Needs Assessment and Program Proposal Plan

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SOCW 612: Advanced Administrative Practice, Program Development

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December 8, 2024

Abstract

The paper presents a Peer Mentor program proposal intended to support foster care youth (ages 5-12) by implementing more support within the foster family dynamic. This will include a plan for a needs assessment with mixed methods research which will include both surveys and interviews of former foster youth. Furthermore, the proposal presents an in-depth analysis of internal and external stakeholders, SWOT, logic model, and then the proposal concludes with an evaluation plan. This program will rely on support of its own through Partnership and stakeholders that will help in guiding the success of the program. This program will rely on trained volunteers (mentors) to mentor foster children and families that are involved in the program. These mentors will be responsible for various activities that are supportive in nature to foster families. All in all, the Peer Mentor Program focuses on support as a strength and hopes to show that foster children thrive off the ability to have increased support.

Introduction to the Topic

The Social Problem

The social problem to be addressed is the lack of support for foster children (5-12 y.o.) that have a clinical diagnosis and behavioral issues. There are limited-to-no mentorship programs in the area that work with this age group and demographic. The problem arises from the trauma prevalent in foster children's experience (Carrera, et al., 2024; Stewart, et al., 2023). Clinical diagnoses and behavioral issues often manifest in disruptive ways at home, at school, or at other public locations (Carrera, et al., 2024; Stewart, et al., 2023).

Trauma-related clinical diagnoses and behavioral problems in foster children are important to address due to the prevalence of trauma experienced by this group and the lack of support to process those traumas and the resulting behavioral issues that manifest. The lack of mentorship programs presents a clear challenge to foster children, foster families, schools, and the public that have occasion to interact with these children. Helping children process their trauma with a mentor has been shown to improve outcomes for these foster children. It can also help to improve behaviors and reduce the frequency of being placed ina new homes due to foster parents' inability to manage trauma-related behaviors. Additionally, working to solve this problem helps to prevent the spread of negative behaviors among other foster children in a foster home by helping children learn how to overcome poor behavioral patterns, gain coping skills for clinical diagnoses, and achieve better lifetime outcomes. In turn, these children will teach each other what they learn about appropriate ways to manage stressors.

Extent of the Social Problem

According to the FY22-23 DCS Annual Report, statewide, 7,862 children received services from residential childcare and/or foster care in Tennessee during fiscal year 2023. On average, children remained in foster care for 291 days (FY22-23 DCS Report, 2024). In the

Tennessee Valley Region, which includes this project's target population in Hamilton County, there were 1,261 children placed in custody of DCS during the 22-23 fiscal year. 341 of these children were 5-12 years old (FY22-23 DCS Report, 2024).

Current statistics show that nationally, 9.6-10.1% of children aged 3-17 years old receive mental health services, and 7.8% of children take medication for mental health issues (Bitsko et al., 2022). The most common mental health disorders that these children experience are ADHD, anxiety, and depression (Bitsko et al., 2022). These national statistics provide a broad perspective of the prevalence of mental and behavioral health diagnoses in children. Looking broadly at the state of Tennessee, the situation reflects a high prevalence of behavioral health diagnoses with 23.2% of the general population of children 3-17 years old having one or more reported mental, emotional, developmental, or behavioral (MEDB) problems (CAHMI, 2024).

Analyzing the data reveals a relationship between environmental factors such as poverty, family structure, and the number of ACES a child experiences, and the rate of behavioral health diagnoses. For example, 20% more children in a grandparent or other family type home structure are reported to have an MEDB problem than a child from a two-parent household (CAHMI, 2024). Additionally, the percentage of children who have a score of two or more ACEs and qualify for an MEDB problem is 46.5%. Because foster children have higher exposure to ACES, poverty, and various family structures they are at even higher risk than the general population for poor physical and mental wellbeing (Turney et al., 2017).

According to an interview with a case worker at DCS in Hamilton County, Tennessee, 91 children have been placed in foster care in the county during 2024, and 59 (64.8%) of those children had a behavioral health diagnosis (H. Hancock, personal communication, September 4, 2024). The average number of placement disruptions in this county for a child with behavioral problems is three times per year (H. Hancock, personal communication, September 4, 2024).

These frequent placement disruptions further destabilize the lives of the children placing them at risk for compounded mental health diagnoses such as Reactive Attachment Disorder, Disinhibited Social Engagement Disorder (DSED) and Disorganized Attachment (Oleviera et al., 2022).

It is evident from this statistical data that further investigation of the usefulness of a mentorship program for children with behavioral health diagnosis in the Hamilton County foster care system is needed.

Target Population

The target population for the needs assessment will be children with behavioral problems ages 5-12 in foster care in the Hamilton County community. The program will look at children with clinical diagnosis currently in foster care. The program will be working with children that speak English and Spanish. The dispersion area will be within the Tennessee Valley Region specifically Hamilton County. The program will be proposing to start this program under Partnership due to them working with foster kids already in other established programs.

Current Service Programs

The Greater Chattanooga area has various mental health services and organizations. Youth Villages provides foster care services and mental health interventions for foster children (Youth Villages Mentoring Program, 2024). Partnership for Families, Children, and Adults hosts Camp Hope which provides weekly interventions and a summer camp for children and parents who have experienced trauma (Camp Hope, n.d.). Parkridge Valley Child and Adolescent Program offers inpatient and outpatient mental health services for children in the Chattanooga area (Parkridge n.d.). Erlanger Behavioral Health Hospital has a mental health treatment center, but they only provide services to children over the age of twelve (Adolescent Psychiatry, 2024). Helen Ross McNabb Behavioral Health Center provides medicine management, counseling, and

case management for children and youth (McNabb Center, 2024). Centerstone provides outpatient counseling services, parenting classes, and therapeutic foster care services (Centerstone, n.d.). Camelot, another foster care agency, provides case management, foster training, and therapeutic services to foster children (Southeast, n.d.).

Targeted Need

Given that the above organizations meet many needs but do not take a comprehensive approach directed at addressing behaviors with a peer mentorship program, the program will ensure that mentorship will be provided. This mentorship program's goal would be to reduce negative behaviors of foster children by providing social learning, academic role models, and social role models. Another implicit goal would be to lessen the burden on foster parents and thus reduce placement instability through this program.

Uniqueness of Program

Program Description

The program is unique among other programs available in that it aims to address the behavioral issues often reflected in foster care children by offering a mentorship program. It will be serving Hamilton County elementary children ages five thru twelve that exhibit behavioral health challenges and have been or are currently in foster care. Many of the behaviors exhibited by foster children are trauma-related (though biological sources are also relative to behavioral issues in children). Research shows that mentorship-type programs are the most effective means of impacting the foster child and their behaviors in a positive manner.

Addressing behavioral issues in foster children is an important issue to address due to the prevalence of traumas experienced by foster children and the lack of support children face in trying to process their traumas and address the resulting behavioral issues that manifest. Helping children process their behaviors will help improve those behaviors and reduce the frequency of

new placements due to foster parents not feeling able to manage the behaviors of the foster children in their home (Sarkar, 2024). Additionally, mentorship prevents the spread of negative behaviors among children in the home by helping children learn how to overcome poor behavioral patterns (Sarkar, 2024).

Similar Programs in the Area

The Greater Chattanooga area houses several behavioral health programs for children and adolescents. The programs provided are clinically based and open to the general population. There are several foster care-specific organizations that provide in-home and residential services for children in foster care, but there are few programs specifically designed for mentoring foster children specifically. Youth Villages has a mentoring program in Tennessee and Georgia in which a child in foster care is paired with an adult and provided mentorship. This program is open to anyone interested in mentoring. Mentors spend four to six hours per month one-on-one with the child. The mentors receive training and access to group activities, as well as tickets to local events, when available. The program is not specific to mental health or behavioral issues and is only provided to foster children in the Youth Villages program (Youth Mentoring Program, 2024).

Formerly Partnership for Families, Children, and Adults supported the I.A.M. READY Center which provided mentorship for foster youth. This program is no longer available (Resource Links, n.d.). Partnership now offers Camp Hope, which provides year-round mentoring and a summer camp for children and teens who have experienced trauma. The goal of this program is to increase a child's sense of hopefulness (Camp HOPE, n.d.).

Parkridge Valley Child and Adolescent Program provides clinical mental health services for children in the Chattanooga area (Parkridge n.d.). Erlanger Behavioral Health Hospital has an adolescent treatment center focused on clinical interventions. They only serve children twelve

and over (Adolescent Psychiatry, 2024). Helen Ross McNabb Behavioral Health Center provides mental health services and case management for children in crisis. Their outpatient program provides medicine management, counseling, and case management (McNabb Center, 2024). Centerstone provides outpatient counseling services, parenting classes, and therapeutic foster care services but no mentorship opportunities (Centerstone, n.d.). Camelot provides medical management, case management, foster care training, counseling, and outpatient therapy (Southeast, n.d.).

Distinguishing Factors for the Program

The program will provide mentorship and peer support for children aged five to twelve who are currently in foster care with clinical diagnoses and negative behaviors in the Greater Chattanooga area. The program provides services for ages five to twelve, whereas existing programs provide services to teenagers and adolescents.

Literature Review of Social Problem

Foster care

Mental health diagnoses in foster children and antecedent behavioral challenges are directly related to being foster children due to the traumas experienced. Children in foster care are seven times more likely to experience trauma and to require trauma-informed interventions (Stewart, et al., 2023). Foster children also experience more traumas compared with clinically referred children for mental health services who are not in the foster system (Shdaimah & Zhao, 2024, Stewart, et al., 2023). Being a child within the foster system, thus, predisposes young people to a range of additional traumas that will compound the areas of treatment they will require. Trauma impacts the whole child. And in so doing, creates disorganized attachments and behavioral problems (West, et al., 2023). In addition, some children in the foster system have been previously adopted with a subsequent dissolution of the adoption. This practice creates

greater breakdown of attachments and increased trauma for children within the foster system (Brown, 2022).

