



**DELAWARE HEALTH
AND SOCIAL SERVICES**

Thomas P. Eichler, Secretary

DELAWARE ONE-STOP SERVICES

LEGEND:

DHSS - DEPARTMENT OF HEALTH AND SOCIAL SERVICES

DCSE - Division of Child Support Enforcement

DPH - Division of Public Health

DSS - Division of Social Services

DSSC - Division of State Service Centers

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Overview

Divider Title: _____

**Delaware
Health and**



Social Services

Delaware One - Stop Shopping

Human Service Environment of the 1990s

	Problems	Opportunities
Clients	Complex problems which span family members. Growing elderly population.	Expanding employment opportunities for clients.
Programs	Lack of integration at the Federal level.	Many untapped private/ community resources.
Resources	Limited budget growth. Staff enter with incomplete skill set.	Exploit new technologies to increase efficiency and support caseworker decision-making.

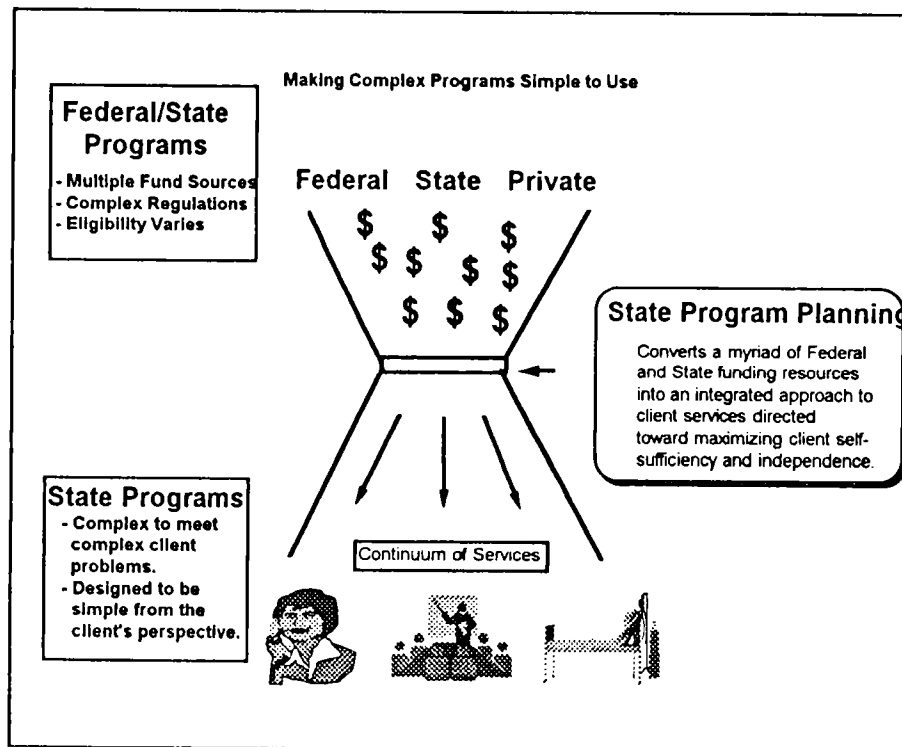
Key DHSS Goals

Services

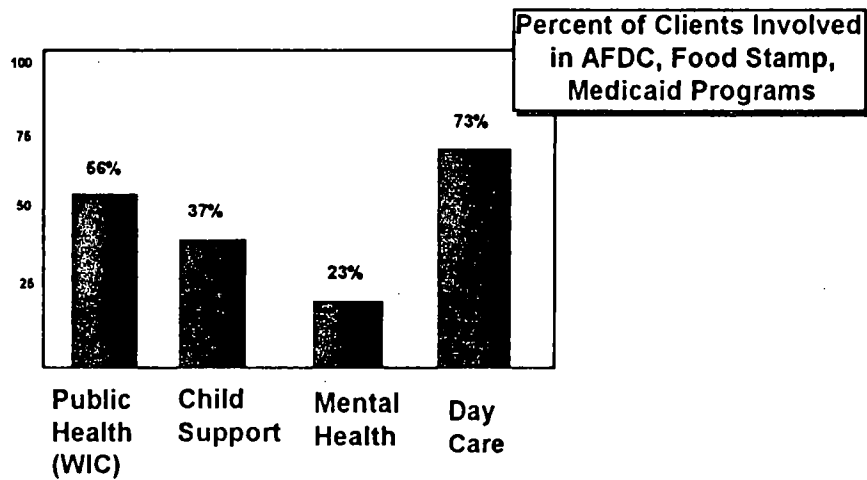
Support Personal and Family Independence

Organization

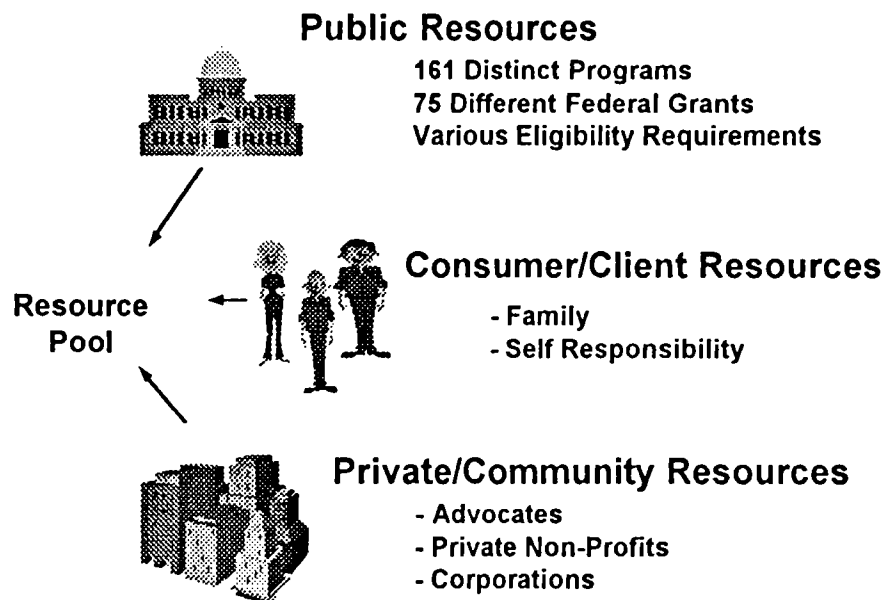
Be a self-correcting organization working to retool to keep pace with changing client needs and a changing service delivery environment.



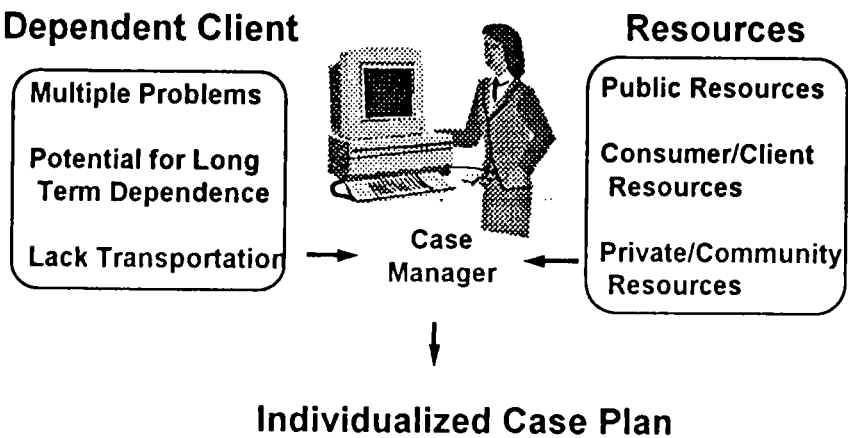
Clients are Often Involved in Many Programs



