



# Take Charge! Medically-Based Parenting

**Project Overview:** Case reviews revealed that approximately 35-40% of children with medical complexity (CMC) in foster care could have remained with their biological families; however, adverse social determinants and parents' inability to overcome barriers navigating Georgia's system of care contribute to this problem. The data shows a child's wellbeing is often harmed not by the lack of a system of care, but by a failure of that system to manage accessibility to the system's components.

"Take Charge! Medically-Based Parenting" is an innovative evidence-informed model that optimizes child health, quality of life, and family well-being. The model is accessible, continuous, comprehensive, coordinated, compassionate, culturally effective, and patient-and family centered. Childkind is incorporating this bottom-up approach to evaluate and enhance systems of care because it directly engages the most vulnerable families of CMC.

## Lead Organization

Childkind

## Partner Organizations

Children's Health Care of Atlanta

Emory Medical School

Department of Family & Children Services

## Principal Leads

Brian Russell, Childkind

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## Geographic Region

Atlanta, Georgia

## Project Period

August 2022-July 2027

## Contact

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## Population Served

Childkind works with CMC populations aged 0-18 who live in low to extreme-low-income households in metro Atlanta at risk of entering the foster care system.

## Collaborations

Childkind partners with a vast network of referral partners and collaborators. Referral partners include:

- Three Children's Healthcare of Atlanta hospitals and related clinics
- Specialty clinics, like Sibley Heart Center
- Neonatal Intensive Care Units and other medical providers
- State child welfare system (including *Babies Can't Wait*, one of Georgia's maternal and child health programs)

Childkind also collaborates with:

- Healthcare administrators and the state Medicaid agency
- Department of Community Health
- Department of Behavioral Health and Developmental Disabilities
- Department of Human Service
- Department of Public Health

Childkind maintains an advisory committee for "Take Charge! Medically-Based Parenting. The committee includes representation from:

- American Academy of Pediatrics (Georgia Chapter)
- Children's Health Care of Atlanta
- Barton Law and Policy Center at Emory University
- Georgia Council on Developmental Disabilities
- Parents and other stakeholders



## Family Engagement

With the information collected through Health Equity Assessments, Childkind is forming advocacy partnerships with parents who participated in the program. These parents are effective advocates for themselves and other families with addressing needed improvements to Georgia's system of care for CMC.

## Project Aims

- Expand parents' and caregivers' knowledge of a child's diagnosis so they can (1) understand the factors that have and can adversely impact the child's wellbeing (regardless of the quality of direct day-to-day care) and (2) plan better for their child's future.
- Increase parents' and caregivers' competence and confidence to care for the child at home and decrease the number of emergency hospitalizations and medical crises.
- Develop the parents' ability to communicate effectively with their child's doctors, build a strong partnership with the medical team, and ensure the accurate transfer of knowledge between a pediatric specialist and a caregiver.

## Evaluation Overview

Annually, Childkind is developing and implementing an assessment that identifies the health disparities within its target population. Childkind uses its data base/case management system to record child and family specific information that provides baseline and client specific progress. They also utilize health equity assessments to identify the social and environmental barriers to a family's experience with a system of care. To evaluate the overall efficacy of "Take Charge! Medically-Based Parenting", Childkind will work with the state child welfare agency and state Medicaid agency to gather outcomes data. Investigations, medical neglect substantiations, and subsequent out-of-home placements are tracked for those children referred by the child welfare agency.

## Notable Features

- **Special populations:** Childkind works with the state foster care system and has best practices and insights from a case management/social work perspective.
- **Parent empowerment:** Parents are empowered by strengthening their feelings of personal control, developing a critical awareness of handling parenting issues, and increasing meaningful interactions with their environment through the four domains of child bonding, child wellbeing, parenting sustainability and family sustainability.
- **Support services:** Diagnosis education and care trainings are conducted in the home to provide instructions that are culturally appropriate and tailored to the education level of the parent/caregiver. A Childkind nurse accompanies the parents and child on medical appointments when needed, helping ensure that parents understand the information and instructions.

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"Happiness is so important ... even for children with medical and developmental disabilities. With happiness, a child's health, personality, and self-expression can grow, even in the presence of a medical or developmental disability. A nurturing parent/child bond creates the optimal environment in which a child can blossom, even when he or she is facing a lifelong medical or developmental disability."

– Karl Lehman, President & CEO, Childkind

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