



childkind

# annual report 2021





# welcome to childkind

welcome

Do you know a parent of a child with medical complexity? Odds are she or he will tell you navigating the system of support services is impossible.

placement services

Unbelievably, there are children who are in foster care for no other reason than their parents could not navigate through an overly complicated if not byzantine system! As many as thirty to forty percent of the children with medical and developmental disabilities that Childkind serves in could have remained with their biological families had they been able to garner the services and supports they needed. To make matters worse, though the services might exist, our systems of care have become so impenetrable, that parents cannot get what they need when they need it.

stories of hope

While 2021 was a challenging year, Childkind was able to invest resources into building its program models, increasing the quality of services it provides to children and families. Childkind will bring back its award winning Home Based Services program as well as its Treatment Foster Care program, developing capacity to better serve children with significant mental health and behavioral challenges in the foster care system.

home based happiness

We greatly appreciate the support we received from our stakeholders – donors, DFCS partners, and medical providers in the community. Without these relationships, Childkind would not be able to serve the children and families entrusted to its programs.

financial facts

Our 2021 Annual Report is cagetorzed into five main sections:

thank you

placement services

stories of hope

home based happiness

financial facts

thank you

Karl D. Lehman, President





# placement services

welcome

placement services

stories of hope

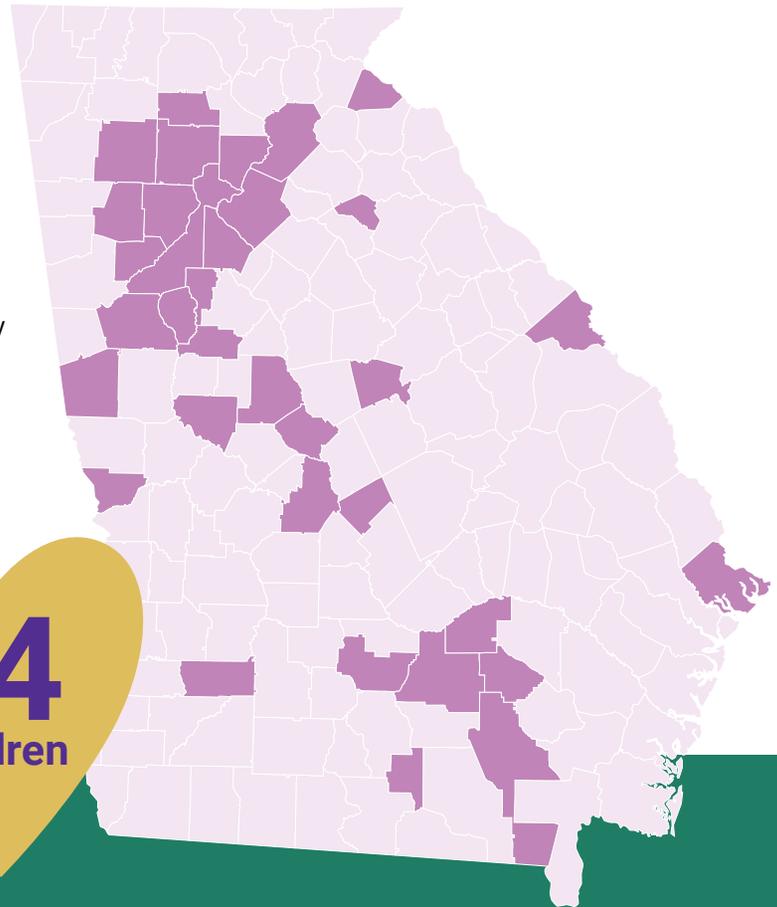
home based happiness

financial facts

thank you

In 2021 we served 74 children with foster care services from these counties:

- |                 |                  |                   |                 |
|-----------------|------------------|-------------------|-----------------|
| Bacon County    | Coffee County    | Houston County    | Stephens County |
| Baldwin County  | Coweta County    | Irwin County      | Troup County    |
| Bartow County   | DeKalb County    | Jeff Davis County | Upson County    |
| Bibb County     | Dougherty County | Lanier County     | Ware County     |
| Bleckley County | Douglas County   | Monroe County     |                 |
| Chatham County  | Fayette County   | Muscogee County   |                 |
| Cherokee County | Forsyth County   | Paulding County   |                 |
| Clarke County   | Fulton County    | Pickens County    |                 |
| Clayton County  | Gwinnett County  | Richmond County   |                 |
| Cobb County     | Hall County      | Spalding County   |                 |



Thank you to our community partners for supporting these efforts.



