



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

A Dream Realized

DHHS Construction under way for Central Region Psychiatric Hospital

A wise man once noted that with a big enough lever you could move a mountain. It wasn't a lever but a shovel that "moved the mountain" on Thursday, April 21, when ground was finally broken for new the Central Region Psychiatric Hospital in Butner.

With a crowd of more than 200 looking on, Secretary Carmen Hooker Odom, members of the General Assembly, local dignitaries and others used traditional golden shovels to break ground at the site of the first new state-operated psychiatric hospital facility to be built by the state since the construction of the Royster Building at Cherry Hospital in Goldsboro in 1962.

Hooker Odom noted there were many groups and individuals to thank for the parts they played in getting the hospital planned, approved and funded. She thanked Gov. Mike Easley for his help and support and also recognized the contributions of State Treasurer Richard Moore. But Hooker Odom specifically thanked the



To kick off construction of the new hospital, several of the principles involved in the project turned a commemorative shovel full of soil. Those participating, left to right, are Winstead, Rouse, Hennike, Fox, Allan, Hatcher, Hooker Odom, Alligood, Gooch, Lumpkins, Insko, Gulley, Crawford, Berger, and Moseley.

members of the General Assembly, particularly past members and current members of the Granville delegation, for helping secure the funding and site for the new hospital.

"As I look at the trees and dirt, it is hard to imagine that in a little more than two years we will be standing outside of

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Construction gets under way in Butner

More than 200 people turned out to commemorate the start of construction on the Central Region Psychiatric Hospital in Butner. Clockwise, starting top left, Secretary Carmen Hooker Odom greets audience at Butner to celebrate milestone; state Reps. Verla Insko and Jim Crawford and state Sen. Doug Berger applaud during the ceremony; building site, beyond the tree line and behind the tent, is framed by Westbrook Drive and Central Avenue; Mike Moseley, director of MH/DD/SAS Division, welcomes all to the ceremony; most of those attending sat beneath a large tent; Kevin Turner, project manager for Freelon Architects, answers questions about new hospital's design; architect's concept of hospital.



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a new 488,500-square-foot hospital that will house 432 beds, that will employ more than 1,100 people, and will serve mental health needs of more than three million people in the central region of the state,” Hooker Odom said. “It is a dream that was long in coming and which many thought would never happen, but it has.”

Hooker Odom was joined at the podium by state Reps. Verla Insko and Jim Crawford and state Sen. Doug Berger, all of whom spoke of the impact of the new hospital for the people of the region, as well as its economic impact on the Butner community and Granville County. MH/DD/SAS Division Director Mike Moseley acted as master of ceremonies for the event.

“North Carolina has been engaged in a comprehensive effort to transform its system of services for persons with mental health, developmental disabilities and substance abuse disorders,” Moseley said. “However, we also recognize the state’s responsibility to provide for the safety net when the periodic and short-term circumstances of consumers are such that their needs can not be adequately addressed at the community level. This new hospital is clear evidence of our commitment as we continue on our journey to improve services and supports to the citizens with disabilities and their families of this great state.”

The construction of the new Central Region Psychiatric Hospital marks a new chapter in the delivery of mental health services in North Carolina, Hooker Odom said. When completed and opened in the summer of 2007, it will be the nation’s foremost state-of-the-art psychiatric hospital. The new hospital will replace John Umstead Hospital in Butner and Dorothea Dix Hospital in Raleigh. Both hospitals are scheduled to be phased out and closed.

At the conclusion of the remarks, Hooker Odom invited her fellow podium members – as well as former Reps. Gordon Allan and Stan Fox; former Sen. Web Gulley; Granville County commissioners Ronald R. Alligood, Hubert L. Gooch and James W. Lumpkins; Tim Winstead of The Freelon Group, Architects; Ray N. Rouse, III, chairman of R.N. Rouse & Co., whose company was awarded the contract to construct the hospital; Mike Hennike, chief of State Operated Services for the MHDDSAS Division, and DHHS Office of Property and Construction Director Terry Hatcher – to join her in the ceremonial breaking of ground at the site.

