



EmployeeUPDATE

Our Mission: To serve the people of North Carolina by enabling individuals, families and communities to be healthy and secure, and to achieve social and economic well-being.

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

Cansler delivers commencement address to GMS graduates

DHHS Secretary Lanier Cansler gave the commencement address to the graduating class at the Governor Morehead School for the Blind on June 9.

Cansler noted the bittersweet timing of his address since GMS and the schools for the deaf in Morganton and Wilson transitioned from DHHS to the Department of Public Instruction on June 1.

GMS graduated six students, including valedictorian Johnathan Kirk and salutatorian Jasmyne Jones.



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Secretary Cansler addresses graduates.



Johnathan Kirk delivers the Valedictorian address to his fellow students, challenging them to not let life hold them back from accomplishing their dreams.



Salutatorian Jasmyne Jones brings the welcome to family, staff, students and guests attending the ceremony.

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GMS graduate DJ Robinson speaks with a reporter from News14 Carolina on what his experience at GMS has meant to his life.



Sec. Cansler reminds the graduates of the changes that come at every milestone of their lives.
– Photos by Jim Jones



Tell us how DHHS Excels is working for you!

If you have a great example of DHHS Excels at work, tell us about it.

We're in search of stories about you or your co-workers who exemplify the values of DHHS Excels.

Do you know of a colleague who has gone above and beyond to be Customer Focused, Anticipatory, Collaborative, Transparent or Results Oriented? If so, send us an email message at ncdhhs.gov/excel detailing the work that makes DHHS Excels shine. Don't forget to include the name, telephone contact and the division and title so that we can find your nominee. ■

DHHS Excels values in action help patient receive care

You probably have heard Secretary Cansler saying, “we need to stop treating parts of people and focus on treating the whole person.” In a siloed DHHS – one where each element stands alone - consumers often were on their own to find needed services spread over an array of programs, divisions, facilities, providers and regional operations.

Too often DHHS Excels is viewed as something new and additional to do; but that is not the case. Instead, it is the foundation for how we do what we do. A recent example of three divisions working together verifies that implementing the DHHS Excels values of collaboration and customer-focus leads to positive outcomes for consumers.

This was clearly demonstrated recently for a state resident served by multiple DHHS agencies. Historically, within a fragmented and siloed system, individuals with severe medical problems may not have had the opportunity to be linked into medical systems of care after discharge from a state psychiatric hospital.

With patient outcome as the foundation for interagency collaboration, the Division of State Operated Healthcare Facilities asked the Office of Rural Health and Community Care (ORHCC) for assistance in locating a physician for an uninsured, homeless patient with a complex medical condition who was

being discharged from Broughton and required extensive specialty care.

ORHCC’s HealthNet Program put out a call for assistance to various state and local resources. E-mails were flying and partners (internal and external) were building a virtual safety net for this most vulnerable individual. Within 36 hours these collaborative partners had already lined up the following resources.

- The free clinic offered to link the patient with physicians who donate free care in the community.
- A surgical appointment was scheduled.
- The LME provided a mental health care manager who connected the patient with a social worker.
- DMA provided the mental health care manager with Medicaid eligibility information, SSI information and linkage to the County DSS supervisor.
- The mental health care manager completed a Medicaid application and sent it to the county DSS. The care manager will also complete an SSA Disability/SSI application for immediate “presumptive disability” assistance.
- The local CCNC network serving residents in the involved county is “in the loop” and ready to assist the mental health care manager once Medicaid is approved.

- The HealthNet Network at the site of hospital medical care is connecting the mental health care manager with the hospital discharge planners to begin planning the patient’s post-op care.

This collaborative team continues working together to identify the resources necessary not only to address the immediate urgent need but to holistically address this individual’s social and health care needs in the long term (e.g., housing, transportation, post-op care).

This is a perfect example of how the many DHHS services and programs can use collaboration to achieve better outcomes for consumers—not only did this collaboration improve medical outcomes and reduce human suffering, it may ultimately reduce costs.

Thanks to Chris Collins, deputy director of the Office of Rural Health and Community Care (ORHCC); Anne Braswell, HealthNet program director, ORHCC; and Dr. Susan Saik, medical director, Division of State Operated Healthcare Facilities for demonstrating that Excels values are not an add-on task, they are the foundation for achieving positive results.

