Hope Rising Program

Evaluation Plan

No Limit Counseling & Education

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PAD 6327: Public Program Evaluation Techniques

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Section I: Introduction

No Limit Counseling & Education is currently seeking ways to enhance its Hope Rising program, which delivers no-cost therapy to underserved youth in Orlando. One way would be to improve its ability to engage at-risk youth through outreach. This evaluation proposal is designed to generate insights into (1) how effective the program is at outreach, (2) the most useful outreach methods at its disposal, and (3) the barriers to engagement that are preventing outreach success. This will provide the information necessary for identifying ways that the program's outreach might be improved. This paper provides a comprehensive overview of this proposal's design, along with an implementation plan detailing its necessary activities and required budget.

Section II: Program Background

Needs Assessment

The Hope Rising program attempts to address the growing youth mental health crisis. In Florida, 60% of youth suffering from depression and substance abuse disorders do not receive any care, and only 12% of youth suffering from these afflictions receive consistent care (Josephs, 2022). It is important to note that 61% of Orange County residents are non-white, and minority youth are far less likely to receive mental health treatment than white youth (Josephs, 2022).

Program Mission & Outcomes

The overarching, long-term goal of the Hope Rising program is to foster hope and increase trust in the mental health system within marginalized communities. The intermediate goals included in the program contract are to: (1) increase access to and the availability of direct one-on-one mental health counseling; (2) improve the mental health system's intake process to ensure that referred youth become clients; and (3) increase youth awareness of mental health issues and refine individuals' capacities to care for their mental health ("Hope Rising," 2023).

Program Description

The Hope Rising program offers free mental health services to at-risk youth at local community centers. These services include one-on-one therapy sessions, support in creating a long-term care plan, and referrals to providers of specialty services. The program's therapists are culturally diverse, allowing them to relate to youth from the targeted communities in a way that most mental health professionals cannot. As the program has been in place and operating for almost a year now, it is comfortably in its implementation stage.

Target Population

The Hope Rising program is targeted to youth in underserved, marginalized communities between the ages of eleven and twenty-four years old. These communities include Orlando's Paramore/Holden Heights, Mercy Drive, and MBK kids zones. Each of these neighborhoods is majority Black and disproportionately low-income (U.S. Census Bureau, 2024).

Resources, Activities, & Outputs

Of the twenty-five staff members who work for No Limit Counseling, three are fully dedicated to the Hope Rising program. These consist of a full-time licensed therapist, a part-time licensed therapist, and an administrative assistant. The program primarily relies on a $160,000 grant from the City of Orlando for funding, although revenue from No Limit's private therapy sessions is also used to subsidize the program. Through its partnerships with Orlando's Grand Avenue neighborhood center, Northwest neighborhood center, and Downtown Recreation Complex, the Hope Rising program offers services at the local community centers frequented by its clients. Telehealth services are also available for clients without access to consistent transportation. Finally, program managers rely on the United Way's Orange and Seminole Counties Needs Assessment Report to assess the needs of the communities it serves.

According to the contract between No Limit Counseling and the City of Orlando, the Hope Rising program will use these resources to provide one-on-one therapy services to at least 60 youth in the targeted communities each year, representing at least 70% of all youth referred to the program ("Hope Rising," 2023). Additionally, at least 70% of these clients will demonstrate an improved understanding of emotional regulation techniques, and at least 30% will create long-term care plans. Finally, at least two workshops on emotional regulation with 30 or more youth will be hosted, and educational materials promoting mental health awareness will be distributed throughout the targeted communities.

