spoken in the home for population 5 years and above.

Percentage of Households with Children by Type, 2021. As reported by the U.S. Census Bureau, American Community Survey chart DP02 using 1-year estimates.

2 Family Economic Security

2021 Federal Poverty Thresholds for a Family of Four. Thresholds for a family of four, two adults and two children living in poverty. As reported by the U.S. Census Bureau.

Children Living Below the Federal Poverty Level, 2021. As reported by the U.S. Census Bureau, American Community Survey chart B17001 using 1-year estimates.

Federal Earned Income Tax Credits (EITC), 2020. Number of New Jersey taxpayers claiming a federal EITC and average claim, as reported by the U.S. Internal Revenue Service.

N.J. EITC, Recipients with at Least 1 Dependent Under Age 19, 2021. Number of New Jersey taxpayers receiving a state EITC credit, total amount of EITC credits issued, and average credit amount, as reported by the NJ Department of Treasury.

Unemployment Rate, 2021. U.S. Department of Labor, Bureau of Labor Statistics, Local Area Unemployment Statistics. Rates are not seasonally adjusted and are annual averages.

Median Family Income with Children Under 18, 2021. As reported by the U.S. Census Bureau, American Community Survey chart B19125 using 1-year estimates.

Percentage of Households Spending 30% or More of Income on Rent, 2021. As reported by the U.S Census Bureau, American Community Survey chart B25070 using 1-year estimates.

Number of Children Participating in TANF, 2022. As reported by the NJ Department of Human Services, Division of Family Development. Data are from June 30th.

Estimated Food Insecure Child Population, 2020 Estimated number and rate of children less than 18 years of age by county and state calculated by Feeding America. Estimates are calculated by analyzing state-level relationships between food insecurity and its determinants (i.e, unemployment, poverty, disability, homeownership, and median income) as well as percentage of the population that is Black and percentage of population that is Hispanic. Then, the coefficient estimates from the state analysis are used in conjunction with the same variables for every county. For more information, visit www.feedingamerica.org.

Number of Children Participating in SNAP, 2022. As reported by the NJ Department of Human Services, Division of Family Development. Data are from June 30th.

WIC Enrollment and Participation, 2022. Number of women, infants, and children enrolled in the Women, Infants, and Children program, which includes healthcare referrals, immunizations screenings, nutrition counseling, and a monthly food stipend. As reported by the NJ Department of Health for the quarter ending June 30th.

Number of Children Receiving Free- or Reduced-Priced School Breakfast, October 2022. As reported by the N.J. Department of Agriculture for October. Data represent children attending public schools, including charter schools.

Number of Children Receiving Free- or Reduced-Priced School Lunch, October 2022. As reported by the N.J. Department of Agriculture for October. Data represent children attending public schools, including charter schools.

Free- and Reduced-Price Student Participation in Breakfast per 100 Participating in Lunch, October 2022. As reported by the N.J. Department of Agriculture for October. Percentages represent the total number of students receiving a free- or reduced-price breakfast out of the total number of students receiving a free- or reduced-price lunch. Data represent children attending public schools, including charter schools.

3 Child Health

Total Births, 2021. The total number of live births. As reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 3, 2023.

Births to Foreign-Born Women, 2021. The number of births by mothers born outside of the United States and its territories. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 3, 2023.

Births by Parity (Previous Births), 2021. According to the New Jersey Department of Health, parity is the number of previous live-born children a woman has delivered. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 6, 2023.

Percentage of Women Receiving Early Prenatal Care by Race/Ethnicity, 2021. Live births for which the mother received prenatal care beginning in the first trimester. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 6, 2023.

Women Receiving Early Prenatal Care by Race, 2021. Live births for which the mother received prenatal care beginning in the first trimester. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 6, 2023.

Preterm Births, 2021. Percentage and number of total births that were considered preterm. A preterm birth is defined as less than 37 weeks. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 6, 2023.

Percentage Preterm Births by Race/Ethnicity, 2021. Percentage of total births that were considered preterm. A preterm birth is defined as less than 37 weeks. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 6, 2023.

Babies Born with Low Birthweights, 2021. The percentage and number of babies born weighing less than 2,500-grams as reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 3, 2023.

Percentage of Babies Born with Low Birthweight by Race/Ethnicity, 2021. The percentage of babies born weighing less than 2,500-grams out of the total number of live births. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 14, 2023.

Infant Mortality, 2016–2020. The number of infants under one year who died during that year. Rate is the number of infant deaths per 1,000 live births. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Death and Birth Certificate Databases. Data accessed as of March 17, 2023.

New Jersey Infant Mortality by Race/Ethnicity, 2016–2020. The number of infants under one year who died during that year. Rate is the number of infant deaths per 1,000 live births. As reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Death and Birth Certificate Databases. Note, counts of less than ten are suppressed in order to retain confidentiality. Data accessed as of March 17, 2023.

Children Ages 6–26 Months with Blood Lead Levels ≥5 Micrograms/Deciliter, 2020. As reported by the NJ Department of Health, Public Health Services Branch, Division of Family Health Services. Data accessed as of October 27, 2022.

Children Under Age 6 Years with Blood Lead Levels ≥5 Micrograms/Deciliter, 2020. As reported by the NJ Department of Health, Public Health Services Branch, Division of Family Health Services. Data accessed as of October 27, 2022.

Number of Children Ages 6–26 Months Tested for Lead 2020. As reported by the NJ Department of Health, Public Health Services Branch, Division of Family Health Services. Data accessed as of October 27, 2022.

Number of Children Under Age 6 Tested for Lead, 2020. As reported by the NJ Department of Health, Public Health Services Branch, Division of Family Health Services. Data accessed as of October 27, 2022.

NJ FamilyCare/Medicaid, Recipients Under Age 19, 2018, 2022. As reported by the NJ Department of Human Services. Data are from March of each year and are point-in-time snapshots that do not reflect any retroactivity. Includes children under age 18 enrolled in Medicaid, which is available to children living in families earning below 133% of the federal poverty level and children enrolled in the CHIP portion of NJ FamilyCare, which is available to children living in families earning up to 355% of the federal poverty level. Data retrieved September 16, 2022.

Children Under Age 19 Without Health Insurance, 2021. As reported by the U.S. Census Bureau, American Community Survey chart B27001 using 1-year estimates. Data are not comparable to previous years' estimates for children without health insurance due to a change in the included ages.

4 Child Protection

Children Under Child Protection and Permanency Supervision, 2022. As reported by the NJ Department of Children and Families. Data are as of December 31. Data retrieved April 6, 2023.

Number of Children in Out-of-Home Placements, 2022. As reported by the NJ Department of Children and Families. Data are as of December 31. Note, counts of less than ten are suppressed in order to retain confidentiality. Data retrieved April 6, 2023.

Number of Children in Out-of-Home Placement by Race/Ethnicity, 2022. As reported by the NJ Department of Children and Families. "Another Race" includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races. Data are as December 31. Data retrieved April 6, 2023.

Number of Children Receiving In-Home CP&P Supervision, 2022. As reported by the NJ Department of Children and Families. Data are as of December 31. Data retrieved April 6, 2023.

Children Receiving In-Home CP&P Supervision, Race/Ethnicity, 2022. As reported by the NJ Department of Children and Families. "Another Race" includes American Indian or Alaska Native, Native Hawaiian or Other Pacific Islander, Asian, and Two or More Races. Note, counts of less than ten are suppressed in order to retain confidentiality. Data are as of December 31. Data retrieved April 6, 2023.

Children with Substantiated/Established Cases of Abuse/Neglect, 2022. The number of children found to be victims of child abuse/neglect. As reported by the NJ Department of Children and Families for each calendar year. Previously, investigators could only determine whether reported abuse/neglect was "substantiated" or "unfounded". Data are as of December 31 of each year. Note, counts of less than ten are suppressed in order to retain confidentiality. Data retrieved April 6, 2023.

5 Child Care

Number of Licensed Child Care Centers, 2021. The number of state-licensed child care centers. As reported by the NJ Department of Children and Families. Data are as of December for each year.

Capacity of Licensed Child Care Centers, 2021. The capacity of state-licensed child care centers. As reported by the NJ Department of Children and Families. Data are as of December for each year.

Registered Family Child Care Providers, 2021. As reported by the NJ Department of Children and Families. Data are as of December for each year. Family child care providers comply with state requirements, but operate as independent small businesses.

Families Receiving State-Funded Home Visitation Programs, 2022. As reported by the NJ Department of Children and Families. Data are as of June for each year.

6 Education

State-Funded Preschool Enrollment, 2021-22. Number of three- and four-year-old students enrolled in half- and full-day New Jersey Department of Education-approved preschools, operated both in-district and in community centers, as reported by the NJ Department of Education. Excludes children enrolled in Head Start or other federally-funded programs that do not receive any state aid.

Public Kindergarten Enrollment, 2021-22. As reported by the NJ Department of Education, October Enrollment Data. Data include students enrolled in full and half-day programs in both traditional district and charter schools.

Pre-K–12 Total Enrollment, 2021-22. As reported by the NJ Department of Education, October Enrollment Data. Data include both traditional district and charter schools. Please note that total enrollment figures do not include students enrolled in public preschool programs operating within community-based providers.

Percentage of Pre-K-12 Total Enrollment, 2021-22. As reported by the NJ Department of Education, October Enrollment Data. Data include both traditional district and charter schools. Please note that total enrollment figures do not include students enrolled in public preschool programs operating within community-based providers.

Special Education Classification Rates, Ages 3-21, 2021-22. As reported by the NJ Department of Education. Number of students who are classified, ages 3-21. Data include both traditional district schools and charter schools and public and non-public students. Charter totals may be higher due to suppression of districts with fewer than 10 students.

Percentage of Population Ages 25 and Older with a Bachelor's Degree or Higher, 2021. As reported by the U.S. Census Bureau, American Community Survey chart S1501 using 1-year estimates.

7 Teens

Births to Adolescents and Teens, Ages 10-19, 2021. The percentage and number of live births to teenagers as reported by the NJ Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data accessed as of April 3, 2023.

Juvenile Arrests, 2020. Data as reported by the NJ Department of Law and Public Safety, Division of State Police, Uniform Crime Report.

Number of Youth Admissions to County Detention, 2021. The number of youth admitted to detention. As reported by the New Jersey Juvenile Justice Commission. Note, counts of less than ten are suppressed in order to retain confidentiality.

Percentage of Youth Admissions to County Detention by Race/Ethnicity, 2021. The number of youth admitted to detention. As reported by the New Jersey Juvenile Justice Commission.

Youth Commitments to County Detention, 2021. The number of youth committed to detention. As reported by the New Jersey Juvenile Justice Commission.

Teens Not Working and Not in School, 2017-2021. As reported by the U.S. Census Bureau, American Community Survey chart B14005 using 5-year estimates.

Thank You!

Advocates for Children of New Jersey appreciates the support of its donors and wants to acknowledge the generosity of these funders:

Annie E. Casey Foundation

The Victor and Pearl Tumpeer Foundation

Hackensack Meridian Health

Horizon Blue Cross Blue Shield of New Jersey

Maher Charitable Foundation

NJEA

Laura Overdeck

Prudential Financial

TD Bank

Help New Jersey's children grow up safe, healthy, and educated.

Donate to ACNJ today at www.acnj.org.

- As a nonprofit, ACNJ counts on support from donors to succeed in our efforts.
- A cornerstone of ACNJ's success is our independence. We are strictly non-partisan and accept no government funding for our advocacy, freeing us to focus on our sole mission — helping children.
- Your tax-deductible donation gives ACNJ the resources we need to advance positive change for all of New Jersey's children.
- Together, we can fight for better laws and policies, more effective funding, and stronger services, ensuring that all children have the chance to grow up safe, healthy, and educated.

For more information about how you can help support our work, please contact Steve Clayton, Director of Development, at sclayton@acnj.org, or (973) 643-3876.

ADVOCATES
for CHILDREN OF NEW JERSEY ®

35 Halsey Street
Newark, NJ 07102
(973) 643-3876
(973) 643-9153 (fax)

advocates@acnj.org

www.acnj.org

Connect with us:
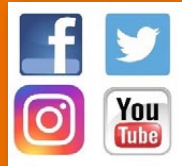
@ACNJForKids

www.acnj.org

Giving Every Child A Chance®

THE ANNIE E. CASEY FOUNDATION

2022 KIDS COUNT®
DATA BOOK

STATE TRENDS IN CHILD WELL-BEING

ACKNOWLEDGMENTS

CONTENTS

FOREWORD

FROM LISA M. HAMILTON

President and Chief Executive Officer, The Annie E. Casey Foundation

We've all been through a lot since COVID-19 emerged two and a half years ago.

Schools went virtual. So did many jobs, while others vanished, and the economy convulsed. We isolated ourselves and our families. The health care system buckled, even as doctors, nurses, researchers and others strove tirelessly to save lives. By July 2022, over 1 million people in America had died from the novel coronavirus, including more than 1,600 children.[1] Over 200,000 kids in the United States lost a parent or primary caregiver during that same period.[2]

In short, the coronavirus upended everyday life to an extent not seen since World War II. It is no surprise that millions of parents, caregivers and other adults are feeling overwhelmed. So are children, who face what the U.S. surgeon general has called a "mental health pandemic" for youth.[3]

Just as the foreword of last year's *KIDS COUNT® Data Book* could not have focused on anything other than COVID-19 and kids, this 33rd edition cannot overlook the unfolding mental health crisis that America's young people are experiencing — one that reflects not only the turmoil of the past two-plus years but also issues that were making life harder for kids well before the pandemic.

In the 2000s, experts estimated that 14%–20% of young people in America were experiencing a mental, emotional or behavioral disorder at any given time.[4] Conditions for the current generation appear to be worse.

The National Survey of Children's Health,[5] the most comprehensive survey of its kind in the United States, explores how kids and caregivers are faring across dozens of measures. These include psychological and behavioral aspects of children's lives and the factors that can affect those conditions, such as whether they are hungry at home or afraid in their own neighborhood. A sampling of results from 2016 reflects the obstacles that millions of children and families faced well before the COVID-19 pandemic:[6]

- Nearly a quarter of parents with children ages 6 to 17 said their child had been bullied in the previous year.[7] About one in five kids reportedly struggled to make friends.[8]

- Among parents with children in that same age group, more than 35% expressed some level of concern or anxiety about the safety of their neighborhood.[9]

- A third of families could not always afford nutritious meals.[10]

- A quarter of parents said they had no one to turn to for emotional support with raising their kids, while a third said they were doing only somewhat well or not very well handling the demands of parenting — further contributing to household anxiety.[11]

Most distressingly, 2,553 children ages 10 to 19 died by suicide in 2016, according to the U.S. Centers for Disease Control and Prevention.[12]

And all of this was before COVID-19.

CHILDREN'S MENTAL HEALTH: WHAT IT IS, WHY IT MATTERS

Addressing a youth mental health pandemic requires understanding what mental health is. Beyond the absence of illness, it involves the capacity to fully function mentally, be productive, build fulfilling relationships and adapt.[13] For young people, emotional and social well-being are especially important, as is the ability to navigate the challenges of life and realize their potential.[14]

Mental health is just as important as physical health.[15] And as with other components of child well-being and success, the foundation for good mental health is laid during early childhood. Cognitive abilities, language proficiency and social skills develop alongside mental health.[16] But things can go wrong. While no single indicator of the 16 in the KIDS COUNT index explicitly assesses children's health and wellness, the four domains of the *Data Book* capture factors that reflect the link between mental health and a child's overall well-being.

ECONOMIC WELL-BEING

Parents who are struggling to maintain steady employment and cover the cost of housing are not the only ones who carry the stress of living in poverty. Their children experience it, too — in ways that can harm their development. Being unable to access food, health care or child care can influence a child's brain development and readiness to learn, as well as behavior and emotional well-being.[17] Teens who aren't in school or working may face new stresses as they become financially responsible for themselves. Moreover, being anxious or depressed can affect a young person's ability to apply for, interview for, accept and retain a job.[18]

EDUCATION

A lack of access to early childhood education can undermine a child's social and emotional development. Students contending with mental health issues may not be able to focus in the classroom, falling behind in core areas such as math and reading and, ultimately, struggling to graduate. These and other obstacles can compound a child's anxiety and complicate the already emotionally charged processes of entering adolescence and figuring out what is next after high school.[19]

HEALTH

Appropriate and timely medical interventions can support better mental health. Being born at a low weight can impair early childhood development. Children who are uninsured are less likely to have access to mental health services. Struggles with mental health, though only one potential factor in childhood obesity, can lead to and further aggravate issues with being overweight.[20] And while child and teen deaths reflect suicides, they also include victims of other kinds of violence — notably, gun violence, which in 2020 surged to

become the leading cause of death for young people ages 1 to 19.[21] Individuals exposed to shootings and other violent incidents often endure emotional and psychological harm and can experience post-traumatic stress disorder.[22]

FAMILY AND COMMUNITY

Living in a high-poverty neighborhood can contribute to some of the same stresses noted above and fuel worries about safety. We also know that becoming a parent as a teen presents all the challenges of being a caregiver on top of managing one's own ongoing growth and development.[23]

The racial and ethnic disparities we see every year in the *KIDS COUNT Data Book* disproportionately result in, and contribute to, troubling mental health issues among children of color. Although data limitations prevent a thorough examination of the implications for kids whose gender identity or sexual orientation ties into their mental health, these children likely face overwhelming circumstances, too.[24]

Each year, the *Data Book* tracks how children are faring nationally and in every state through indicators in the areas of economic well-being, education, health and family and community. Many of these affect or are themselves affected by children's and families' mental health.

Although only some post-2019 data are available so far, our hope is that all readers will use this year's *Data Book* to increase their understanding of the issues at hand — and that policymakers will use this resource to inform the actions they could take to help improve the mental well-being of children and their families.

A PANDEMIC ATOP A PANDEMIC: KIDS' AND FAMILIES' MENTAL HEALTH IN 2020

COVID-19 took hold in the United States in March 2020. It shuttered schools and child care facilities; canceled youth sports and activities; and shut down libraries and recreational centers. It also cut off access to the places where children hang out informally: malls, movie theaters and even outdoor playgrounds. Suddenly, most kids' only connection with their peers was through the screens on their mobile devices, if they had them. A survey of parents a month into the pandemic showed 33% reported their young children were acting fussier and more defiant than before and 26% said their kids appeared more anxious.[25]

From lost playtime for younger children to canceled proms, graduations and summer jobs for teens, the world simply stopped being what it had been for millions of young people. Teens reported spikes in symptoms of anxiety or depression as they weathered uncertainty, fear and concerns for the health and safety of themselves, their families and their friends.[26]

Despite all of this, we see reasons for some optimism. Early research indicates that addressing youth mental health needs can reduce or even eliminate pandemic-related stress.[27] Yet even as children, parents and communities are finding ways to endure these times, the data show that our leaders can and must do more to support them.

Results of the National Survey of Children's Health show the extraordinary toll of the mental health pandemic for youth. Data from 2016 and 2020 indicate children across the nation and in most states were more likely to deal with anxiety or depression during the first year of the pandemic than previously (see Table 1), though more research is required to understand the large variation across states. Nationally, the number of kids ages 3 to 17 struggling with these issues jumped by more than 1.5 million, from 5.8 million to 7.3 million (or roughly 9% to 12%).

TABLE 1

PERCENTAGE OF CHILDREN (AGES 3 TO 17) WHO HAD ANXIETY OR DEPRESSION

Source: Child Trends' analysis of the Department of Health and Human Services' 2016 and 2020 National Survey of Children's Health (NSCH).

NOTE: *The percentages presented here are estimates based on weighted NSCH data. The weights are important because they adjust for lower response rates in some states and over- or undercounting of certain child demographics. In this way, the percentages are weighted to be representative of the U.S. population of noninstitutionalized children and should be read as estimates.*

DEFINITION

Children who had anxiety or depression is the percentage of children ages 3 to 17 who have ever been diagnosed with or reported to have anxiety or depression by a doctor or health care provider. These data are based on one-year estimates of survey responses.

LOCATION	2016	2020	CHANGE 2016 TO 2020
United States	9.4%	11.8%	25.5%
Alabama	8.2%	8.8%	7.3%
Alaska	5.4%	8.2%	51.9%
Arizona	11.7%	10.8%	-7.7%
Arkansas	8.6%	14.4%	67.4%
California	7.0%	11.9%	70.0%
Colorado	9.3%	10.4%	11.8%
Connecticut	11.5%	14.1%	22.6%
Delaware	9.8%	13.0%	32.7%
District of Columbia	7.4%	11.7%	58.1%
Florida	8.7%	10.6%	21.8%
Georgia	8.5%	10.4%	22.4%
Hawaii	4.8%	5.9%	22.9%
Idaho	11.4%	12.6%	10.5%
Illinois	10.7%	8.9%	-16.8%
Indiana	11.7%	15.9%	35.9%
Iowa	10.8%	12.6%	16.7%
Kansas	10.1%	13.2%	30.7%
Kentucky	12.4%	15.9%	28.2%
Louisiana	11.0%	10.1%	-8.2%
Maine	18.0%	17.5%	-2.8%
Maryland	9.4%	12.8%	36.2%
Massachusetts	12.2%	18.4%	50.8%
Michigan	11.9%	13.5%	13.4%
Minnesota	12.2%	14.0%	14.8%
Mississippi	10.9%	9.8%	-10.1%
Missouri	9.7%	11.4%	17.5%
Montana	12.5%	13.4%	7.2%
Nebraska	8.1%	10.4%	28.4%
Nevada	9.4%	9.0%	-4.3%
New Hampshire	14.4%	18.4%	27.8%
New Jersey	7.6%	10.7%	40.8%
New Mexico	11.4%	12.9%	13.2%
New York	8.9%	10.9%	22.5%
North Carolina	7.6%	11.3%	48.7%
North Dakota	11.4%	11.3%	-0.9%
Ohio	9.2%	13.1%	42.4%
Oklahoma	10.5%	12.1%	15.2%
Oregon	11.5%	16.1%	40.0%
Pennsylvania	10.2%	13.0%	27.5%
Rhode Island	15.5%	14.9%	-3.9%
South Carolina	7.4%	11.5%	55.4%
South Dakota	7.0%	14.2%	102.9%
Tennessee	8.8%	9.5%	8.0%
Texas	7.7%	9.5%	23.4%
Utah	13.6%	13.4%	-1.5%
Vermont	13.7%	19.2%	40.1%
Virginia	10.7%	10.8%	0.9%
Washington	11.3%	15.1%	33.6%
West Virginia	11.7%	14.6%	24.8%
Wisconsin	12.5%	15.6%	24.8%
Wyoming	11.8%	14.0%	18.6%

RACE, ETHNICITY, SEXUAL ORIENTATION AND GENDER IDENTITY

In 2020, 12% of children and youth experienced anxiety or depression — American Indian or Alaska Native, those who identify with two or more races and white kids more so than their peers (see Figure 1).

On top of that, 3.7 million kids (5%) reportedly had been treated or judged unfairly based on their race or ethnicity, and 649,000 (1%) based on their sexual orientation or gender identity.[28] Many children undergo these adverse experiences alongside other mental health challenges, and the net effects are devastating. Some 9% of high schoolers attempted suicide in 2019 — an alarmingly high number that should concern us all. The numbers are even more troubling among students of color: More than 25% of American

Indian or Alaska Native high school students attempted suicide that year, along with 12% of their Black peers and 13% of those of two or more races. Among heterosexual high school students of all races and ethnicities, 6% attempted suicide; the share was 23% for gay, lesbian or bisexual students.[29]

A 2022 survey of LGBTQ young people (ages 13 to 24) revealed many wanted mental health care but did not access it. Their reasons why illustrate that too many youth lack the support they need, including fear of discussing concerns (48%), concerns with obtaining permission to access care (45%), fear of not being taken seriously (43%), lack of affordability (41%), fear of identity being misunderstood (26%) and lack of transportation to a treatment site (21%).[30]

FIGURE 1

PERCENTAGE OF U.S. CHILDREN (AGES 3 TO 17) WHO HAD ANXIETY OR DEPRESSION BY RACE AND ETHNICITY

■ 2016
■ 2020

	2016	2020
National Average	9.4%	11.8%
African American*	7.1%	8.8%
American Indian or Alaska Native*	12.7%	15.0%
Asian and Pacific Islander*	3.1%	3.7%
Latino	8.1%	11.7%
White*	11.0%	13.3%
Two or More Races*	11.9%	13.2%
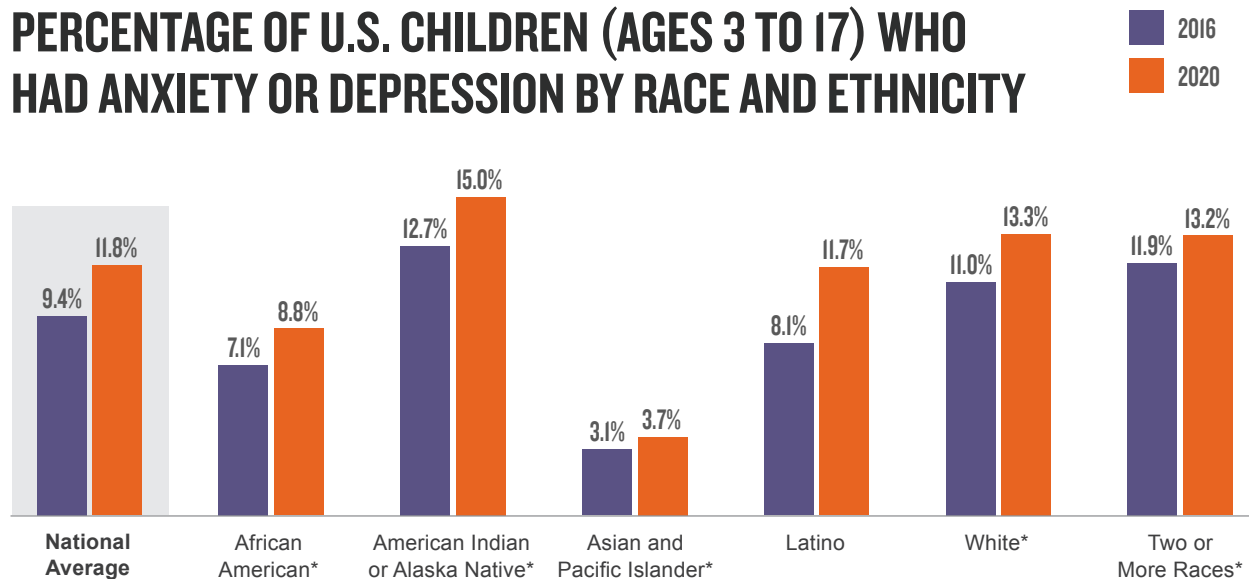
Source: Child Trends' analysis of the U.S. Department of Health and Human Services' 2016 and 2020 NSCH.

NOTE: *The percentages presented here are estimates based on weighted NSCH data. The weights are important because they adjust for lower response rates in some states and over- or undercounting of certain child demographics. In this way, the percentages are weighted to be representative of the U.S. population of noninstitutionalized children and should be read as estimates.*

*Data are for non-Hispanic children.

TAKING ACTION

The need for expanding services for young people is clear. The good news is that we see broad agreement on taking action. In early 2022, nearly three-quarters of parents (73%) thought their child would benefit from mental health counseling, up from 68% a year earlier.[31] Both major parties in both chambers of Congress support legislation on mental health and substance abuse.[32] The Biden administration has launched an effort to tackle the nation's mental health struggles that includes several youth-focused strategies.[33] Governors in 33 states have named improving mental health services as a primary objective for 2022 and beyond.[34]

We offer these recommendations for policymakers working to address the nation's ongoing youth mental health crisis:

- **Prioritize meeting kids' basic needs.** Youth who grow up in poverty are two to three times more likely to develop mental health conditions than their peers.[35] Children need a solid foundation of nutritious food, stable housing and safe neighborhoods — and their families need financial stability — to foster positive mental health and wellness.

