Episode 5 Transcript
Fostering Hope: Supporting Georgia's Medically Fragile Children

Polly McKinney, Advocacy Director (00:04):

Welcome to Kid Pro Quo, a brand new podcast from Voices for Georgia's Children. I'm Polly McKinney, and I'll be your guide as we talk to all kinds of folks about how public policy actually affects kids' lives. Because what happens in government doesn't just stay there. It shows up in classrooms and kitchens, doctor's offices and playgrounds, courts and communities. So grab a cup of coffee or a Popsicle or whatever you feel like, put your feet up unless you're driving, and enjoy this week's episode of KPQ. Today we're joined by Brian Russell, chief Executive Officer of Childkind, an Atlanta-based nonprofit that works with families caring for children, involved with the child welfare system, many of whom have complex medical, developmental, or mental health needs. Brian brings more than 30 years of experience in human services, including roles at Hillside Psychiatric Hospital, the city of Atlanta Workforce Development Agency, and Georgia's division of Family and Children's Services, trained as a social worker. He spent his career helping families find strength, access, care, and build happier, more stable futures. Additionally, Brian is a husband of more than 24 years. Wow. A proud father of four and an avid golfer. I'm thrilled to have him with us today. Well, Brian, thank you for making some time to sit with us today for Kid Pro Quo. I want to get started by just having you say a little bit about yourself, about your work, what childkind is. Tell me about it.

Brian Russell, CEO, ChildKind (01:45):

Alright, well, a little bit of my history. I've been in the field for over 30 years. Started working at a group home in Illinois. I've worked for welfare, the work programs here in the city of Atlanta. Spent 16 years at the division of Family and Children's Services and currently have been with Childkind for the last nine years, taking over as the CEO in October of 2024. We are a child placing agency who specializes in placing medically fragile foster care children. We accept all children, but that is our specialty, those along with the ones with developmental disabilities. Currently we have about 70 kids in care, 45 foster parents who take care of those kids. And we are the only agency in the state who has nursing on staff for foster care children. And so our nurses are assigned to the cases along with the case managers to serve as support for those foster parents because those medically complex children have a lot of needs and the foster parents need supports. And so we try to be there to help support them so we can make these placements the best that they can be for these most vulnerable children.

Polly McKinney, Advocacy Director (02:57):

So how do you find these kids? Do they get referred? How does that happen?

Brian Russell, CEO, ChildKind (03:00):

Our referrals come from the state of Georgia. All these children that we have are wards of the state. We get phone calls in the middle of the night, anytime during the day saying, Hey, these kids are in care or coming into care and we need a stable placement. And so from there we go through our roster or foster parents and try to find the best fit. Coming into foster care is very traumatic, and so what we try to do is make sure that we're placement matching so that those kids get in a home and can stay in that home and don't have to bounce from foster home to foster home.

Polly McKinney, Advocacy Director (03:35):

So when you say medically fragile, tell me what that looks like. I think a lot of folks just in the general world don't understand what that is.

Brian Russell, CEO, ChildKind (03:44):

A medically fragile child can be something as simple as the child having a feeding tube, cerebral palsy, epilepsy diagnosis that I can't even pronounce that they have. A lot of the kids that come into our care are total care, which means they can never be left alone. They need assistance with. Every aspect of daily living oftentimes comes with nursing services outside of the services that we have, but we have seen a lot of kids come in and I mean where organs are out of place, some outside of the body. So it's a lot that goes on when we say a child who's medically fragile. It's not just your basic have a cold and it, it's true needs that these children have that have to be supervised on a minute by minute basis.

Polly McKinney, Advocacy Director (04:40):

That's a lot of work, I think, for the people around and the families. How do you find your foster families?

