

dhhs 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

DHHS serves

Advancing the DHHS mission through community service

Imagine that DHHS could dedicate the equivalent of 200 full-time positions each year to support local schools and non-profit Community Service Organizations (CSOs) across the state.

Beyond the services we provide daily as public employees, how much further could we advance the DHHS mission to guard the health and safety of all North Carolinians – particularly infants and children, the elderly, individuals with disabilities and chronic illnesses, people living with homelessness and hunger?

As participants of the 2011-2012 LeadershipDHHS class, our project team – which also included Laura Hewitt, Division of Child Development and Early Education; Erica Nail McMahon, Division of Services for the Blind; and Mark Swan, Office of the Controller – studied DHHS employee utilization of the Community Service Leave (CSL) benefit. We reviewed department-wide benefit usage statistics and discovered that few of us exhaust the allotted CSL hours.



As a department, we used about 15 percent of nearly 400,000 benefit hours during the 2011 calendar year. About one-quarter of DHHS employees claimed any CSL hours. (See CSL policy (see CSL policy).

That is not to say that DHHS employees do not volunteer in their communities. Our team also surveyed a random sample of employees about their community service activities and perceived benefits and obstacles. We learned

many employees volunteer outside of work hours without using CSL.

We may be missing out on some advantages that are unique to the formal benefit, however. Our survey results and past research indicate that work-sponsored community service offers wide-ranging returns. The incentives and rewards can be personal, interpersonal, organizational, and societal.

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Employee volunteer programs inspire personal satisfaction, meaning, and skill development; enhance employee morale and job satisfaction; build stronger work teams; strengthen professional networks; improve job retention; boost organizational visibility and public relations; and generate positive outcomes for the individuals, CSOs, and the communities we serve.

Why isn't the participation rate higher? A major obstacle for DHHS employees – one that was identified by more than half of our survey respondents – is workload. Finding a substitute to cover duties, or identifying volunteer activities that fit into scheduled work hours, can be particularly challenging for facility-based staff. Respondents also cited barriers such as being unaware of volunteer opportunities and how they could contribute.

Fortunately, community service activities are as varied as the skills and interests of our workforce. We can participate in volunteer activities on our own or in groups, choose projects that involve interacting with the public or working behind the scenes, and serve an hour here and there or adopt a special all-day project.

For example, my LeadershipDHHS classmate, Mark Swan, coordinates with a group of his coworkers to staff a Meals on Wheels route using their CSL hours. My Division of Medical Assistance colleague, Talbatha Myatt, has used her CSL hours to perform a variety of service activities. She has served as a Seniors' Health Insurance Information Program (SHIIP) counselor, proctored end-of-grade testing in Franklin County

schools, and provided errands, meals, and medication pick-up and delivery services organized through local churches.

For more ideas about activities and CSOs that need your time, talk to your coworkers, neighbors, and friends. Or you can browse opportunities in your area at United We Serve, <http://serve.gov>. ■

*– Karen Feasel,
Division of Medical Assistance*

United We Serve
<http://serve.gov>
An excellent online resource for finding volunteer opportunities by interest area and location.

The N.C. Office of State Personnel
www.osp.state.nc.us/
Also lists select volunteer opportunities throughout the state.

**N.C. Office of State Personnel
Community Service Leave Policy**
www.osp.state.nc.us/manuals/5_Leave/Community%20Service%20Leave.htm

Supervisor approval of CSL is required.

Full-time permanent employees are eligible for 24 hours of Community Service Leave (CSL) per year, or one hour per week up to 36 hours per year for mentoring/tutoring in a school. Part-time employees are eligible for CSL on a prorated basis.

CSL may be used to volunteer in non-profit, non-partisan Community Service Organizations (CSOs), and in schools, public universities, community colleges, and State agencies. CSL may also be granted to parents for child involvement in the schools.

Refer to the N.C. Office of State Personnel website for the complete Community Service Leave Policy

Volunteering Profile: Division of Aging and Adult Services

Meals-on-Wheels, Senior Games, Shepherd's Table Soup Kitchen and others benefit from DHHS employee community service leave

Like many fellow DHHS employees, the staff at the Division of Aging and Adult Services take seriously the need to help others in their community and they give generously of their time.

