

UNLOCKING POTENTIAL



CHRIS KIDS

RFP Title: Timing for Developing Sustainable, Healthy Behaviors in Children and Adolescents

Solicitation #: PA-11-328

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Introduction

In 1981, the Atlanta Junior League, in collaboration with the Menninger Foundation, established CHARLEE (Children Have All Rights-Legal, Educational, Emotional) to serve abused and neglected youth in the metro Atlanta. The agency began with three group homes to serve children in foster care with mental health and other therapeutic needs. Later, the name changed to CHRIS Homes and eventually became what it is today, CHRIS Kids. The name is an acronym that represents our core values, Creativity, Honor, Respect, Integrity and Safety. Programs and collaborative partnerships were created to fill gaps and, often, introduced new approaches in Georgia. CHRIS Kids has a proven track record of innovation and leading change in our community. While programs and services have changed, our mission has not. Our mission is to heal children, strengthen families and build community.

In accord with our mission, CHRIS Kids is dedicated to implementing sustainable educational programs to assist children in foster care develop healthy behaviors. In response to this need, CHRIS Kids has developed the “Better Decisions” program. The purpose of this proposal is to gain financial support from the NIH to assist in creating a more sustainable program model that will help foster children develop healthier lifestyles.

As CHRIS Kids therapists got together to brainstorm about how to tackle this issue, they agreed that an intensive, direct-teaching program would best benefit these children. With the help of the NIH, we at CHRIS Kids believe that we can create such a program to help at risk youth, not only here in Atlanta, but around the country as well.

Studies from the American Academy of Pediatrics, the American Psychiatric Association, and the Georgia Department of Family & Children Services concerning the impaired mental development of children in foster care, prove that there is a great need for better programming. Leaving these children behind is not an option. We must do something to help them develop healthy habits. Healthy habits mean less crime, fewer incarcerations, more productive members of society and a healthier overall community.

First we would like to tell you a bit more about why this type of program is needed. Then we will introduce you who the investigators and program administrators, and what roles they will play in the program structure. We will give you a timeline for the execution of the program, who the program subjects will be, what deliverables we plan to present to the NIH throughout the project, and how we plan to budget the grant award over the next two years. Our aim is to show the NIH that CHRIS Kids can make a difference in the lives of countless children through the development of improved educational programming focused on healthy life choices.



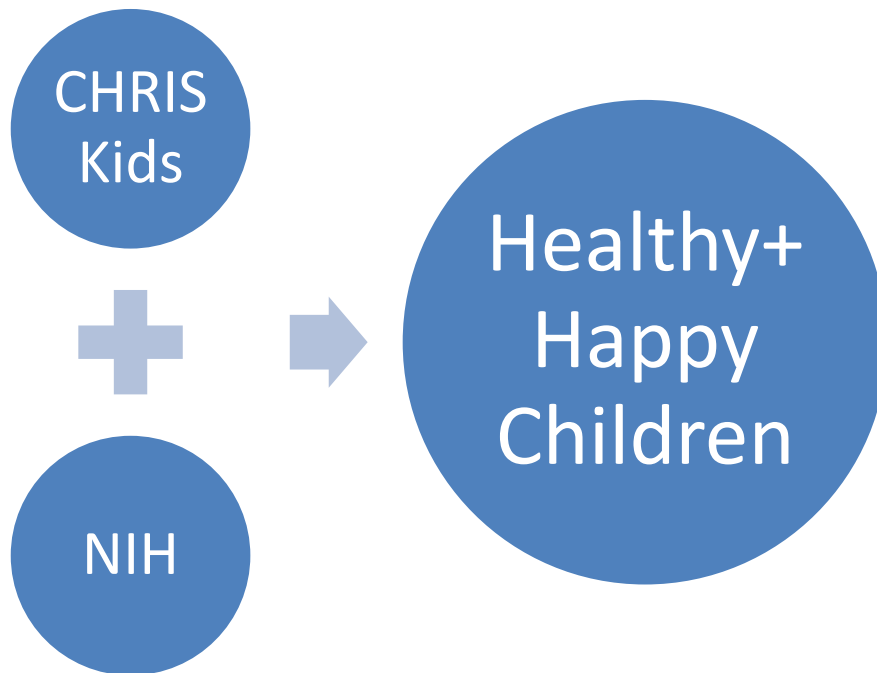
Statement of Need

According to the Georgia Department of Family & Children Services, 74% of children in the foster care system have been there more than once and for more than 1 year. Foster children, on average, have at least 3 homes during their time as wards of the state.