Brian Russell, CEO, ChildKind (04:46):

A lot of recruitment. We have a lot of foster parents who are nurses, so we've reached out to them and the biggest recruiting tool, I believe is from this foster parent referring to what you do and a friend sees what they're doing, say, Hey, I would be interested in doing that. Recruitment of foster parents across the board is hard. Over the last few years, I think I read a report where there's been a decrease in foster parents across the nation of close to 60%. And so not only finding foster parents, but finding foster parents who have the ability to take the most vulnerable, which are these medically fragile children, has been a challenge, but it's something that we continue to strive at putting it out in media, Facebook, wherever we can to advertise for foster parents. And so it's difficult, but it's also rewarding because you're having people who are doing this because they care. Oftentimes you hear, well, people are doing it for the money. I can tell you that the money doesn't match the effort and the time that these foster parents put in.

Polly McKinney, Advocacy Director (06:00):

Yeah, I would say that's true of the whole field.

Brian Russell, CEO, ChildKind (06:02):

Yes.

Polly McKinney, Advocacy Director (06:03):

Tell me again, remind me how childkind started because I'm sure it wasn't just like somebody woke up one day and said, oh, I want to take on the hardest cases in the state.

Brian Russell, CEO, ChildKind (06:13):

Actually, Childkind started back in 1988 during the AIDS epidemic, and so children were being left at the hospital without any caretakers. And so

Polly McKinney, Advocacy Director (06:26):

Children with aids,

Brian Russell, CEO, ChildKind (06:27):

Children with aids, yes. And so the group that founded Child Kind decided that they were going to open up a group home and take these children in. And so that's kind of how childkind got started. And right around 1992 or so, you started to see a transition. And so the transition went from group homes to family homes, and that's kind how Childkind started developing foster homes to place these children in. So they would be in a family type setting instead of in a group home. Even though the group home was great, and it did serve its purpose, the leadership at Childkind recognized that there was going to be a bigger need. And so the transition started for these kids to find foster homes, and that's kind of how the foster home system at Childkind began to develop.

Polly McKinney, Advocacy Director (07:20):

So that was a time when we didn't have any kind of services for people with AIDS, including babies and children. Do you still take kids who have aids? How has that evolved?

Brian Russell, CEO, ChildKind (07:32):

I think that the system just recognize that in order for those children to thrive and grow, it needed to be a more one-on-one family type setting. We still do get children who are HIV positive and we continue to work with those families, not only in foster care, but also working with the biological families if that's possible, to make sure that those children can be reunified with their families. So again, if we have a home available, it doesn't matter what your diagnosis is, we will try to find a home that will best help that child nourish and grow.

Polly McKinney, Advocacy Director (08:08):

So what does a day as a child kind staff person look like?

Brian Russell, CEO, ChildKind (08:14):

It is ever changing because we have the nursing component. We also have a prevention program that we work with families with medically fragile children to try to prevent them from having to come into the system. So from that aspect, we're working in coordination with Children's Healthcare of Atlanta. Babies can't wait. So we get a lot of referrals on that side to work with families to train support. And since I'm talking about a home-based services program, that program is, we call it take charge. And so we put a nurse and a social worker in that home because we understand that oftentimes it's not about the child's medical complexity that the parents can't take care of. It's the systems that they're trying to navigate. So we may get a referral saying, Hey, mom is missing her appointments. Well, we get in, we find out Mom understands the care of her child, but she has two other children that she has to get off the bus at three o'clock, but the doctor keeps scheduling the appointments for the child at three o'clock or Mom doesn't have transportation, and so she has to get on the bus that comes, but that bus comes at five o'clock in the morning and it makes several stops to pick up other people.

Brian Russell, CEO, ChildKind (09:34):

And so mom may be getting to the appointments late. So it's not that mom doesn't understand what's going on. It's the systemic things around Mom that we're trying to help her navigate. And I often say it plenty of times, we're the professionals and we have a hard time navigating a system. Imagine this mom who has three kids, one who's medically fragile, one who may be on the spectrum, another one who's another toddler. And so trying to navigate all of these systems just sometimes can become overwhelming to the parents. So our Take Charge model is designed to help address all components of the family, not just the medical component of it, but helping mom navigate a system that is very complex to navigate.

