



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



Rural Health celebrates 38 years

The nation's oldest rural health office celebrated 38 years of service to North Carolina's medically underserved, underinsured and uninsured residents on Nov. 17, as the nation paused to celebrate its first Rural Health Day.



Rural Health Team

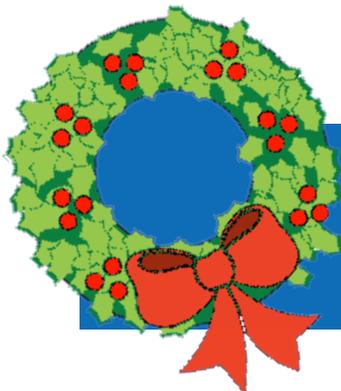
It was a day of jubilation in the North Carolina Office of Rural Health and Community Care, a center of activity that since 1973 has been mapping needs and devising strategies for solutions across the state in rural areas and in some entire counties designated as lacking primary medical care, dental care or both.

Through a series of programs developed over the years, the office continues to channel needed services to rural areas. Office staff recruits and then provides assistance to the physicians, physician assistants, nurse practitioners, certified nurse midwives, psychiatrists, dentists and hygienists who commit to serve those communities.

The network has been established through collaborations and partnerships with community organizations, nonprofits and local and state agencies. Thus far, 86 clinics have been set up across the state to help meet rural health care needs.

The Office of Rural Health and Community Care was opened and led by the late Jim Bernstein who at the time was fresh from a tour in the Peace Corps. He brought visionary leadership to the office and led efforts to improve access to care in rural areas. John Price took over leadership duties in 2007. Price recalled Bernstein's legacy as he spoke to an audience of guests, including

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partners and agency representatives during Rural Health Day observance at the office headquarters in Raleigh.

Bernstein kept the health care of rural residents of North Carolina always in the forefront, Price said. “Jim not only led the charge in North Carolina, but he was a national leader in rural health care. I don’t think it is exaggerating at all to proclaim him as the “Father of Rural Health” in America.”

Celebrants gathered on the porch and packed the front reception area of the Cooke Building on the Governor Morehead School campus for punch, sandwiches and cookies as the observance caught its stride.

Price thanked partners and recognized guests.

“We are glad that our partners could join us for this celebration,” he said. “It is only fitting that we celebrate, since this office was the first office of rural health in the nation. So, aside from being “First in Flight”, we are “First in Rural Health! And we don’t have to argue with Ohio about it.”

John Dervin, Gov. Bev Perdue’s policy advisor for health and human services, read and presented a proclamation signed by the governor, designating Nov. 17 as Rural Health Day in North Carolina. DHHS Deputy Secretary for Health Services Mike Watson welcomed attendees on behalf of the Department and proclaimed that he has learned over the past few months that “Rural Health is where innovation begins.”

Comments followed from several partners, including Karen McNeil-Miller, president of the Kate B. Reynolds Charitable Trust; Olivia Fleming from Urban Ministries of Wake County; Dr. Anne West from Caswell Family Medical Center, William Massengill from Benson Area Medical Center; and E. Benjamin Money Jr., CEO of the North Carolina Community Health Center Association. All spoke of the far reaching benefits of the services anchored in North Carolina through the Office of Rural Health and its collaboration with local, regional and state partners.

More touching were testimonials from patients who joined celebrants to share how they have benefitted. Some spoke of life-threatening health problems that went undiagnosed for years for lack of access to care until a clinic opened in their community. All the patients shared that they now give back to the clinics either through volunteering or serving on the clinic board. Their comments conveyed a strong sense of the patients having ownership in the community clinics.

In his remarks Price noted that National Rural Health Day “is an opportunity to ‘Celebrate the Power of Rural’ by honoring the selfless, community-minded, ‘can do’ spirit that prevails in rural America. But it also gives us a chance to bring to light the unique healthcare challenges that rural citizens face – and showcase the efforts of rural healthcare



Consumer, Sheila Evans

providers, State Offices of Rural Health and other rural stakeholders to address those challenges. North Carolina has been and continues to be a leader in Rural Health.”

Price said that Bernstein’s legacy “has been continued by a dedicated team of employees who have embraced his vision of partnering with communities to assist them to address their health care needs. And the work continues with new challenges and, of course, new opportunities.