Look to later editions of the newsletter for updates and pictures on the status of the new hospital construction. ■

Wake County inpatient psychiatric unit authorized

A 60-bed, county-operated inpatient psychiatric treatment unit is closer to reality under a special agreement between Wake County and the N.C. Department of Health and Human Services.

The proposed unit will provide up to 60 beds for acute psychiatric care. This unit will replace existing beds at the state’s Dorothea Dix Hospital, which are scheduled to be phased out within 90 days after the Wake County unit becomes active. Admissions to the new unit will be restricted to county residents or to any North Carolina resident under the county’s care. The new unit is part of Wake County’s efforts to create more community-based mental health, developmental disabilities and substance abuse services for its residents as required by the state’s

mental health reform plan. The agreement helps fund operating expenses and support a Wake County partnership with a local general community hospital that would operate the unit.

According to the agreement signed by DHHS Secretary Carmen Hooker Odom and Wake County Human Services Executive Director Maria Spaulding, the new unit will concentrate on individuals with severe and persistent mental illness, individuals with developmental disabilities who also require psychiatric care, and those in need of substance abuse treatment. The unit will also serve adolescents and geriatric patients who have severe

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Harrington to lead Division of Vocational Rehabilitation Services

Linda Harrington is the new director of the Division of Vocational Rehabilitation Services (VR). She replaces George McCoy, who retired from the department after 31 years of service.

“Linda will be a great asset to the division,” said DHHS Secretary Carmen Hooker Odom. “She has proven that she is a capable leader and she brings a wealth of knowledge on issues facing our consumers to this position. I look forward to working with her on the challenges and new opportunities at VR.”

“I am very excited that the secretary has given me this opportunity to work with the wonderful team at the Division of Vocational Rehabilitation Services,” said Harrington. “The past month of shadowing George McCoy has been inspiring. I am very impressed with the staff and am looking forward to guiding the organizational and cultural change process that George started.”



Linda Harrington

“Leaving DSDHH (Division of Services for the Deaf and Hard of Hearing) was not an easy decision, but it was made easier by the fact that they have a great acting director in Jan Withers and a wonderful management team. I leave DSDHH confident that all will be well there.”

Harrington served as director of DSDHH since January of 2002. She joined DHHS in March, 2000, as the specialist for program evaluation and research at DSDHH. In that capacity she has worked to assist the division in developing new accountability methods. She also managed three statewide programs: interpreter development, interpreter testing and classification, and hard of hearing and assistive technology services.

Prior to joining DSDHH she worked with Wake County Human Services providing mental health services to deaf, deaf/blind, hard of hearing and deafened adults. She received her master’s degree in social work from the Jane Adams School of Social Work at University of Illinois. She is a native of Chicago.

Wake County psychiatric unit continued from page 4

and persistent mental illness, persons with substance abuse problems, and individuals with mental retardation along with mental illness.

“We are excited about this new phase of community-based MH/DD/SAS care about to be inaugurated by Wake County,” said Hooker Odom. “As I pledged at the start of the mental health reform effort, the state would not close beds until community capacity had been established. This historic agreement underscores both the state’s and the county’s commitment to providing top quality mental health services to the community.”

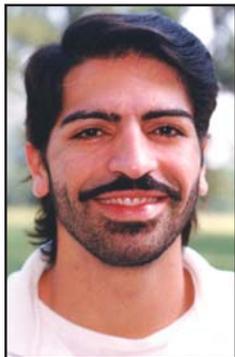
“We are pleased to have the support of Secretary Hooker Odom and her staff as the plan for this much-needed local service moves forward,” said Spaulding. “Now it’s up to Wake County to figure out its share of the funding as we seek an operating partner through a local hospital. We have engaged our community and its major stakeholders in defining the need for this unit. We appreciate Secretary Hooker Odom’s commitment to providing quality, affordable inpatient psychiatric care for Wake County as we work together on mental health reform.”

