Gov. Perdue breaks ground for construction of new Cherry Hospital

The recent rains may have dampened the ground but not the spirits as Gov. Bev Perdue led the groundbreaking ceremonies on Fri., Oct. 1, for the construction of a new state-of-the-art Cherry Hospital in Goldsboro.

“This is a milestone for North Carolina’s mental health system – as we break ground on a new, state-of-the-art Cherry Hospital – a hospital which will be well equipped to serve the people of our state,” said Perdue. “It will embody a 21st century model for helping the mentally ill – and I believe will be a step toward safer and healthier communities for North Carolina.”

Construction is expected to begin on Monday, Oct. 4 and the facility is expected to be completed in December 2012 and fully operational by March 2013.

DHHS Secretary Lanier M. Cansler noted that the construction of the hospital places the state midway through its plans to modernize and upgrade its mental health delivery system.

The new Cherry Hospital is the second of three state-of-the-art psychiatric facilities that North Carolina has built or will build to replace its aging state-operated psychiatric hospitals. Central Regional Hospital, Butner opened in July 2008. A new Broughton Hospital in Morganton, is scheduled to begin construction in spring 2011.

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The hospital will be a three-story building containing approximately 410,000 square feet, and will be composed of residential patient care units, therapy and medical facilities, and service and administrative support areas.

The hospital will have 316 inpatient beds and will also offer outpatient services. It will serve patients from 38 eastern counties and is expected to employ approximately 1,000 staff.

Archer Western Contractors, LTD, of Morrisville is the building contractor. The total cost is estimated at $138,325,814. It was funded through special indebtedness bonds approved by the N.C. General Assembly. The hospital was designed by The Freelon Group, a North Carolina architectural firm based in the Research Triangle Park.

“To those who would say that North Carolina lacks the will or the ability to carve a new path for mental health services – I say look at Cherry Hospital. The site might look empty now, but already I can see the possibilities that this new hospital represents to this community, to the eastern region, and to our state,” said Cansler. “Cherry has risen anew from the problems of its past and with new leadership and the dedicated commitment of its staff, has reinvented itself as the new Cherry Hospital even before the first brick of this new facility has been laid.”

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-Cherry Event Team turns some soil

The Cherry Hospital community came together for Friday’s groundbreaking ceremony. From left: Craig Sembly, Chaplain Wilbert Johnson, Donald Jackson, Larry Kearney, Nathaniel Carmichael, Secretary Cansler, Gov. Perdue, Philip Cook, Penny Withrow, Greg Neal, Roger King, Dan Pipkin and Richard Phillips.

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Gov. Perdue breaks ground cont. from page 1

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Outreach Sessions well received; next step providers, advocates, stakeholders

When Deputy Secretary Maria Spaulding agreed to be the Executive Sponsor of Outreach for DHHS Excels, she set ambitious goals for herself and the committee she promptly assembled. The goal for the Outreach Committee is to personally speak with and hear from employees around the state who are representative of all DHHS agencies and levels – from team members to senior managers. Spaulding and the committee planned three separate rounds of outreach sessions.

The first round included 10 three-hour sessions: four were held in Raleigh, and one was held in each of the following locations: Asheville, Charlotte, Greensboro, Greenville, Morganton and Wilmington. More than 800 DHHS employees attended these sessions. Due to the large concentration of DHHS employees in Raleigh, additional sessions will be scheduled prior to the end of the year.

The second round, aimed at reaching the direct care workforce in DHHS facilities, started on Sept. 9 and will continue through Oct. 26. Due to work schedules and staffing demands, these meetings are limited to one and a half hours and take place at a state facility in each of the following cities: Black Mountain (for Black Mountain Neuro-Medical Center and the Julian F. Keith ADATC); in Morganton (for the Riddle Developmental Center and Broughton Hospital); Butner (for the Murdock Developmental Center, the R.J. Blackley ADATC, Central Regional Hospital and Wright School); Goldsboro (for O’Berry Neuro-Medical Center and Cherry Hospital); Kinston (for the Caswell Center); Raleigh (for Dorothea Dix Hospital); and Greenville (for the Walter B. Jones ADATC and the Longleaf Neuro-Medical Center).

