

dhh 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

J. Iverson Riddle Developmental Center celebrates the holidays



Santa and a marching unit were among the Christmas Parade participants at the Riddle Center

J. Iverson Riddle Developmental Center kicked off the holiday season with the 38th annual Christmas Parade on Nov. 29. The parade theme “Coast to Coast Christmas” featured six area marching bands, along with community entries of floats, fire trucks, Carolina Panthers mascot Sir Purr, NASCAR, mayors, city councilmen, and other community and school organizations. There were 114 entries in the parade which circled the Riddle Center. Staff and residents from each of the 14 homes at the Riddle Center decorated a float based on the theme. Many of the other departments also participated, including the Equestrian, Recreation and FIPP (Family, Infant and Preschool Program) programs. Prizes were awarded for various divisions of the parade.

An estimated 6,000 people attended the event, in addition to the residents and staff at the Center. Immediately following the parade, the Christmas light displays at Riddle Center were turned on. Last year an estimated 25,000 people drove through the Center to view the many displays. There are boxes located on the route for donations. The entire parade and lights are funded through donations and volunteers.

Burke County schools closed at 11:30 a.m. on parade day for students/teachers/staff to attend the parade. This also allows band members and other school clubs and organizations to participate. ■

– Fran Cooper,
J. Iverson Riddle Developmental Center

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Message from the Secretary

Dear DHHS colleagues,
I'd like to take this opportunity to not only wish you a happy holiday season, but to also thank you for all you have done for the Department – and for those we serve – during the past year.

It's been my privilege to be a part of the DHHS family for the past 10 months now, and I have been impressed by the professionalism, dedication and passion with which you do your jobs. Often it is the holiday season that brings out in people the spirit of giving and service; but here at DHHS, that spirit is alive and working year-round. In spite of the occasional difficulties and frustrations that come with serving in state government, the work accomplished here touches millions of lives across our state. As we transition into a new year and a new administration, let that knowledge give you renewed inspiration and determination to see us through the changes ahead.

I wish you all a safe and joyful holiday season! Thank you again for all you do. ■

– Al Delia



Seasons Greetings!

Executive Mansion Holiday Open House

Beautiful decorations and the musical sounds of the holidays!

**Thursday, December 6, 12 pm – 8 pm
(Capitol tree lighting is at 6 pm)**

**Friday and Saturday, December 7 and 8, 10 am – 5 pm
Sunday, December 9, 1 pm – 4 pm**

No reservations necessary but visitors are advised to arrive at least 30 minutes before closing time. ■

DHHS contributions up for SECC

As of Nov. 26, DHHS employees have contributed \$261,638 dollars to the State Employees Combined Campaign!

Thanks to those who made the effort to share some of your hard-earned money with those charities that support important services and actions that improve life for others! I'm particularly proud that we have had an increase in the number of contributors over last year – way to go DHHS!

Although the main part of the campaign is over, contributions are still needed and can be accepted until the end of the calendar year. Please keep the SECC in mind as you think about your end of year charitable gifts. Although we have raised a sizable amount of money, we need 14 percent more before we meet last year's total. Wouldn't it be terrific to not only increase the number of contributors but also to exceed last year's contributions?

Thanks to our great team of volunteers, to all our donors, to those of you who planned and worked events, to those who baked and cooked and donated or solicited door prizes, and to all my fellow DHHS employees. We are indeed a caring and generous group of state employees! ■

– Sandra Trivett,
DHHS Executive for the SECC

Rural Health celebrates 39 years



Office of Rural Health Director John Price welcomes staff and guests.



Acting Secretary Delia and Price read the proclamation. – Photos by Jim Jones



The Office of Rural Health and Community Care celebrated 39 years of service to the citizens of North Carolina last month. John Price, director of the office, thanked staff and guests from several counties for their efforts to make medical care accessible to rural families. DHHS Acting Secretary Al Delia read a proclamation from Gov. Beverly Perdue acknowledging the many contributions of the agency, which is the oldest in the nation to focus on addressing rural health needs. Delia praised Price and his staff for the important work they do to make medical care available to under-served areas.