Because of this instability and lack of parental instruction or poor examples set by their parents, many of these children do not develop the skills necessary to lend themselves to healthy lifestyles. Since 2007, the Georgia Department of Education (GDE) cut its budget for life skills education (physical education, home economics, etc.) by 46% leaving most schools without these classes for children who would not otherwise learn about health and home skills. Empirical studies from the American Academy of Pediatrics and the American Psychiatric Association show that children in foster care are more likely to have poor decision-making skills. The need for life skill development in these at-risk youth is great.

74% of children in the foster care system have been there more than once and for more than 1 year

The metro-Atlanta area that CHRIS Kids serves has had an overall decline of 18% in available funds to address counseling services to these children. In order to help these foster children develop good decision-making skills in the absence of home instruction, CHRIS Kids proposes to train these youth in good decision-making skills to enable them to become healthy, vital members of society.



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Project Plan

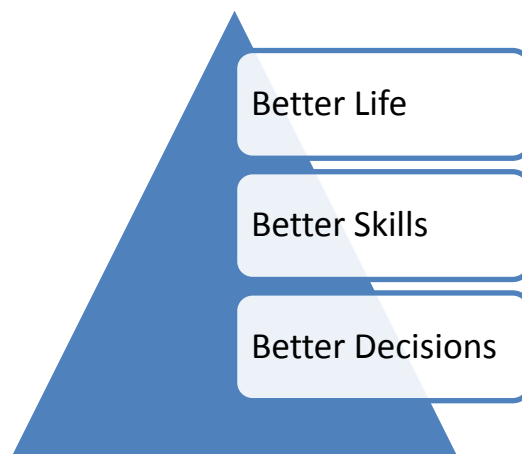
Significance

The “Better Decisions” program was born out of a need that the licensed therapists at CHRIS Kids saw through their work with the foster children that are in our program. They began to notice large gaps in the ability of foster children to make good decisions about important topics. Through their therapy work, they realized that many of these children had few, if any, stable relationships with responsible adults. Many of them had been moved from one foster home to another, have had 5 or more social workers, have unstable home lives with parents who might be dealing with legal or substance abuse problems and move from school to school as their homes change. These factors all contribute to gaps in their life skills education.



As CHRIS Kids therapists got together to brainstorm about how to tackle this problem, they agreed that an intensive, direct-teaching program would benefit these youth. This program is not designed to replace their normal therapy, but as a supplement in addition to the other services that they receive through CHRIS Kids.

Our preliminary results are all very positive. However, we desire to begin a concerted effort to begin documenting the results so that we can measure our success and learn in what areas we might need to adjust what we teach, especially in how it relates to communicating the information to certain races, genders, sexual orientations and ages. We also believe that sharing this information with others, especially large, national organizations such as NIH, would help spread the data so that other programs can be more easily developed and launched throughout the nation.





Timeline

The timeline for launch of the project will begin on the first of the month after the award is received. We project this date to be 9/1/2013. It will continue for 12 full month following the starting date if the 1-year grant is awarded or 24 months if the 2-year grant is awarded. No new children will be accepted into this study within 24 weeks of the projected end date.

The timeline of the “Better Decisions” 24-week program breaks down in the following way:

Weekly Topic Schedule	Description
Week 1: Intake assessment	•Pretest given
Week 2: Stress and Anger Unit begins	•Calming yourself when you are angry
Week 3: Stress and Anger	•Meditation and relaxation
Week 4: Stress and Anger	•Thinking about the problems and the solutions
Week 5: Stress and Anger	•Developing Character: Patience
Week 6: Stress and Anger	•Developing Character: Self-Control
Week 7: Stress and Anger	•Developing Character: Kindness & Friendliness
Week 8: Stress and Anger Unit Review	•Review stress and anger assessments
Week 9: Health	•Nutrition: Making healthy food choices
Week 10: Health	•Exercise
Week 11: Health	•Hygiene
Week 12: Health Review	•Give health assessment and review
Week 13: Reproductive Education	•Reproduction/Body
Week 14: Reproductive Education	•Safe sex and diseases
Week 15: Reproductive Education	•Teen parenting
Week 16: Reproductive Education Review	•Recap of reproductive education
Week 17: Substance Abuse	•Alcohol
Week 18: Substance Abuse	•Drugs
Week 19: Substance Abuse Review	•Recap of substance abuse lessons
Week 20: Education	•Success in school: good study skills
Week 21: Education	•Aim high: plan for a higher education
Week 22: Education	•Career Planning
Week 23: Education Review	•Recap of educational planning
Week 24: Exit Assessment	•Post-test given

The program begins at Week 1 with an entrance assessment. This assessment will be administered by an independently trained social worker to find out the depth of knowledge each person has on the various topics at the beginning of the program and what types of choices they would make at the start. Each topic will end with a review session of all of the materials covered. The last week of the program, each person

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will be given an exit assessment to see how much information they gained through the program and the impact that the program made on their ability to make good choices. These exit results will be compared to their entrance assessment and the information will be compiled by the independent researcher. When all of the data has been collected, it will be compiled into a report that will be delivered to both CHRIS Kids and NIH so that both parties can review the results and act upon them accordingly.