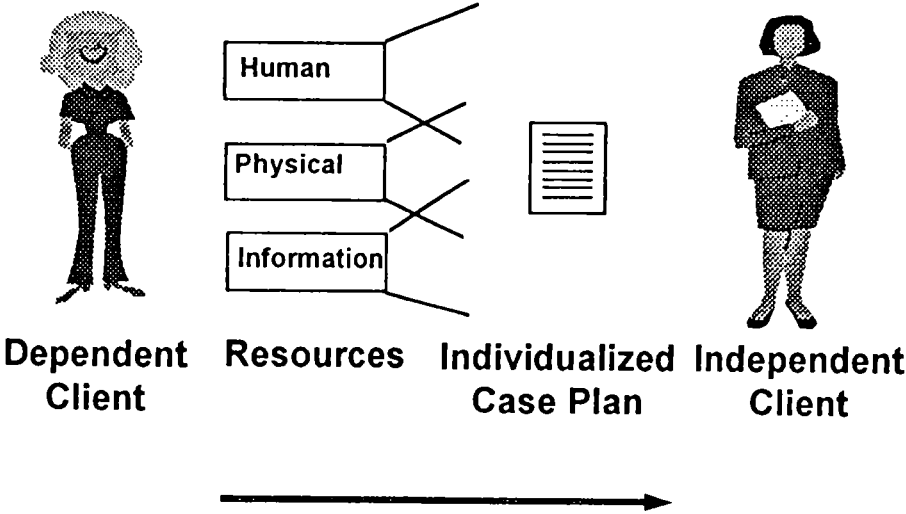
Resources



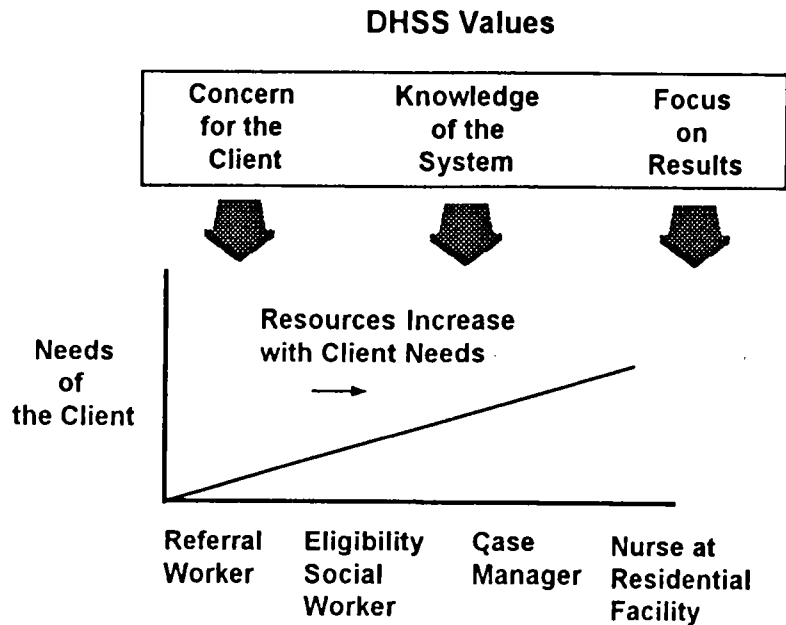
Case Management



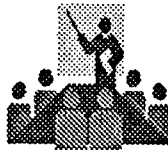
Goal: Client Self-Sufficiency



Appropriate Level of Effort



Human Resources



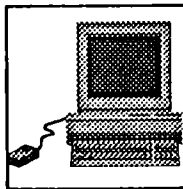
Integration Across Programs	Emphasis on communicating horizontally across the organization. This is supported through task groups, training, and an annual managers conference.
Decentralized Decision-Making	Staff are encouraged to solve problems at the level closest to the client. Management flexibility and risk taking are encouraged through training and our 'culture'.
Quality Service	Training programs have been expanded and an employee recognition program highlights the types of performance we value from staff.
Accessibility	Positions have been reclassified to get the types of staff needed to do today's jobs. Where the labor market is weak, such as in nursing, we have implemented a special recruitment and training program to get the staff we need.

Physical Resources



Integration Across Programs	DHSS intake staff from various programs are colocated at the Service Centers to facilitate coordination of services to the client.
Decentralized Decision-Making	Service Centers are a key point where demographic and service information are obtained for decision-making.
Quality Service	Centers are well maintained and comfortable. The client is treated as a 'consumer' of our services.
Accessibility	Centers are at 12 strategic locations with most clients needing to travel less than five miles to get to a center. An 800 number is operated to provide telephone assistance in getting information about services.

Information Resources



Integration Across Programs	A client receives one identifying number when first entering the system. All programs use this number thereby allowing the Department to cross-reference its clients across programs.
Decentralized Decision-Making	A new system allows individual agencies to access their mainframe data directly without the assistance of a programmer. Several expert systems are also in place to assist the caseworker.
Quality Service	Systems are designed to provide information that is both reliable and useful to all levels of staff. New systems are being developed that are very easy to use and integrate data, wordprocessing, electronic mail, and other applications.
Accessibility	A Statewide network of computers links service centers and other facilities. Over 90% have access to the system.

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Automation Efforts DHSS

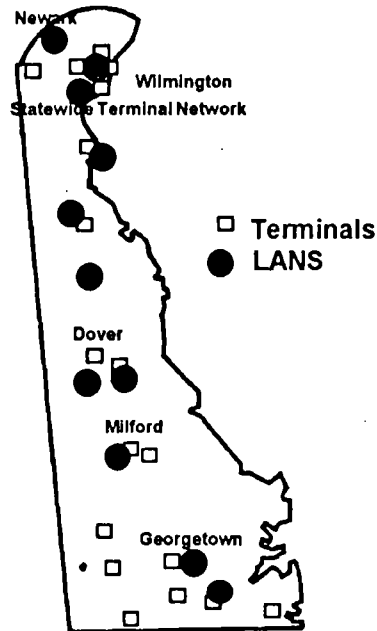
Divider Title: _____

Statewide Network

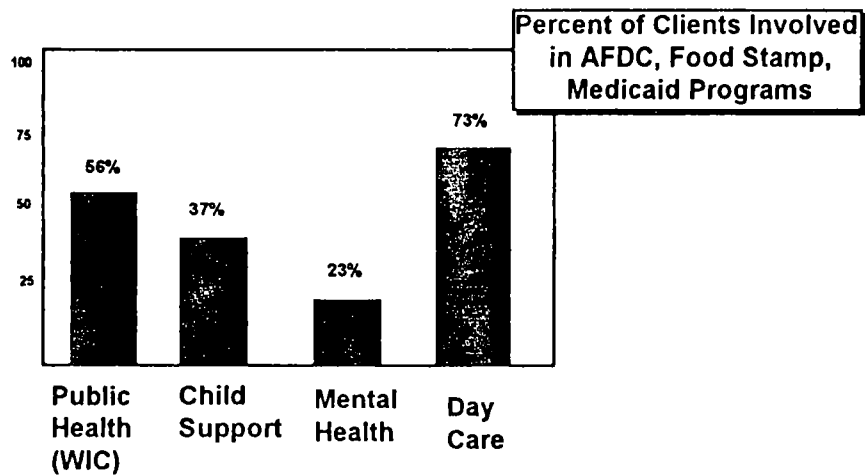
Over 1400 PCs are connected through a Statewide Local Area Network that allows managers and staff to:

- exchange e-mail
- share documents
- access Biggs

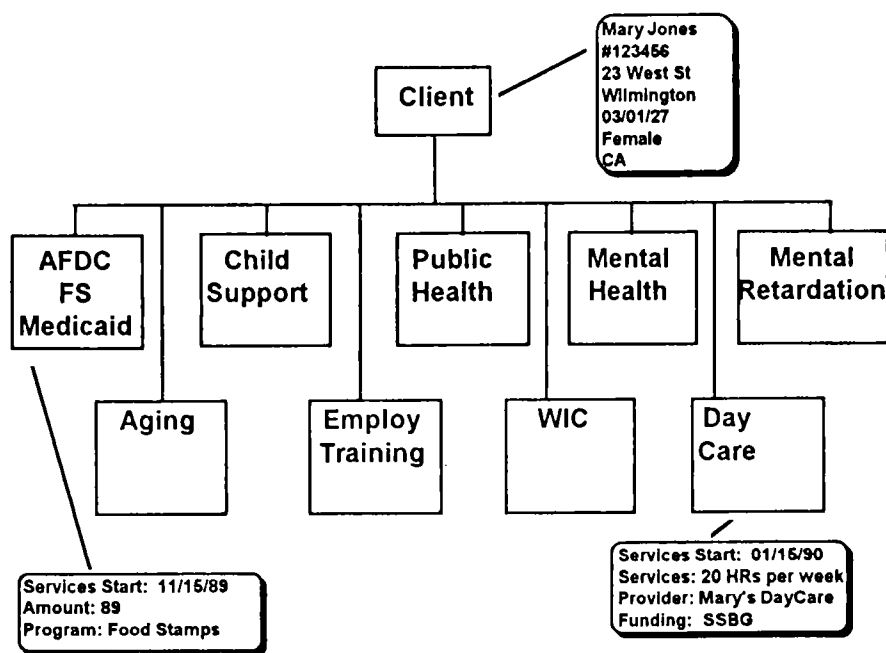
An additional network of 500 terminals also supplies access to Biggs