“This represents an important step in the state’s partnership with Wake County to build the capacity needed to better serve individuals in their own community,” said state Division of Mental Health, Developmental Disabilities and Substance Abuse Services Director Mike Moseley. “I applaud Wake County officials for their commitment in bringing this resource to realization.”

The state’s accrued savings from the closing of beds at Dix will be used to provide Wake County residents with other community-based acute care services, including:

- ▶ crisis intervention;
- ▶ short-term respite care;
- ▶ hospital pre-screening;
- ▶ 23-hour observation; and,
- ▶ discharge planning.

Wake County’s Board of Commissioners is in the process of identifying capital funds that may be used for the unit. With the agreement in place, Wake County will begin seeking proposals from local hospitals to partner in operating the proposed facility and related services. ■



Jalil Isa

¡Salud y Saludos!

Latinos Day brings issues into focus

Hispanic issues came to the forefront at the North Carolina legislature in early April, as a couple of hundred supporters showed up for the second Latino Day at the Legislature. While the event didn't draw as many as showed up for the first event two years ago, organizers were still satisfied with what was accomplished.

The non-profit Hispanic advocacy organization El Pueblo Inc. put the event together. Their aim was to bring awareness to legislators about the state's Latino constituency and to open up discussions about bills that could have a significant impact on the state's Hispanic residents. Some of those measures deal with migrant housing, workers' compensation for agricultural workers, driver's licenses, and in-state tuition. One particular bill that would also affect DHHS would provide a combined \$6.2 million over two years to the Division of Public Health. The funds would be used to hire qualified interpreters in local health departments and to provide incentives for the recruitment and hiring of bilingual providers.

But the biggest result of Latino Day – just like two years ago – was to put a face on the items of discussion that come to the table related to the state's burgeoning Hispanic population. Many of the Latinos in North Carolina have limited knowledge of how government works at the state level. Latino Day afforded some of these newcomers starting a new life in this state an

opportunity to witness first-hand how our legislative process works. It also allowed participants a chance to meet with their local representatives to discuss issues that matter to them. Hopefully, members of the General Assembly feel they have a responsibility to all residents of this state – and not just the voters in their individual districts.

April 6 started with a morning press conference that saw more than a dozen people, advocates and legislators step up to the podium and proclaim their reasons for being there. There were dozens of youths who also made the trek in order to voice their concerns regarding higher education. Still others were there to talk about the increasing challenge of obtaining a driver's license. Lobbyists working with various Hispanic organizations are advocating for a number of bills that are pending.

After the press conference concluded, participants made their way into the Legislative Building to meet face-to-face with the various members of the General Assembly. Eventually, the lawmakers and participants were treated to a Mexican-American style lunch.

It's too early to tell what the final verdict will be with any of these issues. In prior years, some bills that Hispanics opposed made it into the law books. And at other times, new laws permitting newly arrived Latinos to make an easier transition or to more adequately protect their living conditions have also become law. At the end of the day, I can only hope that legislators will look deep into their hearts, and look out for the interests of all of us...and realize that there are people in this state making a difference, contributing to a better North Carolina. It is some of these individuals that often face tougher barriers in making a new life for themselves here. And it is the merit of these tougher barriers that I hope these lawmakers will question at every turn.

Jalil



Newborn death highlights need for better understanding of law

A newborn baby was found dead in Winston-Salem in February, apparently abandoned by its mother. The mother was charged with a felony count of concealing a birth. Two other women were similarly charged in 2004. These tragedies occurred despite a state law that allows an overwhelmed mother to surrender her baby anonymously to any adult who appears responsible.

“The risk of homicide on the first day of life is 10 times greater than the rate during any other time of life,” said Jo Ann Lamm, chief of child welfare for the N.C. Division of Social Services. “Even since the Safe Surrender Law was passed, healthy babies have died because a frightened and overwhelmed woman tried to hide her newborn baby. If only she knew that she can find a responsible adult to take her child.”