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Rural Health, continued from page 2

“This is a day about public/private partnerships driving health care improvements in rural communities across our country and, most particularly in North Carolina,” Price said. “We are most proud of the collaborative spirit that has enabled all of us to focus on the health care needs of this state’s rural residents. We would like to thank all of our partners ... from foundations to farmers, from bureaucrats to board members, from providers to patients. As our office tag-line proclaims, we have all been ‘Partnering for Healthy Communities since 1973’.” ■

– Jim Jones, DHHS Public Affairs



John Price

–Jim Jones, Photos

38 Years of Rural Health and Community Care

- Developed 86 rural health centers across the state
- Recruited more than 4000 medical, dental, and psychiatric providers to virtually every county in North Carolina
- Worked hand-in-hand with Division of Medical Assistance to develop the award-winning, national model for Medicaid – Community Care NC
- Assisted countless communities throughout North Carolina to assess options and develop primary care strategies
- Implemented the HealthNet program assuring access to health care for approximately 80,000 uninsured individuals
- Assisted uninsured individuals across the state to acquire more than \$500 million in free prescription drugs from pharmaceutical companies
- Leader in developing systems of care that integrated behavioral health and primary care
- Served as DHHS’s “research and development” agency testing cost-effective approaches to delivering quality health care
- Provide access to more than 15,000 farm workers annually across the state
- Developed a system of critical access hospitals that led the nation in publicly reporting quality measures



As we approach this Holiday season I encourage everyone to pause and reflect on the wonderful spirit of giving that this season brings. So much of the work of the Department of Health and Human Services results in providing needed and necessary assistance to so many families and individuals of this great state. It is your work that makes this agency successful in meeting its vision of working to ensure that all North Carolinians enjoy optimal health and well being.

2011 brought with it numerous accomplishments for our agency, some of our Divisions and Offices saw grant awards expand, rules and policy changes, expansion of services and program, and consolidation designed to streamline and conserve resources. But the year also brought with it some disappointments in terms of continued limited resources, position eliminations and programs and service reductions. Facing these challenges, a majority of DHHS staff have not only stepped up to the plate, but created unique solutions, outside-the-box methods of operating, some of you have taken on expanded duties and responsibilities to maintain

and sustain what has become vital to our clients, consumers and customers.

Whether it is in your workplace or working at home, you are a valued thought leader in the process of working for good, your ideas are needed, your insight is an asset and I encourage you to bring your best to the table each day as we all collectively join ranks to make DHHS the best agency in state government.

Many of you have embraced DHHS Excels, practicing the values of customer focused, anticipatory, collaborative, transparent and results oriented. Some of you have viewed the Excels web videos produced this year, and asked great questions about 'best practices,' others have participated in Excels outreach sessions held in all regions of the state. I applaud each and every effort and sincerely thank you for your role and ask everyone to practice an Excels value each and every day.

The ultimate goal is service to the people of our state, in some cases it may be a neighbor in need following a disaster as we experienced during

Hurricane Irene this year; or the tornadoes that ravaged our state. In other cases it may be the downturn of the economy that has left a family in an unforeseeable crisis situation, or a sick child or an aging parent. No matter the circumstance, our neighbors need us. I encourage you to reach for a level of joy and satisfaction in your ability and your role to provide assistance - that's what this season is all about.

As we look ahead to 2012, be prepared to roll up your sleeves as we all work collaboratively to continue the good works of DHHS. Now is not the time to focus on shortcomings. Instead it is the time that we strategically utilize all resources and available methods to accomplish the mission at hand.

I wish you all a Happy and safe Holiday with family, friends and loved ones and trust that all of your hopes and dreams for 2012 materialize abundantly!! ■



*Sincerely,
Lanier M. Canler*

Excels outreach session comments show need for improved communication



DHHS Excels outreach sessions have been held this fall in Greensboro, Asheville, Morganton, Raleigh, Wilmington and Greenville. Although not all sessions have been summarized, below are some selected comments around several common themes.

Communication is a major challenge for DHHS.

While most of the comments related to Excels, communication is also a challenge in terms of policy changes and responsiveness to questions from regional offices. Several attendees commented that their supervisor “has no idea” about Excels and that those who attended the first round of outreach sessions did not share the information. One attendee from Asheville commented, “We have not heard from upper management or seen evidence from the division director that Excels is a priority.” Yet another in Morganton commented, “Our office has embraced these changes, and I’m very pleased.”

Greater awareness of Open Window is needed.

One person in Greensboro commented, “I cannot wait to explore the Open Windows website! My fellow coworkers are not aware of this and I will share it with them.” Another commented that s/he would make providers aware of the information available in Open Window. An attendee in Wilmington commented that Open Window will help them to “collaboratively work together to provide services for individuals.” (For those of you not yet familiar with Open Window, check out the link on the DHHS home page.)

Comments about new performance management plan also indicate a wide variance in degree of communication.

