

From the Heart

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Ashley House offers a Bridge to Successful Adulthood

By Cynthia Hartman

Presbyterian Children's Homes and Services' Transitional Living Program's caring staff helps young women gain the life skills they need to live independently

With a mentally ill mother and a physically abusive older sibling, Jackie came into foster care somewhat late in life. At 17 years old, she is at a transitional stage as far as the foster care system is concerned. She is too old for a traditional foster care placement, yet still too young and immature to take care of herself.

Fortunately, Presbyterian Children's Homes and Services has a program for young women in Jackie's situation: Ashley House Transitional Living Program in Springfield. Here, young women between the ages of 17 and 21 can learn life skills and gain the confidence they need to live independently. "Many foster children are released from the system without proper preparation for adulthood and fall through the cracks when they age out of the system at age 18," says Bill Anderson, PCHAS' Senior Development Officer. "A few years ago, PCHAS saw the need for this type of programming and we set about making it happen."

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Presbyterian Children's
Homes and ServicesSM
of Missouri



Medically-fragile children who need loving foster parents to help them cope with medical challenges and young women who have “graduated” from foster care and need help learning the skills they need to survive on their

own – these are just two of the many difficult situations that our committed staff is faced with on a daily basis.

In this edition of *From the Heart*, you will read about our dedicated and very talented staff and how they have served very young children with significant medical needs and young ladies searching for independent living skills.

The severity of the trauma that most of the children we serve seems to continue to increase, and that is cause for concern. Hearing about the devastating effect of abuse and neglect on our clients always makes me sad. However, the dedication and professionalism of our staff lifts my spirits and inspires me. Each year, thousands of children are provided

an opportunity to embrace a new and better life as a result of the outstanding work done by our staff. As the saying goes, it takes a village to raise a child. The work that we do is proof of that.

Your help and support is needed so that our staff can continue to provide effective and necessary services to the thousands in need. Thank you for being a part of our “village” so that thousands of vulnerable children have the opportunity to live healthy, successful lives.

Robert Giegling

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“The Transitional Living Program is tailored to the needs of teens and young adults who have been in the foster care system, but who must now learn to live on their own.”

—Leslie Snyder, Ashley House Site Manager

Jackie is among seven young women in residence (the program can serve up to eight at one time) who are in various stages of learning how to live independently. The program provides mentoring, job skills and job search training, and life skills training so that the young women can complete their high school educations, enroll in junior college or college, find gainful employment, and move into their own apartments.

“The Transitional Living Program is tailored to the needs of teens and young adults who have been in the foster care system, but who must



now learn to live on their own,” says Leslie Snyder, Ashley House Site Manager. “The girls come to us with various needs. Because of the trauma many of them have dealt with in their lives, we provide individual and group therapy on a regular basis that

addresses such issues as developing self-esteem and managing healthy relationships. Just as importantly, we provide the life skills training the girls will need to successfully navigate adulthood—skills like learning how to shop for groceries, plan weekly menus, and cook; do their laundry; and fill out job applications and create resumes.”

Snyder stresses that the program addresses the girls’ spiritual lives as well. The girls attend church together, rotating services among three local churches—one non-denominational and two Presbyterian. All reasonable efforts are made to allow them to continue to attend the church of her choice. A volunteer from one of the local churches also holds weekly exercise and Bible Study sessions to help the girls attend to their physical and spiritual wellbeing.

“The local volunteer community has been amazing,” says Snyder, citing support from various service clubs,

such as Rotary and the Optimists, and from area churches. For example, 150 volunteers from North Point Church in Springfield recently spent the day painting, gardening, and sprucing up Ashley House so that the girls would have a beautiful place to call home. The girls also enjoyed a bit of pampering, with volunteers doing their hair, makeup, and nails and providing them with new clothes.

This type of event, (and the dedication of the Ashley House staff), shows the girls that they are not alone in the world—that there are caring people who want to help them succeed as they transition to adulthood and independence. ♦

Read about the Girls of Ashley House in the sidebar below.

