

**Executive Summary**  
**Pitt County**  
**By Dr. Carmine Scavo**

The issue of whether to pursue electing county status for Welfare Reform purposes never really was overtly decided in Pitt County in 1997. Instead, there was a general consensus among important county decision-makers that electing county status was something in which there was not a great deal of interest. Various actors told us that they were worried about individuals moving from county to county in response to different benefit packages and they were also worried that the amount of work that would be necessary to prepare a plan that would meet state standards would not yield sufficient benefits for that work to be undertaken. In addition, various actors described the unique position of the East Carolina University School of Medicine and Pitt County Memorial Hospital (PCMH) which, in the opinion of many, has become a magnet for people with special medical conditions. There was great concern that, by making itself different, Pitt County would also become a net attractor for welfare recipients.

Many of those interviewed expressed the opinion that the decision to remain a standard county was a political decision—whether to support Governor Hunt in his Work First program; whether to become a “guinea pig,” etc.

Virtually all of our interviews—the sole exception being the chair of the county DSS board—thought that the Work First program was working well in the county. Each interviewee expressed some concerns about the program but those concerns tended to be more philosophical than practical—the “easiest” cases had already left the cash assistance program and what remained were more difficult cases; the problem with the definition of “disabled” that was currently being utilized; etc.

The county has had great success contracting out some welfare related services, especially to Project STRIVE—a boot camp-like program that teaches basic living skills to those receiving cash assistance. Several other non-profits had also become more important in the delivery of welfare related services, and inter-agency cooperation—especially between DSS and Vocational Rehabilitation, Pitt County Mental Health Department, Pitt County Health Department, and the ECU School of Medicine (especially the school’s Psychiatric Unit)—had increased substantially.

Major current and future problems facing Work First included provision of transportation and child care for those returning to work. In addition, the lack of “life skills” was often cited as a problem needing to be addressed—the current composition of welfare recipients in the county includes a large proportion of people who do not know how to develop plans for their own future, could not handle money, cannot budget, have no familiarity with bank accounts, etc.

Several interviewees thought that, rather than becoming more flexible in its dealings with counties, the state of North Carolina was become more rigid concerning the welfare program. The number of specificity of guidelines issued by the state were particularly cited as evidence for this increased rigidity.

Pitt County officials expressed a great deal of concern about the future of the Work First program and the county’s welfare population. Interviewees spoke about the nature of work and the work experience and how the types of work that former welfare recipient were obtaining was not “rewarding.” They were also concerned that the work requirement might lead to a generation of children being raised with insufficient parental guidance. There was also a great deal of concern expressed about flood recovery in Pitt County and the competition for public funding between welfare and flood recovery.