Fig. 1: The Hope Rising Logic Model

Inputs	Activities	Outputs	Intermediate Outcomes	Long-Term Outcomes
Two culturally diverse and highly trained therapists, along with a dedicated administrative assistant.	Conduct direct, interpersonal outreach to engage referred, at-risk youth as program clients.	One-on-one therapy sessions provided to at least 60 youths in the targeted communities.	Increase access to direct one-on-one therapy sessions in marginalized communities.	Sustained improvement in mental health outcomes among Orlando's at-risk youth.
$160,000 initial grant from the City of Orlando.	Provide free, one-on-one therapy sessions to each client.	At least 70% of the at-risk youth referred to the program become program clients.	Equip at-risk youth with emotional regulation skills and the capacity to care for their own mental health.	Improve trust in the mental health system among members of Orlando's marginalized communities.
Private counseling revenue stream available to subsidize the program.	Set aside therapy time to create a long-term care plan with each client.	At least 70% of program clients demonstrate an improved understanding of emotional regulation techniques.	Improve the mental health intake system (i.e., referred youth more often become clientele).	Reduce the stigma of receiving mental health services in Orlando's minority neighborhoods.
Three community center partners that have agreed to serve as locations for delivering services.	Refer clients to specialist service providers as needed.	At least 30% of program clients create long-term care plans.	Increase mental health awareness among youth in the targeted communities	Foster the hope of a better future among members of Orlando's marginalized communities.
Telehealth technology infrastructure.	Host workshops on emotional regulation open to all youth in the targeted communities.	At least 60 youth from the targeted communities attend a workshop on emotional regulation.		
United Way's Orange and Seminole Counties Needs Assessment Report	Distribute educational materials on mental health awareness in targeted communities.	All youth in the targeted communities are exposed to educational materials on mental health awareness.		

Section III: Evaluation Questions, Measures, & Criteria

No Limit is managed and staffed by healthcare professionals who are already intimately familiar with the challenges of providing mental health services to marginalized communities. However, few within the organization are similarly trained in program outreach. This makes it difficult for No Limit to internally evaluate how well Hope Rising staff are reaching out to referred youth in their attempts to turn them into program clients. Thus, the purpose of this evaluation will be to provide feedback on the strengths, weaknesses, and overall effectiveness of the Hope Rising program's outreach activities. These questions will lead to insights into how well outreach activities are currently being implemented, making this a process evaluation.

Question 1: How effective is the program at outreach compared to others in the region?

First, evaluators must obtain a general understanding of how effective the program's outreach activities currently are. This will allow them to accurately frame later findings and attach an appropriate level of urgency to their final recommendations. According to the program contract, at least 70% of youth referred to the program should go on to become clients. This "outreach success rate" is the principal metric used by stakeholders to assess the effectiveness of Hope Rising's outreach activities. Thus, it is also the measure of interest to this evaluation.

Yet, this figure alone reveals very little. For example, if the program achieves only a 60% outreach success rate, judging it according to the city's expectations would suggest that the program's outreach methods are ineffective and need to be modified. But perhaps every other program in the region is achieving an outreach success rate below 50%. With this information, the 60% outreach success rate seems to imply that Hope Rising's outreach methods are actually highly effective; in fact, they should serve as an example of best practice for other programs. The opposite is true as well: an outreach success rate above 70% may not reveal effectiveness if it is far below the rates achieved by similar programs. Therefore, a complete understanding of Hope

Rising's outreach effectiveness requires comparing its outreach success rate to both the city's expectations and the outcomes achieved by similar programs. This information will tell program managers whether significant outreach design changes can realistically improve outcomes.

Question 2: Which outreach methods are most useful for turning referrals into clientele?

Hope Rising's outreach methods primarily revolve around one-on-one relationship building with referred youth, email communications with the parents of referred youth, community presentations on program services, and the widespread distribution of educational materials. Yet, program managers do not have an objective way to determine which of these methods are the most useful for engaging referred youth. With this information, the program's managers can improve outreach outcomes by focusing resources on the methods that are most impactful. This evaluation will use surveys to measure each method's usefulness. Referred youth and their parents will be asked to rate their effectiveness directly on a 5-point Likert scale. The two methods with the highest mean ratings will then be considered the most useful.

Question 3: Which barriers to program engagement are most relevant to potential clients?

Even more important than determining the ways in which outreach activities are working is identifying why they may be falling short. In the field of mental health services outreach, factors that inhibit success are known as barriers to engagement. Those of interest to this study are cultural stigma, the distrust of professional providers, the belief that therapy is ineffective, a lack of awareness regarding mental health issues, a lack of family or peer support, and confidentiality concerns. These barriers pop up often, making it likely that each of them has impeded the program's outreach attempts at some point. Program staff experience this firsthand and become conscious of every potential barrier that may arise as they perform their duties. Yet, trying to address all of them simultaneously results in an inability to consistently address any of them. In such a scenario, staff must constantly guess which barriers are relevant to – and thus

which outreach strategies will best engage – each potential client they come across. Errors naturally occur, causing many potential clients to disengage with the program.

