

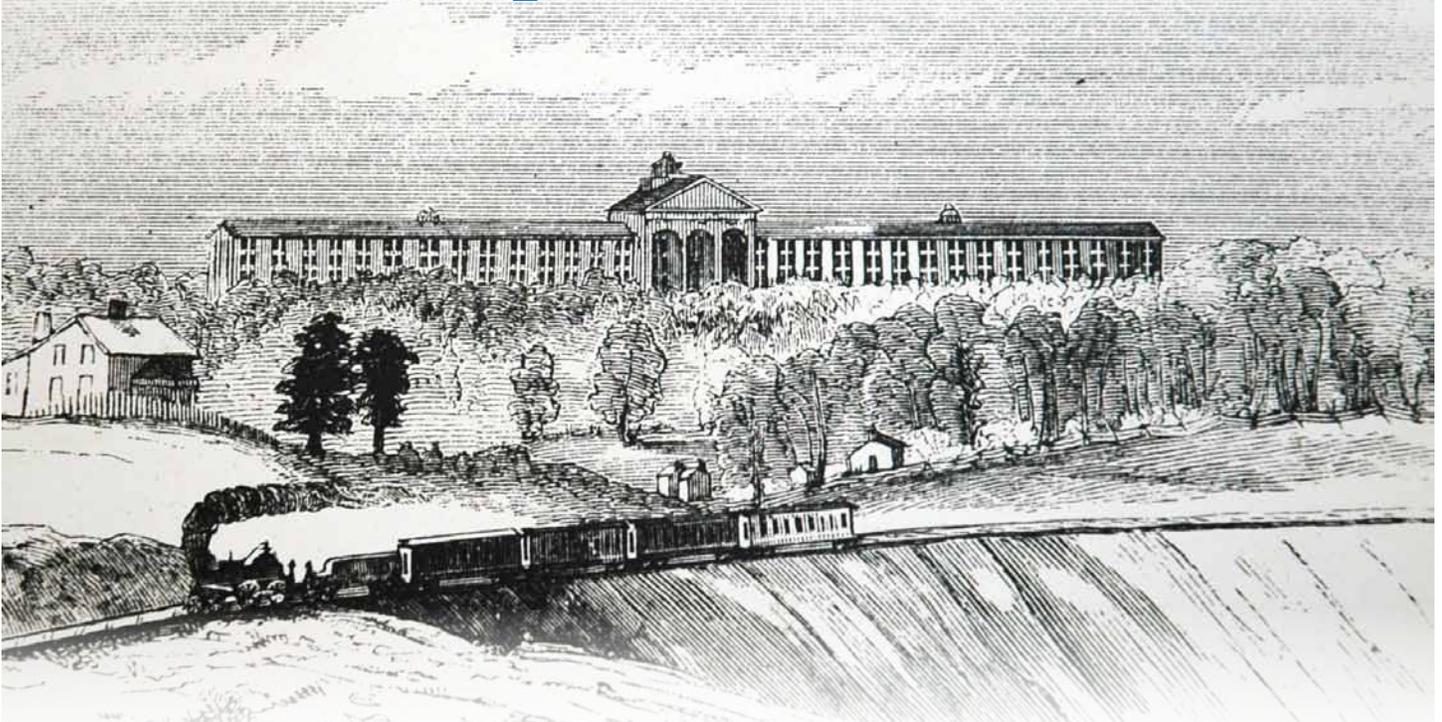


EmployeeUPDATE

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

Dix Hospital ends 156 years of care



An era of care on the campus of Dorothea Dix Hospital came to an end last month when a group of forensic patients packed boxes with their belongings and, along with forensic staff members, made the move to a refurbished building in Butner.

It was a quiet end for an institution that had its beginnings on a hill south of Raleigh in the pre-Civil War times and has welcomed thousands of people to care plans that sometimes mended their afflictions, and sometimes did not. It was the first facility in North Carolina dedicated to the care of the state's behavior-

ally and neurologically impaired residents. It has been replaced by Central Regional Hospital, a new facility that opened two years ago in Butner. The Butner facility is the first of three replacement facilities to be built, the others in Goldsboro (Cherry Hospital) and Morganton (Broughton Hospital).