Clients are Often Involved in Many Programs



Client Information Sharing



Delaware One-Stop
Shopping

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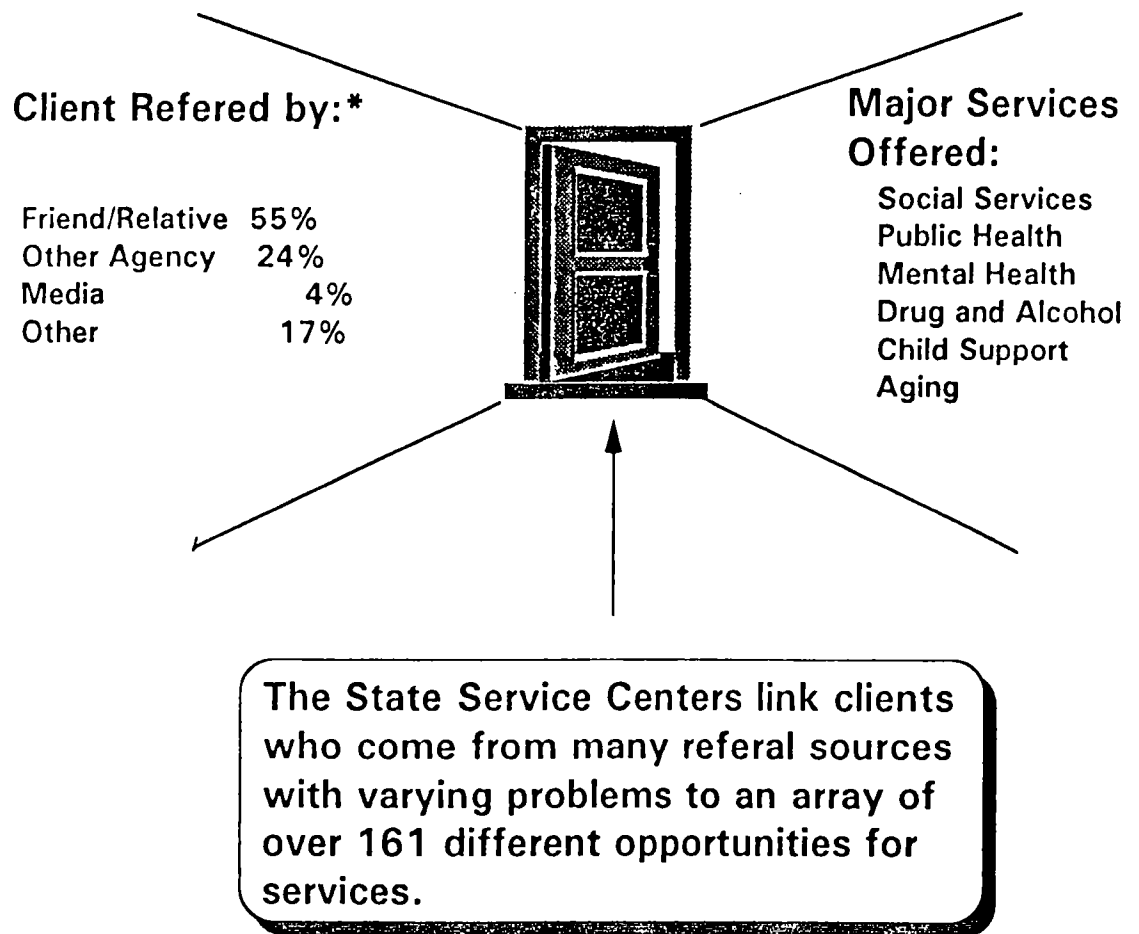
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One-Stop Service DSSC

Divider Title: _____

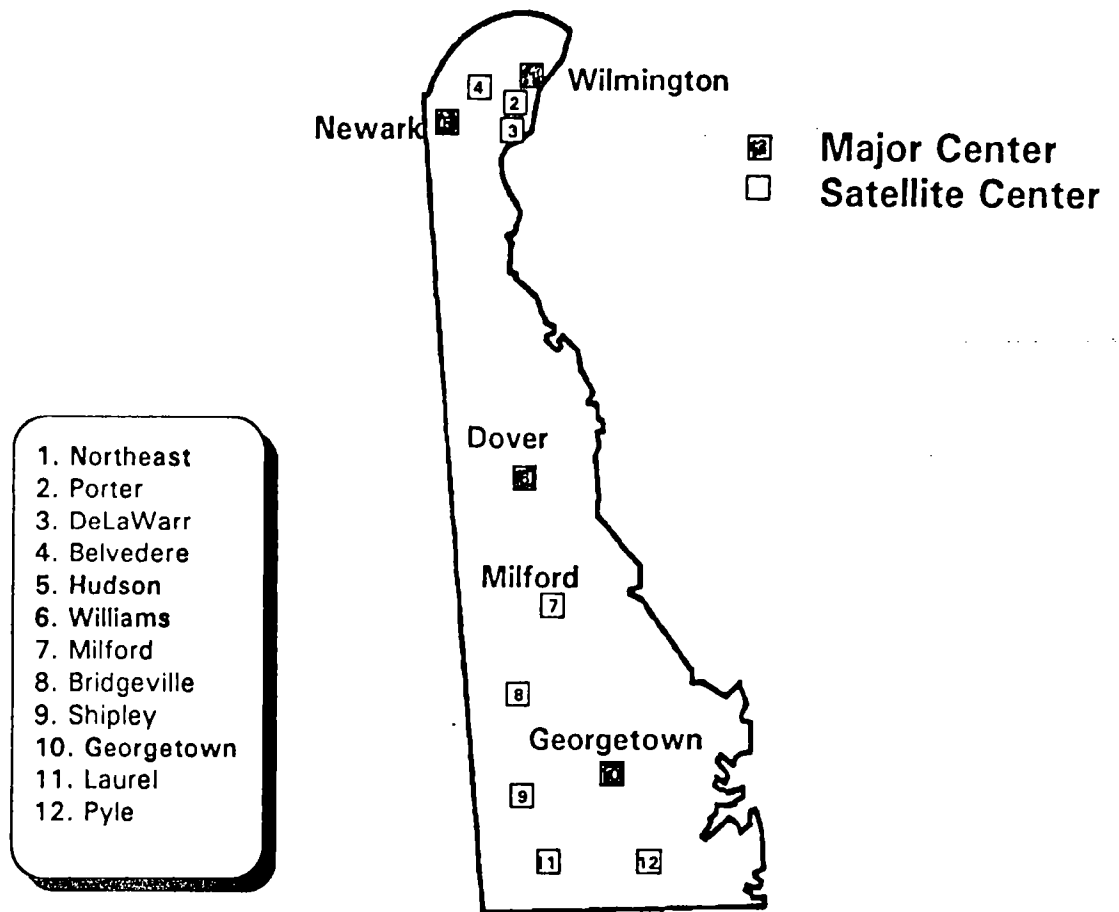
The State Service Center

Opening the Door to Client Independence



* 1990 Survey of 2400 Service Center Users

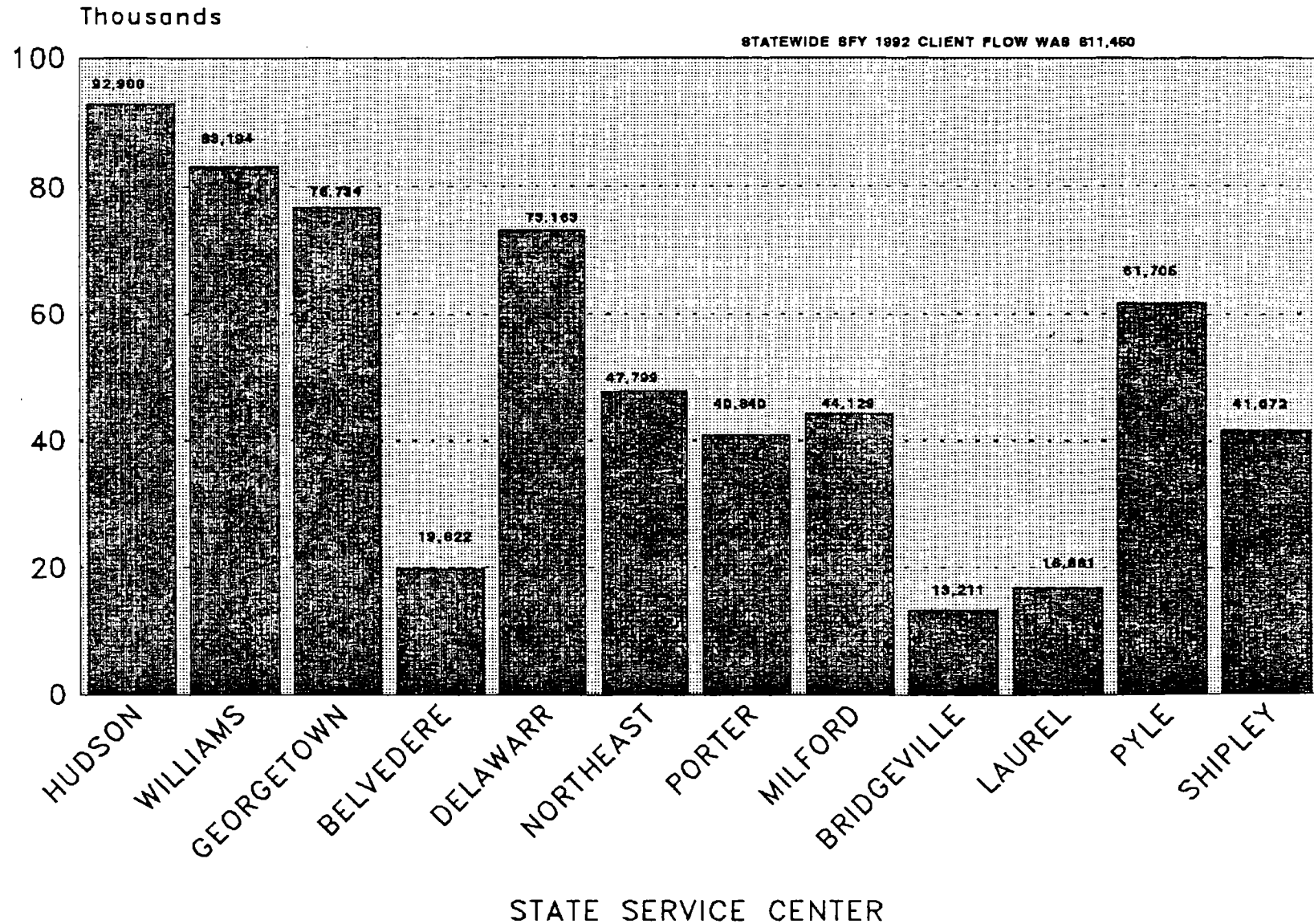
Strategic Locations To Provide Access



- ✓ **Goal of 15 Minutes to Any Service Center**
- ✓ **Each Center Assigned Specific Catchment Areas with Defined Census Tracts**
- ✓ **Centers are Located Where the Need is the Greatest**

