

## PROGRAM PROPOSAL

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Camp Twin Lakes (CTL, or “Camp”) is celebrating more than 25 years as the leading network of recreational, therapeutic, and educational camps in Georgia. Our mission is to provide year-round camp experiences for children with serious illnesses, disabilities, and life challenges to help each camper grow in their confidence and experience the joys of childhood. Georgia consistently reports greater or equal numbers of children and young adults with special healthcare needs than national results<sup>i</sup>. We serve nearly 10,000 children and young adults with special medical and physical needs and life challenges from across Georgia each year through fully adaptive traditional camp activities, innovative and hands-on nature programs, and intentional medical engagement and education opportunities. We partner with more than 60 other local nonprofits – our Camp Partners<sup>1</sup>, each serving a unique diagnosis or population – to serve these vulnerable groups. We serve children and teens throughout the year at week-long summer and weekend year-round programs at two campsites in Rutledge and Winder, GA. Both campsites are fully accessible so that campers of all mobility levels can participate.

### A. Program Purpose

Camp is recognized as a distinctly influential environment for youth development in which children and young adults learn transferable social, cognitive, functional, and job-related skills<sup>ii</sup>. Medical specialty camps – camps specifically for children and teens with a medical or physical diagnosis, such as Camp Twin Lakes – give children with chronic conditions a safe and supportive environment in which to “learn, explore, build confidence, and bond with peers” facing the same medical situation<sup>iii</sup>. Medical specialty camps also facilitate positive adaptations to chronic illnesses, providing numerous constructive outcomes for participants, such as improved self-management, knowledge of their disease and treatment, positive identity, social skills, and even decreased anxiety and depression<sup>iv</sup>.

Despite this, opportunities to participate in overnight camp programs are limited for children with special healthcare needs and life challenges. At Camp Twin Lakes, though, children and young adults with special healthcare needs and challenges are encouraged and enabled to be active, independent, and healthy within a safe environment led by skilled medical and camp professionals. Campers can participate in our traditional camp activities (such as ziplines, rock walls, canoeing, and horseback riding) and hands-on nature programming because are both adaptive and medically supported<sup>2</sup>.

In order to meet the clinical needs of our campers, our campsites are equipped with onsite medical facilities led by a robust medical staff that allow for administration of treatments and medications directly to campers. Campers can receive all of their necessary medical care onsite at no cost to them or their families. Medically-intensive procedures that would otherwise require a hospital visit also can be handled onsite without disrupting the camp experience; for example, children requiring chemotherapy or dialysis can receive treatment at the medical lodge and seamlessly return to camp programming. Furthermore, CTL provides safe, supported, and appropriate opportunities for camper self-sufficiency in their own healthcare plans, including learning about their medications and how to take them independently, monitoring their health indicators and administering treatments, and caring for their own medical devices.

We utilize clinical volunteers (physicians, registered nurses, advanced practice professionals, allied health, and child life) to treat campers and administer medications. Our Camp Partners bring volunteer clinical staff who specialize in the diagnoses they serve, and our Medical Coordinator ensures Camp medical facilities are staffed with appropriate levels of clinical volunteers. CTL directly recruits medical volunteers for our camps for children with sickle cell disease, tracheotomies and ventilators, pediatric asthma, juvenile arthritis, and muscular dystrophy. Our Camp Partners also provide any advanced equipment their specific group will need, while CTL provides basic medical supplies for all of our camp sessions (including first aid supplies, disposable catheters, infusion machines and equipment, dialysis machines, heart rate monitors, blood testing and lab equipment, nebulizers, and suction machines).

It costs Camp more than \$2 million to serve the medical needs of the nearly 3,600 campers we serve during our summer camp season. **We respectfully request a gift of [REDACTED] to support the medical care of our medically fragile campers during our summer season.** The unique medical focus and

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<sup>1</sup> A full list of our Camp Partners can be found in Appendix I in Tab 10: Appendices.

<sup>2</sup> A detailed description of our activities and programs can be found in Appendix II in Tab 10: Appendices.

support of the CTL experience carry over into each camper's life, improving their mental, physical, and social well-being long after they have returned home.

