COMMUNITY NEEDS ASSESSMENT

PART III: INVENTORY OF NEEDS ASSESSMENTS

URBAN AFFAIRS & PUBLIC POLICY
College of Urban Affairs and Public Policy
University of Delaware
Newark, Delaware 19716
COMMUNITY NEEDS ASSESSMENT

PART III: INVENTORY OF NEEDS ASSESSMENTS

PREPARED FOR

THE DIVISION OF STATE SERVICE CENTERS
AND
THE DIVISION OF SOCIAL SERVICES

DELAWARE HEALTH AND SOCIAL SERVICES

by

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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>INTRODUCTION</td>
<td>1</td>
</tr>
<tr>
<td>1994 BEHAVIORAL RISK FACTOR SURVEY</td>
<td>3</td>
</tr>
<tr>
<td>AMERICORPS PROGRAM NARRATIVE</td>
<td>6</td>
</tr>
<tr>
<td>AMERICORPS PUBLIC FORUMS</td>
<td>10</td>
</tr>
<tr>
<td>WESTSIDE/WEST CENTER CITY WEED AND SEED PROJECT</td>
<td>14</td>
</tr>
<tr>
<td>COMPREHENSIVE STUDY OF LONG-TERM HEALTH NEEDS OF THE CLAYMONT COMMUNITY</td>
<td>18</td>
</tr>
<tr>
<td>DELAWARE COMMUNITY CLUSTERS AGAINST SUBSTANCE ABUSE COMMUNITY NEEDS AND RESOURCES ASSESSMENTS</td>
<td>20</td>
</tr>
<tr>
<td>DELAWARE HELPLINE DATA</td>
<td>29</td>
</tr>
<tr>
<td>DELAWARE STATE SERVICE CENTER COMMUNITY-WIDE FOCUS GROUPS</td>
<td>39</td>
</tr>
<tr>
<td>EASTSIDE SUBSTANCE ABUSE AWARENESS PROGRAM EVALUATION</td>
<td>45</td>
</tr>
<tr>
<td>EMPOWERMENT ZONE/ENTERPRISE COMMUNITY FOCUS GROUPS</td>
<td>47</td>
</tr>
<tr>
<td>ENTERPRISE COMMUNITY SUMMIT</td>
<td>53</td>
</tr>
<tr>
<td>EXECUTIVE SUMMARY: CLIENT SATISFACTION SURVEY RESULTS</td>
<td>56</td>
</tr>
<tr>
<td>IMPACT OF A BOYS AND GIRLS CLUB FACILITY</td>
<td>63</td>
</tr>
<tr>
<td>IMPROVING INVESTMENTS FOR CHILDREN AND FAMILIES</td>
<td>66</td>
</tr>
<tr>
<td>INSIGHT DELAWARE</td>
<td>69</td>
</tr>
<tr>
<td>NEW CASTLE COUNTY COMMUNITY PARTNERSHIP HOUSEHOLD SURVEY SUMMARIES</td>
<td>78</td>
</tr>
<tr>
<td>SAFE COMMUNITIES</td>
<td>81</td>
</tr>
<tr>
<td>STATE OF DELAWARE, 1994 JUVENILE JUSTICE AND DELINQUENCY PREVENTION COMPREHENSIVE PLAN</td>
<td>82</td>
</tr>
<tr>
<td>STATE OF DELAWARE COMPREHENSIVE HOUSING AFFORDABILITY STRATEGY</td>
<td>84</td>
</tr>
<tr>
<td>SUMMARY REFERENCE TABLES</td>
<td>89</td>
</tr>
</tbody>
</table>
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At the College of Urban Affairs and Public Policy, we would like to thank the staff of the Center for Applied Demography and Survey Research, particularly Edward Ratledge, Director, and Phyllis Raab, Assistant Director, for their advice and assistance in designing the survey, constructing the telephone sample, and overseeing its implementation. All of the interviewers, both for the telephone survey and field survey, should be commended for the effort they made to administer a very complicated questionnaire. Finally, we would like to thank all of the respondents who took time to participate in the surveys. We hope that the information provided in this project by so many people will contribute to strengthening the quality of and access to health and social services in Delaware.

<table>
<thead>
<tr>
<th>Community Needs Assessment Task Force</th>
</tr>
</thead>
<tbody>
<tr>
<td>Division of State Service Centers</td>
</tr>
<tr>
<td>Delaware Health and Social Services</td>
</tr>
<tr>
<td>Mark Delmerico, Co-Chair</td>
</tr>
<tr>
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</tr>
<tr>
<td>Celeste Andersen</td>
</tr>
<tr>
<td>Mildred Hamilton</td>
</tr>
<tr>
<td>Joyce Jenkins</td>
</tr>
<tr>
<td>Candace Jones</td>
</tr>
<tr>
<td>Bertha Koeller</td>
</tr>
<tr>
<td>Leslie Lee</td>
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</tr>
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</tr>
<tr>
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</tr>
</tbody>
</table>
INTRODUCTION

This report provides an inventory of a variety of studies which have assessed the health and social service needs of Delawareans. A number of reports representing small community studies and statewide needs assessments, as well as data collected from focus groups and the Delaware telephone Helpline, have been examined to determine what is known about the health and social service needs of Delawareans. The assessments, reports, and data here reviewed include:

- 1994 Behavioral Risk Survey conducted by the Center for Disease Control, Division of Public Health (DPH), Department of Health and Social Services (DHSS); 1994

- AmeriCorps Public Forums in Wilmington, New Castle County, Kent County, and Sussex County; 1994

- AmeriCorps Program Narrative; "Needs" Section -- Needs Assessments conducted by the First State Community Action Agency (FSCAA) in Palmer Park, Broad Acres, Coverdale Crossroads, Ellendale, Lewes and West Rehoboth; 1993-1994

- City of Wilmington, Westside/West Center City Weed and Seed Project prepared by the Delaware Criminal Justice Council, 1992

- City of Wilmington, Westside/West Center City Weed and Seed Project -- Phase II prepared by the Delaware Criminal Justice Council, 1994

- Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community prepared for DHSS by Davis and Company and Endecon, Inc.; 1993

- Delaware Community Clusters Against Substance Abuse (DECCASA) Community Needs and Resources Assessments conducted by local DECCASA community advisory boards/coalitions in Dover, Smyrna, Georgetown, Lewes/Rehoboth Beach, Seaford, and Milford; 1991-1992

- Delaware Helpline data; the helpline is a service of United Way and the Division of State Service Centers (DSSC); 1993

- Delaware State Service Centers' Community-Wide Focus Groups conducted by the DSSC, Delaware Department of Health and Social Services (DHSS); 1994

- Eastside Substance Abuse Awareness Program Evaluation prepared by Richard J. Harris and Jack O'Connell of the Delaware Statistical Analysis Center, 1994

- Empowerment Zone/Enterprise Community Focus Groups with Business Person, Day Care Providers, Educators, Homeless persons, Neighborhood Knowledgeables, Social Service Providers, Young Families, and Youth conducted by the Wilmington Planning Department; 1994

- Enterprise Community Summit, June 2-4, 1994; Working Draft; 1994

- Executive Summary; Client Satisfaction Survey Results prepared by (DSSC), DHSS; 1994

- Impact of a Boys and Girls Club Facility; Component A: Baseline Analysis, by Tim Barnekov, Steve Pequet, and Marjorie Eldridge, the Center for Community Development, College of Urban Affairs and Public Policy, University of Delaware; 1992
• Improving Investments for Children and Families, Final Report Part I and Part II; Delaware's Investments in Children: An Inventory and Assessment prepared by Patrick T. McCarthy and Virginia D. Miller of the Center for Assessment and Policy Development; 1994

• Insight Delaware: Finding form the Demographic, Economic, and Survey Research prepared by James Bell Associates, Inc. for the United Way; 1990

• Reports New Castle County Community Partnership (NCCCP) Local Coalitions' Household Survey Summaries which include Report; Middletown/Odessa/Townsend Coalition, Household Survey Summary; Report; Coalition for the Northeast Community, Household Survey Summary; Report; North Wilmington Neighborhood Network, Household Survey Summary; and Report; Rosehill Community Coalition, Household Survey Summary; 1993

• SAFE Communities Meeting Agenda and Information Packet, Delaware Department of Public Safety; 1994


• State of Delaware Comprehensive Housing Affordability Strategy (CHAS), One-Year Strategy and Fiscal Year 1994 Annual Plan for the Period 10/1/93 -9/30/94; 1993

While each report differs in its scope and methodology, each has been assessed for its contribution to the understanding of problems and needs in twelve health and social service categories. These are; housing problems/needs, general problems/needs (such as sufficient food or good nutrition, adequate clothing, furniture or appliances in decent condition, ability to pay electric, heating or other utility bills, access to transportation to medical or other appointments, and ability to read or write well enough to get along or use the English language), health/health care problems/needs, problems/needs of the elderly, problems/needs of the disabled, child/youth problems/needs, parenting problems/needs, employment problems/needs, domestic violence problems/needs, victim assistance needs, and legal service problems/needs. In addition, any data pertaining to the supply of social and health services and/or barriers Delawareans confront when trying to obtain services is here documented. Also provided for all information reviewed is; the author (if applicable), date of publication or data gathering, the source of the report or data, the area of the state addressed, and the kinds of information/data utilized. A reference table listing each report and its area(s) of study is provided in Appendix A for easy referral to issues of interest.

Problems/needs relating to the above areas, as well as barriers to service, were also explored through a survey of low-income Delawareans throughout the state conducted by the College of Urban Affairs and Public Policy. The results of this survey can be found in Part II: Telephone and Field Surveys. A synthesis of the data collected through the survey and this inventory of needs assessments is provided Part I: Synthesis of Statewide Survey and Inventory of Needs Assessments. The three reports comprise the entire Community Needs Assessment prepared by then Center for Community Development for the Delaware Division of State Service Centers and the Division of Social Services of Delaware Health and Social Services.
TITLE: 1994 Behavioral Risk Factor Survey

AUTHOR:

DATE: 1994

SOURCE: Center for Disease Control, Delaware Department of Public Health

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY
- Here presented is data from select survey research questions regarding health care needs, women's health, and preventive care.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
- Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HEALTH CARE NEEDS/PROBLEMS

New Castle County

- 140 or 10.2% of the 1,366 respondents to the survey conducted by the Center for Disease Control had no health care coverage. Of those without coverage; 19.3% did have coverage within the past six months, 20.7% had coverage within the past year, and 7.9% had coverage within the past 2 years. Twenty percent had not had health care coverage in the past five years, and it had been five or more years since 26.4% of those without coverage had any kind of health care insurance. 2.9% reported they had never had health care coverage.

- Ten percent of the respondents reported having the need to see a doctor in the past year, but the inability to do so because of the lack of affordability. Thirteen percent reported that they have had a routine checkup in the past two years, 8.1% have had a routine checkup within the past five years and 6.1% have not had a routine checkup in more than five years. 1.3% reported never having had a physical checkup.

- Regarding women's health and preventive care, the survey reports that in New Castle County, 39.8% of the respondents have never had a mammogram. Of those who have had a mammogram, 64.7% have had one within the past year, 21.6% have had a mammogram within the past two years, 4% have had one within the past five years, and 4.8% had one five or more years ago. 7.4% of the women responding have never had a clinical breast exam. Of the women who had, 75% had an exam within the past year, 14.4% had one within the past two years, 3.3% had one within the past three years, and 3.3 had one within the past five years. 3.5% reported that it had been five or more years since they had a clinical breast exam.

  Regarding prevention for cancer of the cervix, 4.7% of the women who responded had never had a Pap smear. Of those who had, 71.1% had one within the past year, 12.7% had one within the past two years, 4.2% had one within the past 3 years, 4.5% had one within the past five years and 7.1% had not had a Pap Smear in five years or more.
HEALTH CARE NEEDS/PROBLEMS (continued)

Kent County

- Fourteen percent (55) of the 392 respondents from Kent County had no health care coverage at the time of the survey. Of this group, 14.5% had coverage within the past six months, 16.4% had coverage within the past year, 18.2% had coverage within the past two years, and 16.4% had coverage within the past five years. 18.2% of the respondents had not had any health care coverage for five or more years, and 16.4% reported never having had health care coverage.

- In addition, 14.3% of the respondents reported having the need to see a doctor in the past year, but the inability to do so because of the lack of affordability. The report revealed that 68.9% of the respondents had a routine physical checkup within the past year, 12% had one in the past two years, and 7.9% had one within the past five years. 9.7% of the Kent County respondents had not had a routine checkup in five or more years.

- Regarding women's health and preventive care, 42.1% of the women responding reported that they had never had a mammogram. Of the women who did have a mammogram, 64.0% had one within the past year, 21.6% had one within the past two years, 4.3% had one within the past three years, and 2.9% had one within the past five years. It had been five or more years since their last mammogram for 7.2% of the women respondents who reported having had a mammogram at some point in the past.

  In reference to clinical breast exams, 8.3% of the women who responded reported having never had a clinical breast exam. Of those who had, 79.1% had one in the past year, 12.3% had one within the past two years, 3.6% had an exam within the past three years, and three percent had one within the past five years. 4.5% reported not having had a clinical breast exam in five or more years.

  In addition, 6.3% of the women responding reported that they had never had a pap smear. Of those who had, 70.5% had one in the past year, almost 13% had one in the past two years, 4.9% had one within the past three years, and 2.2% had one within the past five years. 9.4% of the women who reported that they had a pap smear in the past, have not had one in five years or more.

Sussex County

- The survey also found that 55 (14.7%) of the 354 respondents living in Sussex County reported they had no health care coverage. The majority of these people, 30.8%, had not had coverage in five or more years. 15.4% of those without coverage had coverage within the past six months, 9.6% had coverage within the past year, 19.2% had coverage within the past two years, and 15.4% had coverage within the past five years. 3.8% reported they had never had any health care coverage.

- In addition, 17.5% of the respondents indicated that in the past twelve months, they needed to see a doctor but could not afford one. 74.3% of the respondents had a routine checkup within the past year, 11.3% had one within the past two years, 5.1% had a routine checkup within the past five years, and 9.3% had not had a checkup in five or more years.
HEALTH CARE NEEDS/PROBLEMS (continued)

Sussex County (continued)

- Regarding women’s health and preventive care, 38.9% of the women responding from Sussex County reported they had never had a mammogram. Of those who did have one, the majority (62.5%) had a mammogram in the past year. 20.8% had one within the past two years, 6.7% had one in the past three years, and 5% had one within the past five years. Finally 5% had not had a mammogram in five or more years.

11.1% of the Sussex County female respondents reported they had never had a clinical breast exam. Of the women who had, the majority (77.3) reported having had one within the past year, 10.8% reported having had one within the past two years, 1.1% reported having a breast exam within the past three years, and four percent reported having had one within the past five years. 6.8% of the female respondents had not had a clinical breast exam in five years or more.

Finally, only 4.5% of the women respondents reported they had never had a pap smear. The majority of those who did have one, 71.3%, had one within the past year. 13.8% reported having had a pap smear within the past two years, 3.2% had one within the past three years, and 2.1% had a pap smear within the past five years. 9.6% of the Sussex County female respondents reported that they had not had a pap smear in five or more years.
TITLE: AmeriCorps Program Narrative; "Needs" Section

AUTHOR: First State Community Action Agency (FSCAA)

DATE: 1994

SOURCE: FSCAA

GEOGRAPHICAL AREA: six low-income communities in Kent County (Palmer Park) and Sussex County (Broad Acres, Coverdale Crossroads, Ellendale, Lewes, and West Rehoboth)

KINDS OF INFORMATION/DATA USED IN THE STUDY
• community survey (unspecified methodology)

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
   Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING PROBLEMS/NEEDS

Palmer Park
• "need exists for housing"

Broad Acres
• substandard housing

Coverdale Crossroads
• Housing roof repairs was mentioned as a serious public safety problem.

West Rehoboth
• 1/3 of the dwellings are without potable water.
• "Many of the existing dwellings are substandard and likely to be condemned if not brought up to code."

GENERAL PROBLEMS/NEEDS

Palmer Park
• nutrition
• clothing
• disproportionate number of female heads of households

Broad Acres
• One in three wells in the neighborhood are contaminated.
• no public transportation
• poor infrastructure – unpaved streets, no sidewalks, and no street lights
• More "comprehensive understanding of political processes is needed."
GENERAL PROBLEMS/NEEDS (continued)

Coverdale Crossroads
- About 75% of residents are on public assistance.
- community is isolated from the basic community infrastructure
- no central water system
- no central sewer system
- no school
- no public transit
- no affordable trash service -- This results in polluted air from the burning of trash and extensive littering.
- "No streets" was mentioned as a public safety problem as children walk on the main road.
- People not registered to vote was noted as an educational problem.
- Reading and writing is needed by families and children.

Ellendale
- Transportation is a problem in obtaining service.
- There is only one local police officer. Community policing was noted as a public safety need.

West Rehoboth
- 66% of the residents are female heads of household and 65% of residents receive AFDC.
- Transportation is a problem in obtaining service.
- Nutritional education/counseling and cultural counseling is needed.
- Water/sewage, and lights were noted as human service needs. Lights, better streets (more ways in and out of Rehoboth) were noted as public safety needs.

HEALTH CARE PROBLEMS/NEEDS

Palmer Park
- "significant" substance abuse problems

Broad Acres
- "There is a significant drug problem in terms of sales and use of illegal substances in the community."

Coverdale Crossroads
- substance abuse
- "Sexually transmitted diseases are prevalent."
- Health needs were noted as a human service need most important to the community.

Ellendale
- substance abuse
- a high incidence of sexually transmitted diseases

Lewes
- "significant" substance abuse problems

West Rehoboth
- Substance abuse was noted as a problem; drug control is needed.
- Health care education is needed.

Sussex County has the highest rate of reported VD cases of any county in the U.S.
SENIOR PROBLEMS/NEEDS

Broad Acres
- "The nearest senior center is more than ten miles away."

Coverdale Crossroads
- Senior programs and "meals on wheels" were noted as important human service needs.

West Rehoboth
- Transportation of the elderly was noted as a human service need.

CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Palmer Park
- no planned or supervised recreation for youth
- unacceptable teen pregnancy rates

Broad Acres
- There is a large number of unsupervised children after school hours.
- need for tutorial programs and for year round supervised activities for youth

Coverdale Crossroads
- high teen pregnancy rate
- students often drop out of school
- no planned or supervised activities for children; youth programs needed
- Reading and writing services and/or tutoring, were said to be needed.
- youth counseling needed

Ellendale
- high incidence of teen pregnancy
- poor school performance -- Many students fail to complete high school.
- high rate of teenage suicide
- Tutoring and year round supervised activities for youth are needed.

Lewes
- elevated high-school dropout rate
- no planned, supervised recreation for youth

West Rehoboth
- teen pregnancy problems
- School activities are needed as is assistance with homework. Motivating kids to complete school was cited as a serious educational problem.
- Child parent counseling is needed.