Mental health in foster children

The trauma experienced by foster children predisposes them to deteriorations in mental health and the resulting treatments needed. Children in foster care require more services for mental health treatment than children not residing in foster care (Stewart, et al., 2023, Hambrick, et. Al., 2023). Over fifty percent of children in foster care meet the criteria for a mental health disorder. Yet, children in foster care experience barriers to receiving mental health treatment due to frequent moves and overwhelmed caregivers (Hambrick, et. Al., 2023). Foster children are statistically more likely to require behavioral health services than their peers, with an average of sixty-percent receiving a primary mental health diagnosis. They are more likely to undergo services in restrictive settings such as inpatient and residential treatment centers and are more likely to experience overprescribing of psychotropic medication (Chorniy et al., 2024).

Resiliency

Trauma and behavioral outcomes will then impact children's resiliency. Children aged five to twelve years old in foster care exhibit negative behavioral problems that have several impacts on resilience (Fischer et al., 2023). The foster care environment, which can often be harsher than those of their peers, contributes to increased negative behavioral outcomes which can influence overall development (Fischer et al., 2023). Children in foster care typically experience more mistaken judgments, feelings of inferiority or superiority, and reduced resilience which can lead to higher rates of mental health diagnoses later as well as negative behaviors (Fischer et al., 2023). Another factor impacting resilience includes age, as research indicates that children between seven and twelve years old tend to have lower resilience compared to those younger than 7 or older than 12 (Fischer et al., 2023). Specifically, children

in the concrete operational stage, seven to twelve, show lower resilience due to developmental changes and the increased importance of peer approval, which can lead to maladaptive behaviors (Fischer et al., 2023). During the preoperational stage, two to seven years old, children often use fantasy play to manage emotions, which can support psychological resilience (Fischer et al., 2023). In contrast, during the concrete operational stage, children face greater challenges as they seek peer approval and their cognitive and emotional development evolves (Fischer et al., 2023). Males in foster care are generally found to be less resilient compared to females (Fischer et al., 2023).

Risk factors affecting resilience include age, sex, race, maltreatment history, and placement type (Fischer et al., 2023). Protective factors, such as placement stability and social support, are important but may not fully counteract the risks (Fischer et al., 2023). Mental health services, while crucial, may be accessed after behavioral problems have developed, thus their impact on resilience can be limited (Fischer et al., 2023). This suggests a need for targeted interventions that address the specific risks faced by foster children, including their developmental stage, trauma history, and social context (Fischer et al., 2023). Interventions should also consider the child's perception of their environment and themselves. While the literature doesn't give a specific recommendation, the mentorship program can help improve a child's perception of their situation (Fischer et al., 2023). In conclusion, children aged five to twelve in foster care who exhibit negative behavioral problems face unique challenges related to their developmental stage and the harshness of their environment (Fischer et al., 2023). Their resilience is influenced by a complex interplay of age and gender, and both risk and protective factors (Fischer et al., 2023). Effective interventions need to be age-appropriate, address trauma, and focus on improving the child's perception of their situation (Fischer et al., 2023).

Negative Behaviors in Foster Care

The outcome of trauma experienced by foster children often leads to substance abuse and behavioral disorders associated with abandonment and neglect. Children who grow up in foster care have higher rates of substance abuse and behavioral problems in later life. Similarly, they are more likely to be involved with the justice system than those who do not have an association with foster care. Reactive Attachment Disorder (RAD) is a common diagnosis for children who have been abused and neglected. Children with RAD do not readily form attachments to a specific caregiver resulting in negative behaviors such as: "misery, huddling, clinginess, an inappropriate lack of response, aggression, unexplained fearfulness, or irritability" (Bruce et al., 2019). Negative behaviors from diagnoses such as RAD are shown to be preventable if the child experiences positive social-emotional connections (Haggerty, et. Al., 2023). One-third of foster children are not well adjusted across major domains of behavior including social and mental competence, adversity factors, and behavioral, emotive, and attachment regulation and stabilization (Carrera, et al., 2024).

Conclusion

In conclusion, trauma related to foster care exacerbates social problems of child mental health, behavioral health, and resiliency. Children in foster care have higher rates of mental health diagnoses and behavioral problems than children who do not have experience in the foster care system. Many of their mental health diagnoses are related to attachment issues and neglect resulting in difficulty establishing healthy social connections. Foster children are in need of social support that can help them develop healthy attachments and overcome negative behaviors.

<center>**Literature Review of Other Program Models**</center>

The social support that foster children require includes positive interventions to help them overcome negative and harmful behaviors. The literature provides evidence that mentorship programs provide positive outcomes for children by establishing healthy social connections and

opportunities for interpersonal learning. Mentorship programs are uncommonly offered to younger children but could help prevent the development of more severe negative behaviors in adolescence. Children benefit from older mentors and peer-based mentorship programs.

Mentorship for Foster Children

Behavioral problems are often due to the lack of a healthy social and emotional development. Social and emotional development in children is dependent upon children forming healthy connections and relationships with adults. Mentorship provides a safe environment for children from traumatic backgrounds to form healthy connections (Poon, et al., 2021; Haggerty, et. Al., 2023). Mentorship has been shown to improve behaviors and mental health over time for foster children (Poon, 2021; Weiler, et. Al., 2022). In a meta-analysis of 55,561 foster children Poon and associates (2021) found that mentorship had a positive outcome for children in the foster system throughout their lives (Poon, 2021). The impact of preventative programs such as mentorship or caregiver guidance may not become evident until the child reaches an age where they are exposed to more risk-taking opportunities, but the intervention will prove its worth over time. Mentorship early on in life can provide a framework for creating healthy patterns and preparing foster children for adolescence and adulthood (Haggerty, et. Al., 2023).

Mentorship Methods

Three types of mentoring programs are commonly utilized when working with foster children. The first, is a supportive mentorship model in which the relationship serves as the intervention and the success or failure is determined based on the reported quality of the relationship (Cavell et al., 2021). This model requires the mentorship relationship to be built over a long period of time and allows the mentor to become an integral part of the mentee's long-term support system. This model is widely criticized for its weaknesses because it is most likely to be terminated prematurely if the mentor-mentee relationship is not well matched (Cavell et al.,

2021). One example of successful mentorship for children in schools showed that even when mentors didn't specifically do anything, simply showing up at the school lunchroom to sit with their mentee benefited children who were chronically bullied in school (Cavell et al., 2021). Though longevity of the relationship is sometimes difficult to maintain, Youth who choose their own mentor tend to have more enduring relationships, which predicts better outcomes (Cavell et al., 2021).

The second mentorship model is problem-focused mentoring, which utilizes the mentor relationship as a means to undertake activities to address a specific behavioral or practical problem that the mentee is experiencing. The purpose is to provide extra support for a child who is working on a particular behavioral problem as a supplement to professional support (Cavell et al., 2021). This model has proven especially successful when combined with weekly skills groups. A study by Weiler and associates (2022) found that amongst 426 children, mentorship programs significantly improved children's outcomes for quality of life and decreased trauma behaviors (Weiler et al., 2022). The third mentorship model is transitional mentoring, which supports the mentee through a specific vulnerable transitional period in their life. This type of mentorship is time-limited, and its purpose is to help the child feel safe and supported as they navigate specific changes in their lives (Cavell et al., 2021).

Teaching Relational Skills

A study on Video-feedback Intervention revealed that teaching positive relational skills to caregivers of foster children improved overall child behavior. In the quantitative random controlled trial of 100 Flemish foster children, it was discovered that children whose foster parents received sensitive discipline training experienced less insecure attachments when the child was under 30 months of age and experienced reduced external behavior problems among all children in the intervention group. The strategies employed in sensitive discipline training

could be applied to training methods administered to mentors within a proposed program. These teaching methods provide adults with skills to establish secure attachment through sensitive discipline, which thus reduces negative behaviors (West, et al., 2023).

Peer Mentorship

Peer support programs are another effective means of improving child well-being cognitively, behaviorally, socially, and emotionally (Poon, 2021; Mitchell, et. Al. 2024; Friesem and Greene, 2020). Children who have experienced emotional abuse respond more positively to peer-based mentorship as opposed to mentorship from older mentors (Poon, 2021). Peer mentors are often close in age to mentees, have shared experiences, and, as a result, are seen as credible messengers. Additionally, there are benefits of transference when a peer without mental health challenges models their regulated, healthy cognitive and social functioning for a foster child lacking in that area. Children enrolled in a peer support program reported that the program kept their interest by helping them feel empowered, providing opportunities to build connections with a supportive person, and provided a space where they felt safe (Mitchell, et. Al. 2024).

In conclusion, mentorship provides a relational intervention for foster children experiencing negative behavioral and mental health problems. Mentorship may be offered in various formats depending on the needs of the child enrolled in a program. Peer mentorship also provides a unique opportunity for children to develop positive behaviors by connecting with a trusted individual with similar experiences.

Conclusions Based on the Literature Review

Based upon the literature review conducted, a mentorship program for foster youth ages five through twelve will include an emphasis on including peer mentors on a frequent and consistent basis in the mentorship program, as the effectiveness of peer mentors surpasses that of adult mentors when emotional abuse is concerned. The program will incorporate video feedback

into positive parenting, peer support, and mentorship to make it more concise and utilize sound evidence-based practices.

Program Proposal Problem Statement

Children in foster care between the ages of five and twelve often exhibit behavioral issues as a result of the traumas that they have experienced in their lives. Further, if these children are provided with mentorship, especially a peer-based mentorship program, they are more likely to experience positive results. Additionally, sensitive parenting training for foster parents will help to improve the behaviors of children placed in foster care and can be incorporated into mentor training, as well, due to its effectiveness. However, the needs of the foster parents and children in the Chattanooga area that can be addressed through a mentorship program are not understood at this time. For that reason, it is important for the program to explore the needs of mentorship within the Chattanooga area more specifically.

