

CHAPTER VI

LEVELS AND PATTERNS OF SERVICE USE IN THE CERCs

In addition to learning about the types of services and referrals the CERCs offer, we examined the extent to which customers have received these services. Drawing on counts of customer contacts collected by CERC staff, we begin the chapter by discussing the volume of customer contacts CERC staff have had over time. Next, we discuss the types and levels of referrals CERC staff made to partnering agencies and other community service providers. Data on referrals are drawn from weekly reports, produced by the CERC staff and submitted to the Virginia Employment Commission (VEC), of referrals by agency. We also report on the levels of program participation in DSS benefit programs in the CERC communities.

CONTACTS WITH CERC CUSTOMERS

South Boston and Marion, the CERCs that operate within local VEC offices, reported much higher levels of customer contact relative to the levels in Clarksville and Martinsville, which operate as satellite offices in separate locations. South Boston reported an average of nearly 1,500 face-to-face contacts with walk-in customers per month, and Marion reported nearly 1,200 contacts, on average. In contrast, Clarksville averaged 323 face-to-face contacts per month; Martinsville had an average of 233.

In both types of CERCs, staff counted all walk-in customers and telephone calls as CERC contacts, regardless of the types of services requested. Thus, in South Boston and Marion, staff counted as CERC customers all customers who sought services at the main VEC office. It is likely that many of these customers would have come to the VEC to file Unemployment Insurance (UI) claims, look for employment, or enroll in Workforce Investment Act (WIA) programs, regardless of whether the CERC had been established. It is not possible, however, to determine which of these contacts were with customers who sought CERC services, or how many contacts would have occurred if the CERC had not been there.

In Clarksville, the number of customer contacts was fairly low during the first three months of operation (March through May), averaging slightly more than 11 contacts with walk-in customers per day, or 207 contacts, on average. By July, the number of contacts had increased to 318, and by September, the number had reached 425 (Figure VI.1). During the site visit, some respondents speculated that the volume of customers increased as more community residents found out about the CERC. Most, however, attributed the increase to the fact that many dislocated workers were nearing the end of their UI benefits. In addition, several respondents thought that community residents were initially optimistic that another major company would establish a factory in the area. Thus, many dislocated workers waited some time before deciding to seek services and retraining for other types of jobs.

The volume of customer contacts in Martinsville grew steadily from March through July 2002, until responsibility for administering WIA in Martinsville shifted from the VEC to Patrick Henry Community College. Four WIA case managers had been outstationed by the VEC to the Martinsville CERC on a full-time basis; in July, these staff moved back to the main VEC office. The new WIA case managers met with customers at the college campus, rather than at the CERC. As a result, in-person customer contacts dropped dramatically, from 355 in July to 72 in August (Figure VI.2). According to the CERC staff, when WIA relocated to the community college, many customers thought the CERC had closed. In subsequent months, customer traffic increased somewhat, to about 170 contacts with walk-in customers per month from September 2002 through March 2003.

The patterns of service use have been similar in South Boston and Marion. In both sites, the number of face-to-face contacts with walk-in customers jumped substantially in the second month of operations (Figures VI.3 and VI.4). The VEC director in Marion attributed the increase in customer volume to the publicity surrounding the opening of the CERC and to initial outreach done by the VEC about the services available on site. The VEC director in South Boston attributed the increase, which continued rising for several months, to the county's high unemployment rate and the number of residents seeking to file UI claims or requesting help looking for a job. In both sites, although the volume of contacts with clients has remained high, the number of contacts began to decrease somewhat in early 2003.

REFERRALS TO OTHER SERVICE PROVIDERS

In addition to tracking the number of contacts with CERC customers, the CERCs also tracked the number of referrals they made to partnering agencies and other service providers. This section describes the types and levels of referrals made, examines potential explanations for the relatively low level of referrals to non-VEC services, and reports on the status of efforts to track the outcomes of referrals made by the CERCs.

Almost all referrals made by the CERCs were for employment-related services.

Of 42,810 referrals reported by the CERCs through March 20, 2003, 41,507 were made for employment-related services (Table VI.1). Of those, nearly all were made either to the

VEC—usually for help with UI or job search activities—or to WIA programs. Approximately 1 percent of referrals for employment services were made to other service providers, such as Experience Works, the Area Agency on Aging, Department of Rehabilitative Services, and Job Corps.