- **Ensure all children have access to the mental health care they need, when and where they need it.** First and foremost, the federal government and every state should ensure every child in America has health insurance. In addition, schools should increase the presence of social workers, psychologists and other mental health professionals on staff. They also can strive to meet the 250-to-1 ratio of students to counselors recommended by the American School Counselor Association.[36]

Education leaders should work with local health care providers and local and state governments to make additional federal resources available and coordinate treatment.[37] Pediatricians can screen for adverse childhood experiences by employing mental health professionals or using appropriate tools and resources.[38]

- **Bolster mental health care that accounts for young people's different experiences and identities.** When kids experience violence or other traumatic situations, they need programs designed to help them heal emotionally — and that build on their unique strengths or the cultural traditions with which they identify. Care should be grounded in the latest evidence and research and geared toward early intervention, which can be especially important in the absence of a formal diagnosis of mental illness.[39] Mental health support should meet *all* children's needs regardless of their race, ethnicity, gender identity, sexual orientation or socioeconomic status.

We all want kids to thrive. We know their mental health is as essential as their physical health to their ability to succeed in life. But far too many of America's children were struggling before COVID-19, and many more are now. Our leaders should respond in this moment of crisis to fully support children and families and give young people every opportunity to realize their potential. ■

TRENDS
IN CHILD WELL-BEING
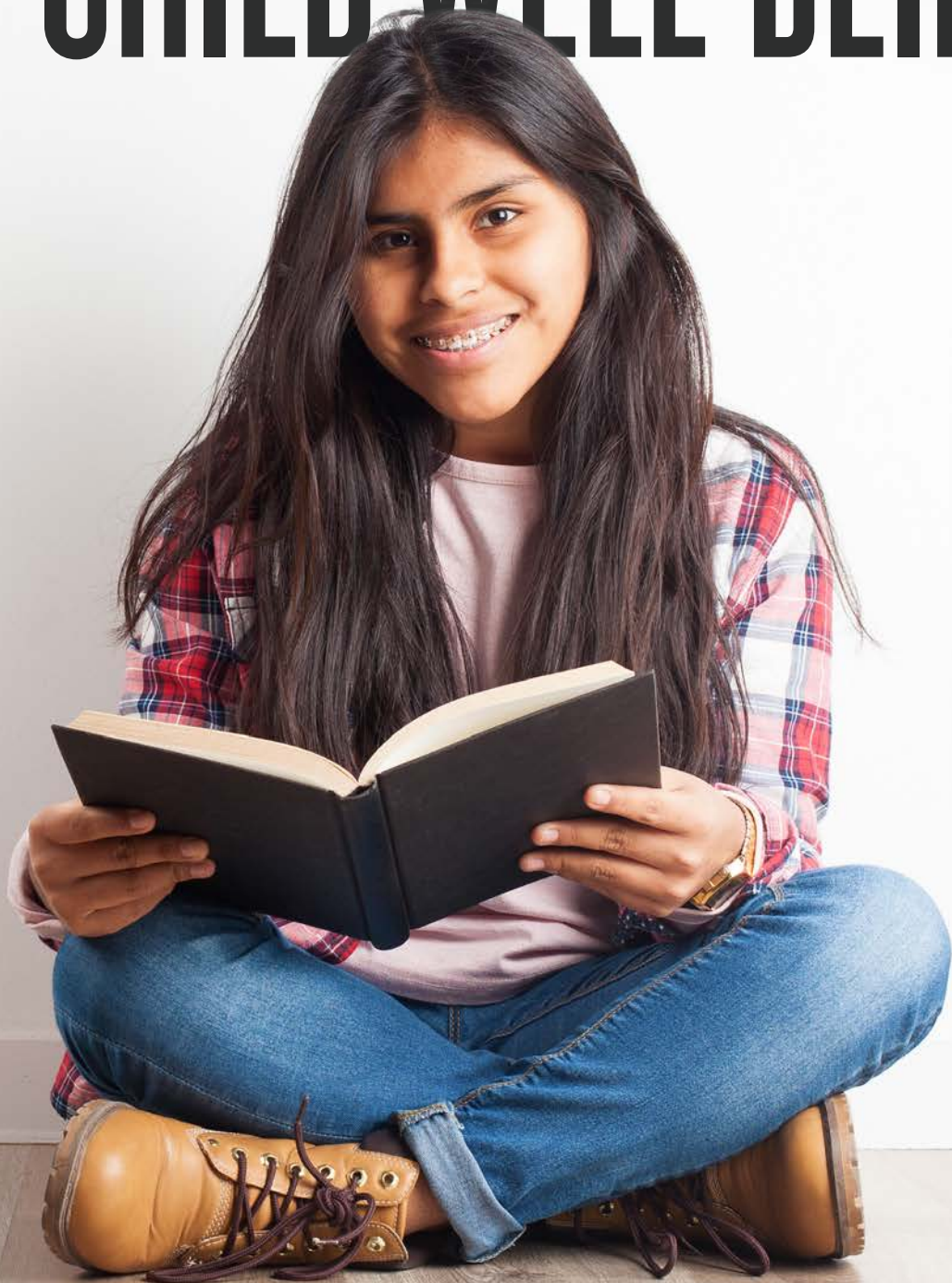
Since 1990, the Casey Foundation has ranked states annually on overall child well-being using a selection of indicators.

Called the KIDS COUNT® index, these indicators capture what children need most to thrive in four domains: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. Each domain has four indicators, for a total of 16. These indicators represent the best available data to measure the status of child well-being at the state and national levels. For a more thorough description of the KIDS COUNT index, visit **www.aecf.org/resources/the-new-kids-count-index**.

The COVID-19 pandemic has undoubtedly had a negative effect on child well-being in the United States. This year's *Data Book* presents the most recent available data, as well as multiyear trends that provide a picture of child well-being over the past decade. As the nation recovers from the coronavirus crisis, the latest data on the well-being of kids and families, including any available post-pandemic data, will be in the KIDS COUNT Data Center at **datacenter.kidscount.org**.

The COVID-19 pandemic disrupted reliable data collection for key indicators. Three important data sources used in the *KIDS COUNT Data Book* did not update or provide reliable single-year estimates for 2020. For example, the American Community Survey did not release 2020 one-year estimates. Therefore, the Foundation is relying on five-year estimates collected between Jan. 1, 2016, and Dec. 31, 2020.

The pandemic also delayed data collection for the U.S. Department of Education's National Assessment of Educational Progress. Therefore, this report relies on 2019 data for fourth-grade reading and eighth-grade math. In addition, 2019–20 high school graduation data were not released in time to include in this publication.

16 KEY INDICATORS OF CHILD WELL-BEING BY DOMAIN

ECONOMIC WELL-BEING

	2008–12	2016–20	
Children in poverty US 12,599,000	21%	17%	↓ BETTER
Children whose parents lack secure employment US 19,745,000	31%	27%	↓ BETTER
Children living in households with a high housing cost burden US 22,137,000	39%	30%	↓ BETTER
Teens not in school and not working US 1,153,000	8%	7%	↓ BETTER

EDUCATION

Young children (ages 3 and 4) not in school US 4,295,000	52% 2008–12	53% 2016–20	↑ WORSE
Fourth-graders not proficient in reading US N.A.	68% 2009	66% 2019	↓ BETTER
Eighth-graders not proficient in math US N.A.	67% 2009	67% 2019	= SAME
High school students not graduating on time US N.A.	21% 2010–11	14% 2018–19	↓ BETTER

N.A.: Not available

HEALTH

Low birth-weight babies US 297,604	8.1% 2010	8.2% 2020	↑ WORSE
Children without health insurance US 4,017,000	8% 2008–12	5% 2016–20	↓ BETTER
Child and teen deaths per 100,000 US 21,430	26 2010	28 2020	↑ WORSE
Children and teens (ages 10 to 17) who are overweight or obese US N.A.	31% 2016–17	32% 2019–20	↑ WORSE

FAMILY AND COMMUNITY

Children in single-parent families US 23,629,000	34% 2008–12	34% 2016–20	= SAME
Children in families where the household head lacks a high school diploma US 8,949,000	15% 2008–12	12% 2016–20	↓ BETTER
Children living in high-poverty areas US 6,350,000	13% 2008–12	9% 2016–20	↓ BETTER
Teen births per 1,000 US 158,043	34 2010	15 2020	↓ BETTER

N.A.: Not available

NATIONAL TRENDS IN CHILD WELL-BEING

Data over the past decade reveal encouraging trends in child well-being nationally, with improvements in 10 out of the 16 indicators (see pages 12 and 13). The most recent data available show that more parents were economically secure and lived without a high housing cost burden, and more teens graduated from high school and delayed childbearing. Broadly speaking, the nation helped children make gains in the Economic Well-Being domain, with promising but mixed results in the Health, Education and Family and Community domains.

All four Economic Well-Being indicators improved, many potentially benefiting from the federal government's robust investments in public programs to help families make ends meet during the pandemic starting in 2020. In 2016–20, fewer children were living in poverty, more parents were employed and fewer families were spending a disproportion- ate amount of their income on housing costs. The most improvement was in the percentage of children living in households that spend more than 30% of their income on housing. Nonetheless, in 2016–20, one in six children lived in poverty.

Meanwhile, two of the four Education indicators — fourth-grade reading proficiency and high school graduation — show improvement. Notably, with 86% of high school students graduating on time in the 2018–19 school year, the nation's graduation rate reached an all-time high. While education data in this year's *Data Book* predate the COVID-19 pandemic, experts anticipate that virtual learning and social isolation will

likely increase disconnection from school and worsen educational achievement in the coming years.

There were mixed results in the Health domain. Although fewer children lacked access to health insurance coverage, the percentage of babies born with low birth weights, the percentage of children and teens who were overweight and obese, and the child and teen death rate increased. Of particular concern is the increase in the child and teen death rate. In 2020, the child and teen death rate was 28 deaths per 100,000 children and youths ages 1 to 19, the highest rate seen since 2008. The rise reflects a large increase in homicides and drug overdoses. In fact, for the first time ever, firearm-related fatalities are the leading cause of death for children and teens.[40]

Trends in the Family and Community domain are mostly encouraging. The teen birth rate improved, a smaller percentage of children lived with parents who lacked a high school diploma, and, for the fifth year in a row, there was improvement in the number of children living in high-poverty communities. In 2020, the teen birth rate continued its steady decline since 2007 (despite stalling between 2018 and 2019).

Overall, the positive strides in some areas of child well-being, driven by effective policies, provide encouragement that the nation can advance the substantial work needed to improve the prospects of its youngest generation, particularly if it remains focused on meeting the needs of families as COVID-19 continues to be a concern.

RACIAL INEQUITIES IN CHILD WELL-BEING

Despite gains for children of all races and income levels during the reporting period, the country's racial inequities remain deep, systemic and stubbornly persistent (see page 16). Data suggest that our nation fails to provide American Indian, Black and Latino children with the opportunities and support they need to thrive — and to remove the obstacles they encounter disproportionately on the road to adulthood.

As a result, nearly all index measures show that children with the same potential experience disparate outcomes by race and ethnicity. A few notable exceptions: Black children were more likely than the national average to be in school as young children, to have health insurance and to live in families in which the head of the household has at least a high school diploma. American Indian families with children were less likely to be burdened with high housing costs. American Indian and Latino kids were more likely to be born at a healthy birth weight. Latino children and teens had a lower death rate than the national average.

As a result of generations-long inequities and discriminatory policies and practices that persist, children of color face high hurdles to success on many indicators. Black children were significantly more likely to live in single-parent families and in communities where poverty is concentrated. American Indian kids were more than twice as likely to lack health insurance and almost three times as likely to live in neighborhoods with more limited resources than the average child. And Latino children were the most likely to live with a head of household who lacked a high school diploma and to not be in school when they were young.

Although Asian and Pacific Islander children tend to fare better than their peers, disaggregated data show the stark differences that exist within this population. For example, 25% of Bangladeshi and 24% of Hmong children lived in poverty compared with 11% of Asian and Pacific Islander children overall. And 60% of Burmese children lived in a family where the head of household lacked a high school diploma — five times the national average.[41]

Today, children of color make up most of the child population.[42] This reality is true in 20 states, the District of Columbia and Puerto Rico. The future success of our nation depends on our ability to ensure all children have the chance to be successful.

NATIONAL AND STATE DATA PROFILES ONLINE

National and state profiles providing current and trend data for all 16 indicators, as well as an interactive look at the *Data Book*, are available at **www.aecf.org/databook**. In addition, thousands of child and family well-being indicators, including those cited in the *Data Book*, are available in the KIDS COUNT Data Center at **datacenter.kidscount.org**.

KEY INDICATORS BY RACE AND HISPANIC ORIGIN

	NATIONAL AVERAGE	AFRICAN AMERICAN	AMERICAN INDIAN	ASIAN AND PACIFIC ISLANDER	LATINO	WHITE (NON-HISPANIC)	TWO OR MORE RACES
ECONOMIC WELL-BEING							
Children in poverty 2016–20	17%	32%	31%	11%	25%	11%	18%
Children whose parents lack secure employment 2016–20	27%	41%	44%	21%	31%	21%	30%
Children living in households with a high housing cost burden 2016–20	30%	44%	29%	30%	40%	22%	33%
Teens not in school and not working 2016–20	7%	10%	12%	3%	8%	6%	7%
EDUCATION							
Young children (ages 3 and 4) not in school 2016–20	53%	50%	55%	48%	59%	51%	54%
Fourth-graders not proficient in reading 2019	66%	82%*	80%*	45%*	77%	56%	60%*
Eighth-graders not proficient in math 2019	67%	87%*	85%*	39%*	81%	57%	64%*
High school students not graduating on time 2018–19	14%	20%*	26%*	7%*	18%	11%	N.A.
HEALTH							
Low birth-weight babies 2020	8.2%	13.8%	7.9%	8.5%	7.4%	6.8%	8.9%
Children without health insurance 2016–20	5%	4%	13%	4%	8%	4%	5%
Child and teen deaths per 100,000 2020	28	49	31	14	24	25	16
Children and teens (ages 10 to 17) who are overweight or obese 2019–20^	32%	42%*	N.A.	20%*	40%	27%	N.A.
FAMILY AND COMMUNITY							
Children in single-parent families 2016–20	34%	64%	52%	16%	41%	24%	39%
Children in families where the household head lacks a high school diploma 2016–20	12%	11%	17%	10%	29%	5%	11%
Children living in high-poverty areas 2016–20	9%	22%	24%	4%	13%	3%	8%
Teen births per 1,000 2020	15	25	19	4	23	10	15

*Data are for non-Hispanic children.   N.A.: Not available   ^The response option "some other race" was removed in 2019.

OVERALL CHILD WELL-BEING

The Foundation derives a composite index of overall child well-being for each state by combining data across four domains: (1) Economic Well-Being, (2) Education, (3) Health and (4) Family and Community. These composite scores are then translated into a state ranking for child well-being.

OVERALL CHILD WELL-BEING
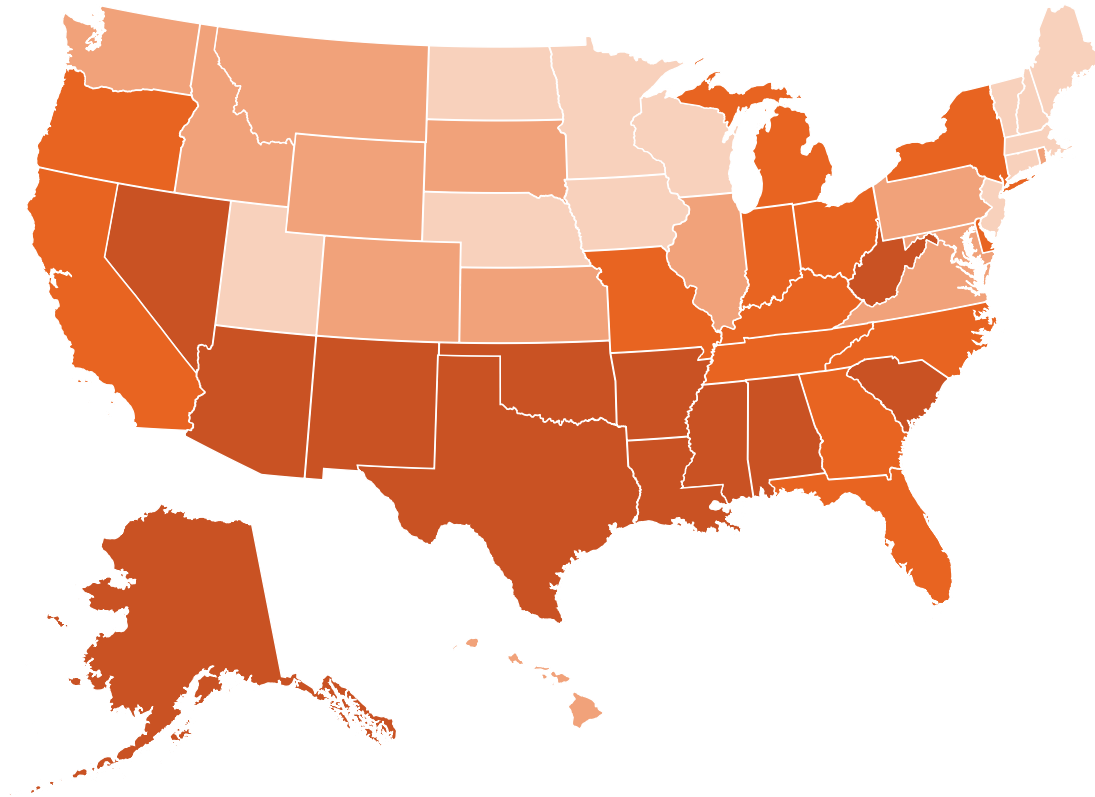
RANKINGS AND KEY

BEST	BETTER	WORSE	WORST
1. Massachusetts	13. Virginia	26. Oregon	39. South Carolina
2. New Hampshire	14. Wyoming	27. Missouri	40. Oklahoma
3. Minnesota	15. Washington	28. Indiana	41. Alaska
4. Utah	16. Colorado	29. New York	42. West Virginia
5. Vermont	17. Kansas	30. Delaware	43. Arkansas
6. New Jersey	18. Idaho	31. Ohio	44. Arizona
7. Connecticut	19. Maryland	32. Michigan	45. Texas
8. Nebraska	20. Montana	33. California	46. Alabama
9. Iowa	21. Pennsylvania	34. North Carolina	47. Nevada
10. Wisconsin	22. Hawaii	35. Florida	48. Mississippi
11. North Dakota	23. Illinois	36. Tennessee	49. Louisiana
12. Maine	24. South Dakota	37. Kentucky	50. New Mexico
	25. Rhode Island	38. Georgia	

District of Columbia and Puerto Rico are not ranked.

National data mask a great deal of state and regional variations in child well-being. A child's chances of thriving depend not only on individual, family and community characteristics but also on the state in which they are born and raised. States vary considerably in their wealth and other resources. Policy choices and investments by state officials and lawmakers also strongly influence children's chances for success.

This year, New England states hold the top two spots for overall child well-being. Massachusetts ranks first, followed by New Hampshire and Minnesota. Mississippi (at 48th place), Louisiana (49th) and New Mexico (50th) are the three lowest-ranked states.

The map on page 19 shows the distinct regional patterns that emerge from the state rankings. Five of the top 10 states in terms of overall child well-being are in the Northeast, including Vermont (fifth), New Jersey (sixth) and Connecticut (seventh). The Midwest has four other states in the top 10, including Nebraska (eighth), Iowa (ninth) and Wisconsin (10th). Utah (fourth) rounds out the list of top 10 states.

States in Appalachia, as well as the Southeast and Southwest — where families have the lowest levels of household income — populate the bottom of the overall rankings. In fact, except for Alaska, the 17 lowest-ranked states are in these regions.

Although they are not ranked against states, children in the District of Columbia and Puerto Rico experienced some of the worst outcomes on many of the indicators the Foundation tracks. When available, the data for the District of Columbia and Puerto Rico are included on pages 34–37.

In addition to differences across states, the overall rankings obscure important variations within states. Although most state rankings did not vary dramatically across domains, there are a few exceptions. For example, Idaho ranks 36th for Education but ninth for Family and Community. California ranks seventh in Health and 45th for Economic Well-Being. For all states, the index identified bright spots and room for improvement. See maps in this section to review variation in your state.

WARNING: THIS SWING SEAT HAS
BEEN DESIGNED FOR
USE BY CHILDREN ONLY
IMPROPER INSTALLATION
MAINTENANCE OR USE OF
SEAT MAY

ECONOMIC WELL-BEING

To help children grow into prepared, productive adults, parents need jobs with family-sustaining pay, affordable housing and the ability to invest in their children's future. When parents are unemployed or earn low wages, their access to resources to support their kids' development is more limited, which can undermine their children's health and prospects for success in school and beyond.[43] The negative effects of poverty on kids can extend into their teenage years and young adulthood, as they are more likely to contend with issues such as teen pregnancy and failing to graduate from high school.[44]

A 2022 STATE-TO-STATE COMPARISON OF
ECONOMIC WELL-BEING
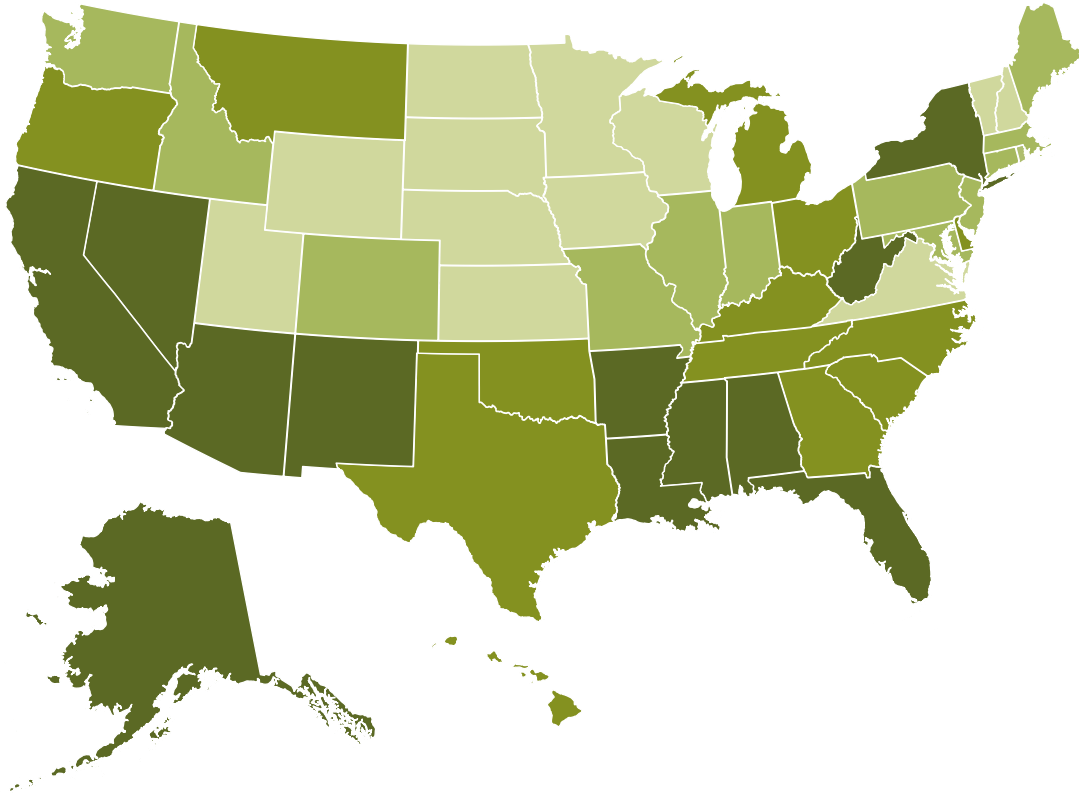
RANKINGS AND KEY

BEST	BETTER	WORSE	WORST
1. Nebraska	13. Colorado	26. Montana	39. Arkansas
2. North Dakota	14. Idaho	27. Ohio	40. Alabama
3. Minnesota	15. Massachusetts	28. Delaware	41. Arizona
4. New Hampshire	16. Maryland	29. Michigan	42. Florida
5. Iowa	17. Maine	30. Oregon	43. New York
6. Utah	18. Missouri	31. North Carolina	44. Alaska
7. Wyoming	19. Indiana	32. Oklahoma	45. California
8. Kansas	20. Connecticut	33. Tennessee	46. Nevada
9. Wisconsin	21. Washington	34. Hawaii	47. West Virginia
10. South Dakota	22. New Jersey	35. Georgia	48. New Mexico
11. Virginia	23. Pennsylvania	36. Texas	49. Mississippi
12. Vermont	24. Rhode Island	37. South Carolina	50. Louisiana
	25. Illinois	38. Kentucky	

District of Columbia and Puerto Rico are not ranked.

EDUCATION

The early years of a child's life lay the foundation for lifelong success. Establishing the conditions that promote educational achievement for children is critical, beginning with quality prenatal care and continuing through the early elementary years. With a strong and healthy beginning, children can more easily stay on track to remain in school and graduate on time, pursue postsecondary education and training and successfully transition to adulthood. Yet our country continues to have significant gaps in educational achievement by race and income along all age groups of child development.[45] Closing these gaps will be key to ensuring the nation's future workforce can compete on a global scale.

A 2022 STATE-TO-STATE COMPARISON OF
EDUCATION
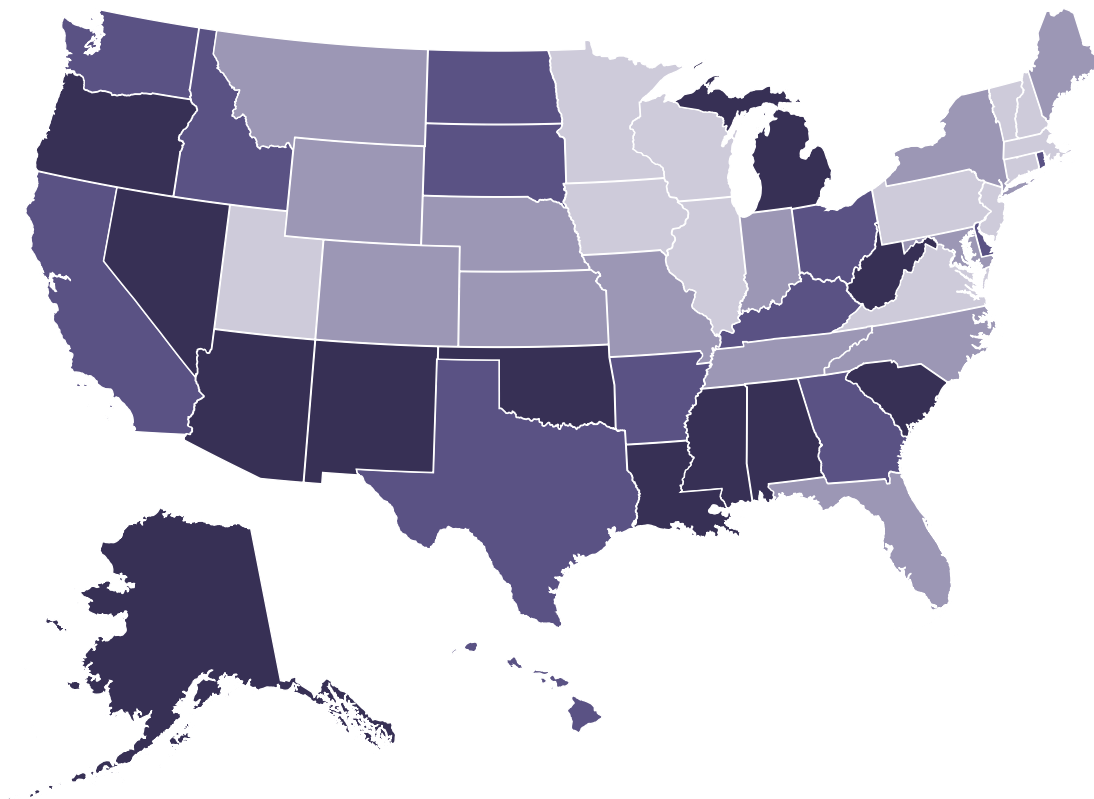
RANKINGS AND KEY

BEST
1. New Jersey
2. Massachusetts
3. Connecticut
4. New Hampshire
5. Vermont
6. Virginia
7. Pennsylvania
8. Wisconsin
9. Minnesota
10. Utah
11. Iowa
12. Illinois

BETTER
13. Florida
14. Nebraska
15. New York
16. Colorado
17. Indiana
18. Maryland
19. Wyoming
20. Missouri
21. North Carolina
22. Maine
23. Montana
24. Kansas
25. Tennessee

WORSE
26. Kentucky
27. Delaware
28. Ohio
29. South Dakota
30. Washington
31. Rhode Island
32. North Dakota
33. Texas
34. Arkansas
35. Hawaii
36. Idaho
37. California
38. Georgia

WORST
39. Mississippi
40. Michigan
41. Oregon
42. Alabama
43. South Carolina
44. West Virginia
45. Oklahoma
46. Nevada
47. Arizona
48. Louisiana
49. Alaska
50. New Mexico

District of Columbia and Puerto Rico are not ranked.