Georgia Division of Family and Children Services



## Foster Placements by Category

47

### Medically Fragile Foster Care Placements

For over two decades, through its Placement Services program, Childkind has offered specialized multidisciplinary foster care placement for children with complex medical and developmental disabilities. Fully accredited by the Council on Accreditation (COA), Childkind's model programming has documented success at serving children with multiple health challenges.

18

### Therapeutic Foster Care Placements

The target population for Childkind's Therapeutic Foster Care program is children with significant behavioral and developmental challenges in foster care, especially those at risk for or who have experienced multiple placement disruptions. Childkind's program accepts children up to age 18.

9

### Family Foster Care Placements

Since 1992 Childkind has been providing family-based foster care services for children in state custody. Childkind was founded in 1989 as a group home for HIV+/AIDS affected children. In 1992 Childkind closed its congregate care facility and began serving children in family-based placements.



Through its Family Recruiting project, Childkind will increase the number of trained foster families capable of servicing children in foster care who have major mental health and behavioral challenges.

welcome

placement services

stories of hope

home based happiness

financial facts

thank you

< >

## Child A

This is an excerpt from a referral to Childkind for foster placement of a twelve-year-old boy who had experienced severe physical abuse by his parents when he was an infant. His great grandmother had been his legal guardian for the past eleven years and could no longer manage his daily care. With no one else in the child's family willing or able to take him in, DFCS took custody of the boy due to unintentional medical neglect, and called Childkind:

TRAUMA HISTORY		
TRAUMA TYPE	MOST RECENT OCCURRENCE	BRIEF SUMMARY
Neglect	11/2020	The caregiver who is the child's maternal great grandmother can no longer give the child the care that the child needs and no family member will assist in caring for the child nor does any family member wish for the child to reside in the home with them.

Just prior to placement with Childkind, a DFCS report noted:

██████ is a 12-year-old male, born on 02/13/2008 in Atlanta GA. At 17 days old ██████ suffered a serious brain injury at the hands of his biological mother. ██████ was taken into DFCS custody and placed in a foster home until the age of 10 months old in which he was then placed in the custody of his maternal great grandmother.

██████ is medically fragile and has a diagnosis of Spastic Quadriplegia. Spastic Quadriplegia is a form of Cerebral Palsy that causes the inability to control and use the legs, arms, and body and is generally caused by brain damage either before birth, during, or shortly after. ██████ has several other medical diagnoses including Chronic Lung Disease, Asthma, Impaired Swallowing, Feeding difficulties, Tracheostomy, Obstructive Sleep Apnea, Encephalopathy, Midair Retrusion, Sialorrhea, and Cataracts.

██████ is nonverbal and is totally dependent on caregivers for all activities of daily living.

## Childkind Success

Child A was placed with a Childkind foster family. Childkind provided case management, nursing support, and behavioral support services to ensure that the boy thrives in his new environment. In addition to optimal medical care, the boy receives education services and therapeutic designed to ensure his mind is fully engaged and his sometimes aggressive behaviors successfully managed.

## Child B

This is an excerpt from a referral to Childkind for foster placement of an eleven-year-old boy and his four-year-old sister who had experience neglect:

TRAUMA HISTORY		
TRAUMA TYPE	MOST RECENT OCCURRENCE	BRIEF SUMMARY
Neglect	Current	The parents are currently struggling with substance abuse issues. The children’s medical needs, educational needs, and wellbeing have been neglected. Biological mother is not taking care of her mental illness.
Parental/Caregiver Mental Illness	Current	
Caregiver Drug Use/Abuse	Current	

It is typical that when children are first placed into foster care, little is known about the level of trauma they have experienced and the effect it would have on them:

SPECIAL NEEDS (place an “X” by all that apply)	
X	Autism
X	Unknown – youth has been in care less than 72 hours

Once placed with Childkind, the boy’s behavior challenges were more evident. The Childkind case manager (FSC) made these notes:

██████ is diagnosed with Autism; behavioral/emotional disorder and speech/language disorder. He is in a special education class. FSC has observed him hitting himself in the face when he gets frustrated. ██████ tends to forget things a lot. He has also been throwing objects across the room when he gets upset or frustrated. Since being in his new placement he has broken a neighbor’s fence and broke another neighbor’s window. He has also hit his sister with a stick and cut her hand and arm with it. ██████ was kicked out of the school aftercare program due to his physical behavior. The school wanted to press charges against him but decided not to. ██████ also urinates on the bed.



