

Division of Social Services

Mission: To assist and provide opportunities for individuals and families in need of basic economic support and services to become self-supporting and self reliant. The Division advocates for and encourages individuals to seek actions appropriate to their needs. In cooperation with county departments of social services, and other public and private entities, the Division also seeks to identify needs, devise and focus resources, and deliver services responsively and compassionately. <http://www.dhhs.state.nc.us/dss/>

Sections/Programs: Four sections: 1) Child Support Enforcement, 2) Work First, 3) Food Stamps, and 4) Children's Service responded to the disparity survey.

Priority Conditions/Issues: All the sections indicated that they did not have a priority disease, condition, or issue. The Child Support Enforcement section stated that "NC Child Support Enforcement does not deal with disease or health problems" while the other sections, indicated that this question was not applicable to their work.

Service Delivery Challenges: According to the *Child Support Enforcement (CSE)* section, some of the main service delivery challenges they face include lack of sufficient staff, court time, sheriff deputy time to process child support orders, and paternity establishments to meet the needs of our clients; resources to provide "state of the art" training to local offices as needed and program outreach to the citizens of our state; and interaction/coordination with other state programs.

The *Work First section* identified availability of service provision during non-traditional hours, internet based application/eligibility assessment, addressing issues of Limited English Proficiency, economy and job losses, and the lack of two-parent participation in the home, as their main service delivery challenges.

The *Food Stamps Section*, the main service delivery challenges include: increasing participation of eligible households; improving services for eligible working families;

addressing nutritional assistance needs of elderly; addressing issues of Limited English Proficiency and program simplification. The *Children's Services Section* reported their main service delivery challenges to be identification of high-risk families; provision of effective; family-centered prevention services; stopping child maltreatment without removing children whenever possible; finding safe; permanent homes for children who cannot be safely reunited with their families and provision of effective post-adoption support services.

Socio-cultural Challenges: Common socio-cultural challenges for the four social services sections included language barriers, attitudes, trust, and cultural competency issues. The *Child Support Enforcement (CSE)* section mentioned Program awareness with clientele population, trust/confidence in CSE to deliver financial support to clients, new sense of personal responsibility among non-custodial population, communicating to teenagers the mental, physical, and financial costs of parental responsibility, and overcoming the increasing problem of language barriers in NC as their top five socio-cultural challenges.

The *Work First Section* identified staff understanding of program goals and culture, language, and barriers such as substance abuse, family violence, stigma, and public perception as their socio-cultural challenges. The *Food Stamps Section*, the main socio-cultural challenges include welfare stigma associated with the program, language barriers, and outreach to non-participating households. The *Children's Services Section* reported issues related to their transition from an incident-oriented, investigative approach to an assessment –oriented, family-centered approach in child protection work, the need for culturally competent of service providers, bi-lingual service providers, and public recognition of the effects of poverty on child maltreatment as their main socio-cultural challenges.

Disparity Focus Areas: The top disparity focus areas for most of the Social Services sections were income, education, disability, and race/ethnicity.

DIVISION OF SOCIAL SERVICES – ADULT – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status.	A public awareness/public education campaign will be developed to inform the general public about domestic violence – the nature and causes of domestic violence as well as community resources for seeking help. Under served populations such as the elderly and Hispanics will be included in this initiative.	Will begin in SFY02-03.	Reports from local service providers on whether utilization of services by underserved population increases.	Data reported by local service providers.	Coordinated effort and staff resources from the participating DHHS Divisions, the Commission of Domestic Violence, the Governor’s Crime Commission. & others.
2. Communicate, document, and champion best-practices in eliminating health disparities	The Family Violence Program Coordinator in the Division of Social Services provides consultation and technical assistance to local domestic violence programs on best practices for serving under served populations.	On-going	Reports from local service providers on increases in utilization of services by under served populations	Data reported by local service providers.	Staff at the Division of Social Services.
3. Promote, develop, and enhance community’s capacity to engage in healthy living and elimination of disparities in health status.	County departments of social services and local domestic violence programs are working jointly to develop plans for how they will serve Work First families who are experiencing domestic violence.	SFY02-03 and beyond, depending on availability of funding from the General Assembly.	County plans submitted by the departments of social services and local domestic violence programs.	Data reported by local service providers.	Local staff in service provider agencies and Division of Social Services staff.
4. Monitor progress towards the elimination of health disparities	Monitor accomplishments in items 1, 2, and 3 above.	On-going or as long as funding is available.	Monitoring of reports and county plans submitted by local agencies.	Data reported by local service providers	Local staff in service provider agencies and Division of Social Services staff & others.
5. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups)	The Family Violence Program Coordinator in the Division of Social Services provides consultation and technical assistance to local domestic violence programs on best practices for serving under served populations.	On-going	Reports from local service providers on increases in utilization of services by under served populations	Data reported by local service providers.	Staff at the Division of Social Services.