HEALTH

Children's good health is fundamental to their overall development, and ensuring kids are born healthy is the first step toward improving their chances in life. Exposure to violence, family stress, inadequate housing, lack of preventive health care, poor nutrition, poverty and substance abuse undermine children's health. Poor health in childhood affects other critical aspects of children's lives, such as school readiness and attendance, and can have lasting consequences on their future health and well-being.

A 2022 STATE-TO-STATE COMPARISON OF
HEALTH
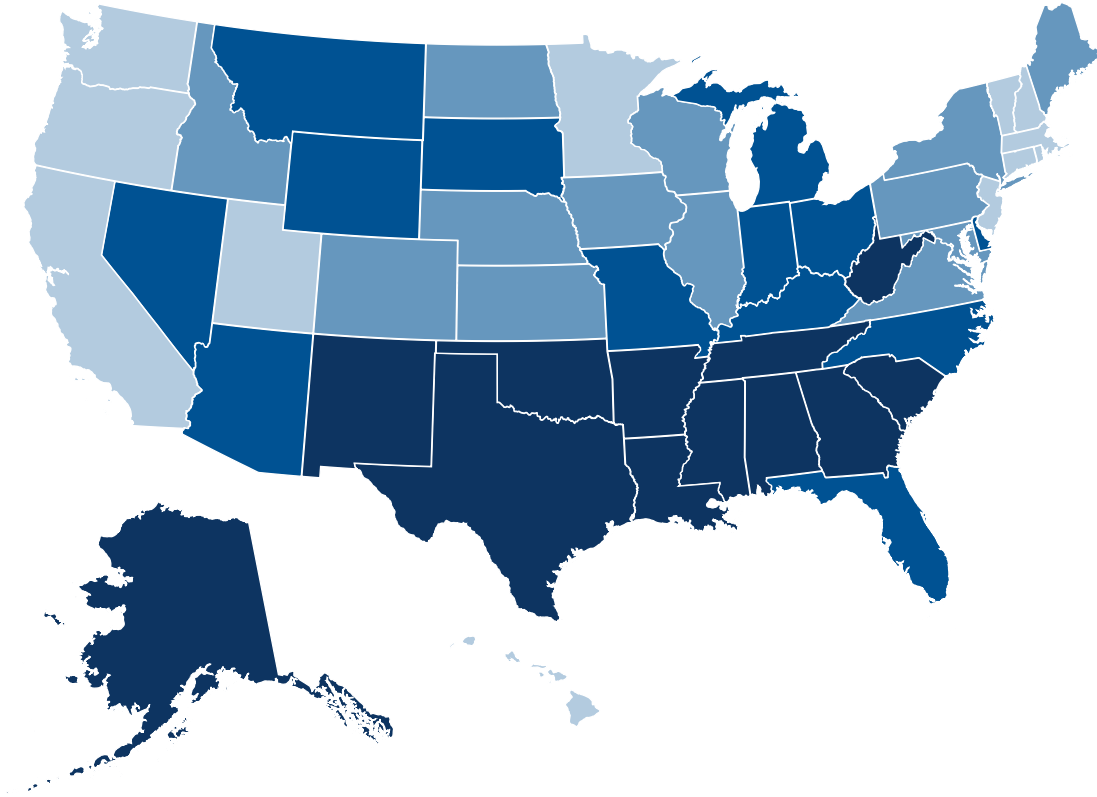
RANKINGS AND KEY

BEST	BETTER	WORSE	WORST
1. Massachusetts	13. New York	26. Montana	39. New Mexico
2. New Hampshire	14. Maine	27. Michigan	40. West Virginia
3. Vermont	15. Wisconsin	28. South Dakota	41. Tennessee
4. Minnesota	16. Nebraska	29. Arizona	42. Oklahoma
5. Hawaii	17. Iowa	30. Delaware	43. South Carolina
6. Washington	18. Maryland	31. Indiana	44. Alaska
7. California	19. Idaho	32. Ohio	45. Georgia
8. Connecticut	20. Pennsylvania	33. Wyoming	46. Arkansas
9. New Jersey	21. Virginia	34. Missouri	47. Alabama
10. Utah	22. North Dakota	35. Florida	48. Texas
11. Rhode Island	23. Illinois	36. North Carolina	49. Louisiana
12. Oregon	24. Kansas	37. Nevada	50. Mississippi
	25. Colorado	38. Kentucky	

District of Columbia and Puerto Rico are not ranked.

FAMILY AND COMMUNITY

Children who live in nurturing families and supportive communities have stronger personal connections and higher academic achievement. Parents struggling with financial hardship have fewer resources available to foster their children's development and are more prone to face severe stress and depression, which can interfere with effective parenting. These findings underscore the importance of two-generation approaches to ending poverty, which address the needs of parents and children at the same time so they can succeed together. Where families live also matters. When communities are safe and have strong institutions, good schools and quality support services, families and their children are more likely to thrive.

A 2022 STATE-TO-STATE COMPARISON OF
FAMILY AND COMMUNITY
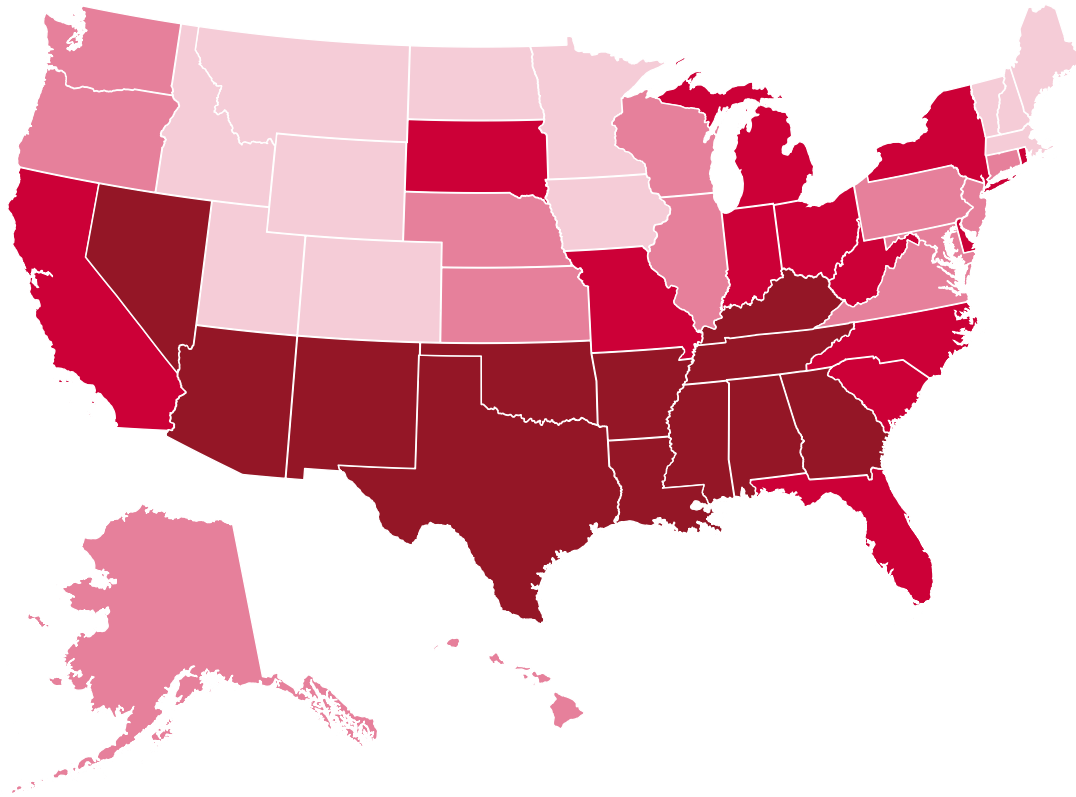
RANKINGS AND KEY

BEST	BETTER	WORSE	WORST
1. Utah	13. Washington	26. Rhode Island	39. Tennessee
2. New Hampshire	14. Connecticut	27. South Dakota	40. Georgia
3. Vermont	15. Hawaii	28. Missouri	41. Oklahoma
4. Maine	16. New Jersey	29. Michigan	42. Kentucky
5. North Dakota	17. Virginia	30. Delaware	43. Nevada
6. Wyoming	18. Oregon	31. Indiana	44. Arizona
7. Montana	19. Wisconsin	32. Florida	45. Alabama
8. Minnesota	20. Nebraska	33. Ohio	46. Arkansas
9. Idaho	21. Maryland	34. North Carolina	47. Texas
10. Massachusetts	22. Alaska	35. New York	48. New Mexico
11. Iowa	23. Kansas	36. West Virginia	49. Louisiana
12. Colorado	24. Illinois	37. California	50. Mississippi
	25. Pennsylvania	38. South Carolina	

District of Columbia and Puerto Rico are not ranked.

ENDNOTES

1   Centers for Disease Control and Prevention. (2022). *Demographic trends of COVID-19 cases and deaths in the US reported to CDC* (Covid Data Tracker updated daily). Retrieved July 11, 2022, from **https://covid.cdc.gov/covid-data-tracker/#demographics**

2   Imperial College London. (2022). *COVID-19 orphanhood: United States of America*. Retrieved June 13, 2022, from **https://imperialcollegelondon.github.io/orphanhood_calculator/#/country/United%20States%20of%20America**

3   Office of the Surgeon General. (2021). *Protecting youth mental health: The US Surgeon General's advisory*. Retrieved from **www.hhs.gov/sites/default/files/surgeon-general-youth-mental-health-advisory.pdf**

4   National Research Council and Institute of Medicine. (2009). *Preventing mental, emotional, and behavioral disorders among young people: Progress and possibilities*. Washington, DC: The National Academies Press. Retrieved from **www.ncbi.nlm.nih.gov/books/NBK32775/pdf/Bookshelf_NBK32775.pdf**

5   U.S. Census Bureau. (2022, May 25). *National Survey of Children's Health (NSCH)*. Retrieved from **www.census.gov/programs-surveys/nsch.html**

6   The base year of 2016 is used due to changes in NSCH methodology that allow for comparisons involving data from 2016 and subsequent years, but not years prior to 2016.

7   Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 2.2: Bullied, age 6-17 years*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=5244&r=1**

8   Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 2.6: Making and keeping friends, age 6-17 years*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=4625&r=1**

9   Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 7.2: Safe neighborhood*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=4757&r=1**

10 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 6.26: Food insufficiency*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=4813&r=1**

11 Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 6.15: Parent receives emotional help with parenting*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=4797&r=1**. And, Child and Adolescent Health Measurement Initiative. (n.d.). *2016 National Survey of Children's Health: Indicator 6.16: Coping with daily demands of raising children*. Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=4804&r=1**

12 Centers for Disease Control and Prevention, National Center for Injury Prevention and Control. (2020, February). *Fatal injury reports, national, regional and state, 1981–2020*. Retrieved from **https://wisqars.cdc.gov/fatal-reports**

13 Office of the Surgeon General. (1999). *Mental health: A report of the Surgeon General*. Washington, DC: National Institute of Mental Health. Retrieved from **https://profiles.nlm.nih.gov/spotlight/nn/catalog/nlm:nlmuid-101584932X120-doc**

14 Youth.gov. (n.d.). *Mental health*. Retrieved from **https://youth.gov/youth-topics/youth-mental-health**

15 Office of the Surgeon General. (2021).

16 Center on the Developing Child at Harvard University. (2015, June 19). *Early childhood mental health: A level foundation for life* (Video). YouTube. Retrieved from **https://youtu.be/L41k2p-YRCs**

17 National Academy of Sciences. (2019). Fostering healthy mental, emotional, and behavioral development in children and youth: A national agenda. *Consensus Study Report Highlights*. Retrieved from **https://nap.nationalacademies.org/resource/25201/MEB.pdf** . And, Turgeon, H., & Wright, J. (2022, May 20). We're ignoring a major culprit behind the teen mental health crisis (Opinion). *The Washington Post*. Retrieved from **www.washingtonpost.com/opinions/2022/05/20/teen-mental-health-crisis-culprit-lack-of-sleep**

18 Kim, J., Oh, J., & Rajaguru, V. (2022). Job-seeking anxiety and job preparation behavior of undergraduate students. *Healthcare (Basel, Switzerland), 10*(2), 288. Retrieved from **www.ncbi.nlm.nih.gov/pmc/articles/PMC8872297**

19 Mazzone, L., Ducci, F., Scoto, M. C., Passaniti, E., D'Arrigo, V. G., & Vitiello, B. (2007). The role of anxiety symptoms in school performance in a community sample of children and adolescents. *BMC public health, 7*, 347. Retrieved from **www.ncbi.nlm.nih.gov/pmc/articles/PMC2228292**

20 Tajik, E., Zulkefli, N. A., Baharom, A., Minhat, H. S., & Latiff, L. A. (2014). Contributing factors of obesity among stressed adolescents. *Electronic physician, 6*(1), 771–778. Retrieved from **www.ncbi.nlm.nih.gov/pmc/articles/PMC4324281**

21 Keating, D. (2022, May 25). Guns killed more young people than cars did for the first time in 2020. *The Washington Post*. Retrieved from **www.washingtonpost.com/health/2022/05/25/guns-kill-more-kids-than-cars**. And, Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022, May 19). Current causes of death in children and adolescents in the United States (Correspondence). *New England Journal of Medicine, 386*, 1955–1956. Retrieved from **www.nejm.org/doi/full/10.1056/NEJMc2201761**

22 Pinderhughes, H., Davis, R., & Williams, M. (2015). *Adverse community experiences and resilience: A framework for addressing and preventing community trauma*. Oakland, CA: Prevention Institute. Retrieved from **www.preventioninstitute.org/sites/default/files/publications/Adverse Community Experiences and Resilience.pdf**

23 Kim, P., & Watamura, S. E. (2015). *Two open windows: Infant and parent neurobiologic change*. Washington, DC: Ascend at the Aspen Institute. Retrieved July 5, 2022, from **https://ascend.aspeninstitute.org/resources/two-open-windows-infant-and-parent-neurobiologic-change-2**

24 Gower, A. L., Rider, G. N., Brown, C., & Eisenberg, M. E. (2022, April). Diverse sexual and gender identity, bullying, and depression among adolescents. *Pediatrics, 149*(4), e2021053000. Retrieved from **https://publications.aap.org/pediatrics/article/149/4/e2021053000/185419/Diverse-Sexual-and-Gender-Identity-Bullying-and?autologincheck=redirected**

25 Rapid Assessment of Pandemic Impact on Development (RAPID) - Early Childhood. (2021, April 21). *Why households with young children warrant our attention and support during (and after) the COVID-19 pandemic*. Retrieved June 22, 2022, from **https://rapidsurveyproject.com/our-research/why-households-with-young-**

children-warrant-our-attention-and-support. And, RAPID-Early Childhood. (2022). *Unpublished data.*

26 Nearchou, F., Flinn, C., Niland, R., Subramaniam, S. S., & Hennessy, E. (2020). Exploring the impact of COVID-19 on mental health outcomes in children and adolescents: A systematic review. *International Journal of Environmental Research and Public Health, 17*(22), 8479. doi:10.3390/ijerph17228479. And, Kapetanovic, S., Gurdal, S., Ander, B., & Sorbring E. (2021). Reported changes in adolescent psychosocial functioning during the COVID-19 outbreak. *Adolescents, 1*(1), 10–20. doi:10.3390/adolescents1010002. And, de Miranda, D. M., da Silva Athanasio, B., Oliveira, A. C. S., & Simoes-e-Silva, A. C. (2020). How is COVID-19 pandemic impacting mental health of children and adolescents? *International Journal of Disaster Risk Reduction, 51*, 101845. doi:10.1016/j.ijdrr.2020.101845. And, Thompson, C., Mancebo, M. C., & Moitra, E. (2021). Changes in social anxiety symptoms and loneliness after increased isolation during the COVID-19 pandemic. *Psychiatry Res, 298*, 113834. doi:10.1016/j.psychres.2021.113834

27 Rosen, M. L., Rodman, A. M., Kasparek, S. W., Mayes, M., Freeman, M. M., Lengua, L. J.,…McLaughlin, K. A. (2021). Promoting youth mental health during the COVID-19 pandemic: A longitudinal study. *PLoS ONE, 16*(8), e0255294. Retrieved from **https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0255294**

28 Child and Adolescent Health Measurement Initiative. (n.d.). *2020 National Survey of Children's Health: Treated of judged unfairly because of their race or ethnic group.* Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, from **www.childhealthdata.org/browse/survey/results?q=9141&r=1**. And, Child and Adolescent Health Measurement Initiative. (n.d.). *2020 National Survey of Children's Health: Treated or judged unfairly because of sexual orientation or gender identity.* Data Resource Center for Child and Adolescent Health supported by the U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau. Retrieved June 14, 2022, **www.childhealthdata.org/browse/survey/results?q=9142&r=1**

29 Centers for Disease Control and Prevention. (n.d.). *High school Youth Risk Behavior Surveillance System (YRBSS) youth online data.* Retrieved June 14, 2022, from **https://nccd.cdc.gov/youthonline/App/Results.aspx?TT=A&OUT=0&SID=HS&QID=QQ&LID=XX&YID=YY&LID2=&YID2=&COL=S&ROW1=N&ROW2=N&HT=C4&LCT=LL&FS=S1&FR=R1&FG=G1&FSL=S1&FRL=R1&FGL=G1&PV=&TST=&C1=&C2=&QP=G&DP=1&VA=CI&CS=Y&SYID=&EYID=&SC=DEFAULT&SO=ASC**. While this represents the best data available, the confidence interval involving American Indian and Alaska Native is large.

30 The Trevor Project. (2022.) *2022 national survey on LGBTQ youth mental health.* Retrieved from **www.thetrevorproject.org/survey-2022**. Survey respondents were defined as being lesbian, gay, bisexual, transgender or queer/questioning — LGBTQ — "if they identified with a sexual orientation other than straight/heterosexual, a gender identity other than cisgender, or both."

31 Ipsos. (2022, April 29). *Parents report improvements in their child's educational attainment compared to last year.* Retrieved from **www.ipsos.com/en-us/news-polls/NPR-Ipsos-Parent-Child-Education-04282022**

32 Youth Mental Health and Suicide Prevention Act, H.R. 1803, 117th Cong. (2021, March 12). Retrieved from **www.congress.gov/bill/117th-congress/house-bill/1803/cosponsors?q=%7B"search"%3A%5B"mental+health+and+suicide+prevention","mental","health","and","suicide","prevention"%5D%7D&r=2&s=1**. And, Youth Mental Health and Suicide Prevention Act. S. 3628, 117th Cong. (2022, February 10). Retrieved from **www.congress.gov/bill/117th-congress/**

senate-bill/3628/cosponsors?q=%7B%22search%22%3A%5B%22mental+health+and+suicide+prevention%22%2C%22mental%22%2C%22health%22%2C%22and%22%2C%22suicide%22%2C%22prevention%22%5D%7D&r=3&s=1**

33 The White House. (2022, March 1). *President Biden to announce strategy to address our national mental health crisis, as part of unity agenda in his first State of the Union* (Fact sheet). Retrieved from **www.whitehouse.gov/briefing-room/statements-releases/2022/03/01/fact-sheet-president-biden-to-announce-strategy-to-address-our-national-mental-health-crisis-as-part-of-unity-agenda-in-his-first-state-of-the-union**

34 LeBlanc, M. (2022, April 19). *Governors' 2022 health priorities* (Commentary). Retrieved from **www.nga.org/news/commentary/governors-2022-public-health-priorities**

35 Reiss, F. (2013). Socioeconomic inequalities and mental health problems in children and adolescents: A systematic review. *Social Science & Medicine, 90*, 24–31. doi:10.1016/j.socscimed.2013.04.026

36 American School Counselor Association. (n.d.). *School counselor roles & ratios.* Retrieved from **www.schoolcounselor.org/About-School-Counseling/School-Counselor-Roles-Ratios**. The ratio for the 2020–21 school year was 415-to-1.

37 Kendziora, K., Mack, A. R., Jones, W., & Pate, W. E. (2018). *Collaboration for safe and healthy schools: Study of coordination between School Climate Transformation Grants and Project AWARE.* Washington, DC: U.S. Department of Education, Office of Planning, Evaluation and Policy Development, Policy and Program Studies Service. Retrieved from **www2.ed.gov/rschstat/eval/school-safety/school-climate-transformation-grants-aware-full-report.pdf**

38 Health Resources and Services Administration. (2022, June). *Pediatric mental health care access.* Retrieved from **https://mchb.hrsa.gov/training/pgm-pmhca.asp**. And, American Academy of Pediatrics. (n.d.). *Screening Technical Assistance and Resource (STAR) Center.* Retrieved from **www.aap.org/en/patient-care/screening-technical-assistance-and-resource-center**

39 McGorry P. D., & Mei, C. (2018). Early intervention in youth mental health: Progress and future directions. *Evidence-Based Mental Health, 21*, 182–184. Retrieved from **https://ebmh.bmj.com/content/21/4/182**

40 Keating, D. (2022, May 25). And, Goldstick, J. E., Cunningham, R. M., & Carter, P. M. (2022, May 19).

41 Population Reference Bureau's analyses of data from the 2016–2020 American Community Surveys, PUMS Five-Year Estimates.

42 2020 data derived from U.S. Census Bureau, 2020 Census Redistricting Data (Public Law 94-171), Tables P1, P2, P3 and P4.

43 Han, W. J., & Zhang, L. (2022). Precarious parental employment conditions and family poverty experiences in the first six years of a child's life. *Journal of Child and Family Studies, 31*, 1106–1120. Retrieved from **https://link.springer.com/article/10.1007/s10826-021-02154-4**. And, Hernandez, D. J., & Napierala, J. S. (2017, February 6). *Children's experience with parental employment insecurity and family income inequality.* New York, NY: Foundation for Child Development. Retrieved from **www.fcd-us.org/childrens-experience-parental-employment-insecurity-family-income-inequality**

44 Copper, K., & Stewart, K. (2021, June). Does household income affect children's outcomes? A systematic review of the evidence. *Children Indicators Research, 14*, 981–1005. Retrieved from **https://link.springer.com/article/10.1007/s12187-020-09782-0**

45 Garcia, E., & Weiss, E. (2017, September 27) *Education inequalities at the school starting gate.* Washington, DC: Economic Policy Institute. Retrieved from **www.epi.org/publication/education-inequalities-at-the-school-starting-gate**

APPENDICES

CHILD WELL-BEING RANKINGS

LOCATION	OVERALL RANK	ECONOMIC WELL-BEING RANK	EDUCATION RANK	HEALTH RANK	FAMILY AND COMMUNITY RANK
Alabama	46	40	42	47	45
Alaska	41	44	49	44	22
Arizona	44	41	47	29	44
Arkansas	43	39	34	46	46
California	33	45	37	7	37
Colorado	16	13	16	25	12
Connecticut	7	20	3	8	14
Delaware	30	28	27	30	30
District of Columbia	N.R.	N.R.	N.R.	N.R.	N.R.
Florida	35	42	13	35	32
Georgia	38	35	38	45	40
Hawaii	22	34	35	5	15
Idaho	18	14	36	19	9
Illinois	23	25	12	23	24
Indiana	28	19	17	31	31
Iowa	9	5	11	17	11
Kansas	17	8	24	24	23
Kentucky	37	38	26	38	42
Louisiana	49	50	48	49	49
Maine	12	17	22	14	4
Maryland	19	16	18	18	21
Massachusetts	1	15	2	1	10
Michigan	32	29	40	27	29
Minnesota	3	3	9	4	8
Mississippi	48	49	39	50	50
Missouri	27	18	20	34	28
Montana	20	26	23	26	7
Nebraska	8	1	14	16	20
Nevada	47	46	46	37	43
New Hampshire	2	4	4	2	2
New Jersey	6	22	1	9	16
New Mexico	50	48	50	39	48
New York	29	43	15	13	35
North Carolina	34	31	21	36	34
North Dakota	11	2	32	22	5
Ohio	31	27	28	32	33
Oklahoma	40	32	45	42	41
Oregon	26	30	41	12	18
Pennsylvania	21	23	7	20	25
Puerto Rico	N.R.	N.R.	N.R.	N.R.	N.R.
Rhode Island	25	24	31	11	26
South Carolina	39	37	43	43	38
South Dakota	24	10	29	28	27
Tennessee	36	33	25	41	39
Texas	45	36	33	48	47
Utah	4	6	10	10	1
Vermont	5	12	5	3	3
Virginia	13	11	6	21	17
Washington	15	21	30	6	13
West Virginia	42	47	44	40	36
Wisconsin	10	9	8	15	19
Wyoming	14	7	19	33	6

N.R.: Not ranked

ECONOMIC WELL-BEING INDICATORS

LOCATION	CHILDREN IN POVERTY (2016–20)		CHILDREN WHOSE PARENTS LACK SECURE EMPLOYMENT (2016–20)		CHILDREN LIVING IN HOUSEHOLDS WITH A HIGH HOUSING COST BURDEN (2016–20)		TEENS NOT IN SCHOOL AND NOT WORKING (2016–20)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	12,599,000	17	19,745,000	27	22,137,000	30	1,153,000	7
Alabama	245,000	23	330,000	30	268,000	25	21,000	8
Alaska	25,000	14	58,000	32	52,000	29	4,000	10
Arizona	322,000	20	470,000	29	488,000	30	31,000	8
Arkansas	152,000	22	204,000	29	163,000	23	15,000	9
California	1,481,000	17	2,587,000	29	3,682,000	41	133,000	7
Colorado	143,000	12	281,000	22	374,000	30	18,000	6
Connecticut	95,000	13	194,000	26	248,000	34	10,000	5
Delaware	34,000	17	56,000	27	59,000	29	3,000	6
District of Columbia	28,000	23	46,000	37	45,000	35	2,000	6
Florida	774,000	19	1,177,000	28	1,537,000	36	69,000	7
Georgia	495,000	20	685,000	27	744,000	30	45,000	8
Hawaii	35,000	12	81,000	27	111,000	37	5,000	9
Idaho	63,000	14	104,000	23	103,000	23	7,000	7
Illinois	455,000	16	731,000	26	813,000	28	43,000	6
Indiana	270,000	18	422,000	27	352,000	22	23,000	6
Iowa	95,000	13	149,000	20	145,000	20	10,000	6
Kansas	97,000	14	145,000	21	150,000	21	9,000	6
Kentucky	218,000	22	316,000	31	239,000	24	18,000	8
Louisiana	285,000	26	363,000	33	324,000	30	23,000	10
Maine	34,000	14	69,000	28	55,000	22	4,000	6
Maryland	153,000	12	315,000	23	414,000	31	18,000	6
Massachusetts	164,000	12	354,000	26	419,000	31	17,000	5
Michigan	398,000	19	622,000	29	537,000	25	36,000	7
Minnesota	148,000	12	275,000	21	278,000	21	13,000	4
Mississippi	191,000	28	241,000	34	189,000	27	16,000	9
Missouri	234,000	17	355,000	26	309,000	22	21,000	7
Montana	34,000	15	63,000	27	52,000	23	4,000	8
Nebraska	57,000	12	93,000	20	97,000	20	5,000	4
Nevada	119,000	18	198,000	29	231,000	34	14,000	10
New Hampshire	23,000	9	58,000	22	65,000	25	3,000	5
New Jersey	258,000	13	462,000	24	701,000	36	24,000	5
New Mexico	121,000	26	162,000	34	131,000	27	11,000	10
New York	746,000	19	1,205,000	30	1,538,000	38	61,000	6
North Carolina	452,000	20	635,000	28	615,000	27	40,000	7
North Dakota	19,000	11	37,000	21	31,000	17	2,000	5
Ohio	487,000	19	718,000	28	625,000	24	37,000	6
Oklahoma	195,000	21	260,000	27	239,000	25	17,000	8
Oregon	127,000	15	236,000	27	271,000	31	15,000	8
Pennsylvania	434,000	17	696,000	26	708,000	27	40,000	6
Puerto Rico	343,000	57	328,000	54	170,000	28	20,000	12
Rhode Island	32,000	16	57,000	28	67,000	33	3,000	4
South Carolina	231,000	21	321,000	29	298,000	27	21,000	8
South Dakota	34,000	16	51,000	24	42,000	19	3,000	6
Tennessee	308,000	21	433,000	29	403,000	27	25,000	7
Texas	1,462,000	20	1,929,000	26	2,261,000	31	129,000	8
Utah	91,000	10	175,000	19	222,000	24	13,000	6
Vermont	14,000	12	30,000	26	31,000	26	2,000	5
Virginia	242,000	13	433,000	23	528,000	28	24,000	5
Washington	204,000	13	420,000	25	494,000	30	24,000	7
West Virginia	82,000	23	129,000	35	78,000	21	8,000	9
Wisconsin	177,000	14	283,000	22	286,000	22	16,000	5
Wyoming	16,000	12	31,000	23	25,000	18	2,000	6