In addition to these employee-targeted outreach sessions, and in an effort to be collaborative, anticipatory and transparent, Deputy Secretary Spaulding is planning a third series of sessions or speaking opportunities with providers, advocates and other stakeholders. Dates have not yet been set.

In addition to Spaulding, the members of the Outreach Committee are: Megan Lamphere of the Division of Health Service Regulation; Anna Carter of the Division of Child Development; Mike Newton-Ward of the Division of Public Health; Heather Burkhardt of the Division of Aging and Adult Services; Jack Rogers of the Division of Social Services; Lori Walston of the Office of Public Information; and Beth Allison of the Division of Vocational Rehabilitation Services. In addition to these committee members, additional helpful DHHS staff members have been on-site at each session to help with logistics. The committee and all these sessions are ably coordinated by Amanda Parks, Spaulding’s administrative assistant.

Each session follows the same format: an overview of DHHS Excels, small group work around the meaning, barriers and expectations of each of the five values, and a sharing of group ideas with all participants. The feedback provided is then taken back to the Outreach Committee where it is being compiled and sorted for specific recommendations for future action. This summary information will be placed on the DHHS Web site when it is completed.

cont. on page 4
Outreach Sessions cont. from page 3

If you would like to know more about these sessions and whether it is possible to attend one in your area, check with your supervisor.

You may share any comments or ask questions by sending a confidential e-mail to DHHSExcels@dhhs.nc.gov.

Selected comments from Outreach evaluations from Aug. 10 to Sept. 28

After each Outreach session, participants are asked to complete an evaluation. The majority of respondents agreed that the training was beneficial, that they gained a better understanding of DHHS Excels, that they all had an opportunity to participate in the small group discussions and that they would recommend the training to others.

In addition to those generic questions, there were two questions which allowed more opportunity to get detailed responses. Those questions and representative responses are below.

How do you plan to share information about DHHS Excels in your work unit?

Comment: I’ll bring this up in staff meetings to find out whether my supervisor is encouraging this. If so, then the supervisor needs to tell me.

Response/Reaction from the Outreach Committee:
You are right—change can be good! Outreach participants have frequently commented about how much they enjoyed learning about the services of other divisions and offices in DHHS and meeting staff they had never had a chance to meet. A benefit of working more collaboratively is that each worker will know more about DHHS’ services, and this will lead to better customer service and outcomes.

Comment: Why were there no more slots available for the different divisions to attend? Participation seemed unbalanced in representation of divisions.

Response/Reaction from the Outreach Committee:
In many cases, the number of attendees was limited by the size of the available meeting space; but it was also a deliberate decision to keep attendance small enough to allow for group interactions and time to report back from those groups. There were a few general guidelines on attendance: to have no more than 100 at each outreach session; to allocate those spaces among all divisions based on a percent of staff; to include staff who had not previously had contact with the Excels initiative or activities; and to rely on the division directors to determine how best to identify participants. At the facilities, due to shift staffing demands, it was decided to have each session last no longer than one and a half hours and to keep the focus on the small group exercises. In some of the regional meetings, as well as in the facility based outreach sessions, it was more difficult to achieve a balanced participation rate due to the size of the staff in the area.

Any other comments or suggestions about DHHS Excels?

Comment: To let all my co-workers know that we do have a voice and that someone will listen.

Response/Reaction from the Outreach Committee:
Outreach sessions were created to hear from employees about the new DHHS Excels and to gain a better understanding of their concerns. We cannot achieve our adopted values without dialog up and down our organization as well as across our divisions, offices and programs. In addition to the outreach sessions, employees have the opportunity of sharing suggestions and asking questions by using the confidential comment line: DHHSExcels@dhhs.nc.gov.

– Sandra K. Trivett, Special Projects Office

cont. on page 5
Outreach evaluations cont. from page 4

Comment: Why this training now? What changes are coming that we don’t know about?

Response/Reaction from the Outreach Committee:
When Secretary Lanier Cansler accepted the Governor’s appointment to DHHS, he knew he wanted to create a lasting cultural and operational change that would enhance DHHS performance and reputation. It has taken a year to define some of the basics of such a huge initiative—vision, mission, values and performance goals. It is now time to share what has been done to date and to seek feedback. As for changes, DHHS is currently in a very changing environment that will continue to unfold depending on actions of national and state legislatures, budgetary challenges and demographics changes that impact our clients/customers. Creating a values based workforce will strengthen our ability to deal with changes as they arise.