PARENTING PROBLEMS/NEEDS

Palmer Park
- A disproportionate number of female household heads was noted here.
AmeriCorps Program Narrative; "Needs" Section, page 4

PARENTING PROBLEMS/NEEDS (continued)

Coverdale Crossroads
- parenting counseling needed
- Unwed mothers were noted as needing human services and services to provide "home economic skills" was cited as a need.

Ellendale
- The existence of many single parent households headed by women without parenting skills was noted.
- "The lack of adult education classes to assist in GED and special skills" was noted as a serious educational problem.

West Rehoboth
- 66% of the residents are female heads of households.
- Motivating adults to complete GED classes was also noted as a serious educational problem.
- Parenting was noted as a serious educational problem in the community.

EMPLOYMENT PROBLEMS

High unemployment rates was noted to exist in all areas under review. Additional specific references to employment are noted below:

Coverdale Crossroads
- The inability for residents to get jobs because of poor education was noted.

West Rehoboth
- Job training was noted as a need.

BARRIERS TO SERVICE

Palmer Park
- Lack of public transportation was noted.

Broad Acres
- Lack of public transportation is noted.

Coverdale Crossroads
- Community is isolated from the basic community infrastructure
- no school
- lack of public transportation
- A specific problem mentioned in obtaining service was "a lot of talk, no action”.

Ellendale
- Lack of public transportation is mentioned specifically as a barrier to obtaining services.
- employment
- education

West Rehoboth
- Lack of public transportation is mentioned specifically as a barrier to obtaining services.
- the amount of time it takes to get results
TITLE: AmeriCorps Public Forums in Wilmington, New Castle County, Kent County, and Sussex County

AUTHOR:

DATE: 1994

SOURCE: AmeriCorps Grant Proposal Information

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY
   Public Forum

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
   Yes

NEEDS ADDRESSED IN THE STUDY

HOUSING NEEDS

Wilmington
   • transitional housing
   • affordable housing
   • prevention services
   • shelter services
   • an umbrella organization/connecting entity for shelters to mobilize volunteers and donations

New Castle County
   • affordable housing
   • homelessness prevention (initial and repeated)

Kent County
   • transitional housing
   • affordable housing

Sussex County
   • greater quantity of housing
   • better quality of housing
   • increased affordability

GENERAL NEEDS

Wilmington
   • food programs
   • environmental education
   • waste minimization/pollution prevention
   • public land restoration and conservation
   • transportation services
   • greater access to available services
GENERAL Needs (continued)

New Castle County
• literacy

Kent County
• food and nutrition
• transportation

Sussex County
• educational awareness of air pollution
• protection of wildlife
• forestry preservation
• outreach to integrate services
• transportation

Health Care Needs

Wilmington
• alcohol and drug abuse prevention
• health education (screening, cancer)
• immunization access
• respite care for the homebound

New Castle County
• drug and alcohol prevention

Kent County
• preventive health care
• preventive health education
• health care for low- and moderate-income persons in need
• drug education for youth
• AIDS education for youth

Sussex County
• mobile health unit
• problems with public health (There is a need for medical/human services.)
• mental health services

Senior Population Needs

New Castle County
• victims assistance

Sussex County
• a "handyman" to provide services for the homebound and frail
DISABLED POPULATION NEEDS

Wilmington
- personal assistance (housekeeping/shopping)

New Castle County
- training and education

Kent County
- personal financial management
- greater self-sufficiency

Sussex County
- a “handyman” to provide services for the homebound and frail

CHILD/YOUTH POPULATION NEEDS

Wilmington
- more hands on work with all children
- pregnancy prevention
- problem solving
- conflict resolution
- academic skills building
- leadership
- one on one tutoring
- positive role models
- alternative schools

New Castle County
- teen pregnancy prevention
- maulering to enhance self-concepts, learning capability, social skills, etc.
- youth violence was noted as a problem

Kent County
- affordable and “off-hours” day care
- teen pregnancy education
- school to work transition (intervention for dropout prevention)
- role models/mentors
- drug education
- AIDS education

Sussex County
- teenage pregnancy prevention
- organized accessible youth recreation after school and on weekends

PARENTING NEEDS

Wilmington
- parenting skills
PARENTING NEEDS (continued)

New Castle County
- home visiting for new parents and families at risk, to include mauldering, health and nutrition education, and parenting education

Kent County
- parenting education

EMPLOYMENT NEEDS

New Castle County
- job training

VICTIMS' ASSISTANCE NEEDS

New Castle County
- needed for the elderly population
TITLE: City of Wilmington, Westside/West Center City Weed & Seed Project

AUTHOR: State of Delaware Criminal Justice Council

DATE: March 1992

SOURCE: Criminal Justice Council

GEOGRAPHICAL AREA: Westside and West Center City Wilmington, Delaware

KINDS OF INFORMATION/DATA USED IN THE STUDY

This "study" is in fact an application for federal money to be used for the implementation of "a holistic approach to alleviate drug abuse and violence in the Westside and West Center City". Included in the document is a "Needs Assessment of the Target Neighborhood". This section primarily inventories the services available to persons in need in the Westside and West Center City. It also, however, refers to some problems and needs of the target area which are listed below.

Other information/data used throughout the application includes:

- Wilmington Police Department incidence/crime data on drug related call-ins and arrests
- Background demographic, economic, and household statistics taken from the Census of the Population.
- Letters of support for the Weed and Seed proposed project from government officials and various nonprofit and social service agencies which operate in the area are reproduced as part of the document.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?

Very little is.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HEALTH CARE PROBLEMS/NEEDS

- The number of homeless women with addictions continues to increase.
- There is no systematic drug treatment available to those without health insurance.
- There is a gap in drug education services available to adults. The need for "adult education curriculums that are ethnically sensitive to participants" was identified.

CHILD/YOUTH POPULATION PROBLEMS/NEEDS

- One community center in the Weed and Seed target area pointed out the lack of youth programming for kindergarten children who return to the neighborhood by noon each school day.

- Others which offer recreation would like to expand the availability of services to certain age groups and one center was noted as wishing to extend hours of operation. All agencies noted the need for additional financing for summertime day trips.
PARENTING
• Gaps in parent education services were identified in the area, especially at one social service agency serving the Hispanic population.

VICTIMS’ ASSISTANCE
• The application notes the need by the Westside and West Center City for a victim counselor preferably one who is bilingual.

SYSTEMIC SUPPLY OF SERVICES
• The major social service agencies in the neighborhood were identified and the various services offered by them were listed in the "Needs Assessment of Targeted Area" section of the application. A list of churches and the services they provide to the community were included in the application. In addition, Criminal Justice staff “canvassed the area to determine what educational, vocational, and job training programs were available to the residents” and all were listed. The application also lists and describes; the available housing emergency shelters and transitional facilities which exist in the area, the available health care facilities, and the various recreational programs available to youth.
This "study" is in fact in part an evaluation of programs implemented by the City of Wilmington, the Delaware Criminal Justice Council, and Delaware’s U.S. Attorney’s Office as part of a comprehensive law enforcement and neighborhood revitalization strategy known as the Weed and Seed project. It also is, in part, an application for continued support for the project from the federal government. Included in the document is a “Needs Assessment of the Target Neighborhood”. This section of the document primarily inventories the services available to persons in need in the Westside and West Center City. It also, however, refers to some problems and needs of the target area, and these are listed below.

Information/data used throughout the application includes:

- Wilmington Police Department incidence/crime data on drug related call-ins and arrests
- background demographic, economic, and household statistics taken from the Census of the Population
- news media coverage of the targeted areas (included in an appendix)
- Letters of support for the Weed and Seed project from government officials and various nonprofit and social service agencies which operate in the area (also included in an appendix)

Is the data/study representative of community input?

Very little is.

Problems/needs addressed in the study

General problems:

- Neighborhoods are not kept clean by the City.
- Residents of the area do not feel safe in their neighborhoods.
- Residents of the target area are "displeased" with the Wilmington Police Department in the area of crime prevention. Some community members have complained about insufficient patrolling of the streets during "high-crime" hours.
- There is a perception in smaller neighborhoods within the target area that the Wilmington Police Department was not as interested in their particular neighborhood’s ideas and solutions to the drug and crime problem as they were in those of their neighboring communities.
- "Negative activity” (which includes gambling and loitering) in a local park is mentioned as having been targeted by Weed and Seed project funds.
- There has been an increase in crime in a neighborhood directly south of the Weed and Seed area.
- One neighborhood within the area, it is mentioned, has complained about the failure of sanitation workers to properly pick up trash, late night loitering, and high noise levels.
- Some conflict between individual neighborhood organizations and/or community residents and the implementing institutions of the Weed and Seed project is mentioned.
HEALTH CARE NEEDS/PROBLEMS
- alcohol abuse
- drug abuse -- Areas of the target neighborhood show an increase in drug activity and/or are resistant to efforts at eliminating the open-air drug sales.

CHILD/YOUTH POPULATION PROBLEMS
- youth violence
- lack of supervision for suspended youth
- vandalism by youth
- The problem of a lack of programming for 13 to 15 year old youth was noted.
- A problem referred to in the document are young people "hanging out" until late at night.

PARENTING
- The document reports that "research has shown us that few parents acknowledge that their parenting skills are not healthy.
- Expanded programs for teen parents are needed.

EMPLOYMENT PROBLEMS
- Employment opportunities in the target area are reported to be scarce.

SYSTEMIC SUPPLY OF SERVICES
- The "Needs Assessment of Target Neighborhood" section of the document provides a complete inventory of services offered in the Weed and Seed project area.
TITLE: Comprehensive Study of Long-Term Health and Social Needs of the Claymont Community

AUTHOR: Davis & Co.; & Endecon, Inc.

DATE: April 5, 1993

SOURCE: Department of Health and Social Services (DHSS)

GEOGRAPHICAL AREA:
Claymont Catchment Area - Census Tracts 101.01; 102; 103; part of 101.02 and part of 104

DIFFERENT KINDS OF INFORMATION/DATA USED IN THE STUDY
• 1990 census data for the Claymont area
• telephone survey of Claymont residents at or below 185% of the poverty level
• interviews with key persons (administrators, legislators, Claymont Community Center Board members, and state health and social services in the Claymont area)
• State Service Center user tracking system data
• 1990 survey of Service Center Users ("1990 client Satisfaction Survey")
• Claymont Community Center building/structure assessment data
• Claymont Community Center Needs Analysis

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

GENERAL PROBLEMS/NEEDS
• "Transportation is a major factor in the underutilization of the state service centers." Cost and travel time were the transportation issues that were identified in understanding underutilization of the Northeast and Porter Service Centers.

• public assistance certification staff -- The expansion of food stamp and AFDC certification/recertification staff is needed.

HEALTH CARE PROBLEMS/NEEDS

Problems
• Women without prenatal care was identified as a population at risk.
• obtaining medicine/prescription drugs
• physician care availability -- Relying on telephone listings, there are approximately 30 - 35 physicians serving Claymont. Based on the state rate of 606 physicians per 100,000 of population, Claymont should have approximately 61 physicians. There are only 6 physicians available that accept Medicaid and three that will provide a discount and/or payment plan to the uninsured.

Needs
• mental health services
• services for persons with alcohol/drug abuse problems
• expansion of public health services
Senior Population Needs
- housekeeping/shopping
- transportation to meet shopping, medical, and other needs
- expanded health services

Child/Youth Population Needs
- day care
- after school care

Employment Problems/Needs
- An economic analysis conducted showed Claymont is a community that has a higher than average proportion of residents that are in occupations that are considered to be at-risk; jobs that have been hardest hit by the most recent recessions. An expanded labor market is anticipated in Delaware, however, this may not translate into a significant reduction in the number of unemployed. Therefore, employment services were identified as an area for service expansion in the Claymont area.

Barriers to Service
- limited social service infrastructure
- limited scope of physician services
- "Transportation is a major factor in the underutilization of State Service Centers.

Indicators of Demand for Needs Identified
- resident survey responses
- use of State health and social service centers
- current and predicted demographic statistics of area
- current and future economic conditions of area
- a comparative analysis of the proportion of residents below or near poverty being served statewide and in Claymont

Systemic Supply of Services
- In assessing location for a state service center satellite location, the study inventoried service facilities in the area, awareness of services in the area, and satisfaction with services (courtesy, helpfulness, length of wait for service, and convenience of location) at the identified facilities.

- The report also notes that DHSS should consider reviewing data collection, retrieval, and reporting systems to increase effectiveness in decision making particularly as it relates to resource allocation.
TITLE: Delaware Community Clusters Against Substance Abuse (DECCASA) Community Needs and Resources Assessments

AUTHOR: Local DECCASA Community Advisory Boards

DATE: 1991-1993

SOURCE: DECCASA

GEOGRAPHICAL AREA: six communities in Kent County (Dover, Milford, and Smyrna) and Sussex County (Georgetown, Lewes/Rehoboth, Milford, and Seaford). (Milford is in both Kent County and Sussex County.)

KINDS OF INFORMATION/DATA USED IN THE STUDY
- All the data and information documented in the reports was used by the local DECCASA coalitions/community advisory boards to assess the services available and needed by their communities. The surveys emphasized to some degree services associated with substance abuse.

Dover
- household survey data (from surveys conducted by the Dover DECCASA Coalition and the University of Delaware)
- a profile of institutions (government, industry, schools, etc.) in the Dover area
- incidence data on crime

Smyrna
- Smyrna historical and demographic statistics
- results of a household survey of community residents in the Smyrna School District conducted by the Smyrna DECCASA Community Advisory Board

Georgetown
- a survey of community residents conducted by Georgetown DECCASA Coalition
- select demographic and economic statistics on Georgetown residents
- incidence data on crime

Lewes/Rehoboth
- summary of public forums (town talks) conducted in the community
- surveys of local institutions such as local schools, the police, the chamber of commerce and leaders from Alcoholics Anonymous (AA) and Narcotics Anonymous (NA)
- Conclusions drawn by the Citizen's Advisory Council upon review of the above data as well as their general observations

Seaford
- results of a phone survey conducted by the Seaford DECCASA Community Advisory Board
- review of reports and data concerning substance abuse in Seaford (this includes the results of surveys conducted in the Seaford area by the school district, the "Drug Free Seaford Advisory Board" and the University of Delaware)

Milford
- results from household surveys conducted by the Partnership Commission of the greater Milford area and the City, and the Milford DECCASA Community Advisory Board
- results from a survey of school students "at risk from substance abuse"
- Milford demographics
- incidence data on crime
ARE THE DATA/STUDIES REPRESENTATIVE OF COMMUNITY INPUT?

Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

The "percentage of respondents" noted below which identified the following problems/needs refers to the respondents to the surveys conducted by the local DECCASA Coalitions/Advisory Boards unless otherwise noted.

HOUSING NEEDS

Dover
- More than half of the respondents to the survey said that housing services need to be expanded in the Dover area.

Smyrna
- The expansion of housing services was cited as needed by 61% of the respondents.

Georgetown
- 11 of 15 respondents said that housing services need expansion.

Seaford
- More than half of the respondents said that housing services need to be expanded.

Milford
- 93% of respondents said that housing services needed to be expanded.

GENERAL PROBLEMS/NEEDS

Dover
- 47% of respondents cited racial conflict as a problem in Dover.
- Ethnic/cultural awareness services were seen as needing expansion.

Smyrna
- Racial conflict in the area was seen as a problem by about 40% of the informants.
- 84% of the respondents said financial services were needed or needed to be expanded.

Georgetown

Problems
- The 3rd most commonly cited problem in the Georgetown community was identified as apathy towards the needy.
- 11 of 18 or 61% of survey respondents cited that ethnic/cultural awareness activities were needed or needed to be expanded.

Needs
- increased police protection
- more street lights
GENERAL PROBLEMS/NEEDS (continued)

Lewes/Rehoboth

Problems
- racial discrimination
- lack of community involvement and pride
- lack of awareness of available resources by those in need; no central listing of such resources
- belief that government covers up real problems; frustration "about the lack of response from political officials" to problems

Needs
- better police support and communication between local residents (specifically in Burton Village which is outside Rehoboth Beach Town limits and which is not responded to by Rehoboth police)
- better communication with middle class
- improved community conditions (roads, street lights, etc)
- survival and coping skills, self-awareness, and self-esteem programs
- transportation
- cultural enrichment programs

Seaford
- 43% of the respondents to a survey conducted by the Seaford School District and the Drug Free Seaford Advisory Board in 1989 said that community awareness activities are needed.

Milford
- Ethnic/cultural awareness services were cited by 71% of the respondents to the Coalition's survey being needed or needing expansion.

HEALTH CARE PROBLEMS/NEEDS

Dover

Problems
- Drug abuse and addiction was cited by 75% of the respondents as among the ten most serious problems in their community.
- Alcoholism was cited by 60% of the respondents as among the ten most serious problems.
- 52% of the respondents indicated that unplanned pregnancy was among the ten most serious problems.

Needs
- Drug and alcohol education services were cited as needing expansion by approximately half of the respondents.
- Outpatient and inpatient drug and alcohol treatment services were also cited as needing expansion by approximately half of the respondents.

Very similar problems and needs were identified in an independent survey of 50 randomly selected residents of Dover conducted by the University of Delaware.
HEALTH CARE PROBLEMS/NEEDS (continued)

Smyrna

Problems
• 61% of the respondents stated that drug abuse and addiction was the most serious problem in Smyrna.
• Alcoholism was seen as the number two problem in Smyrna, cited by 57% of respondents.
• Unplanned pregnancy was the fifth most often cited serious problem (out of ten).

Needs
• Sex education services were seen as needed or needing expansion by 71% of the respondents.
• 74% of the respondents indicated that drug education services need expansion.
• Alcohol education services were seen as needed or needing expansion by 86% of the respondents.
• Outpatient and inpatient alcohol and drug abuse treatment services were seen as needed or needing expansion by about 90% of the respondents.
• Detoxification services was indicated as needed or needing expansion by almost 83% of the respondents.

Georgetown

Problems
• Unplanned pregnancy was cited as among the ten most serious problems in the community.
• Sexually transmitted diseases were also cited as among the ten most serious problems in the community.
• Increased alcohol and other drug abuse was identified as the number one problem in the area. Alcohol was defined as the number one drug of choice, followed closely by crack/cocaine. This problem was cited at the neighborhood, community, and school level.

Needs
• Alcohol and drug education programs were cited by 10 of 15 and 8 of 15 respondents respectively as needing expansion.
• 8 of 15 respondents said sex education needs expansion.
• 9 of 14 respondents said that mental health services need expansion.
• Outpatient drug and alcohol treatment was cited as needed or needing expansion by 12 of 13 respondents; inpatient treatment was cited by 13 of 14 respondents.
• Detoxification services were cited as being needed by 3 of 14 respondents; 9 respondents said detoxification services need expansion.

Lewes/Rehoboth

Problems
• Substance abuse problems were identified as was an indifference to them by the middle class.
• "Education and awareness is difficult among those who do not perceive a need."