## **B. Program Beneficiaries**

Camp Twin Lakes serves nearly 10,000 children and young adults with serious illnesses, disabilities, and life challenges every year through year-round programs. Seventy percent of our campers have a medical diagnosis such as cancer; Type I diabetes; brain injuries; hemophilia; auditory impairments; developmental disabilities, including autism and autism-related disorders; sickle cell disease; Tourette syndrome; Celiac disease; Crohn's and ulcerative colitis; spina bifida; muscular dystrophy; cerebral palsy; limb deficiencies and/or amputations; solid organ transplants; kidney disease and transplants; arthritis; asthma; craniofacial disorders; and heart disease, defects, and other solid organ transplants – just to name a few. Eighty-six percent of our campers come from the 159 counties in Georgia, and range in age from 4 years old to young adult. We also serve children from across the country (14% of our total summer campers) who do not have access to another medically supported camp. Our campers are 34% African American, 51% Caucasian, 6% Hispanic/Latino, 4% Asian/Pacific Islander, 0.3% Native American, and 5% multi-racial<sup>v</sup>. Forty-nine percent of our campers are male and 51% are female. As expected, within each camp we serve these demographic ratios change as many of the diagnoses we serve disparately affect population groups (e.g. hemophilia affects males more than females and sickle cell disease disparately affects African Americans).

Finally, our campers come from a broad range of socioeconomic statuses. While we do not track camper income, we know that our campers are facing chronic illnesses, long-term medical care, and other life challenges that impact their financial resources. Thanks to our donor-funded Camper Scholarship Program, in which we subsidize 70% (\$550) of the cost of Camp (\$800) for **every** camper served, no child is turned away because of an inability to pay.

## **C. Program Impact**

Our camp programs are designed to transform children with serious illnesses, disabilities, and life challenges into confident children and young adults. We believe that time spent with others facing the same diagnoses and challenges encourages campers to achieve higher levels of medical independence than they would without this experience<sup>3</sup>. As Harvard University's multi-generational study on health shows, creating and maintaining lasting, meaningful relationships is a greater indicator of future health and well-being than genetics, cholesterol, or blood pressure levels<sup>vi</sup>. Our American Camp Association camper survey results (detailed in Section G) show our programs give campers an environment in which to have a shared experience with peers facing similar challenges, building relationships, improving healthcare education, and growing in independence that transcend their time at Camp. Furthermore, we know that the majority of our campers face chronic illnesses, long-term medical costs, and other financial challenges, and we specifically partner with community organizations who serve children and families in financial need (including Agape Youth and Family Center and Families First). Campers receive free medical care while at they are Camp, and we subsidize 70% of the cost of Camp through our Camper Scholarship Program for every camper we serve – no exceptions. We are committed to giving every child all we have, including financial support.

## **D. Program Implementation**

To serve campers throughout the year (week-long camps in the summer and weekend camps during the school year), we implement the following timetable with corresponding tasks. Our summer camp season encompasses 13 weeks (two weeks of staff training, followed by 11 weeks of camp sessions).

August-May: During the spring, fall, and winter, CTL holds weekend camps and inpatient, hospital-based Camp To Go programs for children with serious healthcare needs and life challenges and their families<sup>4</sup>. We serve nearly 6,400 campers through weekend camps and more than 200 through Camp To Go each year. In April and May, we also recruit and train approximately 70 additional summer staff from local colleges, specifically in the areas of early childhood education, child life, recreational therapy, and nursing. These staff serve for 12 weeks during the summer (two weeks of training in May and 10 weeks of camp).

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<sup>3</sup> Medical independence is defined in Appendix II in Tab 10: Appendices.

<sup>4</sup> A description of our weekend and Camp To Go programs can be found in Appendix II in Tab 10: Appendices.

June-July: Camp Twin Lakes – including our medical facilities – is at maximum capacity during this time period as we serve 3,600 campers at 2 campsites in just 10 weeks. Each summer, we host approximately 40 unique week-long camp sessions. Cabin and clinical volunteers attend a pre-summer training session, and also arrive one day before campers in order to receive their assignments and review rules and regulations and camp schedules.

In addition, throughout the year our Medical and Volunteer Coordinators work with our Camp Partners and full-time CTL staff to ensure proper levels of medical volunteer staffing, as well as appropriate levels of medical supplies in our medical facilities. Our Camp and Professional staff also work with our Camp Partners year-round to improve camp programs and activities so that we can more deeply impact our campers in future camp sessions.

## **E. Program Development**

Our programs are successful at improving the health and well-being of our campers because of three interrelated elements: programs based on accepted development theories and successful camp models, stakeholder support, and our incredible partnership model.

Research and Program Model Review: An understanding and integration of youth development theories<sup>5</sup> influence the design of all of our camp programs, which are led by a team of youth development professionals and experts in recreational therapy, education, and child life. Our Chief Program Officer uses these theories, as well as current research on the camp industry, camper satisfaction and growth survey results, and Partner feedback to continually improve camp programs. Camp staff also research and meet with other camp programs across the country each year at the annual American Camp Association (ACA) conference. This gives CTL staff the opportunity to learn from others in the same field, share best practices, and continually seek ways to improve the Camp experience.

Stakeholder Support: CTL engages with and serves a wide community of stakeholders to support our camp programs, including the medical care of our campers. This community includes individual, foundation, and corporate donors; campers and their parents and caregivers; our Camp Partners; and the general public. Our current strategic plan includes specific steps and plans to continue deeply engaging our communities of support.