An attendee in Greensboro commented, “The PMP rating scale has been implemented and well received,” while another in Greensboro said there is “concern because supervisors are not consistent across the state.” A Morganton employee observed that supervisors seem “still foggy” on the process and that HR had not provided enough specifics. Yet another in Wilmington said they had training and that at first s/he had doubts but that the outreach session “makes me feel better about this as a guide to improving our service to our customer.” One person commented that “outcome-based evaluations have helped to make us more focused in all our efforts on the end result.” Finally, from the Asheville session came the suggestion that an employee have the opportunity to provide an evaluation of his/her supervisor.

More information will be shared when the sessions conclude and the evaluations and other comments are assimilated. One thing is for sure, improved communications is essential to our success – not only for DHHS Excels and the utilization of new tools such as Open Window and the new PMP. These

outreach sessions indicate that good communication is essential to DHHS’ success as an operational entity.

In sum, all the outreach comments reflect a need for improved communications. Open Window comments were about communication – how can we better share information about new tools as they become available? The PMP comments indicate that mixed signals and limited dialog result in inconsistencies and mistrust. Supervisors and managers at all levels who do not share information and provide guidance about the impact of that information create uncertainty and lack of trust. Team members need to feel comfortable asking questions and sharing what they learn with others.

As the new calendar year approaches, we should all be thinking about how to improve communications – as expressed by one outreach attendee, “We need better communication not just up and down the organization but sideways, too, between units and workers and sections and divisions.” Our value of collaboration will not be realized unless communication is improved, and each of us has a role to play in making this happen. ■

– Sandra K. Trivett,
DHHS Special Projects Office

A note of thanks

DHHS wraps up Combined Campaign

After a department-wide, rock'n roll themed kick-off on the Dorothea Dix campus in September, and cake wars, raffles, auctions, chili cook-offs, cook-outs and other creative and fun-filled events, the 2011 SECC campaign is coming to a close.

As of Nov. 28, our concerted effort raised \$274,656, and results are still coming in from DHHS offices across the state! That is a lot of money, especially in an economic downturn; and, for all of you who supported the campaign with your dollars and your leadership and involvement, a huge THANK YOU!

Every dollar makes a difference and can help transform the lives of people in our own communities as well as around the world. You are appreciated very much, not only by the Department, me as the SECC Department Executive and your local leaders and coordinators, but even more so by those who will be the eventual beneficiaries of your generosity.

For those of you whose pledge was received in the SECC office by Nov. 10, the drawing for the iPad will take place by Dec. 20. So, the winner will have the new iPad before Christmas!

Some facts of interest:

- This is the first year DHHS has used ePledge. This convenient, confidential, on-line method was selected by more than 350 DHHS donors.
- Overall there were 1,780 DHHS staffers who contributed to the SECC.
- DHHS was the second largest contributor among general government agencies (which does not include the universities); the Department of Correction was the largest contributor overall.
- The following DHHS agencies/entities all raised more than \$20,000: the Caswell Center, the Division of Public Health, the Murdoch Center, the Division of Health Service Regulation, the Division of Vocational Rehabilitation and the combined Administrative Offices.
- 22 DHHS agencies contributed more than 100 percent of last year's amount – way to go!

The above numbers may change as contributions continue to come in through the end of the year; but as you can see, DHHS has been a major player – proving what we already knew: DHHS cares!

Thanks for all you do to make DHHS the best it can be! Thanks for your generosity to the SECC and its charities!

Many blessings during the upcoming holidays. ■

*– Sandra K. Trivett,
SECC/DHHS Executive
Office of Special Projects*

Ward, Whitley honored for excellent service

Two DHHS employees were among those honored with the Governor’s Awards for Excellence on Nov. 28.

Roeshyon Ward, a health care technician I at O’Berry Neuromedical Treatment Center in Goldsboro, and Cindy Whitley, a pharmacy technician at Longleaf Neuro-Medical Treatment Center in Wilson, were presented the awards by Gov. Bev Perdue and by Lisa Moon, team leader for neuromedical treatment centers in the Division of State Operated Facilities.

The two were among nine state employees recognized during a ceremony at the N.C. Museum of History. Both were cited for their outstanding accomplishments and commitment to excellent service.



Whitley

“No matter how busy the day, residents are greeted individually by name and personal greeting, and often with human touch,” said Tonya Best, director of the pharmacy at Longleaf. “As an employee of a department that may be by nature of our job descriptions regarded as a bit detached from hands on care, she is truly our ambassador of compassionate care.” Whitley, an employee of the center since 1979, is one of four technicians in the pharmacy department, and she has been a supervisor since 1989.