DIVISION OF SOCIAL SERVICES – ADULT – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
6. Increase resources/ investments to eliminate health status gaps	The Division of Social Services is seeking a U. S. Department of Justice grant to improve services to elderly adults who are victims of domestic violence.	SFY03-04 and beyond depending upon availability of grant funds.	Reports from local service providers on increased use of services by elderly	Data reported by local service providers.	Local staff in service provider agencies and Division of Social Services staffs.
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings.	The Family Violence Program Coordinator in the Division of Social Services provides consultation and technical assistance to local domestic violence programs on workforce issues, including need for culturally diverse staff.	On-going	Reports from local service providers on composition of work force.	Data reported by local service providers.	Staff at the Division of Social Services.
8. Identify and advocate for public policies that aid in closing the health status gap.	The Division of Social Services will continue efforts to identify federal and state laws or rules that need amending in order to improve services to under served populations.	On-going	Proposals and input for changes in federal and state laws and rules.		Staff at the Division of Social Services
9. Demonstrate Accountability and Ownership for Health Outcomes	Monitor accomplishments in items 1 - 8 above.	On-going or as long as funding is available.	Monitoring of reports and county plans submitted by local agencies.	Data reported by local service providers	Local staff in service provider agencies and Division of Social Services staff & others.

DIVISION OF SOCIAL SERVICES – CHILDREN’S SECTION – HEALTH DISPARITIES IMPLEMENTATION PLAN

KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	RESOURCES AVAILABLE
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status.	Continue to communicate to child welfare professionals and advocates the importance of reducing the disproportionate representation of African-American children in the child welfare system.	On-going	Number of county DSS agencies that participate in Challenge for Children; system performance measures	Number/proportion of children in public child welfare system who are African-American	Resources are adequate to conduct awareness within public social services system; inadequate to conduct on a broader scale
2. Communicate, document, and champion best-practices in eliminating health disparities	Demonstrate impact of Multiple Response System (MRS) in 10 counties	August, 2002 thru June, 2003	Evaluation of impact of MRS demo on disproportionate representation issue	Demographic data on children in child welfare system	Existing data resources will enable us to do this
3. Promote, develop, and enhance community’s capacity to engage in healthy living and elimination of disparities in health status.	Implement MRS statewide	To be determined	Statewide implementation when achieved	Data indicating number of counties that implement MRS	Existing data resources will enable us to do this
4. Monitor progress towards the elimination of health disparities	Continue to use longitudinal, entry cohort analysis to measure change in number/proportion of African-American children in child welfare system Same as #3 above	On-going	Number and proportion of children in system who are A-A	Demographic data on children in system	Existing data resources will enable us to do this if UNC contract remains intact Same as #3
5. Promote customer friendly services that meet the needs of underserved populations (i.e., low-income and minority groups)	Same as #3 above	Same as #3	Same as #3	Same as #3	Same as #3
6. Increase resources/investments to eliminate health status gaps	Obtain federal approval for 5-year extension and statewide expansion of IV-E Waiver	By April, 2003	Federal approval	None needed	Need to continue UNC contract to evaluate impact of the Waiver