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Dix Hospital cont. from page 1

The roots of Dix go back to the efforts of a crusading teacher from the Northeast. Dorothea Lynde Dix was intent on righting the wrongs in the treatment of the insane in several states. She confronted those in power and focused their attention on doing the right thing for a population whose needs were not being met in the communities where they lived. She succeeded. In North Carolina she toured 36 counties chronicling the conditions of the mentally ill to support her case. Her legacy stretches across the eastern United States where she helped establish 32 mental hospitals.

The first appropriation for the hospital in Raleigh was made in 1849, but construction did not begin until May 1850 on the 182 acre site chosen by Miss Dix.

While others in the community thought the hospital should be named for her, she favored naming the hospital Dix Hill, in honor of her grandfather, Dr. Elijah Dix, and the Legislature agreed. The hospital admitted its first patients in 1856 and became the temporary home for thousands of its citizens.

Over the years the size of the hospital property grew as did the roles of the patients and staff, which stretched to include raising crops and livestock, and doing piecemeal work such as sewing and broom making. The agricultural operations waned until the only crop left on the campus was the pecan trees. Adolescents living on campus until

recently gathered the pecans and sold them at the nearby Farmer's Market to cover costs for some of their needs.

The hospital property swelled to more than 2,000 acres at the peak of its farming operations and today encompasses about 306 core acres that include a cemetery, a final resting place for many of its former

patients, often identified only by a number on a small marker.

Many artifacts of the history of Dix Hospital have been gathered and are stored on the campus in the House of Many Porches. ■

Named for Dorothea Lynde Dix (1802-1887)

From the admission of its first patient in February 1856, Dix saw its way through the decades, serving thousands of the state's behaviorally and neurologically impaired residents.



*“If I am cold, they are cold;
if I am weary, they are
distressed; if I am alone,
they are abandoned.”*

Dorothea L. Dix. (1802-1887)

A bit about Dorothea Dix

She helped to establish 32 hospitals in the eastern U.S. She also helped establish a government hospital, which later became St. Elizabeth's in Washington, D.C.⁵ Between 1843 to 1880 – the main years that she spent advocating for the mentally ill – the number of hospitals for the mentally ill increased almost ten-fold, from 13 to 123. In 1942 the U.S. Navy named a transport ship for her, the USS Dorothea L. Dix. In 1983, the U.S. Postal Service issued a 1-cent stamp in honor of her contributions and service.

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Dix Hospital cont. from page 2

Dix Facts

North Carolina Legislature in 1825 passed a resolution requesting information needed to plan for the establishment of a 'lunatic asylum.'

Dorothea Lynde Dix toured 36 North Carolina counties in 1848 noting about 1,000 mentally ill that she found in jails, poorhouses and private homes. She presented a report to the Legislature that emphasized the need to remove the insane from jails for their own benefit and that of other inmates. She listed costs in other states and economies that had been achieved. She recommended moderate employment, moderate exercise, approaches to treatment, and buildings and equipment that would be needed.

The hospital's first patient, suffering from 'suicidal mania' was admitted Feb. 22, 1856, to the first completed unit with rooms for 40 patients.

A chapel was built in 1858 and four ministers from Raleigh took turns leading weekly services for the patients. A cemetery was established on the grounds and more than 700 patients have been laid to rest there.

Before 1898, doctors and attendants cared for the patients as part of their on-the-job training. All staff lived on the hospital grounds.

By 1902, the Dorothea Dix School of Nursing opened with eight students. The school was reorganized in 1913 when arrangements were made for the students to receive second year training at Bellevue Hospital in New York City.

This is a brief history of how Dorothea Dix Hospital was established

Dorothea Lynde Dix came to Raleigh in 1848. Two years later she was to be termed, in a letter to her from Millard Fillmore, then President of the United States, "the most distinguished and useful woman America has yet produced". Her mission was the care of the insane, and she brought about the establishment of asylums for them in more than 30 states. She was literally the mother of the State Hospital at Raleigh, the first in North Carolina.

