

# dhhs 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

## State-run shelter helps those with special needs

GREENVILLE – While Hurricane Irene approached North Carolina on Aug. 26, arrangements were being made by DHHS staff to shelter evacuees with medical needs on the campus of the Walter B. Jones Alcohol and Drug Treatment Center (ADATC) in Greenville.

The opening of the shelter was in response to Gov. Bev Perdue's call for all efforts to be made to secure the safety of people in the path of the hurricane. She praised the efforts of all levels of state and local responders for their preparation and lightning fast reaction to meeting the special needs of people during the storm, especially those with medical conditions requiring special care.

“North Carolinians always pull together in a crisis. We have the finest trained and dedicated emergency responders in place and we are always ready and standing by to assist with any hurricane-related



Road and parking lot at the Walter B. Jones ADATC was inundated with up to 30 inches of water in spots at the height of the storm on Aug. 27 when center nurse Kim Webster shot this photo from her car.

needs as long as this emergency continues,” said Gov. Perdue.

With the approaching hurricane's wind and rains pummeling the eastern part of the state, emergency response members at the state and local level

had to make the call on how to handle and treat people with medical conditions who were forced from their homes and could not be managed in a general emergency shelter, yet did not require hospitalization.

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ADATC Director Theresa Edmonson received word the afternoon of Aug. 26 that Pitt County Emergency Management was activating the state-run Special Medical Needs Shelter (SMNS) in response to Irene. By prearrangement the facility had designated the recreation therapy building as the base of operations for the emergency shelter.

The State Medical Response System coordinated set-up of the shelter with ADATC staff. Medical responders included teams from three EMS regions: a medical team from Duke, equipment and logistics from the Metrolina (Mecklenburg) unit, and backup medical support from the Capitol unit. State Office of Emergency Medical Services Assistant Chief Tom Mitchell and other state OEMS staff arrived on site Aug. 26 to commence conversion of the space to a medical shelter. “We can’t say enough about the folks at the ADATC,” Mitchell said. “They were just fabulous.”

Preparations included setting up one of Pitt County’s emergency generators that had already been prewired to work at the site, covering all windows and having maintenance staff on hand round the clock to deal with any support assistance if needed. The ADATC also provided supplemental medical equipment such as beds, stretchers and lift chairs when needed.

At the peak of operations there were 35 health care professionals ranging



A medical team from Duke staffed the shelter at Walter B. Jones ADATC. Top photo, caring for a patient. Bottom left, charting. Bottom right, care group surrounds patient and patient’s daughter as daughter thinks them before taking her mother home.

– Photos by Jim Jones, DHHS Public Affairs

from physicians, pharmacist, nurses, paramedics, respiratory therapist, administrative staff, and law enforcement officers on campus caring for up to 25 patients from Hyde, Tyrrell, Bertie, Pitt and Beaufort counties. The collaborative team included personnel from Pitt County Emergency Management, local DSS, the State Medical Response Team and WBJ ADATC.

“It was a pleasure and honor to work with such caring and compassionate health care professionals,” Edmondson said. “Many of these people left their own families in the face of the hurricane to come here and assist caring for the most vulnerable population in eastern North Carolina. I am eternally grateful for their commitment and dedication.” ■

– Mark Van Sciver,  
DHHS Public Affairs

## DHHS responds to Irene's victims

While Hurricane Irene was looming and intensifying in the warmer waters near the coast of Florida, several teams of Department of Health and Human Services staff from multiple divisions were preparing to put staff in place with the skills needed respond the anticipated needs before, during and after the storm struck coastal area North Carolina counties.

By the Wednesday before the weekend storm, evacuations were in progress and shelters were being prepared. Extra staff had been recruited to work, and equipment was being pre-positioned to meet anticipated needs. Medically fragile residents in harm's way were being identified, and plans were made to relocate them to safer areas. Potential problems were being identified and trouble shooting by specialists looked to the future.

"Our employees are always at the ready when there is the potential for human need in the face of hurricanes and other situations that put our citizens at risk," said DHHS Secretary Lanier M. Cansler.

"Our staff's many efforts that resulted in moving people out of harm's way, assuring appropriate sheltering and providing for their needs after the storm has passed, and meeting other needs, reflect the dedicated, caring spirit of our department and its employees. Our folks truly come through when their help is needed."

The efforts, plans and experience paid off in a big way for residents in the eastern part of the state, whether it was making sure that sufficient shelters were in place, that mental health and public health needs would be met, that licensed care facilities were taking all precautions for their residents and patients, or that a shelter for people with medical needs was operational and within the reach of area emergency medical transports.

In the wake of the storm, efforts continued to assure that people who suffered losses would have assistance available to help with their recovery.

It's a drill familiar to the many offices and divisions of DHHS that routinely respond: the divisions of

Social Services, Public Health, Mental Health, Developmental Disabilities and Substance Abuse Services, Services for the Deaf and Hard of Hearing, Child Development and Early Education, Aging and Adult Services, State Operated Healthcare Facilities, and Health Service Regulation.