Better Decisions Curriculum Weekly Overview

Week 1: Intake assessment

This assessment will be administered by a staff member of AIR. This assessment will ask participants situational questions that will assess the types of decisions that the participant would make to create a baseline for measuring the personal growth during participation in the “Better Decisions” program.

Questions will cover the following topics: Anger, stress, violence, retaliation, revenge, rage, patience, self-harm, self-control, kindness, friendship, eating habits, sleeping habits, food choices, food preparation, recreation, sports, exercise, general body knowledge, education, hygiene habits, cleanliness, teeth, skin, reproduction, basic reproductive terminology, intimacy, teen parenting, birth control, drugs, alcohol, study skills, education, college, career, family planning, and organizational skills.

The assessment data will be retained by AIR and will not be passed along to the clinical staff who will be working with the child. No results from this assessment will be shared with anyone at CHRIS Kids until the research period has ended and the final report is issued.

Week 2: Stress and Anger “Calming yourself when you are angry”

This introductory week introduces the concept of anger and how it can begin. Skills that will be taught include calming techniques including deep breathing and visualization. Curriculum also includes techniques to avoid violence and rage. The session ends with teaching a technique called “CTR” (Capture, Then Replace) to teach participants to “capture” (or recognize) their angry thoughts and then replace angry thoughts with a productive thought that will lead them into a thinking process that allows the child to make a wise choice about how to handle the anger.

Week 3: Stress and Anger “Meditation and relaxation”

Each session will start with this question to ensure that the therapist is reinforcing the technique and giving feedback to the child about how they are using it and could use it in the future. Next, more tools are added to the CTR model by introducing relaxation techniques such as meditation and self-soothing. Discussion may also include portion about using these instead of self-harm (mutilation, cutting, hair pulling, etc.) Session ends with review of CTR.

Week 4: Stress and Anger “Thinking about the problems and the solutions”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as asks if and when the child had opportunity to practice meditation and self-soothing during the past week. Session will introduce how to think about problems and look for solutions. The method will include the introduction of techniques such as brainstorming, making a PRO/CON list and seeking wise counselors to build a support network. Child will also be introduced to community members that may act as a resource in the future. These figures include social workers, campus resource officers, police officers, teachers, and foster parents.

Week 5: Stress and Anger “Developing Character: Patience”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice problem/solution techniques during the past week. New session introduces the idea of personal character (who you are when nobody is looking) and the character quality of patience and how developing patience and exercising it can benefit the participant in a variety of ways. The child will be challenged to read a grade level-appropriate biography of someone who was known for this character quality as well as keep a journal of the times during the week where he/she exercised patience. This is designed to bring to consciousness that it needs to be thought of and exercised and is not always an automatic response for most people.

Week 6: Stress and Anger “Developing Character: Self-Control”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice patience during the past week. New session introduces the idea of personal character (who you are when nobody is looking) and the character quality of self-control. The child will be reminded how practicing CTR is a form of self-control and how not immediately acting upon impulses, but thinking about the possible consequences of that behavior could bring first. This builds onto the CTR technique and allows the child to continue to learn to stop before they speak or act and consider what might happen if they respond to stressful situations impulsively. The participant will be asked to keep a journal of the times during the week where he/she exercised self-control. This is designed to bring to consciousness that it needs to be thought of and exercised and is not always an automatic response for most people.

Week 7: Stress and Anger “Developing Character: Kindness & Friendliness”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control during the past week. New session introduces the idea of personal character (who you are when nobody is looking) and the character quality of friendliness/kindness. The child will be taught what kindness is (considering others interests ahead of your own) and asked to give examples of kindness that he/she has noticed before. Skills for making friends are taught and include being trustworthy, speaking respectfully, listening without interrupting, not making judgmental statements and being cheerful. This builds onto the CTR technique and allows the child to continue to learn to think before they speak or act and consider how



their words or actions might help or harm a friendship. The participant will be asked to keep a journal of the times during the week where he/she was deliberate in their speech or actions to lend themselves to creating or developing friendships. This is designed to bring to consciousness that it needs to be thought of and exercised and is not always an automatic response for most people.

Week 8: Stress and Anger Unit Review

The following key points will be discussed and reviewed:

- Anger
- Rage
- Violence
- Stress
- Meditation
- Self-soothing
- Patience
- Self-Control
- Friendship
- CTR technique

Therapy discussions about how these techniques are working (or where the participant is having trouble) will be of primary concern to the therapist. Reinforcement where needed will be given.