Partnerships<sup>6</sup>: Camp Twin Lakes operates as a vibrant network of nonprofit Camp Partners, and we are committed to working with our Camp Partners in all aspects of our programming, including serve thousands of medically fragile campers each year. Our 60+ nonprofit Camp Partners provide any required specialized medical volunteers, medical education curricula, and advanced equipment for the particular diagnosis they serve. CTL provides the medical facilities for camper treatment and the administration of medications; general medical supplies; year-round medical oversight through our Medical Coordinator; and healthcare engagement opportunities that are complementary to those provided by our Camp Partners.

## **F. Organizational Capacity**

Camp Twin Lakes has a strong history of successfully working with our community to support to serve children with serious illnesses, disabilities, and life challenges. In 27 years, we have expanded our physical capacity, grown our programs to year-round and deepened their impact, and increased the number of campers served. Our first campsite in Rutledge, Georgia, opened for campers in 1993 with onsite medical facilities capable of dispensing medications and providing 24-hour treatment, including medically intensive procedures like chemotherapy and dialysis. We partnered with seven nonprofit organizations to serve 1,000 children with medical diagnoses at this campsite during this first summer camp. In 2009, we added our second year-round campsite within Fort Yargo State Park in Winder, allowing us ultimately to serve 4,000 more campers each year through year-round programs. In 2011, we began leasing a third campsite in Warm Springs during the summer to serve even more campers during the busy camp season. As demand for our programs continues to grow, we are again focused on strategically meeting the needs of the children we serve and the Partners who serve with us. Our current strategic plan (2019-2023) will see us expand our physical capacity by replacing our summer-

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<sup>5</sup> Short definitions of these theories, as well as a brief description of their use in program development, can be found in Appendix III in Tab 10: Appendices.

<sup>6</sup> A Camp Partner Spotlight, describing our partnership model using Children’s Healthcare of Atlanta as an example, can be found in Appendix IV in Tab 10: Appendices.

only Warm Springs campsite with a third year-round campsite on existing Camp-owned land in Rutledge. This will expand our capacity by 33% to serve 3,500 more children with special healthcare needs and life challenges every year, including 2,500 campers from within diagnoses we already serve.

Organizational Structure. Camp is proud to be guided by a diverse board of directors with respect to professional and personal strengths, gender, and race. Our board is comprised of representatives from local pediatric hospitals, CTL-supporting companies, and longtime CTL volunteers and individual supporters. All board members serve on a committee or a short-term task force and are required to be financial supporters of Camp; we continually have 100% board support.

Led by four executive staff<sup>7</sup>, CTL employs 40 year-round administrative (human resources, accounting, and development) and program staff (certified in pediatric support services, such as therapeutic recreation, early childhood education, child life, nursing, and nutrition). This includes our Medical Coordinator who operates in an advisory role<sup>8</sup>. To support the busy summer season, we employ 70 additional seasonal staff to implement our week-long programs. These are college-age students studying nursing, medicine, physical and recreational therapy, and child life and are certified lifeguards, ropes course instructors, outdoor activities directors, and waterfront activities directors.

Accomplishments. We are proud that our camps continuously maintain American Camp Association (ACA) accreditation and acclaim. Camp Twitch and Shout (for children with Tourette Syndrome) received the ACA Eleanor P. Ells Award for Program Excellence in 2017. We also received the ACA Edie Klein Program Excellence Award in 2015 for our Camp To Go program serving children in local pediatric hospitals. We have also achieved the GuideStar Platinum Seal for transparency and accountability and are an accredited member of the Better Business Bureau's Wise Giving Alliance. Finally, Camp received the Grants to Green Seal from the Community Foundation for Greater Atlanta and the Southface Institute for environmental sustainability and stewardship.

Unique Programming. Camp Twin Lakes is the only fully accessible and medically equipped camp program in Georgia capable of serving a wide range of diagnoses and populations. We differ from other Georgia-based children's camps like Camp Southern Ground, in two main ways: First, our camps have the capacity to provide intensive medical care onsite and adapt to the widest range of camper accessibility needs. Second, we feel strongly that campers with special needs benefit from being a part of a community surrounded by peers with similar life challenges. Our camps are diagnosis-specific, focused solely on providing meaningful experiences for children *within* their particular illness, disability or life challenge to create shared, empowering experiences.

### **G. Program Outcomes & Success Indicators**

Camp Twin Lakes diligently strives to meet the unique needs of the diverse populations and diagnoses we serve. Our programs are tailored to achieve goals developed in conjunction with each Camp Partner. To monitor program impact, we assess camper growth and development in part by using camper surveys developed by the ACA to track national camper outcomes. Our results continue to confirm that the camp experience is transformational for campers in terms of breaking isolation, growing in independence, and discovering new skills and capabilities – outscoring ACA national composites. Our 2018 camper survey results show that, because of our intentionally focused programming, 93% of Partner camp groups who participated in our summer camps scored above ACA national benchmarks for improved friendship skills; 96% for increased sense of responsibility; and 100% for increased independence.