Way to go, ladies! ■

– Sandra K. Trivett,
DHHS Special Projects

Combined Campaign planning under way



Members of the DHHS planning committee for the 2011 State Employees Combined Campaign are already working on details for this fall's campaign. We'll all be hearing more about the annual campaign for charitable contributions in the coming months. The campaign is led by state employees for state employees and supports more than 1,000 nonprofits of the employee's choice. (Left to right) Jim Williams, Office of the Secretary; Martha Lamb, Division of Mental Health/Developmental Disabilities/Substance Abuse Services; Mary Paisley, director, N.C. SECC; Sandra Trivett, Office of the Secretary; Allyson Lyon, Office of the Secretary; Debra Nichols, Division of Health Service Regulation; Lisa Moon, Division of State Operated Facilities; Lisa Lyons, Division of Child Development and Early Education; and Julie Burbee, Division of Medical Assistance. – Photo by Jim Jones, DHHS Public Affairs

DHHS transitions CARE-LINE calls, transforms DHHS Call Center operations

The North Carolina General Assembly has directed that the CARE-LINE Information and Referral operation be eliminated effective July 1, 2011, and, as with other budget reductions adopted by the General Assembly, DHHS is committed to accepting the challenges of implementing this reduction. Staff at all levels throughout the Department have been engaged in contingency

planning at a fever pace. Effective July 1, 2011, here are some of the highlights of what you can expect:

- The current CARE-LINE numbers (1-800-662-7030; TTY: 1-877-452-2514) will continue to be active utilizing the DHHS Customer Service Center (formerly the DSS Martin County Call Center) after July 1, 2011.
- The Customer Service Center will provide live call support for certain categories of calls from callers who have complex questions.

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DHHS transitions CARE-LINE cont. from page 4

- Call boxes will be utilized to provide enhanced self-service options for callers seeking non-urgent information. Answers to common questions and information will be available using automatic queues or prompts.
- Enhanced tools available to provide effective information and referral assistance. DHHS is exploring utilizing website content, key word searches, relationship with 2-1-1, and NCcare-LINK, etc.
- DHHS Open Window is being enhanced to include links to commonly searched topics and provide answers to frequently asked questions.

Divisions and offices are being asked to discontinue producing any new materials such as brochures, posters, news releases, interviews, fact sheets, web pages, and other communications or publications referencing CARE-LINE or the utilization of the CARE-LINE number at this time.

“The CARE-LINE staff in the Office of Citizen Services has provided a valuable service to the citizens of North Carolina for the past 36 years and we thank them for their dedication and work,” said Marjorie Donaldson, Call Center transition coordinator. “DHHS will continue exploring its internal capacity to manage information and referral in the future as well as

evaluating relationships with other entities that have information and referral services.

“The planning for this transition has happened quickly and we appreciate all who have been a part of the effort,” added Donaldson. Please feel free to email Marjorie Donaldson at Marjorie.Donaldson@dhhs.nc.gov, Call Center transition coordinator for DHHS if you have suggestions or questions about these changes. ■

DHHS leaders sign Healthy NC 2020 pledge



DHHS Leadership Team members joined in the mission to create ‘A Better State of Health in North Carolina’ by signing the Healthy NC 2020 pledge at their June meeting. Pictured with State Health Director Dr. Jeff Engel (far left), are from left, Luckey Welsh, Division of State Operated Healthcare Facilities; John Price, Office of Rural Health and Community Care; Dennis Streets, Division of Aging and Adult Services; Deb Cassidy, Division of Child Development and Early Education; and Sherri Bradsher, Division of Social Services. You, too, may sign the pledge by visiting www.publichealth.nc.gov/hnc2020 – Photo by Julie Henry, DHHS Public Affairs