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—Leslie Snyder, Ashley House Site Manager

THE GIRLS OF ASHLEY HOUSE



Nikki: Nikki is striving to master the skills she needs to survive outside the foster care system. She came into foster care as a 14-year-old; and has had a lot of support and counseling. When Nikki turned 18 this past spring, however, many of those services stopped. Nikki was in danger of falling through the cracks. She knew she was not prepared to live on her own as an adult and is thankful for the care and support she receives at Ashley House. With the help of counselors, Nikki has secured a volunteer position that could translate into a paid position this fall,

has enrolled in her first semester of community college, and is working on getting her driver’s license. She is intelligent, ambitious and energetic. With our help, she will soon realize her potential.

Jolene: Jolene is a young woman with a plan and a strong will to succeed. She has surprised even herself with her drive and determination. Jolene will be a senior in high school this year, and is actively searching for a job. She spends a lot of time with Ashley House staff on interview preparation. When she’s not



working on her resume and applying for jobs, Jolene volunteers at the Boys and Girls Club three days a week. She has found a spiritual home at nearby Hillcrest Presbyterian church. She sings and plays the piano at services. Jolene knows that if she can get a job, learn how to take care of an apartment and pay bills on time, (with the help of Ashley House support), she will be ready to live independently by next summer. This realization has brought Jolene out of her depression and has given her hope for the future.



The Campaign for Ashley House

No Gift is too Small

Help us to better serve the girls of Ashley House. Ashley House was previously used by PCHAS as a residential treatment center, and renovations are needed to create a suitable transitional living center. The Campaign for Ashley House will continue through December 2013. This campaign will provide funding for all aspects of the Transitional Living Program in Springfield, including capital, program, and administrative expenses—all three are needed to ensure the program's success. Please consider supporting Ashley House and help young women lead successful, independent, and productive lives. No gift is too small.

For more information, please contact PCHAS Senior Development Officer, Bill Anderson, at bill.anderson@pchas.org, or by phone at 314.989.9727.

MEASURING SUCCESS:

The Impact of PCHAS Programming in Missouri

Here are a few numbers from 2012 that clearly show the impact of PCHAS programming in St. Louis and surrounding areas.

2,149 Number of clients served in residential and community service programs (community service programs encompass any program that is not residential: e.g., mentoring, foster care case management, and in-home services).

11% The percentage of PCHAS clients who were served in residential treatment programs; 89% were served by our community service programs.

14.2 The average age of our clients (our youngest client was an infant in foster care and the oldest was 65 years old).

86% Our overall success rate. Success can be measured in several ways: clients who return to the home of a parent or relative or a client who, through treatment, can be classified as needing a lower level of care.

40,000 Hours of mentoring provided to clients.

13,000 Hours provided to clients through our in-home Family Solutions for Kids Program, which provides assistance to families in turmoil. Services include individual therapy, in-home family therapy, tutoring and mentoring services and child development coaching and training.

75% The percentage of clients who returned home after completing a residential treatment program.



When Foster Children Need MEDICAL CARE

By Cynthia Hartman

Two sisters, ages six and eight months, came into foster care when authorities were notified that they suffered from medical neglect and "failure to thrive". Initially, the doctors were stumped by their symptoms, but further testing revealed that both children had a rare congenital condition called DiGeorge Syndrome. Because the children needed extensive medical intervention and the birth family was not able to provide this care, PCHAS Foster Care case manager found a foster parent who could provide this extra care.

"When a child comes in to foster care," says PCHAS Foster Care Case Manager Sarah Ferber, "we evaluate the situation: what brought them into care and develop a treatment plan. (See article "How does Foster Care Case Management Work," page 7). In the case of a child with medical needs, we will include the doctors and nurses involved in his/her care." Ferber says that when she is assigned a case involving a child who has medical needs, she begins right away to search for foster care parents who can handle his/her special needs.

“If this mother had not been willing or able to care for her child with spina bifida, the outcome would have been different and we would have had to find a foster home to care for this child with special needs.”