Ward

Ward, a 16-year employee at the center, is the center’s “gentle giant.” He was recognized for anticipating the needs of the patients he serves and for his compassion in working with patients and families, especially during end of life care. His example inspired leaders at O’Berry to develop procedures and training to help staff across campus to gain a personal understanding of death and dying.

The colleague that nominated Ward penned a poem about his unique gifts, which included this line:

In an individual’s darkest hour of their life he is committed till the end; Building bonds that go beyond a provider of services and becoming their closest friend.

Ward and Whitley’s customer-focused approach makes them not only worthy of this great honor, but also outstanding ambassadors of DHHS Excels.

Additional information about the awards program is available online at: www.osp.state.nc.us/recognize/govaward.html. ■

– Julie Henry, DHHS Public Affairs



Winners at presentation

Gov. Bev Perdue, left, presents awards to Ward and Whitley, center each photo, along with Lisa Moon, team leader for Neuromedical treatment centers within DSOF.

– Jim Jones Photos

Judging under way for Radon poster contest

Staff from the Radiation Protection Section of the Division of Health Service Regulation paced a crowded room full of posters as judging got under way last month for the 2011 Radon Poster Contest.

There were 286 entries from school children ages 9 to 14 from across the state vying for prize money and recognition, and more importantly, the eyeballs of anyone who might look their way, including the judges. Poster topics range from What is radon? to Where does it come? And How does it get into our homes.

“This encourages school kids to become part of the awareness formula,” said Mike Lunsford, radon specialist and contest coordinator. “It helps raise awareness for the need for testing homes for radon and the potential danger that elevated concentrations of radon may cause.”

Contest participants receive a certificate of participation and a letter of thanks. Top winners take \$100 for first place, \$75 for second and \$50 for third, and \$25 for honorable mentions. Winners will be invited to Raleigh next month to collect their prizes. Posters that place will be submitted to the National Radon Poster Contest sponsored by the Environmental Protection Agency. ■

– Jim Jones, DHHS Public Affairs



Judges grade posters

Judges Gerald A. Speight, left, and Michael W. Lunsford from the Radiation Protection Section, grade posters submitted in this year's Radon Awareness contest. Each poster is numbered to ensure impartiality.

– Jim Jones, Photo

N.C. campaign to bring health news to moms gets national recognition

Text messaging has been proven to be an effective tool to educate moms-to-be and new moms. A campaign by the Division of Public Health to get more moms enrolled in the text4baby program has earned North Carolina national recognition.

As an Outreach Partner of the National Healthy Mothers, Healthy Babies Coalition (HMHB) text4baby initiative, DHHS was among the top three states in the nation for increased enrollment between May and October 2011.

Text4baby is a free cell phone text messaging service for pregnant women and new moms who text BABY (or BEBE for Spanish) to 511411. Text messages are sent three times a week with information and resources on how to have a healthy pregnancy and care for an infant. The text messages are timed to the pregnant woman's due date or the baby's date of birth.

Research shows that 90 percent of Americans have a mobile phone, while fewer have access to the Internet. Texting has been shown to be a more prevalent means of providing information among women of childbearing age and minority populations who face higher infant mortality rates. The goal of the text4baby State Enrollment Contest was to reach users through healthy competition among the states and engagement of the over 675 text4baby Outreach Partners. The states were



ranked based on how many new users enrolled in text4baby in each state during the contest period as a percentage of eligible moms (based on a calculation of estimated new pregnancies and live births for each state).

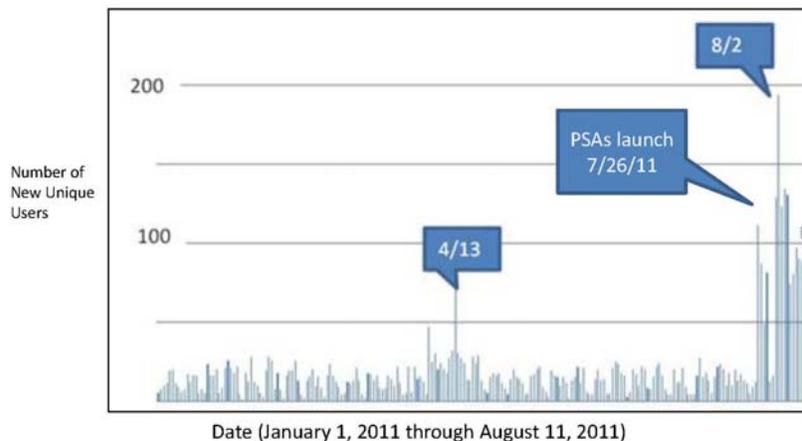
During the contest period, a total of 4,762 new North Carolina users enrolled in the text4baby service, an increase of 90 percent! The total number of enrolled users went from 5,279 to 10,041 during the contest period. The campaign was promoted in collaboration with the N.C. Healthy Start Foundation (NCHSF), using radio and TV ads in three major markets (including popular cable channels) - the Triangle,

the Triad and the Charlotte area. More than 1,500 combined radio and TV ads were aired. Numerous print items (posters, flyers, referral cards), funded in part by the N.C. Chapter of March of Dimes, promoting the free texting service were developed and distributed to local health departments at no cost.