For nearly 10 years, the division has maintained a weekly route with Wake County Meals on Wheels. Every Friday DAAS staff deliver meals on the "Peach Route" from the Vernon Malone Center in Raleigh. The route is a shared responsibility, as all the staff members have an opportunity to participate and many sign up to help. Other state employees, retired DAAS employees, and guests sometimes assist.

This community service project is unusual however since home-delivered meals are one of the services available under the Home and Community Care Block Grant (HCCBG), which is administered through the division. As volunteers, DAAS staff are in unique position to see the real world results from their day-to-day work efforts.

"Having face-to-face contact with those who benefit from our work is a humbling but uplifting opportunity," said Dennis Streets, director of DAAS. "Volunteering to help others seems like



Volunteers (left to right) Sarah Kennedy, Mary Edwards, Linda Owens, Helen Tack, Sharon Guss and Heather Carter deliver for the Peach Route for Meals on Wheels.
— Photo by Jim Jones

a natural fit for employees who work in human service positions. But when you can see how the work we do helps others it reaffirms the commitment we all share to be good stewards and productive employees."

The DAAS commitment to serve is not limited to just one agency. Staff volunteer in a variety of areas, some funded through the division, like North Carolina Senior Games, and others not related to the division's service population. Recently, several staffers began a monthly lunch rotation at the Shepherd's Table Soup Kitchen in Raleigh. One Wednesday a month six staff members work at the soup kitchen.

Sharon Guss, an administrative assistant in the Elder Rights Section at DAAS, shared that she makes every effort to use her community service leave. "As employees of the State of N.C., I feel that we should volunteer in our communities more often," she said. "Community Service leave allows me to do this."

Guss volunteers in a variety of areas, from the helping out at the soup kitchen and volunteering with Senior Games, to working at Interact's Pass It On thrift store in Fuquay-Varina. At Pass

It One, she takes a turn pressing the garments for sale, with the proceeds going to cover the costs of counseling services for families impacted by domestic violence.

Guss sums up her commitment to serving by saying, "I believe that we enhance our own sense of worth when we help others." ■

— Lori Walston,
DHHS Public Affairs

Volunteer opportunity

Food program focused on children needs your help

A call last month by DHHS Secretary Al Delia encouraging people to volunteer their time to help get summer meals to children in need has already generated a response. But more help is needed.

The federally-funded Summer Food Service Program (SFSP) administered by DHHS offers nutritious meals and snacks for children ages 18 and under. More than 350 sites in 50 counties are providing meals, but many are struggling to get children to meal sites and to recruit volunteers to serve meals.

“Perhaps the biggest barrier we have to overcome is transportation,” Delia said. “We have more sites than ever before, but we have trouble getting children to the meals, especially in rural areas, and in big towns and cities where parents may not be able to provide their own transportation.”

More than 770,000 children received free or reduced price meals at public schools and military base schools during the last school year. Last summer, the SFSP program provided free meals each day to more than 74,500 children. Another 16,500 were fed through a similar program administered by the N.C. Department of Public Instruction. Yet, the combined numbers represent only 12 percent of the children who are eligible.

Delia said volunteers and community groups are most needed to:

- Supervise children during meals.
- Assist with preparation of meals and clean up afterwards.
- Help with transport of food to sites for preparation.
- Help get the word out about where program sites are located.

Community groups may also be needed to help with providing transportation to and from meal sites.

“We have the programs in place, but we need people who are willing to spend a few hours providing transportation or helping serve breakfast, lunch or dinner,” Delia said. “In one or two hours, you can make the difference between a child getting a nutritious healthy meal or going home hungry.”

To find a Summer Food Service Program site near you, send a text to: FoodNC at 877877 or visit <http://nc.nokidhungry.org/> ■

– Mark Van Sciver, DHHS Public Affairs

The image contains two side-by-side promotional posters. The left poster has a green and purple border and features a woman and a young girl eating together. Text on the poster includes "Ask Me About Funding for Free Meals for Children, Teens and Adults", the phone number "919-707-5799", and the website "www.nutritionnc.com". It also features the CACFP logo and a small logo for the N.C. Department of Public Instruction. The right poster has a blue and orange border and features a woman holding an apple. Text on the poster includes "Ask Me About Funding for Free Summer Meals for Children and Teens", the website "www.nutritionnc.com", and the phone number "919-707-5799". It also features logos for the N.C. Department of Public Instruction and other partners.