Fewer than 1 percent of referrals were for social or emergency services. Across the CERCs, staff made 214 referrals to local offices of the Department of Social Services (DSS), primarily to apply for benefit programs such as the Food Stamp Program (FSP), Medicaid, or Temporary Assistance for Needy Families (TANF). Other referrals were made to community action agencies, charities, and food banks. Although the level of referrals reported here is generally consistent with site visit findings, as discussed in more detail below, inconsistencies in reporting and tracking referrals may have contributed to this pattern of low levels of referrals.

CERC staff also made referrals to adult education programs and community colleges. The Marion CERC, where an adult education program offers General Equivalency Diploma preparation classes on site, made the most referrals to adult education—85 out of 94 referrals. In addition, CERC staff made 127 referrals to various community colleges.

The CERCs made 172 referrals for health-related services. Although many CERC customers reported needing access to health services, according to CERC staff, few community resources were available for adults not eligible for Medicaid. The CERCs made 40 referrals to Family Access to Medical Insurance Security, Virginia's child health insurance program. Twelve referrals were made to the Department of Health; 120 were made to health care providers. Particularly in Marion, CERC staff referred customers who needed health care to the Smyth County Free Clinic, which is located across the street from the CERC.

Several factors may explain the lower-than-expected levels of referrals to non-VEC services, including practices of CERC staff, the needs of CERC customers, and inconsistencies in reporting and tracking referrals.

These low levels of referrals to non-VEC service providers are generally consistent with reports from partner agencies that they received few referrals from the CERCs. In part, the low levels may be due to the practices of CERC staff. For example, in three of the four CERCs, staff said that they did not inquire about customers' needs and did not offer referrals to other service providers unless requested by the customer. CERC staff said that they believed it might offend customers to ask about needs the customers themselves had not mentioned. Moreover, they thought customers would ask for the referrals they needed. Although brochures and other literature about partnering agencies are available in CERC lobbies, customers may not have been aware of the range of services that are available, and thus may not have known to ask for specific referrals. In one site, CERC staff said that, if a customer expressed a need, such as help paying utility bills, but did not request a referral to a specific partnering agency, staff would provide a resource directory and suggest that the customer identify and contact the appropriate service providers.

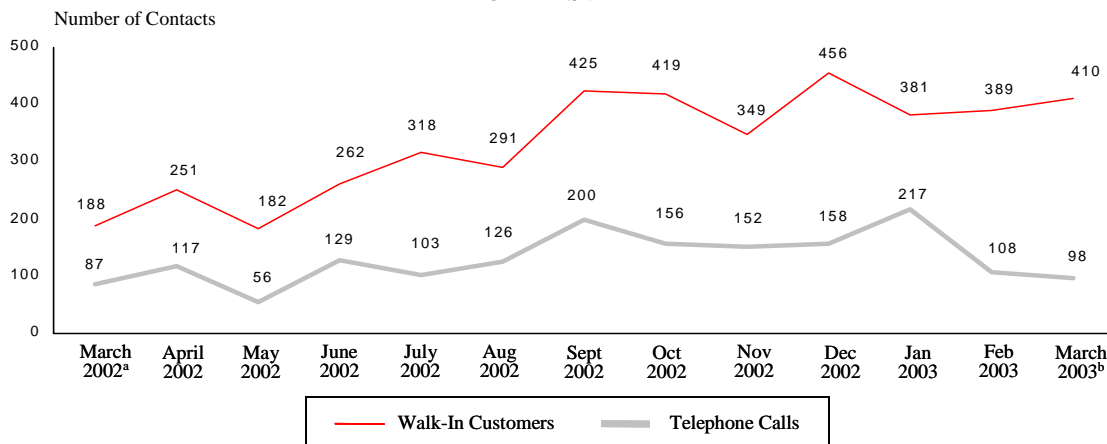
Table VI.1: Total Referrals to Partnering Agencies by CERC, March 2002 Through March 2003