[DHHS state employees can help get the word out about the law by downloading flyers from www.safesurrender.net and posting them prominently in the community. Flyers and fact sheets are available in English and Spanish.]

In 2001, the North Carolina General Assembly passed a law making it legal for a parent to surrender a newborn to a responsible adult without fear of criminal prosecution. This was designed to help prevent a postpartum woman who is distraught from endangering her baby.

As the law is written, any responsible adult can receive a newborn under the age of 7 days. A hospital worker, a social worker, a law enforcement officer, or an emer-

gency medical worker are all examples of responsible adults who are familiar with the law and would be appropriate, but “any responsible adult” needs to become familiar with the law as well, because they might also receive a newborn.

An adult who receives the baby is required to keep it safe and warm, and to call 911 or the local department of social services right away. They should know that the surrendering parent is not required to give any identifying information. The goal is to have the baby adopted into a safe and loving home as quickly as possible. The North Carolina Chief Medical Examiner’s office reported that between 1999 and 2003, 18 infants died due to abandonment by the parent(s). No official numbers exist regarding the number of safe surrenders, but in 2005, local agencies are aware of five newborns safely surrendered under this law.

Public awareness is crucial to help parents know this option exists, and also to alert the public that receiving a surrendered newborn is legal.

The website – www.safesurrender.net – urges women who are hiding a pregnancy to seek prenatal care and not plan to have a baby in secret. Having a baby alone or with someone who is not medically trained can cause serious injury to the mother and to the baby.

Advice for pregnant and new mothers is available, in English and Spanish, at 1-800-FOR-BABY. ■



DHHS honoree to be featured in advertising campaign

Radio stations across North Carolina will feature spot advertisements May 2-8 focusing on three 2004 State Employee for Excellence recipients. Among them is Gwen Skinner, a DHHS employee from the Caswell Center in Kinston.

Skinner is Caswell’s utilization review coordinator, responsible for ensuring that the resident records are in compliance

with Medicaid regulations. She compiles and distributes Medicaid records reviews and follow ups with the appropriate Caswell Center staff to assure that any compliance issues are resolved.

The ads are part of the 2005 State Employee Image Campaign, sponsored by the State Employees Credit Union. The ads will run during State Employee Appreciation Week.

Tomczak named DIRM director

The Division of Information Resource Management has a new director, but it is a very familiar face. Karen Tomczak, who has worked in DIRM since 1986, was appointed by DHHS Secretary Carmen Hooker Odom in April.



Karen Tomczak

“Karen has shown that she is a manager who understands both the people side and the computer side of the equation, skills that are absolutely essential to this role,” Hooker Odom said.

Hooker Odom said she was pleased to appoint a director who has risen through the ranks of DIRM, learning each facet of the division. Tomczak began her career as a Computer Programmer I in June 1986. Since that time, she has held a number of positions including applications development project supervisor, applications development manager and deputy director. She has served as acting director for much of 2005.

Tomczak graduated from University of North Carolina at Wilmington with a major in computer science and a minor in business administration. ■

Belinda Pettiford receives national leadership award

Belinda Pettiford of the Division of Public Health received the 2005 C. Michael Savage Outstanding Leadership Award from the National Healthy Start Association (NHTSA) in March.

Pettiford is supervisor of the N.C. Perinatal Health and Family Support Unit, which includes three Healthy Start sites serving 14 North Carolina counties with the highest infant mortality rates. (UNC-Pembroke is responsible for a fourth Healthy Start site that serves another three high-mortality counties.) Healthy Start projects are designed to address perinatal health disparities in African American, American Indian, and Hispanic communities, where rates are higher than among their white counterparts.

Pettiford was also the third president of NHTSA, serving from 2001 to 2004.

