



EmployeeUPDATE

Our Mission: The North Carolina Department of Health and Human Services, in collaboration with its partners, protects the health and safety of all North Carolinians and provides essential human services.

A monthly publication for employees of the North Carolina Department of Health and Human Services

Blackley ADATC moves to new home

BUTNER – It’s the case of an old name on a new face as R.J. Blackley Alcohol and Drug Treatment Center moves from its home of many years at 1003 12th St. and into the newly refurbished Gene Barrett Building on the campus of the former John Umstead Hospital here.

To mark the event, Blackley ADATC held an open house and tour for staff and interested parties on July 7, including DHHS Secretary Lanier Cansler, Deputy Secretary Mike Watson and Division of State Operated Healthcare Facilities Director Luckey Welsh among others. Blackley’s new address is 100 H St., Butner but its phone number 919-575-7928 – remains unchanged.



DHHS Secretary Lanier Cansler explains the importance of ADATCs to North Carolina’s treatment of people with dual diagnosis of substance abuse and mental illness as part of the opening ceremony.

In remarks preceding the open house tour, Blackley Center Director Lisa Haire recalled working with the man for whom the facility was named, Dr. R.J. Blackley, a former state director of the MH/DD/SAS division and a former

medical director of the N.C. Alcohol Rehabilitation Center that now bears his name.

“I had the honor of working with Dr. Blackley after he retired, so it is a singular privilege to now be working with the staff at the facility that bears his name,” she said. “We look forward to moving our patients into this building and continuing to provide services to some of our most vulnerable citizens.”

Haire announced that patient transfer is scheduled to begin in late summer.

In his remarks, Cansler called the ADATCs the state’s safety net for in-

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R J. Blackley ADATC takes up residence in the Gene Barrett Building at 100 H St., Butner, later this summer.
Photos by Jim Jones

dividuals whose treatment needs cannot be managed in the community, noting that since 2007 the mission of all three state-operated ADATCs changed to concentrate on serving people not only with substance abuse issues but also with a mental illness diagnosis.

“North Carolina’s leadership recognizes the change in patient population and our redefined mission appropriately reflects the level of care required and the service provided to patients by our state ADATCs,” he said. “This also helps to decrease admissions to state psychiatric hospitals for people with substance use disorders. ADATCs are certified by the Centers for Medicare and Medicaid Services (CMS) as inpatient psychiatric hospitals.

“Our ADATCs provide hospital-level care and the new treatment model provides comprehensive evidence-based treatment to our highest need consumers. With the increase in acute capacity, the ADATCs are now able to serve individuals under involuntary commitment and then provide step-down inpatient services prior to discharge to ongoing community-based treatment.”



Director Lisa Haire welcomes guests to the Open House of the new site of R. J. Blackley ADATC.

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Blackley's new home will accommodate 80 patients and provides more individualized patient space, Haire added. The renovated structure is a two-story building with patient care units, therapeutic program space, medical examination and treatment rooms and administration and staff offices.

Each patient care unit has improved group rooms for activities and dining. The treatment track area has been designed to accommodate both large and small groups. Outdoor courtyards were developed to provide opportunities for group as well as individual activities. ■



A crowd of more than 75 guests participated in the welcoming ceremony and tours of the new site of R J. Blackley ADATC.

– Mark VanSciver, DHHS Public Affairs

Complaint call unit cuts wait times



Left to right: Rita Horton, Tiffany Bazemore, Renee Filippucci-Kotz, Diana Romaine, Johnnie Lawson, Lou Morton, Lynn Baker, Lisa Moran, Deborah Smith, and Drexdal Pratt, director of the Division of Health Service Regulation

Photo by Jim Jones

Excels
Services, Solutions, Success



Mid-day callers to the Complaint Intake Unit of the Division of Health Service Regulation are getting more prompt service following a new staff approach putting more focus on customer service.