Needs Assessment Research Plan

Sources of Data and Need

The sources of data for the needs assessment will be gathered through a combination of surveys from foster parents, interviews with older youth who have aged out of foster care, and existing DCS records in the Greater Chattanooga area of children 5-12 years old who have behavioral problems. Additionally, records will be gathered from existing peer mentorship programs in the state of Tennessee to determine the effectiveness of their efforts. A survey and interview guide will be created to match the needs assessment (see Appendix D).

Purpose

The purpose of this needs assessment study is to determine the social and mental health needs of foster youth ages five to twelve with behavioral problems in the Chattanooga area.

Research Questions

The research questions that will be explored include:

1. What are the social needs of children in foster care in the Chattanooga area?

2. What are the mental health needs of children in foster care in the Chattanooga area?

3. What are the educational needs of children in foster care of foster children in the Chattanooga area?

Null and Alternate Hypotheses

Null hypothesis (H0): Reflects that there is no relationship between your IV and DV, or that there will be no observed effect of your experiment IV on the DV

1. There are no specific, identifiable, social needs that impact only foster children with negative behaviors in the Greater Chattanooga area.

2. There are no specific, identifiable mental health needs that impact only foster children with negative behaviors in the Greater Chattanooga area.

3. There are no specific, identifiable educational needs that impact only foster children with negative behaviors in the Greater Chattanooga area.

Alternate hypothesis (H1): Reflects what you are attempting to demonstrate through the research study. Usually it restates your research question in a clear sentence format.

1. There are specific social needs that impact foster children with negative behaviors in the Greater Chattanooga area.

2. There are specific mental health needs that impact foster children with negative behaviors in the Greater Chattanooga area.

3. There are specific educational needs that impact foster children with negative behaviors in the Greater Chattanooga area.

Research Variables

Independent variable/s (IV)

The independent variables in the study have been identified as the child's experience within foster care such as length of stay, age at entry, number of placements, number of siblings, etc.

Dependent Variable/s (DV)

The dependent variables have been identified as mental health, behaviors, attachment formations, and education.

Controlled variable/s (CV)

The controlled variables have been identified as age, gender, income, grade, and other demographic information.

Extraneous Variable/s (EV)

The extraneous variables have been identified as ability to understand language, child being moved to a new placement during the study, and the ability and willingness to consistently participate in the study.

Methodology

Mixed-Methods

This study will include mixed-methods research because it includes both quantitative information (surveys) and qualitative data (interviews) (Hales et al., n.d). This methodology is the most appropriate because it would provide more in-depth information than other studies in the area (Hales et al., n.d). Mixed-Methods studies utilize triangulation of data which is a variety of data sources which help strengthen conclusions in findings and reduces the risk of false interpretations (Hales et al., n.d).

<p align="center">**Needs Assessment Research Plan**</p>

Population and Sampling

Population

The population of the interview study would include adults who were in foster care from ages 5-12 in the Tennessee Valley geographical area. The survey population would include foster parents who are currently caring for children in foster care ages 5-12 in the Tennessee Valley geographical area.

Inclusive Criteria

All people in the study will be from the Tennessee Valley geographical region. They will have been in the foster system between the ages of 5-12 while in foster care.

Exclusive Criteria

This study will exclude individuals who are non-verbal. The study would not include adults who have not been in foster care during the ages of 5-12, and individuals who are outside of the Tennessee Valley region.

Sample Selection

The sample for the survey will be collected by randomly selecting foster parents from the Department of Children's Services foster care enrollment list. DCS will provide a list of all foster parents whose foster children meet the age requirements. The provided list will exclude names, and each person will be assigned a number. Two hundred individuals will be drawn at random from the list for the survey.

The sample for the interviews will be collected by contacting former foster youth who are adults and enrolled in the extension of foster care program. Twelve individuals will be recruited for the interviews.

Rationale

The population for the study was chosen to most accurately represent the population that the program intends to serve. Foster parents were chosen for the survey because they regularly interact with foster children who may have behavioral concerns. Adults who were formerly in

the foster system were chosen for the interviews because they would be able to provide narrative information about their experiences in the foster system.

Site Permissions

Permission for the study will be sought from the Director of Training at the Department of Children's Services, Rhonda Faulkner. This person oversees research for the department. To conduct the study, the research team will need to receive permission from the state and informed consent documentation for all participants in the study.

Data Collection Plan

The data collection process for the surveys to be completed will include the creation of the surveys by LCSWs. The questions will be free of bias and leading questions, will respect diversity, will be written in a clear manner so that the questions they ask and the answer choices they offer are without ambiguity. They will also be asked in an empathetic manner in order to gain trust and will include a page involving their consent to participate in the survey and the promise of confidentiality to all participants at the outset.

To find foster parents willing to share their perspectives on the behavioral challenges of the foster children they are caring for, the program will ask DCS to hand out surveys to interested persons during their visits. The program will also keep a locked box at the location where participants can drop their completed surveys, which will be collected by the research team by a certain date. Additionally, we will visit the Chambliss Center for Children, Omni Family of Services, Youth Villages, Ridgedale Baptist Church, and Kidlink Community Services to provide surveys to foster parents and encourage participation in the survey. Locked boxes to collect completed surveys will be available at each location.

All surveys will be collected at the end of the survey period from each secure location and will be kept in a locked compartment to ensure the integrity of the data is maintained. The

surveys would then only be available to researchers who would work to integrate the results of the surveys into a spreadsheet for analysis. No rewards would be offered for the completion of the surveys.

The data collection process for the interviews conducted will include the creation of potential interview questions, with special concern that no bias or discrimination are reflected in the questions and that they are culturally relevant to all participants. Next, letters will go out to transitional foster youth still receiving state funding requesting their participation in an interview for those who were in foster care during age 5-12, aimed at improving the social, emotional, and behavioral health of foster children.

Additionally, billboards and posters will be displayed throughout Chattanooga with information regarding how transitional foster youth or aged-out foster youth from age 18-25 can sign up to participate in an interview regarding their foster care experience during the ages of 5-12, aimed at improving the social, emotional, and behavioral health of foster children. Both letters and public advertisements would list $20 gift cards for those who participate in the interview process.

The interview would cap at the first 12 people who responded and were verified as being eligible to participate. Permission to secure a given location for the interview would be granted. Then, the interview date and time would be announced and begin with the signing of consent forms. Following the signing of consent forms, the semi-structured interview would be conducted by an LCSW that will be prepared to show empathy as she records the experiences of these transitional or aged-out foster children, now aged 18-25). Following the interview, counselors would be on staff to assist participants privately with potential triggering that may occur during the course of the interview and may cause some level of distress in the participant.

Finally, consent forms and any notes or recordings taken during the course of the interview would be placed in a locked cabinet or box to ensure that all information connected to the interview will be secure. The information collected would only be available to researchers connected to the interview and not to be available in an unsecure fashion and with an understanding that the identities of the participants would be secured.

Analysis Plan

The data gathered from surveys of foster parents, interviews with older youth who have aged out of foster care, and existing DCS records in the Greater Chattanooga area will be analyzed using a mixed methods approach, incorporating both quantitative and qualitative data analysis procedures. For the quantitative data from the surveys, statistical analysis will be conducted using descriptive statistics with nominal and ordinal measurements described using frequencies, percentages, mode, median, and ranges depending on the data. Ratio and interval data will be described using means, standard deviation, and ranges. When making comparisons such as social needs and placement types among groups T-test and ANOVA testing will be utilized.

For the qualitative data collected from the interviews, a thematic analytic approach will be applied. Video recordings of the interviews, as well as transcripts, will be reviewed. A one-page summary of each transcript will be written, highlighting major themes and identifying patterns. An emergent coding method will be used to label these patterns. Memos will be created to define each code and explain its construction, and a codebook will be developed from this information. The SAS, 9.4 software program will be utilized for quantitative data analysis, while NVivo 14 will assist in the analysis of qualitative data.

Research Questions

What are the social needs of children in foster care in the Chattanooga area?

The results will likely show that the major social needs of children in foster care in Chattanooga would reflect those found throughout Tennessee, including foster care instability and poor access to mental health treatment (Fite, 2023). Without adequate foster care homes and services, children will continue to struggle with a sense of stability which impacts attachments and ability to manage the mental health needs that have arisen from the abuse they have experienced. Additionally, food instability is likely to be a social concern for children in Chattanooga, as well, since 40% of Tennessee children live in homes that experience food instability (Lowary, 2024).

What are the mental health needs of children in foster care in the Chattanooga area?

The mental health needs of children in foster care in Chattanooga will likely include services to assist with depression, ADHD, anxiety, ODD, conduct disorder, PTSD, and reactive attachment disorder (Fite, 2023; Mason, 2024).

What are the educational needs of children in foster care in the Chattanooga area?

The educational needs of children in foster care in Chattanooga will likely include tutoring with tutors that are able to work with children with mental illness or behavioral problems, as foster children are more likely than their peers to experience mental health challenges (Mason, 2024). Also, educational needs occur due to frequent home and school placement changes which put children behind academically. With each move, children lose about four to six months of academic progress (Lahey, n.d.) In fact, 8/10 foster children have maladaptive educational trajectories (Melkman, 2020).

Additionally, they need surrogate parents who will monitor children's educational progress with interest and actively note needs to be filled to assist child toward educational success. Finally, children need to experience stable school enrollment throughout a school year,

which is difficult since Tennessee has one of the worst unstable housing experiences for foster children in the country (Fite, 2023).

Ethical Considerations

It is to be considered that participating in this study for some participants could cause them to recall traumatic events or what might have been an uncomfortable time in their life when they were involved with foster care. These memories may evoke a psychological response such as anxiety, sadness, regret, etc. With these potential responses, participants will be offered available debriefings, if needed. Participation will be voluntary, and they can withdraw without penalty. While collecting the data, surveyors will allow the families time to thoroughly read the informed consent and sign before completing the survey.