Since it was created, ORHCC has opened 86 rural health centers across the state. ORHCC supports 28 rural health centers with funding and technical assistance. The office also helps to place medical, psychiatric and dental providers in communities across the state. ■

– Jim Jones, Public Affairs

Security a top concern for Internet users

Your personal emails, business emails and every database that you access is susceptible to password hacking or cracking IF you have a weak password.

Within DHHS, we log on to our computers and servers with a password(s) and we have an email password. Are we secure enough? Take a few minutes and read about how to protect yourself AND DHHS from being hacked, which can cause a lot of headaches and expense to remedy.

The link below will estimate how long it will take a hacker to successfully attack your password and how to minimize the threat. Please also share this information with any non-DHHS employees that may have access to our systems. As Benjamin Franklin said, "An ounce of prevention is worth a pound of cure." <http://www.grc.com/haystack.htm>

"Every password you use can be thought of as a needle hiding in a haystack. After all searches of common passwords and dictionaries have failed, an attacker must resort to a "brute force" search – ultimately trying every possible combination of letters, numbers and then symbols until the combination you chose, is discovered.

If every possible password is tried, sooner or later yours will be found. The question is: Will that be too soon . . . or enough later?

This interactive brute force search space calculator allows you to experiment with password length and composition to develop an accurate and quantified sense for the safety of using passwords that can only be found through exhaustive search.

The safest passwords will have:

- At least one letter in upper case
- Another one in lower case
- There will be at least one digit
- And one symbol
- 12 characters long is optimum ■



New CDC response plan helps identify, fix gaps

In March 2011, the Centers for Disease Control and Prevention (CDC) issued a set of comprehensive standards to guide states in their efforts to identify public health preparedness priorities.

Titled, “Public Health Preparedness Capabilities: National Standards for State and Local Planning,” the 150-page document establishes 15 general capabilities with 114 essential elements that state and local jurisdictions now use to better organize their work, plan their priorities, and decide which capabilities they have the resources to build or sustain.

Sounds pretty straightforward, but what took only one paragraph to explain, translates into a massive 10-month undertaking conducted by numerous Division of Public Health (DPH) agencies and all 85 local health departments to determine what already exists as compared to what needs to be achieved.

And that – the assessments – was just the first step.

“This was a huge undertaking by everyone at every level,” Dr. Julie Casani, head of the Public Health Preparedness and Response Branch said. “The report that was created now serves as a road-

map that is being used to generate work plans for our continuing efforts to build and improve the state’s comprehensive public health preparedness system.”

From the CDC’s perspective, defining the capabilities is a way of ensuring that federal preparedness funds are directed to priorities and gives the states a clear way to show what they have accomplished. From the DPH’s perspective, the standards establish a systematic and measureable approach to developing preparedness capabilities based on the specific needs of our state and our local health departments.

To no one’s surprise, the review identified gaps, some major, some minor, in all of the capabilities. The gaps identified by each local health department were rolled up to the regional level. The regional reports were then aggregated and merged with the state agency response. State, regional and local strategies that address gaps were then identified. The report that was created represents the aggregated response from all local health departments and DPH.

“We already understood that there were gaps and why,” Dr. Casani said. “Funding priorities, daily demands on our time, real world events such as hurricanes are the alligators that every government agency has to deal with. The value of this document is that it tells us exactly where the gaps are and what we need to focus on.”

The next steps, which have already begun, are prioritizing the strategies and creating task lists, timelines and accountability. Priority activities and regional work plans will be completed by Jan. 1 that establishes a four-year work plan. As the system moves through application of the new plans and next steps, a re-evaluation will occur through exercises, real-life events and/or critical review of plans and policies. This process establishes a continuous cycle of improvement and progress. ■

– Bill Furney, *Public Health Preparedness and Response*

DHHS smoking cessation initiative targets consumers of Substance Abuse and Mental Health Services

North Carolina, along with six other states, is participating in a national program to reduce smoking rates among consumers of substance abuse and mental health services. Individuals with mental and substance use disorders make up almost half of all U.S. tobacco related deaths and those with a mental illness die 25 years earlier as a result of their tobacco use.

“Populations affected by substance abuse and mental health issues disproportionately use tobacco,” says Jim Jarrard, acting director of the N.C. DHHS Division of Mental Health, Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS). “In our state, just under 20 percent of the general population smokes, but almost half of all mental health consumers and 63 percent of people with substance abuse issues are smokers.”