What is needed, then, is objective data on which barriers are most relevant to Hope Rising's potential clients. This information can then be used by program managers to improve the design of outreach activities. For instance, if most potential clients point to a lack of parental support as a reason why they do not want to participate in the program, then managers can design the program's outreach activities around engaging and communicating with the parents of referred youth. This evaluation will use survey methods to measure each barrier's relevance. Referred youth and their parents will be asked to rank statements related to each barrier according to how strongly they agree with them. Those that receive the three lowest mean ranks will be considered the most relevant barriers to the targeted communities.

Section IV: Literature Review

Outreach to Marginalized Communities

One survey performed by Cummings et al. (2013) found that the barriers that most often prevent marginalized youth from seeking mental health services are geographic distance, financial cost, and cultural insensitivity. These are the same barriers the Hope Rising program seeks to break down. Hope Rising improves the accessibility of mental health services by offering youth no-cost, culturally sensitive therapy at local community centers. Yet, simply making services accessible is often not enough to get at-risk youth into therapy. Many additional barriers also exist within marginalized communities, including a lack of peer support and a widespread distrust of healthcare professionals (Whitney et al., 2013). One technique that has demonstrated usefulness in overcoming the former is "The Friendship Bench." This method utilizes volunteers who assist in connecting with potential program participants and breaking down emotional barriers (McGorry et al., 2022). In overcoming the latter, Simmons et al. (2008)

demonstrate how interpersonal relationship-building with marginalized individuals has produced positive outcomes for programs with staff that share a cultural background with the community.

Established Mental Health Program Outreach Methods

In a systematic review of randomized-controlled trial studies, Riccardi et al. (2023) analyzed factors contributing to improved mental health services outreach. Their analysis revealed that institutional funding and previous engagement in a community make it more likely that outreach activities will be successful. Orange County currently provides financial support for the Hope Rising program, which means that it has already secured institutional funding. However, since the communities that Hope Rising targets have been historically deprived of mental health resources, the program needs to wait as it establishes trust in the communities it serves. The continued financial support of institutional partners like the county will be necessary for improving community outreach and engagement outcomes long-term (Riccardi et al., 2023).

In another systematic review, Dunne et al. (2017) analyzed both quantitative and qualitative data from over forty studies on improving community outreach methods for youth-focused mental health and substance abuse programs. It identified many immediate program adjustments that can enhance outreach. These include involving youth in designing implementation methods, developing parental relationships, and engaging youth with technology (e.g., social media outreach), convenient locations, in-school services, and targeted marketing campaigns (Dunne et al., 2017). While the Hope Rising program provides youth with convenient locations, uses targeted marketing campaigns, and builds parental relationships, the additional strategies mentioned in Dunne et al.'s (2017) research may be able to enhance the program.

Methodological Considerations

The methods used to evaluate health outreach programs are wide-ranging, as demonstrated by the literature in the previous sections. That said, some methods have proven to

be much more valid, reliable, and useful in evaluating health outreach programs than others – especially in the context of marginalized communities (Whitney et al., 2013; Hornik, 2002).

Outreach interventions are often multifaceted in the real world. Hornik (2002) explains that outreach activities are most successful when they permeate a target's environment, influence them through multiple channels, utilize multiple outreach techniques, and do so iteratively. Additionally, building direct relationships with targeted individuals is an especially dynamic process that cannot be exactly recreated from case to case (Simmons, 2008). Because of this, exposure to real-world outreach interventions can prove difficult to accurately quantify (Craig et al., 2017; Pullmann et al., 2013). This is why quantitative methods have demonstrated limited effectiveness in evaluating mental health outreach programs (Whitney et al., 2013).

Further, the conclusions in the controlled environments of experiments are unlikely to be generalizable to the messy conditions in which outreach interventions take place (Newcomer et al., 2015). The findings of experimental evaluation designs often lack validity in evaluating real-world outreach programs – even if their findings are more reliable than those of other designs (Hornik, 2002; Newcomer et al., 2015). Case study designs are therefore much more appropriate for evaluating health outreach programs. Not only do they not require well-defined interventions or controlled environments for accurate analysis, but they are also better suited for evaluating complex phenomena like stigma and behavioral change (Newcomer et al., 2015).