Concerns range from problems at shelters – loss of power, flooding, staffing with public health nurses, bats, special language needs, mental health needs and problems that cropped up in shelters, and mass feeding. Coordination was ongoing from the confines of the Emergency Operations Center in the basement of the Administration Building in downtown Raleigh, where elements of the State Emergency Response Team came together to counter the punches of Irene, and from state offices as agency staff responded where needed.

Good job, DHHS employees! ■

– Jim Jones,  
DHHS Public Affairs



# Hurricane season is preparedness season in North Carolina

North Carolina's susceptibility to hurricanes demonstrates the importance of having a preparedness kit for your family.

If you have never taken the time to develop a family disaster plan or a disaster preparedness kit, the guide located at the URL below will help you do so. Keep in mind that the following steps outline practical information on how you and your family can prepare for ANY disaster.

Disaster preparedness works. Taking action now will help protect your families, reduce the impact an emergency has on your lives, and help deal with the chaos whenever an incident occurs near you.

In short, you should be prepared to improvise and use what you have on hand to make it on your own for at least three days. Two weeks would be even better. While there are many things that might make you more comfortable, think first about fresh water, food and clean air. Consider putting together two kits. In one, put everything needed to stay where you are and make it on your own. The other should be a lightweight, smaller version you can take with you if you have to get away.

Plan on needing a gallon of water per person per day. Include canned and dried foods that are easy to store and prepare. During cold weather, include warm clothes and a sleeping bag for each member of the family.

Start by gathering basic emergency supplies – a flashlight, a battery-powered radio, extra batteries, a first aid kit, toiletry, prescription medicines and other special things your family may need.

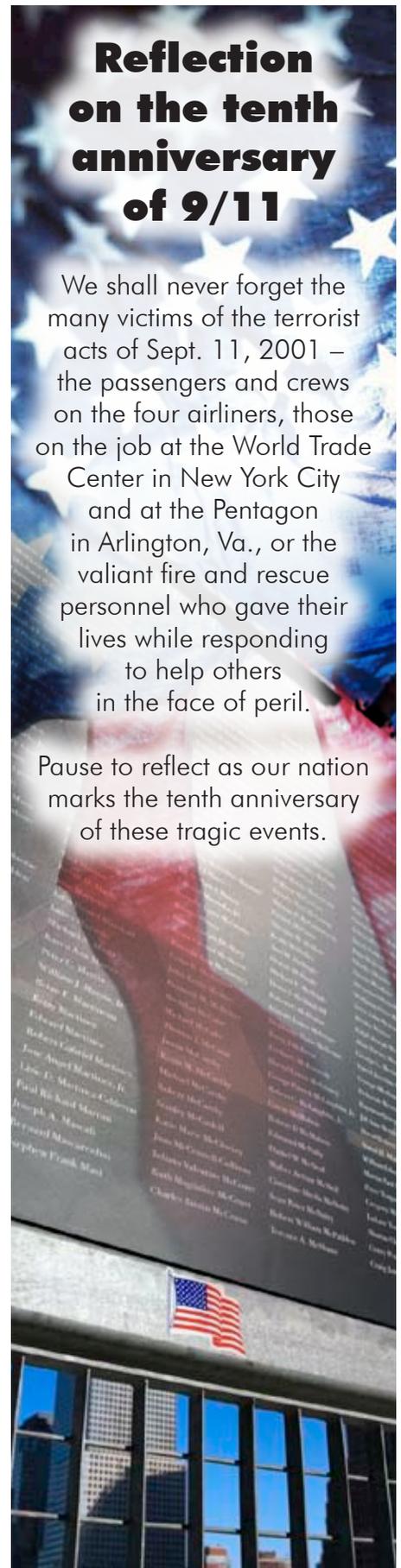
Instructions for preparations for hurricanes and other emergencies are available at [www.ncready.org](http://www.ncready.org). ■

– Bill Furney, *Public Health Preparedness and Response*

## Reflection on the tenth anniversary of 9/11

We shall never forget the many victims of the terrorist acts of Sept. 11, 2001 – the passengers and crews on the four airliners, those on the job at the World Trade Center in New York City and at the Pentagon in Arlington, Va., or the valiant fire and rescue personnel who gave their lives while responding to help others in the face of peril.

Pause to reflect as our nation marks the tenth anniversary of these tragic events.



# State Employees Combined Campaign kick-off

If you are on or near the Dorothea Dix campus in Raleigh on Sept. 14, between 11:30 a.m. and 1 p.m., you are invited to join the fun at the Dix Grill for the DHHS kick-off event for the State Employees Combined Campaign, featuring entertainment, door prizes, and free ice cream sundaes courtesy of the State Employees Credit Union.