EDUCATION INDICATORS

LOCATION	YOUNG CHILDREN (AGES 3 AND 4) NOT IN SCHOOL (2016–20)		FOURTH-GRADERS NOT PROFICIENT IN READING (2019)		EIGHTH-GRADERS NOT PROFICIENT IN MATH (2019)		HIGH SCHOOL STUDENTS NOT GRADUATING ON TIME (2018–19)	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
United States	4,295,000	53	N.A.	66	N.A.	67	N.A.	14
Alabama	69,000	56	N.A.	72	N.A.	79	N.A.	8
Alaska	14,000	64	N.A.	75	N.A.	71	N.A.	20
Arizona	114,000	62	N.A.	69	N.A.	69	N.A.	22
Arkansas	41,000	52	N.A.	69	N.A.	73	N.A.	12
California	530,000	52	N.A.	68	N.A.	71	N.A.	16
Colorado	71,000	51	N.A.	60	N.A.	63	N.A.	19
Connecticut	29,000	37	N.A.	60	N.A.	61	N.A.	12
Delaware	12,000	53	N.A.	67	N.A.	71	N.A.	11
District of Columbia	4,000	23	N.A.	70	N.A.	77	N.A.	31
Florida	228,000	49	N.A.	62	N.A.	69	N.A.	13
Georgia	140,000	51	N.A.	68	N.A.	69	N.A.	18
Hawaii	19,000	53	N.A.	66	N.A.	72	N.A.	15
Idaho	31,000	64	N.A.	63	N.A.	63	N.A.	19
Illinois	141,000	45	N.A.	66	N.A.	66	N.A.	14
Indiana	102,000	59	N.A.	63	N.A.	63	N.A.	13
Iowa	43,000	54	N.A.	65	N.A.	67	N.A.	8
Kansas	43,000	54	N.A.	66	N.A.	67	N.A.	13
Kentucky	68,000	59	N.A.	65	N.A.	71	N.A.	9
Louisiana	61,000	49	N.A.	74	N.A.	77	N.A.	20
Maine	15,000	56	N.A.	64	N.A.	66	N.A.	13
Maryland	77,000	51	N.A.	65	N.A.	67	N.A.	13
Massachusetts	62,000	42	N.A.	55	N.A.	53	N.A.	12
Michigan	125,000	53	N.A.	68	N.A.	69	N.A.	19
Minnesota	77,000	54	N.A.	62	N.A.	56	N.A.	16
Mississippi	36,000	48	N.A.	68	N.A.	76	N.A.	15
Missouri	83,000	54	N.A.	66	N.A.	68	N.A.	10
Montana	16,000	59	N.A.	64	N.A.	64	N.A.	13
Nebraska	31,000	57	N.A.	63	N.A.	63	N.A.	12
Nevada	50,000	63	N.A.	69	N.A.	74	N.A.	16
New Hampshire	12,000	46	N.A.	62	N.A.	62	N.A.	12
New Jersey	79,000	37	N.A.	58	N.A.	56	N.A.	9
New Mexico	29,000	56	N.A.	76	N.A.	79	N.A.	25
New York	195,000	41	N.A.	66	N.A.	66	N.A.	17
North Carolina	145,000	58	N.A.	64	N.A.	63	N.A.	14
North Dakota	15,000	69	N.A.	66	N.A.	63	N.A.	12
Ohio	158,000	56	N.A.	64	N.A.	62	N.A.	18
Oklahoma	61,000	58	N.A.	71	N.A.	74	N.A.	15
Oregon	53,000	56	N.A.	66	N.A.	69	N.A.	20
Pennsylvania	156,000	54	N.A.	60	N.A.	61	N.A.	14
Puerto Rico	22,000	37	N.A.	N.A.	N.A.	99	N.A.	23
Rhode Island	12,000	53	N.A.	65	N.A.	71	N.A.	16
South Carolina	64,000	55	N.A.	68	N.A.	71	N.A.	19
South Dakota	15,000	62	N.A.	64	N.A.	61	N.A.	16
Tennessee	102,000	61	N.A.	65	N.A.	69	N.A.	10
Texas	477,000	57	N.A.	70	N.A.	70	N.A.	10
Utah	58,000	57	N.A.	60	N.A.	63	N.A.	13
Vermont	5,000	43	N.A.	63	N.A.	62	N.A.	16
Virginia	107,000	52	N.A.	62	N.A.	62	N.A.	13
Washington	107,000	56	N.A.	65	N.A.	60	N.A.	19
West Virginia	27,000	67	N.A.	70	N.A.	76	N.A.	9
Wisconsin	78,000	57	N.A.	64	N.A.	59	N.A.	10
Wyoming	9,000	57	N.A.	59	N.A.	63	N.A.	18

N.A.: Not available

HEALTH INDICATORS

LOCATION	LOW BIRTH-WEIGHT BABIES (2020)		CHILDREN WITHOUT HEALTH INSURANCE (2016–20)		CHILD AND TEEN DEATHS PER 100,000 (2020)		CHILDREN AND TEENS (AGES 10 TO 17) WHO ARE OVERWEIGHT OR OBESE (2019–20)	
	Number	Percent	Number	Percent	Number	Rate	Number	Percent
United States	297,604	8.2	4,017,000	5	21,430	28	N.A.	32
Alabama	6,219	10.8	37,000	3	440	38	N.A.	37
Alaska	626	6.6	18,000	10	86	46	N.A.	32
Arizona	5,666	7.4	149,000	9	632	36	N.A.	27
Arkansas	3,388	9.6	35,000	5	300	40	N.A.	36
California	29,061	6.9	308,000	3	2,141	23	N.A.	30
Colorado	5,670	9.3	64,000	5	407	31	N.A.	25
Connecticut	2,623	7.8	22,000	3	150	19	N.A.	31
Delaware	928	8.9	8,000	4	53	24	N.A.	38
District of Columbia	849	9.6	3,000	2	57	40	N.A.	29
Florida	18,202	8.7	321,000	7	1,303	29	N.A.	33
Georgia	12,072	9.9	196,000	7	859	32	N.A.	34
Hawaii	1,281	8.1	9,000	3	48	16	N.A.	28
Idaho	1,478	6.9	25,000	5	142	30	N.A.	29
Illinois	11,010	8.3	95,000	3	836	28	N.A.	32
Indiana	6,390	8.1	105,000	6	550	33	N.A.	32
Iowa	2,503	6.9	21,000	3	227	29	N.A.	33
Kansas	2,491	7.2	38,000	5	233	31	N.A.	31
Kentucky	4,390	8.5	41,000	4	375	35	N.A.	39
Louisiana	6,245	10.9	43,000	4	489	43	N.A.	37
Maine	862	7.5	13,000	5	65	24	N.A.	27
Maryland	5,792	8.5	49,000	3	350	25	N.A.	29
Massachusetts	4,883	7.4	21,000	1	202	14	N.A.	24
Michigan	9,288	8.9	71,000	3	639	28	N.A.	32
Minnesota	4,229	6.7	46,000	3	333	24	N.A.	24
Mississippi	4,192	11.8	38,000	5	340	46	N.A.	38
Missouri	6,020	8.7	84,000	6	507	35	N.A.	31
Montana	830	7.7	14,000	6	92	38	N.A.	24
Nebraska	1,793	7.4	26,000	5	132	26	N.A.	28
Nevada	3,022	9.0	55,000	8	224	31	N.A.	30
New Hampshire	801	6.8	8,000	3	54	20	N.A.	27
New Jersey	7,563	7.7	81,000	4	334	16	N.A.	31
New Mexico	1,938	8.9	29,000	6	186	37	N.A.	34
New York	17,079	8.2	108,000	3	778	18	N.A.	32
North Carolina	11,090	9.5	130,000	5	710	29	N.A.	34
North Dakota	693	6.9	14,000	7	59	31	N.A.	27
Ohio	10,957	8.5	122,000	4	763	28	N.A.	38
Oklahoma	3,972	8.4	86,000	9	359	36	N.A.	32
Oregon	2,600	6.5	32,000	4	229	25	N.A.	32
Pennsylvania	10,802	8.3	129,000	5	734	26	N.A.	29
Puerto Rico	1,921	10.2	21,000	3	129	21	N.A.	N.A.
Rhode Island	775	7.7	5,000	2	41	18	N.A.	33
South Carolina	5,461	9.8	59,000	5	432	36	N.A.	36
South Dakota	753	6.9	14,000	6	72	31	N.A.	35
Tennessee	7,002	8.9	79,000	5	555	35	N.A.	37
Texas	30,299	8.2	869,000	11	2,238	28	N.A.	37
Utah	3,216	7.0	68,000	7	234	24	N.A.	23
Vermont	357	7.0	2,000	2	27	21	N.A.	28
Virginia	7,824	8.3	99,000	5	503	25	N.A.	30
Washington	5,558	6.7	49,000	3	415	24	N.A.	30
West Virginia	1,604	9.3	11,000	3	120	31	N.A.	41
Wisconsin	4,665	7.7	52,000	4	334	25	N.A.	29
Wyoming	592	9.7	13,000	9	41	29	N.A.	24

N.A.: Not available

FAMILY AND COMMUNITY INDICATORS

LOCATION	CHILDREN IN SINGLE-PARENT FAMILIES (2016–20)		CHILDREN IN FAMILIES WHERE THE HOUSEHOLD HEAD LACKS A HIGH SCHOOL DIPLOMA (2016–20)		CHILDREN LIVING IN HIGH-POVERTY AREAS (2016–20)		TEEN BIRTHS PER 1,000 (2020)	
	Number	Percent	Number	Percent	Number	Percent	Number	Rate
United States	**23,629,000**	**34**	**8,949,000**	**12**	**6,350,000**	**9**	**158,043**	**15**
Alabama	386,000	38	121,000	11	117,000	11	3,788	25
Alaska	52,000	30	14,000	8	13,000	7	378	18
Arizona	573,000	37	245,000	15	200,000	12	3,916	17
Arkansas	238,000	36	82,000	12	79,000	11	2,676	28
California	2,797,000	33	1,740,000	19	640,000	7	13,591	11
Colorado	333,000	28	126,000	10	28,000	2	2,223	12
Connecticut	236,000	33	58,000	8	45,000	6	882	8
Delaware	76,000	39	22,000	11	10,000	5	439	15
District of Columbia	61,000	52	15,000	12	27,000	22	301	16
Florida	1,534,000	39	452,000	11	317,000	8	8,920	15
Georgia	897,000	38	309,000	12	261,000	10	6,572	18
Hawaii	92,000	33	19,000	6	13,000	4	470	13
Idaho	103,000	24	42,000	9	10,000	2	909	15
Illinois	914,000	33	301,000	11	188,000	7	5,379	14
Indiana	503,000	34	175,000	11	125,000	8	4,127	19
Iowa	206,000	30	54,000	7	22,000	3	1,381	13
Kansas	195,000	29	70,000	10	36,000	5	1,749	18
Kentucky	322,000	35	104,000	10	136,000	14	3,302	24
Louisiana	456,000	44	137,000	12	214,000	19	3,676	26
Maine	73,000	31	11,000	4	8,000	3	396	11
Maryland	440,000	34	127,000	9	42,000	3	2,431	13
Massachusetts	413,000	32	109,000	8	60,000	4	1,354	6
Michigan	711,000	35	185,000	9	270,000	12	4,190	14
Minnesota	355,000	28	103,000	8	56,000	4	1,611	9
Mississippi	293,000	45	84,000	12	152,000	22	2,711	28
Missouri	433,000	34	122,000	9	97,000	7	3,556	19
Montana	60,000	28	11,000	5	14,000	6	411	13
Nebraska	128,000	28	47,000	10	19,000	4	984	15
Nevada	249,000	38	112,000	16	54,000	8	1,506	17
New Hampshire	71,000	29	12,000	5	2,000	1	272	7
New Jersey	560,000	30	179,000	9	135,000	7	2,450	9
New Mexico	194,000	43	71,000	15	95,000	20	1,485	22
New York	1,320,000	34	540,000	13	564,000	14	5,681	10
North Carolina	779,000	36	275,000	12	184,000	8	5,841	17
North Dakota	45,000	27	9,000	5	7,000	4	319	14
Ohio	898,000	37	229,000	9	282,000	11	6,404	18
Oklahoma	309,000	35	116,000	12	87,000	9	3,218	25
Oregon	246,000	30	98,000	11	33,000	4	1,210	10
Pennsylvania	870,000	35	253,000	10	248,000	9	4,895	13
Puerto Rico	359,000	62	76,000	12	504,000	83	1,466	15
Rhode Island	73,000	37	21,000	10	18,000	9	328	9
South Carolina	408,000	39	113,000	10	106,000	10	3,069	19
South Dakota	63,000	31	16,000	8	23,000	11	533	19
Tennessee	514,000	37	161,000	11	152,000	10	4,826	23
Texas	2,407,000	34	1,312,000	18	907,000	12	22,641	22
Utah	172,000	19	65,000	7	15,000	2	1,363	11
Vermont	35,000	32	6,000	5	2,000	2	139	7
Virginia	544,000	31	159,000	9	85,000	5	3,488	13
Washington	449,000	28	174,000	10	37,000	2	2,478	11
West Virginia	119,000	36	31,000	9	33,000	9	1,139	23
Wisconsin	389,000	32	104,000	8	80,000	6	2,113	11
Wyoming	33,000	26	8,000	6	2,000	1	322	18

ABOUT THE KIDS COUNT® INDEX

The KIDS COUNT® index reflects child health and educational outcomes as well as risk and protective factors, such as economic well-being, family structure and community context. The index incorporates a developmental perspective on childhood and includes experiences across life stages, from birth through early adulthood. The indicators are consistently and regularly measured, which allows for legitimate comparisons across states and over time.

Organizing the index into domains provides a more nuanced assessment of child well-being in each state that can inform policy solutions by helping policymakers and advocates better identify areas of strength and weakness. For example, a state may rank well above average in overall child well-being, while showing the need for improvement in one or more domains. Domain-specific data can strengthen decision-making efforts by providing multiple data points relevant to specific policy areas.

The 16 indicators of child well-being are derived from federal government statistical agencies and reflect the best available state and national data for tracking yearly changes. Many of the indicators are based on samples, and, like all sample data, they contain some random error. Other measures (such as the child and teen death rate) are based on relatively small numbers of events in some states and may exhibit some random fluctuation from year to year.

The Foundation urges readers to focus on relatively large differences across states, as small differences may simply reflect small fluctuations, rather than real changes in the well-being of children. Assessing trends by looking at changes over a longer period is more reliable. State data for past years are available in the KIDS COUNT Data Center at **datacenter.kidscount.org**.

The *KIDS COUNT Data Book* uses rates and percentages because they are the best way to compare states and to assess changes over time within a state. However, the focus on rates and percentages may mask the magnitude of some of the problems examined in this report. Therefore, data on the actual number of children or events are provided on pages 34–37 and in the KIDS COUNT Data Center.

The Foundation includes data for the District of Columbia and Puerto Rico in the appendices, but not in the state rankings because they are significantly different from states, and comparisons are not instructive. It is more useful to look at changes for these geographies over time or to compare the District of Columbia with other large cities. Data for many child well-being indicators for the 50 largest cities (including the District of Columbia) are available in the KIDS COUNT Data Center, which also contains statistics for children and families in the U.S. Virgin Islands.

DEFINITIONS AND DATA SOURCES

DATA SOURCES USED IN *2022 DATA BOOK*

The COVID-19 pandemic disrupted reliable data collection across key indicators. Three important data sources used in the *KIDS COUNT Data Book* did not update or provide reliable single-year estimates for 2020. As a result, the *2022 KIDS COUNT Data Book* and the KIDS COUNT index are compiled using data from the U.S. Census Bureau's American Community Survey five-year estimates for nine indicators. Traditionally, the Casey Foundation uses one-year estimates for these indicators

in this publication. This year, however, the Foundation is relying on the five-year estimates (data collected between Jan. 1, 2016, and Dec. 31, 2020) to ensure appropriate sample sizes and data integrity. Additionally, National Assessment of Educational Progress data collection was delayed; thus, this report relies on 2019 data for fourth-grade reading and eighth-grade math. Finally, 2019–20 high school graduation data were not released in time to include in this report.

DEFINITIONS

Domain rank for each state was determined in the following manner. First, the Foundation converted the state numerical values for the most recent year for each of the four key indicators within every domain into standard scores. It summed those standard scores in each domain to get a total standard score for each state. Finally, Casey ranked the states based on their total standard score by domain in sequential order from highest/best (1) to lowest/worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the domain standard score.

Overall rank for each state was calculated in the following manner. First, Casey converted the state numerical values for the most recent year for all 16 key indicators into standard scores. It summed those standard scores within their domains to create a domain standard score for each state. The Foundation then summed

the four domain standard scores to get a total standard score for every state. Finally, it ranked the states based on their total standard score in sequential order from highest/best (1) to lowest/worst (50). Standard scores were derived by subtracting the mean score from the observed score and dividing the amount by the standard deviation for that distribution of scores. All measures were given the same weight in calculating the total standard score.

Percentage change over time analysis was computed by comparing the most recent year's data for the 16 key indicators with the data for the base year. To calculate percentage change, the Foundation subtracted the rate for the most recent year from the rate for the base year and then divided that quantity by the rate for the base year. The results are multiplied by 100 for readability. The percentage change was calculated on rounded data, and the percent-age-change figure has been rounded to the nearest whole number.

ECONOMIC WELL-BEING INDICATORS

Children in poverty is the percentage of children under age 18 who live in families with incomes below 100% of the U.S. poverty threshold, as defined each year by the U.S. Census Bureau. In 2020, a family of two adults and two children lived in poverty if the family's annual income fell below $26,246. Poverty status is not determined for people living in group quarters (such as military barracks, prisons and other institutional settings) or for unrelated individuals under age 15 (such as children in foster care). The data are based on income received in the 12 months prior to the survey. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children whose parents lack secure employment is the share of all children under age 18 who live in families where no parent has regular, full-time, year-round employment. For children in single-parent families, this means the resident parent did not work at least 35 hours per week for at least 50 weeks in the 12 months prior to the survey. For children living in married-couple families, this means neither parent worked at least 35 hours per week for at least 50 weeks in the 12 months before the survey. Children who live with neither parent are also listed as not having secure parental employment because they are likely to be economically vulnerable. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children living in households with a high housing cost burden is the percentage of children under age 18 who live in households where more than 30% of monthly household pretax income is spent on housing-related expenses, including rent, mortgage payments, taxes and insurance. *SOURCE: U.S. Census Bureau, American Community Survey.*

Teens not in school and not working is the percentage of teenagers between ages 16 and 19 who are not enrolled in school (full or part time) and not employed (full or part time). *SOURCE: U.S. Census Bureau, American Community Survey.*

EDUCATION INDICATORS

Young children not in school is the percentage of children ages 3 and 4 who were not enrolled in school (e.g., nursery school, preschool or kindergarten) during the previous three months. *SOURCE: U.S. Census Bureau, American Community Survey.*

Fourth-graders not proficient in reading is the percentage of fourth-grade public school students who did not reach the proficient level in reading as measured by the National Assessment of Educational Progress. For this indicator, public schools include charter schools and exclude Bureau of Indian Education and Department of Defense Education Activity schools. *SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.*

Eighth-graders not proficient in math is the percentage of eighth-grade public school students who did not reach the proficient level in math as measured by the National Assessment of Educational Progress. For this indicator, public schools include charter schools and exclude Bureau of Indian Education and Department of Defense Education Activity schools. *SOURCE: U.S. Department of Education, National Center for Education Statistics, National Assessment of Educational Progress.*

High school students not graduating on time is the percentage of an entering freshman class not graduating in four years. The measure is derived from the adjusted cohort graduation rate (ACGR). The four-year ACGR is the number of students who graduate in four years with a regular high school diploma divided by the number of students who form the adjusted cohort for the graduating class. Students who enter ninth grade for the first time form a cohort that is adjusted by adding any students who subsequently transfer into the cohort and subtracting any students who transfer out. *SOURCE: U.S. Department of Education, National Center for Education Statistics, Common Core of Data.*

HEALTH INDICATORS

Low birth-weight babies is the percentage of live births weighing less than 5.5 pounds (2,500 grams). The data reflect the mother's place of residence, not the place where the birth occurred. *SOURCE: Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics.*

Children without health insurance is the percentage of children under age 19 not covered by any health insurance. The data are based on health insurance coverage at the time of the survey; interviews are conducted throughout the calendar year. *SOURCE: U.S. Census Bureau, American Community Survey.*

Child and teen deaths per 100,000 is the number of deaths, from all causes, of children between ages 1 and 19 per 100,000 children in this age range. The data are reported by the place of residence, not the place where the death occurred. *SOURCES: Death statistics: Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics. Population statistics: U.S. Census Bureau, Population Estimates.*

Children and teens who are overweight or obese is the percentage of children and teens ages 10 to 17 with a Body Mass Index (BMI)-for-age at or above the 85th percentile. These data are based on a two-year average of survey responses. *SOURCE: U.S. Department of Health and Human Services, Health Resources and Services Administration, Maternal and Child Health Bureau, National Survey of Children's Health.*

FAMILY AND COMMUNITY INDICATORS

Children in single-parent families is the percentage of children under age 18 who live with their own unmarried parents. Children not living with a parent are excluded. In this definition, single-parent families include cohabiting couples. Children who live with married stepparents are not considered to be in a single-parent family. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children in families where the household head lacks a high school diploma is the percentage of children under age 18 who live in households where the head of the household does not have a high school diploma or equivalent. *SOURCE: U.S. Census Bureau, American Community Survey.*

Children living in high-poverty areas is the percentage of children under age 18 who live in census tracts where the poverty rates of the total population are 30% or more. In 2020, a family of two adults and two children lived in poverty if the family's annual income fell below $26,246. The data are based on income received in the 12 months prior to the survey. *SOURCE: U.S. Census Bureau, American Community Survey.*

Teen births per 1,000 is the number of births to teenagers ages 15 to 19 per 1,000 females in this age group. Data reflect the mother's place of residence, rather than the place of the birth. *SOURCES: Birth statistics: Centers for Disease Control and Prevention, National Center for Health Statistics, Vital Statistics. Population statistics: U.S. Census Bureau, Population Estimates.*

STATE KIDS COUNT ORGANIZATIONS

ALABAMA
VOICES for Alabama's Children
alavoices.org
334.213.2410

ALASKA
Alaska Children's Trust
www.alaskachildrenstrust.org
907.248.7676

ARIZONA
Children's Action Alliance
azchildren.org
602.266.0707

ARKANSAS
Arkansas Advocates for
Children & Families
www.aradvocates.org
501.371.9678

CALIFORNIA
Children Now
www.childrennow.org
510.763.2444

COLORADO
Colorado Children's Campaign
www.coloradokids.org
303.839.1580

CONNECTICUT
Connecticut Voices for Children
ctvoices.org
203.498.4240

DELAWARE
University of Delaware
dekidscount.org
302.831.3462

DISTRICT OF COLUMBIA
DC Action
www.wearedcaction.org
202.234.9404

FLORIDA
Florida Policy Institute
www.floridapolicy.org
407.440.1421 ext. 709

GEORGIA
Georgia Family Connection
Partnership
gafcp.org
404.507.0488

HAWAII
Hawaii Children's Action Network
www.hawaii-can.org
808.531.5502

IDAHO
Idaho Voices for Children
Jannus, Inc.
www.idahovoices.org
208.947.4259

ILLINOIS
YWCA Metropolitan Chicago
ywcachicago.org
312.372.6600

INDIANA
Indiana Youth Institute
www.iyi.org
317.396.2700

IOWA
Common Good Iowa
www.commongoodiowa.org
515.280.9027

KANSAS
Kansas Action for Children
www.kac.org
785.232.0550

KENTUCKY
Kentucky Youth Advocates
kyyouth.org
502.895.8167

LOUISIANA
Agenda for Children
agendaforchildren.org
504.586.8509

MAINE
Maine Children's Alliance
www.mekids.org
207.623.1868

MARYLAND
Maryland Center on
Economic Policy
www.mdeconomy.org
410.412.9105

MASSACHUSETTS
Massachusetts Budget
and Policy Center
massbudget.org
617.426.1228

MICHIGAN
Michigan League for
Public Policy
mlpp.org
517.487.5436

MINNESOTA
Children's Defense Fund-
Minnesota
cdf-mn.org
651.855.1188

MISSISSIPPI
Children's Foundation
of Mississippi
childrensfoundationms.org
601.982.9050

MISSOURI
Family and Community Trust
www.mokidscount.org
573.636.6300

MONTANA
Montana Budget & Policy Center
montanakidscount.org
406.422.5848

NEBRASKA
Voices for Children in Nebraska
voicesforchildren.com
402.597.3100

NEVADA
Children's Advocacy Alliance
www.caanv.org
702.228.1869

NEW HAMPSHIRE
New Futures KIDS COUNT
www.new-futures.org
603.225.9540

NEW JERSEY
Advocates for Children of
New Jersey
acnj.org
973.643.3876

NEW MEXICO
New Mexico Voices for Children
www.nmvoices.org
505.244.9505

NEW YORK
New York State Council on
Children and Families
www.ccf.ny.gov
518.473.3652

NORTH CAROLINA
NC Child
ncchild.org
919.834.6623

NORTH DAKOTA
Montana Budget & Policy Center
ndkidscount.org
406.422.5848

OHIO
Children's Defense Fund-Ohio
cdfohio.org
614.221.2244

OKLAHOMA
Oklahoma Policy Institute
okpolicy.org
918.794.3944

OREGON
Our Children Oregon
ourchildrenoregon.org
503.236.9754

PENNSYLVANIA
Pennsylvania Partnerships
for Children
www.papartnerships.org
717.236.5680

PUERTO RICO
Youth Development Institute
(Instituto del Desarrollo de la
Juventud)
www.juventudpr.org
787.728.3939

RHODE ISLAND
Rhode Island KIDS COUNT
www.rikidscount.org
401.351.9400

SOUTH CAROLINA
Children's Trust of South
Carolina
scchildren.org
803.733.5430

SOUTH DAKOTA
Montana Budget & Policy Center
sdkidscount.org
406.422.5848

TENNESSEE
Tennessee Commission on
Children and Youth
www.tn.gov/tccy
615.741.2633

TEXAS
Every Texan
everytexan.org/kids-count
512.823.2871

U.S. VIRGIN ISLANDS
St. Croix Foundation for
Community Development
stxfoundation.org
340.773.9898

UTAH
Voices for Utah Children
www.utahchildren.org
801.364.1182

VERMONT
Voices for Vermont's Children
www.voicesforvtkids.org
802.229.6377

VIRGINIA
Voices for Virginia's Children
vakids.org
804.649.0184

WASHINGTON
KIDS COUNT in Washington
kidscountwa.org
206.324.0340

WEST VIRGINIA
West Virginia KIDS COUNT
wvkidscount.org
304.345.2101

WISCONSIN
Kids Forward
kidsforward.org
608.285-2314

WYOMING
Wyoming Community Foundation
www.wycf.org/wycountkids
307.721.8300

ABOUT THE ANNIE E. CASEY FOUNDATION

The Annie E. Casey Foundation is a private philanthropy that creates a brighter future for the nation's children and youth by developing solutions to strengthen families, build paths to economic opportunity and transform struggling communities into safer and healthier places to live, work and grow.