North Carolina's success means an estimated 4.4 percent (44 per 1,000) of pregnant and newly parenting women were enrolled. This was based on live birth data and an estimated number of how many pregnant women and new moms could have enrolled in text4baby during the contest period for each state. ■

For more information about text4baby, visit the website www.text4baby.org or contact Tonya Daniel at tonya.daniel@dhhs.nc.gov.

– Julie Henry, DHHS Public Affairs



Dental hygiene message goes national

Kids get dental checks, care at NASCAR event

Public health dental hygienist Debbye Krueger took her job on the road, literally, to a first-of-its-kind Give Kids a Smile! event in advance of the Bank of America 500 in Concord.

On Oct. 15 Krueger and other Give Kids a Smile! volunteers were revved up to see kids for six hours at the Charlotte Motor Speedway. They set-up a dental treatment area to provide dental check-ups, preventive dental services and oral health education for children before the race.

For many years, the Oral Health Section of the Division of Public Health has partnered with the N.C. Dental Society to hold statewide Give Kids a Smile! (GKAS!) events in February to provide free oral health care services to low income children during Children's Dental Health Month. The NASCAR event offered a new way to reach out to kids.

"It was exciting to be a part of this partnership and for North Carolina to be selected as the site to hold this national event," said Krueger, who provides public dental health services to children in Rowan County public schools. "NASCAR is a team sport. This project has been a team effort with dental professionals, corporations, Public Health, the dental societies and the whole community coming together to try and help the children."

NASCAR Children's Charities contacted area children's organizations and arranged for children to be transported by bus for the event. Annabelle Suddreth, executive director of A Child's Place,

which serves thousands of homeless children in Charlotte, arranged for 50 children from ages 6 to 12 to come to the GKAS! event.

"For most of these children, it is their first time to see a dentist and get some dental care," Suddreth said. At the end of the day, each child received a copy of their x-rays on a wrist band drive, a dental check-up and dental sealants if appropriate. They also had fun interacting with dental professionals, playing educational dental video games, receiving a book bag with school supplies, touring the pit area and meeting race car driver Greg Biffle. GKAS! is one of Biffle's car sponsors.

"Before getting involved with Give Kids a Smile!, I had no idea how many children lack a minimal amount of dental care or how it affects their education, self esteem and ability to eat their meals," said Biffle. ESPN supported the event by shooting a commercial with Biffle to promote the importance of good oral health. The commercial aired during the race.



Debbye Krueger (right) was interviewed by local media and on the Kids Concerns Show broadcast nationally on Radio Disney.



Temporary dental office setup at Charlotte Motor Speedway for GKAS! event.

— Tom Parks, Photos

Tooth decay affects more children than any other chronic childhood disease, in spite of the fact that it is almost entirely preventable. Almost 40 percent of North Carolina kindergarten children have already had tooth decay in their primary (baby) teeth by the time they start school. ■

— Doranna Anderson,
Division of Public Health

Gov. Perdue praises PACE

A Division of Medical Assistance (DMA) program that serves the frail elderly and saves the state money has found a fan in very high places.

Gov. Bev Perdue visited Elderhaus of Wilmington on Nov. 15. Elderhaus has provided adult day care to the area's elderly population for some 30 years. In 2008 Elderhaus became the state's first site for PACE, or Program of All-inclusive Care for the Elderly.

PACE serves citizens ages 55 and older whose health needs would ordinarily require nursing-home levels of care, but who can live independently and receive services in the community. The program provides those services – from medical and therapeutic care to transportation – keeping beneficiaries out of institutional settings for as long as possible.

Gov. Perdue, who worked as a hospital geriatric services director before entering public service, toured the Elderhaus facility and spoke with service recipients.

“This is the best of both worlds,” Gov. Perdue said. “The people served by the program can enjoy their independence and a high quality of life, and the program itself saves Medicaid a great deal of money. I'd like to see more programs like this one across the state. It's an excellent example of how we are doing more with less under tight budgets.”

Elderhaus operates one of five PACE sites currently serving 229 elderly citizens of North Carolina. The other four are in Burlington, Greensboro, Fayetteville and Hickory. Other PACE sites are in various stages of proposal or review.