Door prizes, fun  
and fellowship!

Free  
ice  
cream!

The management of the Dix Grill is offering a lunch special of pizza, salad and tea for \$3 – buy lunch and you are automatically entered into the drawing for door prizes. Tickets will be on sale at the door or you can purchase them in advance from your work place SECC volunteer.

Representatives of some of the more than 1,000 charities which are part of the SECC will be there to answer questions about what they do, the people they serve and the huge reliance they have on DHHS to make their good works possible.

The department's kick-off is one of several planned throughout DHHS, as divisions and offices also launch their own efforts for this year's campaign.

Last year, DHHS raised \$362,686 – second only to the Department of Correction. Our goal this year is to increase that amount, but more importantly, increase our number of contributors.



Soon you will receive pledge information from your on-site volunteer. Please consider supporting the charity of your choice. Any amount is appreciated, and you can make your pledge on line or via a paper form. Yes, times are tough. But when times are tough, the tough get going with what they know they have to do – and that is helping others!

Thanks so much for your generous consideration of the charity of your choice through the SECC!

**Hope to see YOU on the 14<sup>th</sup>. ■**

*– Sandra Trivett,  
Department Executive  
for the SECC*



# DHHS takes on new responsibilities

Secretary Lanier Cansler covered a wide variety of points in an Aug 10 webcast about developments and changes resulting from legislative and budgetary actions affecting DHHS. It was another in his series of live webcasts for DHHS employees.

For example:

- The More at Four program is part of what is now called the Division of Child Development and Early Education;
- DHHS has assumed some new responsibilities (for example, Environmental Health and Radiation Protection elements) that were previously part of the Department of Environment and Natural Resources;
- The department is working to implement legislative budget cuts, but it is proving problematic because of the time it takes to get federal approval for necessary changes to Medicaid;
- As a result of the requirement to cut administrative costs, the department gave up vacancies while trying to protect critical positions.

Clearly, according to Cansler, DHHS is facing real challenges to change the way it does business.

The broadcast also featured a presentation by a group of people who have been working diligently to make significant process and customer improvements in the eastern part of the state. To talk about this effort, Cansler introduced Philip Cook, director of Cherry Hospital; Teresa Edmondson, director of Walter B. Jones ADATC; David Jackson, systems analyst from Walter B. Jones ADATC; and Mike Vicario, vice president of regulatory affairs for the North Carolina Hospital Association.

For years an eastern hospital directors group (which includes public and private hospital directors, state personnel and LME directors) had been discussing one of the greatest challenges in their region – how to identify hospital beds available for behavioral health and substance abuse patients in a timely, efficient and user friendly manner.

Recognizing the constraints of limited funding and other resources, and by working collaboratively, a “home grown” IT solution, now referred to as the “bed board” was designed. The next hurdle was crossed by partnering with the Hospital Association which offered its IT staff and resources to facilitate expanding the network and to support the system.

Jackson of WBJ stated “that you can build anything once you figure out exactly what it is you need.” One of the greatest challenges was matching patient needs to an available bed in an appropriate care setting, and after much “percolating” of ideas, a solution was designed. According to Cook, timeliness of patient referral rates has improved and greater usage of the system is anticipated. Fortunately expansion capability was built into the system. Edmondson said that the “bed board” is allowing them to “work smarter, not necessarily harder.” Mike Vicario underscored the benefits of working in partnership to solve problems.

Cansler closed the discussion by thanking the group for its collaborative approach to problem solving. “This is a fine example of what can be accomplished when we work together.”

**(More on bed board, pages 8-9.)**

After responding to a number of questions submitted by viewers on a wide range of topics, the secretary closed the meeting by thanking DHHS employees for the hard work they do every day for the people of North Carolina. ■

– Sandra Trivett,  
DHHS Special Projects



## Cansler: No 'little guys' in DHHS, everyone's job is critical

**Question:** How do those so called little guys (nutritional services, environmental services, groundskeepers, etc.) get to be recognized and consulted about the hard work they do? Too often they are worked the hardest physically, emotionally and mentally, yet there seems to be no reward for what they do. Often they are looked down on and treated as if they don't do things to merit a raise. When does this stop?