Partner	Clarksville	Martinsville	South Boston	Marion	Total
Employment and Training Services					
Area Agency on Aging		2	7	4	13
Blue Ridge Job Corps	1		9	9	19
Department of Rehabilitative Services	2	6	3	12	23
Experience Works		286	3	3	292
People, Inc.				14	14
Veterans Employment Services			8	111	119
Virginia Employment Commission	4,238	1,472	19,037	12,263	37,010
Workforce Investment Act Program	153	990	2,600	274	4,017
Total Employment and Training	4,394	2,756	21,667	12,690	41,507
Education Services					
Adult Education Program			9	85	94
Patrick Henry Community College		51			51
Southside Virginia Community College	26		38		64
Virginia Highlands Community College				5	5
Wytheville Community College				7	7
Total Education Services	26	51	47	97	221
Social Services and Emergency Assistance					
Consumer Credit Counseling				1	1
Department of Social Services	60	13	86	55	214
Information and Referral Center		3			3
Lake Country Community Assistance Association			8		8
Legal Aide Society				1	1
Mountain Community Action Agency				31	31
Mountain Shelter, Inc.				4	4
People, Inc.		20			20
Project Crossroads				2	2
Salvation Army		3			3
Second Harvest Food Bank		1		3	4
Smyth Counseling Center				1	1
United Way/Project Care For	21				21
Total Social Services/Emergency Assistance	81	40	94	98	313
Health Services					
Department of Health		1		11	12
Family Access to Medical Insurance Security	26	9	2	3	40
Piedmont Community Health Services		32			32
Saltville Medical Center				7	7
Smyth County Free Clinic				81	81
Total Health Services	26	42	2	102	172
Total Referrals	4,527	2,889	21,810	12,987	42,213

Source: Virginia Employment Commission, 2003.

FIGURE VI.1

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, CLARKSVILLE



^aMarch 2002 includes estimated customer counts beginning on March 12, 2002, the CERC's opening day. The VEC provided a cumulative count of customer contacts in March and April. We prorated these contacts across the two months.

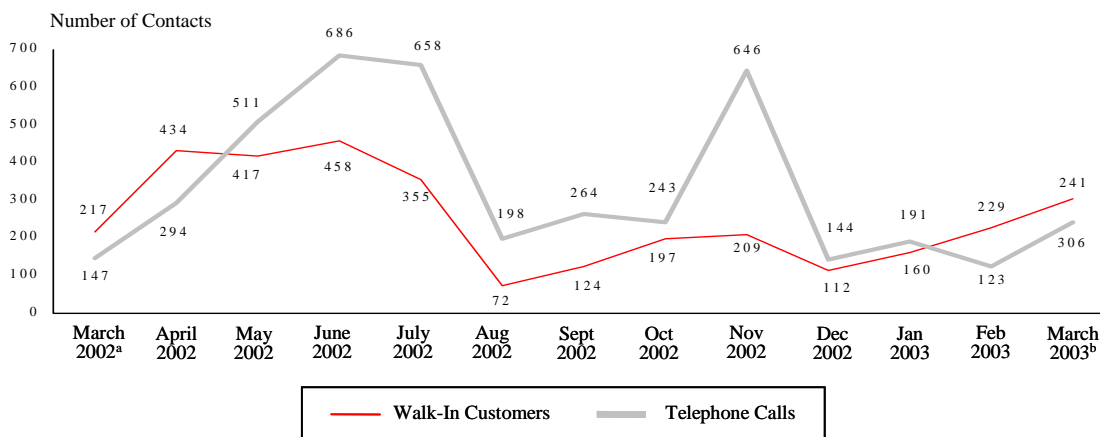
^bIncludes customer counts through March 20, 2003.

Note: These counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

FIGURE VI.2

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, MARTINSVILLE



^aMarch 2002 includes estimated customer counts beginning on March 15, 2002, the CERC's opening day. The VEC provided a cumulative count of customer contacts in March and April. We prorated these contacts across the two months.

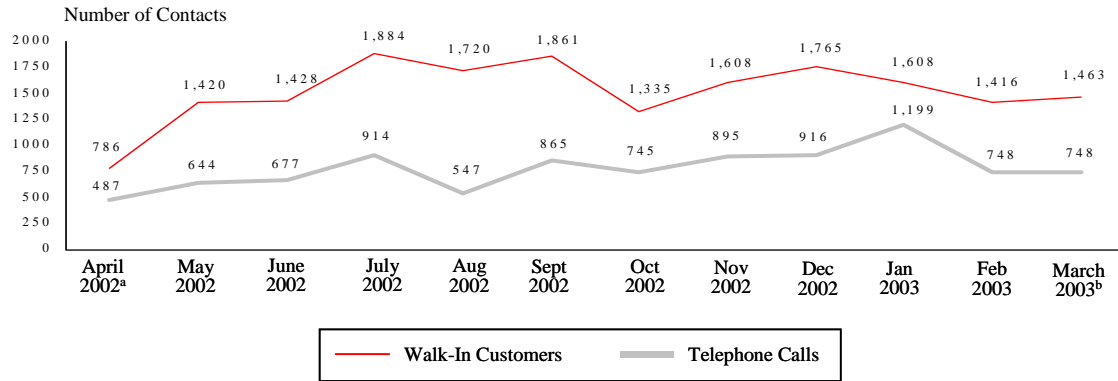
^bIncludes customer counts through March 20, 2003.