Secretary Delia announces reorganization of DMA, DHHS leadership team

State Medicaid office will now report directly to Secretary

DHHS Secretary Al Delia announced June 19 that he is reorganizing the leadership teams that oversee the state's Medicaid division.

Michael Watson, previously the DHHS chief deputy secretary, became the new head of the state's Medicaid office, the Division of Medical Assistance (DMA). That position will be elevated to serve on the Secretary's executive leadership team. Watson joined the department in 2009 as an assistant secretary. He is the former CEO for Sandhills Center for MH/DD/SAS, with more than 20 years of experience and leadership in developing and operating mental health, developmental disabilities and substance abuse services on a local and regional level. Watson replaces Dr. Craigan Gray, who served as director of DMA since April 2009.

Beth Melcher, who has served since August 2010 as the assistant secretary for mental health, developmental disabilities, and substance abuse services development was named chief deputy secretary. Melcher, a licensed psychologist, is the former president of Recovery Innovations North Carolina. She was clinical director of The Durham Center, and also worked with the National Alliance on Mental Illness North Carolina as its executive director and as public policy director.



Watson



Melcher

John Dervin, the secretary's senior policy adviser since March, stepped into a newly created role as chief of staff. Dervin previously served as policy adviser for health and human services for Governor Perdue.

"After nearly six months in this role, my first priority for strengthening our management team is to elevate the state Medicaid office to play a more promi-

nent role in the department's decision-making process," said Delia. "Medicaid is not a stand-alone division. It touches not only multiple DHHS divisions but also plays a huge part in shaping the state budget. We need better communications and stronger oversight of this \$12 billion program. I believe these changes will accomplish that." ■

north carolina

 medicaid

MCO implementation update



Steve Jordan shares ideas at meeting

MH/DD/SA services for Medicaid recipients and the uninsured in North Carolina will be managed by 11 Local Management Entities (LMEs) that will function as Managed Care Organizations based on the pilot model created by DHHS and Piedmont Behavioral Health beginning in 2005.

With the addition of Smoky Mountain Center in July, four LME-MCOs are serving 42 counties.

The current implementation timeline has all LMEs transitioning to managed care organizations by January 2013 although under state law the transition of the entire state must be completed by July 1, 2013. The additional six months in the schedule will allow for flexibility in the timeframe to ensure success.

Additional information on this process can be found at www.ncdhhs.gov/mhddsas/providers/1915bcWaiver. ■

Managed care transition under way for state's mental health system

Stakeholders share ideas, input

DHHS leaders joined providers, lawmakers, faith leaders, advocates and consumers in a series of events to guide the development of the managed care system for behavioral health care in our state. Events were organized by the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work as part of Leadership in Transition to Accountable Behavioral and I/DD Care.

“These events were a great way to get together with our colleagues and partners from across the state and talk about what kind of system we are trying to create,” said Steve Jordan, director of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS).

The Jordan Institute for Families was charged by the General Assembly with organizing and fostering discussions among all of the stakeholder groups involved in the state-wide transition to a managed care behavioral health system. Their work began with high level conversations with the DMH/DD/SAS along with the Division of Medical Assistance. The Institute also held focus groups throughout the state, speaking with leadership of each of the Local Management Entity-Managed Care Organizations (LME-MCOs) in addition to leaders of advocacy groups and other stakeholders.

To follow up on these early conversations, multiple stakeholder meetings were assembled in Chapel Hill to help guide the transition of the behavioral healthcare system in the state. Participants developed values, drivers, roles and collaborations, fears, aspirations and outcomes and then used that

information to develop recommendations for moving forward titled *Making North Carolina's Behavioral Health and I/DD System the Best Public System in the Nation*.

More than 100 leaders from multiple state health and human service agencies, LME-MCOs, the General Assembly, provider networks, faith organizations, advocacy groups, universities and consumers participated in the process.