Recognized as a national model for long-term care delivery, PACE is a creation of both DMA and the federal Centers for Medicare and Medicaid Services. Most PACE participants are dually eligible for both Medicare and Medicaid benefits, which together pay a monthly fee to a PACE operator, rather than the traditional payment for specific services. ■

– Brad Deen, DHHS Public Affairs

Work Support Strategies grant team prepares to apply for round two

In February 2011, North Carolina was one of nine states to be awarded grant funding for the Work Support Strategies initiative. North Carolina received a \$250,000 planning grant, which runs through early 2012.

The Work Support Strategies: Streamlining Access, Strengthening Families initiative aims to provide a select group of states with the opportunity to design, test, and implement more effective, streamlined, and integrated approaches to delivering key supports for low-income working families, including health coverage, nutrition benefits, and child care subsidies.

This initiative of the Ford Foundation and its partners, the Urban Institute and the Center on Budget and Policy Priorities, will invest \$15 million over a five-year period to build on recent state and federal innovations by providing states with expert technical assistance, peer support and financial backing to take their efforts to the next level.

The Work Support Strategies team includes staff from divisions in DHHS that have a direct relationship with local departments of social services as well as local DSS directors and staff from within local social services offices.



Work Support Strategies Team members, Nicki Perry, Beth Holmes and Chris Urso look on as Carolyn McClanahan discusses a topic with the group.

— Jim Jones, Photos

The overall goal of this initiative is to create a new service delivery model for North Carolina families in need. Such a service delivery system will serve families and individuals in a holistic manner as is championed by DHHS Secretary Lanier Cansler, asking them to tell their story once rather than multiple times.

North Carolina aims to eliminate duplicative or redundant steps in application and recertification processes; improve coordination amongst human service benefit programs; support the integration and automation among program-based systems; and eliminate the silo approach to benefit delivery.

The planning year of Work Support Strategies has been influenced by several DHHS initiatives, including

NC FAST, DHHS Ex-cels and the work being done by the Integrated Eligibility Project team. Each of these initiatives will influence how services are provided to families in need and the grant team is working in step with these initiatives in moving forward. The project has also been influenced a great deal by data-driven outcomes. This information has come from a variety of existing data compiled within DHHS but also by working with local

partners to survey both local DSS staff as well as clients being served to better understand their experiences when consumers access services.

With this initiative, North Carolina hopes to capture the attention and imagination of all stakeholders – including the federal government, the state executive and legislative branches, counties, case workers, citizens and community partners – in order to build a visionary, forward-thinking service delivery system from the ground up. Such a service delivery system will benefit

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Work Support Strategies, continued from page 12

the citizens of North Carolina, whether their primary perspective is that of a client, taxpayer, business owner or state official.

As year one of the grant comes to an end, the project team is working on North Carolina's application for an implementation grant. States chosen for an implementation grant will experiment with new integrated approaches to delivering work supports to low-income families, including health coverage, nutrition benefits, and child care subsidies. ■

*– Lori Walston,
DHHS Public Affairs*



Lindsey Shewmaker from Orange County DSS provides the workgroup with perspective from the local level as Orange DSS Director Nancy Coston listens.

E-Recruit delayed to January

Last month's edition of the DHHS Employee Update newsletter included an article on the new online employment application process, E-recruit.

The implementation date for E-recruit was originally set for Dec. 16. The Office of State Personnel has decided to delay E-recruit implementation to Jan. 9 for applicant use. The delay is to allow additional time to complete statewide training of human resources staff and other core users. ■

Nomination deadline nears

Larkins Award and MLK Day preparations under way

Do you know a permanent state employee in your work section who best exemplifies the deeds of John R. Larkins in human and race relations in the workplace and community?

If so, there is a nominations committee waiting to hear from you.

Nominations are due Dec. 15 for the 2011 John R. Larkins Award, given annually during the State Employees' Martin Luther King Jr. Day observance.

The observance is scheduled for noon on Friday, Jan. 13, at First Baptist Church of Raleigh, 99 N. Salisbury St., Raleigh..

The John R. Larkins Award was established in 1998 as one of North Carolina's highest honors for human service. Dr. Larkins was a trailblazer in state government, and demonstrated a pioneering spirit in the creation and implementation of programs. This esteemed award is given annual to a state employee who has exemplified tireless efforts to improve human and race relations in state government.