Her first effort to induce the legislature to make an appropriation was defeated, but an incident occurred which was to insure her definite success. The wife of James C. Dobbin, member of the house from Fayetteville, became seriously ill, and Miss Dix remained with her from the onset of her illness until her death. The Hon. James Dobbin, because of his gratitude to Miss Dix, and because she had convinced him of the great need for care of the insane, presented a bill to establish the North Carolina Asylum for the Insane. The bill passed by overwhelming vote.

Not long before Miss Dix's arrival at Raleigh, a horrible crime had shocked the State. A man of means had for years confined his insane wife in a log prison with its floor of earth, a mattress on the ground and a post in the corner to which she was attached by a chain. She was the mother of several of the man's children. He became increasingly cruel and subjected her to severe torture. Finally, he consummated his cruelty by beating her to death and forcing one of his slaves to bury the body secretly. His crime was detected and he was publicly hanged.

Of the indigent insane, some where in jails; other in what were then called "poor houses" in these sometimes the patients were chained to the floor or confined in dark and damp cellars. The estimate of the number of insane in the State in 1849 was at least 500 and an official report to the Legislature said: "Some are confined within such limits and under such shelter as would seem only fit for untamed beasts."

The Chairman of the first Board of Commissioners was Governor John M. Morehead, the other members being George W. Mordecai, Calvin Graves, Charles L. Hinton, T.N. Cameron and C.C. Watson. ■



Greenhouse at Dix, early 1900s

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Dix Hospital cont. from page 3

From *Dixiana* – 1949 newsletter

The State Hospital Farm covers quite a large area – some 2, 114 acres in all. Eight hundred and two of these acres are planted in food and vegetable crops and two hundred acres in pasture land for our livestock.

Soil conditions will not permit us to grow as much of a variety of vegetables as we would like; therefore, we have to plant just such crops as are suitable for this soil. What vegetable crops we do raise are consumed fresh; however, we can some soup mixture, relish, etc. with our limited facilities. We hope to enlarge our canning department in the near future. The major portion of our land is more suited to grain crops. These are harvested and mixed into feed for our livestock.

Nine years ago our dairy consisted of forty cows with a daily milk production of 80 gallons. At the present time we are milking around 118 cows with an average of 535 gallons of milk per day. This is quite an increase and is a result of Mr. Page's tireless efforts along this line, since this was his main project when he first came here. However, Mr. Partin took this phase of farm work off his shoulders when he took over the new position of Livestock Manager. We have one proven bull, a product of our improved herd, that we sold to the Institutional Breeders Association for \$1,500.00. Our herd is strictly Holstein, all outstanding producers, and we are members of the National Holstein-Friesian Association and the Institutional Breeders Association. At the present time we have sixty-one brood sows although all are not registered. We have a good number of cross bred hogs, Poland China, Duroc, Jersey, and Hampshire, with a total herd of swine of over six hundred. Facilities for handling and curing meat are inadequate so we have several 'hog killings' a year and use the pork fresh on our tables. ■

– Excerpted from the 1949 edition
of *Dixiana*, the newsletter of
Dorothea Dix Hospital



Hog killing time at Dix

Dorothea Dix Cemetery Dedication May 22, 1997

This dedication acknowledges a sad part of our state's history – a history which includes abandonment of some of our own cherished citizens, due to our ignorance and fear of the unknown all of us should use this opportunity to recognize the errors of our past and to begin a new era of concern and care for all of our citizens, regardless of their mental or physical afflictions.

Although their lives may have been lived in a time when fear, misunderstanding and unhappiness followed their illnesses, we now give belated respect to their memory. The dates on their graves mark a time when society was ignorant and fearful of the complex diseases of the mind. We may never know what fortunes or misfortunes followed those buried here or the extent of the illnesses which plagued their minds, but today we can and do give them the proper respect and dignity they were denied in life.

– Chief Justice Burley B. Mitchell, Jr.,
Supreme Court of North Carolina

Whooping cough cases up in N.C.

Following the announcement of the state's first infant death in 2012 from pertussis, or whooping cough, State Health Director Laura Gerald delivered important messages to media outlets across the state about the need for adults to be immunized against the disease.