Division of State Service Centers

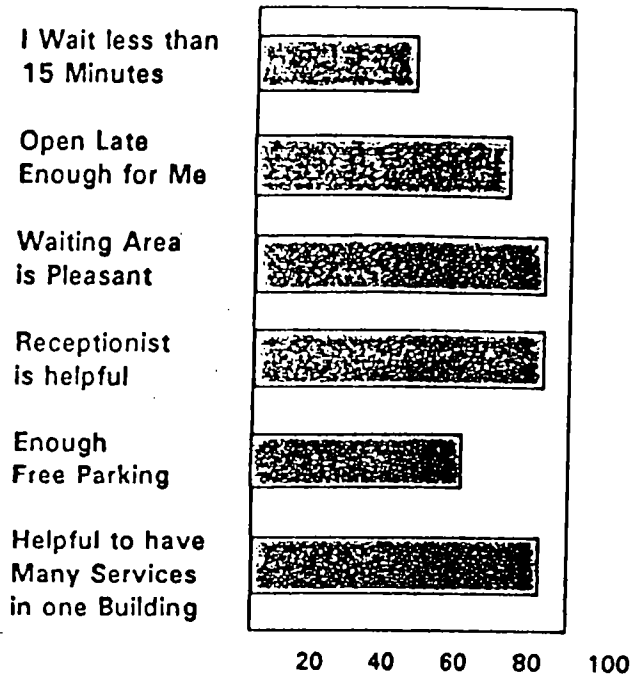
Client Visits by Center – SFY 1992



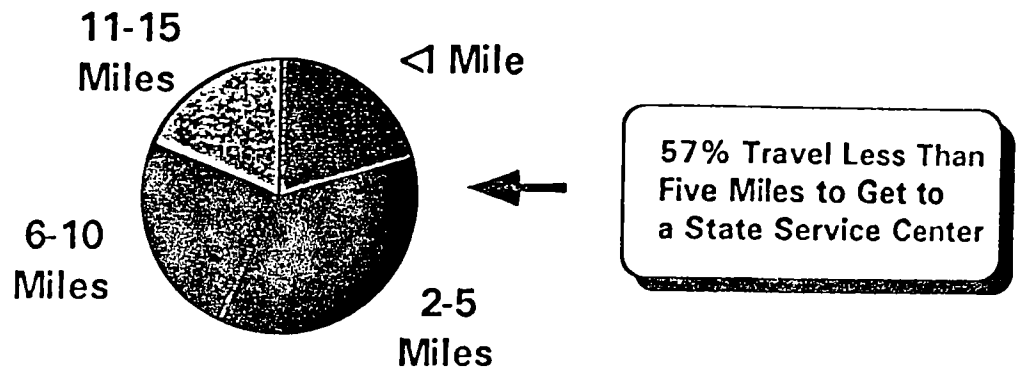
State Service Centers

Client Satisfaction with Service Centers*

(% Agree with Statement)



Distance Clients Must Travel to a Service Center*



* 1990 Survey of 2400 Service Center Users



COST ANALYSIS OF SERVICE INTEGRATION COLOCATION COMPARED TO SEPARATE FACILITIES

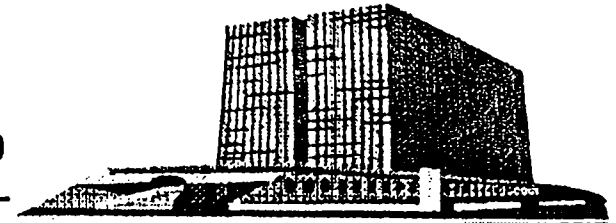
NORTHEAST STATE SERVICE CENTER

TOTAL OPERATING COSTS - \$350,018

DSSC STAFF (3 FTE'S) \$ 73,500

TOTAL \$423,518

24,229 SQUARE FEET AND 45,000 SERVICE VISITS



SEPARATE FACILITIES



DSS

OPERATING COSTS \$283,631



DMH

OPERATING COSTS \$ 31,395



DPH

OPERATING COSTS \$119,527



DCSE

OPERATING COSTS \$8,777

TOTAL COSTS - \$443,332

*** OPERATING COSTS INCLUDE: RENT, UTILITIES , TELEPHONE AND
LINE COSTS, SECURITY, JANITORIAL AND MISC. BLDG. COSTS**

HOME NURSING VISITS FOR PREGNANT WOMEN, NEW PARENTS, AND CHILDREN
IMMUNIZATION COMMENCEMENT/CONTINUATION,
INFECTIOUS AND CHRONIC DISEASE CONTROL,
INJURY PREVENTION PROGRAMS.
LAB DIAGNOSTIC TESTING,
LEAD BASED PAINT SCREENING & PREVENTION PROGRAM;
LONG TERM BIRTH DEFECT PROGRAM;
MEDICAL SOCIAL WORK SERVICES
MOBILE MAMMOGRAPHY VAN
NUTRITION COUNSELING AND EDUCATION
OUT-PATIENT MEDICAL TREATMENT;
OUTPATIENT THERAPY AND TRAINING.
OUTPATIENT NON-EMERGENCY TREATMENT AND DIAGNOSIS OF EAR DISEASES
OVERSEAS IMMUNIZATIONS,
PAP TESTS
PEDIATRIC DIAGNOSTIC CLINIC
PEDIATRIC NEUROLOGY CLINIC,
PEDIATRIC CARDIOLOGY CLINIC,
PEDIATRIC ORTHOPEDIC CLINIC,
PEDIATRIC OPHTHALMOLOGY CLINICS,
PELVIC EXAM,
PHYSICAL THERAPY
PRE AND POST-NATAL CLINICS
PREGNANCY TESTING
PROBLEM PREGNANCY COUNSELING,
PSYCHOLOGICAL SERVICES
PUBLIC HEALTH EDUCATION,
PULMONARY DISEASE CLINIC
RADIATION PROTECTION,
REHABILITATION SERVICES.
RURAL HIGH BLOOD PRESSURE CONTROL PROGRAM,
SANITATION PROGRAM
SICKLE CELL ANEMIA TESTING,
SPECIAL INFANT CLINIC
SPEECH PATHOLOGY/AUDIOLOGY CLINIC,
STD TESTING AND TREATMENT,
SUDDEN INFANT DEATH SYNDROME COUNSELING;
T.B. SCREENING
URINE AND STOOL TESTING,
VITAL STATISTICS (BIRTH, DEATH & MARRIAGE RECORDS).
WELLNESS CARE CLINIC
WIC (SUPPLEMENTAL FOOD PROGRAM)
WOMEN'S HEALTH CLINIC

SOCIAL SERVICES (8)

DAY CARE UNIT,
FIRST STEP EMPLOYMENT AND TRAINING
FOOD STAMP PROGRAM
MEDICAID,
NURSING HOME WAIVER
PRE-ADMISSION SCREENING FOR NURSING HOMES
PUBLIC ASSISTANCE BENEFITS
SPECIAL INVESTIGATIONS UNIT (DBAGS)

STATE SERVICE CENTERS (15)

ADOPT - A - FAMILY
CHILD CAR SEAT LOAN PROGRAM,
COMMUNITY RESOURCE/VOLUNTEER SERVICES,
DELAWARE HELPLINE (1-800-464-4357),
DENTAL AND MEDICAL TRANSPORTATION
DISASTER ASSISTANCE CENTERS
EMERGENCY FOOD AND SHELTER PROGRAM (FEMA)
EMERGENCY FOOD CLOSET
EMERGENCY ASSISTANCE SERVICES
EPSDT OUTREACH AND SUPPORT,
GENERAL SERVICES.
HOLIDAY FOOD BASKETS
NEMOURS PHARMACEUTICAL ASSISTANCE PROGRAM,
NOTARY PUBLIC SERVICES
TOYS FOR TOTS.

VISUALLY IMPAIRED (1)

DEPARTMENT OF LABOR (1)
DIVISION OF VOCATIONAL REHABILITATION.