Section V: Evaluation Design & Analytic Techniques

Evaluation Design

Based on the lessons learned from the literature review, this evaluation will utilize a case study design. This is the most useful design for generating insights into how well a specific program is being implemented within its unique context (Newcomer et al., 2015). It is therefore the ideal design for answering this evaluation's questions, which are all focused on how the Hope

Rising program interacts with the particular communities in which it operates. Additionally, case studies do not require well-defined interventions or controlled environments for accurate analysis – neither of which is available in evaluating this program (Hornik, 2002). That said, there are also disadvantages to using a case study design that this evaluation's administrators must be prepared to address. First, the findings from one case might not apply to others because of the unique circumstances of each client and location (Westat, 2010). This makes it difficult to generalize findings, meaning that evaluators should be careful in applying conclusions to all program sites and clients uniformly. Second, an evaluator's biases can affect how they interpret and code data, reducing the reliability of findings (Newcomer et al., 2015). This should be mitigated by strictly using formal, systemic qualitative evaluation procedures.

Evaluating Question 1

First, Hope Rising's manager will supply the evaluation with the program's current outreach success rate. This is a figure kept up-to-date for reporting to the City of Orlando, as required in the program's grant contract ("Hope Rising," 2023). It is calculated by dividing the number of program clients by the number of youth that have been referred to the program and multiplying by 100. Next, the outreach success rates of similar programs in the region will be collected through email correspondence with these programs' managers. Examples of these similar programs include The Mental Health Association of Central Florida, 26Health Orlando, Shepherd's Hope, CDS Florida, and more. Finally, all of these outreach success rates will be compared to one another to determine the effectiveness of Hope Rising's outreach activities. If its success rate is greater than, or at least in line with, the majority of similar programs, then its outreach activities will be considered effective. Hope Rising's outreach success rate will then be disaggregated according to demographic groups (age, gender, and neighborhood) and compared using contingency tables to determine which groups outreach activities are failing to engage.

Data Collection

Answering the second and third evaluation questions, on the other hand, will require gathering new data. Data will be collected from youth that have been referred to the program and their parents. Including referred youth who have become clients will help determine the program's strengths. The outreach methods described by this group as impactful are the ones actually motivating youth to participate in the program. Meanwhile, including referred youth who did not become clients will help determine the barriers inhibiting the program's success. The barriers described by this group as relevant are the ones actually preventing youth from becoming clients. Finally, collecting data from both of these groups' parents is also necessary since they often have considerable influence over whether their child becomes a client or not. A sample of 20 individuals from each of these four groups will be selected using a stratified random sampling method. This will ensure that the selected sample is representative of referred youth across the characteristics of client status, age, gender, and neighborhood of residence, as well as allow for results to be generalized to the population of interest (Newcomer et al., 2015).

The method of data collection will be an in-person administered survey. According to program managers, both referred youths and their parents are unlikely to have the time and patience necessary for constructive participation in hours-long focus groups or even semi-structured interviews (Newcomer et al., 2015). Administered surveys are therefore the most appropriate method for collecting the data needed to answer these questions. Research has identified this as the best method for surveying the less educated (Newcomer et al., 2015). It therefore suits this target population, as most are school-age youth or parents without advanced degrees. Additionally, this method is best for probing deeper into respondents' answers (Newcomer et al., 2015). This is useful as probing will be necessary to ensure that the evaluation captures the subtle factors that encourage or discourage participation in the program. Finally, this

method is well-known for achieving high response rates and quality responses (Newcomer et al., 2015). This should greatly improve the reliability and validity of the data collected.

In practice, selected participants will be asked to complete the survey whenever they arrive at a partner community center, as they will be readily available in person at this time. If the participant is a program client or the parent of a client, then a Hope Rising therapist will help to administer the survey. By including a therapist in the data collection process, participants may place more trust in the evaluation and thus provide more accurate and thoughtful answers (Westat, 2010). After agreeing to take the survey, participants will be asked to rate the effectiveness of the program's four outreach methods on a five-point Likert scale. Survey administrators will then use these ratings to probe deeper into the respondent's opinions on the program's outreach activities. Next, the participant will be presented with a list of statements that correspond to common barriers to engagement and asked to rank them according to how strongly they agree. Survey administrators will then use these rankings to ask open-ended follow-up questions on how the barriers most relevant to that respondent impact their interactions with the program. See the appendix for an example of the survey instrument.