The main recommendations outlined by the participants include:

- Utilize data to move from a reactive to a proactive system.
- Develop a system of education and training that makes everyone a stakeholder.
- Connect across systems to develop a one-stop-shop portal that provides access to all health and human services information.
- Employ regulations and incentives for good and poor performers.
- Gather all stakeholders and key organizations around a shared vision and outcomes.
- Ensure the appropriate level of funding. ■

– Chris Pfitzer,
Division of Mental Health,
Developmental Disabilities and
Substance Abuse Services

Work Support Strategies Initiative moves forward

Building upon the ground-work from the Work Support Strategies (WSS) planning year and changes already under way through such systems as NCFAST, North Carolina is moving ahead for the second phase of the WSS initiative.

North Carolina's system for delivering social services is county-administered and state-supervised, and can at times be challenging for clients to navigate and cumbersome for the staff administering the programs. Historically, applicants were required to talk to numerous people for each service they sought. And the various work support programs such as Medicaid, food stamps, and child care subsidy each had different eligibility requirements and certification periods.

The goal of WSS is to accomplish a cultural transformation across both the county and state levels of work support programs and how these programs are administered. Ultimately, families will tell their story once and receive the services they need. For the client, there will be no wrong door to access benefits. Families will have a choice in when, where, and how they receive their benefits.



Secretary Al Delia speaks to county DSS directors at Work Support Strategies meeting last month.
- Photos by Jim Jones

Changes already are taking place, such as the participating divisions in DHHS (Aging and Adult Services, Child Development and Early Education, Medicaid and Social Services) working together to align certification periods for benefits and create program policy that works for all programs rather than operating independently of each other.

Before kicking off the second phase of this project on June 14, the WSS County-State Relations Committee put two Implementation Teams to work in the areas of Data and Communications. A third Team focusing on creating the Practice Model is set to kick-off this month.

The Data team is working to make program reports more accessible for

county and state staff. They also are creating a data toolkit to provide staff with the reports to identify outcomes and measures, including where to find and how to read and understand those reports.

The Communications team is working on the production of an informational WSS Video, planned for release later this month. The team is also developing strategies and materials for communicating the message of WSS.

The Practice Model team will be working to identify and document the basic core values all programs should exhibit while helping counties make changes and try new ways of doing business that work in their individual communities.

In addition, development of a Work Support Strategies website where all involved can share information, projects, and updates related to WSS, as well as a place for counties to share initiatives is in the final stages and should be released soon. ■

*- Lori Walston,
DHHS Public Affairs*



Left to right, Jerry Rhodes and John Eller, DSS directors in Washington and Catawba counties share their experiences. Maria Spaulding, DHHS deputy secretary and Nancy Costin, Orange County DSS director, share their enthusiasm for the Work Support Strategies Initiative.

Youth suicide prevention effort reaches out to high school kids

Through a partnership with Triangle television station Fox 50 WRAZ, DHHS is reaching out to young people with important information about suicide prevention.

The **itsok2ask** program was a recent sponsor of WRAZ's annual Lip Dub Project competition, in which 25 high schools in the greater Triangle area submitted original music videos for judging.

The sponsorship was prominently featured during this spring's season of American Idol and on the Lip Dub website, which garnered 500,000 page views during the contest. WRAZ is continuing to market itsok2ask with a professionally produced 30-second spot



and ads on its home page. The video features a racially diverse group of youth encouraging peers to learn signs and symptoms of suicide to help others and themselves.

A program of the Division of Public Health, itsok2ask is funded under a grant from the federal Substance Abuse, Mental Health Services Administration (SAMHSA).

A website was launched in August 2011 to appeal to the targeted demographic: young people from ages 10 to 24, the age group with suicide as the third leading cause of death. Creation of the site used feedback from youth focus groups across the state. Their input guided the design and features. The website also features student-produced suicide prevention videos that have been featured on cable television stations and in selected movie theaters. ■

– Julie Henry, DHHS Public Affairs

Public Affairs launches new review process for publications and materials

Ah, the dreaded PA2 form. Everyone who creates publications, orders promotional materials or posts information to the web is familiar with the PA2 process for approval through the Office of Public Affairs. Beginning this month, several new forms will be made available on the Office of Public Affairs portion of the DHHS website www.ncdhhs.gov/publicaffairs/index.htm to streamline the document approval process.