**Response:**

*Thanks for your email during my Excels video conference on August 10<sup>th</sup>; I'm sorry that it could not be answered on the air. First of all let me say that there are no "little guys" at DHHS. Everyone on the DHHS payroll has a vital role to play in helping us meet our goals and providing excellent service to the people of North Carolina.*

*We all have different responsibilities, but each employee, no matter the job description, is unique and essential to a successful and smoothly run organization.*

*Without the nutritional, environmental and maintenance services you mention, our facilities and office buildings would fail to meet codes and standards or provide a place conducive to recovery and good health or productive office work.*



Secretary Cansler reads questions during Aug. 10 video conference. – Photo by Jim Jones, DHHS Public Affairs

*Without staff in Raleigh and elsewhere around the state (whether in office buildings or a home office) making policies and providing operational and program guidance, our facilities and other operations would flounder.*

*Likewise, if we do not have appropriate support and direct care providers in our facilities, the policy makers, bill payers, auditors and others in Raleigh and elsewhere would not be needed. All of us are essential, whether sitting in the Adams Building in Raleigh or other regional locations or riding a lawn*

*mower or preparing food somewhere else around the state.*

*Let me make it clear, it is my expectation that every employee be treated with respect and valued for what they do. Unfortunately raises are long overdue and not likely to come anytime soon. The demands on us grow every day, along with reductions in budgets. But that just means that the way we treat each other is more important than it has ever been.*

*It is also my expectation that managers and supervisors at all levels will keep their employees informed of circumstances that impact their work assignments and duties, and they are expected to recognize and appreciate good work performance and provide clear direction to improve performance when needed.*

*Thanks for submitting this question and thanks to all employees, wherever you are and whatever position you hold, for the very important work you do every day. You are appreciated very much for all you do for DHHS!*

Lanier M. Cansler  
Secretary





## **New state/private bed board pilot program to cut ER wait times for patients with mental illness or substance abuse issues**

Time is everything when a person or family member is experiencing a mental health or substance abuse crisis requiring hospitalization.

Thanks to a pilot web-based program designed by a member of the staff at Walter B. Jones Alcohol and Drug Abuse Treatment Center (ADATC), Greenville; participating hospitals and local management entities (LMEs) in eastern North Carolina now have immediate access to a website that lists available psychiatric and substance abuse treatment beds in real time. The project is a cooperative effort between the state and the North Carolina Hospital Association (NCHA).

According to DHHS Secretary Lanier Cansler, the pilot “bed board” is a real-time web application representing openings at 16 facilities with more than 650 behavioral health and substance abuse beds in the 38 counties in the eastern region. The bed board site became operational on June 13.

“This bed board is a leap forward in our approach to reducing wait times for people needing mental illness or substance abuse treatment,” Cansler said. “Our hope is that all agencies that make referrals will be able to use this tool to more quickly identify mental health or substance abuse treatment beds and make referrals. Eventually, we hope that by continuing our partnership with the North Carolina Hospital Association, we can take this system statewide.”



Panelists, left to right, David Jackson, Philip Cook, Theresa Edmondson and Mike Vicario added to discussion of bed board. – Photo by Jim Jones, DHHS Public Affairs

Theresa Edmondson, director of the Walter B. Jones ADATC, initially proposed the bed board concept and together with her staff member David Jackson developed the prototype program that NCHA then developed into a web-based application. NCHA maintains the site for the project.

“Facilities are able to update their information from their own location and most facilities are updating daily. In the past 30 days, the site has received more than

**cont. on page 9**

## New state/private bed board pilot cont. from page 8

1,600 searches by the participating facilities to match their patients to an available bed listed in this data base,” she said. “The board is also searchable, meaning that it can be used by the LMEs, hospitals and other providers to find the nearest appropriate facility that best match their patients’ needs.”

Edmondson credited David Jackson, business systems analyst at Jones, as the brains behind taking the idea of a bed board and turning it into a practical reality in just a matter of days.

“David was instrumental in helping us identify the issues so that a technological product could be built to meet the need. The NC Hospital Association joined us in these meetings because it was clear that we would need an entity like them to host the site and that would have the IT expertise to take the prototype into a fully functioning production web site. David presented his concept to the eastern region directors association and they approved the prototype for development as a web site.”

The key to making the bed board concept work depended on allowing providers to do simple real-time data updates using the web-based application, Edmondson said. The bed board also allows facilities



David Jackson explains how bed board works. – Photo by Jim Jones, DHHS Public Affairs

to filter the search by gender, age and commitment issues. She added that the board also lets providers list medical health care conditions that the facility is unable to accept – such as patients on special medical equipment or other pre-existing conditions the facility is not designed for or the staff is trained to handle.

“The N.C. Hospital Association wholeheartedly supports this united effort to connect patients who are mentally ill or have substance use issues to an appropriate facility as rapidly as possible,” said Mike Vicario, NCHA vice president of regulatory affairs. “NCHA will continue to encourage, support and assist in these types of public/private collaborative efforts as they are developed in the future.”

The eastern hospital directors group consists of state, community and private hospital directors, state personnel and LME directors. This group has been meeting with Cherry Hospital staff trying to reduce the emergency room wait times for mental health patients needing inpatient services in the eastern region.

Since April 2010, the Eastern Region program directors and LME directors began meeting with Cherry Hospital and WBJ to work on reducing the time in delay that psychiatric and substance abuse patients and families were experiencing in seeking treatment. ■

– Mark Van Sciver, DHHS Public Affairs



## Workforce Committee identifies needs

You'll recall that the DHHS Workforce Planning & Development subcommittee was organized as part of *DHHS Excels* to study issues and brainstorm ways to make workforce improvements throughout the Department of Health and Human Services.