The problem came to light during a check of call wait times. CIU staff got busy to find ways to improve service and still get their jobs done. In a normal work day, CIU staff focus on a number of tasks from intakes to follow ups. It's a busy shop where time and accuracy are critical. Calls last an average of 9.5 minutes. But also during the day, call volume can tick up during the lunch hours at the same time that CIU staff are taking their staggered lunch breaks.

“We just determined that we needed to put incoming calls first during lunch, so that as the volume went up, so did our ability to respond,” said Rita Horton, CIU branch manager. “We needed to ask our staff to put routine paperwork aside and be available for the phones first. This fits right in with the DHHS Excels Value of being results oriented and customer focused.

“By improving our efficiencies in providing prompt service to our customers, we have reduced our customers’ wait time. The changes are working well. Callers’ wait times have dropped from a maximum average of 5.35 minutes to 1.75 minutes from 11 a.m. to 2 p.m. We accomplished this with our new guidelines after just two weeks,” Horton said.

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Excels
Services, Solutions, Success



Complaint call unit continued from page 4

The CIU is a centralized unit that receives and makes phone calls, generates mailed notices, and receives written complaints, prioritizes, processes and follows up on complaints and reported incidents for health care facilities and agencies that are licensed or certified by DHSR.

It is often the starting place for the paperwork trail for identifying and addressing problems reported at a lengthy list of facilities and providers that includes hospitals; nursing homes; adult care homes; mental health residential facilities; psychiatric hospitals and other mental health 24-hour facilities, outpatient, and day treatment facilities; home care and home health agencies and dialysis centers. Other facilities include providers of portable X-ray services; rural health clinics; comprehensive outpatient rehabilitation facilities; ambulatory surgery facilities; abortion clinics; cardiac rehabilitation programs; nursing pool agencies; clinical laboratories; and substance abuse programs.

At each of the residential care facilities and at home care agencies the operators are required to post the toll-free phone number for the Complaints Hotline: **1-800-624-3004**. And people – particular those with a complaint – take note. ■

– Jim Jones,
DHHS Public Affairs

DHHS Excels Web conference on Aug 10.

Hear a briefing from Secretary Cansler on the current status of the Department, the budget, new legislative impacts, internal operations and where we are with DHHS Excels.

Tune in on Aug. 10 from 3:30 p.m. to 5 p.m. for his next live conference with employees. Use the link below to view and participate from your computer.

<http://mediasite.online.ncsu.edu/online/Viewer/?peid=dafa937b73464d158266627b75f553ba1d>

As before, you may submit questions, comments, suggestions to the Secretary during this broadcast. While every attempt is made to answer all submittals during the broadcast, depending on the volume received, some may not be answered until after the conference. ■

An update from the DHHS Excels Workforce Subcommittee

The DHHS Workforce Planning & Development Sub-Committee recently completed a series of management interviews with all divisions and offices during which information was gathered on staffing issues and current challenges that impact service delivery and hamper our ability to become the best we can be.

The committee was organized to identify ways to make workforce improvements that support and reflect the department's goals and values. Examples of concerns and issues that were raised range from inflexible processes and competency gaps to a need for knowledge transfer planning and resources for training and development.

Based on the subcommittee's findings and additional statistical research, the committee will make short- and long-term recommendations to address such things as training, internal processes, effective knowledge transfer, and morale.

The department's mission is to protect the health and safety of all North Carolinians and provide them with essential human services. In order for us to be most successful with our external customers, we must take a proactive approach to deal with our internal issues. DHHS Excels provides a framework for all of us to help build and sustain a culture of excellence and to connect our provision of Services through practical Solutions to documented Success.