To address this disparity, the N.C. Leadership Academy for Wellness and Smoking Cessation was developed in partnership with the federal government’s Substance Abuse and Mental Health Services Administration (SAMHSA) and the Smoking Cessation Leadership Center at the University of California San Francisco. The Academy is designed to enhance collaboration among mental health, public health, substance abuse, consumer organizations and other partners to work together to reduce this health disparity.



1-800-QUIT-NOW
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At the initial Leadership Academy in August 2011, more than 35 stakeholders developed a 5 year strategy and set goals to achieve by the year 2016. Among the goals:

- to reduce the smoking rate among the substance abuse population from 63 percent to 50 percent.
- to reduce the smoking rate from 49 percent to 39 percent in the mental health population.
- to reduce the smoking rate in the general population from 19.8 percent to 16 percent by 2016.

The group met in September 2012 to review progress in implementing the strategies toward their goals, which included:

- raising awareness about the disparity in smoking rates, engaging consumers and community organizations as advocates for tobacco control policies and cessation services;
- providing training to substance abuse and mental health providers that will better equip them to address the issue of smoking with their clients, providing referrals and utilizing QuitlineNC; and
- assisting all state operated health facilities to become 100 percent tobacco free and treat tobacco dependence during patients’ stay and aftercare.

“Tobacco use causes more deaths among clients in substance abuse treatment than the alcohol or drugs that brought them to treatment,” says Margaret Brake, program manager with DMH/DD/SAS. “By working together we can have a huge impact on this problem with these populations.”

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DHHS Smoking Cessation, continued from page 6

QuitlineNC, operated by the Division of Public Health, offers free tobacco treatment and support services for any North Carolina resident who wants to quit using tobacco. QuitlineNC also offers resources to health professionals, employers, friends and relatives wanting to support someone trying to quit tobacco use of any kind.

QuitlineNC can be reached online at www.quitlinenc.com or by telephone at 1-800-QUIT-NOW (1-800-784-8669). Quit coaching is available in English and Spanish with translation services for other languages available.

Additional information about the NC Leadership Academy for Wellness and Smoking Cessation can be found online at <http://smokingcessationleadership.ucsf.edu/LeadershipActivities-NC.htm>.

Additional information on quitting smoking is available at www.tobaccopreventionandcontrol.ncdhhs.gov/cessation/index.htm. ■

– Chris Pfitzer, Division of Mental Health/Developmental Disabilities/Substance Abuse Services, and
– Ann Staples, Division of Public Health



Above and right, Mike Switzer demonstrates the importance of mobility and orientation to Acting Secretary Al Delia
– Photos by Jim Jones, DHHS Public Affairs

It was a nice day for a walk. **Secretary Delia gets first-hand experience with a disability**

DHHS Acting Secretary Al Delia got a sample of life without vision one morning last month when he met with Mike Switzer. Switzer is an orientation and mobility specialist who works out of the Rehabilitation Center for the Division of Services for the Blind. The two met in Switzer’s office. After discussion and instruction in the importance of orientation and best practice tips in mobility, Delia donned a mask and the pair went for a walk. With Switzer’s help, Delia became oriented to surroundings as they negotiated stairwells, two sets of stairs, hallways and doorways, and walked on an outdoor path that took them to the cafeteria on the campus of the Governor Morehead School in Raleigh. ■



O'Berry employee among recipients of Governor's Awards for Excellence

Rick Wagner is determined that the individuals who reside at O'Berry Neuro-Medical Treatment Center have the opportunity to live every moment to its fullest. A quiet, soft spoken man who is responsible for teaching independent living to those with disabilities, Wagner cares deeply for all the residents.

A 14-year veteran of O'Berry, Wagner exemplifies compassion and care in his role as a teacher, but his dedication and passion take him to a higher level. He is sought after by the residents because, whether through a teachable moment, a sympathetic ear, or just a helping hand, Wagner is eager and willing to help, with a big smile on his face.

Wagner has developed a special bond with a resident named Bernard who suffers from Haw River Syndrome. Since he came to O'Berry, Bernard's condition has deteriorated and while he cannot remember many of the staff from day to day, Bernard never forgets Wagner, who treats him with dignity and makes certain that he has access to his favorite things.