If you wish to nominate someone for this recognition, or if you have any questions, please contact Kathie Pierce at 919-733-5201. Details about how to nominate a coworker for this prestigious award are at www.mlk2012.nc.gov/

State Employees' Dr. Martin Luther King Jr. Day Observance Program & John R. Larkins Award Ceremony

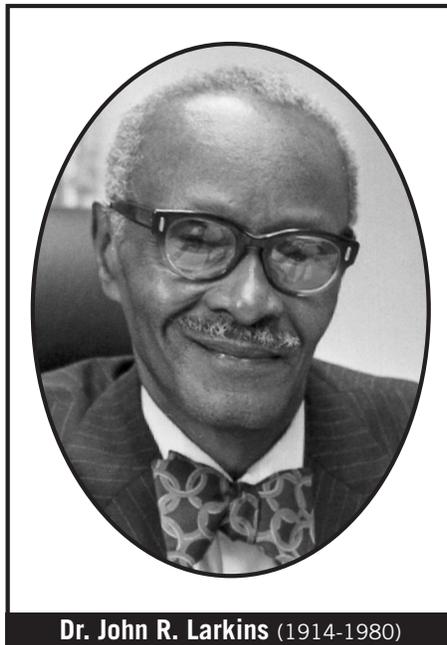
"We refuse to believe that there are insufficient funds in the great vaults of opportunity of this nation."
DR. MARTIN LUTHER KING, JR.

Be a part
Noon
Friday, Jan. 13, 2012
First Baptist Church
99 North Salisbury Street
Raleigh, NC 27603

Nominate
Click here to nominate a special state employee for the prestigious 2012 John R. Larkins award to be presented at observance ceremony

Make a difference
Calling all State employees!
Honor Dr. King through service
Click here to learn more

Co-sponsored by Martin Luther King Jr. Commission



Dr. John R. Larkins (1914-1980)
Pioneer in the Quest for Equal Opportunities for All Citizens

For the MLK observance, singers are needed. Contact Lloyd E. Inman Jr. (Lloyd.Inman@ncdenr.gov) if you are interested in adding your voice to the State Employees Choir before the end of December. The choir is open to all retirees and active state employees.

In a Nov. 15 letter seeking nominations and promoting the MLK observance, Gov. Bev Perdue encouraged service to others. "In the interest of furthering our public service efforts on the day we recognize Dr. King's and Dr. Larkins' contributions, state employees are encouraged to give back by volunteering in their local communities. Your commitment to volunteer helps to further Dr. King's dream, while allowing your fellow man to realize his own." ■

— Jim Jones,
DHHS Public Affairs

VR's WorkSource West celebrates renovations

WorkSource West, the Division of Vocational Rehabilitation Services' western regional facility in Morganton, hosted a Nov. 18 open house to celebrate completion of a \$1.8 million, year-long renovation project.

Funded by the American Recovery and Reinvestment Act, the improvements included a new heating and air conditioning system, energy-efficient windows, ceiling lights and new flooring.

There had been no structural updates to the building since 1971 when vocational rehabilitation programs at the J. Iverson Riddle Developmental Center, Broughton Hospital and N.C. School for the Deaf were combined at the facility's current Enola Road location.

WorkSource West provides hands-on training and in-place work experience to individuals with disabilities to assist them with obtaining employment. ■



Celebrating renovations

Staff and guests crowd beneath a sheltered entryway at WorkSource West in Morganton for a ribbon cutting. Holding the scissors, center, are Mayor Mel Cohen and facility Director Connie Barnett.

Kevin Earp recognized for service to Deaf

Statewide Coordinator for Deafness and Communicative Disorders Kevin Earp was presented the prestigious President's Award for Distinguished Service by the North Carolina Association of the Deaf at its conference held on Nov. 19 in Greensboro.

The award was given in recognition of service contributing to the welfare of deaf persons throughout North Carolina and in recognition of contributions to the improvement of the North Carolina Association of the Deaf.

Earp, an employee of the Division of Vocational Rehabilitation Services, was recognized for his efforts to promote improvement towards the Deaf, Deaf Blind and Hard of Hearing throughout North Carolina.

He is responsible for developing statewide policy and program resources for rehabilitation counselors for the Deaf and hard of hearing and for consumers



Earp with award
– Photo by Jim Jones

who are deaf, deaf-blind, hard of hearing, late-deafened and speech-impaired in North Carolina.

Earp worked as a VR counselor for the deaf for more than 10 years. He also worked with Sprint as the Relay N.C. program manager for more than five years. In 2009, he accepted his current position with Vocational Rehabilitation.