The state and nation have seen a dramatic increase in pertussis cases over the past year, and DHHS has responded by making DTaP (diphtheria, tetanus and pertussis) vaccine, which protects against pertussis, available at no cost through local health departments and many private physicians.

"Babies and young children are not fully immunized until they have finished a series of vaccinations, so their only protection against whooping cough is the people around them," said Gerald. "Anyone who lives with or will be around a baby should be vaccinated."

Whooping cough is a highly contagious illness that is spread from person to person usually by coughing or sneezing while in close contact. It can be serious at any age, but is life-threatening in newborns and infants who are too young to be fully vaccinated. Many infants who get whooping cough are infected by caregivers who might not even know they have the disease.

"State law requires pertussis vaccinations for pre-school and school-age children, but we know that immunity wanes over the years," Dr. Gerald said. "A booster shot is a safe and effective way for adolescents and adults to protect themselves and those they love."

The DTaP booster shot is recommended for any child 7–10 who did not complete the childhood DTaP vaccination series and anyone 11 and older who has not yet received a DTaP booster. DTaP is particularly recommended for:

- women who are pregnant or may become pregnant;
- all close contacts of infants under 12 months of age (parents, siblings, grandparents, household contacts, child care providers); and
- anyone with a pre-existing, chronic respiratory disease.

For more information on pertussis vaccine, visit www.immunize.nc.gov/family/vaccines/pertussis.htm ■

– Julie Henry, DHHS Public Affairs



Dr. Laura Gerald recorded a public service announcement to alert parents and caregivers of the need to protect infants against pertussis by getting themselves immunized. Thanks to Clear Channel Radio in Raleigh for donating studio time for the recording!

– Photo by Julie Henry

Whooping cough continues to spread throughout the state and country, and state health officials strongly urge parents to take these immediate steps to protect their children and other loved ones:

1. Make sure your child is current on his or her vaccinations. The DTaP vaccination series is recommended for children starting at 2 months of age, and continuing at 4 months, 6 months, 15-18 months and 4-6 years of age.
2. Insist that the adults in your children's lives are vaccinated also. Whooping cough spreads easily from person to person, and young babies especially are not fully protected until they receive the full series of shots.
3. Ask about your children's caregivers. Babysitters, child care providers, family members, etc. who come in close contact with your children should be vaccinated.
4. Don't forget booster shots. By age 11, children should receive the DTaP booster. It's never too late for teenagers or adults to receive the booster if they haven't already.

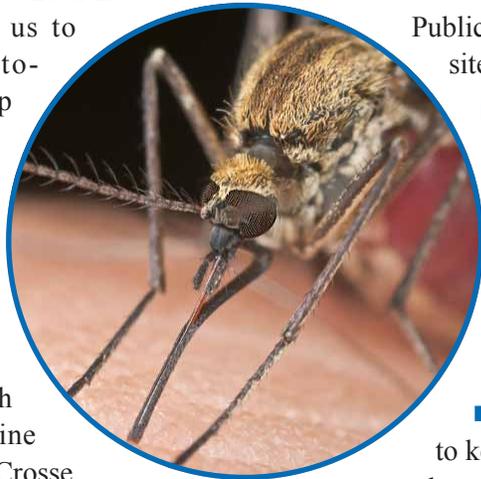
Avoid the bite!

As we head into fall, it's important to remember that mosquitoes are still flying around us looking for a meal. Dr. Carl Williams, public health veterinarian, urges all of us to take sensible and easy-to-follow precautions to help avoid a bite that could lead to a mosquito-borne illness like West Nile virus.

West Nile virus is one of several mosquito-borne viruses common to North Carolina, like Eastern equine encephalitis (EEE) and La Crosse encephalitis (LAC). While North Carolina has not had the extreme number of fatalities associated with West Nile that Texas has, as of August 30, the state had recorded two deaths this year.

“Protect yourself and your family from mosquito bites by using

mosquito repellants and making your home or work environment less attractive to mosquitoes.” Williams says. “Mosquitoes can develop from an egg to an adult in as little as a week.”