Week 9: Health “Nutrition: Making healthy food choices”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control/awareness during the past week. New session introduces the idea of health and the impact of good or poor nutrition on health. The child will be taught what bad food choices can lead to. The idea of “capturing” the bad food choices and “then replacing” them with good food choices continues with the CTR method. The child will be asked to list healthy food choices. Therapist will encourage child to relay any barriers to eating healthy foods to either foster parents or social worker so putting these better decisions into practice will be easier. This might include reasons such as lack of knowledge about food preparation, lack of having healthy food choices in the home, lack of knowledge of how to pack and store prepared food for later use (such as packing a healthy lunch), etc. The participant will be asked to keep a food journal during the following week. This assignment is designed to bring to consciousness how being aware of what you put into your body can be harmful or helpful and may create an awareness of how consuming certain foods may be directly tied to how you feel. It may also allow the participant to see unhealthy eating habits such as consuming too much junk food, sugar, fat, binge eating, avoiding eating and eating at irregular hours.

Week 10: Health “Exercise”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered including last week’s lesson of healthier eating. New session introduces the idea of health and the positive impact of regular physical activity and exercise. Participants will be encouraged to discuss ways that they think they can become more physically active and also to share with their social workers and/or foster parents any possible barriers that prevent them from participating in sports or physical activities. The participant will be asked to keep an exercise journal during the following week. This assignment is

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designed to bring to consciousness how being aware of how time can be spent doing physical activity as opposed to being sedentary. This should show the child how spending time exercising their body can not only be physically satisfying, but also add other positive dynamics into their life such as friendship, teamwork, recreation, fun, and improved skill levels.

Week 11: Health “Hygiene”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered including last week’s lesson of physical activity and exercise. New session introduces the idea of health and the positive impact of good hygiene can have on the overall health of an individual. Participants will be encouraged to discuss ways that they think they have noticed poor hygiene in themselves or others and how that had a negative impact on themselves or others around them. They will discuss with their therapist how they can have good hygiene and will be encouraged by their therapist to share with their social workers and/or foster parents any possible barriers that prevent them from practicing good hygiene.

Week 12: Health Review

The following key points will be discussed and reviewed:

- Healthy food choices
- Healthy food preparation
- Exercise
- Active vs. Sedentary
- Hygiene (teeth, skin, nails, body)
- CTR technique as it applies to replacing bad choices with better choices

Therapy discussions about how these techniques are working (or where the participant is having trouble) will be of primary concern to the therapist. Reinforcement where needed will be given.

Week 13: Reproductive Education “Reproduction/Body”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered including last week’s lesson of physical activity and exercise. New session introduces the idea of human reproduction and how the body works. Due to the sensitive nature of this topic as it relates to many children having been victims of sexual abuse, the therapist will draw upon their professional training to navigate through the types of problems that may come up with different individuals.

The goal of this segment of the program is to educate the participants about how their own bodies work as well as the bodies of the opposite gender. This session will cover how male and female anatomy works in relation to sexuality and the process of conception, pregnancy and childbirth. They will discuss with their therapist how they can share with their social workers and/or foster parents any questions or concerns they might have about their own physiology and/or sexual health.

Week 14: Reproductive Education “Safe sex and diseases”

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This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered. New session introduces the idea of safe sex and sexually transmitted diseases. Due to the sensitive nature of this topic as it relates to many children having been victims of sexual abuse, the therapist will draw upon their professional training to navigate through the types of problems that may come up with different individuals. The goal of this segment of the program is to educate the participants about the health risks that come with unprotected sex.

This session will cover how male and female anatomy works in relation to sexuality. Recognizing that some of the participants will identify themselves as gay, lesbian, bi-sexual and transgender, the curriculum will still stay consistent so that the child will still receive a basic education. Participants will be encouraged to discuss ways that they can avoid putting themselves in a situation where they are vulnerable to sexually transmitted diseases and be introduced to techniques for using birth control and condoms. They will discuss with their therapist how they can share with their social workers and/or foster parents any possible barriers that prevent them from practicing safe sex.

Week 15: Reproductive Education “Teen parenting”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered. New session introduces the issues surrounding teen-pregnancy. The goal of this segment of the program is to educate the participants about the problems that can come with an unwanted pregnancy. Some of the issues that will be covered are physical changes in the body, lack of support network, child support payments, health risks to the unborn baby, health risks to the teen mother, increased responsibilities on birth parents, adoption, and psychological problems and stress that come with caring for a child before the teen parent has the tools and maturity to do so effectively. Participants will be encouraged to discuss ways that they can avoid putting themselves in a situation where they are vulnerable to become a teen parent and will review the importance of using birth control and condoms. They will discuss with their therapist how they can share with their social workers and/or foster parents any possible barriers that prevent them from becoming teen parents.