DEPARTMENT OF PUBLIC INSTRUCTION, (1)

DEPARTMENT OF COMMUNITY AFFAIRS (4)
DIVISION OF HUMAN RELATIONS*
OFFICE OF THE PUBLIC GUARDIAN*
FOSTER GRANDPARENT PROGRAM;
RETIRED SENIOR VOLUNTEER PROGRAM,

DEPARTMENT OF CORRECTIONS (1)
ADULT CORRECTIONS,

DSCYF (3)
YOUTH REHABILITATIVE SERVICE
DIVISION OF CHILD PROTECTIVE SERVICES
FOSTER HOME RECRUITMENT

DEPARTMENT OF TRANSPORTATION (1)
DAST

PRIVATE NOT FOR PROFIT (40)
ALCOHOLICS ANONYMOUS,
AREA COLLEGE INTERNSHIP.
BOOKMOBILE,
BRANDYWINE COUNSELING
CHEER CENTER,
CHILD INC.,
CHILDREN'S BUREAU OF DELAWARE,
COMMUNITY ACTION AGENCY,
DELAWARE CURATIVE WORKSHOP,

DELAWARE SAFETY COUNCIL
DELAWARE SPECIAL OLYMPICS PROGRAM,
EMMANUEL DINING ROOM-SOUTH (PROGRAM OF MINISTRY OF CARING, INC.),
FAMILY COURT,
HEAD START
HOPE SENIOR HEALTH SERVICES
INFANT AND CHILD DEVELOPMENT CENTER,
INTRA-FAMILY SEXUAL ABUSE COUNSELING,
JOB CORPS
JUVENILE AWARENESS;
LOWER SUSSEX LITTLE LEAGUE,
MARRIAGE COUNSELING,
MEALS ON WHEELS,
NEW CASTLE COUNTY CULTURAL ARTS PROGRAM
NEWARK FAMILY COUNSELING CENTER
PARENT EDUCATION CLASSES,
PARENTS ANONYMOUS,
PEOPLE'S PLACE II
READ-A-LOUD
ROUND-TRIP TRANSPORTATION,
SALVATION ARMY (NEEDY FAMILY FUND)
SOCIAL SECURITY ADMINISTRATION
SODAT
SUMMER FEEDING PROGRAM,
SUSSEX COUNTY COMMUNITY ACTION
THRIFT SHOP,
TOPS NUTRITION,
TURNABOUT COUNSELING CENTER
VISITING NURSE ASSOCIATION,
VICTIM ASSISTANCE PROGRAM

162 SERVICES - 48 AGENCIES

The Integration of Human Services
in
Delaware

The Division of State Service Centers (DSSC) was established within the Department of Health and Social Services by Executive Order Number 64, effective September 18, 1972. The new Division was charged by Executive Order with the responsibility for the operation of all major and satellite service centers previously under the auspices of the Division of Mental Health. In addition, the Division was authorized to coordinate the planning and programs of the various Divisions within the Department of Health and Social Services. The same Executive Order also established an Advisory Council on State Service Centers. The seven-member Council was to advise the Division Director and the Secretary on all matters pertaining to the operation of the Service Centers.

The first State Health and Social Services Center was officially inaugurated on October 9, 1970. This first Center, located in Wilmington's East side, housed a variety of public and private human service agencies including the Division of Public Health, Mental Health, Social Services, Juvenile Corrections, and Vocational Rehabilitation as well as the Children's Bureau, the Delaware League for Planned Parenthood, Community Legal Aid and a private medical group practice providing evening primary health care.

It was during the development phase of the Northeast project that a preliminary plan was drafted for the establishment of a Statewide network of Service Centers. What is now known as The Northeast State Service Center became the prototype for the operation of the Centers which were to follow (i.e., a core staff of a Center Coordinator and Neighborhood Workers would perform the outreach intake work for all agencies housed in the Center). It was proposed that a total of fourteen centers would be established. Four of these would be "major" centers, housing administrative, as well as service delivery personnel for each of the three counties and for the City of Wilmington. The other ten centers would be "satellites" patterned after Northeast. They would house only direct service personnel and would be concentrated in areas with a high incidence of need.

Two decades and twelve Service Centers later the Division of State Service Centers remains committed to the provision of comprehensive human services to the citizens of Delaware through single entry, multi-service facilities which house State of Delaware human service programs, as well as selected private sector programs. The mission of the Division of State Service Centers is five-fold. Specifically the Division endeavors to:

- o Provide a statewide network of safe, secure, well maintained and efficiently operated service center facilities;
- o Facilitate co-location or consolidation of service providers whenever economically or operationally feasible;
- o Promote access to Delaware's Health and Human Service System through Division staff specializing in community resources and an effective information and referral network;
- o Address and communicate the service needs of the community; and,
- o Provide client support services that enable clients to access care and to alleviate crises.

The centralization of administrative and financial responsibility for human services at the State level has given Delaware a unique advantage in the integration of these human services. It vastly facilitated the subsequent establishment of a single "super-agency" for human services and it has made for easier coordination of services enabling the "one-stop shopping" approach at the delivery level.

For all its small size, Delaware is not a notably homogenous State. There is a vast difference between rural Sussex County in the south and metropolitan New Castle County in the north. As the emphasis in the delivery of human services shifts away from reliance on large institution to community-based programs, the differences among regions are accentuated and the similarity less pervasive. The ability of the State to be responsive to the ever changing differences and needs is continually challenged.

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Welfare Reform DCSE

Divider Title: _____

Child Support Environment of the 1990s

Problems

Opportunities

Clients	Growing caseloads Well-informed client population with high expectations Over 37% of cases are AFDC related Many need paternity establishment services	More families receiving help with child support problems
Programs	Federal time and performance standards Complex programs Expanded programs Legal implications Medical support	Stronger program resulting in fewer families living in poverty More cooperation among those involved in child support process
Resources	Decreasing federal funding Program growing faster than resources Staff require a different mix of skills	Development of public/private partnerships More use of automation and modern technology Emphasis on staff development More administrative process

CLIENT ORIENTED SERVICE DELIVERY

- **Collocation**
 - Intake staff at welfare application sites
 - Legal staff in the Delaware Family Courts
- **Community outreach to take news of services to the public**
 - Organizations
 - Schools
 - Malls
 - Conferences
- **Mail-in application process**
- **Statewide payment information telephone line**
- **Caseworkers at court mediations**
- **24 hour turnaround of support payments**
- **Customer service training for staff**
 - Quality service
 - Resolution of client concerns at the lowest possible level
- **Well-rounded staff**
 - Cross training
- **Medical support**
 - New and modified orders
 - Interface with Medicaid staff

INNOVATIVE PROGRAMS

- **Modification Project**
 - Delaware Project
 - Average order increase of 80%
 - Medical support obtained for 389 children
 - Coordination of 4-state evaluation
- **Consumer Credit Reporting**
 - 20% increase in collections on cases reported
 - 68% positive results for absent parent location
- **Centralized Payment Processing**
 - 24 hour turnaround of payments
 - Increased efficiency
 - More accounting controls
- **Welfare/Child Support Referral Process**
 - Reduces need for face-to-face interviews by child support workers
 - Contributes to faster order establishment
- **Expedited Court Processing**
 - Mediation based
 - Scheduled by child support workers
- **Non-Support Sanctions Project**
 - Employment search and training
 - Alternatives to incarceration
- **Paternity Establishment**
 - Development of administrative procedures