Note: These counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

FIGURE VI.3

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, SOUTH BOSTON



^aApril 2002 includes customer counts beginning on April 10, 2002, the CERC's opening day.

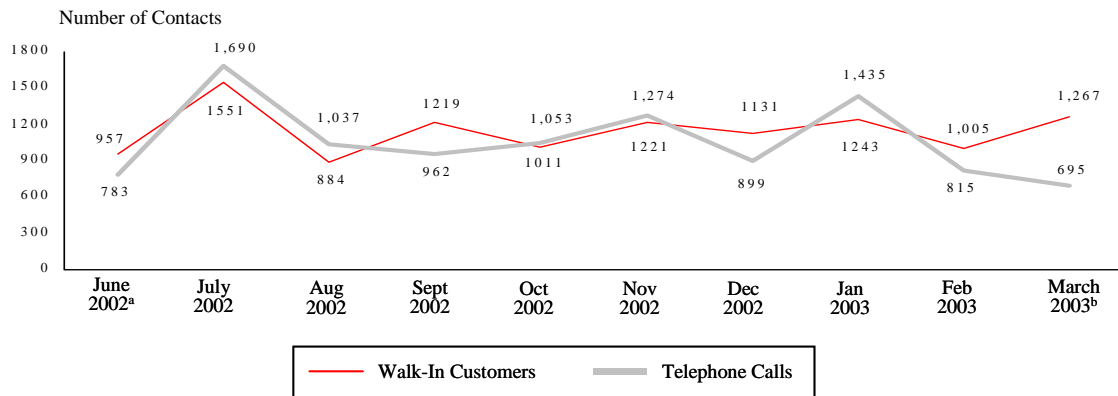
^bIncludes customer counts through March 20, 2003.

Note: The South Boston CERC is located in the VEC's South Boston One-Stop career center. VEC staff do not distinguish between CERC and One-Stop customers. Therefore, counts of CERC customers include all customers who visited or called the One-Stop. In addition, these counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

FIGURE VI.4

VOLUME OF CONTACTS WITH CERC CUSTOMERS, BY MONTH, MARION



^aCustomer counts are from June 10, 2002, when the CERC opened.

^bIncludes customer counts through March 20, 2003.

Note: The Marion CERC is located in the VEC's Marion One-Stop career center. VEC staff do not distinguish between CERC and One-Stop customers. Therefore, counts of CERC customers include all customers who visited or called the One-Stop. In addition, these counts of customer visits and telephone calls do not represent the unduplicated number of customers who have sought CERC services. Instead, they are cumulative counts of the number of customers who seek services each day. Some customers, particularly those who are looking for work, return many times to use the job service and resource room.

Source: Virginia Employment Commission, 2003.

Customers' perceptions about their own needs may have been another factor leading to the low level of referrals. CERC staff reported that most customers came to the CERC seeking help with UI benefits and/or employment. Initially, most dislocated workers want to find another job as soon as possible, and at the time of the site visits, many dislocated workers in the CERC communities had not yet exhausted their UI benefits. According to staff, it takes time for customers to recognize that they may need to seek training in a new field to find employment, and that they may need other services, such as food stamps or emergency assistance, until they find employment. As dislocated workers near the end of their UI benefits, they may begin seeking a broader range of services from the CERCs, and thus, the level of referrals to other partnering agencies may rise. Moreover, some partnering agencies thought that most community residents knew where DSS, community colleges, and other service providers were located, and that they would most likely seek assistance directly from a provider rather than go to the CERC.

