

Division of Vocational Rehabilitation



Mission: To promote employment and independence for persons with disabilities through customer partnerships and community leadership.

Priority Condition/Issues: The priority condition for the Office of Vocational Rehabilitation is disabilities. The Office stated that they could not prioritize according to disability. However, the Office indicated that whenever a condition reaches a point of impediment to employment, then that condition becomes a priority for the Office.

<http://dvr.dhhs.state.nc.us/>

Service Delivery Challenges: The Office cited equalized distribution of services, delivery of quality services in the most cost effective manner to the largest number of people and transportation for persons with disabilities to be some of their top service delivery challenges. Other service delivery challenges include the need for routine medical needs while participating in a rehabilitation program and overcoming disincentives to employment, especially related to the lack of health insurance for people who want to move from welfare or social security disability to work.

Socio-cultural Challenges: The main socio-cultural challenges include language, stigma, and attitudes.

Disparity Focus Area: The top priority focus areas include disability, income, and education based on federal mandates and determination of rehabilitation plans.

DIVISION OF VOCATIONAL REHABILITATION – 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.	Communicate to Management Staff the 9 key recommendations for eliminating health disparities	10/02	Feedback from managers	Copy of staff notes/agenda	VR and Office of Minority Health (power point presentation)	
2. Communicate, document, and champion best-practices in eliminating health disparities	Communicate & advocate with other DHHS agencies the need to implement the Medicaid Buy In for NC citizens with disabilities	Ongoing	Apply for Medicaid infrastructure grant	Cost information, models from other states	Resources from grant Staff from DHHS agencies	
3. Promote, develop, and enhance community's capacity to engage in healthy living and elimination of disparities in health status.	Local interagency collaboration to review community systems in health care and identify gaps in health care and potential solutions	Ongoing, Interagency groups functional by 7/1/03	List of identified gaps, quarterly reports, functional interagency group by 7/1/03	Number of individuals who access services	VR/IL Staff/Managers	
4. Monitor progress towards the elimination of health disparities	Improve data collection system to identify disparity within populations	4/03	Analysis of data	Demographics & statistics	Planning & Program Evaluation	
5. Promote customer friendly services that meet the needs of under served populations (i.e., low-income and minority groups)	Staff training on customer service and outreach, advocacy and communication with school system and students (including unidentified) at a younger age	Ongoing	Increase of number of underserved population served by agency	Demographics of individuals presently served by agency	Staff, data system	
6. Increase resources/ investments to eliminate health status gaps	Seek grants to provide services to targeted groups, seek support from General Assembly, set aside basic funds to provide services to underserved populations	Ongoing	Receipt of grants, increase in resources	VR data files	Staff, data system	
7. Build, support and fully utilize a diverse workforce capable of working in cross-cultural settings.	Early recruitment of bilingual & bicultural students (high school) Organized recruitment effort, sponsor Spanish classes for interested staff	Ongoing	Evaluate marketing recruitment efforts – brochures, career day attendance	5 year comparison of diversity workforce, EEO report	Staff	
8. Identify and advocate for public policies that aid in closing the health status gap.	Partner with other agencies & organizations for policy changes	Ongoing	Public policies adopted	Public policies	Dedicated staff	
9. Demonstrate Accountability and Ownership for Health Outcomes	Successful rehabilitation and independent living outcomes to ensure comparable benefits are maintained	Ongoing	VR & IL outcome data	VR data base	Staff, data system	