AUTOMATED SOLUTIONS

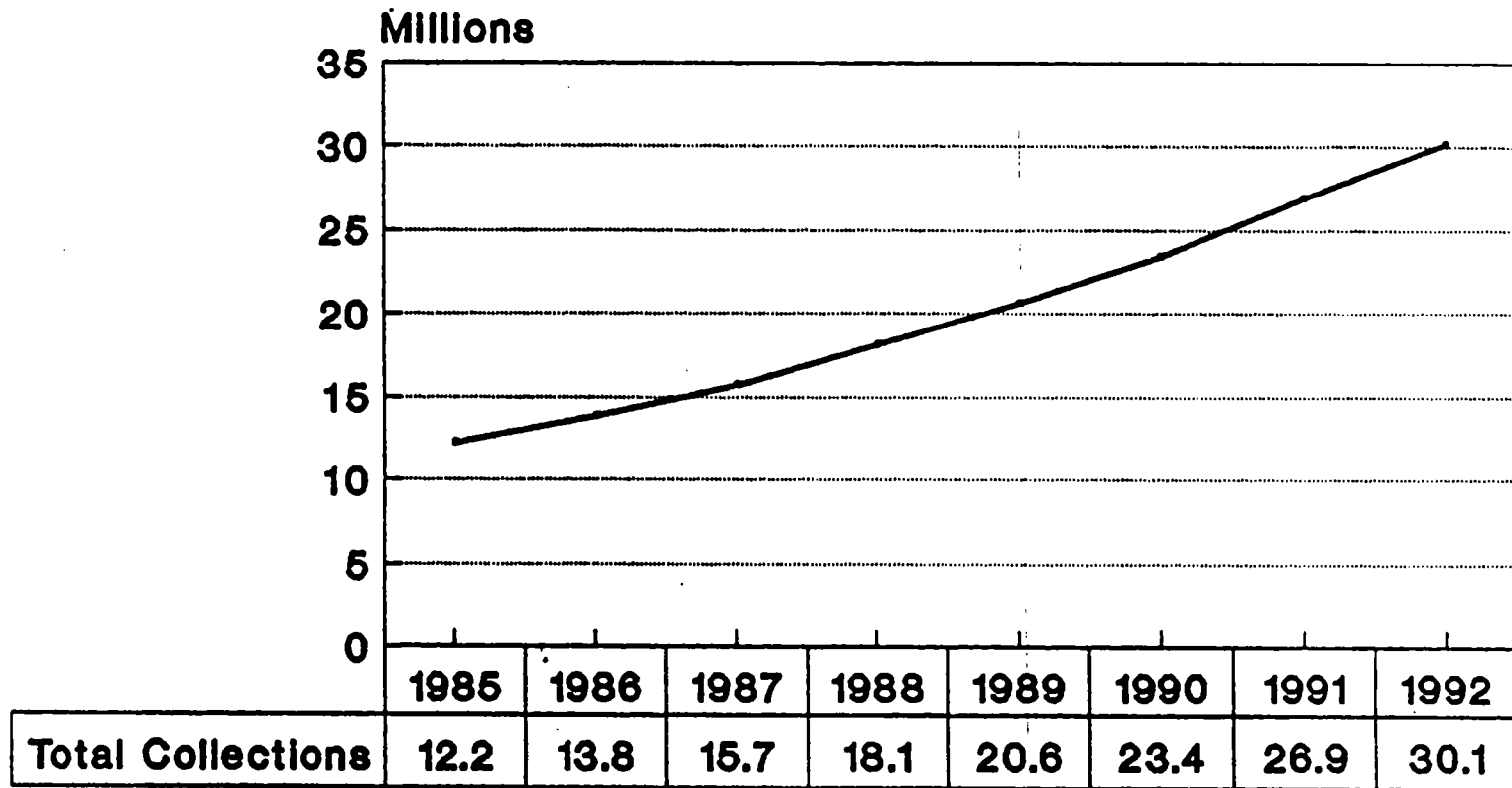
- **Delaware Automated Child Support Enforcement System (DACSES)**
 - Fully certified
 - Statewide information system
 - Case management
 - Automated accounting
- **Interface with Department of Labor**
 - Absent parent location
 - Unemployment benefit interception
 - Intercepted over \$1.1 million in SFY 92
 - Income and employment information
- **Interface with welfare system**
 - Case openings and closings
 - Information exchange
 - \$50 disregard distribution
- **Interfaces with credit bureaus**
 - Absent parent location
 - Reporting of arrears balances over \$1000
- **Tax Offset Collections (Tax Year 1991)**
 - Totalled \$2,859,310
 - Program enables State and Federal income taxes to be intercepted to pay delinquent child support
- **Automation of the Delaware Child Support Formula, Delaware's guideline**
- **Pilot for electronic funds transfer (EFT)**

ACCOMPLISHMENTS

- **Total Collections**
 - \$30.1 million in State Fiscal Year 1992
 - 12% increase over the previous year
 - Have increased every year for the past decade
- **AFDC Collections**
 - \$7.3 million in State Fiscal Year 1992
 - Recovery of over 20% of welfare costs
- **Establishment of nearly 1500 paternities last year**
- **Wage Attachments**
 - Most effective enforcement tool
 - Accounted for payments on over 7100 cases
 - Resulted in over \$13.9 million in collections
- **Child support contributes to approximately 20% to 25% of AFDC case closings due to income**
- **Tax Offset Collections (Tax Year 1991)**
 - Totalled \$2,859,310
 - Program enables State and Federal income taxes to be intercepted to pay delinquent child support
- **In Federal Fiscal Year 1990 collections made on 88% of AFDC current support orders**
 - Highest rate nationally
 - Compares to national average of 48%

Total Collections 1985-1992

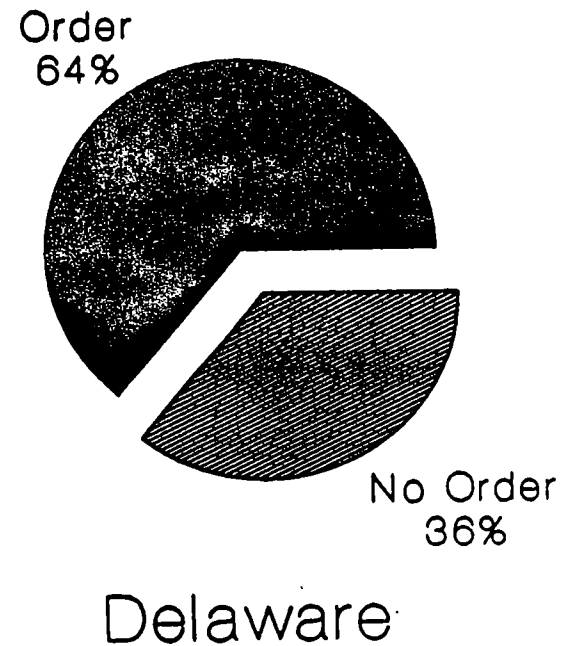
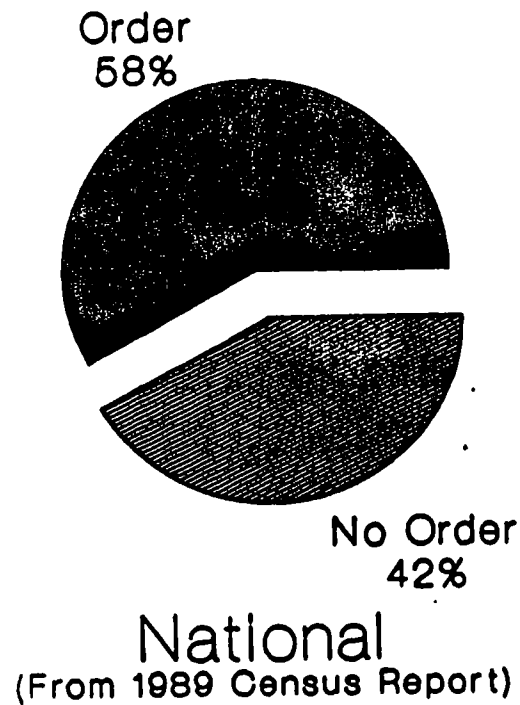
Division of Child Support Enforcement



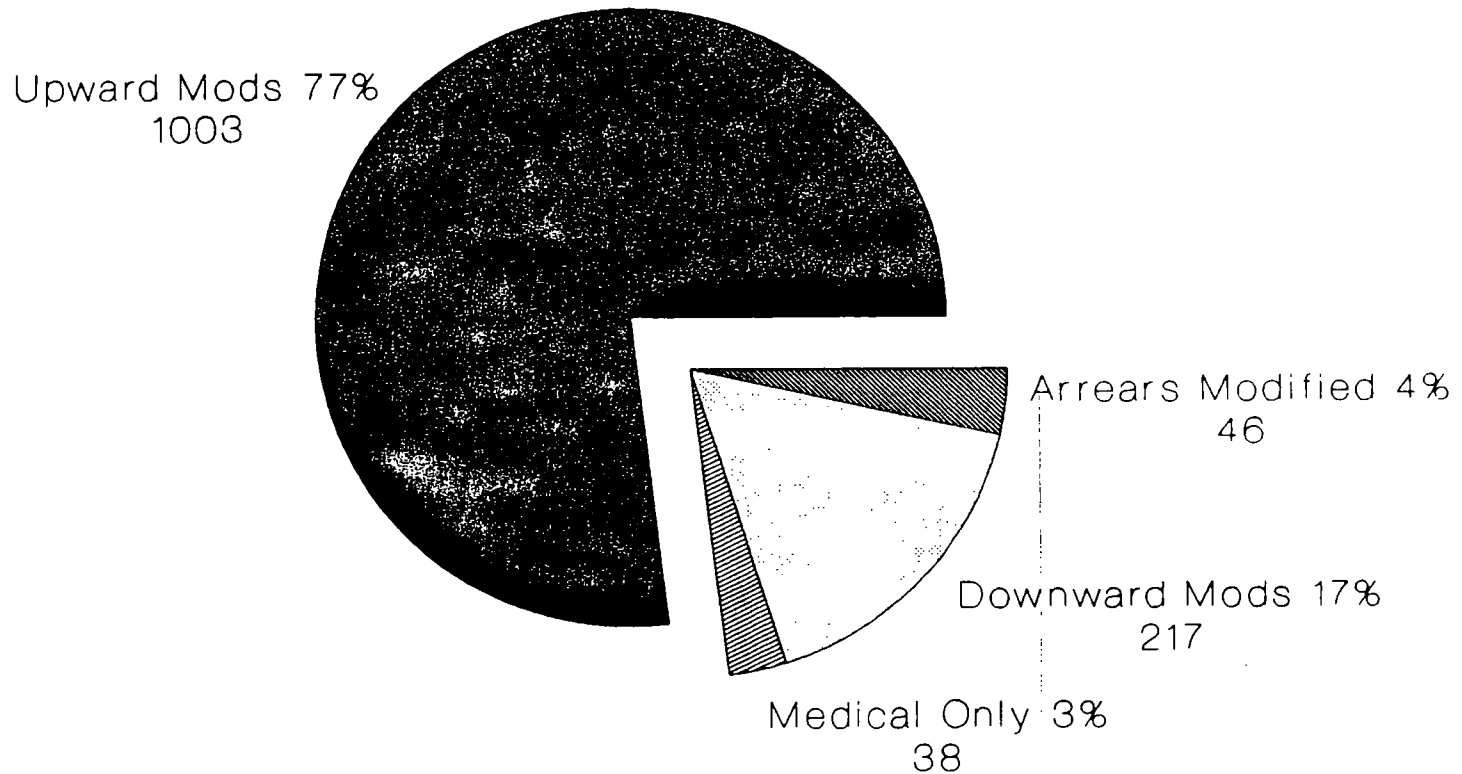
— Total Collections

Totalool

Support Orders Established National & Delaware Perspective



Actual Modifications Through Delaware Family Court (1,304 cases)