Public Health recommends eliminating potential breeding sites around your homes:

- Eliminate standing water in places like flower pots, discarded containers, gutters and kiddie pools.
- Clean ornamental ponds and ensure that filtration systems are functioning properly.
- Clean and change water in livestock troughs at least once a week.
- Keep window screens and panes in good condition to keep insects out and wear long sleeves, long pants and socks when weather permits.

Williams say mosquitoes are most active from dawn to dusk, so if you plan to be outdoors, always use repellent containing DEET, picaridin, IR3535 or oil of lemon eucalyptus on exposed skin as well as on clothing (mosquitoes will bite through thin cloth). Remember always to follow the manufacturer's recommendations. For information on the safe use of insect repellents visit <http://epi.publichealth.nc.gov/cd/diseases/deet.html>. ■

– Mark VanSciver, DHHS Public Affairs



Delia visits O'Berry

DHHS Secretary Al Delia recently toured and met with staff at O'Berry Neuro-Medical Treatment Center in Goldsboro. Left to right: Delia, O'Berry Center Director Deborah Exum, Deputy Director Dennis Mays and Director of Program Administration Gary Phillips. ■

– Photo by Julie Henry

Construction at Cherry Hospital



Secretary Al Delia recently toured construction in Goldsboro at Cherry Hospital. He was joined by DHHS Director of Property and Construction Terry Hatcher and Luckey Welsh, interim director of the Division of State Operated Healthcare Facilities. The 314 bed facility, located adjacent to the original Cherry campus, is scheduled to be completed by late spring 2013. The tour also included stops in the hospital laboratory and the gym. ■

– Photos by Julie Henry



Sept. 26 set for dialog re-do with Secretary Delia

Due to IT system problems at NCSU on Aug. 14, few DHHS employees were able to join the live stream dialog with Secretary Delia.

The opportunity has been rescheduled for Sept. 26. Details with time and the web address will be distributed via email at a later date. Please mark your calendar and start thinking of comments or questions you would like to share with Secretary Delia. ■

New food rules promote safety

Dining out in North Carolina has always been a safe and pleasurable experience for patrons due in part to a strong partnership between retail food service and public health. Thanks to changes in North Carolina's food safety code effective Sept. 1 we can all have even greater confidence that the food we eat when we are dining out is safe.

“Restaurant owners know that safe food is good business so they have worked closely with us to get ready for the new rules,” said Larry Michael with the Environmental Health Section at the Division of Public Health. “The new code is the most comprehensive change to our state's standards in more than 30 years and establishes practical, science-based rules and provisions to help avoid food-borne illnesses, like noroviruses and salmonella.”

The new code takes increased food handling protections that will further reduce the likelihood of food-borne illness. Under the updated North Carolina Food Code:

- Food establishments will be required to refrain from handling exposed, ready-to-eat foods with bare hands.
- Each food establishment will be required to develop and adhere to an Employee Health Policy to prevent and control the transmission of illnesses.
- During hours of operation, all restaurants must have a certified food protection manager who has passed an American National Standards Institute-accredited exam. This requirement will be phased in and become effective Jan. 1, 2014.
- Food establishments will be required to decrease the temperature of refrigerated foods and must date-mark opened, ready-to-eat foods.

Michael also noted that the restaurant rating system will change under the new food code. Although sanitation rating cards showing the grade and score will continue to be posted, restaurants will no longer be able to earn “bonus points” for completing voluntary food safety training. Also, the new code covers food we buy and eat from food trucks and pushcarts. All food truck and sidewalk vendors will be displaying their sanitation rating card for you to see before you buy.

Anyone interested in the new code can view it at: <http://ehs.ncpublichealth.com/rules.htm>. ■

– Mark VanSciver,
DHHS Public Affairs

Blackley accredited; leadership changes announced at state facilities

R.J. Blackley Alcohol and Drug Abuse Treatment Center – The R.J. Blackley ADATC has received full accreditation from the Joint Commission on the Accreditation of Healthcare Organizations as a psychiatric hospital and has been certified by the Centers for Medicare and Medicaid (CMS). Blackley’s accreditation means that all 13 of the state operated healthcare facilities eligible have met national accreditation or certification standards. “This is a significant accomplishment for our state-operated healthcare facilities,” said DHHS Acting Secretary Al Delia. “Accreditation by the Joint Commission means our facilities are meeting national standards of excellence in care, treatment and services and in managing behavioral health care as determined by reviewers who are experts in the field.”