Needs
• rehabilitation and counseling for those with no insurance
• substance abuse education, family support
• local programs to aid in the transition from rehabilitation and/or detoxification
• financial support for counseling service
• centers other than AA, in that AA is not culturally sensitive or diverse and is targeted to a white, upper-middle class group
• The need for assistance to persons with drug related problems was seen by the church and clergy to be increasing.
HEALTH CARE PROBLEMS/NEEDS (continued)

Lewes/Rehoboth

Needs (continued)
- Community must become aware of seriousness of substance abuse problem "and seek to help, not judge, persons in need".

Seaford

Needs
- In the community survey, 52% of respondents indicated that drug/alcohol awareness activities and education need to be expanded. In addition, a survey of school district administrators saw drugs as the most important problem facing the School Board.
- 64% of the respondents stated drug and alcohol education needs to be expanded.
- 61% of the respondents said that AIDS education needs to be expanded.

Milford

Problems
- Alcohol and other drug abuse was listed as the most serious problem in the community from a list of 24 problems.
- Unplanned pregnancy ranked ninth out of the 24 provided problems.

Needs
- the expansion of sex education services (cited by 91% of the respondents)
- drug education services (cited by 88% of the respondents)
- alcohol education services (cited by 87% of the respondents)
- outpatient and inpatient alcohol and drug abuse treatment services (cited by roughly 80% of the respondents)
- detoxification services (cited by 73% of the respondents)
- services for psychiatric crisis (cited by 71% of the respondents)
- mental health services (cited by 67% of the respondents)

SENIOR PROBLEMS/NEEDS

Dover
- Adult day care was noted as a service that was present but that needed expansion.

Smyrna
- Almost 59% of the respondents indicated that adult day care services were needed or needed expansion.

Georgetown
- 15 of 18 respondents said that adult day care services were needed or needed expansion.

Seaford
- Almost half of the respondents said that adult recreation was needed or in need of expansion.
- Medical problems and housing problems were noted as significant problems facing the elderly community.

Milford
- 66% of survey respondents said adult day care is needed or is in need of expansion.
CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Dover
Problems
- Juvenile delinquency was indicated as among the 10 most serious problems in the community by 55% of the respondents.
- 44% of the respondents said that school problems (poor student/teacher relationships, lack of minority teachers) were among the most serious problems in the community.
- teenage loitering and gangs
- teen pregnancy

Needs
- recreation services for children, teens and families (indicted by about one third of the respondents)
- expanded youth sports
- expanded day care services
- expanded sex education
- more school sponsored activities

Smyrna
Problems (viewed as significant by more than 40% of respondents)
- unplanned pregnancy
- school problems
- juvenile delinquency

Needs
- Over 80% of the area respondents reported that recreation for teens, children, and their families is needed or needs expansion.
- School sponsored activities were cited as needed or in need of expansion by 63% of the respondents.
- 57% of the respondents said that youth sports were needed or needed expansion.
- Almost 50% of respondents said that day care services were needed or in need of expansion.

Georgetown
Problems
- Lack of activities for youth was identified as a problem in the neighborhood and community.
- School problems cited were alcohol and drug use, lack of discipline, and lack of interest among teachers.

Needs
- Recreation for children and teens was cited as needed or in need of expansion by almost all respondents.
- 10 of 18 respondents said that youth sports are needed or in need of expansion.
- 10 of 18 respondents said that school sponsored activities need to be expanded.
- 11 of 18 respondents said day care services are needed or need to be expanded.
CHILD/YOUTH POPULATION PROBLEMS/NEEDS (continued)

Lewes/Rehoboth
Needs
- day care
- positive alternatives to help keep kids off the streets -- children's programs, after school and summer such as arts and crafts, field trips, father/son, mother/daughter, and mentor programs
- drug education
- the involvement of parents and adult children of alcoholics in the process of recovery

Seaford
Needs
- expansion of recreation programs for children and teens (59% of the survey respondents said that programs for children need to be expanded and 71% indicated they'd like to see more recreation for teens.)
- 51% of the respondents to a survey conducted by the Seaford School District and the Drug Free Seaford Advisory Board in 1989 said that parents and youth need to participate in awareness and educational activities together.

Milford
Problems
- The number two problem in Milford neighborhoods, according to respondents, is the lack of child/youth recreation.
- Problems with teens was listed as the number two problem in the community.
- Juvenile delinquency was ranked 7th among the most serious community problems.
- School problems were ranked 8th among the most serious community problems.

Needs
- Recreation for teens was cited as needed or in need of expansion by 90% of the respondents.
- Recreational activities for families was cited as needed or in need of expansion by 80% of the respondents.
- Recreation for children was cited as needed or in need of expansion by 78% of the respondents.
- 57% of survey respondents said day care services are needed or need to be expanded.

PARENTING NEEDS

Smyrna
- Parenting skills education services was cited as needed or in need of expansion by 85% of the respondents.

Georgetown
- 10 of 12 respondents said parenting skills education is needed or in need of expansion.

Lewes/Rehoboth
- parenting programs -- "a special emphasis on single parents"
- a support structure
PARENTING NEEDS (continued)

Seaford
- 50% of the respondents said parenting skills education is needed or in need of expansion.
- 51% of the respondents to a survey conducted by the Seaford School District and the Drug Free Seaford Advisory Board in 1989 said that parents and youth need to participate in awareness and educational activities together.

Milford
- 96% of respondents said parenting skills education is needed or in need of expansion.
- Parent involvement was offered as a solution to school problems.

EMPLOYMENT PROBLEMS/NEEDS

Dover
- Unemployment was seen as a problem in the area by about half of the respondents.

Georgetown
- 8 of 14 respondents said that vocational job training is needed or needs to be expanded.
- 9 of 14 said that employment counseling is needed or needs to be expanded.
- Higher wage jobs are needed.

Lewes/Rehoboth
Problems
- unemployment problems
- Employers do not know how to address substance abuse issues with their employees especially those who are part-time.
- Problems exist with merchants of alcoholic beverages who are not members of the Chamber of Commerce and are therefore difficult for the Chamber to involve in constructive measures to prevent substance abuse

Needs
- job skills training

Milford
- 83% of the respondents said that vocational training is needed or needs to be expanded.
- 86% of the respondents said employment counseling services are needed or need to be expanded.

DOMESTIC VIOLENCE ISSUES

Dover
- "Family conflict" was cited as the most serious problem in their community by 48% of respondents.

Smyrna
- "Family conflict/violence" was the fourth most commonly cited problem; 48% of the survey respondents cited this as a problem in Smyrna.
DOMESTIC VIOLENCE ISSUES (continued)

Seaford
• Child abuse was considered the most significant problem facing the Seaford community by 7% of the respondents.

Milford
• Domestic violence was in the top nine answers of the most serious problems in the community (ranked 6th of the top nine). Moreover, 75% of the respondents reported that there needs to be more services to deal with family problems/relationships.

BARRIERS TO SERVICE

Dover
• cost of service was identified as a major obstacle to seeking help by 53% of the respondents.
• lack of transportation
• lack of knowledge of where to go for help
• fear of problem becoming public
• location of agency
• racial discrimination
• poor listing of available services
• unwillingness to seek help from a stranger
• perception of the availability of social services in the community

Smyrna
• cost of services (cited by 44% of respondents)
• fear of what others may think (cited by 33% of respondents)
• location of agency (cited by almost 31% of respondents)
• 20% of the respondents said that do not know where to go for help
• transportation (cited by 17% of respondents)
• agency hours (cited by 16% of the respondents)
• Nine percent of the respondents thought that the services would not help.
• Services are not culturally /ethnically sensitive (cited by 5% of respondents).

Georgetown
• Lack of transportation was cited as the most important factor that kept persons from seeking help (cited by 6 of 27 respondents).
• 6 of 27 said the cost of services was a barrier.
• 4 of 27 said that agency hours, concern over what others might think, and lack of knowledge of where to go for help were factors that kept them from seeking help.
• 3 of 27 respondents said that the location of services was a factor that kept them from seeking help.

West Rehoboth
• At the town talk at Burton Village, residents of the area cited that persons were not aware of resources that are available because no central listing of resources exists.

SYSTEMIC SUPPLY OF SERVICES
• Services were addressed in general terms as respondents were asked to classify a list of services as "not present but needed", "in need of expansion", "adequate", or "not needed". No inventory of services was provided in any of the studies.
Delaware Helpline data was obtained and analyzed in the following manner.

The State provided the Center for Community Development, College of Urban Affairs and Public Policy, University of Delaware with 12 database diskettes (in Paradox format), one for each month of 1993, containing the full details of the 18000+ calls to the Delaware Helpline for that year. Because some of that data was judged to be confidential, a non-identifying subset of that data was extracted and composited into one year, and the original diskettes returned to the State for safekeeping. (The database converted to FoxPro, in which environment the analysis was completed.)

The extracted details included date, city, state, ZIP code, and the call's categorization by Helpline workers. A separate extraction was made of only two fields, namely category and descriptive comments, to allow for some assessment of what each standard category was being used to cover. (This latter showed particularly that the 'INFO' category, which constitutes a large portion of the total calls, is somewhat being treated as a catchall, and that many of said contacts could be classified more precisely, with potentially significant impact on the overall percentages.)

The main extraction was then aggregated into a large 'spreadsheet', with all the Helpline's 112 categories on one axis, and the various ZIP codes on the other. Relatively obvious data entry errors on ZIP CODE ('119802', for example, was changed to '19802') were corrected, which allowed the almost 300 differing ZIP codes to be reduced to around 250. These remaining 250 ZIP codes were then aggregated into 6 groups:

- Kent County
- Sussex County
- New Castle County, minus ZIP codes in any way included in Wilmington
- Greater Wilmington, including all city ZIP codes and any portion of the surrounding county with those same ZIP codes
- Out-of-State
- Other (no ZIP listed, '00000' or '99999', and other undeterminable entries, like 'H2X3P7')

In those few cases (other than Wilmington) where ZIP CODES overlap county boundaries, we consulted with the Center for Applied Demography and Survey Research of the College to determine in which county that ZIP was primarily or overwhelmingly located. The resulting grid (6 'counties' by 112 categories) was further consolidated on the categories to square with the analytic units developed by the Center for Community Development in assessing Delaware's needs.

The data below presents the total number of calls made in the four areas of the state of Delaware described above and the total number of calls made statewide pertaining to the following issue areas. Not all calls made to the helpline fall neatly into one of the following categories. Any calls that do not pertain in some way to the types of general needs and problems relevant to the overall Community Needs Assessment were excluded from consideration. Additionally, as exhibited above, several calls were made to the Helpline from outside the state of Delaware. These calls were excluded from statewide totals and percentages of statewide totals listed below. Calls for which no area of origination was designated were included in the statewide totals.
IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING PROBLEMS/NEEDS

Wilmington
1200 calls were made regarding housing problems.
- 58% of these calls were related to rent/mortgage assistance.
- 17% of these calls referenced security deposit/first month's rent.
- 12% of these calls referenced low income rent/purchase.
- 9% of these calls referenced emergency shelter.

- Housing related calls made from Wilmington represent 18% of all the calls made from Wilmington and 7% of all the calls made to the Helpline from the state.

Suburban New Castle County
684 housing related calls were logged on the Helpline.
- 61% of these were related to rent/mortgage assistance.
- 14% of these calls referenced low income rent/purchase.
- 10% of these calls referenced security deposit/first month's rent.
- 8% of these calls referenced emergency shelter.

- Housing related calls from suburban New Castle County represent 15% of all calls made from the County and 4% of all calls made to the Helpline.

Kent County
186 calls were made to the Helpline regarding housing.
- 31% of these calls were specific to rent/mortgage assistance.
- 35% of these calls referenced emergency shelter.
- 13% of these calls referenced low income rent/purchase.
- 9% of these calls referenced security deposit/first month's rent.

- Housing related calls made from Kent County represent 10% of all calls made from Kent County and 1% of all calls made to the Helpline overall.

Sussex County
276 calls were made in reference to housing needs.
- 41% of these calls were related to rent/mortgage assistance services.
- 21% of these calls referenced emergency shelter.
- 21% of these calls referenced low income rent/purchase.
- 7% of these calls referenced security deposit/first month's rent.

- Housing related calls from Sussex County represent 11% of all the calls made to the Helpline from Sussex County and almost 2% of the calls made statewide.
Statewide
2,466 calls were logged from the state to the Helpline in reference to housing needs (120 of these calls had no area of origination designated. An additional 390 calls came to the Helpline from outside the state which referenced housing needs.)
• 54% of these calls regarded rent and/or mortgage assistance.
• 13% of these calls were related to housing low-income rent/purchase.
• 13% regarded emergency shelter.
• 13% of the calls regarded first month rent and security deposit.
• 3% of the calls regarded home/yard/appliance repair.
• 3% of the calls referenced landlord/tenant services.
• The balance of calls referenced moving assistance and home sharing.

• Housing related calls represent 15% of all calls made to the Helpline from Delaware in 1993.

GENERAL NEEDS

Wilmington
3,121 call were made regarding basic needs.
• 36% of these calls were regarding food and congregate meals.
• 33% of these calls which originated from the Greater Wilmington area were regarding electricity and gas assistance.
• 8% of the calls asked about furniture and/or appliances.
• 4% referenced clothing.
• Almost 3% referenced financial assistance.
• Almost 3% of the calls asked about oil, kerosene, and/or bottled gas assistance.
• Around 3% referred to income maintenance/support.
• Around 2% of the calls from Wilmington regarding general needs referenced transportation/travel assistance/bus tickets.
• Almost 2% referenced water bills.
• 1% referred to literacy needs.

• Calls relating to the above general needs represent 19% of all calls made to the Helpline from Wilmington, New Castle County, Kent County and Sussex County. They represent 47% of all calls originating from Wilmington.

New Castle County
1,534 calls were made regarding basic needs
• 43% of these calls were regarding electricity and gas assistance.
• 14% of the calls were inquiries concerning food and congregate meals.
• Almost 9% of the calls referred to income maintenance/support.
• Just about 6% of the calls referred to financial assistance.
• Almost 5% of the calls asked about furniture and/or appliances.
• Calls relating to transportation/travel assistance/bus tickets, oil, kerosene, and/or bottled gas assistance, nutrition maintenance/support, the water bill, and literacy needs each make up approximately 3% of the 1,534 calls made from New Castle County regarding basic needs.

• Calls relating to the above general needs represent 34% of all calls made from New Castle County suburbs, and 9% of all calls made to the Helpline from Delaware in 1993.
GENERAL NEEDS (continued)

Kent County
374 calls were made regarding general needs.
• 22% of these calls regarded electricity and gas assistance and 10% regarded oil, kerosene, and bottled gas assistance.
• Over 16% of the calls asked about income maintenance/support.
• 12% of the calls regarded food and congregate meals.
• Over 6% referred to financial assistance.
• Almost 4% of these calls related to transportation/travel assistance/bus tickets.
• Almost 2% of the calls asked about furniture and/or appliances and 2% asked about clothing.
• One percent of the calls referenced water bills.

• Calls relating to the above general needs represent 19% of those made from Kent County, and 2% of all the calls to the Helpline from the state.

Sussex County
550 calls were made regarding general needs.
• 33% of these calls were made in reference to electricity and gas assistance.
• 13% referenced income maintenance/support.
• 12% of the calls were inquiries about oil, kerosene, bottled gas assistance.
• 7% of the calls referenced food and congregate meals.
• 3% of the calls referred to transportation/travel assistance/bus tickets.
• 3% of the calls referred to literacy needs.
• 2% referenced clothing.
• Less than one percent of the calls referred to the water bill.

• Calls relating to the above general needs represent 22% of those made from Sussex County and 3% of all calls made to the Helpline from Delaware.

Statewide
5,794 calls were made to the Delaware Helpline from the state regarding general needs/problems. Included in this total is 215 calls for which no area of origination could be determined. An additional 774 calls were made from outside the state of Delaware to the helpline regarding general needs/problems.
• 35% of all calls made from the state regarding general problems/needs referred to electricity/gas assistance.
• 25% referenced food and congregate meals.
• 6% referred to furniture and or appliances.
• 6% of the calls referred to income maintenance/support.
• 4% of the calls asked about financial assistance.
• 4% referenced oil, kerosene, and/or bottled gas assistance.
• 3% of the calls referenced clothing.
• 2% of the calls asked about transportation/travel assistance/bus tickets, water bills, nutrition maintenance, glasses/dentures, education, and literacy needs.
• The balance of calls referred to budget/financial counseling, community organization information, education, translation services, funeral/burial assistance, immigration and citizenship, insurance coverage, minorities, recreation, and telephone assistance.

• The calls listed above represent 35% of all calls made to the Helpline from Delaware.
HEALTH CARE PROBLEMS/NEEDS

Wilmington
349 calls were made regarding health care needs and problems from Wilmington.
• 21% of these calls regarded health/medical care/therapy.
• 15% of these calls referenced medical assistance.
• Almost 11% regarded maternal health/baby care.

• Health care related calls made from Wilmington represent 5% of all the calls from Wilmington to the Helpline and 2% of all the calls made to the Helpline statewide.

Suburban New Castle County
412 calls were made regarding health care needs.
• 29% of these calls regarded health/medical care/therapy.
• 11% of the calls referenced medical, dental, insurance bills.
• 8% of the calls were regarding general medical assistance.

• Health care related calls made from New Castle County represent 9% of all the calls made from New Castle County to the Helpline and 2% of all the calls made to the Helpline overall.

Kent County
217 calls were made regarding health care needs and services from Kent County.
• 28% of these calls regarded health/medical care/therapy.
• 13% of the calls referenced medical, dental, insurance bills.
• Almost 11% of the calls referred to general medical assistance needs.

• Health care related calls from Kent County represent 11% of all calls made from Kent County, and 1% of the calls made overall to the Helpline.

Sussex County
316 calls were made regarding health care problems and needs.
• About one-quarter of these calls regarded health/medical care/therapy.
• 17% regarded medical, dental, insurance bills
• 14% of the calls referred to general medical assistance needs.
• Almost 15% of the calls related to health care were inquiries on dental care/services.

• Health care related calls from Sussex County represent 13% of all the calls made to the Helpline from Sussex County, and 2% of all the calls made in the state.

Statewide
A total of 1377 calls (including 83 calls with no area of origination designated) were made to the Helpline from Delaware regarding health care problems/needs. An additional 149 calls regarding health problems and health care needs were made from outside the state. The most often referenced health issues are listed below.
• 25% of the calls made statewide regarding health care problems and needs referenced health/medical care/therapy.
• 12% of the calls referenced medical assistance needs.
• 12% of the calls referenced medical, dental, and/or insurance bills
• 10% of the calls referenced counseling.
• 9% of the calls referenced dental care services.
HEALTH CARE PROBLEMS/NEEDS

Statewide (continued)
Of the 1,377 calls:
• 7% referenced medical equipment loan assistance
• 6.5% of the calls were regarding disease information requests.
• 5% of the calls referenced maternal health.
• 4% of the calls referenced maternal/family planning.
• 3% of the calls asked about mental health services.
• 2% of the calls were regarding drug and alcohol problems.
• 2% calls asked about rehabilitation services.
• The balance of calls, each representing less than 1% of the 1,377 calls made regarding health care problems/needs, referenced abortion, organ donors, crisis intervention, and respite care.