When it comes to assisting Bernard, there is not job too big or too small for Wagner. Though administering care can be physically demanding and exhausting, Wagner does what must be done with unwavering strength and without complaint. He refuses to let Bernard's condition minimize their relationship; Wagner does not see a condition, he sees his friend, Bernard.

Known as a ladies' man, Bernard was energetic and active when he first arrived at O'Berry. Wagner tries to recreate that energy when interacting with him, engaging him and making his day as bright as it can be. Wagner seeks no reward for his service; it is just in his heart to help. The caring relationship between the two men is heartfelt. The look that Bernard gives Wagner as he clutches his arm is priceless.



Britt Cobb, Rick Wagner, Luckey Welsh

Thank you, Rick Wagner, for your compassionate care of Bernard and all of O'Berry's residents.

Wagner was one of 13 individuals singled out for recognition at this year's awards. He is one of three recognized for human relations. He is the only DHHS employee recognized in the 2012 awards. ■

Larkins Award nominations due Dec. 14

Nominations for the 2013 John R. Larkins Award are due Dec. 14. The award will be presented next month during the Annual State Employees' Martin Luther King Jr., Day Observance.

The observance is scheduled for noon on Jan. 18 at First Baptist Church, 101 S. Wilmington St., Raleigh.

The 2012 winner, Carlos J. Lopez, Jr., is a staff development specialist and performance management coordinator at Central Regional Hospital in Butner.

If you wish to nominate someone for this recognition, or if you have any questions or concerns, please contact Kathie Pierce at 919-733-5201 or visit the Annual State Employees' Reverend Dr. Martin Luther King, Jr. Day Observance Program website at www.MLK2013.nc.gov ■

Public Health team responds to Cleveland County E. coli outbreak



Public health investigators Evelyn Foust and Carl Williams spoke with reporters at a news conference in Shelby to announce results of the E. coli investigation.

An E. coli outbreak that sickened more than 100 people and killed a preschool-age child led to a month-long investigation by the Communicable Disease Branch of the Division of Public Health. At a news conference in Shelby on Nov. 9, public health investigators announced that the petting zoo at the Cleveland County Fair was the initial source of exposure to E. coli.

Communicable Disease Branch Head Evelyn Foust thanked reporters and the five local health departments involved in the investigation for their roles in educating the public throughout the investigation and pointed out that the goal of a public health investigation is not to assign blame, but to focus on how to prevent outbreaks in the future.

“Our primary objective in any public health outbreak investigation is to protect public health,” Foust said. “So we take any immediate actions necessary to protect people from further disease transmission or risk and we work together with local health department officials, hospitals and physicians to identify cases of illness. After the immediate need is addressed, our investigation focuses on how we can

prevent this kind of event from happening again.”

E. coli are naturally occurring bacteria that normally live in the intestines of people and animals. While most E. coli are harmless, the shiga toxin producing E. coli (STEC) type identified in this outbreak is very infectious and can easily cause illness. Ruminant animals, such as sheep, goats and cows, are natural hosts for STEC.

Despite stringent protocols at agricultural fairs in North Carolina, transmission of E. coli is still possible. As a result of recommendations following the public health investigation of an E. coli outbreak at the North Carolina State Fair in 2004, the N.C. General Assembly enacted Aedin’s Law, which outlines specific measures governing animal contact exhibits at agricultural fairs to protect public health and safety.

The Cleveland County investigation, which began Oct. 8, was led by Jennifer Macfarquhar, CDC Epidemiology field officer assigned to DPH, and Carl Williams, state public health veterinarian. Working with local health department

personnel in Cleveland, Gaston, Lincoln, Catawba, Rutherford and Union counties, public health investigators conducted and compiled data from 266 extensive interviews in the weeks following the outbreak, including the individuals who became ill as well as an additional 160 individuals who attended the fair but did not become ill.

In addition to the case control study, analysis by the State Laboratory of Public Health and United States Department of Agriculture confirmed two specific strains of E. coli in cases from the outbreak that were matched to environmental samples taken from the fairgrounds. Investigators noted that heavy rains during the run of the fair, from Sept. 29 through Oct. 8, resulted in runoff that may have spread contamination from the petting zoo into nearby areas.