The new PA2 form clearly delineates the information that must be provided by the program or division prior to submitting copy to Public Affairs. It also provides guidance on how to complete essential project details, including the specific target audience, project budget and deadline. To address the department's growing need for translated materials, a separate PA2 form has been created for publications and information that must be created in a language other than English.

In addition to the PA2, a Promotional Incentives Checklist has been created to provide more complete information for graphics and purchasing needs.

Beginning this month, Public Information Officers will work with divisions and programs to see that all requests are made using the new forms. ■

– Julie Henry, DHHS Public Affairs

N.C. DHHS Public Affairs PA-2 Review

Instructions: Materials must be approved and signed off by appropriate supervisor(s) before being sent to Public Affairs. Please use the adjacent checklist as you complete this process. Complete and email this form to Public Affairs with the electronic text (preferred in Word, either graphics, graphics, tables and proposed layout if any). Public Affairs must approve text/content before the project is sent to Graphics or other production group. Public Affairs must also approve the final version before production if the design has been done by an outside graphics vendor. See page 2 for further instructions, a list of what must be reviewed and image use guidance.

Division/Section/Program (Complete entire section. Checklist must be complete to continue review process.)

Project Details:
 Initiation date: _____ Project completion deadline: _____
 Division/Section/Program: _____
 Contact person: _____
 Phone: _____ Fax: _____
 Project title: _____
 Description of project: _____
 Specific audience: _____
 Budget (estimated cost, not budget code): _____

Foreign Language Translation and Review
 Translated materials require English approval prior to translation and an additional PA-2 form. Please complete the N.C. DHHS Public Affairs PA-2 Review for Translated Materials form. Before submitting your translated materials to Public Affairs, make sure your PA-2 form documenting English approval is attached.

Material approved by:
 Program head/Section chief: _____ Date: _____
 Division director or designee: _____ Date: _____

Public Affairs (Sign and complete checklist.)
 English content approved by Public Affairs Office: _____ Date: _____
 Comments: _____

Graphic Arts Unit (Sign and complete checklist.)
 Design/layout approved: _____ Date: _____
 Providing print estimates: Yes No
 Public Affairs Review/Approval confirmed: Yes No
 Image Approval: Yes N/A
 Design Approval: Yes No

New PA2 form

N.C. DHHS Public Affairs PA-2 for Translated Materials

Instructions: Materials must be approved and signed off by appropriate supervisor(s) before being sent to Public Affairs. Please use the adjacent checklist as you complete this process. Complete and email this form to Public Affairs with the electronic text (preferred in Word, either graphics, graphics, tables and proposed layout if any). English text must be approved prior to review of translated materials. Public Affairs' review of translated materials will only include oversight that a qualified translator/service has been provided. Public Affairs must approve the final version before production if the design has been done by an outside graphics vendor. See page 2 for further instructions, a list of what must be reviewed and image use guidance.

Division/Section/Program (Complete entire section. Checklist must be complete to continue review process.)

Project Details:
 Initiation date: _____ Project completion deadline: _____
 Division/Section/Program: _____
 Contact person: _____
 Phone: _____ Fax: _____
 Description of project: _____
 Specific audience: _____
 Budget (estimated cost, not budget code): _____

Foreign Language Translation and Review
 1. Contractor or translator providing translated text: _____

Material approved by:
 Program head/Section chief: _____ Date: _____
 Division director or designee: _____ Date: _____

Public Affairs (Sign and complete checklist.)
 Contractor/translator approved by Public Affairs Office: _____ Date: _____
 Comments: _____

Graphic Arts Unit (Sign and complete checklist.)
 Design/layout approved: _____ Date: _____
 Providing print estimates: Yes No
 Public Affairs Review/Approval confirmed: Yes No
 Image Approval: Yes N/A
 Design Approval: Yes No

New PA2 form for translated materials

Promotional Incentives Checklist

Instructions: Promotional incentives are items that advertise logos/information on everyday objects. These may include pens, lanyards, bookmarks, mugs, handbags, etc. This Promotional Incentives Checklist, along with a copy of the 2, 2 1/2, and 3" glossology sample of the incentive must be submitted to the DHHS Public Affairs Office (your division P/O) for project scheduling in Graphics. This will ensure a timely turn-around time of your project's print completion. Please note: design layout and image submission for final printing of incentives cannot be completed without the proper information.