—Martha Montgomery, PCHAS Supervisor for Case Management

In the case of the siblings with DiGeorge Syndrome, Ferber contacted foster parent Shauna Bahram-ahi. Bahram-ahi has two children of her own and had previously been caring for two foster children as well. Ferber was familiar with Bahram-ahi's dedication to the children in her care. "Initially, we did not know what to expect with regard to the level of care that would be needed," says Ferber. "Shauna welcomed the children and dove into learning how to care for them."

The children came into Bahram-ahi's care in August 2012. By October, in

order to better care for the child, Bahram-ahi took a leave of absence from her job of 13 years at a daycare center. Zahanna, the youngest child, had a heart condition that would require surgery.

"Zahanna became ill in mid-October, and I stayed home with her, as she was scheduled to have open-heart surgery in December," says Bahram-ahi. "When it became clear in February 2013 that she would not recover, we brought her home on hospice care."

Bahram-ahi says that she did not realize the seriousness of the girls' condition in the beginning, but she would not have done things any differently had she known. "Caring for Zahanna became a family affair," she says. "My children considered her part of our family. I brought them to visit her in the hospital and we set up a little Christmas tree in Zahanna's hospital room. She changed our lives and brought us closer together as a family."

Continued ➤



Bahram-ahi is grateful for the care and support provided by Sarah Ferber and PCHAS case workers and supervisors. “Their support made a huge difference,” she says. “I’ve been acquainted with many case managers over the years. The team from PCHAS has been exceptional.”

Bahram-ahi is now caring for Zahanna’s older sister, who is seven and will most likely need open-heart surgery in the coming months to correct a valve that is not functioning properly. Bahram-ahi is committed to being there for her despite the looming threat of a prolonged hospitalization and recovery from open-heart surgery.

Martha Montgomery, a PCHAS supervisor for Foster Care case management in St. Louis, says that between 3 to 5% of of the Foster Care Case Manager’s case load involves children who require medical care. “Although that does not seem like a large number of children, each case presents a unique challenge. For example, a sibling group of six came into foster care because one of the children had severe spina bifida and was not receiving proper care. The

“**A network of case workers, foster parents, churches, hospitals, and charitable organizations often provides the safety net that is needed for the children. We’ve all heard the saying, “it takes a village to raise a child.” Well, it is especially true in the case of a foster child with medical needs.**”

—Martha Montgomery, PCHAS Supervisor for Case Management

doctor treating the child could see that the child’s mother was not caring for her daughter properly and called child protective services,” said Montgomery.

“The mother was simply overwhelmed. This was not a case of abuse or neglect, but more a lack of resources,” she said.

Montgomery, working with the case manager, assembled a team to help the family cope. Rankin Jordan, a

pediatric specialty hospital in St. Louis, donated special—and expensive—leg braces for the child so that she could walk.

Finding a foster home for a child with medical needs is not easy or clear cut. “In some cases,” says Montgomery, “we don’t always know the depth and breadth of the issue at first. When we realize that a child requires extra care and attention, we get doctors together with prospective foster parents to let them know what is involved in the child’s care.”

PCHAS often partners with other organizations to help with children who have medical needs. “St. Louis Children’s Hospital has always been very helpful in these cases, as well as charitable organizations such as the Shriners and local churches,” says Montgomery. A network of case workers, foster parents, churches, hospitals, and charitable organizations often provides the safety net that is needed for the children. We’ve all heard the saying, “it takes a village to raise a child.” Well, it is especially true in the case of a foster child with medical needs. ♦

WHY I GIVE Dr. Charles E. “Scully” Stikes

Q: How did you get involved with Presbyterian Children’s Homes and Services?