Finally, although the levels of referrals shown in the VEC's referral data are generally consistent with site visit findings, some reporting problems may have added to the pattern of referrals reported here. CERC staff did not take a consistent approach to recording and tracking referrals. In some sites, if customers asked for a referral to a partnering agency at a time when they were not on site at the CERC, the intake worker would ask them to return on the appropriate day, or to go directly to the partner's main office for immediate assistance. CERC staff did not credit these situations as referrals. Similarly, if CERC staff called partnering agencies to schedule appointments for customers, they did not provide a written referral. Some staff said they sometimes gave customers copies of community resource directories, rather than write referrals. Others reported sending customers to food banks, churches, and local charities for emergency food assistance and other similar services but without counting this type of assistance as a referral because the provider was not listed as a formal CERC partner.

The VEC developed a system to track customers' outcomes, but staff have had difficulty obtaining outcome information for customers referred to non-VEC services.

Because of the short planning time line, the VEC created a system for tracking CERC customer referrals and outcomes that was very limited, and that built on the VEC tracking system already in place. VEC officials asked each agency to develop a list of codes for tracking customer outcomes. For example, codes were created to indicate whether customers referred to DSS enrolled in the FSP, TANF, Medicaid, or other program. According to VEC officials, this tracking system did not work as well as they had expected. The intention had been for staff to enter an outcome for each referral made by the CERC. Although the level of referrals to other service providers proved to be lower than initially expected, partners did not report customer outcomes back to the CERCs as had been anticipated. Over time, the tracking system developed a backlog of referrals with no outcomes entered. Staff at the state level have generated reports of these cases for the local offices, so the offices can follow up with partners to obtain the outcomes. Staff reported that this followup has been time-consuming and has added significantly to the workload of local VEC staff.

PARTICIPATION IN DSS BENEFIT PROGRAMS

The level of participation in benefit programs administered by the Virginia Department of Social Services (DSS) rose in the CERC communities in 2001 and 2002, as factory closings and layoffs increased. In this section, we describe the levels of participation in Temporary Assistance for Needy Families (TANF), the Food Stamp Program (FSP), and the child care assistance program in the CERC communities in 2001 and 2002, based on aggregate monthly counts of program participants provided by DSS. This study was not designed to measure the effects of the CERCs on program participation; thus, we are not able to determine the extent to which increases in participation are due to the CERCs.

TANF caseloads in three of CERC communities rose in 2001 and 2002, ranging from 10 to 21 percent; in Marion, the TANF caseload declined by 8 percent.

In Clarksville, Martinville, and South Boston, TANF caseloads grew substantially between March 2001 and December 2002. Most of this growth occurred prior to implementation of the CERCs in March (Clarksville and Martinsville) and April 2002 (South Boston). For example, in Martinsville, the TANF caseload rose from 406 cases in March 2001 to 491 cases in March 2002, an increase of 21 percent (Figure VI.5). From March 2002 through December 2002, however, the caseload increased less than 1 percent, from 491 to 493 cases. In South Boston, the caseload increased by 13 percent between March 2001 and 2002, and then decreased by 2 percent between April 2002 and December 2002.

In Marion, the TANF caseload declined by 16 percent between March 2001 and June 2002, the month when the CERC opened, from 152 to 127 cases. Between June and December 2002, the caseload increased by 10 percent, to 140 cases.

The FSP caseload increased in all of the CERC communities in 2001 and 2002, ranging from 14 percent in Marion to 23 percent in Clarksville.

Growth in the FSP caseload followed a similar pattern as that of the TANF caseload, with more of the growth occurring prior to CERC implementation. In Clarksville and Martinsville, FSP caseloads increased by 13 and 12 percent, respectively, before the CERCs opened, and then by 8 percent after CERC implementation (Figure VI.6). In South Boston, the caseload grew by 13 percent before the CERC opened in April 2002, and then by 2 percent between April and December 2002. In contrast, growth in the FSP caseload in Marion accelerated after the CERC opened in June 2002. It grew by 3 percent before CERC implementation, and by 11 percent after implementation.