December 16, 1992

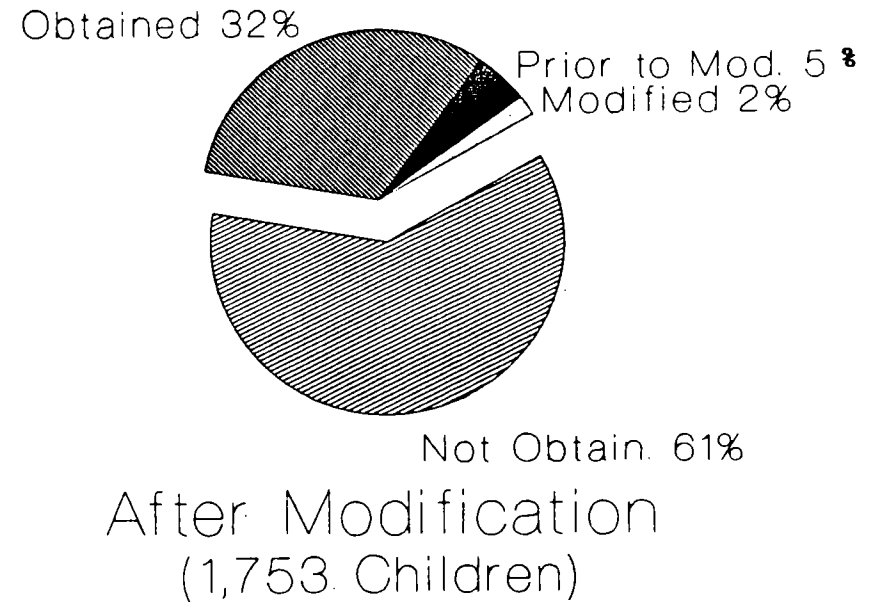
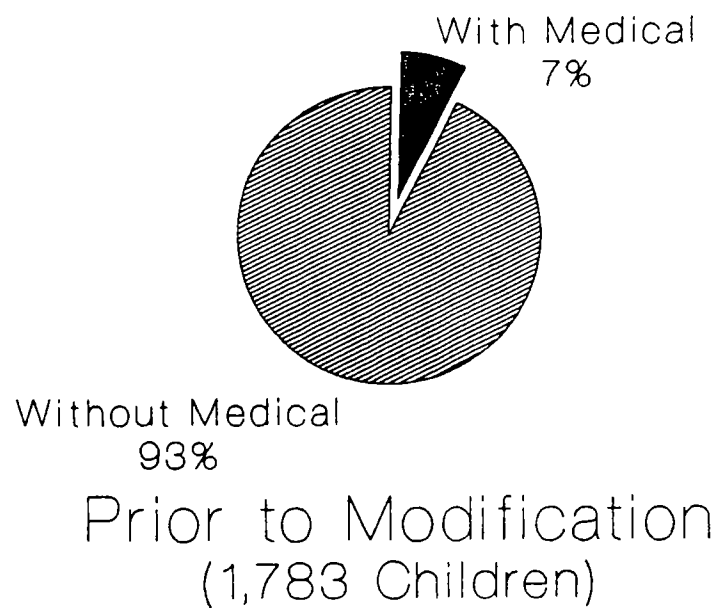
Percentages may exceed 100% due to rounding

Modification Project

Medical Support

1,626 Cases Reviewed in Court

6



December 16, 1992

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Welfare Reform DSS

Divider Title: _____



DIVISION OF SOCIAL SERVICES

PRESENTATION OVERVIEW

- I. VISION/PHILOSOPHY**
- II. CASELOAD GROWTH**
- III. CHALLENGES TO SERVICE INTEGRATION**
- IV. SERVICES INTEGRATION ACCOMPLISHMENTS**
- V. NEXT STEPS**

ATTACHMENTS

- I. FIRST STEP**
- II. CASE MANAGEMENT**
- III. MEDICAID**
- IV. NEWS JOURNAL ARTICLE, "PUNCTURED DREAMS"**
- V. TOUR ACTIVITY**

I. VISION/PHILOSOPHY

A. Vision Statement

We live our values through our:

Commitment to excellence in the delivery of
human services and

Acceptance of the challenge to improve the
quality of life for those we serve.

We are committed to teamwork. Our team is more
powerful than the sum of its individuals.

We recognize every person is a part of the
solution.

We affirm the value and dignity of all individuals.

We create hope and optimism by empowering
staff and clients to achieve their maximum
potential.

We are:

Responsive

Respectful

Caring

Fair, and

Sensitive to our clients and each other.

We provide quality service through:

Teamwork

Leadership

Integrity

Dedication, and

Efficiency

B. Relationship of Vision to Services Integration

- Value Human Potential
- Teamwork Within
- Collaboration Without
- Empowerment:: Staff and Clients

C. Communicating the Vision

- Leadership Visibility
- All-Staff Celebrations
- Reinforce Team Projects and Solutions
- Restructure Job Descriptions to Empower Staff
 - Family Systems Case Management
 - Coordination
 - Referral
 - Career Ladder
 - Job Title

II. CASELOAD GROWTH

CASELOAD GROWTH

A. AFDC

- 7th highest in NATION
- National Rate of Increase: 30.5%
- Delaware Rate of Increase: 53.4%

B. Food Stamps

- 4th highest in NATION
- National Rate of Increase: 41.2%
- Delaware Rate of Increase: 90.8%

C. Client Need

- 46% Lost job or had hours of work reduced
- 24% Loss of support from family, friends, or through separation
- 25% Lack of medical insurance
- 10% Lack of child support
- 8% Transportation

D. Caseloads per worker

- 280 Vs. 140 Standard

III. CHALLENGES TO SERVICE INTEGRATION

CHALLENGES TO SERVICE INTEGRATION

A. Resources

- Funding limitations for client services
- Infrastructure needs (pc's, computer support, staffing)
- Continued caseload growth and high worker/client ratios
- Time limitations to provide a full-range of service

B. Commitment Without Resources

- AFDC E&T cost per client \$1324 compared with FS E&T cost of \$737
- Federal regulations conflict with Division Vision creating staff frustration and low morale.
- Federal rules focus on technical requirements rather than the needs of children and families (e.g., Deprivation requirement, Quality Control technical errors)

C. Reporting

- Non uniform requirements *need to figure out ways to disseminate information on state experiences with demonstration projects.*
- Complex, cumbersome, no value added *also need to focus on outcomes*
- Programs count beans
- Funding does not support automated system development

D. Complex and Conflicting Program Regulations

- Lack of common eligibility and processing requirements.
- 80% staff time spent on rules and paper work.
- 80% training time learning regulations rather than service integration.
- Neither clients nor workers understand the impact of employment on client benefits.
- Process orientation vs. client centered service.

IV. SERVICES INTEGRATION ACCOMPLISHMENTS

SERVICES INTEGRATION ACCOMPLISHMENTS

A. Automation

- Common data base for AFDC, Food Stamps, Medicaid, and Child Support
- Data links with other DHSS divisions
- Data links with JTPA, DOL, DPI, DMV
- Work listing

B. Organizational Structure and Accountability

- Decentralized client services
- Collocation where feasible
- Performance plans support Vision statement
- Name change from Division of Economic Services to Division of Social Services.