He serves on the Human Rights Committee at Eastern North Carolina School for the Deaf (ENCSD), N.C. Mental Health Council for the Deaf and the Hard of Hearing, N.C. Council for the Deaf and the Hard of Hearing, and other numerous committees. He also works with Deaf Blind individuals as support service provider at Camp Dogwood and at the N.C. Deaf Blind Association Conference and he works with the N.C. Deaf Black Advocates as well. ■

Assistive tech consumer a 'star witness' at U.S. Department of Education

The N.C. Assistive Technology Program (ATP) in the Division of Vocational Rehabilitation Services was one of four programs nationwide to present recently on the benefits of assistive technology at the U.S. Department of Education.

Two ATP staffers, Director Tammy Koger and speech-language pathologist Celeste Helling, were accompanied by members of the Haas family of Charlotte, Susan, Hannah, Kasey and Lexi, when they talked about the benefits of the device-demonstration and loan program and the long-term support and follow-up provided by ATP staff.

Nine-year-old Lexi, diagnosed with the neurological injury, kernicterus, is an ATP consumer who uses several assistive devices including a power wheelchair, educational software and

adapted toys. Assisted by her iPad, Lexi told her audience:

My name is Lexi and I have kernicterus and cerebral Palsy, but that isn't all I have. I have friends, French class, basketball games with my family and horseback riding at Harry's farm. I have snowball fights and book club and hide-and-go seek, plus swimming, dancing and singing. I have art and bowling and trick-or-treating and Harry Potter books with my sister Kali. I have cerebral palsy but I have all of these other things because I have assistive technology. If you have a bad case of cerebral Palsy, you will want assistive technology. You can call my friend Celeste, and she will help you out. She will keep coming to see you, even if sometimes you cry and maybe aren't in a very good mood. She won't stop coming to see you, because good friends are like that. You can

also go to her office, and she has lots of things you can try. There is a room filled with toys that you can turn on with a switch and books you can listen to on your computer. There are usually other people there, and they are learning how to use assistive technology, too. Sometimes they are kids like me at her office, and we can talk. I don't really want assistive technology. I would prefer it if I could do things the regular way, but until that happens, I am glad assistive technology lets me have more than just cerebral palsy.

During their visit, Lexi and family used the opportunity to educate legislators, including North Carolina's Sen. Kay Hagan, on assistive technology. For more on Lexi, visit her website www.lexihaas.com. ■



Lexi Haas, center, is surrounded by (clockwise from left) Kasey, Hannah and Susan Haas, during visit with Sen. Hagan.

DMA chooses new diabetic supplies vendor; annual savings of \$6 million expected

The Division of Medical Assistance (DMA) is set to save \$6 million per year through a new sole-source contract for diabetic supplies.

Roche Diagnostics Corp., maker of the Accu-Chek line of blood glucose meters and test strips, beat eight competitors for the contract, which took effect Nov. 15. It is for one year, with options for another two years.

DMA entered a similar arrangement two years ago with Prodigy Diabetes Care. That contract expired Nov. 14.

The Division is working with both Roche and Prodigy on a transition plan that will extend into January. During the transition period, Roche will provide a glucose meter to the nearly 77,000 N.C. Medicaid and N.C. Health Choice members living with diabetes. As under the previous contract, other brands will be available on a prior-approval basis for specific medical circumstances.

The meters are free. DMA will reimburse for disposable test strips, control solution, lancets and lancing devices. Insulin syringes, which Prodigy sup-

plied under the expiring contract, are no longer a sole-source item.

Savings to the state and taxpayers come through volume-based rebates Roche will pay DMA for exclusive use of its products. Roche's anticipated rebates payable to DMA will surpass \$6 million annually — more than \$2.3 million per year above the second-place bidder. Prodigy's expired agreement with DMA called for \$2.1 million in annual rebates. ■

— Brad Deen, DHHS Public Affairs

Performance Management for Employees course is online

The Division of Human Resources is pleased to announce that the Performance Management for Employees course is available online at:

www.ncdhhs.gov/humanresources/pms/pm/employees/

Included in the online module are policy changes, the new work performance plan form, and the DHHS Values. All employees are encouraged to take a look.

In light of the Performance Management policy changes this year, the Division of Human Resources and Staff Development have also provided in class refresher Performance Management training for more than 1,000 managers and supervisors across the department.

Since March 2011, this training has been a "just in time" service to supplement HR's existing Performance Management in-class training. HR also maintains an online library of resources which include a Supervisor's Guide to

Writing Result Expectations at: www.ncdhhs.gov/humanresources/pms/pm/supervisors/ and a Performance Management Transition Guide at: www.ncdhhs.gov/humanresources/pmtransition/.

Visit the Human Resources web site at www.ncdhhs.gov/humanresources/ for more information on Performance Management as well as other DHHS policies and procedures. ■

*— Annis C Barbee,
Division of Human Resources*