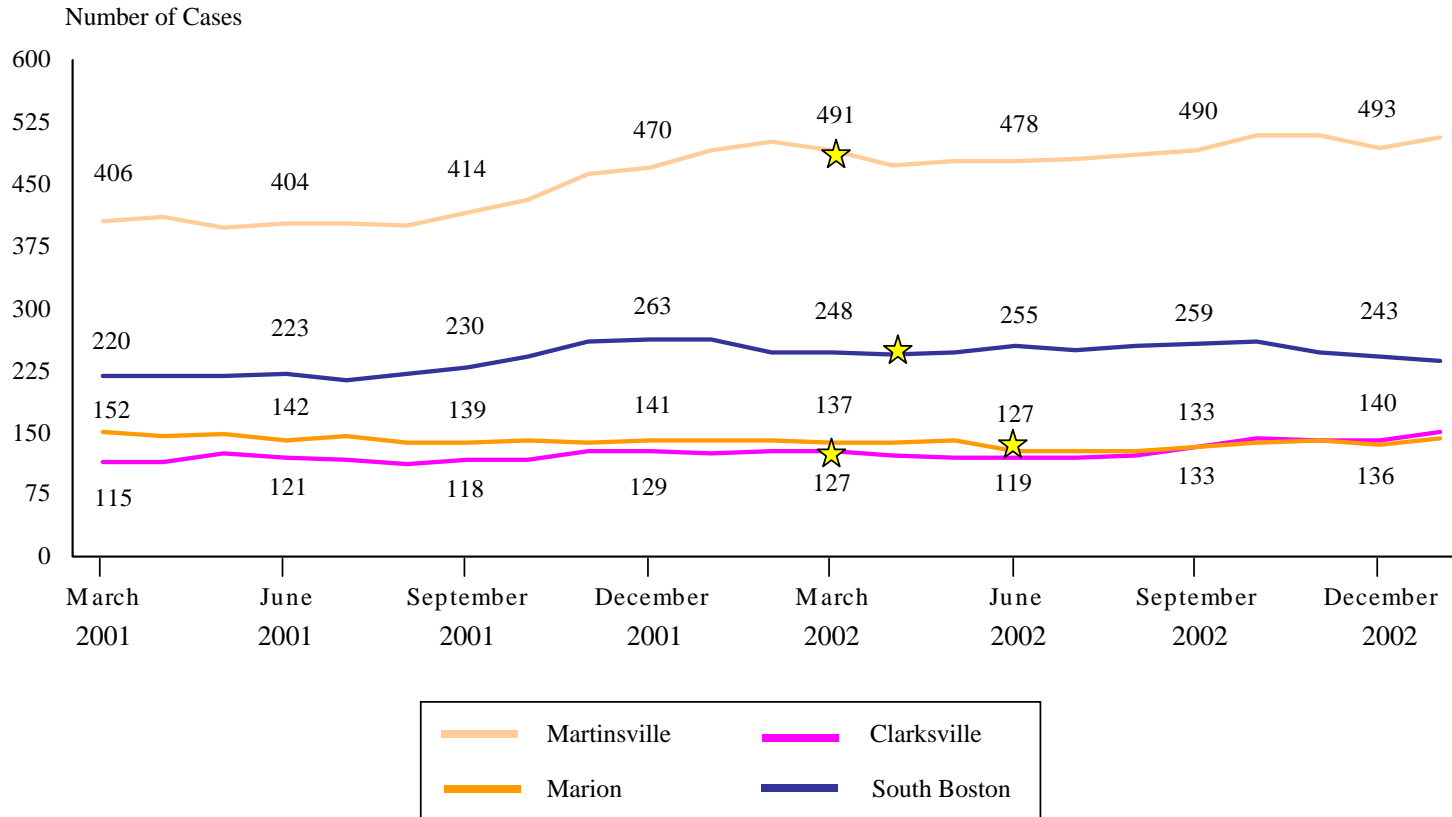
The number of families receiving state child care subsidies in the CERC communities fluctuated in 2001 and 2002.

The number of families receiving child care assistance in the CERC communities was fairly small in 2001 and 2002. When the CERCs opened, Clarksville had a caseload of 49 families, Martinsville had 182 families, South Boston had 39 families, and Marion had 40

families (Figure VI.7). In Virginia, four types of child care assistance are available for low-income families who need child care while they work: (1) TANF child care for families enrolled in TANF, (2) transitional child care for families in the first year after they leave TANF for employment, (3) fee child care for other low-income, working families, and (4) Head Start wrap-around child care. The fluctuations in levels of participation in child care assistance result, in part, from fluctuations in the availability of funds for families receiving fee child care, rather than in the demand for child care assistance. For example, in Smyth County, the sharp drop in participation in June 2002 is due to a drop in the use of fee child care, from 107 children in May 2002 to 32 children in June 2002, near the end of the funding cycle. In addition, counties sometimes must maintain waiting lists of eligible families who have applied for fee child care when funds are insufficient to serve all of the families who apply. Thus, it is possible that more eligible families have applied for child care assistance, but are not receiving it due to funding limitations.