We know that when employees excel, DHHS Excels! ■

– By *Verna Best, Office of Economic Opportunity, and
–Tom Reeher, Division of Information Resource
Management*

The DHHS Workforce Planning & Development Sub-Committee

Assistant Secretary
Dan Stewart,
executive sponsor/advisor
Sandra Trivett, Chair

Committee members: **Robbie Alford**

Office of the Controller
Verna Best
Office of Economic Opportunity
Julie Bloomingdale
Division of Vocational
Rehabilitation Services

Deb Cassidy
Division of Child Development
Kathy Gruer

Division of Human Resources
Jessica Herrmann
Division of Mental Health/
Developmental Disabilities/
Substance Abuse Services

Barb Kunz
Division of Human Resources
Laketha Miller

Office of the Controller
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Division of Information Resource
Management

Sandra Terrell
Division of Medical Assistance
Bernetta Thorne-Williams
Division of Health Service Regulation
JoAnn Toomey

Council on Developmental Disabilities
Don Webb

Division of Human Resources
David Womble
Office of Procurement and
Contract Services

Technical & Facilitation Assistance from:

Office of State Personnel,
Division of Employee Relations &
Work Force Performance

Lynn Freeman, HR Manager
Beverly Barham, HR Specialist



25 years helping seniors

Operation Fan/Heat Relief hits milestone anniversary

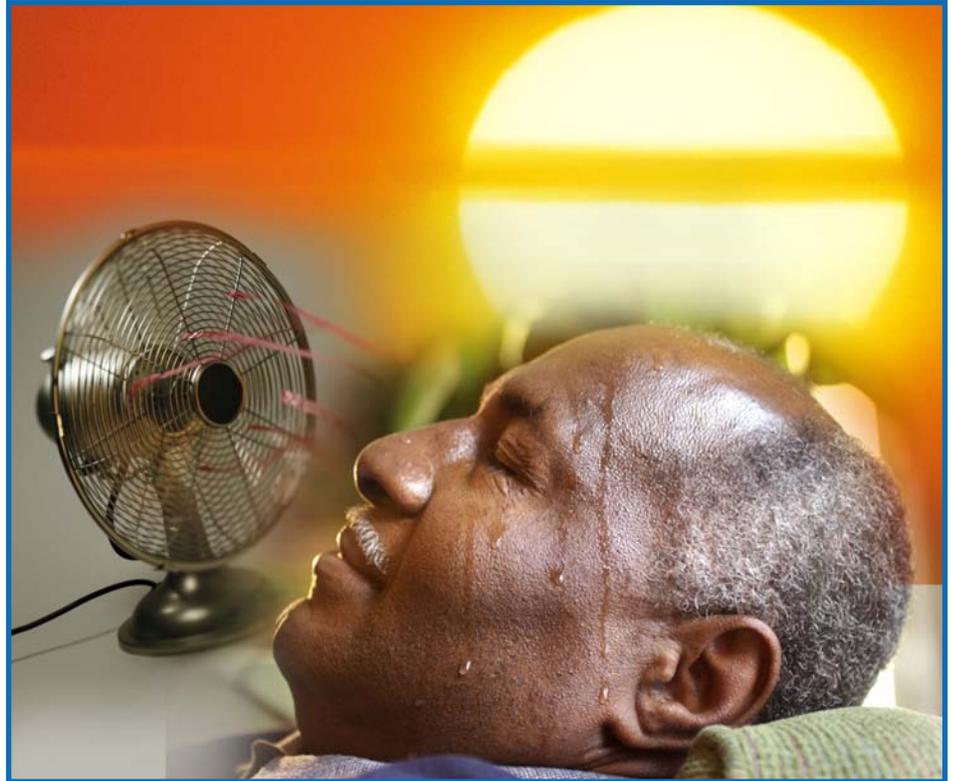
Summer is here and with it comes the heat and humidity North Carolinians know well. For many older adults, North Carolina's extreme weather can cause dangerous living conditions if they do not have adequate cooling in their homes.

This summer marks the 25th anniversary of Operation Fan/Heat Relief, an emergency program that began in 1986 and is managed by the Division of Aging and Adult Services (DAAS). Through the program fans and in some cases, air conditioners are distributed throughout the summer to eligible seniors across North Carolina.