Recently, members of the Excels Steering Committee received an update from the Workforce subcommittee and offered their feedback on issues identified by division leaders. Findings resonating with the Steering Committee and now identified as priorities for additional study included:

- Overall impact of hiring and pay freezes throughout the department
- Employee morale and recognition
- Pending retirements and the need for knowledge transfer
- Supervisors performing tasks that limit their ability to manage
- Inadequate pay structures and classification systems

Jeff Horton, chief operating officer of the Division of Health Service Regulation, expressively commented "More than any other state agency, DHHS competes with private industry for job talent,



DHHS Excels Workforce Committee shares a light moment during discussions.  
– Photo by Jim Jones, DHHS Public Affairs

especially with regard to healthcare. We need the tools to help us compete."

The Workforce Committee's current membership now consists of teams that will further study specific areas that represent a "dashboard" view of identified issues. Included are:

1. Human Resource Programs and Processes
2. Technology
3. Workforce Engagement
4. Workforce Development
5. Budget and Management

Some divisions are already taking actions to address their workforce concerns. Many of these initiatives will be part of the recommendations the subcommittee will propose in the coming months.

Assistant Secretary Dan Stewart, executive sponsor of the Workforce study, cautioned that many of the issues identified cannot be addressed solely within the department. "Even though some things are out of our direct control, like the freeze," he said, "we still hope to make recommendations for improvements going forward. We know that it is not a solution to simply ask for more money and more people to do our jobs. So, crafting a set of effective recommendations will not be an easy task. Nonetheless, I am encouraged by the work that has been completed so far and I look forward to the results." ■

– Verna Best (DSS)  
& Tom Reeher (DIRM)  
*Workforce subcommittee,  
communications*

# Vesting period changes to 10 years for new hires

House Bill 927 changed the vesting period for Teachers' and State Employees' Retirement System retirement eligibility for vested deferred, early, and service retirements from five years to 10 years for employees who become members on or after Aug. 1, 2011.

Employees hired on or after Aug. 1, 2011, as well as employees who separated from state government and received a refund of their retirement contributions and are then rehired on or after Aug. 1, 2011, are subject to the new ten-year vesting period as indicated below.

## Service Retirement (Unreduced Benefits)

You may retire with an unreduced service retirement benefit after:

- you reach age 65 and complete 10 years of membership service,
- you reach age 60 and complete 25 years of creditable service, or
- you complete 30 years of creditable service, at any age

## Early Retirement (Reduced Benefits)

You may retire early with a reduced retirement benefit after:

- you reach age 50 and complete 20 years of creditable service, or
- you reach age 60 and complete 10 years of membership service

# Broughton Hospital recognized for employee smoking cessation effort

Broughton Hospital in Morganton was recently recognized by N.C. Prevention Partners for its efforts to help employees to stop smoking. The hospital was notified that it has received the group's Gold Star Standard in recognition of the tobacco cessation programs it offers employees.

"We wholeheartedly support this tobacco cessation program and our employees who had undertaken the difficult decision to quit smoking," said Broughton Hospital Director Tom Mahle. "We support them in their effort to improve their lives and health by giving up tobacco. Hospitals are all about care. We care that our employees have the tools and support they need to put aside tobacco forever."

N.C. Prevention Partners is working with North Carolina hospital corporate leaders and staff to enhance tobacco cessation efforts and resources available to all hospital employees and patients.

Broughton Hospital provides counseling as well as nicotine replacement therapy and prescription medications to help their employees quit smoking. The hospital was also the first state psychiatric hospital to become a tobacco-free campus, according to Melva Fager Okun, senior manager with Prevention Partners.



Prevention Partners' work is funded by The Duke Endowment and is in partnership with the North Carolina Hospital Association. ■

– Renee Whisenant,  
Broughton Hospital

# DHHS employees buy fresh produce at work

Eating generous amounts of fruits and vegetables every day is an important part of a healthy lifestyle. Fruits and vegetables contain essential vitamins, minerals, and fiber that promote good health, and, as part of a healthful diet, they reduce the risk of developing many chronic diseases, including stroke and other cardiovascular diseases as well as certain cancers. Choosing fruits and vegetables instead of higher-calorie foods can also be part of an effective weight loss strategy.

The U.S. Department of Agriculture recently replaced the food pyramid with a new simpler visual designed to help consumers make healthier balanced food choices. MyPlate shows that half our plates should be servings of fruits and vegetables. Find more information about MyPlate and healthy eating at [www.choosemyplate.gov/index.html](http://www.choosemyplate.gov/index.html).

The DHHS Wellness Program works with wellness committees in each division and facility to create policies and worksites that help employees make healthy meal and snack choices. Promoting increased servings of fruits and vegetables has been a major focus this past year.