The Annie E. Casey Foundation's KIDS COUNT® (LA INFANCIA CUENTA™) is a national and state effort to track the status of children in the United States. By providing policymakers and advocates with benchmarks of child well-being, the Foundation seeks to enrich local, state and national discussions concerning ways to enable all children to succeed.

Nationally, the Foundation produces KIDS COUNT publications on key areas of well-being, including the annual *KIDS COUNT Data Book* and periodic reports on critical child and family policy issues.

The Foundation's KIDS COUNT Data Center — at **datacenter.kidscount.org** — provides the best available data on child well-being in the United States. Additionally, the Foundation funds the KIDS COUNT Network — which counts members from every state, the District of Columbia, Puerto Rico and the U.S. Virgin Islands — to provide a more detailed, local picture of how children are faring.

Suicide Mortality in the United States, 2001–2021

Matthew F. Garnett, M.P.H., and Sally C. Curtin, M.A.

Key findings

Data from the National Vital Statistics System

• After increasing between 2001 (10.7) and 2018 (14.2), the age-adjusted suicide rate declined for 2 years through 2020 (13.5), and then increased to 14.1 in 2021.

• Trends in female suicide rates varied over the period, and the observed increase between 2020 and 2021 was significant only for those aged 75 and over.

• Suicide rates significantly increased between 2020 and 2021 for males aged 15–24, 25–44, 65–74, and 75 and over.

• From 2020 to 2021, suicide rates increased significantly for non-Hispanic Black (subsequently, Black) and non-Hispanic White (subsequently, White) females.

• From 2020 to 2021, suicide rates increased significantly for non-Hispanic American Indian or Alaska Native, Black, and White males.

In 2021, suicide was the 11th leading cause of death in the United States, changing from the 10th leading cause in 2019 and the 12th leading cause in 2020 (1). As the second leading cause of death in people aged 10–34 and the fifth in people aged 35–54, suicide contributes to premature mortality (1). After peaking in 2018, rates declined through 2020 but then increased again in 2021, according to provisional data (2,3). This report updates previous data by presenting final suicide rates from 2001 through 2021 by sex and age as well as rates by race and Hispanic origin for 2020 and 2021.

From 2001 through 2021, suicide rates increased most years for males and females.

Figure 1. Age-adjusted suicide rates, by sex: United States, 2001–2021
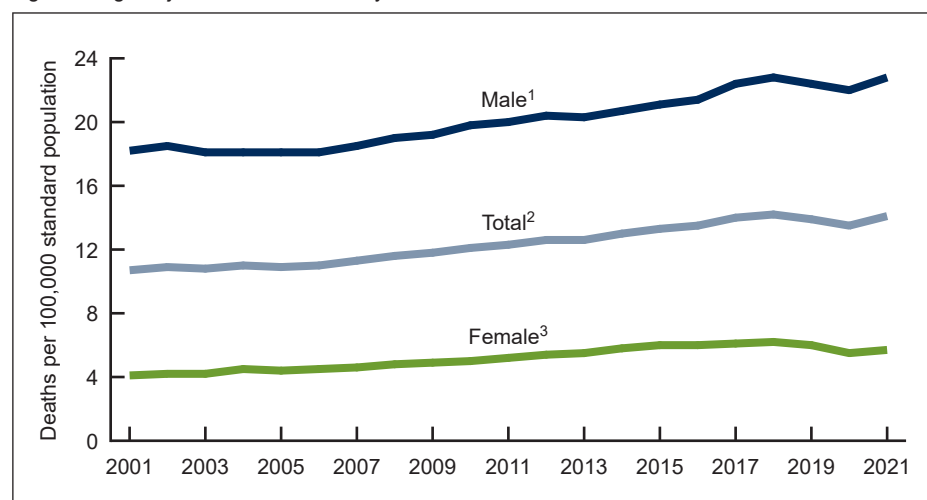
[1]No statistically significant trend from 2001 through 2006; significant increasing trend from 2006 to 2018; no statistically significant trend from 2018 through 2021, *p* < 0.05. The rate in 2021 was significantly higher than the rate in 2020, *p* < 0.05.
[2]No statistically significant trend from 2001 through 2006; significant increasing trend from 2006 to 2018, with different rates of change over time; no statistically significant trend from 2018 through 2021, *p* < 0.05. The rate in 2021 was significantly higher than the rate in 2020, *p* < 0.05.
[3]Significant increasing trend from 2001 to 2017; significant decreasing trend from 2017 through 2021, *p* < 0.05. The rate in 2021 was significantly higher than the rate in 2020, *p* < 0.05.
NOTES: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates are calculated using the direct method and the 2000 U.S. standard population. Access data table for Figure 1 at: https://www.cdc.gov/nchs/data/databriefs/db464-tables.pdf#1.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

- The total age-adjusted suicide rate increased from 10.7 deaths per 100,000 standard population in 2001 to a recent peak of 14.2 in 2018, and then declined to 13.5 in 2020. In 2021, the rate increased 4% to 14.1, the largest 1-year increase during the period (Figure 1).

- The suicide rate for males did not change significantly from 2001 (18.2) through 2006 (18.1), and then increased to 22.8 in 2018. Rates declined in 2019 (22.4) and 2020 (22.0) but then increased 4% in 2021 (22.8).

- The suicide rate for females increased from 2001 (4.1) through 2015 (6.0) and then did not change significantly through 2018 (6.2). Following a 2-year decline to 5.5 in 2020, the rate increased 4% in 2021 (5.7).

- The suicide rate for males was three to four and one-half times the rate for females during the 2001–2021 period.

From 2001 through 2021, changes in suicide rates among females varied by age.

- From 2001 through 2021, female suicide rates tended to increase, although at variable rates, for all age groups except those aged 75 and over. For females aged 75 and over, rates had periods of decline and stability across the period except for a significant increase between 2020 and 2021 (Figure 2).

Figure 2. Suicide rates for females, by age group: United States, 2001–2021
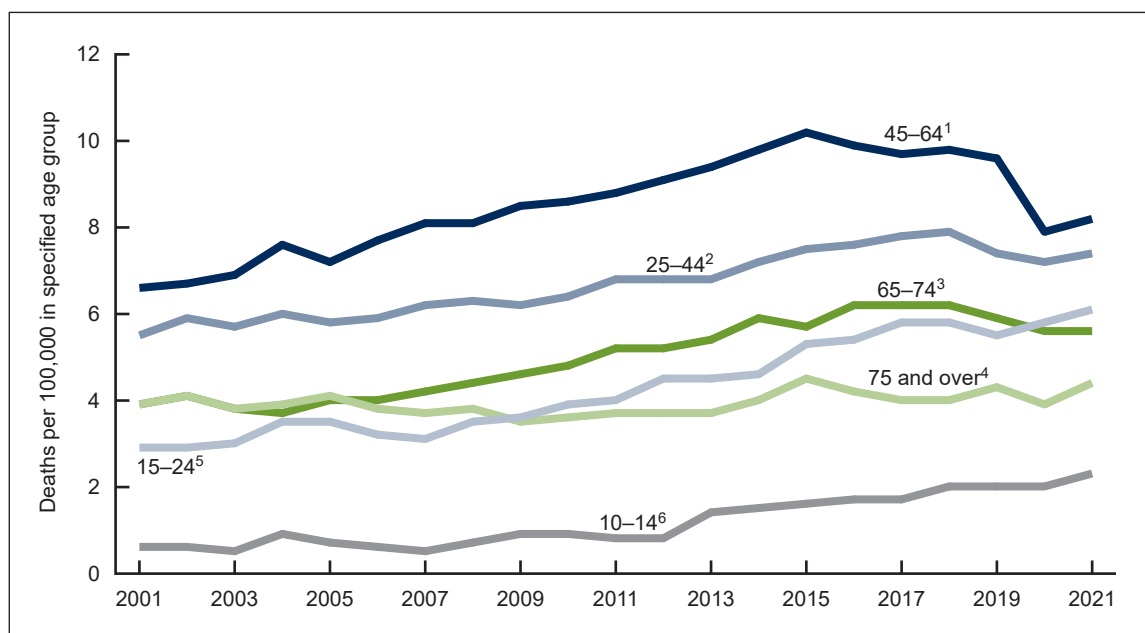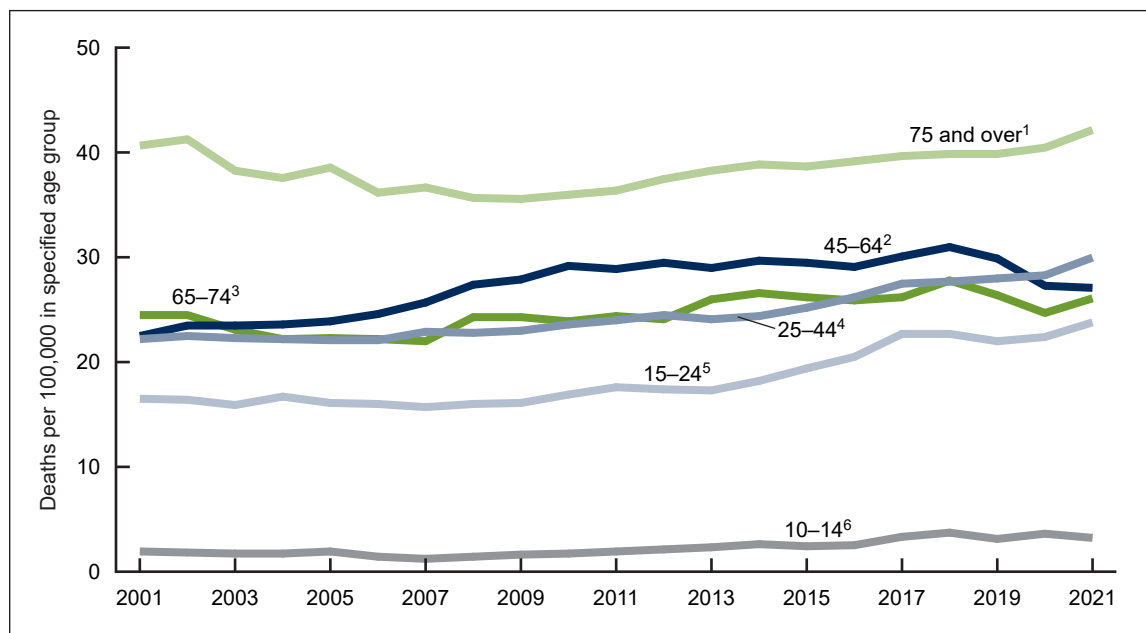

[1]Significant increasing trend from 2001 through 2015; no statistically significant trend from 2015 through 2018; significant decreasing trend from 2018 through 2020, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
[2]Significant increasing trend from 2001 through 2018; no statistically significant trend from 2018 through 2021, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
[3]No statistically significant trend from 2001 through 2004; significant increasing trend from 2004 to 2017, significant decreasing trend from 2017 through 2021, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
[4]No statistically significant trend from 2001 through 2009; significant increasing trend from 2009 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than in 2020, $p < 0.05$.
[5]Significant increasing trend from 2001 through 2004; no statistically significant trend from 2004 through 2007; significant increasing trend from 2007 through 2017; no statistically significant trend from 2017 through 2021, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
[6]Significant increasing trend from 2001 through 2021, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
NOTES: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0.
Access data table for Figure 2 at: https://www.cdc.gov/nchs/data/databriefs/db464-tables.pdf#2.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

- Suicide rates significantly decreased between 2018 and 2020 for women aged 45–64 (from 9.8 deaths per 100,000 to 7.9) and between 2017 and 2020 for women aged 65–74 (6.2 to 5.6).

- From 2020 to 2021, an increase in suicide rates for females was seen across most age groups, but only the change for those aged 75 and over was significant, increasing from 3.9 to 4.4.

- From 2001 through 2021, female suicide rates were consistently highest in those aged 45–64 and lowest in those aged 10–14. Although rates were lowest for those aged 10–14, this group experienced the largest percentage increase over this period, from 0.6 in 2001 to 2.3 in 2021.

Suicide rates for males in all age groups were higher in 2021 than in 2001, although rates for those aged 45–64 have recently declined.

- From 2020 to 2021, trends in suicide rates for males varied by age group (Figure 3).

- For men aged 45–64, the suicide rate declined for 3 years in a row from 2018 (31.0 deaths per 100,000) to 2021 (27.1), although the change between 2020 and 2021 was not significant.

Figure 3. Suicide rates for males, by age group: United States, 2001–2021

[1]Significant decreasing trend from 2001 through 2008; significant increasing trend from 2008 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than in 2020, $p < 0.05$.
[2]No statistically significant trend from 2001 through 2005; significant increasing trend from 2005 to 2010; no statistically significant trend from 2010 to 2018; significant decreasing trend from 2018 through 2021, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
[3]No statistically significant trend from 2001 to 2004; significant increasing trend from 2004 to 2018; no statistically significant trend from 2018 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than in 2020, $p < 0.05$.
[4]No statistically significant trend from 2001 to 2005; significant increasing trend from 2005 through 2021, with different rates of change over time, $p < 0.05$. The rate in 2021 was significantly higher than in 2020, $p < 0.05$.
[5]No statistically significant trend from 2001 to 2007; significant increasing trend from 2007 to 2014; no statistically significant trend from 2014 through 2021, $p < 0.05$. The rate in 2021 was significantly higher than in 2020, $p < 0.05$.
[6]Significant decreasing trend from 2001 to 2007; significant increasing trend from 2007 to 2018; no statistically significant trend from 2018 through 2021, $p < 0.05$. The rate in 2021 was not significantly different than the rate in 2020, $p > 0.05$.
NOTES: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Access data table for Figure 3 at: https://www.cdc.gov/nchs/data/databriefs/db464-tables.pdf#3.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

- Significant increases in suicide rates occurred from 2020 to 2021 for males aged 15–24 (from 22.4 to 23.8), 25–44 (28.3 to 30.0), 65–74 (24.7 to 26.1), and 75 and over (40.5 to 42.2).

- From 2001 through 2021, male suicide rates were consistently highest in those aged 75 and over and lowest in those aged 10–14.

Suicide rates increased significantly from 2020 to 2021 for non-Hispanic Black and non-Hispanic White females.

- From 2020 to 2021, suicide rates increased 14% for non-Hispanic Black (subsequently, Black) females (from 2.9 deaths per 100,000 standard population to 3.3) and 3% for non-Hispanic White (subsequently, White) females (6.9 to 7.1) (Figure 4).

- From 2020 to 2021, increases in suicide rates for Hispanic females (2.8 to 3.0), non-Hispanic American Indian or Alaska Native (subsequently, American Indian or Alaska Native) females (11.7 to 13.8), and non-Hispanic Asian (subsequently, Asian) females (3.7 to 3.9) were not significant.

Figure 4. Age-adjusted suicide rates for females, by race and Hispanic origin: United States, 2020 and 2021
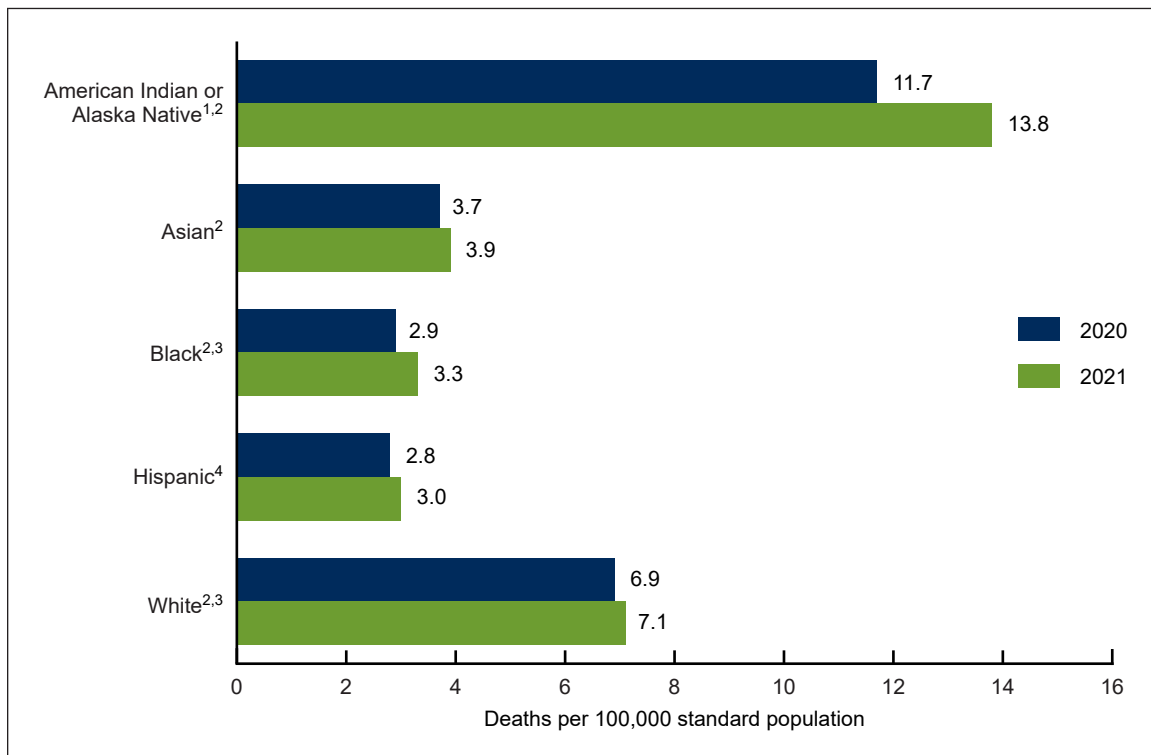
[1]In 2021, rate was significantly higher than all other race and Hispanic-origin groups, $p < 0.05$.
[2]Race groups are non-Hispanic.
[3]Rate was significantly higher in 2021 than in 2020, $p < 0.05$.
[4]In 2021, rate was significantly lower than all other race and Hispanic-origin groups, $p < 0.05$.
NOTES: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates are calculated using the direct method and the 2000 U.S. standard population. Misclassification of race and Hispanic origin on death certificates results in the underestimation of death rates by as much as 34% for non-Hispanic American Indian or Alaska Native people and 3% for non-Hispanic Asian and Hispanic people. Data are not shown for non-Hispanic Native Hawaiian or Other Pacific Islander people due to small counts that can result in unreliable rates. Access data table for Figure 4 at: https://www.cdc.gov/nchs/data/databriefs/db464-tables.pdf#4.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

- In 2021, American Indian or Alaska Native females had the highest suicide rates and Hispanic females had the lowest.

Suicide rates increased from 2020 to 2021 for American Indian or Alaska Native, Black, and White males.

- From 2020 to 2021, suicide rates increased for American Indian or Alaska Native males by 17% (from 36.4 deaths per 100,000 standard population to 42.6), for Black males by 11% (13.1 to 14.6), and for White males by 3% (27.2 to 28.0) (Figure 5).

- From 2020 to 2021, increases in suicide rates for Hispanic (12.3 to 12.8) and Asian (9.5 to 9.9) males were not significant. The decrease for non-Hispanic Native Hawaiian or Other Pacific Islander males (20.0 to 19.5) was also not significant.

- In 2021, American Indian or Alaska Native males had the highest rates and Asian males had the lowest.

Figure 5. Age-adjusted suicide rates for males, by race and Hispanic origin: United States, 2020 and 2021
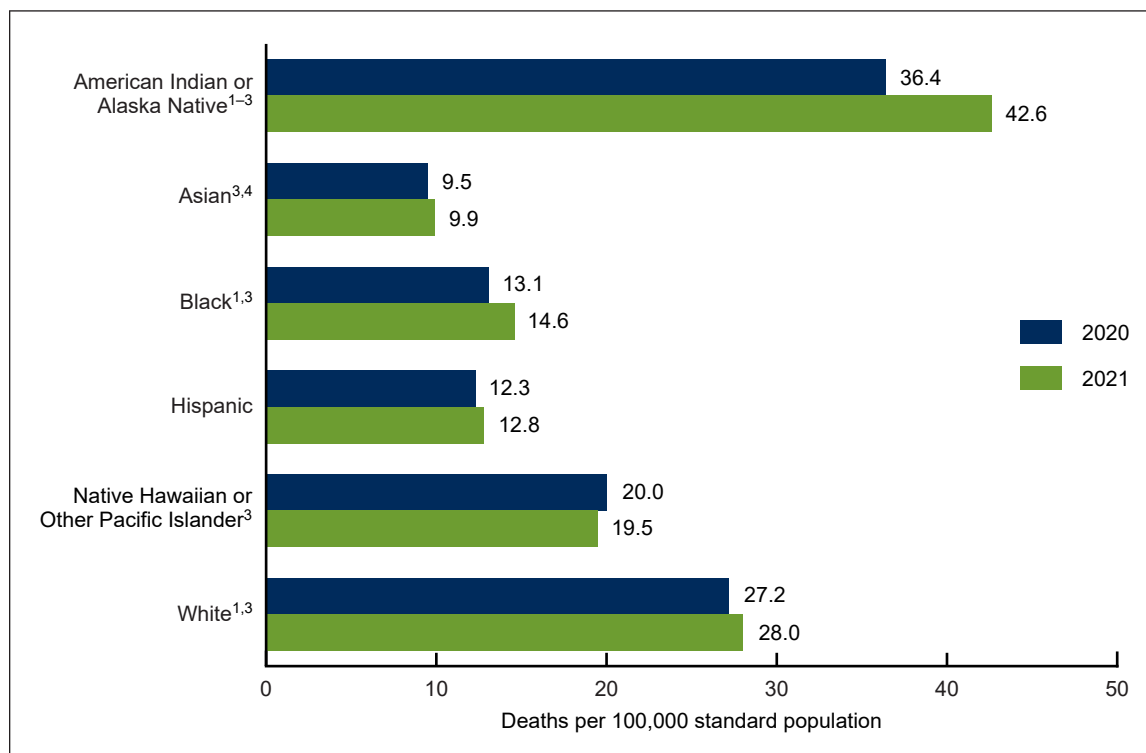
[1]Rate was significantly higher in 2021 than in 2020, *p* < 0.05.
[2]In 2021, rate was significantly higher than all other race and Hispanic-origin groups, *p* < 0.05.
[3]Race groups are non-Hispanic.
[4]In 2021, rate was significantly lower than all other race and Hispanic-origin groups, *p* < 0.05.
NOTES: Suicide deaths are identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0. Age-adjusted death rates are calculated using the direct method and the 2000 U.S. standard population. Misclassification of race and Hispanic origin on death certificates results in the underestimation of death rates by as much as 34% for non-Hispanic American Indian or Alaska Native people, 3% for non-Hispanic Asian and Hispanic people, and an unknown amount among non-Hispanic Native Hawaiian or Other Pacific Islander people. Access data table for Figure 5 at: https://www.cdc.gov/nchs/data/databriefs/db464-tables.pdf#5.
SOURCE: National Center for Health Statistics, National Vital Statistics System, Mortality.

Summary

This report presents suicide rates in the United States from 2001 through 2021 for males and females by age and race and Hispanic origin. From 2001 to 2018, the total rate increased 33%, from 10.7 deaths per 100,000 standard population to a high of 14.2. This recent peak was followed by 2 consecutive years of declines in 2019 (13.9) and 2020 (13.5). After these declines, however, the rate increased 4% to 14.1 in 2021, the largest annual increase in the rate during the 2001–2021 period.

Data previously reported for 2019 and 2020 showed that for several subgroups, including women aged 25–74 and men aged 45–64 and 65–74, suicide rates had been declining from recent peaks seen in 2018 (3). Data in 2021 show that the declines for some groups may have slowed or reversed. Women aged 75 and over were the only group to have rates significantly increase in 2021. For women aged 25–64 in 2021, rates increased slightly for all groups, but the changes were not statistically significant, and for women aged 65–74, the rate was unchanged between years. For men aged 65–74, after declining from 2018, the suicide rate increased from 2020 to 2021. Men aged 45–64 also experienced declining rates starting in 2018, with rates continuing to decline between 2020 and 2021, although this change was not statistically significant. For males aged 15–24, 25–44, and 75 and over, rates continued to increase, with significant increases between 2020 and 2021.

Rates for the younger age groups, 10–14 and 15–24, have generally increased over the period for both males and females. In 2021, rates for females aged 10–14, the group with the lowest rates, saw a nonsignificant increase, while a slight decline for males of the same age was also not statistically significant.

For both males and females, American Indian or Alaska Native people had the highest rates of suicide in 2021 compared with other groups. Suicide rates increased significantly from 2020 to 2021 among American Indian or Alaska Native, Black, and White males. For the same time period, rates significantly increased for Black and White females.

Data sources and methods

Data were analyzed using National Vital Statistics System multiple cause-of-death mortality files for 2001 through 2021 (4). Suicide deaths were identified using *International Classification of Diseases, 10th Revision* underlying cause-of-death codes U03, X60–X84, and Y87.0 (5).

Age-adjusted death rates were calculated using the direct method and the 2000 U.S. standard population (6). Although suicide deaths for children aged 5–9 years are included in total numbers and age-adjusted rates, they are not shown as part of age-specific numbers or rates because of the small number of suicide deaths per year in this age group.

Trends in death rates were evaluated using the Joinpoint Regression Program (4.9.0.0) (7). Joinpoint software was used to fit weighted least-squares regression models to the estimated proportions on the logarithmic scale. Using the default settings, which allowed for as few as two observed time points in the beginning, ending, and middle line segments (excluding the joinpoints), a maximum of three joinpoints were searched for using the grid search algorithm and

the permutation test, with an overall alpha level of 0.05 (8). Pairwise comparisons of rates were conducted using the *z* test with an alpha level of 0.05 (6).

Race and Hispanic origin were categorized based on 1997 Office of Management and Budget standards for federal statistical and administrative reporting, and differ from the bridged-race categories used for data years before 2018 (9). All of the race categories, with the exception of the multiple-race category, are single race, meaning that only one race was reported on the death certificate. Data for the Hispanic population include people of any race. Death rates for Asian, American Indian or Alaska Native, and Hispanic people may be affected by misclassification of race and Hispanic origin on death certificates. This misclassification could result in underreporting of deaths for these groups by about 3% for Asian and Hispanic people, and by an estimated 34% for American Indian or Alaska Native people (10,11). The extent of this misclassification has not been evaluated for all causes of death (including suicide). As a result, suicide death rates in this report are not adjusted for race and Hispanic-origin misclassification on death certificates. Race and Hispanic-origin groups are shown based on sufficient sample size to present statistically reliable rates.

About the authors

Matthew F. Garnett is with the National Center for Health Statistics (NCHS), Division of Analysis and Epidemiology, and Sally C. Curtin is with NCHS, Division of Vital Statistics.