• These 1,377 calls represent 8% of all calls made to the helpline from the state.

SENIOR PROBLEMS/NEEDS

Wilmington
Only 39 calls were made regarding elderly problems and needs.
• 41% of these calls were regarding aging/senior services.
• 49% of these calls referenced social security.

• Calls from Wilmington relating to elderly problems and needs represent 0.6% of all the calls made from Wilmington and 0.2% of all calls made to the Helpline.

Suburban New Castle
65 calls were made regarding elderly problems and needs.
• 35% of these calls were regarding aging/senior services.
• 57% of these calls referenced social security.

• Calls from suburban New Castle relating to elderly problems and needs represent 1.4% of all the calls made from the County and less than 0.3% of all calls made to the Helpline.

Kent County
30 calls were made regarding elderly problems and needs.
• 43% of these calls were regarding aging/senior services.
• 50% of these calls referenced were regarding social security.

• The above calls relating to the elderly represent 1.6% of all calls made from Kent County and under 0.2% of all the calls made to the Helpline from Delaware.

Sussex County
52 calls were made regarding elderly problems and needs.
• 38% of these calls were regarding aging/senior services.
• Almost 58% of these calls referenced social security.

• Calls made from Sussex County relating to problems and needs of the elderly represent 2% of all the calls made from the County and almost 0.3% of the calls made to the Helpline from Delaware.
SENIOR PROBLEMS/NEEDS (continued)

Statewide
195 calls (representing slightly over 1% of all calls made to the Delaware Helpline from Delaware) were made to the Helpline regarding problems and/or needs of the elderly. 32 additional calls were made from out of state regarding elderly needs and problems. 9 of the 195 call had no area origination designated.

- 52% of the calls referenced social security.
- 41% referred to aging/senior services.
- 5% referenced nursing homes/retirement communities.
- 2% of the calls referred to adult day care.

DISABLED POPULATION NEEDS/PROBLEMS

Wilmington
47 calls were made from Wilmington regarding the needs of people with disabilities.

- These calls represent less than 1% of the calls made from Wilmington, and less than 1% of all calls made to the Helpline overall.

Suburban New Castle County
38 calls were made in 1993 regarding general needs of people with disabilities.

- These calls represent less than 1% of all calls made from New Castle County, and less than 1% of all calls made to the Helpline.

Kent County
15 calls were made to the Helpline in reference to the disabled.

- These represent less than 1% of all calls made from Kent County, and well less than 1% of all calls made to the Helpline.

Sussex County
30 calls were logged regarding the needs of people with disabilities.

- These calls represent approximately 1% of all calls made from Sussex County, and less than 1% of all calls made to the Helpline overall.

Statewide
150 calls (representing under 1% of all calls made to the Helpline from the state) were made to the Helpline from Delaware referencing persons with disabilities. Twenty of these calls had no area of origination designated. Eighteen additional calls were made to the Helpline from out of state regarding the needs of persons with disabilities.

- 73% of the calls reference general services for the disabled.
- 25% of the calls referenced in-home services.
- 2% of the calls referred to deaf relay calls.

CHILD/YOUTH POPULATION NEEDS/PROBLEMS

Wilmington
135 calls were made regarding children and youth.

- 57% of these calls were regarding foster care.
- Almost 21% of these calls referenced child day care.
- Almost 21% of the calls referred to children and youth services/problems.
- Almost 1.5% referred to runaway/missing children.
CHILD/YOUTH POPULATION NEEDS/PROBLEMS (continued)

Wilmington (continued)
• Calls relating to children and youth represent 2% of all the calls made from Wilmington and 0.8% of all the calls made to the Helpline from Delaware.

Suburban New Castle
179 calls were inquiries about child/youth services.
• 86% of these calls were regarding foster care.
• 22% of these calls referenced child day care.
• 12% of the calls referred to children and youth services/problems.

• Calls relating to child/youth problems and needs represent 3% of all the calls made from New Castle County and 1% of all calls made to the Helpline from the state.

Kent County
67 calls were made regarding children and youth.
• 47% of these calls referenced foster care services.
• 26% of these calls referred to children and youth services/problems.
• 12% of these calls referenced child day care.

• Calls relating to child/youth problems and needs represent less than one percent of all calls from Kent County, and only 0.4% of all the calls made to the Helpline statewide.

Sussex County
57 calls were logged regarding children and youth needs.
• 58% of these calls regarded foster care.
• 26% of these calls referred to children and youth services/problems.
• 17.5% of the calls referenced child day care.

• Calls relating to child/youth problems and needs represent 2% of all the calls made from Sussex County, and 0.3% of all calls made to the Helpline from Delaware.

Statewide
458 calls in 1993 made to the Helpline from the state of Delaware regarded child and youth needs. This includes 20 calls for which no area of origination was designated. Additionally, 75 calls were made from out of the state regarding child and youth needs.
• 59% of these calls referenced foster care.
• 21% of these calls were related to children and youth services.
• 19% were regarding child day care.
• <1% of the calls were in reference to runaway and missing children.

Calls relating to child/youth problems and needs represent almost 3% of the calls made to the Helpline overall.

PARENTING NEEDS
• Parenting classes, skills, and problems were only referred to by 28 persons from Delaware and comprised less than .1% of all calls to the Helpline from Delaware in 1993. Two calls had no area of origination designated. Eleven of these calls (38%) were from persons in Kent County. Seven persons from suburban New Castle County, six from Sussex County, and only two from Wilmington made calls to the Helpline in reference to parenting issues.
EMPLOYMENT PROBLEMS/NEEDS

Wilmington
- 31 calls were made regarding employment (27 calls) and job training (4 calls) problems/needs from Greater Wilmington.

Suburban New Castle County
- 31 calls were made regarding employment (24 calls) and job training (7 calls) problems/needs from suburban New Castle County.

Kent County
- 11 calls were made regarding employment (8 calls) and job training (3 calls) problems/needs from Kent County.

Sussex County
- 20 calls were made regarding employment (15 calls) and job training (5 calls) problems/needs from Sussex County.

Statewide
- There were 100 calls made to the Helpline from Delaware regarding employment (78 calls) and job training (22 calls) problems/needs in 1993. Seven of the 100 calls had no area of origination designated. An additional eight calls were made to the Helpline from out of state regarding employment and job training.

- These calls represent less 0.6% of all calls made to the Helpline.

DOMESTIC VIOLENCE

Wilmington
- 12 calls were made from Greater Wilmington regarding domestic violence. 8 calls referenced child abuse, 3 calls were regarding spouse abuse and one call was in reference to adult protective services.

Suburban New Castle County
- 12 calls were also made regarding domestic violence from suburban New Castle County. Six calls were regarding child abuse, 5 calls referenced spouse abuse, and one caller asked about adult protective services.

Kent County
- 8 calls were made from Kent County regarding domestic violence. Three calls referenced child abuse and 5 calls referenced spouse abuse.

Sussex County
- 5 calls were made from Sussex County regarding domestic violence. Three calls were regarding spouse abuse and 2 calls referenced adult protective services.
DOMESTIC VIOLENCE (continued)

Statewide
There were 41 calls logged to the Helpline from Delaware regarding domestic violence. Four of these calls had no area of origination designated. Ten calls were made to the Helpline from out of state which referenced domestic violence issues.

- 49% of these calls were made regarding child abuse.
- 41% of the calls were made regarding spouse abuse.
- 10% of the calls were in reference to adult protective services.

- Calls relating to domestic violence represent less than 0.3% of all calls made to the Helpline in 1993.

LEGAL SERVICES

Wilmington
99 calls (1.5% of all calls made from Wilmington) were made regarding legal services.

- 40% of these calls were in reference to government and licensing information.
- 36% of the calls were made regarding general legal services.

Suburban New Castle County
118 calls (representing almost 3% of all calls made from the County) were made regarding legal services.

- 37% of these calls were in reference to government and licensing information.
- 39% of the calls were made regarding general legal services.

Kent County
111 calls (almost 6% of all calls made from Kent County) were made regarding legal services.

- Almost 55% of these calls were in reference to government and licensing information.
- 29% of the calls were made regarding general legal services.

Sussex County
135 calls (representing 5% of all calls made from Sussex County) were made regarding legal services.

- 63% of these calls were in reference to government and licensing information.
- Almost 16% of the calls were made regarding general legal services.

Statewide
498 calls were made from Delaware in reference to legal services. For 35 of these calls, no area of origination was designated. An additional 38 calls were made from out of state to the Delaware Helpline in 1993 regarding legal issues.

- Over 49% of the calls from Delaware in reference to legal services were regarding government and licensing information.
- 30% referenced general legal services.
- 8% referenced court related services.
- Almost 7% referenced consumer services.
- 4% of the calls referenced discrimination/sexual harassment.
- The balance of call referred to criminal justice information, law enforcement/ police, and corrections/prisons.

- Calls relating to legal services represent almost 3% of all calls made to the Helpline in 1993.
TITLE: Delaware State Service Centers' Community-Wide Focus Groups conducted in New Castle County, Kent County, and Sussex County

AUTHOR: Division of State Service Centers - Task Force

DATE: 1994

SOURCE: Division of State Service Centers

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY
Information gathered from community focus groups held in the three counties of Delaware and comprised of neighborhood representatives, church leaders, business persons, and legislators. "The focus groups addressed a series of questions that were designed to measure service needs, barriers to service, community service providers outside the Service Centers, and networking or outreach options and strategies.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING NEEDS

New Castle County
• affordable housing
• transitional housing for people coming out of homeless shelters and out of drug and alcohol treatment centers
• Lower rents are needed. A shortage of money to pay the rent was noted as a problem expected in the future as a result of growing unemployment.

Kent County
• Affordable, permanent, and transitional housing were identified as needs.

Sussex County
• emergency shelters
• affordable permanent housing
• halfway housing in residential settings for pregnant women, mentally-ill and abused women
• The problem of substandard housing in Georgetown was noted.

GENERAL PROBLEMS/NEEDS

New Castle County
Problems
• transportation
• gaps in areas of the county served by State Service Centers
• low self esteem among residents
• a lost sense of community.
GENERAL PROBLEMS/NEEDS (continued)

New Castle County

Needs

- programs to build up self esteem
- satellite locations and greater accessibility to State Service Centers
- service integration and coordination
- Greater communication/dissemination of what services/resources are available to residents is needed.
- greater availability and accessibility of food stamps
- information on how to cook and prepare food

Kent County

Problems

- transportation
- problems with access to services
- Community sensitivity is lacking.
- There is a lack of financial support for the poor and minorities.
- Discrimination, lack of education, and language barriers were seen as challenges in the County.

Needs

- transportation
- service integration and coordination
- Greater communication/dissemination of what services/resources are available to residents
- community protection (fire and police protection and hospital availability)
- crisis intervention services
- The language barrier is seen as a growing concern. Bilingual staff are needed at the State Service Centers in Kent County.

Sussex County

Problems

- Sewer problems and bad water in Ellendale, West View, Martin’s Swamp, Selbyville, Frankford, and Lincoln were noted as problems.

Needs

- transportation, especially for low-income pregnant women and service center clients
- food closets to provide food after working hours as well as refrigerated food distribution site
- clothing
- a Laundromat at the local State Service Center
- economic services
- self-help programs
- Spanish speaking staff at State Service Centers
- better information and referral at State Service Centers
- communication and information on available services
- "one-stop shopping"
HEALTH CARE PROBLEMS/NEEDS

New Castle County

Problems
- AIDS and TB were noted as challenges in the community.
- drugs
- high infant mortality rates
- Many doctors will not accept Medicaid.

Needs
- drug education, long-term treatment centers and outreach centers
- medical services for small children
- mental health services
- alcohol treatment services
- dental services
- eye care services
- HIV education and AIDS prevention programs
- prenatal care services
- health care workers in the community
- suicide intervention

Kent County

Needs
- more available drug and alcohol rehabilitation services
- physical and dental services for people who are poor as lack of health insurance is a problem
- mental health services
- preventative care for healthier babies

Sussex County

Needs
- increased public health services
- eyeglasses for adults over 21
- prenatal care
- health care for the middle-aged and elderly
- research into why cancer and TB are prevalent in Delaware Bridgeville
- diabetic care for the poor who cannot afford medication which often results in hospitalization
- immunization promotion
- family planning
- drug and alcohol counseling
- increased health care overall
- suicide intervention

SENIOR POPULATION NEEDS/PROBLEMS

Kent County
- The needs of the elderly are not being adequately addressed.

Sussex County
- Adults lack medical care.
- Transportation for seniors is needed.
DISABLED POPULATION PROBLEMS/NEEDS

New Castle County
- The lack of services at State Service Centers for those whose language, hearing and/or vision is impaired was noted as a difficulty.

Kent County
- The needs of the mentally challenged are not being addressed.
- Outreach for the disabled and homebound is needed in other locals besides the State Service Centers.
- A deaf interpreter for the hearing impaired was noted as a need at the State Service Centers.

Sussex County
- The handicapped ramp does not always work at Belvedere which causes problems for the disabled to obtain service.
- Homebound/support services for the handicapped was noted as a service that residents would like to see offered at the State Service Centers.

CHILD/YOUTH POPULATION PROBLEMS/NEEDS

New Castle County

Problems
- Lack of youth motivation is a problem.
- youth are dropping out of school
- youngsters in abusive situations

Needs
- local Head Start programs
- child care for low-income and single parent families
- teen pregnancy prevention programs
- Youth services were identified as the number one human service need in the area. Specifically, the need for additional youth activities and recreation was expressed, especially for youth 12-15 and 15 to 18 year old teenagers.

Kent County

Needs
- day care at a lower rate for low income families and day care/child care eligibility screening
- youth community groups to help identify problems with community youth and find solutions

Sussex County

Needs
- day care for the working poor
- day care for children over ten years of age
- teenage pregnancy education

PARENTING NEEDS

New Castle County
- family and parent education on how to manage families; parenting skills classes; parent training programs
PARENTING NEEDS (continued)

Kent County
- parenting skills classes

EMPLOYMENT NEEDS

New Castle County
- job skills training and readiness is needed
- employment for youth
- well paying, long term jobs
- job banks

Kent County
- permanent jobs that offer medical benefits and training
- employment services
- vocational rehabilitation
- adult/GED classes; job placement

Sussex County
- year-round jobs with benefits (Seasonal work has become predominant here.)
- transportation to get to jobs

DOMESTIC VIOLENCE PROBLEMS/NEEDS

New Castle County
- The identification of needs resulting from family violence and services for battered women are needed.

Sussex County
- Domestic violence and family abuse was noted as a problem.
- Abuse intervention cited as something that clients would like offered at the State Service Center.
- The need for halfway houses for abused women noted.

LEGAL SERVICES NEEDS

New Castle County
- legal assistance

Sussex County
- child support services

BARRIERS TO SERVICE

One of the questions asked of the State Service Groups was "What are the difficulties people face in obtaining services at the State Service Centers. Responses by county follows.

New Castle County
- transportation
- lack of available services for those whose language, hearing, and/or vision is impaired
BARRIERS TO SERVICE (continued)

New Castle County (continued)
- service hours
- lack of knowledge of the services offered at State Service Centers
- communication of services offered is needed; no clear listing of State Service Centers and available services
- nature of facilities, i.e. poor physical environment, lack of signs, lack of room numbers, lack of security, inoperable handicapped ramp at Belvedere.
- no one caseworker handles one client’s needs; poor turnaround times
- red tape; filling out forms and reading forms can be a problem
- staff shortages for emergency assistance

Kent County
- communication
- staff shortages; uncourteous staff
- poor working knowledge of available services by staff of Service Centers
- illiteracy; "the inability to read and or comprehend"
- red tape -- too much paperwork
- lack of knowledge of where to go for services
- hours; appointments are not kept on time

Sussex County
- transportation
- poor information on what services are available; referral services are needed
- applications are difficult to fill out
- persons in need who own property are disqualified from service
- lack of service coordination/integration; one stop shopping needed
- hours
- services take too long to be accessed
- staff are overworked, caseloads are too big; more staff needed; "kind, concerned, and committed workers" are needed
- parking
- limited money available to Service Centers
- language barriers

SYSTEMIC SUPPLY OF SERVICES
- Focus groups were asked; "What other human service organizations do people in this community use?", and "what services are used?". A complete list, by county, of the responses of the participants in the focus groups is included in the overall report which lists all information gathered at the focus group sessions.
TITLE: Eastside Substance Abuse Awareness Program Evaluation

AUTHOR: Richard J. Harris and Jack O'Connell

DATE: January 1994

SOURCE: State of Delaware, Executive Department, Statistical Analysis Center

GEOGRAPHICAL AREA: Eastside Wilmington

KINDS OF INFORMATION/DATA USED IN THE STUDY
- The report evaluates the effectiveness of the components of the Eastside program which were designed to reduce the use and traffic of illicit drugs as well as related crime. It provides background information of the Eastside area using census data on race, sex, housing and households, family composition, income, and poverty.

The program component of "law enforcement and community policing" was evaluated using Wilmington Police Department (WPD) records of illicit drug related call-ins and arrests, and a qualitative assessment of community policing on the Eastside. The qualitative assessment of the community policing effort was performed by a consultant and "based on a series of interviews with WPD officials, the Eastside walking patrol officers, and community leaders, supplemented by a review of relative documents and field tours of the Eastside and other neighborhoods." The "community organization" component of the Eastside Awareness Program was evaluated by reviewing the minutes from advisory council meetings and interviewing key program participants. Finally, the "program and services" component of the program was assessed using "program literature, subgrant monitoring reports, previous evaluation reports, and activity reports submitted by program staff."

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
- parts are

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING PROBLEMS
- irresponsible and/or negligent landlords which results in the development of drug houses
- a low home-ownership rate (30%)

HEALTH CARE PROBLEMS/NEEDS

Problems
- lack of available financial resources to cover the expense of treatment for substance abusers
- lack of available financial resources initially to implement and currently to sustain a substance abuse treatment program in the Eastside area

Needs
- substance abuse referral service
- a comprehensive, "culture-specific, non-traditional" treatment program

Note: The Eastside Awareness Program evaluated in the report was designed to address the problems listed above and specific components of the program are currently attempting to satisfy the above listed needs.
CHILD/YOUTH POPULATION PROBLEMS/NEEDS
• Noted in the report was the problem of youths with [a] working parent[s] who, because they are under no supervision, tend to exacerbate loitering problems. Components of the Eastside Awareness Program were designed to specifically address academic under-achievement among youth and the need for more alternative/extended forms of recreation.

