

Evaluation Plan

Data will be collected in the middle (3-month mark) and the end of the whole program at the program's building. The most direct source that can be used is surveys. The program proposal will use two sets of surveys during the middle and end of the program to measure the outputs. The reason for the use of these two surveys is because it can effectively evaluate our goals of the program. This will determine if participants are being reached as intended. It can also identify the reactions of the participants. At the end of the program, the evaluation plan is able to identify to what extent the changes are occurring and if our goals have been met. Other things that it can help evaluate is if the program is beneficial and if the program is working. Another aspect that will be addressed is the impact the program has done. A few things that impact can identify as to what are the consequences, is the program worth resources it costs, and how it has affected individuals in the program.

Data will be collected at the three-month mark from all staff members and participants in the program through a survey that will be filled out at the program's building. One survey will identify if needs are being met, benefits, consequences, and reactions of all participants of the program. Another survey will be made for all staff that will evaluate if participants are being reached and resources are being delivered as intended. The next set of surveys will be done at the end of the whole program, which will happen on the last day of the program. The first survey will be for all the participants in the program and it will evaluate: effects of the program, benefits of the program, and what does not benefit them in the program. The next survey will be for all staff that will evaluate: are goals being met, what seems to work, what seems to not work, and what are the effects. Data will also be recorded by attendance sheets taken at each support group and appointments with the case manager. This tool will be used to evaluate how many participants are attending and how often.

For the first intermediate outcome regarding therapy for the clients of the program, self-sufficiency will be measured using the Tennessee Self-Sufficiency Matrix (Pearce, 2002). This will be completed by clients at the start of the program, the middle of the program, and at the end. This indicator will demonstrate the progress being made in regards to housing, employment, and overall confidence in the

client's own abilities to become self-sufficient. The Brief Resilience Scale (Smith, et. al 2008) will be used to measure the second intermediate outcome, which is increasing resiliency through the support group skills that are taught as well as social connections.

For the progress towards mental health improvements and progress towards establishing stable housing, this will be documented through case worker and therapist notes. There will be therapeutic goals for mental health, including medication, which therapists will document progress on weekly, and there will be SMART goals for establishing and maintaining housing, which the caseworkers will document progress on. All of these ways of measuring and documenting outcomes will also be compiled into reports and documents including pre and post-tests for the support groups as well as the scales to be administered at the beginning, middle, and end of the group will be available in case the evidence of progress needs to be presented for grants, such as the United Way grant, state grants, the City of Chattanooga, etc.

The progress for the intermediate outcome of increasing support for the program in Chattanooga will be documented by keeping track of the level of social media interaction, support, and donations made. Medication adherence will be included in the therapist reports, as ROIs will be signed by clients for Mental Health Co-Op in order to partner with this organization for medication management. Individual and church donations will be kept track of by the directors of the program and updated spreadsheets with this information monthly, in order to document what was donated and by whom, and if support is increasing. These steps are all connected to the overall evaluation plan because it documents the goals for clients and if they are being met, and what progress is being made. It also documents the outcomes of mental health services, provided housing, case management, medication management, and support groups in the effects had in achieving long term mental health and housing stability for clients. It contributes to the evaluation plan as well by keeping track of donations and local support for sustainability purposes.

Proposed Program Resources

The human resources and support will be incorporated and will consist of inputs like staff members, volunteers, interventions, and training for both staff and volunteers. There will be eight staff members to attend to the clients. There will also be twenty volunteers participating in the program to assist

the staff members. The interventions aspect of this program will include a total of 26 hours. These intervention hours will happen once each week for one hour over the course of the six-month program. It will consist of peer-led management services, social support groups, and in-house clinicians for mental health counseling or substance abuse needs. Another resource will be training. There will be training for both staff and volunteers. This will occur in three phases over the course of one month. These training sessions will occur simultaneously as both staff and volunteers will need to adhere to the same guidelines.

The main material resource involved will include a rental property to provide temporary housing. This space will be used for residents to stay and gain some stability while they progress in the program. In relation to the rental property, this program will utilize material resources like computers, copiers, phone systems, shredders, and various stationary supplies. This will be used by the staff members to keep up with their caseloads. Lastly, there is a need for a curriculum that will be used for training sessions as well as group sessions.

Proposed Sustainability Plan

The way in which this program will be sustained is having a strong support team that will assist to see this program through. For example, this program would need to be sustained by LCSW's, MSW's, and social work interns that can conduct intake processes, counseling sessions, and case management. Two other ways that this program will be sustained is by keeping open communication with local agencies that provide funding. One of the local agencies that would be considered is the United Way which provides grants. Also, applying for state government grants will support the sustainability of the program. One of the last areas that will help to sustain this program is by having support from local leaders. A local leader that is preferable to use would be the city mayor. By having this leader on board, it will expose the program to local donors whether individuals, churches, or other agencies.

Limitations

The limitations of this program proposal, even if all needed resources were acquired, would be that the directors of the program do not have experience in establishing a new agency. Also, another limitation would be building a clientele that is interested in the program enough to commit to the 6-month treatment

plan and stay throughout the entire time, due to the fact that mental illness may make it difficult to take this first step. In addition to this, fundraising may be more challenging due to the economic downturn since the COVID-19 pandemic. There are also many other organizations in need of funds at the moment for this reason, so there will be strong competition. Another potential limitation is that with an eviction crisis likely occurring soon (Benfer, 2020), and rates of mental illness increasing (Sbarra, 2020), the program may have too many people in need of help and not have the funding to take all clients who need help immediately, and a system may need to be developed to prioritize cases.

Conclusion

The program proposal to address housing insecurity and mental illness in Hamilton County, Tennessee is based on research from both the needs assessment as well as the literature review, which has shown that there is a gap in resources available to help the population of those who are both housing insecure and suffering from mental illness but unable to qualify for disability benefits. Due to this problem, the program proposed seeks to address the needs of this community through evidence-based practices such as support groups focusing on resilience and social support in collaboration with a housing-first model. Through state and local grants, as well as community support, the proposed program will also provide case management, therapy, and referrals to medication management to address underlying mental health needs in order to enable clients to have the stability needed to establish employment that will lead to affording long-term housing. The long-term goal of the program is for the clients to have both mental health stability and housing security after going through the treatment plan as designed.