DIVISION OF SOCIAL SERVICES – CHILDREN’S SECTION – HEALTH DISPARITIES IMPLEMENTATION PLAN						
KEY	RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	RESOURCES AVAILABLE
	7. Build, support and fully utilize a diverse workforce capable of working in cross- cultural settings.	Provide comprehensive training to all DSS child welfare staff as part of MRS implementation	Same as #3	Number of county DSS agencies with all child welfare staff fully trained	Training database	Continue contract to manage training database
	8. Identify and advocate for public policies that aid in closing the health status gap.	Prepare and present statutory changes necessary for statewide implementation of MRS	2003 Legislative Session	Legislative changes	Progress of proposed changes	Legislative liaison
	9. Demonstrate Accountability and Ownership for Health Outcomes	Continue to make disproportionate representation of African-American children an issue	On-going	No./proportion of children in child welfare system who are A-A	Demographic data - children in child welfare system	Existing data resources will enable us to do this

DIVISION OF SOCIAL SERVICES – ECONOMIC INDEPENDENCE – HEALTH DISPARITIES IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
1. Increase awareness of health and service disparities, especially disparities related to race/ethnicity, disability and socioeconomic status.	A public awareness/public education campaign will be developed to inform the general public of efforts to end hunger by improving access to food stamp benefits, nutrition education, as well as community resources. Under served populations such as the elderly and Hispanics will be included in this initiative.	Will begin in SFY02-03.	Reports from local service providers on whether utilization of services by under served populations increase.	Data reported by local service providers.	Coordinated effort and staff resources from the participating DHHS Divisions, County D.S.S. agencies, USDA, Food Policy Council, Food Security Work Group and others.
2. Communicate, document, and champion best-practices in eliminating health disparities	The Program Integrity Representatives and Policy Consultants in the Economic Independence Section provide consultation and technical assistance to local D.S.S. agencies on best practices for serving under served populations.	On-going	Reports from local service providers on increases in utilization of services by under served populations	Data reported by local service providers.	Staff at the Division of Social Services/Economic Independence Section.
3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.	The Economic Independence Section, county departments of social services, and local community partners are working jointly to develop plans for serving the nutrition needs of under served populations. Special emphasis will be placed on the elderly and Hispanics.	SFY02-03 and beyond, depending on availability of funding from the General Assembly.	County plans submitted by the departments of social services and their partners.	Data reported by local service providers.	County DSS staff, community partners, and Division of Social Services/Economic Independence staff.
4. Monitor progress towards the elimination of health disparities	Monitor accomplishments in items 1, 2, and 3 above.	On-going or as long as funding is available.	Monitoring of reports and county plans submitted by local agencies.	Data reported by local service providers	County DSS staff, community partners, and Division of Social Services staff.

DIVISION OF SOCIAL SERVICES – ECONOMIC INDEPENDENCE – HEALTH DISPARITIES IMPLEMENTATION PLAN					
KEY RECOMMENDATIONS	ACTION STEPS	TIME LINE	EVALUATION	DATA NEEDS	AVAILABLE RESOURCES
5. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups)	The Program Integrity Representatives in the Division of Social Services provide consultation and technical assistance to local DSS agencies on best practices for serving under served populations.	On-going	Reports from local service providers on increases in utilization of services by under served populations	Data reported by local service providers.	Staff at the Division of Social Services and community partners.
6. Increase resources/investments to eliminate health status gaps	Local DSS agencies and their community partners seek grants from the United States Department of Agriculture to implement programs to improve outreach and nutrition for families. Emphasis is placed on under served and vulnerable populations.	SFY02-04 and beyond depending upon availability of grant funds.	Reports from local service providers on increased use of services by under served and vulnerable populations.	Data reported by local service providers.	Local DSS staff, community partners, and Division of Social Services staff.
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings.	The Program Integrity Representatives provide consultation and technical assistance to DSS agencies on workforce issues, including the need for culturally diverse staff. The E.I. Section also has an ESL Coordinator to assist with issues involving the Hispanic population.	On-going	Reports from local service providers on composition of work force.	Data reported by local service providers.	Staff at the Division of Social Services.
8. Identify and advocate for public policies that aid in closing the health status gap.	The Division of Social Services will continue efforts to identify federal and state laws or rules that need amending in order to improve services to under served populations.	On-going	Proposals and input for changes in federal and state laws and rules.		Staff at the Division of Social Services
9. Demonstrate Accountability and Ownership for Health Outcomes	Monitor accomplishments in items 1 - 8 above.	On-going or as long as funding is available.	Monitoring of reports and county plans submitted by local agencies.	Data reported by local service providers	Local staff, community partners, Division of Social Services staff & others.