EMPLOYMENT NEEDS
• Mention is made in the report of the high incidence of unemployment (74%) among clients of a treatment program developed as part of the Eastside Awareness Program.

BARRIERS TO SERVICE
• Lack of money to pay for services by individuals seeking treatment was noted as were financial barriers to the community which was in need of a comprehensive treatment program.

INDICATORS OF DEMAND FOR SERVICES
• The report evaluates a program designed for the Eastside area which was selected as "the target neighborhood" for the Delaware Criminal Justice Council's "Comprehensive Targeted Substance Abuse Model". This area was selected by the Council, it was noted, because of the "high prevalence of illicit drug use, sales and related crime" in the Eastside. No more specifics are documented.

SYSTEMIC SUPPLY OF SERVICES
• The report documents some of the non-profit service providers already operating in the Eastside before initiation of the Eastside Awareness Program. The specific component programs developed as part of the Eastside Awareness Program were described and evaluated throughout the report.
TITLE: Empowerment Zone/Enterprise Community Focus Groups with Business Persons, Day Care Providers, Educators, Homeless Persons, Neighborhood Knowledgeables, Social Service Providers, Young Families, and Youth.

AUTHOR: City of Wilmington, Planning Department

DATE: May 1994

SOURCE: City of Wilmington, Planning Department

GEOGRAPHICAL AREA: proposed Enterprise Community, Wilmington consisting of Census Tracts 1, 6.01, 6.02, 7, 8, 9, 16, 17, 20, 21, 22, 23, and 27

KINDS OF INFORMATION/DATA USED
Results of focus group discussions that centered around issues prevalent in the proposed Enterprise Community. The focus groups were comprised of:

- business persons operating within the proposed Enterprise Community
- day care providers who work within the proposed Enterprise Community
- educators (including area educators, interested parents, and social service providers who reside within the proposed Enterprise Community)
- homeless persons (seven men and one woman)
- "neighborhood knowledgeables" or community leaders who reside within the proposed Enterprise Community
- representatives of nonprofit organizations that provide social services in the proposed
- young families/young parents who reside within the proposed Enterprise Community
- youth who reside within the proposed Empowerment Zone

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING PROBLEMS/NEEDS

Identified by the Homeless Persons Focus Group
- The hours of shelter operation are too short (hot days, cold nights, and holidays are the worst time to be out on the street.) The need for expanded hours of a few shelters was expressed "so that people don't feel stranded during the daytime".

Identified by the Young Families Focus Group

Problems
- vacant, dilapidated housing in the zone
- a lack of adequate and affordable housing
- Housing is presently over crowded and overpriced; the only affordable housing is built around the projects.

Needs
- stricter code enforcement by License and Inspection
- better screening and monitoring of Wilmington Housing Authority housing residents
GENERAL PROBLEMS/NEEDS

Identified by the Educators Focus Group
- extension of free breakfast and lunch to all reduced lunch recipients and eventually to all students
- the centralization of social services at schools

Identified by the Homeless Persons Focus Group
- adequate representation of homeless persons in the government
- nutrition; shelter food is "predominately awful"

Identified by the Neighborhood Knowledgeables Focus Group
- a high level of apathy among citizens towards their neighborhood
- a narrow control of leadership and capital

Identified by the Social Service Providers Focus Group

Problems
- duplication of services by nonprofits
- Funding given to agencies is "too short term and just enough to survive". This prevents the attraction of talented staff.
- Too many strings are attached to the funding received by nonprofits and the requirements of various funders often conflict.

Needs
- a consistent base of funding for programs instead of bricks and mortar
- funding for outreach
- outreach/education through the mass media
- collaboration and coordination among social service agencies
- education of clients by the City on how to access and use the resources of social service providers
- City sponsored program evaluation training for social service agencies "to promote the leveraging of outside funding".

Identified by the Young Families Focus Group

Problems
- The area included within the proposed Enterprise Community is very dirty; there is trash on the streets.
- Some areas of the City are better served by trash pick up and street cleaning than others.
- racial tensions – Wilmington is a "hostile environment for young black men". Police often stop black male motorists for no apparent reason.

Needs
- increased street cleaning and trash pick-up in underserved areas of the proposed Enterprise Community
- the involvement of males in the healing of communities; mentoring

Identified by the Youth Focus Group
- racism
Empowerment Zone/Enterprise Community Focus Groups, page 3

HEALTH CARE PROBLEMS/NEEDS

Identified by the Educators Focus Group
- Drug-free school zones are not adequately enforced.
- The school nurse is often viewed as a health expert so more formal provision of centralized basic health care and mental health care within schools is needed.

Identified by the Homeless Persons Focus Group

*Problems*
- Mental illness is a large problem among the homeless population of Wilmington.
- Substance abuse was identified as the main problem among single homeless men.

*Needs*
- dental care services
- more mobile health care services or a downtown health care centers to serve the homeless
- long-term, live-in substance abuse treatment programs where people can get treatment and job training at the same location

Identified by the Neighborhood Knowledgeables Focus Group

*Problems*
- mistrust of the medical community in Wilmington’s neighborhoods
- one central facility is perceived as being inadequate so it is underutilized

*Needs*
- Alternatives to emergency rooms are needed such as the provision of health care at the community level.

Identified by the Young Families Focus Group

- "Subsidized health care is dehumanizing with long lines and inadequate care."
- Educational programs to promote preventive care are needed.

CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Identified by the Day Care Providers Focus Group

*Problems* that exist with day care are the following
- long waiting lists, especially for the homeless and Westsiders;
- no adequate day care for the learning disabled
- a growing number of special needs children who do not receive proper day care due to lack of funding
- a gap between what the state provides for day care for each child from a low income household and what it actually costs to care for the child
- a high turnover rate among day care providers (due to feelings among them of a lack of respect and underpayment) which destabilizes children

*Needs*
- funding for established day care programs that have proven to work
- funding for child mental health monitoring and care
- vouchers for children to be applied to individual needs such as day care, health care or a latch key program
CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Identified by the Day Care Providers Focus Group (continued)

Needs (continued)
- an increased role by the City of Wilmington in the funding of day care
- City of Wilmington provided training for day care providers to make them better businesses, i.e. classes on preparing taxes and running a business
- City of Wilmington help in coordinating social and health services for young children through day care centers and homes
- CPR and First Aid classes for day care providers

Identified by the Educators Focus Group

Needs
- other institutions besides schools that care for children and their families
- smaller school structure (so teachers and administrators know all children)
- smaller classes
- more readiness to learn programs
- cultural enrichment beyond the classroom, such as speakers performances and shadowing of business people
- mentors from the business community to work with children

Identified by the Neighborhood Knowledgeables

Problems
- high truancy rate
- children are unexcited to learn
- Community centers are not "occupying children between three and six o'clock", they "are just providing basketball and other sports".

Needs
- more vocational and cooperative work/study programs
- more productive after school programs for older children that would involve mentoring, computer, and other technical training

Identified by the Social Service Providers Focus Group

Needs
- expanded facilities and programs for older teens
- new community centers in strategic places
- programs for children under the age of five "in order to prevent problems before they begin"

Identified by the Young Families Focus Group

Problems
- Day care options are too confined as most providers only work from 8 a.m. to 5 p.m..
- Teenagers lack respect for everyone which creates a belligerent and uncomfortable environment in the neighborhood.

Needs
- "There is a pressing need for extended evening and weekend hours" and available 24 hour day care. mentoring for young males
CHILD/YOUTH POPULATION PROBLEMS/NEEDS (continued)

Identified by the Youth Focus Group

Problems
- crime -- "Drugs and guns are integrally related. Younger kids buy drugs for older ones and then get guns in return. Guns are needed for protection."
- Drugs are sold in the schools and teachers, who fear retaliation, do not always report drug activity.
- Community centers are too sports focused and their hours are too short; youths don’t see the community centers as "cool places to hang out".
- There are few opportunities for youths to get together with different people from different races and neighborhoods to promote better understanding among them.

Needs
- more police on the streets
- early education (children < 5) in schools, community centers, and homes regarding the benefits of education and problems associated with drugs
- improvement in schools "by keeping the druggies out"
- longer community center hours
- more useful community centers with more educational activities and less emphasis on sports
- expanded sports activities in the parks
- community center based education regarding teen pregnancy
- more social and recreational facilities/activities such as a movie theater, a dance club for youth, educational facilities, skating, bowling, karate
- better understanding between different neighborhoods promoted by the City

PARENTING PROBLEMS/NEEDS

Identified by the Day Care Providers Focus Group
- parenting classes for parents and non-parents -- "Youth in 5th and 6th grade need parenting classes to see how difficult parenting can be."

Identified by the Educators Focus Group
- little involvement by parents in their children's education which limits the ability of teachers to provide adequate education

Identified by the Neighborhood Knowledgeables Focus Group
- apathy among parents about their role as parents
- no interest by parents in their children’s education
- Parents do not feel accountable for their children’s actions.

Identified by the Social Service Provider Focus Group
- Parents are not involved with children -- "the preparation of young people for life’s challenges". Parenting skills need to be taught.

EMPLOYMENT PROBLEMS/NEEDS

Identified by the Homeless Persons Focus Group
- Job training and placement assistance programs for homeless persons are needed.
- Job training programs as part of long-term, live-in substance abuse treatment programs are needed.
EMPLOYMENT PROBLEMS/NEEDS (continued)
Identified by the Neighborhood Knowledgeables Focus Group
• Young adults have low employability.

Identified by the Young Families Focus Group
Problems
• racial discrimination in employment opportunities; lack of employment opportunities for blacks
• most of the jobs that minorities get don’t pay a living wage

Needs
• the creation of decent paying jobs
• mentoring programs

Identified by the Youth Focus Group
• Jobs to keep kids off the streets are needed.

Identified by the Business Persons Focus Group
The problems and needs addressed by this focus group were centered on those confronting the business community of Wilmington. They are listed below.

Problems
• Wilmington is not forcefully promoted by the New Castle Chamber of Commerce.
• inadequate financing for existing businesses
• “coming into the City is daunting and frightening for outsiders”
• parking is a constraint for downtown merchants --there is not enough short-term parking.
• Businesses within large parts of the downtown have been hurt by the rerouting of buses onto Rodney Square (which took place to accommodate the Clean Air and Americans with Disabilities Acts).
• A severe shortage of skilled labor exists.
• business community apathy
• Too much emphasis is placed on the Central Business District instead of the areas with the greatest need for commercial development.
• Some City regulations adversely affect the business community.
• “Nonprofits such as Delaware Technical College take up land, don’t pay taxes, and eradicate businesses.”

Needs
• a City chamber of commerce or a body that provides a strong voice for all business people in Wilmington
• a "city pride campaign"
• a comprehensive design scheme for the development of the area used by Delaware Technical College
• a reduction in the number of two-hour spots within the downtown and an increase in short-term parking
TITLE: Enterprise Community Summit, June 2-4, 1994; Working Draft

AUTHOR: Wilmington Planning Department

DATE: June 1994

SOURCE: City of Wilmington - Wilmington Planning Department

GEOGRAPHICAL AREA:
   Census tracts 1, 6.01, 6.02, 7, 8, 9, 16, 17, 20, 21, 22, 23, and 27 comprise the proposed Enterprise Community.

KINDS OF INFORMATION/DATA USED IN THE STUDY
   • Included in the draft is the input from the various "stakeholder groups" present at the Summit. The data is presented in tabular form and relates what each stakeholder group is "doing now" and "wants to do" in the future relative to various needs and problems in different areas of interest (i.e. housing, poverty, unemployment, etc.). It was from this section of the draft that the various community needs and problems listed below were taken. The "stakeholder groups" for which information is presented include; the Commerce - Regulated Business Group, State and County Government Groups, the Nonprofit/Private Services Community Development Organizations Group, and the Neighborhood Residents and Local Business Group.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
   Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

GENERAL NEEDS
   • interconnected services
   • community resource center
   • need for one-stop shopping (welfare, housing, small business development, day care and career counseling)
   • recognition of cultural diversity
   • partnerships within the community
   • services for the working poor
   • accessibility to funds without bureaucracy

HOUSING PROBLEMS/NEEDS
   • Lack of housing for chronic homeless is a problem.

Needs
   • single room occupancy facilities
   • next step housing
   • alternative sources for rental subsidies
   • an increased supply of affordable and decent housing
   • the development of more partnerships with other institutions
   • additional funding services to help more people/increase the ability of persons to afford housing
   • improved linkages
   • expanded programs and service linkages
   • strengthened housing providers and promote better cooperation
   • comprehensive prevention and abatement programs
   • expansion and promotion of the housing continuum -- prevention, to transitional to permanent
HEALTH CARE PROBLEMS/NEEDS

Problems
- substance abuse
- lack of substance abuse treatment and prevention in the community

Needs
- local rehabilitation facilities
- health care reform

CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Problems
- lack of sufficient neighborhood facilities noted
- lack of supervised, structured leisure activities
- poor academic success/ high school drop-out rate
- school teachers are from outside the community in which they teach

Needs
- more recreation services are needed
- coordination of public education resources
- community-based schools
- schools which are open in the evening and to the needs of the community
- early education programs
- incentives for teachers to teach in the neighborhoods they are from
- changes in the funding process of education so a “first class” education is achievable
- alliances, community-based services and peer leadership to deal with teen pregnancy
- more mentoring and counseling services
- special programming for African American males
- after hours day care (6 p.m. to 2 a.m.)

PARENTING NEEDS
- parenting education
- family counseling
- culturally sensitive parenting programs

EMPLOYMENT PROBLEMS/NEEDS

Problems
- lack of community involvement
- no neighborhood retail businesses

Needs
- the expansion of small businesses, microenterprise opportunities and self-employment programs
- local hiring and training
- business investment in the community; increased support for neighborhood enterprise
- wage jobs, a higher minimum wage
- apprenticeship programs
- work-based learning opportunities
- adult education/GED, and education preparation relevant to current and future job/occupation trends
- summer youth employment
- flexible work schedules
EMPLOYMENT NEEDS (continued)
- long term job opportunities and training for those who cannot afford college
- promote black entrepreneurs

DOMESTIC VIOLENCE ISSUES
- The redefinition of child abuse vs. discipline was noted as something the Neighborhood Residents and Local Business stakeholder group wanted to do.
TITLE: Executive Summary: Client Satisfaction Survey Results

AUTHOR: Division of State Service Centers (DSSC)

DATE: September 1994

SOURCE: Department of Health and Social Services (DHSS)

GEOGRAPHICAL AREA: statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY
• Results of surveys of Delaware State Service Center clients conducted throughout the twelve State Service Centers located in the state. 2467 surveys were distributed out of which 2200 were "usable for analysis".

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT? Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

GENERAL PROBLEMS/NEEDS

Wilmington
• 43.9% of the clients of the Northeast Service Center reported that they use the services of the Division of Social Services (DSS) which are provided at the center. These services include DAST transportation, food stamps, public assistance and medical assistance programs. 13.9% of respondents reported using services of the DSSC which include a car seat loaner program, a Community Resource Assistance Program, and emergency assistance.

• 42.3% of the responding clients of the Porter Center in Wilmington reported using the services of the DSS which at this site include food stamps and public assistance. 18.6% reported they use services of DSSC which include; a car seat loaner program, a Community Resource Assistance Program, an emergency assistance program, transportation to dental appointments for children covered under Medicaid, and blood pressure screening. 17.2% of the respondents reported that there is not enough free parking.

New Castle County
• At the DeLaWarr Service Center, 65.7% of the respondents reported using the services of the DSS, which include public assistance, food stamps and medical assistance programs. 22.6% of the respondents reported that there is not enough free parking at the Center.

• At Belvedere, 14.7% of clients reported using DSSC services provided at the site. Theses services include; a food closet, a car seat loaner program, transportation to dental appointments for children covered under Medicaid, a Community Resource Assistance Program, holiday food baskets, toys for tots, notary public services, and a clothes closet.

• 65.4% of Hudson Center respondents reported use services of the Division of State Service Centers (DSSC) which include (along with some health services); a car seat loaner program, a clothes closet, a Community Resource Assistance Program, an Emergency Assistance Program, and a food closet.

• 13.4% of the respondents from the Hudson State Service Center reported they live more than 10 miles away from the Center (9.7% percent live 11-15 miles; 3.7% live more than 15 miles away).
Executive Summary: Client Satisfaction Survey Results, page 2

GENERAL PROBLEMS/NEEDS (continued)

Kent County

- 21.7% of the users surveyed at the Milford Center used services of DSS, which at this site include long-term care services, home and community-based services and medical assistance programs. 32.3% utilize DSSC services which at this site include a food closet and a Community Resource Assistance program. 23.5% of the client respondents reported there is not enough free parking at the Center.

- 17.8% of the respondents from the Milford State Service Center reported they live more than 10 miles away from the Center (9.8% percent live 11-15 miles; 8.0% live more than 15 miles away).

- At the Williams Center, 16.3% utilized the services of DSS which include food stamps, public assistance, and medical assistance programs. 55.4% said there is not enough free parking at the Center.

- 25.2% of the respondents from the Williams State Service Center reported they live more than 10 miles away from the Center (15.8% percent live 11-15 miles; 9.4% live more than 15 miles away).

Sussex County

- 71.1% of the users surveyed at the Bridgeville Center use the services of DSS which are food stamps, public assistance, medical assistance programs. 24.3% use the services of DSSC which, besides a pharmacy program, include a car seat loaner program, a Community Resource Assistance Program, and transportation services. 19% said there is not enough free parking at the site.

- 79% of those surveyed at the Laurel Center utilize the DSS provided services which are food stamps, public assistance, and medical assistance programs. 10% use DSSC services which include a car seat loaner program, transportation services, a food closet, a Community Resource Assistance Program, and toys for tots. Almost 21% said that there is not enough parking at the Center.

- 38.4% of those surveyed at the Pyle Center reported using DSS services which include food stamps, public assistance, and medical assistance programs. Over 25% said there is not enough free parking at the Center.

- 10.7% of the respondents from the Pyle State Service Center reported they live more than 10 miles away from the Center (9.0% percent live 11-15 miles; 1.7% live more than 15 miles away).

- 46.2% of the clients of the Georgetown Center reported using DSS, including day care services, food stamps, public Assistance, First Step Employment and Training, and medical assistance programs. 19% reported the utilization of DSSC services, which at Georgetown include; a pharmacy program, a car seat loaner program, a Community Resource Assistance Program, an emergency assistance program, and transportation to dental appointments for children covered under Medicaid. 30.6% reported there is not enough parking at the Center site.

- 40.7% of the respondents from the Georgetown State Service Center reported they live more than 10 miles away from the Center (22.5 percent live 11-15 miles; 18.2% live more than 15 miles away).

- No one surveyed at the Shipley State Service Center reported using DSS services.