"Chronic health problems in older people often require medication that can affect the body's natural defenses against heat and humidity," said Dennis Streets, DAAS director. "These fans can be a lifesaver for some and help all recipients stay more comfortable and healthier in their home."

Several electric utilities in North Carolina fund Operation Fan/Heat Relief through donations. There is no public money associated with the project.

"For many years, Dominion North Carolina Power, Duke Energy, Progress Energy and the Valassis Giving



Committee have donated generously to support this important program," Streets said. "The program has been successful because of the concerted efforts of the 17 regional Area Agencies on Aging and the local aging and adult service provider agencies, which purchase and make fans available to eligible people."

Last year, donations totaled \$135,500, and with these funds the program distributed 8,435 fans and 83 air conditioners. In certain counties, air conditioners are made available for people with more serious health problems.

People who are 60 or older or people with disabilities are eligible to receive one fan per year to help alleviate heat problems within their home.

"This is much more than a comfort issue, as it really helps protect the health and safety of some of our most vulnerable citizens living in communities across North Carolina," Streets said. ■

*– Lori Walston,
DHHS Public Affairs*

DMA monitors kids' mental health drugs

The Division of Medical Assistance (DMA) has launched a high-tech program to safeguard the health of children prescribed antipsychotic medications.

A+KIDS, which stands for “Antipsychotics – Keep It Documented for Safety,” is a web-based tool for physicians who prescribe an antipsychotic drug to a Medicaid recipient under age 13. While logged onto the A+KIDS registry, the prescribing physician enters information about the patient, clinical diagnoses and other health factors.

The intent is to make sure appropriateness of the medication and its potential side effects have been taken into consideration. DMA has limited legislative authority to oversee prescribing of these medications.

“The clinical concern with the frequent use of antipsychotic medications in children is nationwide,” said Dr. Randall Best, chief medical officer for DMA. “Some states are choosing drastic methods to limit the use of these medications. In North Carolina, we are continuing to allow prescribing without creating an undue burden on providers, while ensuring adequate safety monitoring consistent with the ‘first, do no harm’ principle of medicine.”

In 2010, more than 10,000 N.C. Medicaid recipients under age 13 were prescribed an antipsychotic medication, at a cost of more than \$19 million. Although many children benefit from these powerful medications, the side effects can be severe and long-lasting—from neurological (tremors,

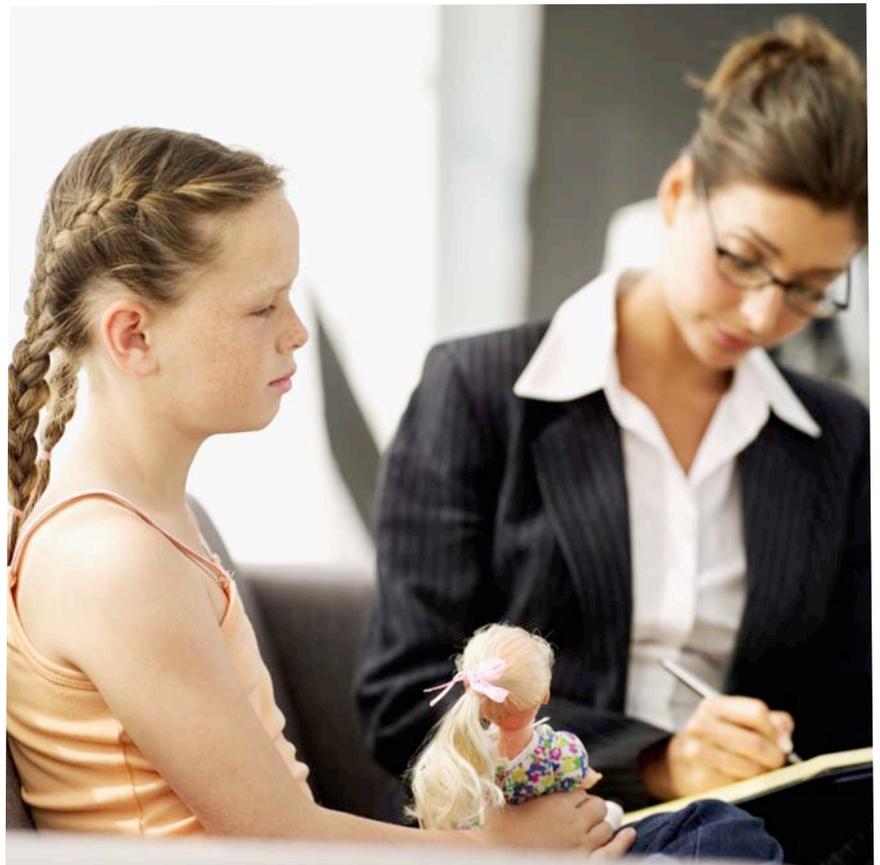
stiffness) to metabolic (rapid weight gain, frequently permanent, leading to related disorders such as high cholesterol and diabetes).