The Wellness Program has sponsored competitions to encourage employees to eat more fruits and vegetables and worked to increase access to purchasing fresh local produce.

In August, DHHS employees from all over the state participated in the second 30 Day Fruit and Vegetable Challenge. Employees received weekly healthy eating newsletters and recipes during the Challenge as they kept a log of their daily servings of fruits and vegetables to compete for small prizes.

Worksite produce sales offer employees a convenient way to purchase fresh local fruits and vegetables. Last year, the Office of State Personnel received permission to pilot the Farmer on the Mall project in downtown Raleigh. Farmer Roger Ball offers twice weekly produce sales to state employees during the growing season. Additional information on this project is available at [www.osp.state.nc.us/Wellness/farmeronthemall.htm](http://www.osp.state.nc.us/Wellness/farmeronthemall.htm).

The DHHS Wellness Program works with OSP and the Department of Agriculture to expand the pilot produce sales to other DHHS worksites in Raleigh and to DHHS facility worksites in other parts of the state.

In July, the DHHS Wellness Program, arranged for Farmer Ball to come weekly to Dix Campus to sell fresh local produce to campus employees.



K.T. Tomlinson bags produce at The Grill.  
– Photo by Jim Jones, DHHS Public Affairs



Employees can now conveniently walk to the Grill on the Hill every Monday between noon and 1:30 p.m. to purchase a variety of fruits and vegetables in season. The Wellness Program Director, Suzanna Young, also worked with the Grill staff on Dix Campus to offer a low cost weekly healthy lunch special on Mondays and to increase the number of healthy meal and snack items offered on the Grill menu. ■

– Suzanna Young,  
DHHS Wellness Program

# Fresh produce available at state operated healthcare facilities

The DHHS Wellness Program, with assistance from the Department of Agriculture, is working to identify farm vendors that might be able to offer produce sales at DHHS facilities in other parts of the state. Some DHHS facility wellness committees have already found creative ways to offer their employees convenient access to fresh local produce.

Broughton Hospital in Morganton kicked off a weekly worksite Farmer's Market in June. Sherry Helton, the hospital's wellness representative, and Broughton's wellness committee coordinated the program with ABILI-GROW, a Burke County non-profit program that helps developmentally challenged individuals learn about farming from seed to market. See ([www.abiligrow.com/home.html](http://www.abiligrow.com/home.html)).

ABILI-GROW also supplies many major restaurants in Burke County and they have a "build a basket" program that allows individuals to choose produce online for weekly delivery.

Broughton employees received information on ABIL-GROW and could pre-register to purchase produce during Broughton's *EAT YOUR COLORS* wellness event in March. Employees could continue sign up for sale notices and walk-ups were also welcome to purchase produce at the weekly sale. Broughton's wellness committee was delighted to have ABILI-GROW have a "sell out" the first sale day.

## DHHS employees at J. Iverson Riddle share their garden bounty

For several years, the wellness committee at the J Iverson Riddle Developmental Center in Morganton has been sponsoring weekly "Share Your Produce" markets during the summer months. Employees with gardens generously bring their extra produce to share with their non gardening



While vendor Arrick Gordon from Abili-Grow bends over a box, Broughton employees ponder their fruit and vegetable selections, left to right, Tripp Wall, pharmacist, Jason Miller, cook, and Barbara Hensley, food service assistant. Below, a closer look at some of the offerings. – Photos by Sherry Helton, Broughton Hospital Wellness Leader



co-workers. This has been a popular and much appreciated program by employees without home gardens.

In the coming year, the DHHS Wellness Program hopes that all department employees will have access to weekly sales of fresh local produce at their worksites during the growing season. ■

– Suzanna Young,  
DHHS Wellness Program

## Durham is trial site

# Next Generation 911 texting to assist hearing disabled

For people who are Deaf or Hard of Hearing the stress of an emergency may be heightened if communicating with emergency officials is difficult.

Staff from the Division of Services for the Deaf and Hard of Hearing are working to see that new technology provides equal access to emergency services to people who are Deaf or have hearing loss. Already trials are under way at the Durham Emergency Communications Center where initial testing is limited only to Verizon Wireless customers.

Prior to the start of the six-month trial, DSDHH was invited to help in a two-day pre-test of the system by using division contacts within the Deaf community in Durham to send test cell phone text messages. The division will work with Durham's 911 center throughout the trial period, providing texts and feedback.

The Durham center is the first in North Carolina and the second in the nation to use text-to-911 technology.

In August, DSDHH Director Jan Withers appeared before Durham City Council with Durham Emergency Communication Center Director Jim Soukup to give a report on the testing program and the impact that text to 911 would have on the Deaf community in Durham.

Council members were pleased to

learn Withers, a Durham resident, would be among those who could benefit from the new technology.