Comment: Would love to be part of this effort!

Response/Reaction from the Outreach Committee:
It will take a lot of work on the part of all employees to make the kind of cultural and operational change that is the purpose of DHHS Excels. Discuss with your supervisor and coworkers opportunities in your work environment to create an Excels bulletin board, to hold discussions with your coworkers on the material shared, to help instill the values into the work place.

Comment: Could have been more effective if prior information about Excels had been shared. Came to the meeting kind of blind as to purpose.

Response/Reaction from the Outreach Committee:
Members of the Outreach Committee were surprised to see this comment.

Comment: I would not put employees in same work group with directors of their facility. There was hesitancy to be open and honest, and those who were did not appear to make their bosses happy.

Response/Reaction from the Outreach Committee:
It was the intent of the facilitators that participants not be in the same group as their directors, managers or supervisors. If this happened in your group, it was an oversight on the part of facilitators. Thanks for bringing this to our attention.

– Sandra K. Trivett,
Special Projects Office

What do you think?

DHHS excels employee survey

DHHS Excels will be conducting a survey during the month of October to collect data on how employees view the values being used in DHHS.

Not everyone will receive the survey since it is being sent to randomly selected sample groups. A program which selects random email addresses will be used to identify employees with computers. For those in our facilities who do not have individual computers, a random number of them will receive paper surveys.

If you are selected to participate in the survey, we ask that you fill it out promptly and send it back according to instructions. It should take about 15 minutes to complete the survey. Responses will be tabulated and results will be available by the end of the year.

The DHHS Excels Steering Committee appreciates the assistance of the N.C. Employment Security Commission for assisting with the paper surveys and to the Murdoch Center for helping test the paper process and to the DHHS Customer Service Task Force and the DHHS Excels Communications Committee for helping design and test the electronic survey.

The Excels Steering Committee is also appreciative of the leadership provided by Barb Kunz in the development of this questionnaire. Barb, as part of the DHHS Human Resource Division, is the manager of DHHS training and has been involved from the inception with the Customer Service Task Force and efforts to develop a web-based method for surveying customer service.

– Sandra K. Trivett,
Special Projects Office
Great kick-off for a great campaign

It is that time of the year again. Since 1984 state employees have been donating and making a difference in many people’s lives through this wonderful initiative called The State Employees Combined Campaign (SECC).

This year, kick-off of the SECC for NCDHHS was Sept. 15. The event took place at the Haywood Gym on the campus of Dorothea Dix Hospital. Approximately 20 charity organizations participated, and their representatives provided details so employees were able to learn about their wonderful work.

Melodee Stokes, director of the Office of Citizen Services, was our host. Deputy Secretary Mike Watson was the speaker. He welcomed the exhibitors and department employees, and he offered some remarks. He related that he had some experience helping establishing a domestic violence shelter, and that nonprofit organizations dedicated to helping people in need share a certain kinship for providing needed services.

Talk on the floor of the gym ranged from hospice care to adopt a pet as employees spent their lunch breaks making rounds to the nonprofits’ tables and enjoying an ice cream sandwich courtesy of the campaign.

As a combined campaign, the SECC includes federations and independent charities. These organizations provide services locally, nationally, and internationally. They all must apply each year to be considered...
Great kick-off for a great campaign cont. from page 6

for admission to be included in the campaign. All must meet rigorous standards in order to participate in the SECC.

The 2010 campaign is still ongoing. You may choose among more than 1,000 trustful organizations, where you want to allocate your donations.

There are multiple ways for state employees to give to the SECC campaign. An annual payroll deduction is the most popular; it is an easy way of giving your charitable contributions. This method requires a minimum pledge of $5 per month. Deductions will begin on Jan.1, 2011.

A one-time deduction is another way of giving. Using cash, check (made payable to N.C. SECC), credit card, or by stock transfer/matching gifts. If you want to choose this way of giving, please call the SECC office at (919) 821-2886 for additional information about stock transfers/matching gifts.

To complete your pledge and turn it into your local coordinator use the pledge form. In addition to the Giving Guide that you received, you can also learn more about the charities participating in the campaign by using the location and service searches SECC has provided.