In addition, several leadership changes were announced last month for the Division of State Operated Healthcare Facilities.

- **Murdoch Developmental Center** – Pam Kuhno has been named director of Murdoch Developmental Center in Butner effective Sept. 4. She comes to Murdoch after having served as director of the Division of ICF/ID Programs in Pennsylvania, where she was responsible for oversight



Vivian Streater

protection and advocacy services to people with disabilities. The center serves about 500 citizens from 25 central regional counties.

- **Broughton Hospital** – Veteran leaders Vivian Streater RNC, BSN, MSM/HSM, ABD, and Dr. George Krebs have been appointed to serve as co-acting directors for Broughton Hospital in Morganton. A search is under way for a new chief executive officer following the departure of Tom Mahle in August.



George Krebs

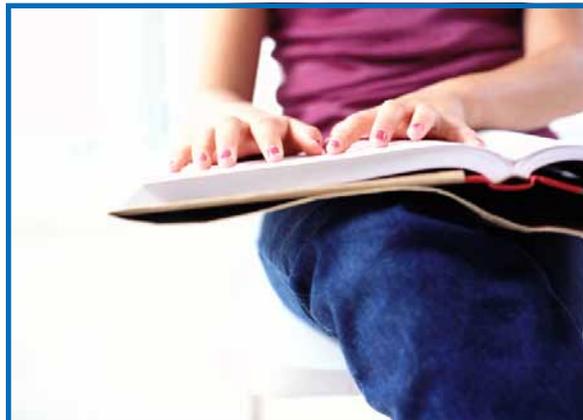
- **Black Mountain Neuro-Medical Treatment Center** – Lauri Hollingsworth has been appointed as director of Black Mountain Neuro-Medical Treatment Center. She has worked at the center for more than 19 years in a variety of positions.

- **Walter B. Jones Alcohol and Drug Abuse Treatment Center** – Ben Gregory is the new director of the Walter B. Jones Alcohol and Drug Abuse Treatment Center (ADATC). Gregory has been at Walter B. Jones ADATC since 2001, serving in a variety of roles. Most recently, he was program standards manager. ■

– Julie Henry, DHHS Public Affairs

SAVVY program prepares kids for life

Twenty-nine students were enrolled this summer in the annual summer SAVVY program – Summer Adjustment to Blindness for Visually Impaired Youth – sponsored by the Division of Services for the Blind’s Rehabilitation Center for the Blind in Raleigh.



formats, and how to balance the social and academic demands of college life.

This program includes visits to nearby N.C. State University, Campbell University and Wake Technical Community College, mock college classes conducted by local professors and opportunities to interact with college students through the NC EYE (Envisioning Youth Empowerment) retreat for youth with visual im-

The Rehab Center, located on the campus of The Governor Morehead School, has offered services to blind and low vision clients since 1945, and the SAVVY program simultaneously features three different programs to address the diverse needs of its adolescent clients: College Prep, World of Work (or WOW) and Youth in Transition.

This summer, the theme for all three programs was “Rise Above,” which pays tribute to the ability to overcome difficult choices and challenges in the daily lives of visually impaired youth.

The College Prep program helps transition visually impaired students from home and high school settings to the new rigors and challenges of academic and social life in college.

During the seminar-style class students learn how to practice independent living skills, create a study schedule, use resources offered through University Disability Services, attain books and study materials in Braille, audio and digital

pairments. During the four-week program, students read and write to help them prepare for academic challenges. All the experiences offered during the College Prep program are geared to prepare students for a successful and memorable college experience.