Polly McKinney, Advocacy Director (10:26):

And I remember something from a meeting I had at Child Kind a while ago around the income level of many of the families that you serve. Talk to me a little bit about that because it was one of the most eyeopening nuggets for me out of that meeting, and I've never forgotten how little I was aware of how income affects these children and how these children affect income.

Brian Russell, CEO, ChildKind 2 (10:49):

So for our home-based services program, 98% of those families live at or below the poverty line. And so that makes it difficult for that family to navigate in a world where everything costs. And so ensuring that they have the right type of Medicaid, ensuring that what is out there for transportation, are the children going to be hungry? And it's a system that's hard to navigate without a child with medical complexities. And so now you have this family where the needs of this child mom can't work because this child has multiple appointments just trying to help mom navigate these systems. What are you eligible for if mom takes a job making sure she's not making too much money or she may lose her Medicaid benefits. So it is a system that we are trying to just encourage the families and let us help you navigate the system because you have enough on your plate. So that's really what our Home-Based Services program is functioning to do.

Polly McKinney, Advocacy Director (12:02):

Some people I've heard say things like, people just give up their kids, they just give up. It is too much for them. They just give them up. Is that your experiences that somebody will have a child with a medical fragility complex needs and just say, throwing their hands in there, I'm done, I'm done.

Brian Russell, CEO, ChildKind (12:20):

No, I can honestly say that that's usually not the case. In most cases, the family has just become overwhelmed and they are looking for help. Sometimes in looking for that help, they recognize that sometimes maybe the situation, I still want to be a part of my child's life, but it's a lot going on. How do I maintain sometimes the supports for that parent aren't there. And so maybe they start using drugs, maybe they start abusing alcohol or they're getting in the wrong type of relationship. And that's usually how the child comes into care, not because they just threw their hands up and says, I can't do it anymore. And so I think that is a component that as a system, we have to start figuring out how do we prevent, and prevention is a big word in child welfare, but up until recently with the Families First Act, there were no funding for preventive services. And so it's getting better working with the state on ways that we can continue to build prevention programs. But a lot of it is, it becomes a lot, and I don't know what else to do. So I revert to things that maybe I normally wouldn't have as a stress relief, which leads to these kids oftentimes coming into care.

Polly McKinney, Advocacy Director (13:49):

Yeah. Well, it's hard for families. It is

Brian Russell, CEO, ChildKind (13:54):

Very. But one of the things we started recognizing is the further away the child comes to us, so say they come from the Savannah area and the child's place here, most of our homes are in metro. So mom, dad, grandma, whomever was the caretaker of this child now has a three hour ride to come visit. And well, how am I going to do that if I'm already living at or below the poverty line in a lot of these cases? And so we are trying to figure out here at Childkind, how do we expand what we do in different areas because the odds of that child being reunified with that family is slim. And I probably, if I went back and pulled some of our data, most of our medically fragile kids who get reunified families are in the metro area. They can make doctor's appointments, they can come see the child on a regular visitation schedule. We can refer to our home-based services to help that parent reunify. So I think that is one of the biggest things here that we're trying to figure out in this mixed up system. So we place the children, but we also want these children to have a positive permanency outcome as well. And just because they're medically fragile doesn't mean that they can't find permanency.

Polly McKinney, Advocacy Director (15:19):

Talk to me about money. So this stuff isn't free, the services aren't free. The durable hardware stuff isn't free. The coaching and nurses are not free. People don't just volunteer for everything. Who pays for all of this?

Brian Russell, CEO, ChildKind (15:39):

So a lot of the funding comes from the state. A lot of the support nursing services are gap services, which are funded by Medicaid. So Medicaid plays a big component in the care of these medically fragile children, both in and out of foster care. And so if the family doesn't have Medicaid, you would probably see a lot more children with medical complexities coming into care. And so that is one of the biggest reasons that a child may not come into care is because the parent does have access to Medicaid, because Medicaid can cover the cost of medical equipment, gap nursing, all those things that the parent may need to support that child in the home. But then also if for some reason, that child does come into care. And so it's just navigating which Medicaid best fits that child. But Medicaid is a key component to funding the needs of that family and that child when it comes there for us, our contractors with the state, the division of Children and Family Services. So they provide a lot of oversight and structure to the care of the child. Foster parents own that. We don't pay you to be a foster parent, but we will pay you to the services so that you can get the child access to services when they come into your home. We recognize that if a child is on an oxygen machine, G-tube feeds, those things may come. And so that's where the cost is covered by the division to help support those foster homes, take care of those children.