Once the survey is completed, to ensure anonymity, the participant will place his/her survey in an envelope to be transported back to the office to be placed in a designated area where only designated persons may be allowed to access the data. While analyzing the data, only designated persons will have access to the analysis of the data. The participants names and identifying markers will not be visible to the individuals analyzing the data, thus, keeping the survey completely confidential.

After data is collected, designated persons will have up to one year to refer to the data. All data will be kept up to one year after which the paper surveys will be shredded and disposed of. Any data stored online or on a computer will be password protected with two factor authentication and then it will be deleted from the hard drive. Data will be stored in designated locked areas where only designated persons will have access. This is to ensure that confidentiality is kept.

Cultural Considerations

The needs assessment research plan will utilize culturally informed, anti-racist, and anti-oppressive strategies such as utilizing random sampling and inclusive language. The informed consent form and survey/interview guide will use inclusive language, anti-racist/anti-oppressive terminology for gender identity and ethnicity by providing multiple options for ethnicities as well as gender (male/female/non-binary/other). The forms and guide will use culturally appropriate language for the demographic surveyed by using language that is educationally on par for the sampling region.

Program Goals and Objectives (Logic Model Inputs)

Target Population

The mentor program will focus on the targeted population of foster families and children that are between the ages of 5-12 years old that have a clinical diagnosis. The target population are those lacking informal support. The program will be implementing changes by providing a mentor program for these youth in the Greater Chattanooga area. The program will be proposing to start under Partnership due to them working with foster kids already in other established programs. The hope is that this program will significantly decrease negative behaviors which will benefit not only the foster child but the foster family as well.

Scope of Activity

The program activities will include mentorship events, one-on-one mentorship meetings, foster parent training, and mentor training.

- **Mentorship Events**
  - o **Activity -** The mentorship program will host monthly mentorship events which will include at least twenty mentors, twenty foster children and ten foster parents. The program will host a minimum of six events every six months.

o **Short-term outcomes** – The program has a short-term goal that there would be a minimum of 80% program participants attending events within 3 months' time.

   o Flows logically due to monthly meetings. The monthly mentorship events are meant to attract foster parents and foster children to a program that has a high probability of producing positive effects in the behaviors of children. Since these events will be well advertised and promoted in DCS offices and other sites that support foster families it is to be expected that there will be a significant turnout at each monthly event, such that at least 16 mentors, 16 foster children, and 16 foster parents attend each event.

- **Mentor one-on-one Meetings**

   o **Activity -** The program will have mentors meet with their mentees at least biweekly to provide peer one-on-one meetings. The peer meetings will teach the mentees about relationship building, resilience, and problem solving. This activity will include a minimum of twenty peer mentors and twenty foster children.

   o **Short-term outcomes** – The program has a short-term goal that mentees will improve their knowledge of relationship building, resilience, and problem solving by 50% in 3 months.

      o These outcomes flow out of a bi-weekly regular mentorship program that focus on behavior modification. Mentees' regular engagement will aid results and over the course of several months the retention of these skills and habits will be established.

- **Monthly Foster Parent Educational Training**

- o Training will be provided for foster parents to teach them about topics related to behavioral management. A minimum of ten foster parents will attend these training courses every quarter.

- o **Short Term Outcomes –** Foster parents improve their knowledge of behavioral management by 50%.

  - These outcomes flow logically from the regular monthly educational training that is received and immediately implemented in mentees' day-to-day interactions with their foster children. Opportunities for immediate implementation of skills enable skills learned only monthly to be reinforced. Additionally, successes or failures discovered can then give rise to questions to improve the implementation of skills.

- **Intermediate-Term Outcomes (for mentor events, one-on-one mentor meetings, and foster parent trainings)**

  - o Foster children's negative behaviors will improve by 25% as measured by check-ins with foster parents and reports to DCS.

  - o These intermediate goals flow logically from the activities described above as it would show progress made from the short-term goals. The intermediate goal of foster children's negative behaviors will have improved by 25% if mentees improve their knowledge of relationship building, resilience, and problem solving, foster parents improve their knowledge of behavioral management, and a minimum of 80% of program participants attend events.

- **Mentor Trainings**

- o Training for the mentors will be held every month to teach them about teaching relationship building, resilience, and problem solving. The training will include twenty mentors every quarter.

- o **Short-term outcomes-** Mentors will increase their knowledge of trauma and behavioral management by 50%

  - ▪ Mentors' increased knowledge of trauma and behavioral management flows logically from quarterly meetings in which education and interaction occur. These meetings provide a venue for mentors to present real-world challenges they face in the mentorship process and learn new methods to overcome those challenges or to understand the limitations of some methods--given the child. The interaction that takes place in a secure space in which all are actively engaged in the same activity enables best practices to emerge and experience to lead in situations that defy the norm.

- **Intermediate-Term Outcomes (only for mentor trainings)**

  - o Mentors will cover topics related to relationship building, resilience, problem solving, risky behaviors at least 50% of the time in their meetings with mentees.

  - o These intermediate goals flow logically from the activities described above as it would show progress made from the short-term goals. The intermediate goal of mentors will cover topics related to relationship building, resilience, problem solving, risky behaviors at least 50% of the time in their meetings with mentees will occur when mentors have increased their knowledge of trauma and behavioral management.

- **Long-Term Outcomes (same for all)**

o The program's long-term outcome will be a 50% reduction in negative behaviors exhibited by the program participants after one year of participation in the program. This will result in a number of benefits to the child. These benefits include reduced stress, increased positive social interaction with a decrease in the likelihood of social rejection, reduced barriers to building lasting relationships, and greater bandwidth to engage in enriching life experiences. The foster families will also experience reduced stress, reduced anxiety in social settings, and increased capacity to invest in the child's development since they aren't continually managing negative behaviors. These are all benefits from the program outcome of 50% reduction in negative behaviors.

o These outcomes flow logically from the activities in that, if the program participants attend the events, and if they meet with their well-trained, trauma informed, peer mentor one-on-one biweekly, then they will learn skills in relationship building, resilience, problem solving, and receive education about the consequences of risky behaviors at least 50% of the time in their meetings with mentors. They will also build a relationship with a healthy role model/mentor, and have the opportunity to process, practice, and commit to healthy behaviors. Additionally, if the foster parents attend the educational sessions quarterly to learn trauma-informed behavior management, then they will have increased skills to positively manage the behaviors of their foster child. If the program participants receive the education and benefits of the mentor/mentee relationship, then their behaviors will reduce over time eventually decreasing as much as 50% within a year of joining the program.

Stakeholder Analysis

Stakeholders (See Appendix A and Appendix B)

The Department of Child Services (DCS) provides services to children and families to prevent and protect against child abuse. It works to ensure the wellbeing of children within their individual jurisdictions. DCS will likely support this program as it is another resource to benefit foster children and support their improved behavioral and educational opportunities. The support of DCS would have a critical impact on the program through their referrals and is therefore very important to a successful outcome. The program aims to keep them satisfied through communication and involvement and will communicate to them via the program specialist.

Another stakeholder includes the biological parents of the foster child. They are biologically related to the foster child and still hold legal rights to the child(ren). They are mainly interested in remaining involved in their children's lives until they are reunited. They also aim to better themselves in the interim. They are likely to be thankful that this program is available to their children and will help them in areas that they were not able to help them. They have a medium impact on the program and a low rate of impact for the success of the program. The program specialist will be in communication with the biological parent(s).

Schools are a stakeholder that are have an interest in the benefits of the program due to the learning environment and the behaviors of the children within their bounds. Schools are educational institutinos tasked with educating all children, including those in foster care and must accommodate the late arrival of children due to frequent moves. Their goals are to educate all chidren regardless of their backgrounds, challenges, and the number of moves they've experienced. They will be interested in directing or recommending that some of their students attend the program in order to improve their behaviors and educational potential in school. They can have a high impact on the program due to their support and referrals, and they will have a

correspondingly high impact on the success, as well. They need to be kept informed of the program updates and presence, and the program specialist will stay in contact with them.

The community includes the environment in which foster children interact and are present. Ideally it should seek to provide a safe environment for all to grow and thrive in. However, it is possible that the community could be the source of some of the behaviors and educational deficits the program is noticing in the children. Children often mirror what they see behaviorally and educationally, so the by-products seen in their lives may simply be a reflection of their environmental influences. The community is likely to see the program as a major need in the area. However, a major concern may arise if they refer more children than the program can accommodate. They have a low impact on the program and are not really linked to their success in any way, either. Their involvement is strictly coincidental due to location. The program aim to just monitor their engagement and provide minimal effort. It will dispatch the program community liaison for communication with the local community regarding the program's progress.

Additionally, Community Action Boards (CAB) and the Coalition of Emergency Assistance Program (CEAP) are representatives within the community itself. They contain both positive and negative aspects. The positives include support for neighborhood issues, while the negatives include whether the boards actually adequately represent the community's needs and wishes and whether the assistance provided matches the community's needs and wishes or those reflected by others' determination of needs.

Another stakeholder includes the Partnership for Adults and Children Board Members which is the main organization that the program is operating under and which provides additional resources for children and families. They provide needed social services for those in need in Chattanooga. They are likely grateful for another resource that they can offer through the

program to assist children in families in meeting their stabilization goals. Their impact is critical to the program's functionality and location and they are critical to the program success, as well. The program would ask the Program Administrator to community directly with Partnership board members regarding the progress and challenges.

Foster families are stakeholders composed of individuals who agree to house, clothe, feed, and care for foster children for a given period of time within their personal homes. They provide a safe, loving home situation for children displaced due to neglect or abuse. They will be very supportive of bringing their foster children for mentorship since the results are positive and improved behaviors will be a benefit in their homes. Their impact is high, as they are needed to transport the children to these appointments, and their role in the program's success is also high, as well. The program will need to manage these families closely to ensure that they are meeting their needs. They will dispatch the mentor to communicate with foster families regarding the details of the mentorship being provided and any updates as the mentorship ensues.