The World of Work, or WOW program, provides rising high school juniors and seniors with challenging vocational opportunities through paid summer internships in business and public service settings. Teens learn work ethics and appropriate workplace behaviors, increase their communication and interpersonal skills and build self-confidence through on-the-job training. The WOW students also learn about job interviewing skills and employers’ expectations. This summer, students completed summer internships at Pullen Park, the Lion’s Club, N.C. Library for the Blind and Physically Handicapped, Pullen Community Center, Cameron Village Library, Marco’s Pizza, RLCB Inc., the N.C. State Fair Grounds, and the Revenue Building Snack Bar.

The SAVVY Youth in Transition program for rising sophomores, juniors, seniors and recent high school graduates focuses on developing the skills and confidence necessary for greater independence at home and in the community. Participants engage in activities that address their own targeted needs in the areas of independent living skills, social development, vocational skills and study skills. Students are also encouraged to explore areas such as Braille, cooking, techniques of daily living, orientation and mobility, keyboarding, assistive technology, career exploration and consumer education which prepare them for independent living in their community.

Highlights of the summer 2012 recreational activities included a visit to a local climbing center, horseback riding, drumming, a road trip to the aquarium at Pine Knoll shores and Atlantic Beach and a musical production of “Oliver.” INTERACT, the local domestic violence shelter, also provided an intensive

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SAVVY program cont. from page 12

workshop series on healthy relationships. During the workshops the teens produced video clips that will air on local TV stations about the importance of balanced personal relationships.

– Renee Foster, Adult Education Instructor, N.C. Rehabilitation Center for the Blind

For more information about the SAVVY program, interested candidates should contact their local DSB VR counselors or call 1-866-222-1546. ■

DVRS scanners to move operations to digital records

The Division of Vocational Rehabilitation Services has purchased document scanners for the newly built BEAM Case Management System that is being developed by Libera. The document scanners will create a digital office environment that will allow client applications to be processed quickly and efficiently.

The DVR Scanning Development Team, consisting of Michael Streicher, Monté Boyd and Tom Li, are in the design and development stages of building a scanner application and making a successful move toward a paperless office. One of the benefits of using the scanner is its ability to convert hundreds and thousands of printed documents to digital format much more easily.

For accessibility needs, the optical character recognition (OCR) software converts these scanned images into



Jacksonville VR staff receive scanner

Left to right: Michael Streicher, technology support; Deddie Kennedy, lead office assistant; Chris Okiror, rehabilitation counselor; Shannon Vitak, Jacksonville unit manager.

editable and searchable formats like PDF or Microsoft Word. The team’s goal is to repackage this extremely powerful OCR software with an easy, user-friendly, and intuitive graphical user interface called “BEAM Scanning System” which

will allow accurate scanning and secured file management. These digitally scanned documents will be archived into an encrypted space that will be bulk uploaded daily into the BEAM Case Management system. ■

Lifeline offers vital support

Report finds need for stronger N.C. suicide prevention effort

In the United States, one person dies by suicide every 14.2 minutes. In North Carolina, more than 1,000 individuals die from suicide each year and more than 14,000 are treated or hospitalized for self-inflicted wounds.

A report (www.nciom.org/publications/?suicide) released in July by the N.C. Institute of Medicine (IOM) in collaboration with the Division of Mental Health/Developmental Disabilities and Substance Abuse Services (DMH/DD/SAS) outlines the need to improve the suicide prevention and intervention infrastructure within the state. The report focuses on the role that DMH/DD/SAS, the Division of Medical Assistance and Local Mental Health Entities/Managed Care Organizations can play in reducing suicide deaths and suicide risk.

One program already in place to meet the need for emergency assistance is the North Carolina Suicide Prevention Lifeline. The Lifeline provides free and confidential emotional support to people in suicidal crisis or emotional distress 24/7 at **1-800-273-8255**.

“Help is available to anyone that may feel like they are in crisis,” said Jim Jarrard, acting director of the DMH/DD/SAS. “Anyone who calls will talk with a live person and get linked to immediate help if needed or to referrals to resources in their community.”

The Lifeline is staffed by REAL Crisis of Greenville with trained professionals and can help with a wide range of issues including substance abuse, economic worries, relationship and family problems, sexual orientation, illness, trauma from abuse, bullying, depression, mental and physical illness, and even loneliness.

Often there may be signs that someone is at risk for suicide. The risk is greater if a behavior is new or has increased and if it seems related to a painful event, loss, or change.