Week 16: Reproductive Education Review

The following key points will be discussed and reviewed:

- Sexuality
- Reproduction
- Safe sex
- Disease prevention
- Teen pregnancy
- CTR technique as it applies to replacing bad choices with better choices in the area of human sexuality

Therapy discussions about how these techniques are working (or where the participant is having trouble) will be of primary concern to the therapist. Reinforcement where needed will be given.

Week 17: Substance Abuse “Alcohol”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered in previous sessions. New session introduces the dangers of alcohol use by minors. Participants will be encouraged to discuss ways that they think they can avoid being in situations where they might be pressured or tempted to use/abuse alcohol by peers. In relation to CTR, they will be encouraged to come up with ideas how they can avoid using alcohol by replacing friends and activities that will have a more positive impact on their life. They will also be asked to share with their social workers and/or foster parents any possible barriers that prevent them abstaining from the consumption of alcohol. If, at any time during this session, it becomes known to the therapist that the child may already have an alcohol or drug problem, he or she will be referred to a treatment program immediately.

Week 18: Substance Abuse “Drugs”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered in previous sessions. New session introduces the dangers of drug use by minors. Participants will be encouraged to discuss ways that they think they can avoid being in situations where they might be pressured or tempted to use/abuse drugs by peers. In relation to CTR, they will be encouraged to come up with ideas how they can avoid using drugs by replacing friends and activities that will have a more positive impact on their life. They will also be asked to share with their social workers and/or foster parents any possible barriers that prevent them abstaining from the use of drugs. If, at any time during this session, it becomes known to the therapist that the child may already have an alcohol or drug problem, he or she will be referred to a treatment program immediately.

Week 19: Substance Abuse Review

The following key points will be discussed and reviewed:

- Alcohol use
- Drug use
- Choosing positive activities for recreation instead of drugs/alcohol

Therapy discussions about how these techniques are working (or where the participant is having trouble) will be of primary concern to the therapist. Reinforcement where needed will be given. If, at any time during this session, it becomes known to the therapist that the child may already have an alcohol or drug problem, he or she will be referred to a treatment program immediately.

Week 20: Education “Success in school: good study skills”



This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered in previous sessions. New session introduces the importance of being successful in school and developing good study skills. Participants will be encouraged to discuss areas that are a challenge to them in academics and use problem-solving skills learned in previous sessions to come up with solutions. They will also be taught basic study skills techniques such as note taking, outlines, highlighting and asking questions in class.

Participants will also be asked to share with their social workers and/or foster parents any possible barriers that prevent them achieving academic success as well as setting academic goals for themselves (such as grades, acceptance to a university, achieving a high score on a placement test, etc.) They will be asked to keep a list during the week of actions they took to work towards their own personal goals.

Week 21: Education “Aim high: plan for a higher education”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered in previous sessions. New session introduces the importance of planning to have an education beyond a high school diploma. They will be introduced to the differences between trade schools, 2-year colleges, universities and career assessment services. They will be asked to make a list in the following week of potential schools that they might be interested in attending and do some basic research about them. Participants will be encouraged to discuss areas that are a challenge to them in planning their continuing education and will also be asked to share with their social workers and/or foster parents any possible barriers that prevent them pursuing a higher education. They will also be encouraged to work with their network of advisors to help them take appropriate steps to get them to the educational venue of their choice.

Week 22: Education “Career Planning”

This session reviews the CTR technique and asks the child to relate times during the past week when the technique was used as well as opportunities the child had to practice self-control in all areas covered in previous sessions. New session introduces the importance of planning for a career. They will be invited to participate in a session with a certified career counselor that can help them identify careers that are compatible with their areas of interest. This may generate excitement in planning for an education as well as help them explore a variety of careers that may be available.

Week 23: Education Review

The following key points will be discussed and reviewed:

- Academic success
- Study skills
- Higher education
- Career planning
- CTR technique as it applies to replacing bad choices with better choices in the area of academics

Therapy discussions about how these techniques are working (or where the participant is having trouble) will be of primary concern to the therapist. Reinforcement where needed will be given.

Week 24: Exit Assessment

This assessment will be administered by a staff member of AIR. This assessment will be the same questions asked on the entrance assessment. They will ask participants situational questions that will assess the types of decisions that the participant would make at the time of completion of the “Better Choices” program. This data will be used to compare against the initial entrance baseline test for measuring the personal growth during participation in the program.

The assessment data will be retained by AIR and will not be passed along to the clinical staff who worked with the child. No results from this assessment will be shared with anyone at CHRIS Kids until the research period has ended and the final report is issued and there will be no data that will compromise the privacy of any individual in the program.