Another stakeholder includes the peer mentors who are similar in age to the foster children experiencing either behavioral or educational deficits and who are able to provide meaningful mentorship. These mentors see that changes are possible and modeling changes in order to inspire hope in foster peers is their main goal. They will find their purpose and meaning in work or volunteering in the program. They might fear that they can't make a big enough impact on the children, but they don't realize the impact their presence makes on their peers. Their influence is more powerful than what they can imagine. The peer mentors are critical to the accomplishment of the program goals and success. Their impact is absolutely critical to the success or failure of the program.

The foster children themselves are a stakeholder that is certainly involved in this process. They are children that are displaced from their families and homes of origin due to neglect or

abuse by their biological parents. They seek stability, warmth, and safety so that they can grow and find change possible in their behavioral and educational pursuits.

Other stakeholders includes program volunteers and staff, who are individuals that are willing to facilitate the mentorship program and serve as a conduit between the operation of the program and foster families who may find the program a benefit to their foster children. The program staff focus mainly on implementing the objectives of the program, while the volunteers serve as support staff to help achieve objectives. Together they aim to assist the provision of peer support services so that at-risk children are helped and supported, which benefits society, as well. They will likely feel overwhelmed at the task of overseeing children with behavioral and educational challenges. The staff will also be concerned that they use the right protocols and methods in all their interactions. The volunteers have a medium impact on the program, while the staff have a high impact on the program. However, both staff and volunteers do place a high rate of importance on the success of the program in their roles. The program director will likely be in direct communication with staff, while volunteers are likely to be in direct communication with volunteers.

Finally, caseworkers are individuals tasked with ensuring the wellfare, safety, and all-around health of the foster children which they oversee. They are a conduit between the biological parent(s), the child, and the foster parent(s). They seek to assist in ensuring the safety and security of children within the city of Chattanooga so that they are not left in abusive or neglectful situations. They will likely be grateful for another resource to provide their foster families in order to improve behavioral and educational outcomes for foster children. Their impact on the program is quite high and the importance they play on the success of it is high (as they direct the clientele to the program). For this group, the program needs to keep them informed of their presence and success as they interact with potential clients. For communication

efforts, the program will dispatch the program specialist.

Access to Stakeholders

The program plans to engage stakeholders through targeted outreach and collaboration. Foster children will be recruited by requesting a list of eligible candidates or direct referrals from DCS and the Partnership for Families, Children, and Adults. Referrals will be screened based on age, diagnosis, and behavioral concerns to ensure a good fit. Foster parents of selected children will then be contacted to discuss the program's benefits and recruit interest in participation.

Peer mentors will be recruited through personal interactions, interviews, and group training sessions. Mentors will come from participants in the program's needs assessment, referrals from DCS and the Partnership for Families, Children, and Adults, and eventually, graduates of the program. Schools will also help with identifying and recruiting participants and peer mentors. Finally, Every Child Tennessee and Tennessee Kids Belong will assist in outreach by coordinating with churches to recruit volunteers.

Biological parents will need to consent to their child's participation in the program, which will be managed by the child's referring caseworker. Caseworkers will provide parents with an informational flyer about the program.

The Community Action Board (CAB) and the Coalition of Emergency Assistance Program will support the program's outreach by connecting the program with other organizations interested in foster care.

Engaging Stakeholders

Weekly one-on-one mentorship and group meetings will be held for foster children, while new foster parents will attend an introductory information session offered quarterly. Additionally, staff will provide one-on-one support to foster parents by phone or appointment upon request. Peer mentors will receive monthly support through both group and individual

supervision meetings with staff.

Volunteers and staff will be actively engaged through weekly team meetings, debriefings after events, and ongoing communication via email, phone, and one-on-one supervision as needed. Information for caseworkers and schools will be distributed through flyers, an informational booth at key conferences, and a monthly newsletter. Community outreach will also include social media updates, local media press, and a monthly newsletter.

The program will engage with DCS and the Partnership for Families, Children, and Adults board through quarterly meetings, monthly email updates, and an annual report. Information materials for caseworkers and schools will be reviewed and updated annually, while newsletters will be sent monthly, and social media will be updated weekly. Finally, a quarterly board meeting will be held with the Partnership board, including affiliate programs such as the Coalition of Emergency Assistance Program, a representative from DCS, and key mentorship program staff.

Stakeholder Opposition

Some stakeholders with negative views of the project could be Child Protective Services with Department of Children's Services, biological parents, and some of the children themselves. The program addresses the situation with children by explaining to them the purpose of the program and providing education as to the benefits. For biological parents, it would be the same avenue of education on the program and how it will be in their child's best interest, prevents further trauma of them being in foster care, and may assist them with reunification planning. The program would need to explain to DCS/CPS that there would be oversight and accountability for the peer mentor vetting process such as background checks and checking references for the mentors.

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SWOT Analysis

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Strengths

The program has many strengths including the trained professionals and volunteers who are assisting foster families in finding and developing a strong support system for youth aged 5-12. The program will rely on peer mentors that are properly vetted and recruited who have gone through extensive training and vetting. Training will occur at regular intervals. They invest their time and effort doing this.

The program is also fortunate to be partnered with Partnership for Family, Children and Adults, an already established program in the local area, Chattanooga, TN as well as Tennessee Department of Children's Services. The program's funding will be approved through the organization and grants. The program will have access to facilities within the building that will be used as a meeting place to train the mentors.

Weaknesses

The program's weaknesses include being dependent on outside funding to maintain its functioning. Being financially donor-funded suggests that the program will always be seeking grants and hoping to remain funded. Thus, the lack of permanence may be negatively impactful on the lives of children. Additionally, the program's communication database, consisting of multiple agencies and persons, make it difficult to remain ever-present in the minds of all referring agencies. It's likely that the program's lack of engagement may diminish their potential, simply because they have not communicated enough. They also may not have enough peer mentors to meet the current needs. A lack of peer mentors would cripple the program as it relies on peer mentors as the exclusive provision that it offers and promotes to alleviate the negative behaviors and educational deficits that foster children often exhibit. Without peer mentors, the program would cease to exist, so methods to continue recruiting and attracting peer mentors are of paramount importance.

Opportunities

The mentorship program has various opportunities to consider when analyzing the program. The demographics of the region and host organization have the potential to generate diverse volunteers from various cultural and social backgrounds that may relate to the diversity of the clients served. Economically, the host organization, Partnership, has a strong record of receiving large grants to support programs. Also, there is a strong donor base that may supplement the program and provide additional funding. The program appeals to bipartisan support because it does not carry significant controversy and supports children. Sociologically, the program is marketed as a support for struggling children, not as a mental health treatment. By promoting mentorship as a solution to a social problem, it could reframe society's perception of mental health in the context of broken relationships rather than broken children. The program works with diverse staff and volunteers to ensure services are equitable and inclusive. Cultural differences are respected, and services are catered to the needs of a diverse population. Chattanooga is called "Gig City" because of the Electric Power Board and other tech companies that are prominent in the area. The program could partner with tech companies to generate support and provide technology for the program.

Threats

The program faces several potential threats. First, the program may encounter competition from other programs offering similar interventions. If another agency were to replicate their model, this could reduce their pool of volunteers, peer mentors, and program participants.

Another threat lies in the limited availability of peer mentors. Since the program specifically seeks mentors with personal experience in foster care to connect with participants, the pool of qualified candidates is inherently small.

Stigma around foster care poses an additional risk. Some foster children may feel uncomfortable being labeled as such or may resist mentorship altogether, perceiving it as unnecessary or burdensome.

If the program operates within the school system, lack of buy-in from schools could limit their reach, as participation would be voluntary and contingent on each school's willingness to support the program.

Financially, dependence on federal grant funding is a risk; if funding were not renewed, the program could face significant hardships.

Finally, state legislation could impact program viability, particularly if regulations limit what activities qualify as educational programming within schools. Changes in policy could restrict their ability to operate in educational settings as planned.

SWOT Analysis Conclusions

The program can capitalize on each strength by utilizing already trained foster parents and professionals through Partnership for Family, Children, and Adults. The organization is widely known in the local area and has established funding for services and programs. The program's weaknesses will be worked on by recruiting quality mentors and incentivizing their participation by offering them stipends, certificates, and scholarships through a partnership with local colleges based upon years of service. Mentors add to the authenticity of the program experience and must be maintained. Additionally, outside funding will sought through direct communication with local organizations for sponsorships. For staff development, online courses will be made available to mentees so they can view short video clips at their earliest availability from anywhere. The program will exploit opportunities by capitalizing on the diverse population and resources within the Chattanooga area. The program would also take advantage of bipartisan support as well as a major potential partnership with the Electric Power Board, which would

benefit both their company and the proposed program. To defend against competing agencies replicating the program, it will seek broad support from surrounding organizations. By engaging other agencies as program supporters and stakeholders, the program can reduce the likelihood of them initiating similar programs. To retain peer mentors, the program will prioritize creating a supportive and engaged community. Mentors will receive attentive support, ensuring they feel valued, heard, and equipped to handle challenges with mentees. Fostering a positive environment that enriches mentors' lives will help the program retain their volunteer base.

To address potential stigma for foster children, the program will frame itself positively and maintain strict confidentiality. By welcoming participants into a supportive community and avoiding labels that could isolate them, it aim to make the program a source of pride rather than discomfort. For school engagement, the program will build strong relationships with key school personnel, such as counselors, social workers, principals, and student success coordinators. By clearly demonstrating the program's benefits, it can increase school buy-in and integration. To address financial risks, the program will diversify their funding sources beyond federal grants. This includes cultivating support from local agencies, church groups, and community foundations to provide a stable funding base. Finally, the program can mitigate legislative risks by adjusting the program's location or structure if needed. If regulations limit school-based activities, it could host sessions at Partnership for Families, Children, and Adults. Additionally, we'll align the program with educational goals that meet legal requirements.