The Savage Outstanding Leadership Award is given to honor an individual who is worthy of receiving national recognition for outstanding leadership and service in the areas of maternal and child health, especially among



Belinda Pettiford

Healthy Start communities. As the first recipient of this award, Pettiford was recognized for the additional attributes of advocacy for social justice and the common good, administrative and financial management leadership, community organizing, and passionate service.

Her public health coworkers say that Pettiford’s leadership and interpersonal skills, along with her knowledge of issues relating to community health and the well-being of children and families, are exceptional. Belinda has been with the Women’s and Children’s Health Section for 10 years.

NHTSA’s members include most of the 96 federally funded Healthy Start projects in the United States. NHTSA promotes community-based maternal and child health programs, particularly those that focus on the reduction of infant mortality, low birth weight, and racial disparities in perinatal outcomes. ■

Public health officials urge caution

Sunny, warm days bring out people – and ticks



Daylight savings time and warm temperatures are bringing people to the out-of-doors, prompting state public health officials to warn North Carolinians about the possibility of tick-borne illness.

“Despite its name, North Carolina has more cases of Rocky Mountain spotted fever than any other state, and cases have been on the increase in the past few years. Lyme disease also occurs here,” said State Epidemiologist Dr. Jeffrey Engel. “People need to understand that tick-borne diseases are a possibility, and limit their exposure to ticks. Mosquito-borne illnesses like West Nile virus get a lot of attention, but tick-borne illness actually affects many more North Carolinians than West Nile virus or other mosquito-borne illness.”

Dr. Nolan Newton, chief of the Public Health Pest Management Section, said that you can take actions to reduce your likelihood of tick-borne illness. “Prompt removal of ticks lessens the likelihood of infection,” he said. “Cover as much of your skin as possible. Wear long pants and long-sleeved shirts. Tuck your pant legs into your socks and tuck in your shirt tail. You can also use a repellent containing DEET or permethrin; but be sure to follow the label directions when applying repellent.”



Tips for reducing tick habitat include:

- Mow the lawn often to keep grass short, clear brush and leaf litter under trees, and keep the ground under bird feeders clean.
- Keep playground equipment away from yard edges and trees.
- Pesticides can be effective in controlling ticks, but application should always be done with care and strictly according to the label on the pesticide container.
- Remove plants that attract wild animals like deer and rodents, and construct physical barriers to discourage tick-infested deer from coming near homes.

Prompt removal of ticks helps to prevent infection. To find and remove ticks:

- Check yourself and your children at least every six hours and quickly remove any ticks. Pay particular attention to the nape of the neck, behind the ears, and the groin, which are favorite places for ticks to attach.
- Use fine-tipped tweezers or shield your fingers with a tissue, paper towel, or rubber gloves.
- Grasp the tick as close to the skin surface as possible and pull upward with steady, even pressure. Do not twist or jerk the tick; this may cause the mouthparts to break off and remain in the skin. Do not squeeze, crush, or puncture the body of the tick.
- After removing the tick, thoroughly disinfect the bite site and wash your hands with soap and water.
- Make a note of the date you removed the tick and save it for identification in case you become ill. This may help your doctor make an accurate diagnosis. Place the tick in a plastic bag and put it in your freezer or drop it in a small container of alcohol.
- If you have any signs or symptoms of tick-borne disease in the month following a tick bite, seek medical help. Symptoms of Rocky Mountain spotted fever include sudden onset of fever, headache, and muscle pain, followed by development of rash. Symptoms of Lyme disease include “bull’s-eye” rash accompanied by nonspecific symptoms such as fever, malaise, fatigue, headache, muscle aches, and joint aches.

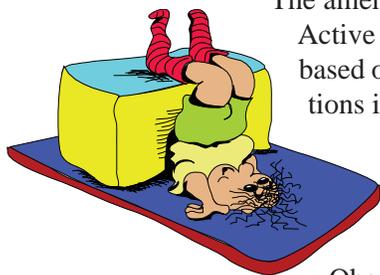


Kids to get more physical activity in grades K-8

Children in grades K-8 are to get at least 30 minutes of daily physical activity during the school day, the N.C. State Board of Education has decided. The board last month unanimously approved a revision to the state's Healthy Active Children policy, putting the new requirement in place beginning with the 2006-2007 school year.