### Childkind Success

Child B was placed with a trained Childkind foster family and received Autism focused behavioral health services from a Childkind specialist. As a result he developed an ability be a part of his new family, no longer externalizing anger, frustration, and grief from the trauma and neglect he had experienced.



# home based happiness

welcome

placement services

stories of hope

home based happiness

financial facts

thank you



## Take Charge! Medically-Based Parenting Model

In 2022 Childkind will bring back its award winning Home Based Services program and its **“Take Charge! Medically-Based Parenting Model”** thanks to a five year HRSA/Maternal and Child Health Bureau demonstration project award.

One of five “Enhancing Systems of Care for Children with Medical Complexity” awards chosen from applicants across the country, Childkind’s “Take Charge!” provides critical in-home training and supports for families with children who have medical complexity, ages 0 to 18 (male or female), who live in low to extreme-low income households. Childkind’s model is inclusive, serving all families whether they are biological, adoptive, relatives, or guardians in one- or two-parent households.

Childkind’s target population has a disproportionate share of healthcare and social service costs.

The excessive costs come not only from the child’s underlying medical condition or developmental disability, but also from health disparities: isolated communities, lack of support services, care compliance barriers, poor transportation, and inability to maintain employment, extreme stress, and other causes.



5 year grant



Our model focuses on four areas that parents and other family members of children with medical complexity can master and thus maintain a stable and nurturing environment in which all can thrive.

In partnership with parents, Childkind addresses the social and environmental barriers these families face and guide them to success in each of the four domains of the model:

**Child Bonding**

Nurturing attachment when typical means of communication are impeded by physical disabilities

**Parenting Sustainability**

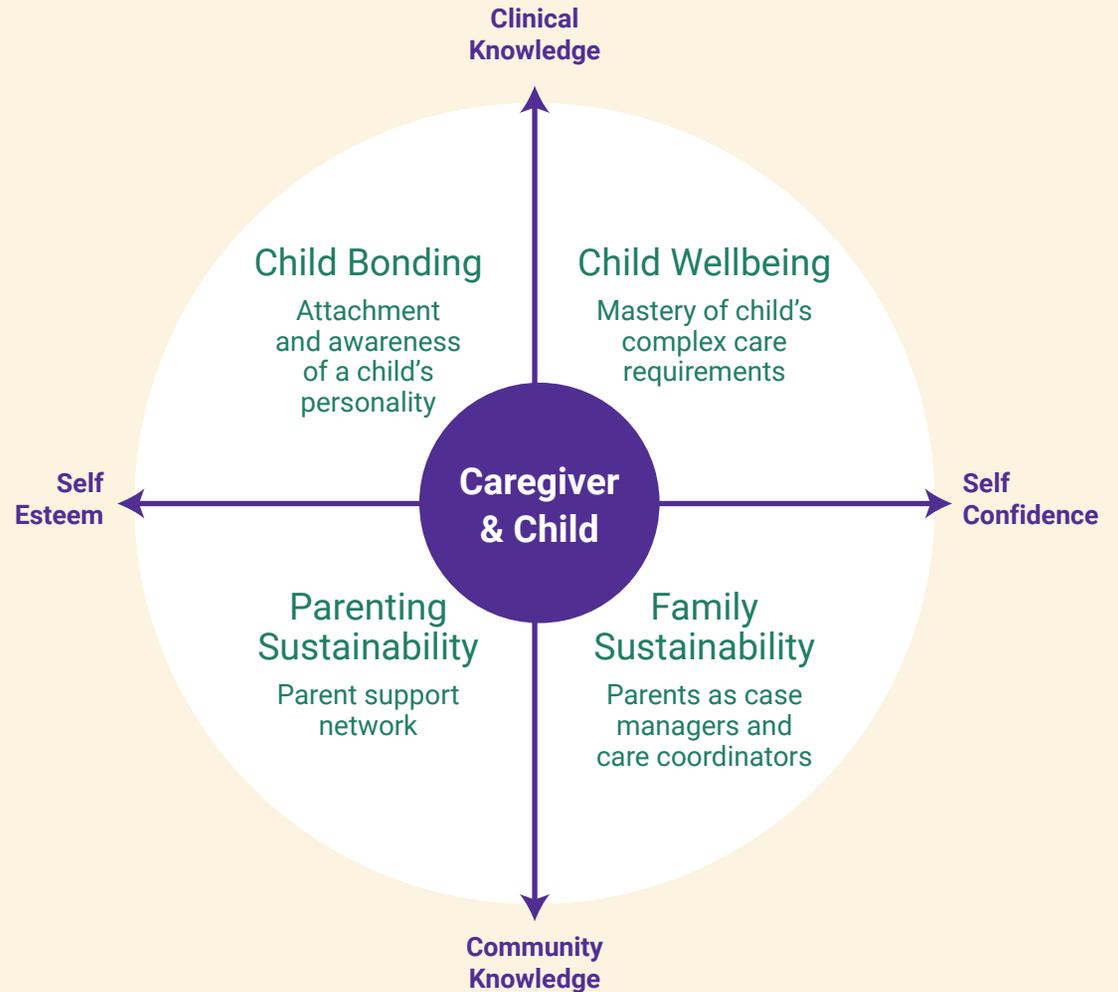
Building or strengthening the parents' ongoing personal support network

