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.

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.

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.

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.

Our 2021 Annual Report is categorized into five main sections:
In 2021 we served 74 children with foster care services from these counties:

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

Thank you to our community partners for supporting these efforts.
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.
stories of hope

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:

<table>
<thead>
<tr>
<th>TRAUMA TYPE</th>
<th>MOST RECENT OCCURRENCE</th>
<th>BRIEF SUMMARY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>11/2020</td>
<td>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.</td>
</tr>
</tbody>
</table>

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 taking 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:

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

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:

<table>
<thead>
<tr>
<th>SPECIAL NEEDS (place an “X” by all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>X Autism</td>
</tr>
<tr>
<td>X Unknown — youth has been in care less than 72 hours</td>
</tr>
</tbody>
</table>

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.**
- **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.**
home based happiness

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.
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.

Disconnected, independent, transactions-based environment:

Organized, family-based relational environment:
### financial facts

#### Revenues and Other Support

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

#### Expenses

<table>
<thead>
<tr>
<th>Type of Expenses</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>3,306,196</td>
<td>3,195,354</td>
</tr>
<tr>
<td>Fundraising</td>
<td>13,219</td>
<td>21,959</td>
</tr>
<tr>
<td>General and administrative</td>
<td>75,175</td>
<td>136,462</td>
</tr>
<tr>
<td><strong>Total expenses</strong></td>
<td><strong>3,394,590</strong></td>
<td><strong>3,353,775</strong></td>
</tr>
</tbody>
</table>

#### Change in net assets

<table>
<thead>
<tr>
<th>Type of Change in Net Assets</th>
<th>2021</th>
<th>2022</th>
</tr>
</thead>
<tbody>
<tr>
<td>Change in net assets</td>
<td>131,913</td>
<td>(31,009)</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>263,416</td>
<td>395,329</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td>395,329</td>
<td>364,320</td>
</tr>
</tbody>
</table>

Childkind has a 100% rating by Charity Navigator with a 97.34% expense ratio, among the best in Georgia.
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

If you have any questions, contact:
Karl D. Lehman, President
(404) 248-1980, ext. 223
1990 Lakeside Parkway
Suite 350
Tucker, Georgia 30084

Corporate Donors

Amazon Smile
Carter Concrete Structures

Friendship
Give Lively

Swimmett: County Employee

Joseph B. Whitehead Foundation

The Pediatric Foundation of Georgia
PSSF Network

Anonymous
Corporate Donor

Individual Donors

Anonymous
Kate Brady
Amanda Broxteman
Trisha L. Clymore
Shaunette Crawford
Katherine Gardes
Marion and Gail Glover
Stanley Jones and Barbara Cleveland
Deborah Kennedy
Margaret L. Kinnear
Kimberly A. Knight
Karl Lehman and Ondina González
Amy Leventhal
Brian Liu
Cal and Mary Ratcliff
Nancy and Kevin Ryan
Jensen Tanner
Della Tolhurst
Marat Turngunbaev
Stuart Wohl
Childkind Staff

Nina Branch  
Director of Performance & Quality Improvement

Franchesca Cardona  
Clinical Director

Trisha Clymore  
Director of Administration

Karl Lehman  
President/CEO

LaSonya Rudd  
Placement Supervisor

Brian Russell  
Director of Program Services

Eleasa Smith  
Recruiting and Training Supervisor

Dahletha Armstead  
Family Services Coordinator

Tiffany Boea  
Family Services Coordinator

Tammy Bowers  
Recruitment Specialist

Melody Brooker  
Nursing Support Specialist

Genee Haynes  
Administrative Support

John Jubilee  
Developmental and Behavioral Specialist

Izetta Gadsden  
Family Services Coordinator

Shanda Maiolo  
Intake Specialist

Charity Olocha  
Recruitment Specialist

Kathy Reid  
Nursing Support Supervisor

Jasmin Woolfork  
Family Services Coordinator

Advisory Board

Andrew Barclay  
Technical Consultant  
Fostering Court Improvements

Veda C. Johnson, M.D.  
Department of Pediatrics  
Emory University School of Medicine

John Parker  
Attorney at Law

Jordan Greenbaum, M.D.  
Medical Director,  
Child Protection Center  
Children’s Healthcare of Atlanta

Georgina Peacock, MD, MPH  
Centers for Disease Control and Prevention  
National Center on Birth Defects and Developmental Disabilities

David Tatum  
VP for Government & Community Affairs  
Children’s Healthcare of Atlanta

Melissa Carter  
Executive Director  
The Barton Child Law and Policy Center  
Emory University School of Law

Polly McKinney  
Advocacy Director  
Voices for Georgia’s Children

Board of Directors

Kate Brady  
Project Manager  
Human Services Research Institute

Cindy DeSa  
Maternal & Child Health Director  
Virginia Department of Health

Fozia Khan Eskew – Secretary  
Early Intervention Coordinator  
Georgia Chapter  
The American Academy of Pediatrics

Katherine Gardes  
Cardiac Services Social Worker 2  
Children’s Healthcare of Atlanta at Egleston

Dacia Green  
Attorney at Law

Misty Palmer  
Business Development  
Tandem Bank

Jeff Lukich  
Senior Director  
DLH Corporation

Quintina Robinson – Chair  
Product Manager  
Macro Helix, LLC

Stuart Rosenthal – Treasurer  
CPA and Partner  
Rosenthal & Kaplin, PC