Please complete following information on this checklist, print out and check each box when complete.

Project Title: _____
 Quantity: _____
 PA-2 Attached: _____
 Project completion deadline: _____
 Photocopy Sample of Item Attached: _____
 Proposed Vendor/Contact person/Phone/Fax/Email or website address: _____

Item Type (please check)

headwear
 pen
 lanyard
 decal
 mug/ports bottle
 tote
 apparel
 notepad
 other: _____

Artwork Specifications:
 color of item: _____
 printed color(s): _____
 printed dimensions: _____ with x _____ height

Public Affairs Inner-Office Use Only

Checklist complete: _____ (date and signature of P/O)
 Comments: _____
 Design layout completed by Graphic Arts Unit: _____ (date and signature of Graphic Designer)
 Comments: _____

Promotional Incentives Checklist

Broughton Hospital is first psychiatric hospital to earn gold star from N.C. Prevention Partners

Broughton Hospital in Morganton gained recognition from NC Prevention Partners for providing the highest standard of excellence for tobacco cessation programs offered to their employees. Hospitals receiving this acknowledgment are considered Gold Star Standard Hospitals.



NC 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. In order to receive this recognition, Broughton Hospital refers its employees to effective quit programs (counseling), provides comprehensive benefits (nicotine replacement therapy and prescription medications) and offers attractive incentives to encourage employees to quit tobacco use. These are among several components recom-

mended by NC Prevention Partners for comprehensive quit-tobacco systems in hospitals.

“We commend Broughton Hospital for their hard work in becoming the first psychiatric hospital to adopt a tobacco-free campus and now earning the Gold Star. They are doing a great job in supporting their employees in quitting the use of tobacco,” commented Melva

Fager Okun, senior manager with NC Prevention Partners. “I applaud their great effort.”

NC Prevention Partners’ work in North Carolina hospitals is funded by The Duke Endowment and is in partnership with the North Carolina Hospital Association.

About NC Prevention Partners:

NC Prevention Partners is a leader in reducing preventable illness and

early death in North Carolina caused by tobacco use, poor nutrition, physical inactivity and obesity. The organization helped North Carolina’s acute care hospitals go 100 percent tobacco free campus-wide. The partnership helps employers create healthier workplaces, reduce costs and increase use of preventive health insurance benefits. Its mission as a non-profit is “Prevention first for a healthier North Carolina.” ■

Poster Day provides opportunity to share messages

The Epidemiology and Evaluation Team (EET) held its 11th annual Poster Day in late April at the Division of Public Health's Six Forks Campus in Raleigh. More than 100 people from across the Division attended the event.

The 14 posters on display covered topics from "Climate Change Health Indicators in North Carolina" and "Animal Bite Surveillance Using NC DETECT" to "Co-occurrence of Risk Behaviors Among North Carolina Adolescents" and "Child Maltreatment Surveillance."



Najmul Chowdhury, stands ready to explain his second-place poster focused on early childhood obesity in North Carolina.

This year's winners were:

- 1st Place: Parvati Potru from the Diabetes Prevention and Control Branch – "Raising Awareness of Sleep Apnea Among People with Diabetes"
- 2nd Place: Najmul Chowdhury from the Nutrition Services Branch – "Description of Childhood Obesity in North Carolina"
- 3rd Place: Mara Larson from the Immunization Branch – "Perinatally Acquired Hepatitis B Events in North Carolina: Summary of 2009 and 2010 Birth Cohorts"

The posters are displayed year-round on a bulletin board in Building 1 on the Six Forks Road Campus in Raleigh.