As a Native American Proverb says “Tell me and I’ll forget. Show me and I may not remember. Involve me and I’ll understand.” The amount of money we can afford to donate is not important. Our goal this year is to have 100 percent participation.

This campaign will end soon. Don’t forget to fill out your form and turn it in!

– Maria Noriega, DHHS Public Affairs

New names reflect roles of VR centers

Most everybody knows that the N. C. Division of Vocational Rehabilitation Services assists people with disabilities with preparing for employment and, in so doing, provides for businesses each year thousands of job-ready applicants.

It is less well known that the division operates two regional facilities where clients come daily to learn hands-on skills they can put to work as auto mechanics, personal care aides, printers, welders, masons, carpenters and a number of other trades. In Goldsboro and Morganton, these institutions have always been referred to as the “Eastern and Western Regional Vocational Rehabilitation Facilities.”

Say that three times, and you’ll find yourself, upon finishing, a much older person.

On top of the names’ unwieldiness, folks who receive services there have felt that the names carried unwanted connotations. There was also a need for more commercial-sounding names to market to businesses for whom the facilities can perform a range of outsourced projects.

After planning and discussion and focus groups and a statewide solicitation of staff for ideas, the decision was made. We are proud to introduce “WorkSource East” and “WorkSource West” (names that could easily fit on standard letterhead.) A new sign, with logo and message-completing tagline, now graces Morgan-nton’s WorkSource West, and soon its Goldsboro counterpart will display similar signage.

Name changes are not simple matters. More steps are needed to complete the transition – publicizing the new names, changing letterhead and phone listings, and surely other measures not yet contemplated.

But the change reflects a continuing commitment by the Division of Vocational Rehabilitation Services to respond to changing times and sensibilities and a desire to better represent our services as meeting the needs of all our customers – foremost among them North Carolinians with disabilities and the businesses who are benefitting in growing numbers from their services.

– Ed Bristol, Division of Vocational Rehabilitation Services
Self-employment: An important segment of VR services

Known chiefly for preparing people with disabilities for traditional employment, the N.C. Division of Vocational Rehabilitation Services, with the help of federal recovery funds, is beefing up efforts to assist more citizens with starting their own businesses.

Our consumers’ self-employment successes reflect a diversity of gender, geography, ethnicity, disabilities and business types. Here are a few:

- Edenton’s Julio Posada, who had lost both arms, was determined to become a draftsman/designer. VR rehabilitation engineer Phil Protz helped him acquire and install computer and scanning equipment that he could operate with his feet. After passing the drafting exam, he started his own business, Arrow Drafting & Design, and became the area’s only certified draftsman. He says that, even though he had the skills and knowledge, “if it weren’t for VR, I couldn’t have gotten established.”

- Morganton’s Julia Elmore had had difficulty working for other people and had long dreamed of having her own hair salon. When her VR counselor, Pat Harton, told her that VR could help with equipment, supplies and other expenses, Julia identified a market niche, researched her competition, and picked a location. Now at “Julia’s Color Bar and Salon,” she helps customers choose the right hair color and then custom-mixes it. Her business is prospering, and she is planning to open a day spa. She says she feels like she “hit the lottery.”

- Maria Owens has cerebral palsy, vision impairment, a mild developmental disability – and a desire to contribute to her own support. Her counselor, Alice Farrar, helped Maria grow her shredding business into “Security Shredding Service of Raleigh.” With the heavy-duty shredder, adjustable worktable, document containers and office supplies that VR equipped her with, she provides service to doctor’s offices, businesses – and at least one client in Alaska. “I do everything myself, I’m my own boss,” she says with a smile “and I make my own hours.”

With revised self-employment policies, statewide staff training and the hiring of a self-employment program specialist, the division has embarked on a fresh commitment to provide small-business supports to more North Carolinians who won’t allow disability to stand in the way of successful employment.

— Ed Bristol, Division of Vocational Rehabilitation Services
Jarrard appointed deputy director of MH/DD/SAS

James L. Jarrard has been appointed the deputy director of the Division of Mental Health, Developmental Disabilities and Substance Abuse Services. He will supervise division program managers and provide executive leadership to implement the division’s mental health service delivery efforts.