- 18.4% of the respondents from the Shipley State Service Center reported they live more than 10 miles away from the Center (9.5% percent live 11-15 miles; 8.9% live more than 15 miles away).
GENERAL PROBLEMS/NEEDS (continued)

Statewide

- Nearly one third of all respondents from State Service Centers of all counties reported that they received services from the DSS and one-fifth indicated they use DSSC services. Among those who indicated receiving a second service from State Service Centers, one-quarter of all respondents specified DSS services and 6.4% specified DSSC services. Of the 18 respondents who identified a third service, 33.3% reported receiving DSS services and 16.7% reported using the services of DSSC.

- 15% of respondents statewide must travel 11 or more miles from their home to get to the Service Center. Nine percent of all respondents travel 11-15 miles, 6% travel more than 15 miles.

HEALTH CARE PROBLEMS/NEEDS

Wilmington

- At the Northeast State Service Center, 42.2% of client survey respondents reported using Division of Public Health services. The public health services available there include childbirth education classes, elderly screening, family planning, a prenatal clinic, speech and hearing services, WIC, and a Well Baby/Child clinic.

- At the Porter State Service Center, 38.7% of client survey respondents reported using public health services which include; childbirth education classes, elderly screening, family planning, prenatal care, speech and hearing services, Women, Infants and Children’s Program (WIC), and a Well Baby/Child Clinic. 18.6% also reported using the services of DSSC, some of which are health related.

New Castle County

- At the Belvedere State Service Center, 85.3% of clients surveyed reported using public health services there which include blood pressure screening, a child health, clinic, a dental clinic, and a family planning clinic (which provides services women such as pap tests breast exams, and pregnancy tests), immunizations, speech and hearing services, and WIC.

- 25.8% of client respondents of the DeLaWarr Service Center reported using public health services there which include; a well child clinic, physical examinations, check-ups, immunizations for minor illness, hereditary metabolic disease/newborn screening services, blood tests for newborns, lead poisoning tests, skin testing for TB, pregnancy tests and counseling, blood pressure screening, hemoglobin screening, health education, WIC, nutrition education, a dental clinic and speech and hearing services.

- About 20% of those surveyed at the Hudson service center used public health services there. The health services available are; child health services, HIV/AIDS counseling and testing, nursing services, optometric services, pregnancy testing and counseling, skin testing for TB, and WIC. 65.4% of the Hudson Center users surveyed also reported using DSSC services, among which are a pharmacy program and child health outreach program.
Executive Summary: Client Satisfaction Survey Results, page 4

HEALTH CARE PROBLEMS/NEEDS (continued)

Kent County

The majority of clients at the service centers in Kent utilize the public health services available there.

- 78.3% of the clients of the Williams State Service Center reported using public health services there. Available services are HIV/AIDS Counseling and testing, cancer screening, the services of a medical social worker, psychological services, sanitation staff, blood pressure screening, family planning, glaucoma testing, nutrition, public health nurses, speech and hearing services, women’s health services, and eye, geriatric, dental, chest, well child, crippled children, and STD clinics.

- 44.7% of clients of the Milford Center reported using public health services there. They include; an AIDS surveillance office, blood pressure screening, cancer screening, prenatal care, public health nurse homebound care, pulmonary disease screening and treatment, WIC, and child health, dental, diagnostic, family planning, STD, geriatric health screening, neurology, pediatric, special infant and cardiology clinics. 22% of the clients of the Milford State Service Center also reported using DSS services which include such health and medical related services as long term care services and medical assistance programs.

Sussex County

- At the Bridgeville Center, only 3.9% utilized public health services. The only public health services available there are child related.

- At the Laurel Center, 10.9% of the client survey respondents used the available health services which include blood pressure screening, skin testing for TB, and a well child clinic.

- 24% of the clients surveyed at the Georgetown Center utilized public health services available there. They are HIV/AIDS counseling and testing, family planning, nutrition counseling, psychological counseling, WIC, blood pressure screening, speech and hearing services, nursing home visits, sanitation staff, and cancer, chest, dental, optometric, well child, crippled children’s, STD, and geriatric health screening clinics.

- At the Pyle Center, the majority of clients, 57.3%, reported that they use public health services. The services available at the Pyle Center include; prenatal services, a well child clinic, child immunization, family planning, blood pressure screening, HIV counseling and testing, WIC, nutrition counseling, and flu vaccines.

- 75.4% of the client respondents of the Shipley State Service Center utilized public health services there. Among the available services are; cancer screening, child health, dental health, family planning, blood pressure screening, medical social counseling, nutrition services, skin testing for TB, and WIC.

Statewide

- 43% of all respondents from State Service Centers of all counties reported that they received services from the Division of Public Health (DPH). Among those who indicated receiving a second service from State Service Centers, over two-thirds specified DPH services. Of the 18 respondents who identified a third service, over 44% reported receiving the services of DPH.
LEGAL SERVICES

Sussex County
• 10.6% of the users surveyed at the Georgetown Center utilize probation and parole services offered through the Department of Corrections.
• 15.1% of the clients surveyed at the Shipley State Service Center also use probation and parole services.

BARRIERS TO SERVICE

Wilmington
Northeast Service Center
• 14% of the respondents indicated that the Center is not open late enough.
• 9.4% said there is not enough free parking.
• Over 62% said they would like more services available at the Center.
• Over 62% said they wait longer than 15 minutes in the waiting area.
• Seven percent of the respondents (the highest percentage of all State Service Centers) said that the receptionist at the front desk is not helpful.
• Almost 6% of the respondents said that the waiting area is not pleasant. (The statewide percentage is 5.6%.)

Porter Center
• 13.4% of the respondents from the Center indicated that it is not open late enough.
• 17% of the respondents said there is not enough free parking.
• Almost 70% said they would like more services available at the Center.
• Over 33% said they wait longer than 15 minutes in the waiting area.
• 11% of the respondents said that the waiting area is not pleasant. (The statewide percentage is 5.6%.)
• 5.6% of all respondents (the third highest percentage of all State Service Centers) said that the receptionist at the front desk is not helpful.
• 6% said the Service Center is not clean. (4.8% of respondents statewide said the Center is not clean.)

New Castle County
Belvedere Service Center
• 11.5% of the respondents from the Center indicated that the Center is not open late enough.
• 6% of the respondents said there is not enough free parking.
• Over 56% said they would like more services available at the Center.
• Over 10% said they wait longer than 15 minutes in the waiting area.

DeLaWarr Service Center
• 15% of the respondents from the indicated that it is not open late enough.
• 22.6% of the respondents said there is not enough free parking.
• Almost 74% said they would like more services available at the Center.
• Over 36% said they wait longer than 15 minutes in the waiting area.
• 5.8% of all respondents (the second highest percentage of all State Service Centers) said that the receptionist at the front desk is not helpful.
Executive Summary: Client Satisfaction Survey Results, page 6

BARRIERS TO SERVICE (continued)

New Castle County (continued)
DeLaWarr Service Center (continued)
• Over 7% of the respondents said that the waiting area is not pleasant. (The statewide percentage is 5.6%.)
• Almost 8% said the Service Center is not clean. (4.8% of respondents statewide said the Center is not clean.)

Hudson Service Center
• 9% of the respondents from the Center indicated that the Center is not open late enough.
• Almost 31% of the respondents said there is not enough free parking.
• Over 62% said they would like more services available at the Center.
• Over 34% said they wait longer than 15 minutes in the waiting area.
• Over 6% of the respondents said that the waiting area is not pleasant. (The statewide percentage is 5.6%.)

Kent County
Milford Service Center
• 7.7% of the respondents from the Center indicated that it is not open late enough.
• 23.5% of the respondents said there is not enough free parking.
• Over 66% said they would like more services available at the Center.
• Almost 39% said they wait longer than 15 minutes in the waiting area.

Williams Service Center
• Slightly over 8% of the respondents from the Center indicated that it is not open late enough.
• Over 55% of the respondents said there is not enough free parking.
• Over 60% said they would like more services available at the Center.
• Over 37% said they wait longer than 15 minutes in the waiting area.
• Almost 7% of the respondents said that the waiting area is not pleasant. (The statewide percentage is 5.6%.)

Sussex County
Bridgeville Service Center
• Almost 11% of the respondents from the Center indicated that it is not open late enough.
• 19% of the respondents said there is not enough free parking.
• 59% said they would like more services available at the Center.
• Almost 30% of respondents said they wait longer than 15 minutes in the waiting area.

Georgetown Service Center
• 14.4% of the respondents from the Center indicated that it is not open late enough.
• 50% of the respondents said there is not enough free parking.
• 58% said they would like more services available at the Center.
• Almost 44% of respondents said they wait longer than 15 minutes in the waiting area.
• 4.2% of all respondents (the statewide percentage for all State Service Centers is 2.7%) said that the receptionist at the front desk is not helpful.
• 13% said the Service Center is not clean. (4.8% of respondents statewide said the Center is not clean.)
Executive Summary: Client Satisfaction Survey Results, page 7

BARRIERS TO SERVICE (continued)

Sussex County (continued)
Laurel Service Center
- Almost 8% of the respondents from the Laurel Center indicated that it is not open late enough.
- Almost 21% of the respondents said there is not enough free parking.
- Over 72% said they would like more services available at the Center.
- Almost 43% of respondents said they wait longer than 15 minutes in the waiting area.
- Almost 9% of the respondents said that the waiting area is not pleasant. (The statewide percentage is 5.6%.)
- 5.6% said the Service Center is not clean (4.8% of respondents statewide said the Center is not clean).

Pyle Service Center
- Just under four percent of the respondents from the Center indicated that the Center is not open late enough.
- 25% of the respondents said there is not enough free parking.
- 55.6% said they would like more services available at the Center.
- 23% of respondents said they wait longer than 15 minutes in the waiting area.
- Almost 12% said the Service Center is not clean (4.8% of respondents statewide said the Center is not clean).

Shipley Service Center
- Just over 8% of the client respondents from the Center said that it is not open late enough.
- 59.5% said they would like more services available at the Center.
- Almost 40% of respondents said they wait longer than 15 minutes in the waiting area.

Statewide
- 10.1% of the respondents from State Service Centers in all three counties of Delaware indicated that the State Service Centers in their area are not open late enough for them.
- 25.5% of the respondents said there is not enough free parking.
- 63% said they would like more services available at the Center.
- 36.6% of respondents said they wait longer than 15 minutes in the waiting area.
- 5.6% of the respondents said that the waiting area is not pleasant.
- 4.8% said the Service Center is not clean.
- Almost 3% of the respondents said that the receptionist at the front desk is not helpful.
TITLE: *Impact of a Boys and Girls Club Facility: Component A: Baseline Analysis*

AUTHOR: Tim Barnekov, Steve Peuquet, and Marjorie Eldridge

DATE: August 1992

SOURCE: College of Urban Affairs and Public Policy (CUAPP)

GEOGRAPHICAL AREA:
New Castle County neighborhoods of Brookmont Farms, Greenfield Manor Apartments, Glasgow Pines Trailer Court, Glasgow Pines Homes; Glasgow Pines Townhomes; Glasgow Court Trailer Park

KINDS OF INFORMATION/DATA WAS USED IN THE STUDY
• A mail survey that asked adults about their perceptions of problems with youth within their households and neighborhood as well as the types of Boys & Girl's Club services likely to be used by youth in their household was conducted. 484 surveys were completed through the mail and 69 were completed over the phone.
• interviews with key informants (local community leaders, police officers, school administrators and public officials)
• incidence data on crime, substance abuse, truancy, school dropout, academic failure, and teen pregnancy
• 1990 Census Data

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

GENERAL PROBLEMS/NEEDS
• 18% of respondents among all neighborhoods surveyed cited lack of sufficient food/nutrition as a problem in their neighborhood. The rate cited by individual neighborhoods ranged from 3.8% in Glasgow Pines Homes to 41.5% in Brookmont Farms.

• 4% of respondents among all neighborhoods said that lack of food/nutrition was a problem in their household.

HEALTH CARE PROBLEMS
• 41% of persons in all neighborhoods combined cited alcohol abuse as a problem in their neighborhood; 45.7% cited the "use or sale of illegal drugs" as a problem. <1% of the respondents from all neighborhoods cited the use or sale of drugs as a problem in their household.

• Respondents living in Brookmont Farms cited alcohol abuse and the use and sale of illegal drugs as a problem in their neighborhood most often -- the problem of alcohol abuse was cited by 67% of respondents, the use and sale of illicit drugs was cited by 87.2% of respondents. The rate of citation among the other five neighborhoods surveyed ranged from 26% (Glasgow Pines Trailer Court) to 36.8% (Greenfield Manor) for alcohol abuse and 15.4% (Glasgow Pines Homes) to 45.3% (Glasgow Court Trailer Park).
CHILD/YOUTH POPULATION PROBLEMS
Of the respondents to the survey in all neighborhoods combined when asked about problems associated with youth in their neighborhood:

- 62.4% cited lack of supervision after school [74.5% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 50% (Glasgow Pines Trailer Court) to 61.5% (Glasgow Pines Homes).]

- 61.9% cited vandalism/disorderly conduct [79.8% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 40% (Glasgow Pines Trailer Court) to 59.1% (Glasgow Court Trailer Park).]

- 57.9% cited crimes involving property (burglary, theft) [71.3% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 35.9% (Glasgow Pines Townhomes) to 62% (Glasgow Court Trailer Park).]

- 39.4% cited staying out of school without permission [61.7% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 18% (Glasgow Pines Trailer Court) to 38.5% (Glasgow Pines Townhomes).]

- 37.6% cited teenage pregnancy [64.9% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 22% (Glasgow Pines Trailer Court) to 34.6% (Glasgow Pines Townhomes).]

- 35.8% cited dropping out of school [66% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 15.4% (Glasgow Pines Homes) to 33.6% (Glasgow Court Trailer Park).]

- 33.3% cited gang activity [58.5% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 23.1% (Glasgow Pines Townhomes) to 29.4% (Greenfield Manor).]

- 31.8% cited poor school performance [50% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 18% (Glasgow Pines Trailer Court) to 29.9% (Glasgow Court Trailer Park).]

- 29.7% cited violent criminal behavior [62.8% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 3.8% (Glasgow Pines Homes) to 24.1% (Glasgow Court Trailer Park).]

- 23.4% cited suspension and expulsion from school [46.8% of respondents living in Brookmont Farms indicated this problem. The rate of citation among the other five neighborhoods surveyed ranged from 10% (Glasgow Pines Trailer Court) to 20.4% (Glasgow Court Trailer Park).]

Of the respondents to the survey in all neighborhoods combined when asked about problems associated with youth in their household:

- 9% indicated poor school performance
- "just over" 4% cited lack of supervision after school
- teen pregnancy was cited as a problem in 14% of households headed by a black respondent and 5% of the households headed by a divorced person
EMPLOYMENT PROBLEMS
• 38.5% of respondents in all neighborhoods surveyed cited unemployment among teenagers as a problem. The rate of citation was highest in Brookmont Farms at 66%. The rate of citation among the other five neighborhoods surveyed ranged from 20% in Glasgow Pines Trailer Court to 35.8% in Glasgow Court Trailer Park.

DOMESTIC VIOLENCE PROBLEMS
• 20% of respondents in all neighborhoods surveyed cited "physical or other abuse in the family" as a problem. The rate of citation in Brookmont Farms, 38.3%, was the highest of all neighborhoods surveyed. The rate of citation among the other five neighborhoods ranged from 9% in Glasgow Pines Townhomes to 19.1% in Greenfield Manor.
KINDS OF INFORMATION/DATA USED IN THE STUDY
The report provides an inventory and assessment of existing state funded services for children and their families. It includes information supplied by the Department of Public Instruction, the Department of Health and Social Services, and the Department of Services for Children, Youth and Their Families. The goal of the inventory was to identify service gaps, the general cost of filling them, and "set out a comprehensive strategy for improving the well-being and outcomes for Delaware's children and families".

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
No

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HEALTH CARE PROBLEMS/NEEDS
Prenatal and child health care services in Delaware were examined and the following needs/problems were documented.

- Genetic screening and counseling needs are not being met.

- A capacity gap (where service fails to cover all eligible clients and/or fails to provide the appropriate level of intensity of duration) in pregnancy testing exists, as about 2000 - 4000 more tests per year are needed.

- An eligibility gap, (when services are offered on a more limited eligibility basis than recommended) exists in comprehensive medical/obstetrical care and family planning services.

- A capacity gap/potential missing service exists in intensive services for substance abusing expectant parents.

- An eligibility gap was found in primary health care for children from birth to age five.

- Eligibility gaps exist in; hospital visit services for family assessment at birth, postnatal home visits for family assessment, and periodic screens to prevent disease and disability.

- Capacity gaps exist in services which would provide for the early identification of children with disabilities as well as in intervention services for children with disabilities and for children at risk of developmental delay.

- Eligibility gaps were found in primary health care services and in the availability of periodic screens to prevent disease and disability for children ages 6 to 11 and their families. The same gap was found for primary health care services and the availability of period screens for adolescents age 12 - 18.
DISABLED POPULATION NEEDS/PROBLEMS
- A capacity gap was found in vocational training services for special populations and in independent living services for special populations, especially in; apartment and group living, employment and training programs, and the Division of the Visually Impaired's training program.

CHILD/YOUTH POPULATION NEEDS/PROBLEMS
- Capacity gaps were identified in the provision of supports for families with children in day care for children from birth to age five. Also for these children, there is a capacity gap in Head Start services.

- For children ages 6 - 11, a capacity gap was found in elementary school counseling services, in school-based prevention programs and community service programs for children. Capacity gaps also exist in after school care, community-based educational support programs, community-based prevention programs and in-school programs for disruptive children.

- For adolescents ages 12 - 18 and their families, the study reported capacity gaps in secondary school counseling, school-based prevention programs, community service programs, community-based educational support programs, community-based prevention programs, in-school programs for disruptive children, and alternative education programs. For these adolescents, an eligibility gap was also found in school-based Wellness Centers, in that they are currently provided only in targeted communities.

- Compensatory education (or educational support services beyond those available in the classroom) was identified as a missing service.

PARENTING NEEDS/PROBLEMS
- For children birth to age five, there is a capacity gap in preparation for parenting, and outreach to expectant parents. A capacity gap is present in "preparation for parenting" services available in settings where low-income teenagers and single individuals feel comfortable.

- For children ages 6 - 11, there was an apparent capacity gap in parent education, in that it is provided only to targeted high risk groups.

- For adolescents ages 12 - 18, gaps in service exist in parent education (as parent education coverage is not universal) and in the absence of intensive supports for multiple risk teenage parents.

- A capacity gap exists in the determination of paternity and in parent education/parent support services.

- Missing services for parents/families were documented as being family support centers and intensive, long-term family development supports for families with multiple risks.

BARRIERS TO SERVICE
- Services offered by the State "are organized according to narrow, discretely defined problems, such that a family with multiple needs has to navigate through a complicated mix of agencies and programs".

- Programs have "rigid eligibility criteria" which "leads to duplicative (and often inconsistent) intake and case processing procedures".
BARRIERS TO SERVICE (continued)

- "Families must establish relationships with new workers each time they access a service funded by a different source. ...existing service delivery systems have rigid, narrow, and fragmented approaches to helping families."