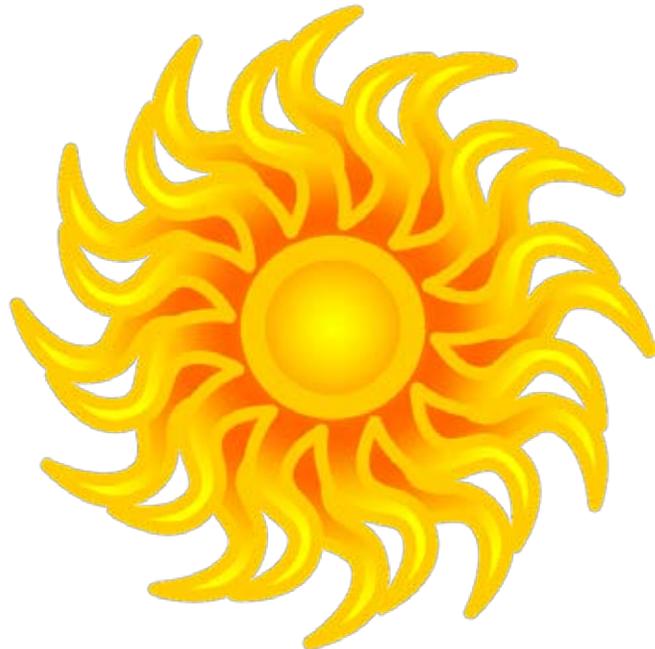
Beat the heat this summer

If you are headed to the beach this month, you may be considering how you'll protect yourself or your family from too much time in the hot sun.

And if you do not go to the beach – you are still susceptible to heat illness by staying at home. According to data from the N.C. Disease Event Tracking and Epidemiologic Collection Tool (NC DETECT), there have been more than 400 visits to emergency departments across the state due to heat-related illness since May 1. Most of the visits are among young and middle age adults who had been working or playing outdoors.

The Division of Public Health offers some tips to protect you and your family on hot days:

- Drink plenty of water or fruit and vegetable juices. Avoid caffeine or alcohol.
- Limit your time outdoors, especially in the afternoon when the day is hottest.
- Be careful about exercising or doing a lot of activities when it is hot. Stay out of the sun, take frequent breaks, drink water or juice often, and watch for signs of heat exhaustion or heat stroke.
- Dress for the weather. Loose-fitting, light-colored cotton clothes are cooler than dark colors or some synthetics.



- If you live or are vacationing in a home without fans or air conditioning, open windows to allow air flow, and keep shades, blinds or curtains drawn in the hottest part of the day or when the windows are in direct sunlight.
- Try to spend at least part of the day in an air conditioned place. Cool showers can help, too. Do not use a fan when the air temperature is above 95 degrees - it will blow hot air, which can add to heat stress.
- Never leave a child or a disabled or elderly person or a pet in an unattended car, even with the windows down. A closed vehicle can heat up to dangerous levels in as little as 10 minutes.

For more information and for details on symptoms of heat illness, visit www.publichealth.nc.gov/chronicdiseaseandinjury/heat.htm ■

– Julie Henry, DHHS Public Affairs

Poster Day celebrates collaboration among programs

The Epidemiology and Evaluation Team held its tenth annual Poster Day session on May 13th at the Division of Public Health's Six Forks Campus. More than 90 people participated in the event.

Sixteen informative and creative posters were displayed from a wide array of disciplines. Topics included "Children's Health in Rural Communities: Results from the North Carolina BRFSS and CHAMP Surveys," "North Carolina Heart Disease and Stroke Prevention Program: GIS Training," and "Trends in Violent Death and Suicide among Law Enforcement Officers in North Carolina, 2004-2008."

Karen Knight, director of the State Center for Health Statistics, gave welcoming remarks and cited the Epidemiology and Evaluation Team, or EET, as a great example of Division of Public Health staff members working together across programs.

This year's poster winners were:

1st Place: Katie Harmon – "Improving Surveillance of Intimate Partner Violence (IPV): A Collaboration between the North Carolina Violent Death Reporting System and Domestic Violence Prevention Organizations."

2nd Place: Parvati Potru – "Radio Marketing Campaign to Increase Hypoglycemia Awareness Among



Terence Fitz-Simons reviews his findings on disparities in the Breast Cancer Program with Teri Swezey. – Photo by Audrey Loper

People with Diabetes in North Carolina."

3rd Place: Mercedes Hernández-Pelletier & Sandy Mort – "Badin Lake Fish Advisory Sign Evaluation."

The EET includes more than 40 members from several sections: Chronic Disease and Injury, Women's and Children's Health, the State Center for Health Statistics, and Epidemiology.

Monthly meetings provide a forum for staff to share works in progress across sections in a friendly, respectful atmosphere and to obtain feedback and assistance with project challenges.