While federal standards require 911 centers across the country to have the capability of receiving text telephone (TTY) calls, technology has changed over the years. The trend has moved away from using TTYs and toward making calls via cell phone text and videophones.

In response to the changing times, Congress passed the 21<sup>st</sup> Century Communications and Video Accessibility Act of 2010. The act covers emergency communication. In it, the Federal Communications Commission (FCC) established the Emergency Access Advisory Committee to conduct a nationwide survey of people with disabilities.

The survey found:

- Sixty percent of the more than 12,700 respondents have a hearing loss while 40 percent have mobility or cognitive disabilities.
- Eighty percent indicated they would prefer to contact 911 using text or some combination of text, video and voice.
- Thirty-three percent have smart phones and would be willing to install a 911 application. Another 26 percent indicated they didn't have a smart phone, but would like to buy one in order to install such an application.

The goal of the Emergency Access Advisory Committee is an Internet enabled Next Generation 911 (NG-911) network that achieves full accessibility and interoperability, regardless of what device or method people use.

DSDHH remains at the core of state efforts to assure the move toward NG-911 keeps progressing. Division staff submitted suggestions to the North Carolina 911 Board for inclusion in the Recommendations of Standards for 911 Centers.

The 911 Board approved the recommendations and sent them to the governor for review. After that, the recommendations will be submitted to the Rules Commission within the Office of Administrative Hearings. Once implemented, all 911 centers across North Carolina will have added the new operating standards.

The test under way in Durham runs through Jan. 31, 2012. The collaboration also involves the City of Durham, Verizon Wireless and Intrado. Intrado, an emergency communications technology provider, installed Next Generation 911 software in the Durham Emergency Communications Center to enable text messaging. ■

*– Tom Ditt, Division of Services for the Deaf and Hard of Hearing*

# Youth forego vacation to attend Broughton Hospital Junior Mentor Program

Broughton Hospital is in its second year of offering a five-week Junior Mentor Program for local high school students interested in possible careers in mental health. This summer, 10 local students invested part of their vacation to participate. This is the second year the program has operated.

“Our Junior Mentor Program helps lay the possible groundwork for the next generation of people we hope to attract and retain in the field of psychiatric medicine,” said Broughton Hospital Director Tom Mahle. “We are very proud of our students, the mentor program and the support of our leadership team.”

Students came from high schools in Burke County. Many have served as volunteers at the hospital or have heard about the program from friends who participated in the previous class.

Students took classes in mental illnesses, advocacy organizations, and psychiatric care followed by individual mentoring by hospital staff to explore various career opportunities within men-



Broughton Hospital's Class of 2011 Junior Mentor Program graduates, front row, left to right: Katie Hennesse, Elizabeth Clark, Cayla Ollis, Cheyenne Morris; back row, Chad Wright, Adam Berry, Program Coordinator Gail Lane, Jacob Moore, Jacob Berry. (Not pictured: Gavin Riddle and Carrie Reece.)

tal health. Students also competed in *StigmaBUSTER* and the *Young Journalist* writing competition, judged and awarded by the N.C. National Alliance for Mental Illness.

The students also participated in activities hosted by the N.C. National Alliance for Mental Illness, Burke County Health Department, Western Piedmont Community College,

Morganton Public Safety Department, N.C. Cooperative Extension Service, and the American Red Cross.

By the time they completed the course, each student had the opportunity to spend time observing in more than 20 hospital departments, explore more than 50 healthcare career fields, and participate in community hosted events. ■

– Renee Whisenant,  
Broughton Hospital

# State Operated Healthcare Facilities holds professional development day for teachers

The Division of State Operated Healthcare Facilities (DSOHF) held its first professional development day for educators and administrators working at its facilities with school programs.

According to Kathy Rhoades, DSOHF assistant superintendent of schools, “Each year, more than 400 children and adolescents enter our facilities for treatment. Their educations do not stop at the door. It is critical that students are better prepared to re-enter either their traditional school system or the world of work when they leave our schools. Enhancing academic skills builds their self-confidence, helping make their transition out of our facilities more successful.”

Forty eight educators from nine schools met on Aug. 22 at the Department of Correction, Office of Staff Development and Training in Apex for presentations from staff from the N.C. Department of Public Instruction (DPI) on topics related to special education. Staff attending the training session were from Pine Valley and Bowling Green schools at Central Regional Hospital, Butner; Enola School at Broughton Hospital, Morganton; Riverbend School at Cherry Hospital, Goldsboro; Springer School at Murdoch Developmental Center, Butner; Whitaker PRTE,



Freda Lee, DPI state consultant for Low Incidence Disabilities, presents at the DSOHF professional development day for school staff. – Photo by Kathy Rhoades

Butner; Wright School, Durham; Caswell Developmental Center, Kinston; and J. Iverson Riddle Developmental Center, Morganton.