References

1.   Centers for Disease Control and Prevention. CDC WONDER. About multiple cause of death, 1999–2020. 2022. Available from: https://wonder.cdc.gov/mcd-icd10.html.

2.   Curtin SC, Garnett MF, Ahmad FB. Provisional numbers and rates of suicide by month and demographic characteristics: United States, 2021. Vital Statistics Rapid Release; no 24. September 2022. DOI: https://dx.doi.org/10.15620/cdc:120830.

3.   Garnett MF, Curtin SC, Stone DM. Suicide mortality in the United States, 2000–2020. NCHS Data Brief, no 433. Hyattsville, MD: National Center for Health Statistics. 2022. DOI: https://dx.doi.org/10.15620/cdc:114217.

4.   National Center for Health Statistics. Public-use data file documentation: Mortality multiple cause-of-death. 2020.

5.   World Health Organization. International statistical classification of diseases and related health problems, 10th revision (ICD–10). 2008 ed. Geneva, Switzerland. 2009.

6.   Kochanek KD, Murphy SL, Xu JQ, Arias E. Deaths: Final data for 2017. National Vital Statistics Reports; vol 68 no 9. Hyattsville, MD: National Center for Health Statistics. 2019.

7.   National Cancer Institute. Joinpoint Regression Program (Version 4.9.0.0) [computer software]. 2021.

8.   Ingram DD, Malec DJ, Makuc DM, Kruszon-Moran D, Gindi RM, Albert M, et al. National Center for Health Statistics guidelines for analysis of trends. National Center for Health Statistics. Vital Health Stat 2(179). 2018. Available from: https://www.cdc.gov/nchs/data/series/sr_02/sr02_179.pdf.

For more NCHS Data Briefs, visit:
https://www.cdc.gov/nchs/products/databriefs.htm.

9.   Office of Management and Budget. Revisions to the standards for the classification of federal data on race and ethnicity. Fed Regist 62(210):58782–90. 1997.

10. Arias E, Heron M, Hakes JK. The validity of race and Hispanic-origin reporting on death certificates in the United States: An update. National Center for Health Statistics. Vital Health Stat 2(172). 2016.

11. Arias E, Xu JQ, Curtin S, Bastian B, Tejada-Vera B. Mortality profile of the non-Hispanic American Indian or Alaska Native population, 2019. National Vital Statistics Reports; vol 70 no 12. Hyattsville, MD: National Center for Health Statistics. 2021. DOI: https://dx.doi.org/10.15620/cdc:110370.

National Center for Health Statistics

Brian C. Moyer, Ph.D., *Director*
Amy M. Branum, Ph.D., *Associate Director for Science*

Division of Analysis and Epidemiology
Irma E. Arispe, Ph.D., *Director*
Julie D. Weeks, Ph.D., *Acting Associate Director for Science*

Division of Vital Statistics
Steven Schwartz, Ph.D., *Director*
Andrés A. Berruti, Ph.D., M.A., *Associate Director for Science*

If you or someone you know is struggling or in crisis, help is available. Call or text 988 or chat at 988lifeline.org for free, confidential support.

Pocket Guide

New Jersey
Kids Count
2020

The State of Our Counties

for ADVOCATES®
CHILDREN OF NEW JERSEY

kids
count

Giving Every Child A Chance®

35 Halsey Street   (973) 643-3876
Newark, NJ 07102   (973) 643-9153 (fax)

advocates@acnj.org

KIDS COUNT® is a registered trademark of The Annie E. Casey Foundation and is used with permission of the Foundation.

The New Jersey Kids Count 2020 Pocket Guide documents key measures of child well-being on the county and state levels. This handy pocket guide provides a quick glimpse at trends in major indicators of child well-being. Data for additional indicators are available on our website at acnj.org and at datacenter.kidscount.org.

For more information about **New Jersey Kids Count,** contact Alana Vega, Kids Count Coordinator, at avega@acnj.org.

Advocates for Children of New Jersey is the trusted, independent voice putting children's needs first for more than 40 years. Our work results in better laws and policies, more effective funding and stronger services for children and families. And it means that more children are given the chance to grow up safe, healthy and educated.

Table of Contents

To view more KIDS COUNT data, and our NJ Kids Count Data Dashboard, visit www.acnj.org.

Introduction

Every year, Advocates for Children of New Jersey (ACNJ) produces its *New Jersey Kids Count County Pocket Guide*, measuring the state of children in each of the 21 counties. These data provide a closer look at the numbers beyond state averages and reveal a range of experiences and outcomes depending on where children live. This year, many New Jersey families are reeling from the health, economic and social impacts of the COVID-19 pandemic.

The *2020 New Jersey Kids Count County Pocket Guide* serves as a baseline to track the effects of the pandemic moving forward. Traditional measures of community well-being like unemployment and school attendance are now drastically altered. However, policymakers and stakeholders need reliable data to make decisions. The baseline data included in this report provide a foundation to assess the impact that the previous year has had on children and families. The data also point to key questions and concerns for the coming months.

How are Children and Families Faring During the Pandemic?

How are families ensuring their basic needs are met?

Child poverty data comparing 2015 to 2019 show marked improvements across the state, but we know this no longer reflects the lived realities of New Jersey's residents. Families are struggling with loss of employment, housing instability and food insecurity.

Food Insecurity
Although many schools transitioned to virtual instruction or hybrid models, many students are still able to receive free and reduced-price meals thanks to flexible guidelines and expanded programs from the USDA.

- On August 31, 2020, USDA extended waivers to operate the summer meals programs into December 2020.[1] These include the Seamless Summer Option and the Summer Food Service Program.

- The Pandemic Electronic Benefits Transfer, or P-EBT, program assists families in purchasing food for children who would otherwise be eligible to receive a free or reduced-price school meal but whose schools were operating virtually due to the pandemic.

Housing

- Findings from the first phase of the U.S. Census Bureau's Household Pulse Survey show that housing instability is more acutely felt by households with children. National figures indicate that among renters with children, one in four households reported a late or deferred housing payment; for households without children, that figure was one in six.[2] For more information on the Household Pulse Survey, see page six.

Introduction

How are families juggling work, child care and education?

Child Care

● Child care continues to be a challenge for providers and families alike. For August and September of 2020, national data show that roughly 42 percent of households with children suffered some kind of job or income loss as compared to 27 percent of households without children. Of the households who reported job or income losses, 24 percent indicated that their loss of job was directly tied to a lack of child care.[3]

Education

● Students' ability to access virtual learning platforms has been a concern since the state-wide shutdown in March. Estimates from 2018 indicate that nearly 15 percent of school-aged children in New Jersey did not have high-speed internet access.[4] Additionally, roughly 16 percent of our state's school-aged children did not have access to a computer or laptop, high-speed internet, or both. Those estimates change substantially when looking at school-aged children of color, where close to 20 percent lack high-speed internet access and over 22 percent lack access to high-speed internet, a computer, or both.

● The N.J. Department of Education administered its own survey of families with school-aged children in June of 2020.[5] Two questions focused on internet availability and device access: responses from households indicated that 82 percent of families were "very confident" in their family's internet access and 77 percent were "very confident" in their access to devices necessary for online learning. It is important to note, however, that this survey was only made available online, which is a method that may have left out those households most in need of assistance in procuring internet service and education-appropriate devices.

How are families accessing health care at this time?

As families across the state face unemployment or reduced employment, access to health care becomes even more of a critical issue.

NJ FamilyCare

● NJ FamilyCare is New Jersey's publicly funded health insurance program, supported by federal Medicaid and Children's Health Insurance Program (CHIP) dollars, state funding and premiums paid for children in families with a household income up to 355 percent of the federal poverty guidelines. In 2020, children in a family of four earning up to $93,000 annually are eligible for insurance coverage. Earlier this year, the federal Families First Coronavirus Response Act provided New Jersey with additional federal Medicaid matching funds for the duration of the public health emergency. This additional funding required that states not terminate beneficiaries' Medicaid eligibility through the duration of the COVID-19 crisis, except in certain circumstances.

Other Noteworthy Trends:

Preschool Expansion

● In 2019-20, preschool enrollment significantly increased in several counties thanks to state preschool expansion dollars. Counties like Morris and Ocean saw their preschool enrollment nearly triple between the 2015-16 and 2019-20 school years. Other counties also saw increases of at least 20 percent during the same time, including Atlantic, Burlington, Cape May, Gloucester, Hunterdon, Salem and Somerset Counties.

Juvenile Justice

● Juvenile arrests continue to decline, with statewide arrests decreasing by more than 30 percent from 2015 to 2019. Admissions to detention also declined, yet racial disparities

persist. Of the 2,255 youth admitted to deten-
tion in 2018, 62 percent were Black, while
25 percent were Hispanic or Latino and
10 percent were white. This compares to a
statewide child population where more than
40 percent of children are white and fewer
than 15 percent are Black; Hispanic or Latino
children comprise close to 30 percent of
New Jersey's total child population.

KIDS COUNT Spotlight: The Effects of COVID-19 on New Jersey's Families with Children

Many data indicators that ACNJ uses to analyze child well-being are not yet available for 2020. However, the Household Pulse Survey, an experimental data product from the U.S. Census Bureau, began in late April 2020 as a way to track how households are faring amidst the novel coronavirus pandemic and continues to provide a valuable, if limited, picture of how New Jersey households are faring. These data provide a snapshot of the impact of COVID-19 on key economic, health, nutrition, education and housing indicators for families, painting a stark picture for households with children. Substantial percentages of families with children are unable to pay for house-hold expenses or losing employment income, and breakdowns of the data by race and ethnicity show disparities in certain well-being indicators.

The U.S. Census Bureau completed the first phase of data collection in late July of 2020. The second phase began August 19, 2020 and continued through October 26, 2020. A third phase of the survey is currently underway, covering the period of October 28, 2020 through December 21, 2020. Data are avail-able for the nation and each state, as well as several metropolitan areas throughout the country. For more information about the Household Pulse Survey, visit the U.S. Census Bureau website.

What do the data show?

Figure 1: Percentage of Adults Living in Households with Children Who Lost Employment Income Since March 13, 2020*

	Aug. 19 – Sept. 14, 2020	Sept. 16 – Oct. 12, 2020
United States	52	52
New Jersey	57	52

The U.S. government declared the COVID-19 pandemic a national emergency on March 13, 2020; this serves as a reference point for the start of the pandemic.

It is important to note that the survey questions were administered to adults, so data are not available for children specifically. However, the data allow users to compare differences between households with children in New Jersey and the rest of the country. Figure 1 indicates that roughly half of New Jersey's households with children reported losing income since March. Responses from New Jersey households were largely in line with those for the rest of the United States.

Introduction

Although families across the Garden State have endured economic losses since the start of the pandemic, the impact on households of color is stark.

More than 60 percent of Black and Latino households reported losing income since March—higher than the state average and other racial/ethnic groups.

Figure 2: Percentage of NJ Adults Living in Households with Children Who Lost Employment Income Since March 13, 2020, by Race/Ethnicity for Sept. 16 – Oct. 12, 2020*

Total	Asian	Black or African American	Non-Hispanic White	Hispanic or Latino	Two or more races/Other race
52%	47%	68%	45%	61%	49%
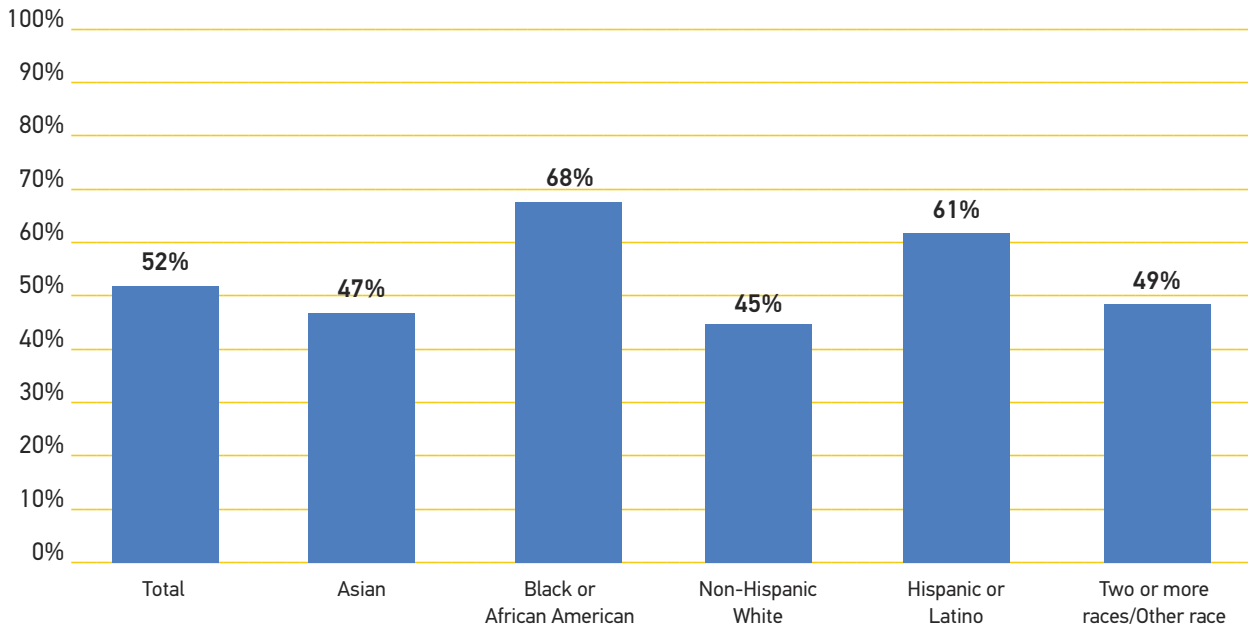
Racial and ethnic groups are not mutually exclusive.

These income losses have understandably impacted families' abilities to afford basic necessities, such as food, housing, health care and transportation. The first several weeks of Phase 2 of data collection show a range of 36 percent to 41 percent of New Jersey households reporting having difficulty affording basic needs, hovering close to national figures. These challenges were most acutely felt in Black and Latino households with children, where more than half of household respondents reported difficulty affording basic expenses.

Figure 3: Percentage of Adults Living in Households with Children Who Had Difficulty Paying for Usual Household Expenses in the Past Week

	Aug. 19 – Sept. 14, 2020	Sept. 16 – Oct. 12, 2020
United States	40	40
New Jersey	41	36

Figure 4: Percentage of NJ Adults Living in Households with Children Who Had Difficulty Paying for Usual Household Expenses in the Past Week by Race/Ethnicity for Sept. 16 – Oct. 12, 2020*
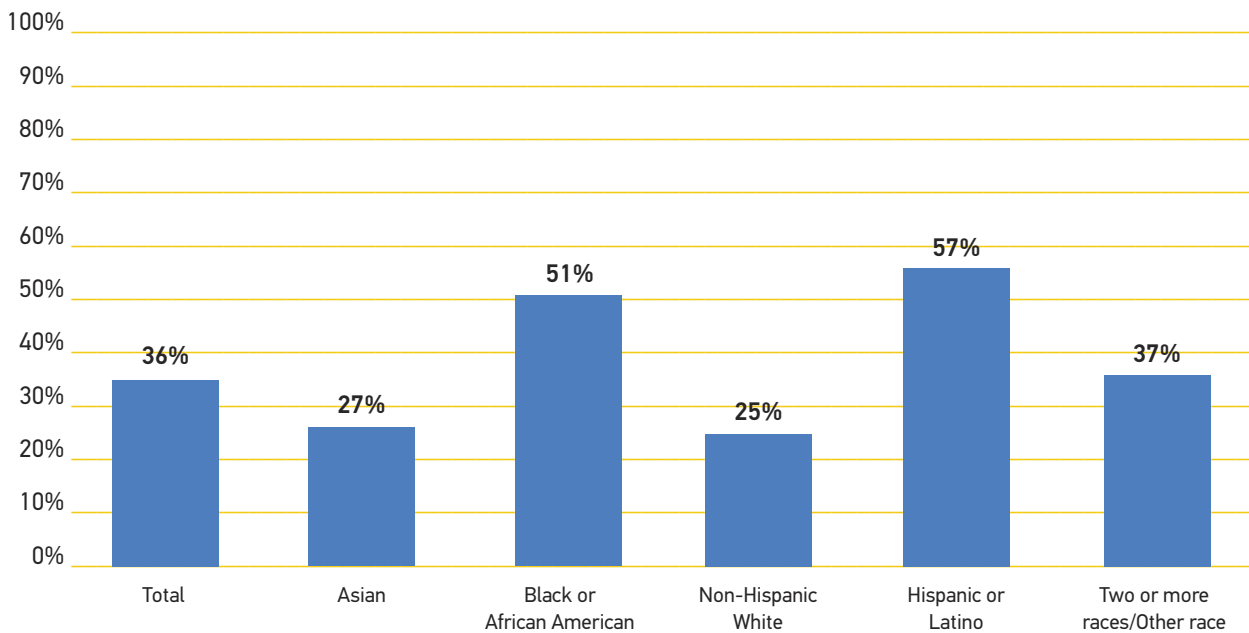
*Racial and ethnic groups are not mutually exclusive.

While the trends from the Household Pulse Survey provide valuable insight into the experiences of New Jersey's residents, it is important to keep in mind that this is an experimental data product. Households were randomly selected and invited to participate in the online survey via email or text message. Because of the experimental nature of the Household Pulse Survey, comparisons to other data products are challenging and should be done with caution. The online-only design of the survey differs from many other traditional Census Bureau data products, which take considerable time to develop and often allow respondents to participate in a multitude of ways, such as through the internet, by phone, by mail, or through an in-person interview. Yet the rapid-response data from the Household Pulse Survey reveal trends that many suspected—that the COVID-19 pandemic has had and will continue to have prolonged impacts on multiple facets of life for New Jersey's residents. It is important that children and their families continue to be considered by policymakers as decisions are made moving forward. To view more data from the Household Pulse Survey on New Jersey's families with children, visit the KIDS COUNT Data Center at www.datacenter.kidscount.org.

Introduction Footnotes:

[1] U.S. Department of Agriculture. (2020). USDA Extends Free Meals for Kids Through December 31, 2020. Retrieved October 13, 2020 from https://www.usda.gov/media/press-releases/2020/08/31/usda-extends-free-meals-kids-through-december-31-2020.

[2] Monte, L.M.; O'Donnell, S. (2020). U.S. Census Bureau. Adults in Households with Children Report Higher Rate of Late Housing Payments and Food Shortages Amid COVID-19. Retrieved October 13, 2020 from https://www.census.gov/library/stories/2020/06/the-risks-children-face-during-pandemic.html.

[3] Roll, S.; Chun, Y. (2020). Washington University in St. Louis. Safe, affordable child care is a right, not a privilege. Retrieved October 13, 2020 from https://socialpolicyinstitute.wustl.edu/safe-affordable-child-care-is-a-right-not-a-privilege/.

[4] Population Reference Bureau. (2020). Digital Divide Dashboard: U.S. School-Age Children at Educational Risk Due to COVID-19 Pandemic. Retrieved October 13, 2020 from https://assets.prb.org/maps/digital-divide-071720.html#home.

[5] N.J. Department of Education. (2020). Guiding the Education Community through the COVID-19 Pandemic, Summary of Results of the New Jersey Department of Education's School Closure Parent Survey. Retrieved November 3, 2020 from https://www.nj.gov/education/covid19/studentsfamilies/parentsurvey.shtml.

Data Sources and Technical Notes — KIDS COUNT Spotlight: The Effects of COVID-19 on New Jersey's Families with Children

Percentage of Adults Living in Households with Children Who Lost Employment Income Since March 13, 2020. Data are based on Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020. Data reflect the number and percentage of adults living in households with children birth to age 17 who reported that they or a household member experienced a loss of employment income since March 13, 2020. On March 13, 2020, the U.S. government declared the COVID-19 pandemic a national emergency, thus marking the start of the pandemic in the United States. Only respondents who provided a valid response (yes or no) are included. Retrieved October 28, 2020 from https://datacenter.kidscount.org/.

Percentage of NJ Adults Living in Households with Children Who Lost Employment Income Since March 13, 2020 by Race/Ethnicity for Sept. 16-Oct. 12. Data are based on Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, 2020. Data reflect the number and percentage of adults living in households with children birth to age 17 who reported that they or a household member experienced a loss of employment income since March 13, 2020. On March 13, 2020, the U.S. government declared the COVID-19 pandemic a national emergency, thus marking the start of the pandemic in the United States. Only respondents who provided a valid response (yes or no) are included. Racial and ethnic groups represented in this table are not mutually exclusive. The white category includes only non-Hispanic white. The categories of Black or African American, Asian, two or more races and other race include both Hispanic and non-Hispanic. Those in the Hispanic or Latino category include those identified as being of Hispanic, Latino or Spanish origin. American Indian or Alaska Native, Pacific Islander and Native Hawaiian are included in the other race category. Retrieved November 18, 2020 from https://datacenter.kidscount.org/.

Percentage of Adults Living in Households with Children Who Had Difficulty Paying for Usual Household Expenses in the Past Week. Data are based on Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, Phase 2, 2020. Data reflect the percentage of adults living in households with children birth to age 17 who reported that it has been somewhat or very difficult for the household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, students loans, and so on in the past week. Only respondents who provided a valid response are included. Retrieved November 9, 2020 from https://datacenter.kidscount.org/.

Percentage of NJ Adults Living in Households with Children Who Had Difficulty Paying for Usual Household Expenses in the Past Week by Race/Ethnicity for Sept. 16-Oct. 12. Data are based on Population Reference Bureau analysis of the U.S. Census Bureau, Household Pulse Survey, Phase 2, 2020. Data reflect the percentage of adults living in households with children birth to age 17 who reported that it has been somewhat or very difficult for the household to pay for usual household expenses, including but not limited to food, rent or mortgage, car payments, medical expenses, students loans, and so on in the past week. Only respondents who provided a valid response are included. Racial and ethnic groups represented in this table are not mutually exclusive. The white category includes only non-Hispanic white. The categories of Black or African American, Asian, two or more races and other race include both Hispanic and non-Hispanic. Those in the Hispanic or Latino category include those identified as being of Hispanic, Latino or Spanish origin. American Indian or Alaska Native, Pacific Islander and Native Hawaiian are included in the other race category. Retrieved November 18, 2020 from https://datacenter.kidscount.org/.

Total Population

	2015	2019	% Change
Atlantic	270,153	263,670	-2
Bergen	926,391	932,202	1
Burlington	446,832	445,349	0
Camden	507,638	506,471	0
Cape May	94,160	92,039	-2
Cumberland	154,712	149,527	-3
Essex	790,439	798,975	1
Gloucester	290,943	291,636	0
Hudson	664,492	672,391	1
Hunterdon	125,452	124,371	-1
Mercer	368,124	367,430	0
Middlesex	825,546	825,062	0
Monmouth	624,079	618,795	-1
Morris	494,259	491,845	0
Ocean	587,091	607,186	3
Passaic	504,629	501,826	-1
Salem	63,732	62,385	-2
Somerset	329,626	328,934	0
Sussex	143,004	140,488	-2
Union	549,905	556,341	1
Warren	106,742	105,267	-1
New Jersey	**8,867,949**	**8,882,190**	**0**

Total Births

	2014	2018	% Change
Atlantic	3,076	2,778	-10
Bergen	9,328	9,154	-2
Burlington	4,511	4,380	-3
Camden	6,251	6,107	-2
Cape May	970	817	-16
Cumberland	2,088	1,895	-9
Essex	10,218	10,399	2
Gloucester	3,069	2,812	-8
Hudson	10,105	10,215	1
Hunterdon	910	966	6
Mercer	4,184	3,935	-6
Middlesex	9,630	8,958	-7
Monmouth	5,806	5,833	0
Morris	4,636	4,548	-2
Ocean	8,385	8,993	7
Passaic	6,765	6,548	-3
Salem	646	630	-2
Somerset	3,357	3,258	-3
Sussex	1,207	1,187	-2
Union	6,714	6,762	1
Warren	957	996	4
New Jersey	**102,813**	**101,171**	**-2**

Child Population

	2015	2019	% Change
Atlantic	59,062	55,537	-6
Bergen	199,816	196,309	-2
Burlington	96,146	92,159	-4
Camden	117,437	114,223	-3
Cape May	16,812	15,950	-5
Cumberland	36,723	35,480	-3
Essex	189,329	189,397	0
Gloucester	66,064	63,099	-4
Hudson	137,319	136,715	0
Hunterdon	25,846	23,712	-8
Mercer	79,452	78,062	-2
Middlesex	181,962	178,792	-2
Monmouth	137,105	129,412	-6
Morris	108,582	102,477	-6
Ocean	138,683	146,690	6
Passaic	121,586	119,018	-2
Salem	13,994	13,334	-5
Somerset	75,637	70,756	-6
Sussex	29,905	27,245	-9
Union	130,297	129,858	0
Warren	22,246	20,353	-9
New Jersey	**1,984,003**	**1,938,578**	**-2**

Children Living Below the Poverty Threshold

	2015 #	2015 %	2019 #	2019 %
Atlantic	13,145	22	7,353	13
Bergen	17,092	9	9,920	5
Burlington	10,997	12	6,719	7
Camden	23,652	20	17,408	16
Cape May	2,191	14	1,764	11
Cumberland	8,741	25	6,025	17
Essex	45,258	24	34,918	19
Gloucester	5,350	8	4,400	7
Hudson	35,570	26	27,469	21
Hunterdon	2,479	10	229	1
Mercer	12,434	16	10,908	14
Middlesex	18,640	10	21,068	12
Monmouth	13,681	10	7,913	6
Morris	6,448	6	6,994	7
Ocean	25,950	19	19,949	14
Passaic	33,002	27	24,691	21
Salem	2,291	17	2,591	20
Somerset	5,929	8	6,159	9
Sussex	2,054	7	1,845	7
Union	20,803	16	15,246	12
Warren	2,531	12	1,901	10
New Jersey	**308,238**	**16**	**235,470**	**12**

Note: For a family of four in 2019, 100 percent of the federal poverty threshold was $25,926.

Median Income of Families with Children

	2015	2019	% Change
Atlantic	$58,522	$70,769	21
Bergen	$117,472	$146,686	25
Burlington	$90,759	$107,014	18
Camden	$79,071	$86,837	10
Cape May	$71,941	$82,145	14
Cumberland	$52,610	$50,460	–4
Essex	$60,300	$74,896	24
Gloucester	$95,819	$116,491	22
Hudson	$55,886	$70,700	27
Hunterdon	$120,249	$168,150	40
Mercer	$92,341	$115,844	25
Middlesex	$95,718	$117,163	22
Monmouth	$119,590	$141,569	18
Morris	$140,322	$152,846	9
Ocean	$77,355	$101,997	32
Passaic	$61,844	$79,752	29
Salem	$77,535	$90,152	16
Somerset	$130,191	$147,575	13
Sussex	$101,666	$116,629	15
Union	$78,666	$90,728	15
Warren	$91,982	$106,546	16
New Jersey	**$90,270**	**$108,421**	**20**

Percentage of Households Spending 30% or More of Income on Rent

	2015	2019	% Change
Atlantic	62	50	–19
Bergen	45	44	–2
Burlington	51	46	–10
Camden	50	51	2
Cape May	55	53	–4
Cumberland	60	54	–10
Essex	56	48	–14
Gloucester	57	45	–21
Hudson	46	43	–7
Hunterdon	50	41	–18
Mercer	46	47	2
Middlesex	47	43	–9
Monmouth	52	49	–6
Morris	42	43	2
Ocean	58	56	–3
Passaic	60	47	–22
Salem	46	64	39
Somerset	44	42	–5
Sussex	51	38	–25
Union	51	49	–4
Warren	47	44	–6
New Jersey	**50**	**47**	**–6**

Children in Families Receiving Temporary Assistance for Needy Families (TANF)

	2016	2019	2020	% Change 16-20
Atlantic	2,629	1,244	1,452	-45
Bergen	932	456	517	-45
Burlington	1,361	717	880	-35
Camden	4,299	2,648	2,885	-33
Cape May	443	182	211	-52
Cumberland	1,583	759	843	-47
Essex	6,442	3,086	3,069	-52
Gloucester	1,030	569	641	-38
Hudson	3,912	2,282	3,288	-16
Hunterdon	67	50	92	37
Mercer	2,098	1,107	1,344	-36
Middlesex	1,584	848	1,215	-23
Monmouth	615	413	423	-31
Morris	284	174	185	-35
Ocean	1,145	604	726	-37
Passaic	4,799	2,194	2,162	-55
Salem	381	235	274	-28
Somerset	469	301	451	-4
Sussex	127	62	69	-46
Union	1,751	929	1,043	-40
Warren	267	253	309	16
New Jersey	**36,218**	**19,113**	**22,079**	**-39**

What is NJ SNAP?