While these data collection strategies have been carefully designed, they still present weaknesses that evaluators will need to address throughout the data collection process. First, this method could easily become burdensome for respondents (Newcomer et al., 2015). The length of the survey session should therefore be capped at thirty minutes, and this should be conveyed to respondents when they are first asked to complete the survey. A related weakness is that many respondents may not care enough to take the survey. This could result in low response rates that reduce the scope and depth of information the survey can collect. To address this concern, the evaluation administrator should begin the data collection phase by sending a series of emails to selected participants and their parents describing the evaluation and its goals. These emails

should stress its importance, describe the confidentiality policies it will abide by, and explain that participants cannot be easily replaced (Newcomer et al., 2015). Finally, pilot interviews should be conducted during the planning stage to identify and address any unforeseen complications.

Analytic Techniques

The methods described in the previous section are designed to collect both quantitative and qualitative data, making this a mixed-methods evaluation. Mixed-method evaluations have come to be preferred as they combine the generalizability and reliability of quantitative analysis with the detail and nuance of qualitative analysis (Newcomer et al., 2015). First, evaluators should analyze the quantitative data. Survey responses will be input into excel in numerical form. Descriptive statistics on each method's ratings will then be calculated, along with the mean rank of each statement from part two. The frequency distribution of each method's ratings, as well as a bar chart with each statement's mean rank, should also be produced to facilitate comparisons.

Next, evaluators should analyze the qualitative data collected. This will be done by uploading all notes taken during the interviews to ATLAS.ti using Adobe Scan. The software will then assist the evaluator in organizing the data, identifying codes, and classifying each segment of data according to the codes identified. These steps should be accomplished using an inductive method, in which codes are generated from the manifest meanings that appear in the data, to reduce the potential for researcher bias and ensure that findings are grounded in participants' perspectives (Newcomer et al., 2015). Finally, the evaluator will use these categorizations to identify the common themes found across responses. A report should then be written that summarizes these findings, describes how they explain the quantitative statistics calculated earlier, and uses them to create recommendations on how the program's outreach activities might be improved. Comments representative of these findings should also be included in the report to provide direct examples of respondents' perspectives.

Fig. 2: Evaluation Design Matrix

Evaluation Question	Variables	Measurement	Criteria	Evaluation Design	Data Collection Methods	Analytical Techniques
<u>Question 1:</u> **How effective is the program at outreach compared to others in the region?**	• Outreach success rate	• The proportion of youth, who have been referred to the program, that go on to become clients.	• The program is effective if it satisfies the 70% outreach success rate requirement included in the program contract. • The program is effective if it produces an outreach success rate greater than, or at least in line with, those of similar programs in the region.	• Case Study	• Will utilize pre-collected, administrative data: 1) The outreach success rate maintained by the Hope Rising program manager. 2) The outreach success rates maintained by the managers of similar programs in the region.	• Directly compare the program's outreach success rate to those of similar programs in the region. • Disaggregate the program's outreach success rate by demographic groups and compare using a contingency table.
<u>Question 2:</u> **Which outreach methods are most useful for turning targets into clientele?**	• Perceptions of outreach effectiveness	• Referred youth and their parents rate each outreach method's effectiveness on a five-point Likert scale. • Referred youth and their parents describe the effectiveness of outreach methods in open-ended responses.	• The most useful methods are those that receive the two highest mean ratings. • The most useful methods are those that referred youth and their parents most repeatedly and convincingly describe as impactful in open-ended responses.	• Case Study	• Stratified random sample of 40 youth referred to the program collected. Their parents are also included as participants. • In-person survey conducted by program therapists and evaluation administrator. • Use of four Likert scale survey questions preceding open-ended follow-ups and probes.	• Calculate descriptive statistics for, and display the frequency distributions of, each method's ratings distribution. • Identify common themes found across the open-ended responses.
<u>Question 3:</u> **Which barriers to program engagement are most relevant to potential clients?**	• Barriers to engagement considered relevant.	• Referred youth and their parents rank a list of barriers to engagement based on relevance to their own experiences. • Referred youth and their parents describe relevant barriers to engagement in open-ended responses.	• The most relevant barriers to engagement are those that receive the three lowest mean ranks. • The most relevant barriers to engagement are those that are most repeatedly and convincingly connected to participation in the program by referred youth and their parents.	• Case Study	• Stratified random sample of 40 youth referred to the program collected. Their parents are also included as participants. • In-person survey conducted by program therapists and evaluation administrator. • Use of one ranking survey question preceding open-ended follow-ups and probes.	• Calculate the mean rank of each barrier and display this data as a bar chart. • Identify common themes found across the open-ended responses.