School personnel, who work with students with special needs ages 5-12, heard presentations from Rebecca Dowless, compliance monitor for DPI, on compliance monitoring, re-evaluation procedures, present level of performance, and measureable goals for Individualized Education Programs (IEP).

Freda Lee, DPI state consultant for Low Incidence Disabilities, and Heather Reynolds, DPI state consultant for Positive Behavior Intervention and Support, presented information related to transition goals and positive behavior and intervention support.

In October, the educators will attend the 61st Annual Conference on Exceptional Children, Greensboro; and in March, DSOHF plans to reunite the group for a learning session on the new Common Core and State Essential Standards. ■

– Kathy Rhoades, Broughton Hospital

# N.C. team, posters win recognition at national MMIS conference

On Aug. 1 the N.C. DHHS Office of Medicaid Management Information Systems Services (OMMISS) presented a trio of posters at the national MMIS Conference in Austin, Texas.

As one of 24 states selected to present, North Carolina's topics included:

- The leveraging of the multi-payer Replacement MMIS to perform the Medicaid Information Technology Architecture (MITA) State Self-Assessments for Medicaid and Behavioral Health;
- The Replacement MMIS' comprehensive web-based solution for the Provider Portal; and,
- The Medicaid Incentive Payment System (MIPS), a comprehensive web-based system for the registration, attestation, and validation of eligible providers and hospitals.

OMMISS took this opportunity to unveil *DHHS Excels* in its MITA presentation. The MITA poster contains articles about *DHHS Excels* and how these values align with the principles and objectives of MITA.

This team, led by Susan Johnson, conveyed meaningful as well as creative content while adding graphical interest to the posters with a newspaper theme – titling each page, “North Carolina Health Care Gazette.” The MMIS and MIPS vendors, CSC and Quarterline, respectively, provided support for the development of the posters. OMMISS' Chris Culpepper assisted with graphics.

Following the presentations, attendees were asked to vote in two categories: original concept, and graphical display/presentation. The states with the most votes, North Carolina and Washington, received free registration to next year's MMIS Conference which will be held in Boston. Conference attendees displayed much interest in North Carolina's presentations and, when North Carolina was announced as a winner, the state's team received loud applause and numerous accolades.



OMMISS presenters with their posters, from left, Susan R. Johnson, Pamela Horrell and Cedric Amos. – Photo by Jim Jones, DHHS Public Affairs

For a close-up look at the posters:

- MITA [http://ncmmis.ncdhhs.gov/files/conference2011/MITAPoster\\_final.pdf](http://ncmmis.ncdhhs.gov/files/conference2011/MITAPoster_final.pdf)
- Provider <http://ncmmis.ncdhhs.gov/files/conference2011/ProviderPoster-Final.pdf>
- MIPS [http://ncmmis.ncdhhs.gov/files/conference2011/NC-MIPS\\_MMIS\\_Conference\\_Poster.pdf](http://ncmmis.ncdhhs.gov/files/conference2011/NC-MIPS_MMIS_Conference_Poster.pdf)

– Portia Asbridge, OMMIS

# Air quality awareness is focus of asthma outreach campaign

Air quality flags are flying on the Six Forks campus in Raleigh of the Division of Public Health to alert employees and passers-by to the risk of poor air quality.

The Asthma Program staff will be hoisting a green, yellow, orange or red flag each morning on the Six Forks campus and will be posting information in each of the three buildings on campus about what the colors mean (see chart).

The brightly colored flags are part of a public education effort piloted at DPH and in seven counties around the state: Albemarle, Alamance, Cleveland, Davidson, Harnett, New Hanover and Wilson.

Program Manager Cindy Haynes-Morgan said poor air quality is a significant health risk for the more than 535,000 North Carolinians living with asthma. "When most people think of triggers that cause an asthma attack, they think about specific things, like mold, pet dander or pollen," Haynes-Morgan said. "But we want to make folks aware that poor air quality, like the recent wildfires in eastern North Carolina, can be dangerous for anyone, even people who are otherwise healthy."

The Asthma Program also has launched a public education ad campaign and distributed air quality flags to local health departments in the seven pilot counties. You can check on air quality wherever you are by visiting the Department of Environment and Natural

Resources' Division of Air Quality page (<http://xapps.enr.state.nc.us/aq/ForecastCenter>) ■

– Julie Henry, DHHS Public Affairs



State Health Director Jeff Engel watches as Asthma Program Manager Cindy Haynes-Morgan raises an air quality flag on the Public Health campus.  
– Photo by Julie Henry, DHHS Public Affairs

## The Colors of Air Quality

**Green:**

**Good** (No health effects expected)

**Yellow:**

**Moderate** (Unusually sensitive people; consider limiting outdoor activity)

**Orange:**

**Unhealthy for sensitive groups**  
(Children, active people, and those with respiratory or heart disease: limit outdoor activity)

**Red:**

**Unhealthy for ALL**  
(Everyone: limit or avoid outdoor activity)