SYSTEMIC SUPPLY OF SERVICES

- An inventory of existing State funded services for children and their families is included in Part II of the report. It includes information supplied by the Department of Public Instruction, the Department of Health and Social Services, and the Department of Services for Children, Youth and Their Families. The inventory "is a snapshot of services offered by the three major child-serving departments during State fiscal year 1993, which includes the period July 1992 through June 1993. It contains more than 200 State supported services operated by 12 divisions of State government." The inventory does not include services offered by departments other than those listed above.
TITLE: *Insight Delaware: Findings from the Demographic, Economic, and Survey Research*

AUTHOR: James Bell Associates, Inc.

DATE: 1990

SOURCE: United Way

GEOGRAPHICAL AREA: Statewide

KINDS OF INFORMATION/DATA USED IN THE STUDY
- results of a household mail survey
- results of a survey of community leaders
- results of a survey of service providers
- economic trends and analysis
- Delaware demographic research and analysis
- examination of documents with relevant findings about needs in Delaware

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING NEEDS/PROBLEMS

Identified in the household survey
- 17.4% of all survey respondents identified housing as a problem in their area. 6% of survey respondents said housing was a problem in their home and of those who cited problems, 9.9% identified housing issues as the "most important" problem in their home. 26% of low/moderate income survey respondents cited housing problems in their area and 14% of low/moderate income survey respondents cited housing problems in their home.

Identified in the survey of community leaders
- 9 4.7% of the respondents cited housing as a problem. Housing ranked second among the "most important problems" as 15.6% of the community leaders said housing was the most important problem in their area.

Identified in the demographic analysis
- Predicted increases in the overall population and the number of single person households in the future will result in the need for more housing.

GENERAL NEEDS

Identified in the household survey
- Water, air, and noise pollution were cited as a problem in their area by 31% of the respondents. Pollution ranked second among the "most important" area problems. 17.7% of the respondents who cited problems identified pollution as the most important area problem.

- Insufficient programs or places for recreation or cultural activities was cited as a problem in their area by 23% of respondents.
GENERAL NEEDS (continued)

Identified in the household survey (continued)

- Poor public transportation was cited as a problem in their area by 28% of the respondents. It ranked third among the "most important" problems cited, as 10.5% of respondents identified it as the most important problem. There were two subgroups of the overall respondent population who viewed transportation as a larger problem. 49% of all respondents in Kent County and 32% of all low to moderate income households identified transportation as a problem in their area.

- 22% of the respondents cited crime as an important problem in their area.

- 7% of household survey respondents cited poverty as a problem in their home; 12.5% of the respondents who cited problems said poverty was the "most important" problem at home.

Identified in the community leader survey

- 93.3% of the community leader respondents cited poverty, or being too poor for basic needs such as food, clothing or a place to live as a problem in their area. Poverty ranked third as the "most important" problem as 14.1% of the community leaders cited it as the "most important" problem.

Identified in the demographic analysis

- Expected changes in the composition of Delaware's population [a greater increase in non-whites, (who typically have a higher poverty rate and less stable family structure) than in whites and "a general aging of the population"] will result, it is predicted, in a larger demand for health and human services.

HEALTH CARE PROBLEMS/NEEDS

Identified in the household survey

- 22% of respondents cited alcohol as a problem in their area; 2.5% said alcohol abuse was a problem in their home.

- 10.1% of all respondents indicated that medical care (including health insurance and the availability of doctors) was a problem in their home; 24.2% of those who identified problems cited medical care problems as the "most important problem" in their home. 23% of the low/moderate income population cited medical care as a problem in their home. Medical care was also ranked as the "most important problem" by this same population group.

- Drug abuse was the most frequently cited (identified by 33% of the household survey respondents), and ranked first among the "most important" problems (26% of those rating a "most important problem" rated drug abuse as being most important.) Surprisingly, only 1.4% of the respondents said drug abuse was a problem at home.

- 7% of household survey respondents said that mental illness was a problem in their home; 11.2% identified mental illness as the "most important problem" in their home. 9% of low/moderate survey respondents identified mental illness as a problem in their home.
HEALTH CARE PROBLEMS/NEEDS (continued)

Identified in the community leaders survey
• Almost 99% of community leader survey respondents identified drug abuse as a serious problem in their area. Drug abuse was seen as the "most important" problem by 28.3% of the respondents.

• 98.6% of the respondents identified alcohol problems in the area as moderate to very serious.

• 95% of the community leaders surveyed cited public health, including communicable diseases such as AIDS and venereal disease, as a moderate to very serious problems.

Identified in the demographic analysis
• See above section on "general needs"

SENIOR POPULATION NEEDS/PROBLEMS

Identified in the household survey
• 19% of the respondents cited problems facing the elderly as a problem in their area.

• 3.3% of the survey respondents identified problems facing the elderly as a problem in their home; 7.6% of the respondents cited problems facing the elderly as "the most important problem" in their home. 4.6% of the low/moderate income household respondents identified elderly care as a problem in their home.

Identified in the demographic analysis
• See above section on "general needs"

DISABLED POPULATION NEEDS/PROBLEMS

• 2% of all household survey respondents said problems facing people with disabilities exists in their home; 4.1% identified it as the most important problem in their home. 3.8% of low/moderate household survey respondents said care for disabled people was a problem in their home.

CHILD/YOUTH POPULATION NEEDS/PROBLEMS

Identified in the household survey
• 18% of the household survey respondents cited problems with child care as a problem in their area; 3.9% cited it as a problem in their home. 15% of low/moderate income respondents cited child care as a problem in their area; only 7% said it was a problem in their home.

• 16% of all survey respondents and low/moderate survey respondents said problems facing youth exists in their area; less than 2% identified this as a problem at home. 3.4% of low/moderate income household respondents identified problems facing youth as a problem in their home.

Identified in the survey of community leaders
• 96% of the respondents to the survey identified problems facing youth, i.e. leaving school, running away from home, or becoming pregnant as a "moderate " to "very serious" problem.

• 92.5% of respondents said child care when parents go to work or school was also a problem in their area.
CHILD/YOUTH POPULATION NEEDS/PROBLEMS (continued)

Identified in the demographic analysis
- Predicted continued high levels of female participation in the labor force is expected to continue the high demand for child care services.

EMPLOYMENT NEEDS
- 9% of household survey respondents cited unemployment as a problem in their area. 4% identified unemployment as a problem in their home; 9% identified it as the "most important problem" in their home. 15% of low/moderate income household respondents cited unemployment as a problem in their area; 8.4% cited it as a problem in their home.

DOMESTIC VIOLENCE

Identified in the household survey
- 8.6% of the survey respondents said that family violence was a problem in their area, but only 1% cited family violence as a problem in their home. 9.6% of low/moderate income household respondents cited family violence as a problem in their area; 1.6% cited it as a problem in their home.

Identified in the survey of community leaders
- Family violence (child and adult abuse) was cited as a "moderate" to "very serious" problem by 91% of the respondents.

LEGAL SERVICES

Identified in the household survey
- 5% of all household survey respondents said that obtaining legal services was a problem in their area.

Identified in the survey of community leaders
- Although, it was not among the problems cited most often by all community leaders, 59% of the respondents to the community leader survey did say that legal services are an important community need.

BARRIERS TO SERVICE

Identified in the household survey
- 35% of the respondents who cited problems in their homes believe there are problems in getting the help they need. Households with annual incomes that range form $10,000 to $19,999 are more likely to cite barriers (45%) as are households with a disabled member (48%). Households receiving public assistance identified significantly more barriers than those not receiving assistance.

The most frequently cited barriers:
- lack of knowledge of how to locate services (cited by 16% of the respondents who identified a problem in their home)
- inability to pay fees (cited by 13% of the respondents)
- lack of knowledge about the availability of services (cited by 12% of the respondents who identified a problem in their home)
BARRIERS TO SERVICE (continued)

Identified in the community leaders survey
The following 4 barriers were identified by 1/2 to 3/4 of community leaders:
- lack of knowledge about availability of services (identified by 78% of the respondents)
- lack of transportation (identified by 64% of the respondents)
- lack of knowledge about how to locate services (identified by 61% of the respondents)
- inability to pay fees (identified by 56% of the respondents)

Identified in the survey of service providers
- Lack of knowledge about the availability of services was cited by 69% of the service provider respondents. It was also ranked as the "most important" barrier most often (39% of the respondents identified this barrier as the most important).
- Lack of transportation was cited by 50% of the respondents as a barrier to service; 20% identified lack of transportation as the "most Important" barrier.
- Lack of knowledge about how to locate services was the third most cited barrier by service provider respondents (identified by 39% of the respondents).

INDICATORS OF DEMAND FOR SERVICES EXAMINED
- economic analysis of state
- analysis of historical demographic changes and future projections
- responses from various surveys

SYSTEMIC SUPPLY OF SERVICES

An inventory of services available throughout the state is included in the Insight Delaware reports series. One report that is part of the series provides profiles on the service agencies of United Way. In addition, the survey of community leaders and service providers also touched on the systemic supply of services. Results from the part of these surveys pertaining to services is described below.

Identified in the survey of community leaders
Community leaders were asked to rate the match between supply and demand for 62 individual services on a five point scale. Overall 37 services received a designation by at least one community leader as the "most important" supply/demand mismatch.

- The two highest rated undersupplied services indicated were low-income housing and emergency housing. Low income housing was also ranked first by most respondents (17%) as the "most important" supply/demand imbalance.
- Inpatient and outpatient drug abuse treatment and substance abuse prevention were also rated high as undersupplied services. Substance abuse was ranked as the "most important" problem by 12% of the respondents and was the second most often cited "most important" problem.
- Some child services (day care for infants, youth delinquency services, and teen pregnancy services) were also rated high in terms of undersupply.
- Outpatient and inpatient alcohol abuse treatment were also viewed by community leaders as undersupplied relative to need.
SYSTEMIC SUPPLY OF SERVICES (continued)

Community leaders were also asked to identify specific issues that they thought most seriously affected service delivery.

- The most often cited service delivery concern was insufficient or restrictive funding which was identified by almost 62% of the community leader respondents.

- Staffing problems, high staff turnover and lack of qualified/experienced staff were cited second and third most often as issues of concern (58% of respondents expressed high staff turnover as a concern, 56% identified lack of qualified/experienced staff as a concern).

- Regulations and requirements were also cited often as issues of service delivery concern. 55% if the respondents cited client eligibility requirements as a concern, and 51% cited differences in funding source eligibility requirements as a concern.

- 49% of the community leaders identified lack of joint planning among agencies as a service delivery issue.

Identified in the survey of service providers
Service providers were asked to rate on a five point scale the match between supply and demand for services they provide.

- Shelter-related service mismatches were indicated. Among the four highest rated mismatches were utility assistance, low-income housing, and housing counseling.

- Financial assistance was rated as the second most undersupplied service.

Service providers were also asked to identify specific issues that they thought most seriously affected service delivery.

- The most often cited service delivery concern was insufficient or restrictive funding which was identified by over 58% of the service provider respondents.

- The second most often cited service delivery concern was lack of qualified/experienced staff which was cited by 38% of service provider respondents.

- 33% if the respondents indicated lack of space restrained service delivery. This was the third most often cited service delivery concern among service providers.

Responses from respondents to the Insight Delaware household survey living in low- to moderate-income households were analyzed separately from the total population surveyed by the Delaware Department of Health and Social Services. The percentages of respondents who identified certain neighborhood or immediate area problems and those who identified certain home problems from lists are shown on the following pages. Some of the problems included in the list from which persons were asked to choose area problems were not included in the list of home problems. This is indicated as not included when applicable.
Responses to the Insight Delaware survey questions by respondents from low to moderate income households.

<table>
<thead>
<tr>
<th>PROBLEMS/NEEDS</th>
<th>% OF RESPONDENTS WHO IDENTIFIED THE PROBLEM IN THEIR AREA</th>
<th>% OF RESPONDENTS WHO IDENTIFIED THE PROBLEM IN THEIR HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Housing (in bad condition, too crowded or too expensive)</td>
<td>26.3</td>
<td>14.1</td>
</tr>
<tr>
<td>General</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not enough programs or places for recreation or cultural activities.</td>
<td>27.1</td>
<td>not included</td>
</tr>
<tr>
<td>Inadequate services (public services, i.e. water, sewer, rescue services)</td>
<td>8.4</td>
<td>not included</td>
</tr>
<tr>
<td>Pollution (water, air, noise)</td>
<td>30.1</td>
<td>not included</td>
</tr>
<tr>
<td>Transportation</td>
<td>32.7</td>
<td>not included</td>
</tr>
<tr>
<td>Poverty (not having enough money for food, clothes, or housing)</td>
<td>20.7</td>
<td>20.3</td>
</tr>
<tr>
<td>Discrimination</td>
<td>12.0</td>
<td>not included</td>
</tr>
<tr>
<td>English language</td>
<td>3.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Illiteracy -- problems reading or writing</td>
<td>8.4</td>
<td>1.8</td>
</tr>
<tr>
<td>Crime</td>
<td>24.3</td>
<td>not included</td>
</tr>
<tr>
<td>Health Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical care problems like health insurance or finding doctors. (this particular problem in the list of home problems also includes &quot;difficulty getting care or medicine&quot;)</td>
<td>17.9</td>
<td>22.5</td>
</tr>
<tr>
<td>Mental illness or emotional problems.</td>
<td>9.8</td>
<td>9.0</td>
</tr>
<tr>
<td>Alcohol problems</td>
<td>27.7</td>
<td>4.6</td>
</tr>
<tr>
<td>Drug abuse</td>
<td>37.6</td>
<td>1.8</td>
</tr>
<tr>
<td>Public health including communicable diseases, like AIDS and venereal diseases.</td>
<td>12.7</td>
<td>not included</td>
</tr>
</tbody>
</table>
Responses to the Insight Delaware survey questions by respondents from low to moderate income households (continued)

<table>
<thead>
<tr>
<th>PROBLEMS/NEEDS</th>
<th>% OF RESPONDENTS WHO IDENTIFIED THE PROBLEM IN THEIR AREA</th>
<th>% OF RESPONDENTS WHO IDENTIFIED THE PROBLEM IN THEIR HOME</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Child/Youth Problems</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Child care when parents work or go to school.</td>
<td>15.3</td>
<td>7.0</td>
</tr>
<tr>
<td>Problems with youth, like leaving school, running away from home or becoming pregnant.</td>
<td>16.5</td>
<td>3.4</td>
</tr>
<tr>
<td><strong>Senior Citizens</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems facing older people, like housekeeping or home health care.</td>
<td>23.3</td>
<td>4.6</td>
</tr>
<tr>
<td><strong>Disabled Persons</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems facing disabled people, like housekeeping or home health care.</td>
<td>13.7</td>
<td>3.8</td>
</tr>
<tr>
<td><strong>Domestic Violence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Family violence like abusing children or adults. (In the list of home problems, this problems was listed as &quot;family conflict&quot; and described as &quot;a large number of family fights which are sometimes violent&quot;).</td>
<td>9.6</td>
<td>1.6</td>
</tr>
<tr>
<td><strong>Employment</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with unemployment</td>
<td>15.1</td>
<td>8.4</td>
</tr>
<tr>
<td><strong>Legal Services</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Problems with legal services.</td>
<td>9.2</td>
<td>not included</td>
</tr>
</tbody>
</table>
Responses of respondents from households with incomes below 200% of the poverty level regarding reasons for not getting help were also analyzed separately from the total population surveyed. The following table shows the percentage of respondents who identified a particular reason for not getting help.

<table>
<thead>
<tr>
<th>REASON FOR NOT GETTING HELP</th>
<th>% OF RESPONDENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Didn’t think help was available.</td>
<td>8.0</td>
</tr>
<tr>
<td>Didn’t want anyone to know about the problem.</td>
<td>4.8</td>
</tr>
<tr>
<td>Didn’t want to go to outsiders for help.</td>
<td>3.4</td>
</tr>
<tr>
<td>Didn’t know who to ask or where to look for help.</td>
<td>10.6</td>
</tr>
<tr>
<td>Couldn’t speak or understand English well enough.</td>
<td>0.4</td>
</tr>
<tr>
<td>Didn’t like what was offered.</td>
<td>2.2</td>
</tr>
<tr>
<td>Didn’t think services would help.</td>
<td>3.6</td>
</tr>
<tr>
<td>Thought agency staff was unpleasant.</td>
<td>3.2</td>
</tr>
<tr>
<td>Couldn’t pay for it.</td>
<td>9.6</td>
</tr>
<tr>
<td>Too hard to get there.</td>
<td>3.0</td>
</tr>
<tr>
<td>Didn’t have someone to leave my children with to go there.</td>
<td>1.2</td>
</tr>
<tr>
<td>Physical handicap makes it hard to get there or get inside.</td>
<td>1.6</td>
</tr>
<tr>
<td>The hours were not good for me.</td>
<td>2.4</td>
</tr>
</tbody>
</table>
TITLE: Reports; NCCCP Local Coalitions' Household Survey Summaries (Individual reports on the surveys conducted in New Castle County by local coalitions working in conjunction with NCCCP include: Report; Middletown/Odessa/Townsend Coalition, Household Survey Summary; Report; Coalition for the Northeast Community, Household Survey Summary; Report; North Wilmington Neighborhood Network, Household Survey Summary; and Report; Rosehill Community Coalition, Household Survey Summary)

AUTHOR: New Castle County Community Partnership (NCCCP)

DATE: June 1993

SOURCE: NCCCP

GEOGRAPHICAL AREA: Middletown/Odessa/Townsend, areas of northern Wilmington, and the Rosehill Community; see attached maps

KINDS OF INFORMATION/DATA USED IN THE STUDY
• household survey; face to face interviews of persons in the community
• survey of 8th and 12th graders in schools statewide
• survey of 9th and 11th graders in New Castle County schools
• select demographics of the survey area

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
Yes

PROBLEMS ADDRESSED IN THE STUDY

GENERAL PROBLEMS

Middletown/Odessa/Townsend
• "Cars, traffic, and noise" were cited most often (by 24% of the respondents) as among the biggest problems in the neighborhood.

Northeast Wilmington
• "Cars, traffic and noise" were cited by 29% of the respondents as among the biggest problems in the neighborhood

North Wilmington
• "Cars, traffic, and noise" were cited most often (by 19% of the respondents) as among the biggest problems in the neighborhood.

Rosehill Community
• "Cars, traffic, and noise" were cited as among the biggest problems of the neighborhood by 17% of the respondents.

HEALTH CARE PROBLEMS

Middletown/Odessa/Townsend
• 63% of survey respondents saw alcohol as a problem in the County; 33% said it is a very serious problem. 15% cited alcohol as a problem in their neighborhood.
HEALTH CARE PROBLEMS (continued)

Middletown/Odessa/Townsend (continued)
• 73% of the respondents said drugs are a problem in the County; 57% said it was a very serious problem. 19% said there is a drug problem in their neighborhood. Crack and cocaine were seen as problem drugs. 7% said drugs were more of a problem in the recent year, 1% said drugs were less of a problem, and 10% said the problem is about the same as it was a year ago.