Section VI: Implementation Plan

Personnel

There are only three staff members dedicated to the Hope Rising program – none of whom have the capacity to lead an evaluation or the training and experience to do so effectively. For this reason, this proposal outsources the responsibility of administering the evaluation to a professional evaluator. Contracting with an experienced evaluator will ensure precision and consistency in the evaluation's implementation (Newcomer et al., 2019). The primary duties of the administrator will be to fine-tune and test the design of the data collection methods, distribute the survey instrument and conduct the interviews, and analyze the data collected. Hope Rising's therapists will also be utilized to conduct the interviews of their clients along with the evaluation administrator. Finally, the program manager is responsible for hiring the administrator, calculating the program's outreach success rate, and distributing results to program stakeholders.

Budget

A program should dedicate no more than 7% of its annual operating budget to an evaluation (Newcomer et al., 2015). Therefore, this proposal's budget has been intentionally constrained to $11,000. By far the largest portion of this budget – $9280 – will go towards contracting with a professional evaluator. This contract will be for 232 hours of work across 29 working days for a wage of $40/hour. These terms were chosen to ensure that it attracts an evaluator with the skills and experience necessary to conduct an effective evaluation (Newcomer et al., 2015). The second largest cost will be the time needed from program staff and managers. This is estimated to be 33 hours and 17 hours respectively, for a total opportunity cost of $1776.

Timeline

This evaluation proposal is set to take place in November of 2025 for two reasons. First, waiting until the final months of the program's second year should allow implementation to

stabilize – leading to more accurate data being collected (Newcomer et al., 2015). Second, Hope Rising's contract expires on December 31st ("Hope Rising," 2023). Findings should therefore be produced well in advance of this date so that they can inform decisions on the program's future.

The evaluation timeframe has been limited to just over one month to minimize costs and any disturbance it may cause to program operations. Furthermore, short evaluation timeframes are generally less susceptible to biases that occur because of changes in program implementation or data collection methods (Newcomer et al., 2015). Lastly, care has been taken to schedule adequate time for each stage of the evaluation process. Evaluations often fail when they collect too much data and do not allow enough time for careful data analysis (Newcomer et al., 2015). That is why this evaluation allocates six working days to planning, nine working days to data collection, and fourteen working days to data input and analysis.

Use & Communication

The evaluation's findings will be used by Hope Rising's managers to improve the design of outreach activities and to inform their negotiations with The City of Orlando for future grant funding. To ensure that findings are utilized, the administrator will be responsible for proposing actionable recommendations on how the program can be improved. These will be presented to managers and frontline staff directly. A summarized report will also be provided, which managers can then email to peripheral stakeholders such as city officials and other donors.

Section VII: Conclusion

This evaluation assesses how well the Hope Rising program's outreach activities are being implemented. It will accomplish this by collecting both quantitative and qualitative data through in-person surveys and interviews. By focusing on the usefulness of current outreach methods and the barriers to engagement that exist in the targeted communities, it aims to provide recommendations on how the program can achieve improved outreach outcomes. Its case study design ensures that these findings are applicable to the program's unique context.