The Supplemental Nutrition Assistance Program (SNAP) is the largest food safety net program in the United States, providing low-income families with nutritious food. Eligible New Jersey applicants have an income up to 185 percent of the federal poverty guidelines or roughly $48,000 for a family of four in 2020. During that same year, more than 326,000 New Jersey children lived in families receiving SNAP benefits, a decrease from 2016. However, the number of children receiving SNAP benefits increased between 2019 and 2020, a potential result of the financial impact of the COVID-19 pandemic. For more information on SNAP, visit http://fns.usda.gov.

Children Receiving NJ SNAP (formerly Food Stamps)

	2016	2019	2020	% Change 16-20
Atlantic	19,273	14,779	14,557	-24
Bergen	14,829	10,163	10,488	-29
Burlington	11,324	8,177	8,524	-25
Camden	31,826	27,068	29,299	-8
Cape May	3,845	2,977	3,112	-19
Cumberland	14,767	12,029	12,694	-14
Essex	62,327	49,283	47,559	-24
Gloucester	8,987	7,268	7,315	-19
Hudson	49,140	37,456	41,546	-15
Hunterdon	1,181	881	954	-19
Mercer	15,166	12,823	14,048	-7
Middlesex	27,848	20,524	21,186	-24
Monmouth	16,569	12,099	11,950	-28
Morris	5,680	4,045	4,241	-25
Ocean	33,325	25,460	25,900	-22
Passaic	51,768	42,924	43,178	-17
Salem	3,974	3,503	3,720	-6
Somerset	5,860	3,828	4,143	-29
Sussex	1,585	1,298	1,500	-5
Union	23,858	18,300	17,364	-27
Warren	3,127	2,681	3,079	-2
New Jersey	**406,259**	**317,566**	**326,357**	**-20**

NJ Earned Income Tax Credits, Recipients with at Least 1 Dependent Under Age 19*

	2014		2018		% Change	
	# Credits Issued	Avg. Credit Amount	# Credits Issued	Avg. Credit Amount	# Credits Issued	Avg. Credit Amount
Atlantic	17,217	$603	18,626	$1,169	8	94
Bergen	20,948	$565	21,199	$1,105	1	96
Burlington	13,164	$538	13,104	$1,021	0	90
Camden	25,424	$590	26,645	$1,121	5	90
Cape May	3,835	$576	3,829	$1,104	0	92
Cumberland	9,910	$586	9,871	$1,112	0	90
Essex	44,192	$603	47,139	$1,140	7	89
Gloucester	9,228	$553	9,189	$1,056	0	91
Hudson	35,887	$625	35,369	$1,210	-1	94
Hunterdon	1,561	$520	1,683	$1,017	8	96
Mercer	14,456	$573	15,324	$1,112	6	94
Middlesex	27,384	$580	28,725	$1,119	5	93
Monmouth	14,182	$571	13,609	$1,099	-4	92
Morris	7,719	$546	7,485	$1,043	-3	91
Ocean	19,387	$628	19,777	$1,185	2	89
Passaic	31,345	$616	33,104	$1,192	6	94
Salem	2,788	$569	2,960	$1,101	6	93
Somerset	6,147	$550	6,224	$1,051	1	91
Sussex	3,104	$529	2,941	$992	-5	88
Union	24,372	$582	24,694	$1,107	1	90
Warren	3,111	$555	3,144	$1,077	1	94
New Jersey	**337,388**	**$590**	**345,869**	**$1,131**	**3**	**92**

*Please note that counties may not add up to N.J. total due to a number of credits where the county of residence was unknown.

Federal Earned Income Tax Credit (EITC)*

	2013		2017		% Change	
	Claims	Avg. Claim Amount	Claims	Avg. Claim Amount	Claims	Avg. Claim Amount
Atlantic	28,370	$2,343	26,540	$2,446	-6	4
Bergen	47,880	$2,027	46,640	$2,033	-3	0
Burlington	25,020	$2,001	24,250	$2,097	-3	5
Camden	44,540	$2,316	43,600	$2,399	-2	4
Cape May	7,270	$2,016	7,140	$2,113	-2	5
Cumberland	15,420	$2,426	14,870	$2,537	-4	5
Essex	84,200	$2,475	81,580	$2,535	-3	2
Gloucester	16,330	$2,080	16,140	$2,164	-1	4
Hudson	69,270	$2,340	65,380	$2,407	-6	3
Hunterdon	3,540	$1,618	3,450	$1,604	-3	-1
Mercer	25,600	$2,259	25,460	$2,316	-1	3
Middlesex	52,000	$2,179	50,850	$2,240	-2	3
Monmouth	29,370	$1,931	28,190	$1,993	-4	3
Morris	17,460	$1,853	16,180	$1,861	-7	0
Ocean	33,540	$2,324	34,180	$2,392	2	3
Passaic	54,710	$2,458	55,000	$2,550	1	4
Salem	4,960	$2,230	5,020	$2,353	1	6
Somerset	13,440	$2,007	13,090	$2,043	-3	2
Sussex	6,310	$1,815	6,160	$1,852	-2	2
Union	45,200	$2,271	44,130	$2,346	-2	3
Warren	5,670	$2,004	5,690	$2,090	0	4
New Jersey	**630,050**	**$2,246**	**613,480**	**$2,313**	**-3**	**3**

* Counties may not add to totals due to rounding. Please note, information on this chart has been revised since prior ACNJ publications due to new data availability.

Percentage of Babies Born with Low Birthweight*

	2014	2018	% Change
Atlantic	7.7	8.0	4
Bergen	7.8	7.6	-3
Burlington	8.8	7.9	-10
Camden	8.2	8.8	7
Cape May	7.8	7.8	0
Cumberland	8.9	9.9	11
Essex	9.7	9.9	2
Gloucester	9.3	7.2	-23
Hudson	8.1	8.7	7
Hunterdon	6.4	5.4	-16
Mercer	9.2	8.1	-12
Middlesex	8.2	8.3	1
Monmouth	7.5	7.5	0
Morris	7.2	5.4	-25
Ocean	6.0	5.5	-8
Passaic	8.4	8.4	0
Salem	7.0	7.6	9
Somerset	7.7	7.7	0
Sussex	5.8	5.5	-5
Union	7.4	8.0	8
Warren	6.4	7.5	17
New Jersey	**8.0**	**7.9**	**-1**

A low birthweight baby is any infant born weighing less than 2,500 grams, or roughly 5.5 pounds.

Percentage of Women Receiving Early Prenatal Care

	2014	2018	% Change
Atlantic	75.3	74.8	-1
Bergen	81.9	82.3	0
Burlington	81.1	75.6	-7
Camden	80.3	68.9	-14
Cape May	73.4	75.5	3
Cumberland	76.5	69.0	-10
Essex	71.1	63.4	-11
Gloucester	78.2	78.3	0
Hudson	70.2	71.6	2
Hunterdon	84.7	87.2	3
Mercer	73.8	67.9	-8
Middlesex	82.8	76.1	-8
Monmouth	84.5	75.8	-10
Morris	87.0	84.8	-3
Ocean	82.0	70.1	-15
Passaic	78.5	67.2	-14
Salem	71.8	73.3	2
Somerset	88.0	81.0	-8
Sussex	87.6	81.6	-7
Union	79.6	70.5	-11
Warren	62.3	78.0	25
New Jersey	**78.8**	**73.2**	**-7**

The Importance of Prenatal Care

Healthy starts for infants begin with quality prenatal care early in a mother's pregnancy. Women who receive late prenatal care—or who do not receive prenatal care at all—expose their babies to a greater chance of health problems later in life. In 2018, over 73 percent of New Jersey moms received prenatal care beginning in their first trimester. This demonstrates a statewide decrease since 2014 in the percentage of mothers receiving first trimester prenatal care. Several counties saw dramatic decreases, such as Camden County, Ocean County and Passaic County, where the percentage of mothers receiving early prenatal care declined by 14 percent or more between 2014 and 2018.

In 2019, New Jersey was one of 14 states to receive planning grants through the Pritzker Children's Initiative, which is funded by the J.B. and M.K. Pritzker Family Foundation. Led by ACNJ, a team of public and private sector leaders developed a New Jersey specific action plan with a goal of expanding high quality services to an additional 25 percent of our state's infants and toddlers. The multifaceted plan includes several key targets, one of which focuses on increasing the number of low-income women receiving perinatal supports annually. This effort expands the positive work already underway in the state, which includes coordinating with New Jersey First Lady Tammy Murphy's Healthy Women Healthy Families Initiative. This partnership will promote equitable access to health services for mothers and infants of all racial and ethnic backgrounds. To learn more about this effort, read *Unlocking Potential: A Roadmap to Making New Jersey the Safest, Healthiest and Most Supportive Place to Give Birth and Raise a Family* at www.acnj.org.

Children Receiving NJ FamilyCare

	2015	2019	% Change
Atlantic	32,404	28,601	-12
Bergen	44,293	43,844	-1
Burlington	27,075	24,868	-8
Camden	54,733	58,132	6
Cape May	7,658	7,195	-6
Cumberland	23,501	22,459	-4
Essex	96,202	98,871	3
Gloucester	19,934	18,461	-7
Hudson	80,657	73,462	-9
Hunterdon	3,386	3,611	7
Mercer	32,168	31,827	-1
Middlesex	59,018	57,819	-2
Monmouth	35,860	34,067	-5
Morris	16,733	16,678	0
Ocean	64,605	73,718	14
Passaic	71,689	69,408	-3
Salem	6,442	6,103	-5
Somerset	14,630	14,197	-3
Sussex	5,636	5,544	-2
Union	56,201	51,991	-7
Warren	6,535	6,402	-2
New Jersey	**759,360**	**747,258**	**-2**

Children Under Age 19 Without Health Insurance*

	2018 #	2018 %	2019 #	2019 %
Atlantic	3,766	6.4	1,691	2.9
Bergen	8,189	3.9	6,190	3.0
Burlington	2,321	2.4	2,802	2.9
Camden	4,885	4.1	3,058	2.5
Cape May	608	4.0	320	1.9
Cumberland	1,679	4.5	938	2.5
Essex	13,884	6.9	11,523	5.8
Gloucester	1,004	1.5	3,446	5.2
Hudson	7,093	4.9	7,116	5.0
Hunterdon	409	1.6	370	1.5
Mercer	2,776	3.3	3,927	4.6
Middlesex	3,941	2.1	9,635	5.1
Monmouth	4,622	3.3	5,029	3.7
Morris	2,999	2.7	4,230	3.9
Ocean	3,721	2.5	4,129	2.7
Passaic	8,780	6.9	9,348	7.4
Salem	311	2.2	289	2.2
Somerset	521	0.7	4,642	6.3
Sussex	457	1.5	420	1.4
Union	7,319	5.3	8,702	6.4
Warren	476	2.2	316	1.5
New Jersey	**79,761**	**3.9**	**88,121**	**4.3**

Percentage of Children Under Age 6 Tested for Lead

	2014	2018	% Change
Atlantic	25	19	-24
Bergen	20	22	10
Burlington	9	13	44
Camden	13	16	23
Cape May	12	14	17
Cumberland	23	24	4
Essex	39	40	3
Gloucester	6	11	83
Hudson	36	36	0
Hunterdon	12	15	25
Mercer	22	23	5
Middlesex	20	24	20
Monmouth	15	15	0
Morris	12	17	42
Ocean	24	28	17
Passaic	36	36	0
Salem	15	15	0
Somerset	12	18	50
Sussex	11	10	-9
Union	31	32	3
Warren	13	13	0
New Jersey	**26**	**25**	**-4**

Percentage of Tested Children Under Age 6 with Blood Lead Levels ≥ 5 Micrograms/Deciliter

	2014	2018	% Change
Atlantic	3.5	2.4	-31
Bergen	1.2	1.2	0
Burlington	1.5	2.2	47
Camden	2.1	1.8	-14
Cape May	2.0	1.5	-25
Cumberland	4.3	3.9	-9
Essex	3.6	4.1	14
Gloucester	1.7	1.2	-29
Hudson	2.2	2.6	18
Hunterdon	2.3	2.1	-9
Mercer	2.9	3.9	34
Middlesex	1.7	2.3	35
Monmouth	1.6	1.8	13
Morris	1.3	1.7	31
Ocean	0.8	0.9	13
Passaic	2.6	2.9	12
Salem	8.9	5.6	-37
Somerset	1.2	1.6	33
Sussex	0.9	0.2	-78
Union	2.4	2.4	0
Warren	2.3	4.8	109
New Jersey	**3.2**	**2.5**	**-22**

Number of Children Reported for Abuse/Neglect

	2015	2019	% Change
Atlantic	4,009	4,525	13
Bergen	4,758	5,348	12
Burlington	4,709	5,288	12
Camden	8,303	8,429	2
Cape May	1,350	1,419	5
Cumberland	3,550	3,730	5
Essex	10,048	10,982	9
Gloucester	4,031	4,206	4
Hudson	6,127	6,404	5
Hunterdon	668	839	26
Mercer	3,963	4,457	12
Middlesex	6,195	6,785	10
Monmouth	5,400	5,424	0
Morris	2,940	3,144	7
Ocean	6,102	6,571	8
Passaic	6,350	6,678	5
Salem	1,369	1,319	-4
Somerset	2,318	2,444	5
Sussex	1,500	1,666	11
Union	4,195	4,880	16
Warren	1,555	1,517	-2
New Jersey	**89,441**	**96,060**	**7**

*Please note that counties may not equal the state total due to cases where the county of incident was not identified at the time of the report.

Number of Children with Substantiated/ Established Findings of Abuse/Neglect

	2015	2019	% Change
Atlantic	529	357	-33
Bergen	445	124	-72
Burlington	643	214	-67
Camden	1,109	606	-45
Cape May	220	164	-25
Cumberland	465	283	-39
Essex	1,088	592	-46
Gloucester	627	298	-52
Hudson	584	244	-58
Hunterdon	108	22	-80
Mercer	386	204	-47
Middlesex	407	272	-33
Monmouth	416	237	-43
Morris	291	111	-62
Ocean	396	279	-30
Passaic	623	285	-54
Salem	165	113	-32
Somerset	155	95	-39
Sussex	127	92	-28
Union	441	239	-46
Warren	171	66	-61
New Jersey	**9,396**	**4,897**	**-48**

Percentage of Reported Children with Substantiated/Established Findings of Abuse/Neglect

	2015	2019	% Change
Atlantic	13.2	7.9	-40
Bergen	9.4	2.3	-76
Burlington	13.7	4.0	-71
Camden	13.4	7.2	-46
Cape May	16.3	11.6	-29
Cumberland	13.1	7.6	-42
Essex	10.8	5.4	-50
Gloucester	15.6	7.1	-54
Hudson	9.5	3.8	-60
Hunterdon	16.2	2.6	-84
Mercer	9.7	4.6	-53
Middlesex	6.6	4.0	-39
Monmouth	7.7	4.4	-43
Morris	9.9	3.5	-65
Ocean	6.5	4.2	-35
Passaic	9.8	4.3	-56
Salem	12.1	8.6	-29
Somerset	6.7	3.9	-42
Sussex	8.5	5.5	-35
Union	10.5	4.9	-53
Warren	11.0	4.4	-60
New Jersey	**10.5**	**5.1**	**-51**

What is CP&P?

The Division of Child Protection and Permanency (CP&P), formerly the Division of Youth and Family Services (DYFS), operates within the New Jersey Department of Children and Families (DCF) as the state's child welfare and protection agency. CP&P is responsible for investigating reports of child abuse and neglect and, if necessary, arranging for the child's protection and services for the family. When children cannot remain at home due to safety concerns, CP&P may ask the family court to place the child into foster care and to seek another permanent home for children who cannot be safely reunified with their parent(s) within the timeframes provided by law.

DCF is currently implementing a strategic plan to empower all New Jersey residents to be safe, healthy and connected. The Department identified four priorities after seeking public input:

● Primary prevention of maltreatment and maltreatment related fatalities,

● Preserving kinship connections,

● Staff health and wellness, and

● A fully integrated and inclusive Children's System of Care.

To learn more about DCF's strategic plan, visit https://www.nj.gov/dcf/about/strategic.html. In addition, DCF, the New Jersey Judiciary and other members of the N.J. Children in Court Improvement Committee, which includes ACNJ, are collaborating to address the overrepresentation of Black and African American children in our state's child welfare system.

Number of Children in Out-of-Home CP&P Placements*

	2015	2019	% Change
Atlantic	425	232	-45
Bergen	285	157	-45
Burlington	416	204	-51
Camden	611	542	-11
Cape May	168	107	-36
Cumberland	246	239	-3
Essex	1,131	752	-34
Gloucester	454	261	-43
Hudson	524	251	-52
Hunterdon	40	11	-73
Mercer	367	312	-15
Middlesex	332	186	-44
Monmouth	307	157	-49
Morris	155	70	-55
Ocean	436	297	-32
Passaic	299	196	-34
Salem	77	83	8
Somerset	151	55	-64
Sussex	52	45	-13
Union	359	243	-32
Warren	96	42	-56
New Jersey	**6,955**	**4,458**	**-36**

Please note that counties may not equal state total due to cases where county of incident was not identified at the time of the report.

State-Funded Preschool Enrollment

	2015-16	2019-20	% Change
Atlantic	1,617	1,954	21
Bergen	1,331	1,563	17
Burlington	1,158	1,397	21
Camden	3,413	3,754	10
Cape May	440	587	33
Cumberland	3,198	2,824	-12
Essex	10,206	10,303	1
Gloucester	741	977	32
Hudson	9,384	9,684	3
Hunterdon	16	22	38
Mercer	2,069	2,187	6
Middlesex	3,260	3,791	16
Monmouth	2,293	2,171	-5
Morris	184	496	170
Ocean	727	1,643	126
Passaic	5,320	5,346	0
Salem	417	621	49
Somerset	510	621	22
Sussex	0	218	0
Union	5,335	5,768	8
Warren	333	352	6
New Jersey	**51,952**	**56,279**	**8**

Public Kindergarten Enrollment

	2015-16	2019-20	% Change
Atlantic	2,943	2,764	-6
Bergen	8,955	8,984	0
Burlington	4,398	4,513	3
Camden	5,797	5,886	2
Cape May	888	835	-6
Cumberland	2,200	1,930	-12
Essex	9,980	9,939	0
Gloucester	3,185	2,938	-8
Hudson	6,951	6,724	-3
Hunterdon	1,167	1,107	-5
Mercer	4,135	4,108	-1
Middlesex	7,984	7,827	-2
Monmouth	5,772	5,927	3
Morris	4,764	4,781	0
Ocean	4,454	4,464	0
Passaic	5,996	5,938	-1
Salem	738	681	-8
Somerset	3,020	3,013	0
Sussex	1,268	1,283	1
Union	6,067	6,129	1
Warren	1,041	1,047	1
New Jersey	**91,703**	**90,818**	**-1**

Preschool Expansion

A strong early care and education system that includes high-quality preschool provides young children with the educational foundation they need to be successful in kindergarten and beyond. For more than 20 years, New Jersey's nationally recognized preschool program has served thousands of young children throughout the state. State-funded pre-k is offered in some school districts—but not all. Since 2017, however, the New Jersey Department of Education (NJDOE) has made significant investments in expanding preschool to additional districts. Statewide public preschool enrollment increased by 8 percent between the 2015-16 and 2019-20 school years reflecting these new investments. For the 2021 New Jersey Fiscal Year, an additional $10 million was included in the state budget to further expand preschool to other districts across the state.

Licensed Child Care Centers

	2015	2019	% Change
Atlantic	84	106	26
Bergen	417	447	7
Burlington	137	140	2
Camden	224	230	3
Cape May	26	30	15
Cumberland	57	67	18
Essex	484	469	-3
Gloucester	124	128	3
Hudson	320	393	23
Hunterdon	68	66	-3
Mercer	201	196	-2
Middlesex	310	340	10
Monmouth	278	267	-4
Morris	245	259	6
Ocean	144	156	8
Passaic	234	230	-2
Salem	23	21	-9
Somerset	168	166	-1
Sussex	65	61	-6
Union	279	277	-1
Warren	46	49	7
New Jersey	**3,934**	**4,098**	**4**

Capacity of Licensed Child Care Centers

	2015	2019	% Change
Atlantic	5,417	8,385	55
Bergen	39,011	42,488	9
Burlington	12,643	14,222	12
Camden	20,173	22,241	10
Cape May	1,313	2,251	71
Cumberland	6,806	7,973	17
Essex	44,742	43,156	-4
Gloucester	9,183	10,203	11
Hudson	24,239	34,607	43
Hunterdon	6,338	6,500	3
Mercer	18,893	18,477	-2
Middlesex	29,230	33,342	14
Monmouth	25,187	25,557	1
Morris	20,645	24,287	18
Ocean	11,487	14,452	26
Passaic	22,841	24,446	7
Salem	1,537	1,416	-8
Somerset	18,939	19,293	2
Sussex	3,704	3,759	1
Union	24,049	28,387	18
Warren	2,657	3,080	16
New Jersey	**349,034**	**388,522**	**11**

Number of Children Receiving a Child Care Subsidy by Type of Care, 2020*

	Center Based Care	Registered Family Child Care	Family, Friend, Neighbor Provider
Atlantic	2,389	204	111
Bergen	2,443	56	13
Burlington	1,865	142	11
Camden	5,905	493	23
Cape May	355	25	0
Cumberland	2,575	148	15
Essex	9,414	620	204
Gloucester	1,781	60	9
Hudson	8,546	335	25
Hunterdon	177	1	0
Mercer	2,289	58	13
Middlesex	4,226	327	19
Monmouth	2,275	178	18
Morris	1,361	44	0
Ocean	3,901	48	6
Passaic	5,537	968	65
Salem	400	149	4
Somerset	1,330	24	7
Sussex	446	10	0
Union	3,226	141	22
Warren	495	107	6
New Jersey	**60,936**	**4,138**	**571**

Data are for the month of March 2020. Please note a previous version of this report incorrectly labeled the time period of this table.

Licensed Child Care Centers, Registered Family Child Care Providers and Family, Friend, Neighbor Care: What are the Differences?

Licensed child care centers and registered family child care providers both offer child care to children under the age of 13. However, there are key differences in the number of children they are permitted to serve and the locations in which they operate. Licensed child care centers serve a minimum of six children and must adhere to state licensing requirements. Registered family child care providers care for a maximum of five enrolled children at a time in their own homes. Family child care providers register voluntarily with the New Jersey Department of Children and Families, Office of Licensing, at their county child care resource and referral (CCR&R) agency. In 2017, an additional requirement was signed into law requiring these providers to undergo fingerprinting and a criminal history background check. Family, Friend and Neighbor (FFN) Care is another available option, which allows parents to choose relatives or non-relatives to care for their children. FFN providers, also known as Approved Homes, must be selected by a client who is eligible and receiving a child care subsidy under either Work First New Jersey or New Jersey Cares for Kids. FFN providers are paid for providing child care under these programs after meeting certain provider requirements and may serve no more than two unrelated children or up to five children if they are sibling-related.

Number of Infants and Toddlers (0-29 Months) Receiving a Child Care Subsidy by Type of Care, 2020*

	INFANTS			TODDLERS		
	Center Based Care	Registered Family Child Care	Family, Friend, Neighbor Provider	Center Based Care	Registered Family Child Care	Family, Friend, Neighbor Provider
Atlantic	250	307	43	30	9	8
Bergen	184	295	2	9	4	4
Burlington	200	256	28	18	4	2
Camden	678	790	107	99	4	3
Cape May	46	46	5	2	0	0
Cumberland	258	348	35	23	2	2
Essex	827	1,222	123	136	40	28
Gloucester	189	197	12	8	0	1
Hudson	599	880	59	54	4	1
Hunterdon	20	23	0	0	0	0
Mercer	206	257	15	14	0	6
Middlesex	335	387	64	92	2	3
Monmouth	251	292	36	24	2	0
Morris	111	136	7	14	0	0
Ocean	710	659	8	13	0	1
Passaic	426	539	233	225	12	7
Salem	44	45	17	19	2	1
Somerset	117	151	6	7	0	1
Sussex	46	54	2	1	0	0
Union	246	372	28	41	0	3
Warren	51	57	11	18	0	1
New Jersey	**5,794**	**7,313**	**841**	**847**	**85**	**72**

*Data are for the month of March 2020. Please note a previous version of this report incorrectly labeled the time period for this table.

Children Ages 0-5 with All Parents in the Labor Force, 2019*

	#	%
Atlantic	11,458	73
Bergen	39,798	69
Burlington	19,238	71
Camden	26,417	76
Cape May	3,415	75
Cumberland	7,761	74
Essex	43,309	73
Gloucester	14,917	81
Hudson	34,953	66
Hunterdon	N/A	N/A
Mercer	17,493	70
Middlesex	38,610	70
Monmouth	25,333	72
Morris	21,119	74
Ocean	27,107	56
Passaic	25,090	67
Salem	2,660	61
Somerset	16,148	81
Sussex	5,861	83
Union	28,883	72
Warren	N/A	N/A
New Jersey	**419,062**	**71**

*Includes children in families where both parents are in the labor force and children in single parent households where that parent is in the labor force. N/A indicates that data have been suppressed.

Families Receiving State-Funded Home Visitation Programs*

	2015	2019	% Change
Atlantic	382	308	-19
Bergen	253	244	-4
Burlington	251	258	3
Camden	560	452	-19
Cape May	311	309	-1
Cumberland	372	248	-33
Essex	583	744	28
Gloucester	248	474	91
Hudson	355	301	-15
Hunterdon	33	41	24
Mercer	329	334	2
Middlesex	480	507	6
Monmouth	521	477	-8
Morris	191	262	37
Ocean	257	200	-22
Passaic	558	541	-3
Salem	196	74	-62
Somerset	120	86	-28
Sussex	205	263	28
Union	374	388	4
Warren	131	144	10
New Jersey	**6,747**	**6,666**	**-1**

*Please note that counties may not equal the state total due to cases where the county was not identified at the time of the report.

Number of Children Receiving Free or Reduced-Price School Breakfast*

	2015-16	2019-20	% Change
Atlantic	11,805	12,121	3
Bergen	5,966	6,543	10
Burlington	4,858	5,509	13
Camden	18,528	18,996	3
Cape May	2,340	2,124	-9
Cumberland	10,656	11,009	3
Essex	35,132	41,654	19
Gloucester	5,048	4,389	-13
Hudson	32,178	28,146	-13
Hunterdon	215	179	-17
Mercer	7,590	8,671	14
Middlesex	19,112	20,192	6
Monmouth	7,631	7,681	1
Morris	1,960	2,768	41
Ocean	8,723	8,791	1
Passaic	29,443	29,766	1
Salem	2,020	2,394	19
Somerset	3,933	4,071	4
Sussex	561	734	31
Union	19,620	18,480	-6
Warren	1,356	1,599	18
New Jersey	**228,675**	**235,817**	**3**

Data are for October of each year.