Polly McKinney, Advocacy Director (17:22):

That all sounds good, and I know that that's how it is supposed to always work. Does it always work? I mean, there's a lot of, for lack of a better word, kerfuffle going on around federal dollars, how that's going to play out at the state level for kids. Do you think any of that will affect Childkind work? And I'm not going to hold you to this, just so you know.

Brian Russell, CEO, ChildKind (17:45):

Well, not, I'll say everything affects anytime you start talking money and dollars and funding and things like that, but I've worked for Fulton County Defects, so I know both sides of it, and I know that everybody is working for the best of that child that's on their case load. And so no matter if the dollars are messed up, if the funding doesn't come through, that doesn't stop the workers from going out and doing their job to try to make sure that these children have the most safe, stable placement that they can, helping them try to find permanency. So on a high level, yes, it affects, but as far as our day-to-day, it doesn't affect because nobody in this field is getting rich. So the people who are in it, they have a different kind of heart. And a lot of people don't understand that social workers are often overworked and underpaid, but when you start talking to social workers, you have people who've been in the field for 20 years.

Brian Russell, CEO, ChildKind (18:56):

Someone like myself is over 30 years now, and it's never been about the money. It's always about how can I help this child or I help this family. I think as social workers, we are wired a little different. The wire starts at the heart and you forget about all of those other things that you don't have control over, why you're out there seeing this child for a child visit, taking this child to a medical appointment, going out and doing a pre-service training for a potential foster parent. That all comes from just wanting to do the right thing and be the right person. It's not always easy. Case loads get high, turnover rate is high, but the heart, the willing to do the work and want to do it the right way and navigating the systems that are not always perfect. But when you ask a social worker about funding and all of these different things, they look at you like you're crazy. It is like, well, I go do visits. I go make sure my child is okay. I go to make sure my mom can get to this doctor's appointment. So it affects it on a high level, but on the ground level and the work that my team and D a's teams and those workers do, they don't see it because they care about the child that they're caring for.

Polly McKinney, Advocacy Director (20:31):

It makes me think of another question. I'm always curious when I do these podcasts and get to talk to wonderful people like you, Brian, is there a story that comes to mind when you think about why you do this work?

Brian Russell, CEO, ChildKind (20:45):

Actually, I got two.

Polly McKinney, Advocacy Director (20:46):

We'll go for it.

Brian Russell, CEO, ChildKind (20:47):

All right. And the first one was a young lady. She just turned 30. But when I was with DFCS as a case manager, she came into care at four and had so many medical issues that nobody thought she was going to make it for another year. And so here she is turning 30 this year, and you look back and you say, well, what did you do? And I say, I didn't do anything. It was the foster homes that she was in that treated her like she was their baby. And the first foster parent got a little bit older and she couldn't do it anymore, and she went to another foster parent. And that bond and the relationship that you seen when you make those visits, it's incredible. And to see her, and matter of fact, she's not with Childkind anymore, but the foster mom who became her host home parent, they still called me and they're checking in on me. (22:00) And she called me last week, I promise you. And she said, well, Brian, Jasmine wanted to

know when the last time I talked to you and wanted to know if you're doing okay. And it's heartwarming. So that is one of my favorite stories. And another one is a young man who came to Childkind, I don't even know if he was a year old, but he came to Childkind for hospice and he just turned 20. And so we've watched him grow. And so when I got here, he was 11. And so the first time I met him, it was, I went to the home and it was the day that you go to school, you got to go meet the teachers for the first day. And so he was so excited. And so the foster dad was trying to calm him down and he says, well, it looks like it's raining, so we may not be able to go right now. And young man looks at, he said, that sounds like a personal problem. I got to go meet my teacher.