Northeast Wilmington
• 48% of survey respondents saw alcohol as a problem in the County; 35% said it is a very serious problem. 38% cited alcohol as a problem in their neighborhood; 20% said it is a very serious problem.

• 85% of the respondents said drugs are a problem in the County; 77% said it was a very serious problem. 61% said there is a drug problem in their neighborhood, 49% said it was a very serious problem. 29% said that crack is a problem; 28% said cocaine is a problem. 32% said drugs were more of a problem in the recent year, 6% said drugs were less of a problem, and 23% said the problem is about the same as it was a year ago.

North Wilmington
• 51% of survey respondents saw alcohol as a problem in the County; 27% said it is a very serious problem. 14% cited alcohol as a problem in their neighborhood.

• 66% of the respondents said drugs are a problem in the County; 50% said it was a very serious problem. 20% said there is a drug problem in their neighborhood. 6% said drugs were more of a problem in the recent year, 1% said drugs were less of a problem, and 13% said the problem is about the same as it was a year ago.

Rosehill Community
• 46% of survey respondents saw alcohol as a problem in the County; 29% said it is a very serious problem. 23% cited alcohol as a problem in their neighborhood; 12% said it was a very serious problem.

• 69% of the respondents said drugs are a problem in the County; 49% said it was a very serious problem. 22% said there is a drug problem in their neighborhood; 12% said it is a very serious problem.

CHILD/YOUTH POPULATION PROBLEMS

Middletown/Odessa/Townsend
• 14% of the respondents reported that teens, kids, juveniles was one of the biggest problems in the neighborhood.

Northeast Wilmington
• 27% of the respondents reported that teens, kids, juveniles was one of the biggest problems in the neighborhood.

North Wilmington
• 13% of the respondents reported that teens, kids, juveniles was one of the biggest problems in the neighborhood.
CHILD/YOUTH POPULATION PROBLEMS (continued)

Rosehill Community
- 14% of the respondents reported that teens, kids, juveniles was one of the biggest problems in the neighborhood.

School surveys findings exhibited in the report show that:
In Delaware in the 1991/1992 academic year
- 10% of 8th graders and 15% of 11th graders reported they smoke cigarettes daily.
- 47% of 11th graders and 28% of 8th graders reported they used alcohol monthly.
- 12% of 11th graders and 5% of 8th graders said they use marijuana monthly.

In New Castle County in the fall of 1992:
- 1 out of 6 students said think a parent has had a problem with drugs and alcohol in the past five years.
- 31% of 11th grade males reported they have driven after drinking; 23% of females reported they have driven after drinking.
- 10% of 8th graders smoke daily.
- 15% of 11th graders smoke daily.
- 25% of 11th grade males usually drink five or more drinks in a row.
- 12% of 11th grade females usually drink five or more drinks in a row.
TITLE: SAFE Communities; Meeting Agenda & Information Packet

AUTHOR:

DATE: April 1994

SOURCE: Public Safety Building, Dover Delaware

GEOGRAPHICAL AREA:
Seven communities in Sussex Co.; Coverdale Crossroads; West Rehoboth; Martin’s Swamp; Twin Cedars; Shockleytown; Pepper Ridge and The Hole.

KINDS OF INFORMATION/DATA USED IN THE STUDY
- incidence data (crime and drug statistics)
- 1990 Census of the Population statistics

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
No

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING PROBLEMS
- Most of the housing units in the area under study do not meet health codes.

GENERAL PROBLEMS/NEEDS
- The poverty rate in the target area is 39%, compared with 10.7% in Sussex and 8.7% in the State.

- The median household income in these areas is $13,493, compared to $26,904 in Sussex and $34,875 in the State. 17.5% of the households in the target area earn less than $5,000 annually.

- The educational attainment of persons over the age of 25 in the area of study is far lower than that of similar persons in Sussex County and across the State. In the target areas, 12% of persons over 25 years of age have less than a 9th grade education as compared to 11% in Sussex County and 7.2% across the state. 44% of persons over 25 years of age have no high school diploma in the area under study compared to 19% of persons in Sussex County and 15.2% of persons throughout the State.

- There is a need for community involvement.

HEALTH CARE PROBLEMS
- Drug abuse is a problem in the area. Residents in the target communities are 12 times more likely to be in the presence of drug activity than other residents of Sussex County. The total population in the target areas represent 1.7% of the total population of Sussex County. 22% of all Sussex County drug complaints come from the target area.

EMPLOYMENT PROBLEMS/NEEDS
- The unemployment rate in the target area is 20%; compared with 4.1% in Sussex County and 4% in the State. There is a need for jobs.
KINDS OF INFORMATION/DATA USED IN THE STUDY
This document is a grant application and comprehensive state plan which refers to problems within the Delaware juvenile justice system and among the states' youth. It lists the programs the Criminal Justice Council plans to implement beginning 1994 and ending in 1996 to address the identified problems. Specific types of information used throughout the document include Delaware statistics on;

- juvenile arrests (violent and other crimes)
- juvenile delinquency filings
- juvenile detention
- juvenile demographics
- teen unemployment
- child abuse and neglect
- juvenile victims of sexual offenses
- student conduct in Delaware schools
- youth substance abuse and mental health

Statistics were obtained from the Delaware Statistics Analysis Center, Delaware Department of Youth Rehabilitative Services, the Delaware Population Consortium, the Delaware Department of Labor, Division of Child Protective Services, the Delaware Department of Public Instruction, and a report by the U.S. Department of Justice.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
No

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HEALTH CARE NEEDS/PROBLEMS
- The document notes statistics from several school surveys which assessed use of alcohol, drugs, and tobacco, sexual activity, and the emotional and mental well being among/of the states' youth. The strategic plan of the Delaware Department of Services for Children, Youth, and Families is quoted to report that 12% of Delaware's child population are seriously mentally or emotionally disturbed.

CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Problems
- a high rate of juvenile confinement in detention and correctional facilities
- disproportionate number of confined juvenile minorities
- an increase in recent years in reported incidents and validated reports of child abuse, neglect, or dependency, substance abuse, and poor mental health
CHILD/YOUTH POPULATION PROBLEMS/NEEDS

Needs
- culturally relevant programming for minority youth
- "creative prevention approaches" so that chronic forms of the many social problems noted above can be addressed

EMPLOYMENT NEEDS
- The "Application and Plan" displays that in 1993 unemployment rates for black teens was 37%; the unemployment rate for "other" teens was 64%.

DOMESTIC VIOLENCE
- As noted above, child abuse, neglect and/or dependency was reported to be a growing problem among Delaware youth. The "Application and Plan" documents that in FY90 there were 3,746 reported incidents of abuse, neglect or dependency statewide; 1,673 of which were validated reports. In FY93, there were 4,541 reported incidents of which 1,786 were validated." From 1990 to 1993, validated reports classified as "neglect/dependency", as a percentage of all validated reports, decreased markedly, while those classified as "adolescent problems" increased.

VICTIMS' ASSISTANCE
- Mention is made in the "FY 1994-1996 Program Plan" section of the document under "alternatives to incarceration" of programs in the state which will facilitate negotiations between victims and offenders of juvenile crime.

BARRIERS TO SERVICE
- In the document, it was noted that better coordination within the juvenile justice system is necessary as is the need to "address identified critical skill deficit areas for all Delaware Department of Youth Rehabilitative Services staff.

SYSTEMIC SUPPLY OF SERVICES
- An inventory of services provided by certain departments of the state Juvenile Justice System was included in the report. The "Juvenile Crime Analysis" section of the document presents data on and descriptions of the "structure and function of the juvenile justice system". It describes various aspects of "Law Enforcement", "Juvenile Detention", "Family Court", the "Juvenile Corrections Service Continuum", the "Child Mental Health Service Continuum", and the "Family Services Continuum".
KINDS OF INFORMATION/DATA USED IN THE STUDY

- Delaware "state profile" comprised of data from the 1990 Census of the Population and other state statistics. The profile provides information on; demographics, low-income and racial/ethnic concentrations in the state, employment, labor force, wages, income, poverty characteristics, the educational attainment of Delaware residents, housing stock and production in the state, housing costs and affordability, and infrastructure limitations.

- An inventory of Delaware facilities and services for variously characterized groups of persons in need of housing/housing assistance.

- Minutes from the state established "CHAS Advisory Group" composed of representatives from; local governments (including New Castle County, the City of Wilmington, and the City of Dover), social service agencies, private nonprofit organizations, nonprofit and for-profit developers and other special interests groups.

- A summary of citizen comments on the completed CHAS.

- Priority analysis, strategy development, and strategy implementation are the specific components addressed in the development of the one-year strategy and plan for affordable housing which is the thrust of this document.

IS THE DATA/STUDY REPRESENTATIVE OF COMMUNITY INPUT?
The advisory groups minutes included in the document represent some community input. The document also notes that citizens were given an opportunity to comment on the draft State FY94 CHAS as public hearings were held to discuss the housing needs to be addressed in the CHAS, and copies of the draft CHAS were distributed to local governments, housing service providers and public libraries. A summary of all public comments is included in the document and was submitted to the U.S. Department of Housing and Urban Development (HUD) with the final state FY94 CHAS.

PROBLEMS/NEEDS ADDRESSED IN THE STUDY

HOUSING PROBLEMS/NEEDS

Rental housing problems/needs identified in the Needs Assessment section

- There are almost 40,000 renter households in Delaware earning less than 80% of median family income for their area. Of this total, slightly over 24,000 (approximately 61%) have incomes less than 50% of the median for their area, and "roughly 70% of them are having a housing problem related to overpayment and/or substandard conditions".
HOUSING PROBLEMS/NEEDS (continued)

Rental housing problems/needs identified in the Needs Assessment section (continued)

- The current need for subsidized housing for very low income households (incomes less than 50% of the median for the area) is estimated in the report to be at least 12,000 additional units of rental assistance or rental housing. At least 75% of the need exists among families, especially single female heads of households with children. In addition, the majority of need (71%) is in the most densely area of the state, New Castle County.

- More than 24,000 additional units of rental assistance or rental housing would be needed when households with incomes between 51% and 80% of the area median are considered along with households whose incomes are below 50% of the median.

- 30% of renter households in New Castle County, 31% in Kent County, and 33% in Sussex County pay 30% or more of their gross monthly income for gross rent.

First-time homebuyers problems/needs identified in the Needs Assessment section

- At least 77% of the Delaware renters could not afford the monthly costs on the median priced home in their county of residence using conventional Delaware State Housing Authority (DSHA) financing. The availability of quality homes in a lower price range could help alleviate this problem.

- Only 42% of the existing, owner-occupied housing units in New Castle County could be sold at a price affordable to the approximately 80% of renters in the area who could afford monthly housing costs between $250 and $749. Shortages of affordable units for the same population groups are not as severe in Kent and Sussex Counties. A "significant percentage" of housing units would be affordable to the approximately 74% of renters in Kent County, and 68% of units in Sussex County would be affordable to the 56% of renters there who could afford monthly housing costs between $250 and $749.

- The document projects that 4,650 households will need assistance to become first-time homebuyers over the next five years; 950 of these will be low income.

Housing rehabilitation problems/needs identified in the Needs Assessment section

- An estimated 22,000 units are substandard statewide; 14,000 of which are located in Kent and Sussex Counties.

- 1,000 units of substandard housing owned or rented by low-income families will need to be rehabilitated over the next five years to maintain the existing housing stock in standard condition.

- Roughly 23% of all Delaware households are either residing in substandard housing or units that they cannot afford.

Homelessness problems/needs identified in the Needs Assessment section

- 60% of the persons seeking shelter in 1992 could not be accommodated by service providers because of lack of room.

- "Statewide, there is an insufficient amount of bed space in emergency shelters, and not enough transitional housing services to assist the homeless into permanent housing."

HOUSING PROBLEMS/NEEDS (continued)

Homelessness problems/needs identified in the Needs Assessment section (continued)

- New Castle County had the largest homeless population of the three state counties from the period 1990-1992.

- The homeless service providers supported by the Department of Health and Social Services, Office of Community Services, reported that 42-44% of the homeless sheltered from 1990 to 1992 were children.

- The number of households leaving a shelter for another shelter in Delaware rose 16% from 1991 to 1992. The number of households leaving a shelter for a motel room in Delaware rose by 80% over the same time period. The number of households that went into transitional housing stayed the same.

- Three shelter sites in Kent County fared the worst in terms of persons leaving for unstable shelter (another shelter, a motel room, or "unknown arrangements"). 40% of households in the state who went from a shelter to unstable conditions were in Kent County.

- The primary needs of persons threatened with homelessness are financial support during periods of economic crisis and counseling to reduce the cost burden of housing exceeding 30% of median income.

Problems/needs of special population groups identified in the Needs Assessment section

The CHAS reports that statewide, supportive housing is needed for:

- 3,400 farmworker households
- 2,500 elderly households (1,200 units for the frail elderly and 1,300 units for the elderly)
- 1,664 households with mentally ill persons
- 600 households with physically disabled persons
- 332 households with mentally retarded person
- 307 visually disabled households
- 55 households with victims of AIDS

Needs noted in the Summary of Citizen Comments

- alternative forms of home ownership, such as multi-family cooperatives or condominiums, for low- and very-low income families

- increased accessibility to rental assistance programs by mentally retarded citizens, as well as other housing options for this population besides group homes, emergency shelters and transitional housing

- adequately zoned land for affordable housing that is problem free, has access to public water and sewer, and is in close proximity to services

- appropriate services to aid persons resolve problems and secure housing

- a repeated field survey of substandard housing (The State responded that they plan to conduct this survey in the coming year.)

86
HOUSING PROBLEMS/NEEDS (continued)

Problems/Needs noted in the Summary of State CHAS Advisory Group Meetings

- Substandard housing is a problem.

- Low-income rental housing and the maintenance of the low-income housing that is available is needed.

- An insufficient numbers of emergency shelters, transitional housing and low-rent housing in Sussex County exists.

- Transitional housing is also desperately needed in Kent County.

- Permanent, affordable housing is needed with services being more or less transitional.

- Supportive services, housing counseling, and security deposits are needed for persons in shelters; coordination between shelters in these areas is also needed.

- Case management is needed for those in emergency shelters and transitional housing.

- Funding is needed for programs that "aim at helping families to stabilize and avoid eviction by providing rental assistance and linking people with the social services that are in the community".

- Needed is a funding pool to cover downpayment and closing costs expenses that is not tied to a bond program or a state program but is available through local banks to families who meet income criteria. This would aid families who can afford a monthly mortgage payment.

- Coordination is needed between agencies serving persons with disabilities and the State to improve housing opportunities for this disadvantaged population.

- Coordination between government provided social services and housing is needed.

- Zoning issues related to mobile homes and multi-family housing need to be examined.

- Nonprofits should provide each other with technical assistance.

- Technical assistance should be provided in part to nonprofits by housing authorities.

BARRIERS TO SERVICE

Several barriers to the supply of affordable, adequate housing were identified in the document.

Identified in the section Market and Inventory Conditions

- Housing affordability is expected to be increasingly affected by the availability of land that is not environmentally sensitive and by infrastructure limitations, both of which lead to detailed and lengthy development review processes.

- A significant portion (roughly 18%) of subsidized housing in Delaware, especially family units, could be considered "at risk" due to older financing.
BARRIERS TO SERVICE (continued)

Identified in the section Market and Inventory Conditions (continued)
- Problems of traffic congestion and future water supply in New Castle County are central issues to future growth in the housing stock. In Kent and Sussex Counties older water supply and distribution systems are limitations. The absence of a regional sewer system in Sussex County limits the availability of higher density, multi-family sites.

Identified in the section One-year Strategy and Annual Plan
- Limited resources, both public and private, were identified as the reason why only a small percentage of the need for affordable housing and housing related services can be addressed in Delaware.

Identified by the State CHAS Advisory Group
- In order to get federal monies, the state will have to "gear" housing "toward the development of family unity and economic development for that family". Special needs populations are also being targeted by the federal government.
- Downpayment and closing costs were identified as major barriers to homeownership. Poor credit records are also barriers to homeownership.
- Service providers are frustrated by "funding restrictions, an overload in their capacity, incompetence based on a lack of training, resources and knowledge, and little understanding of the entire system."

INDICATORS OF DEMAND
- quantity of rental household units
- household income
- monthly mortgage costs, monthly rents
- housing stock
- numbers of homeless persons served and turned away by facilities; destination of homeless persons upon departure
- poverty

SYSTEMIC SUPPLY OF SERVICES
- A comprehensive inventory of facilities and services in Delaware for homeless persons, persons threatened with homelessness, and persons with special needs (the elderly, persons with disabilities, alcohol and/or drug addictions, and persons with AIDS and related diseases) is included in the document.
- A list of the public housing agencies in the state and their functions is also provided as well as the role that private industry (developers, lending institutions, and corporations) plays in the development of affordable housing.
- Available public (federal, state and local government) and private (for-profit and nonprofit) resources for affordable housing development is documented.
APPENDIX A

Summary reference tables showing the problem areas/areas of need addressed by each report/body of data reviewed.
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<thead>
<tr>
<th>ASSESSMENT/REPORT/BODY OF DATA</th>
<th>PROBLEM AREAS/AREAS OF NEED ADDRESSED</th>
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<tbody>
<tr>
<td></td>
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<tr>
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<td>AmeriCorps Program Narrative; First State</td>
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<td>Weed and Seed Project</td>
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<td>Weed and Seed Project -- Phase II</td>
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<td>Economic, and Survey Research</td>
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<td>Local Coalitions' Household Surveys Summaries</td>
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<td>Empowerment Zones/Enterprise Community Focus Groups with:</td>
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<td>Business Persons</td>
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<td>Enterprise Community Summit, June 2-4, 1994; Working Draft</td>
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<td>Executive Summary; Client Satisfaction Survey Results</td>
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<td>Results of surveys of clients of Delaware State Service Centers in:</td>
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<td>Wilmington</td>
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<td>New Castle County</td>
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<td>Impact of a Boys &amp; Girls Club Facility; Component A: Baseline Analysis</td>
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<td>Improving Investments for Children and Families,</td>
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<td>Final Report Part I and Part II; Delaware Investments in Children</td>
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<td>An Inventory and Assessment</td>
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<td>Insight Delaware: Findings from the Demographic, Economic, and Survey Research</td>
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<td>Local Coalitions' Household Surveys Summaries</td>
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<td>&quot;Safe&quot; Communities Meeting Agenda and Infromation Packet</td>
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<td>State of Delaware Comprehensive Housing Affordability Strategy (CHAS)</td>
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<td>One-Year Strategy and Fiscal Year 1994 Annual Plan for the period 10/1/93-9/30/94</td>
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