The EET includes members from sections, centers and offices throughout the Division of Public Health. The team encourages opportunities to expand staff knowledge and awareness of the efforts and successes of all the division's components. ■

– Mark Van Sciver, DHHS Public Affairs

Edmondson honored with Order of the Long Leaf Pine

Theresa Edmondson, former director of the Walter B. Jones Alcohol and Drug Treatment Center, was honored with a retirement reception in May. Luckey Welsh, director of the Division of State Operated Healthcare Facilities, presented her with the Order of the Long Leaf Pine for her service to the state. Edmondson, who began her clinical career as an intern at Walter B. Jones in 1980, worked in community-based mental health and at the Brody School of Medicine before returning as director of Walter B. Jones ADATC from 2002 until 2012. Under her leadership, the facility received full accreditation by the Joint Commission on the Accreditation of Healthcare Organizations and was recognized as a center of excellence for innovation during the review.



J. Luckey Welsh Jr. presents the Order of the Long Leaf Pine to Theresa Edmondson

In 2011, Edmondson received the Frederick B. Glaser Award for her significant contributions to the citizens of North Carolina in the field of substance abuse. The award was developed to honor Glaser, one of the pioneers of

Addiction Medicine in North Carolina. Theresa Edmondson worked with Dr. Glaser while he was professor of psychiatry and director of the Division on Substance Abuse at the East Carolina University School of Medicine.

Over the last year, Edmondson was instrumental in the development of the Bed Board Program, a website that lists available psychiatric and substance abuse treatment beds in real time to enable agencies and hospitals to identify beds quickly, allowing individuals in need of services to avoid lengthy wait times. ■

– Julie Henry,
DHHS Public Affairs

State RPS staff participates in national X-ray survey

Are you being exposed to too much radiation when your doctor calls for a chest X-ray or your dentist needs to see what's going on with that troublesome molar?

Specialists in the N.C. Radiation Protection Section of DHHS's Division of Health Service Regulation take part in national studies to measure exposures and identify potential problems. The annual survey program, Nationwide Evaluation of X-ray Trends (NEXT), is a joint project of the Food and Drug Administration (FDA) and the Conference of Radiation Control Program Directors.

Each year the survey selects particular radiological examinations for study and captures radiation exposure data from a nationally representative sample of U.S. clinical facilities. The FDA creates acrylic geometric forms that simulate human tissue in their reaction to X-ray exposure for the survey. Tests focus on adult chests, lumbar spine and fluoroscopy, pediatric chest, dental and mammography, and computed tomography of an adult head and body. Radiation

dose and quality are measured for each exposure. The acrylic models and test data are returned to the FDA for analysis when the survey is completed.

"NEXT information gives RPS the information we need to evaluate performance of the practices in North Carolina compared with the same types of practices across the nation," said Jenny Rollins, Radiation Compliance Branch manager. "It is from this data that we make decisions on how to use our education and inspection processes to improve performance in North Carolina."

Survey results also benefit providers by setting a benchmark from which to evaluate how well their performance stacks up against their peers in North Carolina as well as those in other states.

"NEXT gives us the standard at which we are currently operating, and allows us to see where we should be in terms of dose and image quality," Rollins said.

The surveys capture data on the practice of diagnostic radiology – including patient exposure, evaluation of film processing quality and darkroom environment, X-ray film image quality and information about the facility's general safe practices. With digital imaging also available, it has been added to the evaluations.

Such test may help determine whether X-rays recorded on film result in less radiation exposure to the patient than those shot using digital technology.

The Radiation Protection Section participated in NEXT surveys in 2006 and 2008 and will participate in this year's survey of dental facilities.

The NEXT study continues to provide the answers to question for the FDA and the state surveyors regarding their mission to protect the general public from unnecessary exposure to radiation. Results of the surveys can be viewed at <http://www.crcpd.org/Pubs/NEXT.aspx>. ■

– Jim Jones, DHHS Public Affairs

DHHS Excels video conference next month



Secretary Al Delia will hold a video conference with employees on Aug. 14, from 3:30 p.m. to 5 p.m. As before, employees will have the opportunity to submit questions and/or comments to him and have them answered during the conference.

Be thinking what you would like to ask or would like to share with him and other viewers. An email notice will be sent prior to Aug. 14 with more specific information. Stay tuned!