Key partners in the A+KIDS endeavor include the Community Care of North Carolina (CCNC) managed-care networks for Medicaid recipients, and an advisory group of child mental health experts from the state’s four medical schools.

Although health and safety are the primary drivers in the creation of A+KIDS, financial rewards are possible. Antipsychotic medications are among the most-prescribed in the state Medicaid program across all age groups. Estimates for program savings could exceed \$3.4 million annually.

Dr. Best said other states have already begun to contact N.C. Medicaid about its experiences with A+KIDS. ■

– By Brad Deen, DHHS Public Affairs



Walkers log more than 500,000 miles

DHHS wins big in Lisbon-to-London challenge

For the third time, DHHS employee teams took most of the top honors in a state-wide walking challenge sponsored by the Office of State Personnel.

DHHS teams won eight of the top nine competition categories to be awarded by OSP for the Lisbon to London Walking Challenge. The 60-Day challenge ran from April 4 to June 2. An additional 10 DHHS teams ranked in the top 10 finishing teams and will receive certificates from OSP.

One hundred eighty-seven DHHS teams were among 265 total state employee teams that finished the challenge. Most teams had 10 members which means that more than 1,500 DHHS employees participated in this challenge. The total mileage walked by state teams was a whopping 550,504.7 miles. DHHS' winning teams logged more than 69 million steps.

Congratulations to all our team members who finished the 60-day challenge. Most employees found the challenge a fun way to increase their level of daily activity and improve their level of fitness. OSP has received great feedback on how the challenge helped many employees improve their health.



The Department of Environment and Natural Resources, Division of Water Quality team, 'Walk this Way,' placed first in the highly competitive Super Hare division. Special congratulations to the following DHHS teams for their trophy-winning performances:

Super Hare Division

- J Iverson Riddle's Mulberry Madness Team placed second;
 - Murdoch Center's Infirmiry Pacemakers
- A Team placed third in this super competitive division.**

Hare Division

- Central Regional Hospital's Rockin' Record Techs placed first;
- Central Regional Hospital's Honey Buns of Steel finished second;
- J. Iverson Riddle's Draggin' Tails team finished third.

Tortoise Division

- Cherry Hospital Firecrackers team won first prize
- Division of Medical Assistance's Globe Navigators finished second;
- Risky Bunch Team from Central Regional Hospital finished third.

Great job DHHS teams!!!

For a list of team results, email Suzanna.Young@dhhs.nc.gov ■

– Suzanna Young, DHHS Wellness Coordinator

Bridging the gap through CAP

The North Carolina Client Assistance Program (CAP) provides assistance, education and advocacy for customers of public rehabilitation programs and assists people with disabilities in their relationship with these programs.

John Marens, CAP director, says the program serves clients and applicants of the Division of Vocational Rehabilitation Services, the Independent Living Rehabilitation Program, and the Division of Services for the Blind.