Evaluation Plan and Logic Model

Logic Model Outcome Measures

The outputs of the mentorship program activities, including mentorship events, one-on-one meetings, foster parents trainings, and mentorship trainings, will be measured by attendance logs and a calendar of events. The attendees for each event will be counted from the attendance

logs and compared to the expected outcomes to determine if the activities had the estimated number of participants. All data will be recorded in an excel spreadsheet listing attendance and events to compare to the logic model (See Appendix C).

Outcomes

- Mentorship Events

  o The outputs will be measured by taking attendance of all participants at the event. This will determine if the number of attendees meets the minimum for the logic model. A calendar of events will also be maintained to ensure the minimum number of events are being held as per the standards in the logic model.

  o Each short-term outcome will be achieved by reviewing attendance logs and Likert scales that measure the level of behavioral improvement being witnessed.

  o Intermediate outcomes will be achieved by reviewing check-ins with foster parents and DCS records for behavioral change.

  o Long-term outcomes will be achieved by a gradual decrease in negative behaviors as individuals become aware of this mentorship service to improve behaviors of children who have experienced trauma.

- One-on-one Meetings

  o The one-on-one meetings outputs will be measured by having mentors keep record of their meetings with their mentee and reporting those meetings to the program leadership. This will determine if the mentor and mentee are meeting for the minimum required number of meetings.

  o Each short-term outcome will be achieved by reviewing pre and post-meeting surveys regarding mentees' improved knowledge of relationship building, resilience, and problem-solving skills attained. In addition, Likert scales will also

be used to determine the level of behavioral improvement by foster children.

- o Intermediate outcomes will be achieved by reviewing check-ins with foster parents and DCS records for behavioral change.

- o Long-term outcomes will be achieved by a gradual decrease in negative behaviors that result from mentees' increased knowledge of healthy ways to build relationships, become resilient, and learn to use problem-solving skills in stressful situations.

- Foster Parent Training

  - o The Foster Parent Training Output will be measured by taking attendance at each meeting and maintaining a calendar of events. The attendance log will be reviewed and tallied to determine the number of foster parents in attendance.

  - o Each short-term outcome will be achieved by reviewing pre and post meeting surveys of foster parents' improved knowledge of behavioral management. In addition, Likert scales will also be used to determine the level of behavioral improvement by foster children.

  - o Intermediate outcomes will be achieved by reviewing check-ins with foster parents and DCS records for behavioral change.

  - o Long-term outcomes will be achieved by a gradual decrease in negative behaviors will result as foster parents improve their knowledge of behavioral management and utilize those skills in their homes.

- Mentor Trainings

  - o The Mentor Training output will be measured by taking attendance at each meeting and maintaining a calendar of events. The attendance log will be reviewed and tallied to determine the number of mentors in attendance. The event

calendar will be reviewed by program staff to ensure the minimum number of quarterly events are offered to the mentors.

- o Each short-term outcome will be achieved by reviewing meeting logs of topics discussed and pre and post-meeting surveys to highlight the increased knowledge of trauma and behavioral management for use in peer mentor sessions. In addition, Likert scales will also be used to determine the level of behavioral improvement by foster children.

- o Intermediate outcomes will be achieved by providing mentors with a survey at each quarterly meeting that indicates the topics covered and what percentage of the total meeting time is devoted to those topics. The topics to be reviewed include relationship-building, resilience, problem-solving, and discussions pertaining to risky behaviors.

- o Long-term outcomes will be achieved by a gradual decrease in negative behaviors that result from mentors' increased knowledge of and implementation of skills in building healthy relationships, become resilient, and learning to use problem-solving skills in stressful situations, as well as increasing their skills in behavioral management.

Objective Statement

Among the 20 identified foster children, 75% will complete the program by attending mentor events and biweekly one-on-one meetings with their mentor in one year. Additionally, if at least 10 of the foster parents of these children will attend a total of four educational sessions, one session per quarter, to learn trauma-informed behavioral management skills. Participation in these program interventions will lead to the decrease in negative behaviors in the foster children and an increase in foster parent skills for behavior management.

Proposed Program Resources

Human Resources

There will be one paid staff who is the director of the program. The program director will be responsible for organizing the volunteer mentors and assigning them to clients and reaching out to and partnering with DCS that will provide the information to the potential clients (children). The program director will also be responsible for facilitating the trainings. The program director will have an MSW and at least 10 years' experience in child welfare and program evaluation. The number of volunteer mentors (unpaid staff) will be dependent upon the number of referrals the program receives from DCS however the program will be starting with a minimum of 20 volunteer mentors. The program will start off with one mentor per 3 children. This will increase or decrease depending upon the number of foster children. The mentor will have a background in or familiarity with foster care, will have successfully completed all training, and be in compliance with the ongoing training curriculum to ensure best practices. The mentors will not have a criminal background and be able to pass a drug screen. The mentors will have a positive attitude and show integrity when interacting with younger youth.

Material Resources

The program volunteers will be using their own cars. They will meet with the clients/children/families in their homes or out in the community. Partnership will use their buildings to hold training for volunteers and there will be a place with tables and moveable chairs. Partnership will also supply necessary training materials, such as handouts, paper, and pens for volunteers to take notes. Partnership will provide computers, a projector, screen, sound equipment, and refreshments for the meetings. The training material will be trauma informed and explain to volunteers what to expect about the program, DCS, and routine services/expectations the family/children, will be expected to abide by while enrolled in the program. The curriculum

will be evidence based, and Partnership will sponsor the cost of the curriculum which will include materials for mindfulness activities and staff speaker.

Proposed Sustainability Plan

This program will be sustainable by first establishing buy-in from DCS. Once they begin to understand the benefit this outreach can bring to their foster youth, they will be able to overcome the hurdles that are bound to come in the first year. In addition, this program will have strong support from internal and external stakeholders. DCS will be a strong support since the volunteers will be working for the same goal as the DCS workers. The volunteers will be supporting the clients in being compliant with the recommendations from DCS and Partnership. The stakeholders will be a support since the goal of the volunteers is to allow the clients to be more compliant with services and successful in obtaining more support. To ensure that the program continues after the first year, Partnership will apply for grants and look into possibly being sustained by a donor base. If this is not feasible, the program can present a proposal to become a joint venture with DCS and have a staff person employed by DCS.

Limitations

The limitations of the program include the lack of official buy-in from DCS presently and the fact that the success of the program depends heavily on that relationship. Without an acknowledged partnership with DCS, the effectiveness of the program will be greatly diminished. To create awareness of the program apart from DCS, the cost of advertising would be significantly greater and potentially cost-prohibitive for the program to sustain. Additionally, the scope of the program may be too limited and should potentially include offering additional peer mentorship opportunities beyond behavioral assets. There is also an essential need for peer mentors, but no awareness as to how many may be willing to serve and at what frequency. In addition, aside from peer mentorship events, it's unclear whether they would also have time for

mentorship training, since they are children, with limited time available, homework, and transportation constraints that would involve parents. It is also unclear how willing foster parents will be to participate in additional training to deal with behaviors since they often have other children and needs to serve, as well, in addition to the monthly connection events the program hope they will also attend.

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Appendix A

Stakeholder Analysis Table

Project Title: Peer mentorship program for foster children

   Date: 10/27/2024

Group Members: Sydney Shaw, Hannah Borstad, Christina Ford, Annette Metz

Stakeholder	Characteristics	Main Interest	Fears and expectations	Potential impact	Priority	Recommendations	Responsibility
Identity of individual or group/s.	*What sort of person or group are they?*	*What are their main interests and/or motivations?*	*What is their potential reaction to the project? What do they expect from the project?*	*How important is their impact on the project? (low, med, high, critical)*	*Rank the importance of the stakeholder to the success of the project (critical, high, med, low).*	*Implications for your project planning. (e.g. keep informed, involve in planning, etc.)*	*Who in your cohort will implement the recommendations?*
DCS (Department Child Services)	Provides services to children and families to prevent or remedy child abuse in children	To ensure the well-being of children within their jurisdiction	They will likely appreciate another resource to benefit foster children and support their improved behavioral and educational opportunities.	Med	Critical, high	Keep Satisfied	Program Specialist
Bio Parents	Biologically related to foster	To remain	They are invested	Med	Low	Monitor-minimum effort	Program Specialist

	children and still hold legal rights to children	involved in their children's life until they are reunited and to better themselves in the interim	in the improvements for the child long-term.				
Schools	Educational institutions tasked with educating all children, including those in foster care and must accommodate their late arrival	To educate all children regardless of their backgrounds, challenges, and the number of moves they've experienced	They will be very interested in directing or recommending that some of their students attend the program in order to improve their behaviors and educational potential in school.	High	Low	Keep informed	Program Specialist

Community	Includes the environment in which foster children interact and are present	To provide a safe environment for all to grow and thrive in	The commu nity is likely to see the progra m as a major need in the area and a concern may arise if they refer more children than what we can accomm odate.	Low	Low	Monitor-minimum effort	Community Liason
Partner ship	The main organizati on that the program is operating under, which provides additional resources for children and families	To provide neede d social servic es for those in need in Chatta nooga	Partners hip may appreci ate another resourc e to assist children in families in meeting their stabiliza tion goals.	Low	Critical	Keep satisfied	Program Administrato r
Foster Parents	Individual s who agree to house, clothe,	To provide a safe, loving	They will be very supporti ve of	High	High	Manage closely	Mentor

	feed, and care for foster children for a given period of time within their personal homes	home situation for children displaced due to neglect and abuse	bringing their foster children for mentorship since the results are positive and improved behaviors will be a benefit within their homes.				
Peer Mentors	Individuals who are similar in age to foster children experiencing either behavioral or educational challenges and who are able to provide meaningful mentorship	To help peers see that changes are possible and modeling changes in order to inspire hope in foster peers	Key influencers for the program's success.	Critical	Critical	Manage closely	Program Specialist
Foster Kids	Children that are displaced	To find stabili	They are the clients	Critical	Critical	Manage closely	Mentor

	from their families and homes of origin due to neglect or abuse by their biological parents	ty, warmth, and safety so that growth and change are possible	that are served by the program.				
Program staff	Key decision makers and implementers	To assist the provision of peer support services so that at-risk children are helped and supported, which benefits society, as well.	They will likely feel overwhelmed but also motivated to ensure that the program runs appropriately and objectives are met.	High	High	Keep satisfied	Program Director
Program Volunteers	Support full-time staff, Key personnel	To assist staff with key functions in providing suppo	They are likely to feel the importance of the work but be unsure	Med	High	Manage closely	Program Staff

		rt services.	how to accomplish goals without clear direction.				
Case Workers	Individuals tasked with ensuring the welfare, safety, and all-around health of the foster children which they oversee. They are a conduit between the biological parent(s), the child, and the foster parent(s)	To assist in ensuring the safety and security of children within the city of Chattanooga so that they are not left in abusive or neglectful situations.	Case Workers will likely appreciate another resource to provide to their foster families in order to improve the behavioral and educational potential of foster children.	High	High	Keep informed	Program Specialist