The 30 minutes of physical activity can be accumulated throughout the day, whether during physical education, recess, or in class through curriculum-based physical activities such as "Energizers" or "Take10!" The physical activity requirement compliments the schools' physical education program but is not a substitute for it.

Most physical activity will not require additional resources. However, training and resources are being developed by multiple organizations.



The amendments to the Healthy Active Children policy were based on policy recommendations issued by the N.C. Health and Wellness Trust Fund Commission's Study Committee on Childhood Overweight/Obesity. The Department of

Public Instruction led the effort, supported by partners such as the N.C. Department of Health and Human Services - Division of Public Health, advocacy groups such as N.C. Action for Healthy Kids, and the N.C. Health and Wellness Trust Fund Commission, among others.

"This is a wonderful day, not only for North Carolina, but for our children," said Lt. Gov. Beverly Perdue, HWTF chair and member of the State Board. "Research shows there is a direct link between the health of a child and their academic success, and today we as a Board have shown our commitment to the development of the whole child."



DHHS Secretary Carmen Hooker Odom asked the Board to require 30 minutes of daily physical activity at its March meeting. "Physical inactivity has tremendous human and economic implications," Hooker Odom said. "Among North Carolina adults, physical inactivity currently costs over \$9.7 billion annually. Those lifelong patterns of inactivity begin in childhood. Requiring physical activity is going to make kids healthier and also improve their grades."

Jimmy Newkirk, physical activity coordinator for the Division of Public Health, said, "The national recommendations for physical activity are that children should receive a minimum of 60 minutes daily, and up to several hours. Schools have now taken a major step forward in helping children reach that goal by getting half of their physical activity requirements at school," Newkirk said. "But that's only half—parents, families, organizations and communities also have significant roles to play in meeting kids' need for at least an hour of physical activity each day."

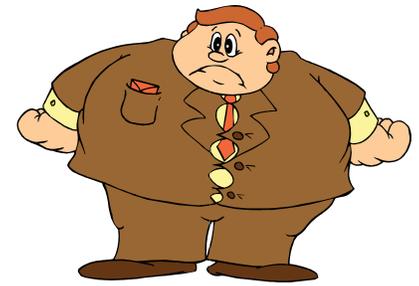


The revised Healthy Active Children Policy specifies that physical activity cannot be used as punishment. The policy already requires that each school district have a School Health Advisory Council. It also recommends that schools consider the benefits of and move toward 150 minutes of physical education for elementary schools and 225 minutes for middle schools. The State Board will establish an Ad Hoc study committee to study the feasibility of requiring specific amounts of physical education.



RiskFactors

Survey finds smoking down, obesity up in N.C.



North Carolina Behavioral Risk Factor Surveillance System (BRFSS) 2004 survey data are now available on the Web at www.schs.state.nc.us/SCHS/about/programs/brfss/index.html. The BRFSS is a random telephone survey of U.S. residents, age 18 and older, in households with telephones.

North Carolina's BRFSS Program conducted a record 15,053 interviews in both English and Spanish in 2004, making it the second largest state-based health survey in the nation. The sample size was large enough to provide estimates of health indicators such as obesity, smoking, asthma, and diabetes for each major minority group in the state: African Americans, American Indians, Asians, and Hispanics, as well as for whites.

The 2004 statewide results are provided by sex, race, Hispanic origin and language (English, Spanish-only), age group, education level, household income, disability status, veteran status, county, region, and more. Local-level data are available for 22 of the largest counties and on a regional basis for the remaining 78 counties.

Sponsored by the Centers for Disease Control and Prevention (CDC), the BRFSS is the longest-running and largest telephone health survey in the world. The North Carolina Division of Public Health has participated in the BRFSS since 1987.