Already during this federal fiscal year, CAP has recorded more than 1,239 contacts as of July 15, and of those they opened about 140 cases. Over the same time-span, hundreds of calls that Marens describes as ‘quick information and referral’ calls, were also handled.

“CAP helps people understand services available to them and their rights and benefits under the Rehabilitation Act and under Title 1 of the Americans with Disabilities Act,” Marens said. “In addition, CAP provides a forum for clients to address concerns regarding the quality of services or decisions made by agency representatives.”

One of CAP’s primary roles is to ensure that individuals with disabilities have the opportunity to exercise their rights



John Marens

to due process when they believe their rights have been violated.

“We educate people about the appeals process that is available to them as a means of resolving the complaint against the agency,” Marens said. “More often than not, this has not been necessary as our CAP advocates work hard to resolve concerns through negotiation with agency staff.”

CAP services are available by calling the office, in the Triangle area at 855-3600 or for instate callers from outside the Triangle, 1-800-215-7227 toll-free. Staff will assess the situation and explain policy and how the rehabilitation

process works, and then guide and support callers through the process.

“We work to re-establish effective communication between the parties and to negotiate a resolution,” Marens said. “This often does not happen in one phone call, but with ongoing contact.

“Advocacy is a big part of what we do. If this should fail, clients have the option of the appeal process. CAP advocates can choose to support and represent a client in the appeal process or not, depending on the merit of the client’s complaint.”

CAP also provides information and referral services when there are needs beyond the scope of the rehabilitation program, and/or systems advocacy. “We work to identify unmet needs or procedures that might actually get in the way of providing services,” he said.

To write CAP services: N.C. Client Assistance Program, 2806 Mail Service Center, Raleigh, NC 27699-2806; or email NCCAP@dhhs.nc.gov. Phones are staffed from 8 a.m. to 5 p.m. workdays. ■

VR gets media production facility



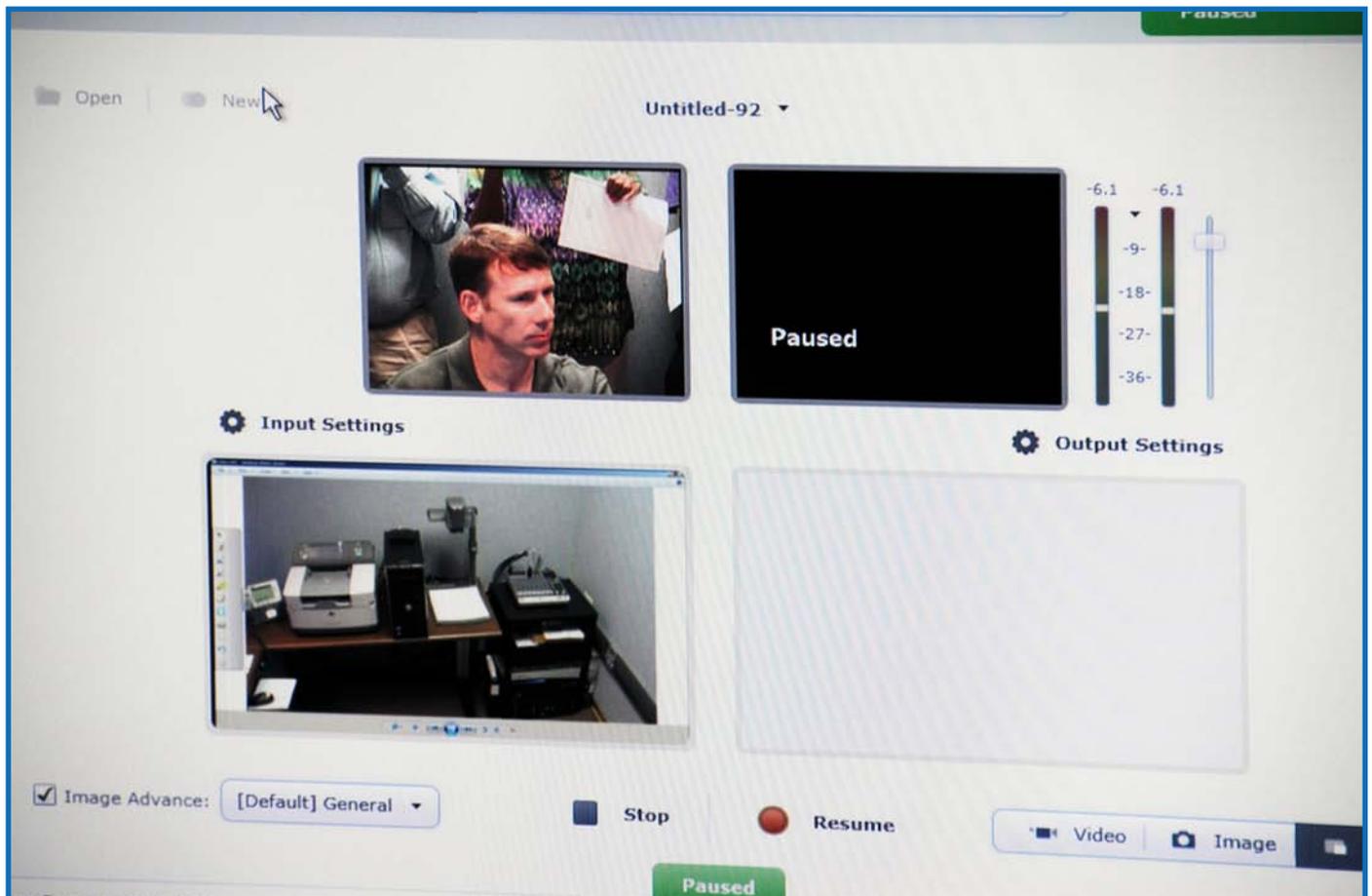
The Division of Vocational Rehabilitation Services has a new on-site facility for producing live and recorded web-based presentations.