Research Subject Criteria

In order to choose youth that will receive the greatest benefit from the training, CHRIS Kids will actively search for children within their program who would be most likely to benefit from this one stop type of counseling. We will distribute a memo to all of our adult overseers in our program (foster parents, social workers, therapists, group home leaders, etc.,) to let them know about the program. We will include the following criteria so that they might be able to help identify and nominate participants:

- Ages 13-18
- Past problems with:
 - Substance abuse
 - Sexual activity (not abuse by an adult)
 - Obesity
 - Anger
 - Bad decisions
 - Behavior problems
 - School problems
 - Hygiene problems
- In addition:
 - High rate of moving from one residence to another
 - Any child whose parents rights have been terminated
 - Any child who identifies as gay, lesbian, bi-sexual or transgender
 - Are likely to be in the CHRIS Kids program for the 24 weeks that it would take to complete the program.

Deliverables

At the end of the research period, CHRIS Kids, through AIR, will provide to the NIH, the research report outlined earlier in this proposal. In addition, CHRIS Kids will also provide a copy of the entire “Better Decisions” curriculum, intake and exit tests, redacted notes from all counseling sessions, and our process improvement plan outlining all of the things that we intend to change as a result of the research. We will also make our project manager, Melissa James, available for 3 months for any follow-up questions and to assist any NIH-identified organizations that desire to implement such a program in their community.



Qualifications

Investigators

The project will have 2 separate types of investigators. The first will be the team at CHRIS Kids. This team will be led by our project manager, Melissa James, PMP. Mrs. James received her Master’s Degree in Research Methods from Georgia State University. She received her Project Management Professional (PMP) certification in 2001 and began working as an independent Project Manager specializing in Research Process Improvement for several top-ranked research companies. She received the “Innovative Research Methods” award for 2003 from the National Research Partnership. Mrs. James joined CHRIS Kids staff in 2005 as a consultant to help establish process improvement guidelines for both employee and client related services. Mrs. James will oversee the team of clinical staff on this project and act as a liaison between the clinical staff and the independent research staff.

Our CHRIS Kids clinical team consists of:



Nathalie Ellis, Fully-licensed as a Professional Counselor and Master’s Degree in Counseling Psychology

Nathalie Ellis provides services to children, adolescents, families, and adults with histories of trauma, DFCS/DJJ involvement, depression, physical and sexual abuse, poor sexual boundary issues, substance abuse issues, self-harm, poor impulse and concentration. She is trained as a Certified Sexual Offending Counselor as well as in Dialectical Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, and Seven Challenges. Nathalie also received an Adolescent Mental Health Certificate in 2013 allowing her to qualify for a government program which matches funds for research programs that she participates in up to \$25,000. Nathalie’s participation in this project could potentially boost the total amount of money dedicated to this project to \$75,000 per year.



Annie Kelahan, Clinical Supervisor, Registered & Board Certified Art Therapist, Licensed Clinical Professional and Master's Degree in Psychology with a specialty in Community Counseling

Annie Kelahan has over 25 years’ experience in working with youth and families in the Atlanta area, providing individual, group and family counseling. She provides LPC supervision for staff and coordinates the clinical internship program. Annie also provides supervision and extensive training to other professionals in the state of Georgia. Training specialties include solution-focused therapy, art therapy, group dynamics and family-focused, strength-based and community-based treatment. She developed, “Gathering Stories,” an organization working with individuals and groups to share personal stories through art, ceremony and ritual.



Heather Myers, Assessment Coordinator & Licensed Professional Counselor

Heather Myers has been working in the field of mental health since 2007. She is experienced with Intake/Assessment and group therapies for Anger Management, Dialectical Behavioral Therapy, and Guardians of Individuals with Severe and Persistent Mental Illness. She is also experienced in providing therapy for children, adolescents, adults, and families using various theoretical approaches including person centered therapy, cognitive behavioral therapy, trauma focused cognitive behavioral therapy, dialectical behavioral therapy, play therapy, and structural family therapy.



Jen Packard, Clinical Supervisor & Licensed Clinical Social Worker

Jen Packard has been working with children and adolescents for the past five years. Her areas of focus include Trauma (TFCBT), Dialectical Behavioral Therapy (DBT), Substance Abuse and Play Therapy. Her areas of interest are in arts, creativity, play, mindfulness and relaxation.



Charlton Rhodes, Therapist & Master's Degree in Social Work

Charlton Rhodes has been practicing in the field for over seven years. He has focused his work on children and families, and he is experienced in working with substance abuse issues and working in school settings with youth.