Anyone with job responsibilities or a strong interest in epidemiology or evaluation is welcome to join the team, which meets on the fourth Monday of each month from 10–11:30 am on the Six Forks Campus.

For more information on EET, join the EET listserv at <http://lists.nc-mail.net/mailman/listinfo/dph.epievalteam> or contact Scott Proescholdbell at 919-707-5442 or Scott.Proescholdbell@dhhs.nc.gov.

– Audrey Loper,
Division of Public Health

Awareness month concludes with walk

Staff at DHHS continued the observance of Vulnerable Adult and Elder Abuse Awareness Month in North Carolina with a highlighted observance of World Elder Abuse Awareness Day on June 15.

Division of Aging and Adult Services Director Dennis Streets somberly noted that every 2.7 minutes an older adult is abused or neglected in the United States as he welcomed those who gathered for a Walk of Remembrance and Open House held at the DAAS office on June 13.

Staff at the Division of Aging and Adult Services (DAAS), along with other DHHS divisions, the Governor's office and other community partners participated in the walk around the Dix Campus.

Signs offering statics and facts about elder abuse were posted around the walker's path. ■

– Lori Walston, DHHS Public Affairs
– Photos by Christie Adams



Winslow is named new OEMS medical director

Dr. James E. “Tripp” Winslow III has been chosen from among a competitive group to fill the position of state EMS medical director for North Carolina effective June 1.

Winslow is board certified in Emergency Medicine and served as an associate professor and attending physician with the Department of Emergency Medicine at Wake Forest University School of Medicine prior to the appointment.

Winslow replaces Dr. Greg Mears who held the position for 13 years and brought national attention to emergency medical services in North Carolina through his ongoing work that explores the benefits of accumulating data from the field to improve patient protocols and outcomes.

“We are delighted that Dr. Winslow has joined our team, and look forward to benefitting from the skills he brings to EMS for North Carolina,” said Regina Godette-Crawford, chief of the state Office of Emergency Medical Services.



Dr. James E. “Tripp” Winslow III

Winslow’s most recent responsibilities also included serving as medical director for Person County EMS and associate medical director for Forsyth County EMS. He also served as law enforcement tactical physician for Forsyth County Special Weapons and Tactics team personnel.

Winslow’s professional memberships and service include North Carolina Medical Society, American Medical Association, Emergency Medicine,

National Association of EMS Physicians, American College Emergency Physicians, and a member for North Carolina College of Emergency Physicians Board of Directors serving as chair of the EMS Committee and the North Carolina EMS Advisory Council.

He has been the recipient of numerous awards and honors throughout his career. He has an extensive grant writing portfolio and published numerous articles and abstracts on pre-hospital emergency medicine, diagnostic radiation exposure, and trauma related research.

“Dr. Winslow has the understanding, commitment, and dedication to ensure that we will move forward seamlessly,” Godette-Crawford said. “Please join me in congratulating Dr. Winslow on this appointment and welcoming him to the OEMS team.” ■

– Jim Jones, DHHS Public Affairs

DMA director joins national board

Division of Medical Assistance (DMA) Director Dr. Craigan L. Gray has been elected to a two-year term on the board of the National Association of Medicaid Directors.

Dr. Gray said service on the association's board will provide an "opportunity for the North Carolina Medicaid program to influence health policy nationally."

The National Association of Medicaid Directors (NAMD) is a bipartisan, professional, nonprofit organization of representatives of state Medicaid agencies, including the District of Columbia and U.S. territories. NAMD represents the views of state Medicaid programs to federal authorities and provides a venue for states to exchange information on Medicaid issues.



Dr. Craigan L. Gray

The association elects two board members from each of four regional districts (East, South, Midwest and West), plus one to represent territories. An elected president, vice-president and past president round out the 12-member NAMD board.

Dr. Gray, a former practicing OB-GYN, is already involved with other state Medicaid directors in an initiative through the nonprofit Milbank Foundation to improve birth outcomes. One of his goals on the NAMD board, he said, will mirror DMA's recent emphasis on having clinically derived, outcome-driven metrics raise the quality of care for Medicaid recipients.

"As we use the power of the Medicaid program to improve the standard of care across North Carolina, we have an obligation to share with and learn from others," he said. ■

– Brad Deen, DHHS Public Affairs