“I am pleased to bring Jim Jarrard into this key role within the division,” said Division Director Steve Jordan. “His knowledge of the intricate workings of our local management entities (LMEs) and their provider networks during his years as head of the division’s accountability office make his insights invaluable to our future planning.”

Jarrard presently serves as section chief of the Resource and Regulatory Management Section, which oversees the division’s efforts in fiscal monitoring, accountability, and regulatory compliance. He is the former team leader of the division’s accountability section and the former branch head of the now-defunct Thomas S. Service Management Section. He has worked with the division for more than 16 years.

– Mark Van Sciver, DHHS Public Affairs

State infant mortality rate lowest ever

North Carolina’s overall infant mortality rate dropped again in 2009 to the lowest level in the state’s history.

A total of 126,785 babies were born last year. The state’s overall infant mortality rate was 7.9 deaths per 1,000 live births. This represents a decline of 3.7 percent from the 2008 rate. Since 1988, when North Carolina ranked as one of the last in the nation for infant mortality, the state has improved its overall rate more than 35 percent.

After reaching its lowest level ever in 2008, the infant mortality rate among minorities rose in 2009 by 4.4 percent; minorities continue to experience rates more than two times (2.6) higher than whites. Minority women also continue to experience markedly higher rates of low and very low birth weight babies (13.5 percent) than whites (7.7 percent).

“Racial health disparities, especially among women of childbearing age, must continue to be one of our top priorities,” said State Health Director Jeff Engel. “That means continued investment at the state and federal levels in preventing high-risk conditions like diabetes and hypertension as well as ensuring access to good pre-conception, prenatal and infant care.”

The Division of Public Health is reaching out to families of color with improved access to health services, care coordination and support through state-supported programs like Healthy Beginnings, the federally-funded N.C. Baby Love Plus Program, and through a 20-year public-private partnership with the North Carolina Healthy Start Foundation to provide statewide and targeted outreach activities and educational materials.

The report also shows that smoking rates continue to decline among pregnant women and the percentage of teenagers under 18 who gave birth was down from the previous year, accounting for just 3.5 percent of all live births.

– Julie Henry, DHHS Public Affairs
We connect to the Internet every day. We are online at home, school, work, and at play. In addition to the traditional laptop or desktop computer, we now have many more gateways into the Internet. Mobile devices of all shapes and sizes connect us to increasingly complex and useful tools almost everywhere, and at any time. Our reliance on digital technology will only increase as it becomes further entwined with how we live and work.

In serving the citizens of North Carolina, DHHS uses technology on a daily basis; making the security of citizens’ data and the systems we access of the highest importance. Neither the DHHS Privacy and Security Office nor the department is solely responsible for cyber security, but rather cyber security is a shared responsibility in which we all need to do our part in implementing secure practices.

As employees of this department, we need to understand how our individual actions have a collective impact on cyber security and protecting our networks and applications. One of the ways we can all increase the security of the department is through awareness of security issues; such as phishing.

Phishing is the act of attempting to acquire information such as usernames, passwords, credit card details or other personally identifiable information by masquerading as a legitimate entity in an electronic communication. You are out there, they are looking at you, and trying to trick you into giving them a way into your (or the state’s) protected information.

At its heart phishing combines social engineering and technical subterfuge to fool consumers into divulging their personal information. DHHS and the state’s networks themselves are not immune to the phishermen’s campaign, but the greatest protection against phishing is common sense.

Remember:

- The department and state will never ask for your user ID or password through e-mail.
- If you are not a customer of the site or service offered in the e-mail, delete it immediately. Don’t click on the link or reply. If you are a customer and you are not sure if the e-mail is legitimate, contact the institution by phone or the official Website; do not use the contact information within the e-mail.
- Never enter your personal information in a pop-up screen.
- Never click links or enter them in the Web address into your browser window from an e-mail message that requests personal or financial information.
- Only open e-mail attachments if you’re expecting them and know what they contain.
- Never reveal personal or financial information in a response to an e-mail request, no matter who appears to have sent it.
- If you receive an e-mail message that appears suspicious, call the person or organization listed in the “From” line before you respond or open any attached files.

The first National Cyber Security Awareness Month (NCSAM) was started in October 2004, since then it has grown into a national public awareness campaign encouraging everyone not only to protect the governments and business but also to protect individuals users, schools, universities and other not for profit agencies as well.