FIGURE VI.5

NUMBER OF TANF CASES IN THE CERC SERVICE AREAS, BY MONTH

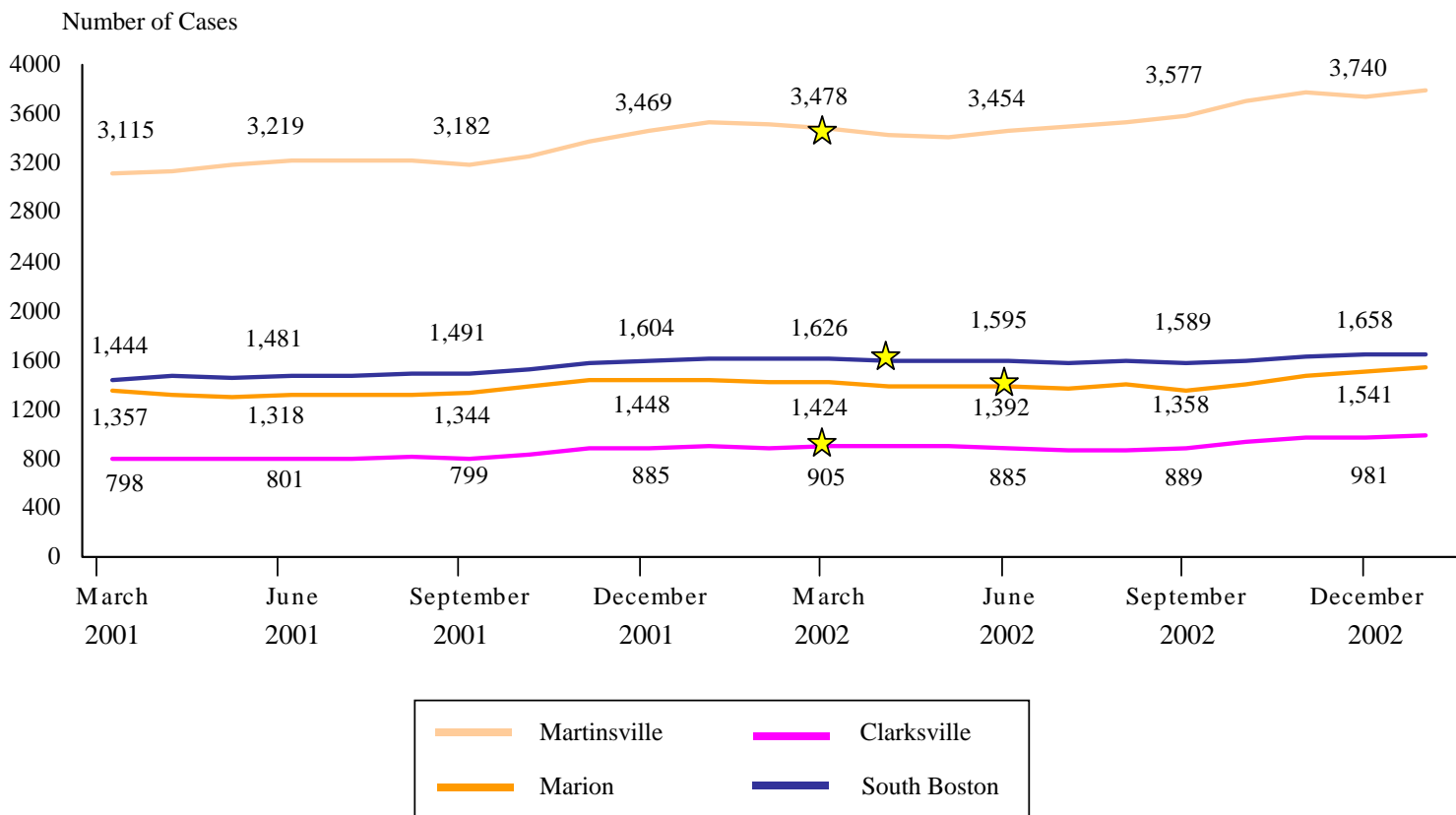


Source: Virginia Department of Social Services, April 2003.

★ indicates date of CERC implementation.