Fig. 3: Implementation Schedule

Stage	Activity *(hours needed from evaluation administrator)*	Personnel Responsible	Budget	Completion Date
Stage 1: Planning	Identify and hire a contracted evaluation administrator	Hope Rising Program Manager	12 hrs x $48/hour = **$576**	October 27th
	Familiarize the evaluation administrator with the program, its stakeholders, and their expectations *(8 hours)*	Hope Rising Staff, Manager, & Evaluation Administrator	(8 hrs x $40/hour) + (2 hrs x $48/hour) + (2 hrs x $30/hour) + (1 hr x $20/hour) = **$496**	October 28th
	Collect and summarize data on the success rate of similar programs in the region *(16 hours)*	Evaluation Administrator	16 hrs x $40/hour = **$640**	October 30th
	Update administrative program data on the current outreach success rate	Hope Rising Program Manager	1 hr x $48/hour = **$48**	October 30th
	Draft follow-up, open-ended survey questions and adapt them to be comprehensible for different age groups *(8 hours)*	Evaluation Administrator	8 hrs x $40/hour = **$320**	October 31st
	Produce a random sample & identify contact information / the best times to interview with each participant *(8 hours)*	Evaluation Administrator	8 hrs x $40/hour = **$320**	November 3rd
	Conduct a brief training with program therapists on interviewing best practices *(2 hours)*	Evaluation Administer & Program Therapists	2 hrs x ($40/hour + $30/hour) = **$140**	November 4th
	Conduct a pilot test of the survey instrument, screen results for potential complications, & incorporate feedback. *(4 hours)*	Evaluation Administer & Program Therapists	(4 hrs x $40/hour) + (2 hrs x $30/hour) = **$220**	November 4th
	Print and organize the data collection instruments *(2 hours)*	Evaluation Administrator	(2 hrs x $40/hour) + ($0.5 x 80 surveys) = **$120**	November 4th
Stage 2: Data Collection	Distribute the survey & interview the selected sample *(30 minutes per interview x 80 interviews)*	Evaluation Administer & Program Therapists	(40 hrs x $40/hour) + (20 hrs x $30/hour) = **$2200**	November 14th
	Call back those who initially declined the survey or failed to appear in person *(8 hours)*	Evaluation Administer	8 hrs x $40/hour = **$320**	November 14th
Stage 3: Data Analysis	Input quantitative data into an excel spreadsheet and upload qualitative notes to ATLAS.ti using Adobe Scan *(24 hours)*	Evaluation Administrator	(24 hrs x $40/hour) + (Adobe Scan: $10) = **$970**	November 19th
	Organize qualitative data based on similar themes in responses *(56 hours)*	Evaluation Administrator	(56 hrs x $40/hour) + (ATLAS.ti: $34) = **$2274**	November 28th
	Summarize the main themes that emerge during the qualitative analysis *(8 hours)*	Evaluation Administrator	8 hrs x $40/hour = **$320**	December 1st
	Perform statistical analyses and create data visualizations for the quantitative data *(16 hours)*	Evaluation Administrator	16 hrs x $40/hour = **$640**	December 3rd
	Write a summary of the evaluation's findings and recommend improvements for program outreach *(8 hours)*	Evaluation Administrator	8 hrs x $40/hour = **$320**	December 4th
	Present summary of findings and recommendations to program managers and staff. Program manager communicates findings to the rest of the program's stakeholders through email. *(2 hours)*	Hope Rising Staff, Manager, & Evaluation Administrator	2 hrs x ($40/hour + $48/hour + $30/hour + $30/hour) = **$296**	December 5th
	Miscellaneous Costs / Slack Hours for the Evaluation Administrator *(12 hours)*	—	**$780**	—
	Total *(232 hours)*	—	**$11,000**	**October 27th–December 5th, 2025**

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Section IX: Appendix

Survey Instrument

Hope Rising Outreach Feedback Survey

Instructions: Read carefully. For the questions in Section 1, choose the option that best reflects your opinion. For the question in Section 2, rank all options from 1 to 7 based on how strongly you agree with the attached statement. A rank of 1 means you agree with that statement more strongly than any of the others. Assign each rank only once. *Taking the survey is completely voluntary*, you may quit anytime. All answers are confidential.

Section 1: Perceptions of Program Outreach

1. How good is Hope Rising staff at building relationships with new clients?

○	○	○	○	○
"Very Bad"	"Bad"	"Fine"	"Good"	"Very Good"

2. How good is Hope Rising staff at communicating with you through email?

○	○	○	○	○
"Very Bad"	"Bad"	"Fine"	"Good"	"Very Good"

3. If you have attended a Hope Rising community presentation, how much did it motivate you to get involved with the program?

○	○	○	○	○	○
"Not At All"	"A Little"	"Some"	"A Lot"	"A Great Deal"	N/A

4. If you have seen Hope Rising's educational materials (posters, handouts, etc.), how much did it motivate you to get involved with the program?

○	○	○	○	○	○
"Not At All"	"A Little"	"Some"	"A Lot"	"A Great Deal"	N/A

Section 2: Program Barriers

Statement	1st	2nd	3rd	4th	5th	6th	7th
"Everyone thinks that people who go to therapy are either weird or weak."							
"Doctors and therapists only care about making money, not about helping people."							
"People don't really change just because they go to therapy."							
"Everyone feels sad or stressed sometimes, it's not a big deal."							
"My friends would all make fun of me if they found out I was going to therapy."							
"My parents don't think therapy would really help me, so they don't care if I go or not."							
"A therapist would share what I tell them with my parents or other people."							