Number of Children Receiving Free or Reduced-Price School Lunch*

	2015-16	2019-20	% Change
Atlantic	20,071	18,260	-9
Bergen	20,155	19,113	-5
Burlington	14,371	13,837	-4
Camden	32,131	31,134	-3
Cape May	3,579	3,461	-3
Cumberland	16,263	16,346	1
Essex	52,039	55,059	6
Gloucester	10,076	9,169	-9
Hudson	41,691	38,432	-8
Hunterdon	1,266	1,267	0
Mercer	17,841	17,778	0
Middlesex	34,838	35,414	2
Monmouth	18,782	18,057	-4
Morris	7,059	7,261	3
Ocean	17,142	16,755	-2
Passaic	43,503	43,304	0
Salem	4,049	3,933	-3
Somerset	8,197	7,897	-4
Sussex	2,350	2,185	-7
Union	34,156	33,773	-1
Warren	3,385	3,339	-1
New Jersey	**402,944**	**395,774**	**-2**

Data are for October of each year.

Free and Reduced Price Student Participation in Breakfast per 100 Participating in Lunch*

	2015-16	2019-20	% Change
Atlantic	59	66	12
Bergen	30	34	13
Burlington	34	40	18
Camden	58	61	5
Cape May	65	61	-6
Cumberland	66	67	2
Essex	68	76	12
Gloucester	50	48	-4
Hudson	77	73	-5
Hunterdon	17	14	-18
Mercer	43	49	14
Middlesex	55	57	4
Monmouth	41	43	5
Morris	28	38	36
Ocean	51	52	2
Passaic	68	69	1
Salem	50	61	22
Somerset	48	52	8
Sussex	24	34	42
Union	57	55	-4
Warren	40	48	20
New Jersey	**57**	**60**	**5**

Please note, participation rates cannot be compared with prior publications due to a new methodology of calculating breakfast participation consistent with national methods.

Percentage of Students Meeting or Exceeding Expectations on 3rd Grade NJSLA* Exams

2018-19	ELA	Math
Atlantic	37	43
Bergen	65	68
Burlington	49	53
Camden	45	49
Cape May	48	51
Cumberland	28	34
Essex	48	51
Gloucester	48	56
Hudson	47	48
Hunterdon	57	66
Mercer	46	50
Middlesex	53	60
Monmouth	56	63
Morris	63	69
Ocean	45	50
Passaic	39	43
Salem	43	49
Somerset	57	66
Sussex	51	59
Union	50	53
Warren	44	52
New Jersey	**50**	**55**

New Jersey Student Learning Assessment

Percentage of Students Meeting or Exceeding Expectations on 7th Grade NJSLA Exams

2018-19	ELA	Math
Atlantic	51	33
Bergen	76	54
Burlington	58	42
Camden	54	35
Cape May	63	42
Cumberland	34	18
Essex	59	38
Gloucester	62	41
Hudson	60	35
Hunterdon	74	58
Mercer	60	42
Middlesex	64	43
Monmouth	70	50
Morris	78	58
Ocean	59	40
Passaic	53	32
Salem	47	36
Somerset	73	51
Sussex	68	45
Union	63	39
Warren	61	43
New Jersey	**63**	**42**

Percentage of Students Meeting or Exceeding Expectations on 4th Grade NJSLA Exams

2018-19	ELA	Math
Atlantic	44	38
Bergen	73	66
Burlington	56	49
Camden	48	42
Cape May	51	51
Cumberland	30	23
Essex	54	47
Gloucester	55	53
Hudson	56	42
Hunterdon	67	64
Mercer	52	48
Middlesex	61	56
Monmouth	62	60
Morris	72	67
Ocean	53	46
Passaic	45	38
Salem	48	45
Somerset	66	66
Sussex	62	55
Union	58	48
Warren	57	50
New Jersey	**57**	**51**

Percentage of Students Meeting or Exceeding Expectations on 10th Grade English Language Arts NJSLA Exams

2018-19	10th Grade
Atlantic	51
Bergen	72
Burlington	57
Camden	50
Cape May	45
Cumberland	34
Essex	54
Gloucester	55
Hudson	50
Hunterdon	77
Mercer	59
Middlesex	60
Monmouth	62
Morris	75
Ocean	52
Passaic	45
Salem	45
Somerset	72
Sussex	58
Union	61
Warren	55
New Jersey	**59**

Percentage of Students Meeting or Exceeding Expectations on High School Math NJSLA Exams

2018-19	Algebra I	Geometry	Algebra II
Atlantic	35	23	51
Bergen	55	45	70
Burlington	44	31	44
Camden	37	27	40
Cape May	42	17	56
Cumberland	22	20	36
Essex	37	27	47
Gloucester	44	32	49
Hudson	28	17	42
Hunterdon	62	57	71
Mercer	45	29	62
Middlesex	45	36	67
Monmouth	52	36	63
Morris	61	47	74
Ocean	39	25	52
Passaic	28	21	42
Salem	28	18	34
Somerset	58	49	65
Sussex	44	29	68
Union	42	27	39
Warren	43	33	44
New Jersey	**43**	**32**	**56**

High School Graduation Rates

	2017-18	2018-19	% Change
Atlantic	91	91	0
Bergen	95	95	0
Burlington	95	94	-1
Camden	88	87	-1
Cape May	89	89	0
Cumberland	83	87	5
Essex	87	86	-1
Gloucester	93	93	0
Hudson	86	84	-2
Hunterdon	95	95	0
Mercer	90	88	-2
Middlesex	92	93	1
Monmouth	95	95	0
Morris	95	96	1
Ocean	92	91	-1
Passaic	88	86	-2
Salem	90	91	1
Somerset	94	94	0
Sussex	95	95	0
Union	90	89	-1
Warren	93	93	0
New Jersey	**91**	**91**	**0**

Teens Ages 16 to 19 Not Working and Not in School, 2014-2018

	#	%
Atlantic	974	7
Bergen	1,383	3
Burlington	1,322	6
Camden	1,604	6
Cape May	339	8
Cumberland	1,193	16
Essex	3,747	9
Gloucester	938	6
Hudson	1,976	8
Hunterdon	460	6
Mercer	1,454	7
Middlesex	1,713	4
Monmouth	1,112	3
Morris	970	4
Ocean	1,383	5
Passaic	2,005	7
Salem	171	5
Somerset	762	4
Sussex	239	3
Union	1,797	6
Warren	209	4
New Jersey	**25,751**	**6**

Percentage of Births to Females 10-19

	2014	2018	% Change
Atlantic	5.3	4.4	-17
Bergen	1.4	1.0	-29
Burlington	3.1	2.3	-26
Camden	5.5	4.6	-16
Cape May	5.7	3.7	-35
Cumberland	8.7	6.5	-25
Essex	5.5	4.1	-25
Gloucester	2.7	2.2	-19
Hudson	3.4	2.4	-29
Hunterdon	1.5	0.8	-47
Mercer	4.3	4.5	5
Middlesex	2.9	2.5	-14
Monmouth	2.7	2.0	-26
Morris	1.3	1.1	-15
Ocean	2.3	1.2	-48
Passaic	6.3	4.9	-22
Salem	6.3	6.8	8
Somerset	2.3	2.1	-9
Sussex	1.8	1.0	-44
Union	3.9	3.1	-21
Warren	3.4	2.1	-38
New Jersey	**3.6**	**2.8**	**-22**

Juvenile (under age 18) Arrests

	2015	2019	% Change
Atlantic	712	753	6
Bergen	1,559	928	-40
Burlington	1,286	762	-41
Camden	2,885	1,436	-50
Cape May	505	436	-14
Cumberland	601	542	-10
Essex	1,942	1,421	-27
Gloucester	529	467	-12
Hudson	1,189	1,099	-8
Hunterdon	134	77	-43
Mercer	1,090	1,001	-8
Middlesex	1,305	854	-35
Monmouth	1,536	827	-46
Morris	746	424	-43
Ocean	920	517	-44
Passaic	1,918	1,479	-23
Salem	297	208	-30
Somerset	598	412	-31
Sussex	226	170	-25
Union	1,117	727	-35
Warren	174	176	1
New Jersey	**21,411**	**14,716**	**-31**

Youth Commitments*

	2014	2018	% Change
Atlantic	20	1	-95
Bergen	7	2	-71
Burlington	11	7	-36
Camden	69	13	-81
Cape May	7	0	-100
Cumberland	9	4	-56
Essex	32	12	-63
Gloucester	6	2	-67
Hudson	11	0	-100
Hunterdon	0	0	N/A
Mercer	27	18	-33
Middlesex	21	7	-67
Monmouth	4	1	-75
Morris	5	0	-100
Ocean	10	3	-70
Passaic	14	14	0
Salem	0	0	N/A
Somerset	2	1	-50
Sussex	1	0	N/A
Union	18	1	-94
Warren	0	0	N/A
New Jersey	**274**	**86**	**-69**

Please note, youth are committed to secure Juvenile Justice Commission facilities based on offenses committed as juveniles under the age of 18; however, a significant number of youth residing in secure facilities are ages 18 and older. As of July 3, 2020, roughly 61 percent of New Jersey's committed youth were 18 years of age or older.

Youth Admissions to County Detention*

	2014	2018	% Change
Atlantic	135	105	–22
Bergen	103	78	–24
Burlington	158	74	–53
Camden	446	312	–30
Cape May	28	19	–32
Cumberland	92	44	–52
Essex	753	493	–35
Gloucester	55	47	–15
Hudson	341	258	–24
Hunterdon	N/A	5	N/A
Mercer	178	119	–33
Middlesex	168	127	–24
Monmouth	101	77	–24
Morris	N/A	43	N/A
Ocean	100	64	–36
Passaic	280	209	–25
Salem	N/A	36	N/A
Somerset	37	32	–14
Sussex	19	16	–16
Union	171	88	–49
Warren	14	9	–36
New Jersey	**3,179**	**2,255**	**–29**

Please note, N/A indicates counties that did not participate in the Juvenile Detention Alternatives Initiative and for which data are not available.

What is the Juvenile Detention Alternatives Initiative?

New Jersey's Juvenile Detention Alternatives Initiative (JDAI), was formed in 2004 with the support and leadership of the Annie E. Casey Foundation and is managed by the state's Juvenile Justice Commission (JJC). Since the program's inception, JDAI has resulted in a dramatic decrease in detention populations throughout New Jersey without risk to public safety. JDAI fosters a fundamental shift in the way law enforcement, prosecutors, judges and public defenders handle juvenile crime cases by moving the focus from locking kids up to returning them to their communities and addressing the issues that led to criminal behavior. JDAI has helped reduce costs considerably, due to the reduction in daily population in detention and subsequent closure of many county detention centers.

ACNJ's New Jersey Kids Count 2020 Pocket Guide shows data for two types of youth custody settings: youth detention and youth commitment. How do they differ? Juveniles can be admitted to and temporarily held in detention centers because of serious risk to public safety or risk of flight while they await a court's decision. JDAI sites work to ensure detention centers are only used for this purpose and to minimize reliance on detention for lesser offenses and rule violations. A commitment refers to when the court has determined that a juvenile committed a criminal act, and as a result is placed in custody in a Juvenile Justice Commission facility as part of the youth's sentence. To learn more about the Juvenile Justice Commission and JDAI, visit https://www.nj.gov/oag/jjc/localized_programs_jdai.html.

Demographics

Total Population, 2015, 2019. As reported by the U.S. Census Bureau, Population Division, Population Estimates Program. Data are as of July 1 for each year.

Child Population, 2015, 2019. As reported by the U.S. Census Bureau, Population Division, Population Estimates Program. Data are as of July 1 for each year.

Total Births, 2014, 2018. The total number of live births. As reported by the N.J. Department of Health, New Jersey State Health Assessment data, New Jersey Birth Certificate Database. Data accessed as of May 28, 2020.

Child and Family Economics

Children Living Below the Poverty Threshold, 2015, 2019. The percentage of children under 18 living in families earning below 100 percent of the federal poverty threshold, as reported by the U.S. Census Bureau, American Community Survey, chart B17001.

Median Income of Families with Children, 2015, 2019. As reported by the U.S. Census Bureau, American Community Survey chart B19125.

Percentage of Households Spending 30 Percent or More of Income on Rent, 2015, 2019. As reported by the U.S. Census Bureau, American Community Survey chart B25070.

Children in Families Receiving Temporary Assistance for Needy Families (TANF), 2016, 2019, 2020. As reported by the N.J. Department of Human Services, Division of Family Development. Data are from June of each year.

Children Receiving NJ SNAP (formerly Food Stamps), 2016, 2019, 2020. The number of children receiving NJ Supplemental Nutrition Assistance Program (SNAP) benefits. As reported by the N.J. Department of Human Services, Division of Family Development. Data are from June of each year.

N.J. Earned Income Tax Credits, Recipients with at Least 1 Dependent Under Age 19 – 2014, 2018. Number of New Jersey taxpayers with at least one dependent under the age of 19 receiving a state EITC credit, total amount of EITC credits issued and the average credit amount, as reported by the N.J. Department of Treasury.

Federal Earned Income Tax Credit (EITC), 2013, 2017. Number of New Jersey taxpayers claiming a federal EITC and the average claim amount, as reported by the U.S. Internal Revenue Service.

Child Health

Percentage of Babies Born with Low Birthweight, 2014, 2018. The percentage of babies weighing less than 2,500 grams out of total live births for the given year, as reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data retrieved May 28, 2020.

Percentage of Women Receiving Early Prenatal Care, 2014, 2018. Percentage of live births for which the mother received early prenatal care (onset in first trimester), as reported by the N.J. Department of Health, New Jersey State Health Assessment Data, New Jersey Birth Certificate Database. Data retrieved June 17, 2020.

Children Receiving NJ FamilyCare, 2015, 2019. As reported by the N.J. Department of Human Services as of March for each year. Data do not reflect any retroactivity. Includes children under age 18 enrolled in Medicaid and the Children's Health Insurance Program (CHIP) portion of NJ FamilyCare, which is available to children living in families earning up to 355 percent of the federal poverty level. Data have been updated for prior years.

Children Under Age 19 Without Health Insurance, 2018, 2019. As reported by the U.S. Census Bureau, American Community Survey chart B27001.

Percentage of Children Under Age 6 Tested for Lead, 2014, 2018. As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services, Annual Childhood Lead Exposure reports.

Percentage of Tested Children Under Age 6 with Blood Lead Levels ≥ 5 Micrograms/Deciliter, 2014, 2018. As reported by the N.J. Department of Health, Public Health Services Branch, Division of Family Health Services, Annual Childhood Lead Exposure reports. Any child with a blood lead level equal to or greater than 5 micrograms per deciliter (μg/dL) falls within the Centers for Disease Control reference levels for childhood blood lead levels.

Child Protection

Number of Children Reported for Abuse/Neglect, 2015, 2019. The number of children who were reported for child abuse/neglect. As reported by the N.J. Department of Children and Families on the NJ Child Welfare Data Hub for each calendar year. Data retrieved October 28, 2020 from https://njchilddata.rutgers.edu/. Please note that data also include reports of abuse/neglect for youth ages 18 and older.

Number of Children with Substantiated/Established Findings of Abuse/Neglect, 2015, 2019. The number of children found to be victims of child abuse/neglect. As reported by the N.J. Department of Children and Families on the NJ Child Welfare Data Hub for each calendar year. Data retrieved October 28, 2020 from https://njchilddata.rutgers.edu/. In 2013, the N.J. Department of Children and Families added two possible findings of child abuse neglect investigations—"established" and "not established". Previously, investigators could only determine whether reported abuse/neglect was "substantiated" or "unfounded". Please note that data also include cases of substantiated/established reports of abuse/neglect for youth ages 18 and older.

Percentage of Reported Children with Substantiated/Established Findings of Abuse/Neglect, 2015, 2019. Based on the number of children found to be substantiated or established victims of child abuse/neglect out of the number of children reported for abuse or neglect. As reported by the N.J. Department of Children and Families on the NJ Child Welfare Data Hub for each calendar year. Data retrieved October 28, 2020 from https://njchilddata.rutgers.edu/. In 2013, the N.J. Department of Children and Families added two possible findings of child abuse neglect investigations—"established" and "not established". Previously, investigators could only determine whether reported abuse/neglect was "substantiated" or "unfounded".

Number of Children in Out-of-Home CP&P Placements, 2015, 2019. As reported by the N.J. Department of Children and Families on the NJ Child Welfare Data Hub. Data retrieved October 28, 2020 from https://njchilddata.rutgers.edu/. Data are as of December 31 for each year. Please note that figures include all youth residing in out-of-home CP&P Placements, including youth ages 18 and older.

Data Sources and Technical Notes

Early Care and Education

State-Funded Preschool Enrollment, 2015-16, 2019-20. Number of three- and four-year-old students enrolled in half- and full-day N.J. Department of Education approved programs, operated both in-district and in community centers, as reported by the N.J. Department of Education, October enrollment counts for each year. Excludes children enrolled in federally-funded programs that do not receive any state aid.

Public Kindergarten Enrollment, 2015-16, 2019-20. The number of students enrolled in half- and full-day public kindergarten, as reported by the N.J. Department of Education, October enrollment counts of each year.

Licensed Child Care Centers, 2015, 2019. The number of state-licensed child care centers as reported by the N.J. Department of Children and Families. Data are as of December 31.

Capacity of Licensed Child Care Centers, 2015, 2019. The capacity of state-licensed child care centers as reported by the N.J. Department of Children and Families. Data are as of December 31.

Number of Children Receiving a Child Care Subsidy by Type of Care, 2020. As reported by the N.J. Department of Human Services. Data are for the month of March.

Number of Infants and Toddlers (0-29 Months) Receiving a Child Care Subsidy by Type of Care, 2020. As reported by the N.J. Department of Human Services. Data are for the month of March. Infants refer to babies ages 0 to 17 months, and toddlers are children 18 months to 29 months of age.

Children Ages 0-5 with All Parents in the Labor Force, 2019. As reported by the U.S. Census Bureau, American Community Survey, chart B23008. Includes children ages 0-5 in two parent households where both parents are in the labor force and children in single-parent households where that parent is in the labor force.

Families Receiving State-Funded Home Visitation Programs, 2015, 2019. As reported by the N.J. Department of Children and Families. Data are as of June for each year and include data for three home visitation programs: Nurse Family Partnership, Healthy Families-TIP Program and Parents as Teachers. This includes only evidence-based programs funded the N.J. Department of Children and Families. Home visitation services are defined as families receiving regularly scheduled visits by either a trained home visitor or a nurse with a Bachelor's of Science degree in nursing (BSN).

School Children

Number of Children Receiving Free or Reduced-Price School Breakfast, 2015-16, 2019-20. As reported by the N.J. Department of Agriculture for October of each school year. Data represent children attending public schools, including charter schools.

Number of Children Receiving Free or Reduced-Price School Lunch, 2015-16, 2019-20. As reported by the N.J. Department of Agriculture for October of each school year. Data represent children attending public schools, including charter schools.

Free and Reduced-Price Eligible Student Participation in Breakfast per 100 Participating in Lunch, 2015-16, 2019-20. As reported by the N.J. Department of Agriculture for October of each school year. Percentages represent the total number of students receiving a free or reduced-price breakfast out of the total number of students receiving a free or reduced-price lunch. Data represent children attending public schools, including charter schools.

Percentage of Students Meeting or Exceeding Expectations on 3rd Grade NJSLA Exams, 2018-19. As reported by the N.J. Department of Education. Percentage meeting or exceeding expectations are those students scoring Level 4 or Level 5. County percentage meeting or exceeding expectation calculated by ACNJ.

Percentage of Students Meeting or Exceeding Expectations on 4th Grade NJSLA Exams, 2018-19. As reported by the N.J. Department of Education. Percentage meeting or exceeding expectations are those students scoring Level 4 or Level 5. County percentage meeting or exceeding expectation calculated by ACNJ.

Percentage of Students Meeting or Exceeding Expectations on 7th Grade NJSLA Exams, 2018-19. As reported by the N.J. Department of Education. Percentage meeting or exceeding expectations are those students scoring Level 4 or Level 5. County percentage meeting or exceeding expectation calculated by ACNJ.

Percentage of Students Meeting or Exceeding Expectations on 10th Grade English Language Arts NJSLA Exams, 2018-19. As reported by the N.J. Department of Education. Percentage meeting or exceeding expectations are those students scoring Level 4 or Level 5. County percentage meeting or exceeding expectation calculated by ACNJ.

Percentage of Students Meeting or Exceeding Expectations on Algebra I, Geometry and Algebra II NJSLA Exams, 2018-19. As reported by the N.J. Department of Education. Percentage meeting or exceeding expectations are those students scoring Level 4 or Level 5. County percentage meeting or exceeding expectation calculated by ACNJ.

High School Graduation Rates, 2017-18, 2018-19. As reported by the N.J. Department of Education, Adjusted 4-Year Cohort Graduation Rate Data. County adjusted 4-year cohort graduation rates calculated by ACNJ.

Teens and Young Adults

Teens Ages 16 to 19 Not Working and Not in School, 2014-2018. As reported by the U.S. Census Bureau, American Community Survey chart B14005.

Percentage of Births to Females Ages 10-19, 2014, 2018. The number of babies born to females ages 10-19 as a percentage of all births in each county, as reported by the N.J. Department of Health, Center for Health Statistics, New Jersey State Health Assessment Data. Data retrieved August 10, 2020.

Juvenile Arrests, 2015, 2019. Number of juveniles under age 18 arrested, as reported by the N.J. Department of Law and Public Safety, Division of State Police, Uniform Crime Reports.

Youth Commitments, 2014, 2018. The number of youth committed to New Jersey Juvenile Justice Commission facilities; please note that figures include juveniles and youth ages 18 and above. As reported by the N.J. Juvenile Justice Commission.

Youth Admissions to County Detention, 2014, 2018. As reported by the N.J. Juvenile Justice Commission. Statewide data reflect only those counties participating in the Juvenile Detention Alternatives Initiative.

Thank you.

Advocates for Children of New Jersey appreciates the support of all its donors and wants to acknowledge the generosity of these funders:

The Victor & Pearl Tumpeer Foundation

Laura and John Overdeck

The Nicholson Foundation

PSE&G

How You Can Help New Jersey's children grow up safe, healthy and educated?

Donate to ACNJ today at www.acnj.org.

- As a non-profit, ACNJ counts on support from donors to succeed in our efforts.

- A cornerstone of ACNJ's success is our independence. We are strictly non-partisan and accept no government funding for our advocacy, freeing us to focus on our sole mission — helping children.

- Your tax-deductible donation gives ACNJ the resources we need to advance positive change for all of New Jersey's children.

- Together, we can fight for better laws and policies, more effective funding and stronger services, ensuring that all children have the chance to grow up safe, healthy and educated.

For more information about how you can help support our work, please contact Prudence Walters, Operations Manager, at (973)-643-3876 or at pwalters@acnj.org.

35 Halsey Street
Newark, NJ 07102
(973) 643-3876
(973) 643-9153 (fax)

advocates@acnj.org

www.acnj.org

@ACNJForKids

Giving Every Child A Chance®

Regional Stationhouse Adjustment Program Statistics

BERGEN COUNTY DIVISION OF FAMILY GUIDANCE

RSAP

2020-2021 GRANT SUPPORTED BY 5 MUNICIPALITIES:

- Hackensack
- Lodi
- Elmwood Park
- Ridgefield
- Carlstadt

FIRST REFERRAL : JULY 22, 2021 ELMWOOD PARK

REFERRALS 2021: 50 (20 MUNICIPALITIES)

REFERRALS 2022: 177

TOTAL RSAP REFERRALS TO DATE: 227

Total Municipalities: 47

TOP REFERRED MUNICIPALITIES:

- PARAMUS : **24**
- FAIR LAWN: **21**
- RIDGEFIELD PARK: **19**
- HACKENSACK: **18**
- GARFIELD: **18**
- TEANECK: **17**

Offenses

Top Offenses to date: 2022

- Simple Assault: **37**
- Shoplifting : **31** Theft: **10** Burglary: **2**
- Unlawful Possession of a Weapon: **22**
- Harassment/ Cyber Harassment : **21**

Top Offenses: 2021
- Harassment/ Cyber Harassment: **13**
- Unlawful Possession of a Weapon: **9**

Program Referrals

2021 Program	Q1	Q2	Q3	Q4	Total
Positive Strides			1	6	7
UTR			1	9	10
TEAR				5	5
PAVE					
BIPAS					
Forensic Unit				3	3
Crisis Unit			4	21	25
Outside Agency (youth were also referred to crisis for individualized diversion program)				3	
Total			6	44	50

2022 Program	Q1	Q2	Q3	Q4	Total
Positive Strides	13	10	3		24
UTR	11	3	1		15
TEAR	6	4	2		10
PAVE	2				2
BIPAS	3				3
Forensic Unit	3	4	1		7
Crisis Unit	38	38	34		108
Outside Agency		1			1
Total	76	60	41		177

Municipalities : Referrals

Municipality: 2022	Total referrals		
Bergenfield	2	Old Tappan	1
Dumont	4	Oradell	3
Edgewater	1	**Paramus**	**21**
Elmwood Park	3	Park Ridge	1
Englewood	1	Ramsey	7
Fair Lawn	10	Ridgefield	1
Fairview	5	**Ridgefield Park**	**17**
Fort Lee	2	Ridgewood	6
Franklin Lakes	4	River Edge	2
Garfield	**16**	Rochelle Park	2
Hackensack	**12**	Rutherford	8
Ho-Ho-Kus	2	Saddle Brook	1
Leonia	2	South Hackensack	1
Little Ferry	3	**Teaneck**	**14**
Lodi	2	Tenafly	2
Lyndhurst	2	Upper Saddle River	1
Mahwah	2	Washington Township	1
Maywood	2	Wyckoff	3
Midland Park	1	BCSD	3
Moonachie	3	**TOTAL**	**177**
North Arlington	2		
Norwood	1		

Municipality: 2021-2022	Total referrals		
Bergenfield	2	North Arlington	2
Cliffside Park	2	Norwood	1
Cresskill	1	Old Tappan	1
Dumont	4	Oradell	3
Edgewater	1	**Paramus**	**24**
Elmwood Park	7	Park Ridge	2
Englewood	1	Ramsey	8
Fair Lawn	**21**	Ridgefield	1
Fairview	5	**Ridgefield Park**	**19**
Fort Lee	2	Ridgewood	6
Franklin Lakes	6	River Edge	2
Garfield	**18**	Rochelle Park	2
Hackensack	**18**	Rutherford	8
Ho-Ho-Kus	3	Saddle Brook	1
Leonia	3	South Hackensack	1
Little Ferry	3	**Teaneck**	**17**
Lodi	2	Tenafly	2
Lyndhurst	4	Upper Saddle River	1
Mahwah	4	Wallington	1
Maywood	2	Washington Township	1
Midland Park	1	Westwood	2
Montvale	2	Wyckoff	3
Moonachie	3	BCSD	3
New Milford	1	**Total**	**227**

Offenses 2022

Q1	total	Q2	total	Q3	total
Shoplifting	5	False Public Alarm	3	Theft	5
Vaping in School Property	2	Terroristic Threats	2	Harassment	3
Unlawful Possession of a Weapon	12	Criminal Mischief (spray paint) (Damage to car) (Damage to property)	6	Simple Assault	8
Simple Assault	16	Obstruction	1	Endangering of Another Person	3
Possession of Xanax	1	Harassment	8	Trespassing	5
Possession of Imitation Firearm	2	Simple Assault	13	Burglary	1
Criminal Mischief	7	Offensive Touching	1	Possession of a Weapon	5
Terroristic Threats	6	Theft	4	Bias Intimidation	2
Harassment / Cyber Harassment	10	Shoplifting	15	Shoplifting	11
Theft	1	Disorderly Conduct	3	Aggravated Assault	1
Disorderly conduct	5	Unlawful Possession of a Weapon	5	Eluding	1
Endangering the welfare of a child	3	Fraud (credit card)	2		
Obstructing Administration of Law	2	Trespassing	2		
False Public Alarm	5	Bias intimidation	4		
Invasion of privacy	1	Aggravated Assault	2		
Domestic Dispute	1				
Bias Intimidation	5				
Trespassing	1				
Criminal Sexual Conduct	2				
Aggravated Assault	1				
Intimation Drugs	2				
Burglary	1				