FIGURE VI.6

NUMBER OF FOOD STAMP PROGRAM CASES IN THE CERC SERVICE AREAS,
BY MONTH

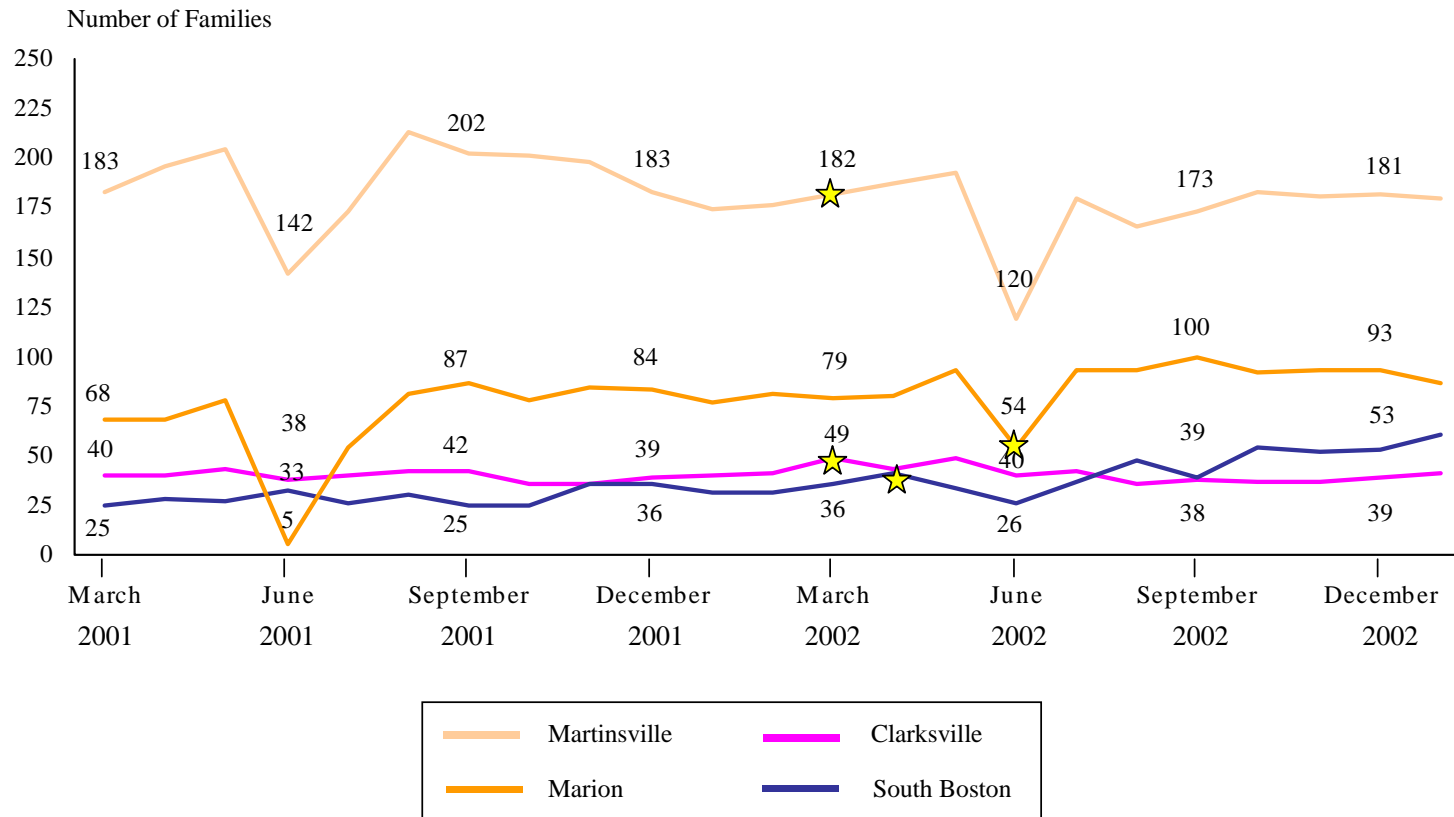


Source: Virginia Department of Social Services, April 2003.

★ indicates date of CERC implementation.

FIGURE VI.7

NUMBERS OF FAMILIES USING SUBSIDIZED CHILD CARE IN THE CERC SERVICE AREAS, BY MONTH



Source: Virginia Department of Social Services, April 2003.

★ indicates date of CERC implementation.