A: I am a professor of counseling and sociology at Missouri Baptist University. I learned about Presbyterian Children’s Homes and Services (PCHAS) from a student of mine at Missouri Baptist College. She was an intern in my counseling course. Robert Giegling, PCHAS’ Executive Director, was her supervisor at PCHAS. I was eventually invited to join the PCHAS board of trustees. That was six years ago. I served as a board member for three years and as Chair of the Board for three years. Now I serve as an Emeritus Board Member. I have, and still do, contribute financially to the agency. I have also conducted several workshops at PCHAS on cultural competency, which is the ability to understand, communicate with,

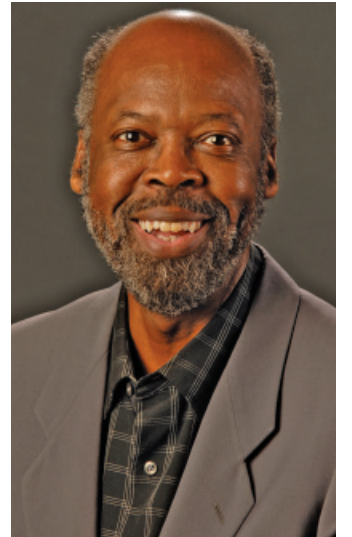
and effectively interact with people across cultures.

Q: What makes you passionate about PCHAS?

A: I am passionate about PCHAS because I am passionate about helping families. Through my work as a professor and as a licensed professional counselor, I have the opportunity to teach about how we can help families in crisis. Through my involvement with PCHAS, I help develop an agency and policies to help families.

Q: What sets PCHAS apart from other nonprofit organizations?

A: The Board members are really committed to the agency’s vision and goals.



How does foster care case management work?



PCHAS of Missouri provides Foster Care Case Management (FCCM) to the Missouri Department of Social Services, Children’s Division, (CD) through a collaborative consortium of partner agencies called the Missouri Alliance Permanency Partnership (MAPP). PCHAS partners include Great Circle, Missouri Baptist Children’s Home, and Every Child’s Hope. Together, the consortium impacts the lives of 900 children each year. Here is how the consortium works:

- When MAPP receives a new case from CD, it is assigned to one of the agency partners.
- The case manager visits with the child wherever he or she is placed and begins the process of assessing the needs of the child and his or her family.

- The case manager acts as the leader of the child’s Family Support Team, which can include a Deputy Juvenile officer (DJO), a guardian ad litem (GAL), therapists, attorneys, school personnel, staff, and the child and family. The team may also include anyone the family thinks could add support (relatives, friends, or pastors). This team makes recommendations to the court regarding what services are most appropriate for the child, what services are needed to provide to the parent(s) in order to rectify the cause of child abuse or neglect that originally brought the child into foster care, and to help the parent(s) and the child receive services.

Editors Note: For more information about Foster Care Case Management, see missouri.pchas.org.

Presbyterian Children's Homes and Services is a 501(c)3 charitable organization. All gifts are tax deductible to the fullest extent of the law. We do not render professional tax advice. Each person should consult a professional advisor.



Presbyterian Children'sSM
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Contact us:

Call: 1.800.383.8147

email: info@pchas.org

Write:

Presbyterian Children's Home and Services
Development Office
1220 North Lindbergh Boulevard
St. Louis, MO, 63132
Be sure to include your complete name and address.

missouri.pchas.org



Put the POWER OF TAX CREDITS to Work for You and the Children of PCHAS

The Youth Opportunity Program (YOP), administered by the Missouri Department of Economic Development, provides tax credits to organizations that administer youth development programs or crime prevention projects. PCHAS has offered YOP to its donors for over a decade, with **credits going to donors who make gifts of \$500 or more. We—and the State of Missouri—recognize the importance of caring for the next generation of Missouri residents.**

Potential Tax Savings (based on taxpayers in the 28% to 35% income tax bracket)

Contribution to PCHAS	Missouri State Tax Deduction	YOP Tax Credit	Federal Tax Savings	Ultimate Cost to Donor*
\$1,000	\$60	\$500	\$280	\$160
\$3,000	\$90	\$1,500	\$525	\$885
\$5,000	\$150	\$2,500	\$875	\$1,475

Results may vary; please consult your tax professional.

Don't wait to take advantage of these incredible tax savings! PCHAS of Missouri tax credits are available on a first-come, first-served basis.

PCHAS staff will be happy to guide you through the application process.

For more information contact:

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