The new equipment includes a video camera and separate document camera, a “smart board”, a computer that originates source content and a separate “Mediasite” computer that integrates source content into interactive video that can be viewed online.

The studio was funded by the American Recovery and Reinvestment Act and will enable distance-learning staff development and training.

(Top) Gregg Becker, left, keys in commands while JoAnn Feligno and Linda Harrington enjoy a first look at a demonstration of the new technology. (Below) A screen in front of the media room operator displays views from within the media room, as well as settings.

Photos by Jim Jones



Rural Health's efforts paying off

The North Carolina Office of Rural Health and Community Care is helping to make a difference in the lives of people in Polk County, and elsewhere where partnerships are being forged and bearing fruit.

On May 18, a health fair held at a supermarket in Columbus resulted in 170 people receiving free health screenings, including cholesterol, blood glucose, blood pressure, body mass index, bone density and lung function. The event involved multiple local and regional organizations.

Bobby Tipton, medical provider at Saluda Medical Center, counseled participants on their results and offered ways for them to improve their health. "As I discussed participants' results with them, I could see that people truly wanted to know more about their health," he said. "We found one participant's blood pressure to be dangerously high, so I left with that person to provide a full evaluation and begin treatment at Saluda Medical Center. If we were able to help just one person improve his or her health, then the effort was worth it."

As part of the North Carolina Farm Bureau's Healthy Living for a Lifetime initiative, the Farm Bureau made a \$3,500 donation to help local healthcare providers address the urgent needs of Polk County residents.

"We are really excited about the high turnout we had at the event, and hopefully more people understand that there are health resources available for uninsured residents of Polk County," said Tonda Gosnell, regional HealthNet coordinator for Community Care of Western North Carolina. HealthNet is a collaborative partnership of agencies focused on services for the uninsured that is funded by the N.C. Office of Rural Health and Community Care. "HealthNet is available to help residents who are in need," Gosnell said.