Selected Highlights from the 2004 BRFSS Survey

- The good news is that fewer North Carolina adults—22.5%—smoked cigarettes in 2004 compared to 2003, continuing a modest decline that began in 2002. Approximately 150,000 fewer adults reported smoking cigarettes in 2004 than in the previous year. Smoking prevalence was highest among adults with less than a high school education. More people in rural areas reported smoking compared to those in urban areas.
- The bad news is that prevalence of both obesity and overweight increased from 2003 to 2004. Approximately two-thirds of the adult population was overweight or obese in 2004, about 120,000 more adults than the year before. The adult male obesity rate caught up with the rate for adult females, with about 25 percent of each classified as obese. The prevalence of obesity was much higher among Native Americans and African Americans than among whites.
- Diabetes prevalence increased 19 percent in 2004, from 8.1 percent of adults in 2003 to 9.6 percent in 2004. The survey found there were 100,000 more adult diabetics in 2004 than in 2003. In addition, approximately 60,000 people reported to have borderline diabetes. Diabetes prevalence has been steadily increasing for many years across all socio-demographic groups. Diabetes was more prevalent among African Americans (13.7 percent) and Native Americans (10.2 percent) than among whites (9.1 percent).
- Sixteen percent of adults were contacted by a collection agency about owing money for medical bills, and one in five, or 20 percent, of North Carolina adults had problems paying their medical bills.
- The rate of ever having a sigmoidoscopy/colonoscopy exam (used for colorectal cancer screening) increased significantly from 47.7 percent in 2002 to 55.1 percent in 2004 for adults ages 50 and older.
- An estimated one million North Carolina adults under age 65 (one in five adults) had no health insurance coverage. The rate of no health insurance coverage did not change between 2003 and 2004. Minorities had much higher rates of no health insurance coverage (20.6 percent among African Americans and 26.7 percent among American Indians, compared to 12 percent among whites), possibly contributing to racial disparities in health status in North Carolina. Nearly 60 percent of Hispanics reported having no health insurance.

Complete results and more highlights are posted on the Web at www.schs.state.nc.us/SCHS/about/programs/brfss/index.html.

Donkey Basketball Tourney aids relief effort



North Carolina School for the Deaf recently hosted a Donkey Basketball Tournament for staff and students to raise money for tsunami relief efforts. In left photo, Dr. Dave Beck steadies his mount. At right (left to right), Eric Totty, Douglas Pitts, Peggy Belcher and Cynthia Voegeli coax a mule into position.

Adoption Profile

Introducing Chi-rese...

This young woman with the bubbly personality hopes to go to college to become a brain surgeon. Chi-rese is inquisitive, talkative, friendly and spending time with her is fun. She has a flair for writing poetry and drawing and enjoys spending time alone at these hobbies. Chi-rese loves to listen to music and enjoys dancing and reading. She would love to be a cheerleader and participate in other after-school activities, such as going to ball games or just hanging out with friends.

Chi-rese is an excellent student and likes school. She is attending a new school this year and is succeeding both academically and socially. Chi-rese has made tremendous gains in all areas since moving into her current foster home and is proud to be on the honor roll. Counseling is helping her understand how her past affects her present and preparing her for her future.



Chi-rese
b. May 3, 1990



A Family for Chi-rese

Chi-rese needs strong parents to provide her with structure, stability and guidance. They need to nurture her self-esteem and individual development. An adoptive family for Chi-rese should encourage her to be involved in the community and succeed in social situations such as a 4-H Club or Girl Scouts. Support for her desire to be a cheerleader and being active in after-school activities are important to Chi-rese. She will also need to have ongoing contact with her brother and sisters. (NC #018-1041)

For more information on this child or adoption and foster care, in general, call NC Kids Adoption and Foster Care Network toll free at 1-877-NCKIDS-1 (1-877-625-4371).