If you have any question related to security please contact the DHHS Privacy and Security Office at DHHS.Security@dhhs.nc.gov or if you need to report a security incident please visit https://security.dhhs.state.nc.us/incident/index.php.

– Pyreddy Reddy, DHHS Privacy and Security Office
Web site revamping completed for HR and State Operated Facilities

All DHHS employees can take advantage of the new and improved Human Resources website: www.ncdhhs.gov/humanresources. It’s been reorganized, with information on benefits, the Employee Assistance program, and BEACON linked from the home page. Under HR services, training information (as well as safety, and employee relations and more) has been greatly streamlined.

Also in September, the Division of State Operated Healthcare Facilities unveiled its new expanded website, www.ncdhhs.gov/dsohf which grew from four pages to many more. This includes new websites for Dorothea Dix Hospital and Central Regional Hospital, and new web pages for R.J. Blackley Alcohol and Drug Abuse Treatment Center and Whitacker School.

Dix Hospital accredited by Joint Commission

A recent Joint Commission review of Dorothea Dix Hospital resulted in the facility’s full accreditation. The commission is a national independent agency for accrediting all public and private health care facilities and conducts full reviews of all hospitals every three years.

According to Dix Director James Osberg, Joint Commission surveyors were at the hospital for four days in July reviewing facility compliance with building life safety requirements, documentation requirements, clinical care standards, management and planning, quality of care, and patient safety oversight. The survey covered every patient unit and service in the hospital as well as outpatient services.

“This accreditation is a tremendous accomplishment for the staff of Dorothea Dix Hospital,” Osberg said. “I am tremendously proud of the outstanding work of the leaders and staff at the hospital to provide excellent care, treatment and management at the hospital as reflected by the survey findings.”

The survey was preceded by months of intensive preparation by the hospital staff, Osberg reported, including the revision and implementation of all clinical and administrative policies, review and enhancement of service delivery, and comprehensive review of documentation practices. The hospital received full accreditation effective July 24, 2010.

– Mark VanSciver, DHHS Public Affairs
EEO director assures nondiscriminatory behaviors

Anecia Lee, who has worked as an employee/employer relations officer at O’Berry Neuro Medical Center, was hired May 1 as Equal Opportunity director for DHHS.

Her duties include monitoring and enforcing state and federal laws and guidelines related to the prohibition of discrimination in employment on the basis of sex, race, color, national origin, religion, age, disability or genetic information.

She also is responsible for assuring that all departmental personnel policies and practices, such as recruitment, hiring, training, performance evaluation, grievance, compensation, promotion, discipline, dismissal and layoffs are accomplished in compliance with EEO laws and guideline requirements.

Lee has been an employee with the state for 23 year and served with the departments of Correction, and Health and Human Services. She has served as an EEO consultant for DHHS and as an EEO officer for DOC. Prior to May 1 she held the O’Berry post.

Lee reports to Assistant Secretary Dan Stewart, and is available via telephone at 919-855-4996. Her responsibilities include planning, developing and implementing the agency’s EEO program.

Riddle Center annual craft sales open Nov. 1 in Raleigh

In what has become an annual tradition, a holiday sale of crafts created by residents of Iverson Riddle Developmental Center, Morganton, and Murdoch Developmental Center, Butner, will be held Mon.-Wed., Nov 1-3, in the First Floor Hearing Room of the Archdale Building, 512 N. Salisbury St., Raleigh.

Crafts will be on display for sale from 7 a.m. to 6 p.m. on Nov. 1 and 2, and from 7 a.m. until 3 p.m. on Nov. 3.

Items for sale will include pottery, hand-woven rugs and runners, wreaths, birdhouses and feeders, hand-made soaps and bath salts, yard art, and Christmas items. All items were made by Riddle or Murdoch residents. Profits from the annual sales are used to support year-round resident activities at the centers.

Food drive tied to 9-11

DHHS participated with Volunteer N.C. and the North Carolina Association of Feeding America Food Banks in a statewide food drive for 9/11 National Day of Service and Remembrance. In the photo, Allyson Lyon, left, and Jean Parrish assist Don Eli by loading a box in the lobby of the Adams Building on the Dorothea Dix Hospital campus. Eli is director of food sourcing for the Inter Faith Food Shuttle based in Raleigh.

– Jim Jones Photo