Angela Seymour, Therapist & Licensed Professional Counselor and Masters of Science in Psychology

Angela Seymour has over 10 years' experience helping child, adolescent, and adult clients in both rural and urban settings. She has expertise in adolescent substance abuse treatment and trauma resolution, and has received specialty training in Trauma Focused Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and 7 Challenges. Angela believes in the resiliency of people and the importance of relationship in therapy to promote healing.



Djuana Swift, Therapist & Licensed Clinical Social Worker

Djuana Swift has been practicing for over 11 years. Djuana has provided therapy for children, adolescent and families who suffer from anxiety problems, grief, physical abuse, sexual abuse and/or neglect. She is eclectic in using various treatment modalities including play therapy, Trauma Focused Cognitive Behavioral Therapy and Dialectical Behavioral Therapy skills training. Djuana is passionate about providing therapy to young people to help them overcome adversity and adjust to the changes in their lives.



Amelia Tuttle, Therapist & Master’s Degree in Marriage and Family Therapy

Amelia Tuttle is currently working toward her licensure as a clinician after completing her formal academic training. Amelia has an interest in expanding her current work with youth to begin working with couples in the future.



Mark Van Zant, Therapist & Master's Degree in Mental Health Counseling

Mark Van Zant's interest in counseling is driven by his passion for developing interpersonal relationships and helping others. He has a keen interest in working with children, couples and families to gain the help they need to navigate through life. Mark has been trained to use attentive listening skills working in various therapeutic settings, including work with children (play therapy) individuals, families and groups. Mark uses a client centered approach with both adults and children. This approach is very nondirective, and the client maintains control over the content and pace of therapy. Mark assists clients in finding their own solutions to problems in order to achieve personal growth and maximize client potential. His areas of interest include Children, Adolescents, Play and Filial Therapy, Individuals, Parenting, Families and Groups.



Ann Waters, Therapist & Licensed Professional Counselor, Master of Arts in Community Counseling with Emphasis in Marriage and Family Therapy and a Certificate in Expressive Arts Therapy

Ann Waters began providing professional counseling services in 2004, prior to that her work was focused on youth-at-risk in wilderness therapy program. Her practice has focused on children, teens, and families, but she also greatly enjoys working with adults. Ann believes that everyone has the strengths and resources to solve their own problems, sometimes they just need support. She partners with you to design a plan for therapy pulling from her experience and knowledge. She has helped many people address a wide array of issues including but not limited to: trauma, grief, school behavior problems, academic underachievement, depression, anxiety, adoption issues, family conflict, substance abuse, work performance, parenting issues, divorce reaction, relationship issues and anger management. She has specialized training in EMDR (Eye Motion Desensitization Reprocessing), Trauma-Focused Cognitive Behavioral Therapy, Play & Filial Therapy, Expressive Arts and the Seven Challenges (substance abuse treatment for teens).

The second type of investigators will be Atlanta Independents Research. AIR is a private firm that provides independent testing services. In addition to having a stellar 36 year track record for impartial, quality testing services, they have also won several awards for their work in developing blind testing services from the International Testing Services Consortium.

Through our previous partnership with Atlanta Independent Research (AIR), we developed several training programs for our employees as well as used data from surveys for a process improvement initiative. Because of this relationship, the CEO of this organization, Dr. Jeff Clark, has agreed to partner with us on this project at no charge under the condition that we receive the full NIH grant.



- AIR has agreed to provide the following services for this project:
- Provide 2 dedicated testing professionals to be available at our main intake locations on Monday and Wednesday of each week from 8:00am until 5:00pm to administer intake and final assessments of our subjects.
- Create and maintain a database that will track all pertinent information about the test subjects, including the ability to sort them by certain criteria.
- All data entry for this database.
- Compilation of results of both intake and final assessments.
- A comparative analysis report of all results broken down by age, gender, sexual orientation, race, and grade level so that this research might lead to improvements in the program to help refine the program to teach to a variety of factors. This report will be delivered within 45 days of the end of the program.
- Guard the results from being seen by anyone other than the AIR staff until the report is released to both NIH and CHRIS Kids.
- Deliver the report with accurate, unbiased results to NIH and CHRIS Kids.
- Safeguard all human test subjects from any invasion of privacy or psychological damage as a result from intake or final assessments.

Innovation

Through surveys, public databanks, government programs and other methods, CHRIS Kids has concluded that there are currently no programs in existence that are comparable to “Better Decisions”. There is no program that we are aware of which specifically identifies at-risk foster children and takes them through a long-term, systematic training program in an attempt to instill basic decision-making skills that they would normally receive from parents or guardians if they lived in a stable environment. For this reason, we believe our program is unique and, more importantly, can be easily duplicated in other areas of the nation.