Expected Outcome: Our goal is to improve camper friendship skills, sense of responsibility, and independence. This will be evident by at least 90% of participating Partner summer camp groups scoring above ACA benchmarks in those categories.

### **H. Program Performance Evaluation**

To evaluate the impact of our programs, our summer campers complete ACA-designed surveys at the end of each summer camp session. Cabin counselors are trained to facilitate the completion of these surveys, including assisting younger campers and campers with developmental and physical disabilities. Furthermore, our Camp Partners annually complete

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<sup>7</sup> Executive team biographies can be found in Appendix V in Tab 10: Appendices.

<sup>8</sup> The biography for CTL's Medical Coordinator, [REDACTED], can be found in Appendix V in Tab 10: Appendices.

programmatic and facility evaluation forms. We also convene regular Camp Partner Institute meetings throughout the year for continuing education and to address specific program updates, revised protocols, and feedback from campers and families on an ongoing basis.

The raw data from our camper surveys is aggregated in an ACA-designed template, analyzed, and presented in a detailed report<sup>9</sup>. This report is completed within two months post-summer camp (typically by the end of September) and used in CTL reporting. Furthermore, the data from camper and Partner surveys are used for continual program improvement and to drive strategic growth. Finally, our current strategic plan (Appendix VI) includes concrete steps to more fully measure and communicate the impact of the CTL experience. This includes developing a more robust outcomes management system that will allow us to communicate the impact of Camp and engage in continuous program and donor stewardship improvement. One of the first outcomes we intend to measure is improvement in medical independence among our medically fragile campers, as well as updating our volunteer surveys to gauge satisfaction and net promoter scores.

## **I. Communication**

To communicate program results, successes, and challenges to all our stakeholders, we follow a communications plan to engage the following populations:

- Parents, Campers, Donors, Volunteers, and the General Public: website updates, social media posts, press releases, funding reports, and electronic newsletters segmented for different constituent groups to share program results with a broad group of stakeholders;
- Camp Twin Lakes Board of Directors: board meetings (six per year, plus one annual retreat) to inform the board of organizational success and challenges, as well as receive guidance on operational and strategic initiatives; and
- Camp Partners: multiple Camp Partner Institute meetings throughout the year, during which we discuss camper and Partner survey results in order to make program improvements.

We also publish an annual impact report that is disseminated to our donors, Camp Partners, and other members of the community. This report shares program outcome measures, impact, and camper stories, and also lists our donors by name (as appropriate). This report is made available online and in print.

## **J. Program Sustainability**

Camp Twin Lakes has intentional structures and plans in place to support strategic plan initiatives and ensure operational sustainability. Our funding strategy ensures that if one funding stream (such as our four signature special events, individual contributions, foundation giving, or corporate sponsorship) does not meet its goal, we are actively engaging other avenues to meet operational and program needs. To prepare for future growth, CTL has implemented new strategies within the past two years to attract and retain new individual, foundation, and corporate donors. These strategies have proven to be successful and have allowed CTL to surpass fundraising revenue goals by 15% in the last year.

Additionally, our partnership model shares the direct cost of camp (\$800 per camper) between Camp Twin Lakes (70%, or \$550 per camper) and our Partners (30%, or \$250 per camper). We fundraise to meet this need through our Camper Scholarship Program, and we have not increased the camper fee charged to our partnering organizations in 27 years. In 2018, Partners began funding \$150 per volunteer to cover the cost of their meals for the camp week. This additional support is a significant new source of revenue that supports our annual operating budget.

Furthermore, the Camp Twin Lakes Foundation, Inc. was established in 2008 to fund capital repairs and replacements at our Camp facilities. The Foundation is governed by a board of directors made up of former Camp Twin Lakes board presidents, the current board president, and the current chief executive officer. The Foundation's board annually reviews all requests for capital improvement projects and selects and approves projects for funding. CTL also recently partnered with an outside firm to project and budget for long-term capital upkeep needs at our facilities over the next 10 years. Based on these projections, we are confident that the Foundation has the funds necessary to continue to support the capital repairs and replacements at our two current campsites, as well as provide for future facilities growth.

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<sup>9</sup> Analysis is done by [REDACTED], MPH, a former Data Analyst at Camp Twin Lakes who currently works as the Research Coordinator for the MD Anderson Cancer Center in Texas. CTL recently hired a Project Manager of Research & Outcomes, [REDACTED], to bring this role in-house.

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