Appendix B

Stakeholder Power-Interest Grid
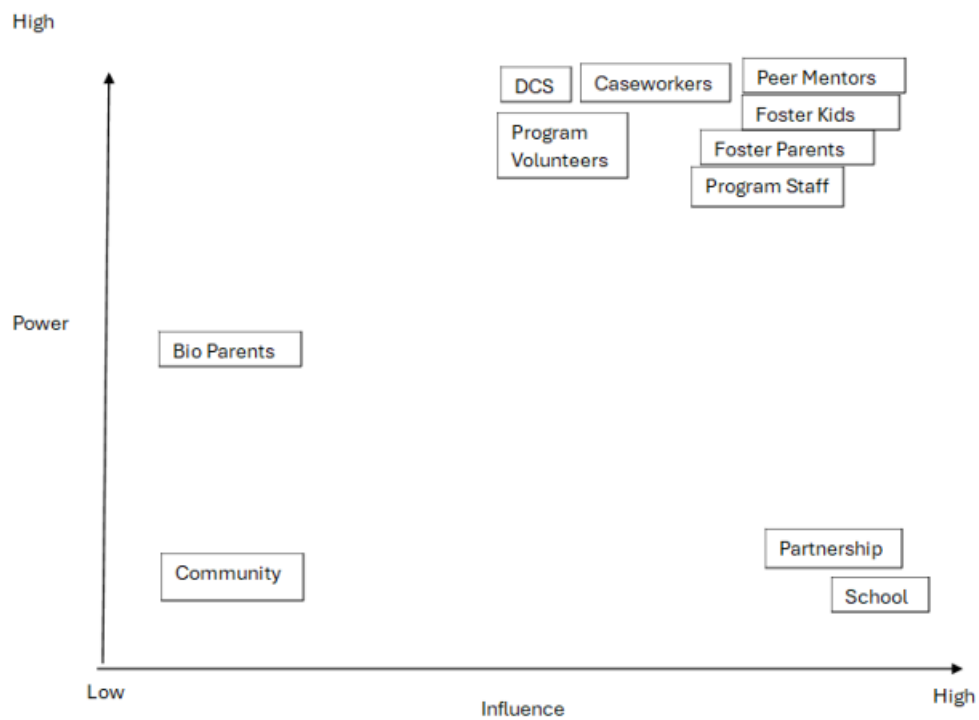
Appendix C

Logic Model

Program Title: Peer Mentor Program

Team Members: Annette Metz, Hannah Borstad, Christina Ford, Sydney Shaw

Statement of Problem: Foster Children with Negative Behaviors

Inputs	Outputs (measurable)		Outcomes (Impact)		
	Activities →·	Participants	Short Term →·	Medium Term →·	Long Term
Staff, meeting space, computers, projector, screen, sound equipment, tables, chairs, refreshments, activities, speaker/ MC	Host one mentor events per month over six months (minimum 6 meetings) Competency 8 - implementation	Minimum 20 mentors, 20 foster children, and 10 foster parents	Minimum of 80% program participants will attend events. Measured by Attendance logs (in main paper)	Foster children's negative behaviors will improve by 25% as measured by check-ins with foster parents and reports to DCS.	Reduce negative behaviors in program participants by 50% after one year of participation in the program. -
Supporting materials, mileage reimbursement for mentors	Peer one-to-one meetings minimum biweekly including relationship building, resilience, and problem solving	Minimum 20 peer mentors, Minimum 20 foster kids	Mentees improve their knowledge of relationship building, resilience, and problem solving by 50%		
Training curriculum, meeting space, computers, projector, screen, sound equipment, tables, chairs, refreshments, materials for mindfulness activities, staff speaker	Monthly educational trainings for foster parents	Minimum 10 foster parents every quarter	Foster parents improve their knowledge of behavioral management by 50% as measured by pre and post test surveys		
Training curriculum, meeting space, computers, projector, screen, sound equipment, tables, chairs, refreshments, materials for mindfulness activities, staff speaker (MSW)	Quarterly training for mentors about relationship building, resilience, and problem solving.	Minimum 20 mentors every quarter	Mentors will increase their knowledge of trauma and behavioral management by 50% as measured by log of what they talked about with kids	Mentors will cover topics related to relationship building, resilience, problem solving, risky behaviors at least 50% of the time in their meetings with mentees.	

Appendix D

Survey/ Interview Guide

Foster Child Behavior Survey

Thank you for participating in this survey. Please answer all questions to the best of your abilities.

Numerical Identifier: _____   Date of form completion: _____

Foster Parent Demographic Information	
Zipcode: _____	Marital Status □ Married □ Single □ Domestic Partnership □ Other _____
Race of foster parent. Choose one: □ African American or Black □ American Indian or Alaska Native (specific tribal affiliation) □ Native Hawaiian/Pacific Islander □ Asian or Asian American □ Hispanic or Latino □ White □ Middle Eastern or North African □ Multiracial: _____ □ Other: _____	How many years have you been working in foster care: □ 0-2 years □ 2-4 years □ 4-6 years □ 6+ years How many children have you fostered? □ 0-5 children □ 5-10 children □ 10+ children
Employment Status: □ Fulltime □ Part-time □ Homemaker □ Unemployed □ Other: _____	Education level: □ No high school diploma □ High school graduate or equivalent (GED) □ Some college or trade school □ Associates degree □ Bachelor's degree □ Graduate degree
Child Demographic Information	
	Are there other children in the home? If yes, choose one or more of the following: □ Biological children □ Other foster children □ Siblings of the child
Child gender: □ Male □ Female	Average years child spent in foster care: □ 0-2 years □ 2-4 years

❑ Nonbinary	❑ 4-6 years ❑ 6+ years
Average number of placements for children in care: ❑ 1-3 ❑ 3-5 ❑ 5+	Races of children in your care. Choose one or more: ❑ African American or Black ❑ American Indian or Alaska Native (specific tribal affiliation) ❑ Native Hawaiian/Pacific Islander ❑ Asian or Asian American ❑ Hispanic or Latino ❑ Multiracial ❑ White ❑ Middle Eastern or North African ❑ Other: _____

Interview Questions for Aged-out Foster Children Formerly in Foster Care

During Ages 5-12

Questions:

1. **What was the event that caused you to be removed from your home? How old were you when that took place?**

2. **Were there any times when you felt like you didn't fit in or felt you were bullied? What was your experience?**

3. **What type of behaviors did you exhibit at the time while in foster care?**

4. **Why do you think you were behaving in that manner? What kinds of things would make you upset?**

5. **What would have made you feel safe and secure?**

6. **How do you remember that your foster families addressed those behaviors? Did they make it worse? Did they help? In what ways did they help?**

7. **What do you think you would have needed most during that time? Can you tell me more about why you feel that way?**

8.   **What service(s) do you wish was available to you during that time?**

    a.   **That would have helped you with behaviors?**

    b.   **What kind of nurturing or mentoring would have been helpful and supported you during that time? What would that have looked like?**

9.   **Tell us about your school experience during that time.**

    a.   **How were teachers helpful?**

    b.   **Was there any other support in the school for you?**

    c.   **Did you have any mentors? Did you participate in a mentorship program?**

    d.   **Did you participate in after-school activities?**

        i.   **Which activities did you enjoy?**

10. **Is there something else you'd like to share with us that we haven't asked?**

Appendix E

Team CITI Training Certificates

CITI PROGRAM

Completion Date 13-Sep-2024
Expiration Date N/A
Record ID 65180586

This is to certify that:

Christina Ford

Has completed the following CITI Program course:

Not valid for renewal of certification through CME.

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University

CITI
Collaborative Institutional Training Initiative

101 NE 3rd Avenue, Suite 320
Fort Lauderdale, FL 33301 US
www.citiprogram.org

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CITI PROGRAM

Completion Date 11-Sep-2024
Expiration Date N/A
Record ID 65114802

This is to certify that:

Annette Metz

Not valid for renewal of certification through CME.