Healthy Living for a Lifetime is an innovative approach to addressing the immediate healthcare needs of rural North Carolinians while fostering awareness of healthy lifestyle choices that will result in long-term health improvements among vulnerable populations. The initiative uses a 50-foot mobile health

screen unit to provide the free health screenings and provide educational materials. The unit is handicap accessible. For more information: www.healthylivingforalifetime.com.

Among participants at the health event were Thermal Belt Outreach Ministry, St. Luke's Hospital, Saluda Medical Center, Community Care of Western North Carolina, Blue Ridge Community Health Services, Polk County Transportation Authority, Advanced Wellness Institute, Polk County Cooperative Extension Service, Polk County Department of Social Services, Adawehi Institute and Healing Center, Western North Carolina AIDS Project, Employment Security Commission, Dentistry 2000, Polk Wellness Center, Rutherford-Polk-McDowell District Health Department, Family Preservation Services of North Carolina, Polk County Recreation, Tryon Health and Fitness, Link Medical, and Rutherford Life Services. ■

– Jim Jones, DHHS Public Affairs

Three DHHS divisions collaborate on pilot project with farmers' markets

A pilot program launched in seven North Carolina counties this summer aims to make it easier for lower income households to buy and eat fresh fruits and vegetables.

This customer-focused program links three U.S. Department of Agriculture-affiliated food assistance programs for senior citizens, WIC (Women, Infants and Children) clients and Food and Nutrition Services (FNS/food stamps) participants to encourage and enable customers to use any of their benefits at the participating farmers' markets.

“We know that access to healthy food is critically important to improving health outcomes,” DHHS Secretary Lanier Cansler said. “This is a great example of how state agencies, non-profits and communities can work together to decrease barriers so many North Carolinians face to living a healthy lifestyle.”

In addition to reaching more than 50,000 customers, agriculture officials estimate the N.C. Farmers' Market Nutrition Programs pilot project will be a boost to more than 200 farmers selling locally-grown produce in participating markets including those in Carrboro, Whiteville, Lexington, Jacksonville Salisbury, Boone and Burnsville.



Isabella Ramirez , left and Anastiza Mcleod participate in a pickling event at the Carrboro Farmers' Market.
(Photo courtesy of TABLE, Inc., Farmer Foodshare and photographer Kelley Breeze)

Approximately 28 farmers' markets across the state offer FNS participants the use of their benefits cards for food purchases. In addition, WIC and Senior food programs offer coupons to their clients for shopping at selected farmers' markets.

Agriculture and health officials believe jointly promoting all three programs and providing consistent nutrition education messages may heighten awareness among lower income families of farmers' markets in their communities and encourage them to make the markets part of their regular shopping routine. The messages are being promoted

through the N.C. Farmers' Market Nutrition Programs pilot project.

In addition to the Divisions of Public Health, Aging and Adult Services and Social Services, collaborators also include the state Department of Agriculture & Consumer Services and the statewide non-profit, Leaflight. The pilot project will continue throughout the summer and will be evaluated for future expansion. ■

– Julie Henry, DHHS Public Affairs

Atkinson receives national recognition

Sydney Atkinson, manager of the Family Planning and Reproductive Health Unit of the Women's Health Branch, was presented the State Family Planning Administrators Annual Award at the annual conference of the National Family Planning and Reproductive Health Association (NFPRHA) in Washington, D.C. in March 2011.

The award is voted on by members of State Family Planning Administrators (SFPA), a national organization for state level administrators of family planning programs. SFPA members are representatives of state and territorial health departments.



Sydney Atkinson

Atkinson spoke before U.S. House and Senate staffers in March regarding the Title X program and how it is implemented in North Carolina through local health departments. Created in 1970, the Title X Family Planning program has become the standard-setter for family planning care across the country.

As the Title X program marks its 40th year, the Affordable Care Act has dramatically increased the role of Medicaid and commercial insurance exchanges as sources of coverage for patient care. Federally funded family planning networks are adapting and changing in order to meet new realities of the twenty-first century. ■

– Julie Henry, DHHS Public Affairs