As a follow up to the investigation, a task force of local and state officials will be convened to determine preventive measures to prevent outbreaks at future fair events. ■

– Julie Henry, DHHS Public Affairs

Central Regional Hospital redefines role, title of direct care staff to reflect changing philosophy of care

It has been five years since Central Regional Hospital (CRH) opened, merging John Umstead Hospital and Dorothea Dix Hospital. As with any merger, it takes time for a new organizational culture to emerge. CRH has developed its own set of values and philosophy of care that is changing not only the way clinical practice is delivered but also how direct care staff are viewed and valued.

Over the years and due to a multitude of factors sometimes dictated by regulatory agencies, the job duties of healthcare technicians (once called nursing assistants) in inpatient psychiatric settings have been marginalized into guard-like functions. Much of their time has been spent doing paperwork that often only reinforces a “control and patrol” like expectation for the job. CRH has sought to redefine this role in the therapeutic environment and use our healthcare technicians, now called Therapeutic Support Specialist (TSS), to the best of their capabilities.

“There has been a change in how we are viewed throughout the hospital, a change in the staff and a change in me about the work I do.” *Janice Shaw, TSS, acute adult women.*

Direct care staff are a hospital’s greatest resource to provide quality therapeutic interactions, as they represent the majority of staff positions and they spend the greatest amount of time with the patients. We began to identify and leverage the experience, skills and knowledge of the TSSs and enhance the therapeutic pa-

tient experience to expedite the recovery process. With input from the TSS staff, we also began to develop and manage programs aimed at reducing high-risk interventions that have produced statistically significant results in the areas of reduced restraint, seclusion, injury rates and overall safety.

CRH also re-evaluated the type, frequency and variety of work performed by the TSSs. The observational assessment tools they use have been redesigned to capture meaningful data with statistically strong correlations to readiness for patients to be discharged into the community. The TSSs understand how the data they collect will be analyzed and used every day by clinicians to base decisions about patient care. They have participated in the development, implementation and evaluation of therapeutic behavioral systems designed to increase desirable behaviors and lessen behaviors incompatible with community living. Finally, by streamlining the TSS workflow and eliminating redundant and meaningless tasks, CRH can train TSSs to execute interventions aimed at teaching and modeling the specific skills needed for positive community outcomes.

Further, a career ladder for TSSs was developed so that experienced and tal-

“On other jobs I felt like I was just doing a job and completing tasks but it does not feel like that at CRH. We work together as a team, get feedback at meetings and learn together as we go.” *Minnie Harris, new TSS employee.*

“The new assessment tools used by the TSSs have given us a greater sense of belonging as part of the treatment team. We understand what everyone is looking for when we report patient behaviors and we feel confident in reporting information.”

Tim Harris, TSS, acute adult men.

ented TSSs are acknowledged, rewarded and will remain at the hospital to mentor others. This has reduced our reliance on temporary staff and, according to the TSSs, also has created greater job satisfaction and an increased sense of purpose in the job.

“We used to feel like guards. I’m not sure we really felt respected but that has changed over the past few years. People are really coming around. We can bring more now to patient care, to the nurses and the team.” *Sharon Ricks, TSS Trainer and Mentor.*

CRH’s philosophy of care maintains that patients can and do learn, that recovery is possible, and that all staff have a significant and valuable role to play in the recovery process of each patient. Every moment with a patient has the potential to be therapeutic and thus can be considered active treatment. Our TSSs are a vital part of supporting the patient’s daily treatment needs and are valued members of the CRH treatment team. ■

– *Amanda Dorgan, Central Regional Hospital*

SCSEP participant gives back

Yvette Smith works at the Imagination Station, a children's science museum, in Wilson, through the Senior Community Service Employment Program (SCSEP).

SCSEP, funded through Title V of the Older Americans Act, places individuals 55 and older who are economically disadvantaged into useful part-time community service programs while helping them transition into unsubsidized employment.

SCSEP is administered in 98 of 100 counties. The Division of Aging and Adult Services (DAAS) is one of the grantees that administer SCSEP. DAAS has 240 positions in 25 counties. The other SCSEP grantees in North Carolina are Senior Service America, Inc.; National Center and Caucus of Black Aged; and National Council on Aging.

Smith, who works 20 hours a week through the SCSEP program, is also enrolled in a computer class at Wilson Community College, yet she still finds the time to help others.