**Child Wellbeing**

Teaching parents to manage their child's complex regimen of care successfully

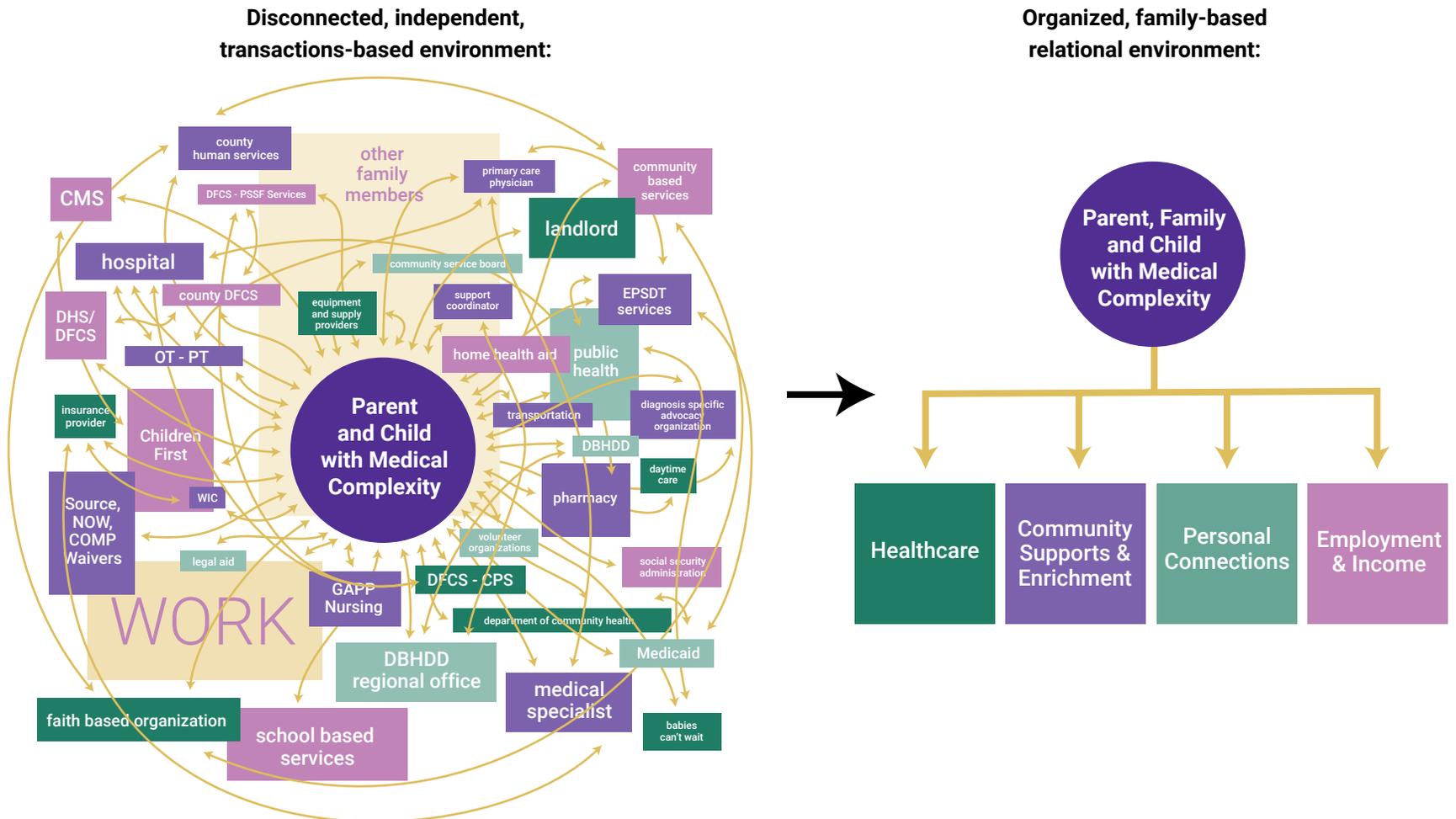
**Family Sustainability**

helping parents taking charge of their exceedingly difficult circumstances and learning to become their own case managers and care coordinators



## Independence Book

At Childkind we have a simple goal: to make the often chaotic world of supports, services, eligibility rules, applications, and providers function for families who have children with complex medical conditions. Towards that end, we created the "Independence Book," a tool by which parents and caregivers can take charge of their lives and create an orderly environment where the entire family can thrive.



# financial facts

welcome

placement services

stories of hope

home based happiness

financial facts

thank you

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## Revenues and Other Support

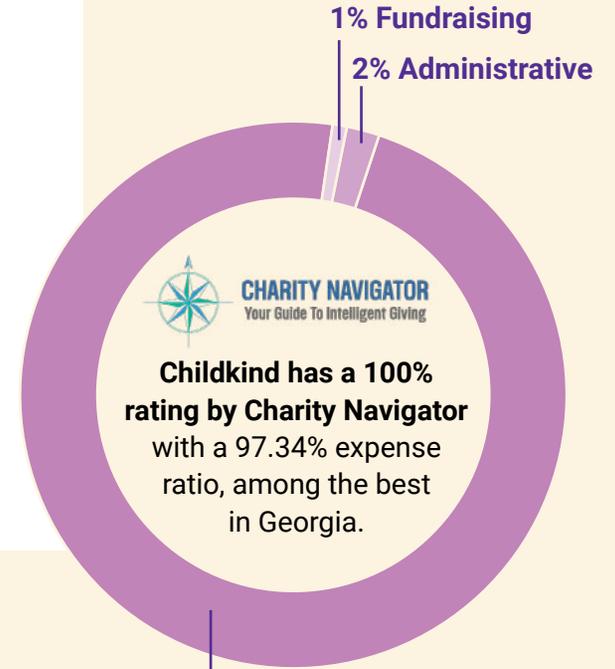
	2021	2022
State and federal program service fees	\$3,146,673	\$3,265,866
Government grant (Paycheck Protection Program)	223,416	-
Local grant contributions	136,000	5,000
Contributions	19,197	20,725
Other income	1,217	31,175
<b>Total revenues and other support</b>	<b>3,526,503</b>	<b>3,322,766</b>

## Expenses

Program services	3,306,196	3,195,354
Fundraising	13,219	21,959
General and administrative	75,175	136,462
<b>Total expenses</b>	<b>3,394,590</b>	<b>3,353,775</b>

Change in net assets	131,913	(31,009)
Net assets at beginning of year	263,416	395,329
<b>Net assets at end of year</b>	<b>395,329</b>	<b>364,320</b>

Audited by  **CRI** CARR RIGGS & INGRAM  
CPAs and Advisors



**97%**  
of all Childkind expenditures went to **Program Services.**



# thank you

A special thank you to the foundations, organizations and people who make our work possible!



Help support our work of healing among children and their families. Make your donation online at [childkind.org/donate](http://childkind.org/donate)

If you have any questions, contact:  
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welcome

placement services

stories of hope

home based happiness

financial facts

thank you



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