C. First Step

- Client focused
- Community based programs to target the hard to employ
- Centralized/Specialized Teen Parent caseload
- Link with other agencies:
 - Housing
 - Food Bank
 - JTPA, DPI, DADAMH
 - Substance abuse help
- Life Skills/Parenting Skills
- Child Care
 - Provider/client do not know complexity
 - Seamless service regardless of payor
 - Same fee scale eligibility

D. Financial Services

- Competency-based Case Management
- Child Support case initiation
- DSSC linkage for Emergency Assistance, Information and Referral
- Single application
- Client focused
- First Step and Medicaid linkages
- Transitional child care client notice

E. Medicaid

- Smart Start
- Nemours
- GA outreach/GA Health First
- Medicaid Social Worker Consultants to enhance coordination
- Revised client notices for ineligible AFDC and Food Stamp clients

V. NEXT STEPS

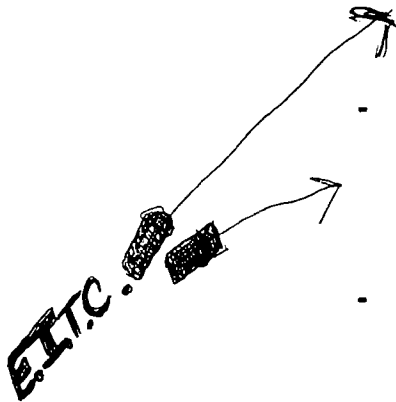
NEXT STEPS

A. Provide supports to accomplish the Vision

- Training and orientation
- Automation; e.g., trial eligibility, better linkages for case management
- Lower caseloads/ specialized caseloads
- Worker to supervisor ratio

B. Strategies to partner with families to raise children out of poverty

- Make work pay; ease the transition
 - Increasing number of full-time workers below poverty level. From 12% to 18% between 1979 and 1990.
 - One in Five full-time working people paid so poorly they were unable to earn income sufficient to support family above poverty level.
 - Children under age six more likely to be poor than any other age group.
 - In 1970, full-time minimum-wage job for family of 3 was 90% of Federal Poverty Level.
 - In 1990, it is only 64% of Federal Poverty Level.
- Increased coordination with Child Support, Education, and JTPA
- Child Care
- Medical Care
- Social Contract



C. Target high risk families for intense services

- Teen parents
- Hard to serve

ATTACHMENTS

I. FIRST STEP

OVERVIEW

KEY TENETS



DELAWARE'S

FIRST STEP EMPLOYMENT AND TRAINING PROGRAM

An overview

KEY PROGRAM FEATURES

✓ WHY THIS PROGRAM

To help families receiving public assistance and food stamps achieve a better life and break the dependency cycle.

To meet the changing needs of Delaware's work force requirements.

✓ PROGRAM SERVICES

- ☐ **Assessment and goal setting as an ongoing process to determine career plan.**

KEVAS, an acronym for Key Educational Vocational Assessment System, is a self administered, computerized, state-of-the-art screening process that measures:

- psycho physical functioning
- motivational factors
- problem solving ability
- vocational interests
- math skills
- language skills
- social competency
- supervisory potential

Employability Plan Development

Case Manager and participant jointly develop the plan which outlines short term, long term and employment goals, as well as steps needed to achieve them. Plans are updated as progress is made.

- ☐ **Basic Academic and Life Skills Development**
- ☐ **Career Counseling and Self-Directed Job Search Training.**
- ☐ **Community Work Experience (AFDC).**
- ☐ **Further education and vocational training referrals and follow-up.**
- ☐ **Teen Family Literacy Pilot Program**
 - targets out-of-school AFDC mandated teen parents age 16-21 and their children
- ☐ **Supportive Services**
 - Child Care
 - Transportation
 - Remedial medical (eye exams, glasses, physical exams & dental) (AFDC only)
 - Work and/or training related equipment and supplies (AFDC only)
 - CWEP incidental expenses (AFDC only)
 - Substance Abuse intervention/prevention

□ **Work Transition:**

- Child Care
- Medicaid

✓ **INTERAGENCY AGREEMENTS HAVE BEEN ESTABLISHED WITH**

- Department of Labor
- Delaware Private Industry Council
- Department of Public Instruction
- Division of Alcoholism, Drug Abuse and Mental Health

UNIQUE FEATURES

✧ **Strong emphasis on supporting and building positive self concept.**

✧ **Holistic approach to building family strengths and economic self-sufficiency.**

✧ **Assessment of drug and alcohol dependency to minimize as a barrier to self-sufficiency. Community based drug and alcohol counselor (pilot program).**

✧ **Small group settings**

- non-traditional environments (we do not duplicate the same school classroom that many have dropped out of)
- experiential learning

✧ **Incremental, Developmental approach** (reward participants for each success as they progress toward self-sufficiency)

✧ **Individualized instruction**

- Personalized Achievement Tool completed for every Basic Skills participant. Academic programs are tailored to meet the needs of individual participants always remaining dynamic as progress towards self sufficiency is made.

✧ **Life skills training as a major feature.** Aimed at building a participant's capacity to overcome daily challenges.

✧ **Public Recognition of participant's achievement.**

📁 Employment and Training Automated System

- Automated referrals to First Step Case Managers from Financial Eligibility staff.
- On-line communication to AFDC/Food Stamp eligibility and First Step contractor staff.
- Stores work history, education, assessment data and dependent information on all participants.
- Automated referrals to contractors.
- Produces letter/notices regarding appointments, follow-up activities, sanctions, etc.
- Provides work listing functions to enable staff to track information/activity via the system.

WHO IS ELIGIBLE?

- ☐ AFDC or Food Stamp recipients who are mandatory based on federal requirements.
- ☐ Individuals not required to participate can volunteer.

WHO PROVIDES SKILL DEVELOPMENT SERVICES?

- 📁 Eight statewide community based agencies operating in 16 locations statewide (with one agency having a consortium of 7 additional agencies) Basic Academics, Life Skills Development and Self-Directed Job Search Training are offered.
- 📁 Referrals to JTPA, Community College, other higher education or training may be made by First Step case manager or as a step up from contractor Basic Skills Training.
- 📁 Agencies design programs to meet the unique needs of our First Step population.
- 📁 Transportation difficulties are minimized as agencies are community based.

HOW ARE FIRST STEP PROGRAMS MEASURED?

- Funding is contingent upon the following performance measures.

	CONTRACTOR "A"			CONTRACTOR "B"		
	ACHIEVEMENT YEAR TO DATE	TARGET	% OF TARGET	ACHIEVEMENT YEAR TO DATE	TARGET	% OF TARGET
GEDS	5	4	125	2	2	100
8.9 READING GRADE LEVEL	18	13	138	7	9	78
JTPA ENROLLMENT	1	1	100	0	1	0
TRAINING ENROLLMENT	1	1	100	1	1	100
EDUCATIONAL ENROLLMENT	4	4	100	1	2	50
ON THE JOB TRAINING	0	1	0	N/A	N/A	N/A
EMPLOYMENT	10	21	48	8	11	73
MEDICAL BENEFITS	4	8	50	1	6	17
AVERAGE WAGE	5.43	6	91	5.72	5.6	102
AVERAGE PERCENT			84			65

SATISFACTORY COMPLETION

- The gray shaded area represents Satisfactory Completion.
- Flexibility in measuring performance targets provides a fair measure with which to compare contractors and allows for individual contractor program emphasis on further training *or* higher education to maximize participant earning potential with the focus on earning a "living wage".

RESULTS

☒ *Cumulative Outcomes* (Program Statistics from April 1986 to December 1992)

AFDC

5,195 Basic Life Skills (Academic and Life Management) and Self-directed Job Search Training Enrollments

2,956 Vocational Training or Education

2,439 Working Full Time

1,324 Working Part Time

1,759 Off Welfare

Food Stamps

1,606 Basic Life Skills (Academic and Life Management) and Self-Directed Job Search Training enrollments

3,839 Independent Job Search

243 Vocational Training or Education

330 Working Full-Time

133 Working Part-Time

☒ *Cumulative Savings*

Approximate five year figure on savings to the AFDC, Food Stamp, and Medicaid programs:

\$10,800,000 (All Funds)

Federal and State income taxes paid estimate:

\$ 613,000

ASSESSMENT OUTCOMES

■ 1,291 Assessed

■ Basic Academic Skills

	<u>'91</u>	(<u>'90</u>)
Reading		
♦ below 8th grade	44%	(36%)
♦ 8th to 12th grade	56%	(64%)
Math		
♦ below 8th grade	90%	(100%)
(58% 5th grade or below)		
♦ 8th grade and above	10%	
Social Functioning		
♦ below average	78%	(89%)

(Adults vs. Teens)*

■ 1,291 Assessed

1,118 20 years of age and above
173 16-19 years of age

■ Basic Academic Skills*

Vocabulary

- ♦ Below 8th grade
42% 20 years of age and above
48% 16 - 19 years of age
- ♦ 8th to 12th grade
57% 20 years of age and above
50% 16 - 19 years of age

Reading

- ♦ Below 8th grade
42% 20 years of age and above
55% 16 - 19 years of age
- ♦ 8th to 12th grade
58% 20 years of age and above
45% 16 - 19 years of age

Math

- ♦ Below 8th grade (58% 5th grade or below)
90% 20 years of age and above
90% 16 - 19 years of age
- ♦ 8th grade and above
10% 20 years of age and above
10% 16 - 19 years of age

Social Functioning

- ♦ Below average
75% 20 years of age and above
95% 16 - 19 years of age

*Percentages may not equal 100% due to rounding.

READING LEVELS

1ST STEP vs GENERAL ADULT POPULATION