Research Environment

The “Better Decisions” program will take place in our therapy facilities. These are CHRIS Kids facilities that routine therapy services are provided to our clients at. They include the following locations:

Counseling Central Headquarters
1017 Fayetteville Road, Suite A
Atlanta, Georgia 30316

CHRIS Kids TransitionZ Program & Summit
Trail Apartment Community
2045 Graham Circle
Atlanta, Georgia 30316

There are also 7 group homes for at-risk foster children located in 5 metro-Atlanta counties. Due to HIPAA laws and privacy protection, we are unable to disclose the exact addresses of these homes. However, our licensed therapists routinely provide ongoing counseling to these residents at the homes in a private counseling area. As noted previously, initial intake testing and final testing will take place at our main Counseling Central Headquarters.



Budget

CHRIS Kids Sustainable Healthy Behaviors Program 2 Year Budget			
1. Personnel Costs	2013-2014	2014-2015	Budgeted 2 Yrs.
2. Program Director	\$5,000.00	\$5,000.00	\$10,000.00
3. Professional Counselor	\$3,000.00	\$3,000.00	\$6,000.00
4. Clinical Supervisor	\$3,000.00	\$3,000.00	\$6,000.00
5. Assessment Coordinator	\$2,500.00	\$2,500.00	\$5,000.00
6. Therapists (6 Staff @ \$2750)	\$16,500.00	\$16,500.00	\$33,000.00
Total Personnel Costs	\$30,000.00	\$30,000.00	\$60,000.00
2. Program, Supplies etc.			Budgeted 2 Yrs.
Total Program Expenses	\$20,000.00	\$20,000.00	\$40,000.00
Total Expenses	\$50,000.00	\$50,000.00	\$100,000.00

The NIH agrees that all Confidential Information that comes into its possession from a CHRIS Kids shall remain the sole property of the CHRIS Kids. The NIH understands that this Confidential Information has been made available to the NIH solely for the purpose of considering CHIRS Kids for an NIH grant. The NIH agrees that upon request, or upon completion of the Funding Cycle, the NIH will immediately and safely discard CHIRS Kids Confidential Information. The NIH agrees that such obligation to preserve CHIRS Kids confidentiality shall survive the Funding Cycle.



Conclusion

To conclude, let us summarize the advantages of our plan and discuss the costs. Our preliminary research shows us that there is no program that we are aware of that specifically identifies at-risk foster children and takes them through a long-term, systematic training program in an attempt to instill basic decision-making skills that they would normally receive from parents or guardians if they lived in a stable environment. For this reason, we believe our program is unique and, more importantly, can be easily duplicated in other areas of the nation.

Cost is the most significant portion of our grant proposal. As you can see in the budget section of this

	2013-2014	2014-2015	2 Yrs
1. Personnel Costs			
<i>Total Personnel Costs</i>	\$30K	\$30K	\$60K
2. Program, Supplies etc.			2 Yrs
<i>Total Program Expenses</i>	\$20K	\$20K	\$40K
Total Expenses	\$50K	\$50K	\$100K

proposal, we will effectively use the \$50K yearly grant to offset our salaries for program staff and use the remaining funding to buy supplies and tools that will be used to teach our children how to live a healthy and successful lifestyle. We at CHRIS Kids believe that \$50K / year, for a two year period, will be of great benefit to the development of our “Better Decisions” program

and will allow us to assist many children in need.

As CHRIS Kids therapists got together to brainstorm about how to tackle the problem of teaching foster children better life skills, they agreed that an intensive, direct-teaching program would be beneficial. This program is not designed to replace their normal therapy, but rather supplement other services that they receive through CHRIS Kids.

There are many benefits that our program will provide the NIH. At the end of the research period, CHRIS Kids, through AIR, will provide to the NIH, the research report outlined earlier in this proposal. In addition, CHRIS Kids will also provide a copy of the entire “Better Decisions” curriculum, intake and exit tests, redacted notes from all counseling sessions, and our process improvement plan outlining all of the things that we intend to change as a result of the research. We will also make our project manager, Melissa James, available for 3 months for any follow-up questions and to assist any NIH-identified organizations that desire to implement such a program in their community.

Our preliminary results are all very positive. However, we desire to begin documenting the results so that we can measure our success and learn in what areas we need to adjust what we teach, especially in how it relates to communicating the information to certain races, genders, sexual orientations and ages. We also believe that sharing this information with others, especially large, national organizations such as NIH, would help spread the data so that other programs can be more easily developed and launched throughout the nation.

We would like to thank you for giving CHRIS Kids the opportunity to work with you on this project. If you have any questions for CHRIS Kids, please feel free to contact Beth Keller, Director of Development here at CHRIS Kids, at 404-564-3458 or by email at beth.keller@chriskids.org.