Has completed the following CITI Program course:

Responsible Conduct of Research
(Curriculum Group)
Responsible Conduct of Research
(Course Learner Group)
1 - RCR
(Stage)

Under requirements set by:

Southern Adventist University

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Appendix F

IRB Form

2. RESEARCH PROJECT DESCRIPTION
2.1. BACKGROUND AND RATIONALE FOR THE STUDY
This section should present the context of the work by explaining the relation of the proposed research to previous investigations in the field. Include citations for relevant research.
Children in foster care between the ages of five and twelve often exhibit behavioral issues as a result of the traumas that they have experienced in their lives. Further, we know that if these children are provided with mentorship, especially a peer-based mentorship program, they are more likely to experience positive results. Additionally, sensitive parenting training for foster parents will help to improve the behaviors of children placed in foster care and can be incorporated into mentor training, as well, due to its effectiveness. However, we do not know the needs of the foster parents and children in the Chattanooga area that can be addressed through a mentorship program. For that reason, it is important for us to explore the needs of mentorship within the Chattanooga area more specifically.
2.2. PURPOSE/OBJECTIVES OF THE RESEARCH
Briefly state, in non-technical language, the purpose of the research and the problem to be investigated. When possible, state specific hypotheses to be tested or specific research questions to be answered. For pilot or exploratory studies, discuss the way in which the information obtained will be used in future studies so that the long-term benefits can be assessed.
We do not know the needs of the foster parents and children in the Chattanooga area that can be addressed through a mentorship program. For that reason, it is important for us to explore the mentorship needs within the Chattanooga area. We would like to know what the social, emotional, and educational needs are of children in the community as it pertains to potential mentorship programs.
2.3. METHODS AND/OR PROCEDURES
Briefly discuss, in non-technical language, the research methods which directly involve use of human subjects. Discuss how the methods employed will allow the investigator to address his/her hypotheses and/or research question(s).
The sources of data for the needs assessment will be gathered through a combination of surveys from foster parents, focus groups with older youth who have aged out of foster care, and existing DCS records in the Greater Chattanooga area of children 5-12 years old who have behavioral problems. Additionally, records will be gathered from existing peer mentorship programs in the state of Tennessee to determine the effectiveness of their efforts. The survey and interview guide will be created to match needs assessment.

3. DESCRIPTION OF RESEARCH SAMPLE

3.1. APPROXIMATE NUMBER OF SUBJECTS: Number of Subjects

3.2. TYPE OF HUMAN SUBJECTS THAT ARE INVOLVED:
If human subjects are involved, check all that apply

☒ MINORS
    If minors are involved, attach a Childs Assent Form

☐ PRISON INMATES

☐ MENTALLY IMPAIRED

☐ PHYSICALLY DISABLED

☐ INSTITUTIONALIZED RESIDENTS

☐ ANYONE UNABLE TO MAKE INFORMED DECISIONS ABOUT PARTICIPATION

☐ HEALTH CARE DATA INFORMATION
    If this line is checked, attach any necessary HIPAA forms

☐ VULNERABLE OR AT-RISK GROUPS *e.g. poverty, pregnant women, substance abuse population*

☐ ANIMALS OR PLANTS

☐ OTHER: Specify

3.3. PARTICIPANT RECRUITMENT
Describe how participant recruitment will be performed. Include how potential participants are introduced to the study. Check all that apply

2

☐ SAU DIRECTORY

☒ POSTINGS, FLYERS

☐ RADIO, TV

☐ PARTICIPANT POOL
    Specify

☐ WEB-BASED SOLICITATION
    List the site(s): Specify

☒ E-MAIL SOLICITATION
    How addresses obtained: Specify

☒ OTHER: DCS Child List

Attach any recruiting materials you plan to use at the end of the document.

4. Content Sensitivity, Privacy, and Confidentiality		
Efforts will be made to keep personal information confidential. We cannot guarantee absolute confidentiality. Personal information may be disclosed if required by law. Identities will be help in confidence in reports in which the study may be published and databases in which results may be stored		
4.1. Does your research address culturally or morally sensitive issues? *If Yes, describe* We address social and mental health, which may be culturally addressed differently.	☒ Yes ☐ No ☐ N/A	
4.2. Will personal identifiers be collected? *If Yes, describe* Enter	☐ Yes ☒ No ☐ N/A	
4.3. Will identifiers be translated to a code? *If Yes, describe* The code will differentiate whether social, mental, or educational needs are being addressed as needs.	☒ Yes ☐ No ☐ N/A	
4.4. Will recordings be made (audio, video)? *If Yes, describe* We will employ video recordings with patient consents.	☒ Yes ☐ No ☐ N/A	
4.5. Does your research include any human health-related information? *If Yes, your research must address HIPAA requirements. Refer to the IRB Manual for more information*	☒ Yes ☐ No ☐ N/A	
4.6. How are you planning to protect sensitive/personal/HIPAA information? *Please explain* Locked boxes w/ notes and personal information and consent forms for participants and their questionnaires.	☐ N/A	
4.7. Who will have access to data (survey, questionnaires, recordings, interview records, etc.)? *Please list* Investigators and Co-investigators		
5. Funding, Costs, and Participant Compensation		
5.1. Is funding being sought to support this research? ☐ Internal ☐ External *If Yes, describe* Enter	☐ Yes ☐ No ☒ N/A	
5.2. Is there a funding risk? *If Yes, describe* Enter	☐ Yes ☐ No ☒ N/A	
5.3. Who will keep the financial records? Specify		
5.4. Are participants to be compensated for the study? ☐ Amount $ Enter $ *If Yes, describe* ☐ Type Enter ☐ Source Enter	☐ Yes ☒ No ☐ N/A	
5.5. Will participants who are students be offered class credit? *If Yes, describe* Enter	☐ Yes ☐ No ☒ N/A	
5.6. Are other inducements planned to recruit participants? *If Yes, describe* Enter	☐ Yes ☐ No ☒ N/A	
5.7. Are there any costs to participants? *If Yes, explain* Enter	☐ Yes ☒ No ☐ N/A	
6. Animals/Plants		
6.1. Are the animals/plants being studied on the endangered list?	☐ Yes ☐ No ☒ N/A	
6.2. Are Scientific Collection Permits required, i.e. Tennessee Wildlife Resources Agency?	☐ Yes ☐ No ☒ N/A	
6.3. Have the animal(s) of this study already been used in a previous study (non-naïve animals)?	☐ Yes ☐ No ☒ N/A	
6.4. Will the animal(s) used in this study be used in a future study?	☐ Yes ☐ No ☒ N/A	
6.5. Where will the animals be housed?	☐ Yes ☐ No ☒ N/A	
6.6. Will the rodents (if applicable) be housed in wire bottom cages?	☐ Yes ☐ No ☒ N/A	
6.7. Will plants be used for instructional purposes as part of teaching a course?	☐ Yes ☐ No ☒ N/A	

7. Risks

Risk is any potential damage or adverse consequences to researcher, participants, or environment. These might include physical, psychological, social, or spiritual risks whether as part of the protocol or a remote possibility.

7.1. Are there any risks involved with this study? *If **Yes**, check all that apply*	☒ Yes ☐ No ☐ N/A

☐ **Physical Risk**
May include pain injury, and impairment of a sense such as touch or sight. These risks may be brief or extended, temporary or permanent, occur during participation in the research or arise after.
*If **Selected**, describe* Enter

☒ **Psychological Risk**
Can include anxiety, sadness, regret and emotional distress, among others. Psychological risks exist in many different types of research in addition to behavioral studies.
*If **Selected**, describe* **Participants in the study will be discussing behavioral issues that could elicit negative memories or trauma.**

☐ **Social Risk**
Can exist whenever there is the possibility that participating in research or the revelation of data collected by investigators in the course of the research, if disclosed to individuals or entities outside of the research, could negatively impact others' perceptions of the participant. Social risks can range from jeopardizing the individual's reputation and social standing, to placing the individual at-risk of political or social reprisals.
*If **Selected**, describe* Enter

☐ **Legal Risk**
Include the exposure of activities of a research subject "that could reasonable place the subjects at risk of criminal or civil liability."
*If **Selected**, describe* Enter

☐ **Economic Risk**
May exist if knowledge of one's participation in research, for example, could make it difficult for a research participant to retain a job or find a job, or if insurance premiums increase or loss of insurance is a result of the disclosure of research data.
*If **Selected**, describe* Enter

☐ **Spiritual Risk**
May exist if knowledge of one's spiritual beliefs or lack of, could be exposed which in turn could invoke an economic, social and or psychological risk.
*If **Selected**, describe* Enter

7.2. In your opinion, do benefits outweigh risks? *If **Yes**, explain* Enter	☒ Yes ☐ No ☐ N/A

7.3. Explain how you plan to minimize the risks identified above
The interviews will be administered by an MSW with significant trauma-informed training.

8. Results

8.1. How will the results be disseminated?

☐ Classwork only   ☐ Published article   ☐ Student conference   ☐ Professional conference
☒ Other **Grant requests**

Signatures: If submitted by a faculty member, electronic (typed) signatures are acceptable. If submitted by a student, please print out completed form, obtain the faculty advisor's signature, scan completed form, and submit it via e-mail. Only Word Form or PDF files are acceptable submissions.

Principal Investigator (PI) or Student	**10/3/2024** Date
Faculty Advisor (for student applications)	Click dropdown to enter date Date

All student applications must be either signed by the faculty advisor then scanned and submitted electronically, or submitted directly by the faculty advisor. All applications should be submitted by email to: irb@southern.edu

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[1] Did the investigator complete CITI Training?

Additional Special Requirements or Attachments to the Application

Approvals from other IRBs

Cooperative research projects involve research that involves more than one institution. In these instances, federal law holds each institution responsible for safeguarding the rights and welfare of human subjects and for complying with federal policy; therefore, SAU IRB applications must be made even if there is another institution conducting a review of the same research project. When a study is being carried out at a non-USA site, and approval from other institutional review boards at the foreign site must be sought. The IRB recommends that a copy of each IRB approval be submitted.

Questionnaires/Other Instruments

Any questionnaires, tests, survey instruments or data collections sheets which are not standard and well known must be submitted as part of the application. Structured interview questions and outlines for unstructured interviews also must be included.

Advertisements/Notices/Recruitment Flyers

The text of any advertisement, video display, notice, sign, brochure or flyer used to recruit subjects either should be included as an attachment. It includes documents to which there are Links and/or QR-Codes.

9. APPENDICES AND ATTACHMENTS
Insert all Research appendices and/or attachments. These include the checked in the #1.4 items.
*To **add** an attachment, click inside the insert-frame below and paste your material. To **add several** attachments: before pasting your material, click on the frame below and use the "+" button (see the pictured below) to add as many frames as many attachments you have. Paste your material.*
Appendices and Attachments
Insert appendices and attachments within this frame [+]
*Start each attachment **on a new page** by using "Enter" (Windows) or "Return" (Mac) to move to the next page.*

Insert appendices and attachments within this frame