**Suicide
Prevention Week
is September
9-15, 2012**

The National Suicide Prevention
Lifeline is available
24 hours a day, 7 days a week
1-800-273-8255 (TALK)

If you or someone you know exhibits any of the following signs, seek help as soon as possible by contacting a mental health professional or by calling the Lifeline at **1-800-273-8255 (TALK)**.

- Talking about wanting to die or to kill themselves.
- Looking for a way to kill themselves, such as searching online or buying a gun.
- Talking about feeling hopeless or having no reason to live.
- Talking about feeling trapped or in unbearable pain.
- Talking about being a burden to others.
- Increasing their use of alcohol or drugs.
- Acting anxious or agitated; behaving recklessly.
- Giving away their possessions.
- Sleeping too little or too much.
- Withdrawing or isolating themselves.
- Showing rage or talking about seeking revenge.
- Displaying extreme mood swings.

For more information about suicide prevention initiatives, contact Susan E. Robinson with DMH/DD/SAS, susan.robinson@dhhs.nc.gov or 919-715-5989 x228. ■

– Chris Pfitzer, DMH/DD/SAS

SECC gears up for 2012 campaign



Getting ready

Left to Right: Eve Pena-Vargas, DMA; Courtney Barbee, Property & Construction; Sarah McDonald, Controller's Office; Brenda Davis, DMH/DD/SAS; Janice Warren, DIRM; Renee Raeford, DSDHH; Diana Barbry, DHSR; Greg Anderson, Office of the Secretary; Wanda Oakley, Internal Auditor's Office; Sandra Trivett, Office of the Secretary; Vicki Medlin, OMMIS.

– Photo by Jim Jones

The DHHS 2012 State Employees Combined Campaign is up and running and preparing for a successful 2012 giving season. Volunteers have been identified around the state, and materials will be mailed soon for distribution to employees.

Again this year, state employees have the option of making donations through either a paper form (which will be provided through local volunteers) or through ePledge, an on-line method that is quick, easy and secure. EPledge information will be sent directly to your DHHS email address and should be received around the end of September.

With more than 1,000 causes from which to choose – ranging from a variety of human services, health, education, the arts, animal welfare and the environment, just to name a few – everyone can find a charity that has personal interest or meaning. If you want additional information about the SECC, please check its web site at www.ncsecc.org.

DHHS divisions, offices and facilities have already started planning for local campaigns and events. Recently the SECC sponsored training sessions in various locations around the state, and there are on-line trainings and

materials at the SECC link under the Campaign Volunteer Toolkit page for those who would like to learn more.

The DHHS2012 campaign will officially kick-off with a Raleigh event on Sept. 27 and will conclude before Thanksgiving. Again this year, all those who submit a Pledge form (paper or electronic) by the last day in October will have their name entered into a drawing for a chance to win an iPad! ■

– Sandra K. Trivett,
SECC Lead Department Executive

Introducing.....ACCOLADES

A new feature that focuses on accomplishments of our professional staff. or A new feature, 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.

- **Heather Lockey, Barbara Graham and Tracy Kornegay (pictured left**



to right),

program consultants with the Division of

Social Services in the NC Kids program, recently received recognition from AdoptUSKids for their work in the successful recruitment of adoptive families for children in foster care in North Carolina. AdoptUSKids is operated by the Adoption Exchange Association through a grant from the Children's Bureau at the federal Department of Health and Human Service. The three work closely with the program's website to list profiles of waiting children, screen potential families and match waiting children.

- **NC FAST** is the recipient of this year's "Quality Program Award" from the National Staff Development and Training Association, part of the American Public Human Services Association. The award recognizes NC FAST for training conducted to prepare staff at local departments of social services as well as DHHS internal staff to use the NC FAST case management system.

- **Maude Body**, a Physical



Therapy Assistant II, was recognized for 35 years

of service to patients at Cherry Hospital during Cherry's Hospital Day Celebration on August 1, the hospital's 132nd anniversary. Secretary Al Delia (pictured with Ms. Body) was the keynote speaker for the event. ■

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.