Smith does not have a car but she can be seen riding her bicycle all over town. Along with her job at the Imagination Station and school, she cleans, cooks and runs errands for the "elderly people."



Community response to this photo of Yvette Smith showing the cable that held her missing bike led to her getting a replacement bicycle.
– Photo courtesy The Wilson Times.

Smith, 60, said she depends on her bike to get around town, to and from her job, and other people depend on her, too.

"I help elderly people and that's how I run my errands for them – on my bike," Smith said. "I go shopping for them at Wal-Mart, I cook for them, and clean for them, too."

Smith isn't paid for what she does for others. She said her pay is knowing she has helped someone who can't help themselves.

Recently, Smith was cleaning and cooking for an elderly gentleman when her bike was stolen.

She had to walk home.

"I could get to work in less than five minutes on my bike," Smith said. "The only time it's not handy is when it rains."

After her bicycle was stolen, Smith's story appeared in the local newspaper. She received numerous phone calls from concerned people offering to replace her stolen bike. She was taken to Wal-Mart to pick out a new bike and then to a local bicycle shop to put it together.

"It is beautiful," she said. "It's got three speeds. I can change gears now and it will make the hills easier for me to go up. You know, my other bike didn't have speeds."

Smith said she can't believe so many people would help her.

"You know so many times all you can hear is bad news, but somebody cared about me," Smith said. "I care about others. I know that is what I am supposed to do. But it is a special feeling when somebody cares for you, too."

Smith has already called the folks she helped and told them to get their grocery lists together because she is back on the road and will be back to shopping for them and running errands. ■

– Information in this story was adapted from content that appeared in *The Wilson Times*, written by staff writer Janet Conner-Knox.

ACCOLADES

Accolades highlights special recognition of DHHS employees and facilities from outside agencies, stakeholders, partners and peer groups. Interested in sending a contribution? See instructions at the end of this column.

Caswell Center honored and congratulated employees selected for recognition recently. Those honored include:

Psychology Staff Member of the Year - Dr. Katrina Power
Communication Services Employee of the Year - Sally Simpson
Teacher of the Year - Kim Tyndall
Professional Services Award of Excellence - Dr. Katrina Power
Dietary Employee of the Year - Tony Johnson
LPN of the Year - Sandra Faulkner
RN of the Year - Lorraine Porcheron
Pharmacy Employee of the Year - Sandra Jones
Physical Plant Employee of the Year - Ed Eason
Housekeeping Services Employee of the Year -: Arnette Lawson
Administrative Services of the Year - Emily Winstead
Humanitarian Award - Ketcher Sutton, HCT II, 101 Byrum
DSI of the Year - Joyce Holloway, WEV-Cedar, Maple & Willow
QMRP of the Year - Michelle Jones, 104 Kendall
C.F. McArtan Award Finalists:
Shirley Newkirk - Harmony Court
Deborah Edwards - Sunset Village
James Powell - Rolling Hills
Dee Most Wiggins - Vernon Woods
Sherri Austin - West End Villas
C. F. McArtan Winner - Deborah Edwards: Sunset Village
OT Department Employee of the Year - Amy Sanderson
PT Department Employee of the Year -: Larry Holloway
Recreation Therapy Employee of the Year - Sharome Brown

Marilyn B. Klinger, an administrative assistant in the Western Office of Emergency Medical Services in Conover, recognized by the United Way of Catawba County for her volunteer work with the Council on Adolescents of Catawba County. During 2011 and 2012 she used community service leave and personal time to complete administrative duties for the council's Hickory office. She also volunteered with American Red Cross blood drives. "Community service leave time is recognized in our community," Klinger said. "The Council is grant funded, and really struggles just to make salaries and supplies. So volunteer time really makes a difference for the things they don't have the time or money for." ■

If you or someone you work with has received special recognition, let us hear about it. We need details of the recognition, and how to reach the employee and the recognizing organization. Send to Jim.Jones@dhhs.nc.gov.

DHHS Employee Update is published monthly by the Office of Public Affairs for employees of the N.C. Department of Health and Human Services. Please send your comments and story ideas to: Jim.Jones@dhhs.nc.gov, or by mail to DHHS Office of Public Affairs, 2001 Mail Service Center, Raleigh, NC 27699-2001

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