Brian Russell, CEO, ChildKind (23:06):

And so here he is turning 20, and so we're getting ready to transition him into the host home. But if you just watch him grow, like I said, I've watched him for the last nine years. So I can only imagine the joy that Childkind staff had in watching him grow from when he was, like I said, he came for hospice and here he is getting ready to go into an adult world and do adult things and he will always need support. But this is the part about foster parents that a lot of people overlook is in both of those situations I described, I truly believe it was the love of the foster parents that helped them through all those medical complexities that they had. So I think that's the joy that we have in what we do. And you just continue to try to build on that because they are, as they always say, foster children are the most vulnerable, but ours with the medical needs and developmental needs that they have are even more vulnerable. (24:17) And so to make sure that they're in the right homes and have the foster parents commit to these because it's not an easy job and you have to take care of this child 24 hours a day, and we give you 10 days of respite that you don't usually take, that person cares about those children that are in their home. And I think that's what motivates us to continue doing the work that we do because you want the best outcomes for these children. And if you can support a family or get a family reunified, to me, that's the best thing in the world.

Polly McKinney, Advocacy Director (24:56):

When you think about the future of Childkind, what do y'all need? What do you want people to know?

Brian Russell, CEO, ChildKind (25:04):

One, we're going to need foster homes. We had gotten out of the host home business where the kids transitioned from foster care to adult programs. So we're bringing that back. So we're going to need homes that want to care for adults. But I just think we just need the supports of all of the systems around us, the school systems, the hospitals, the pediatricians, wherever it is that we can be more of a team department of behavioral health, DCH, because that's what it takes in order for us to grow. And when I say as an agency, we are at 70 something placements. Now, if the goal is to get to a hundred, the goal is to get to a hundred because that's 30 more families or 30 more children that we can support. Not just to say we had a hundred children in care because we feel like what we do and the supports that we give our foster parents and our workers helps a child. The goal is to never have a child come to care. If that happened, we wouldn't have a job. And I would be okay with that. That means everything is working right. We want to be that conduit to connect all the pieces so that families and children can get what they need. We can continue to grow and support as many families that need us.

Polly McKinney, Advocacy Director (26:31):

It's beautiful. I have one last question for you.

Brian Russell, CEO, ChildKind (26:34):

Alright.

Polly McKinney, Advocacy Director (26:36):

I mean, I have many, but I have to end this podcast at some point. These kids are complicated. They require many of them lifelong care. It's a lot to do. Why are these kids so important?

Brian Russell, CEO, ChildKind (26:49):

Because these are the ones who can't speak for themselves. A lot of our medically complex children can't verbally communicate, but they can communicate. They know when mom walks in the room, it's the smell, it's the touch, and you can see the smiling faces. And so those are the most vulnerable of the vulnerable. And we want to make sure that though they have the same chance in life to have a happy and fulfilling life as any other child. And just because they're medically complex, maybe they can't speak, doesn't mean they don't have a voice. And we want to be that voice and that support for those children so they can feel what your child felt my child felt, which is love and compassion, and that somebody recognizes my need regardless of my situation. And so that's why we continue to do what we do for these children.

Polly McKinney, Advocacy Director (27:53):

That's beautiful. Thank you, Brian. Thank

Brian Russell, CEO, ChildKind (27:56):

You for having me. I really appreciate it.

Polly McKinney, Advocacy Director (27:59):

It's been my pleasure. Completely. And thanks to all of you out there for listening to Kid Pro Quo. If you liked what you heard, be sure to follow Voices for Georgia's children and leave us a review. And great news. This episode as well as prior ones are now streaming on your favorite podcast platform, including Apple, Spotify, iHeartRadio, Amazon Music, audible and Podbean. Any way you can find us easily all over the place, just search Kid Pro quo to tune in. Don't forget to like and follow this podcast and share it with someone who cares about kids just as much as you do. I'm Polly McKinney. Catch you next time on KPQ.