

EVALUATION PLAN:

Charlotte Rescue Mission



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PPUA 6509 Techniques of Program Evaluation

December 4, 2023 | Professor Marshall

Table of Contents

Summary.....	Page 3
Program Context and Evaluation.....	Page 4
Program Description and Logic Model.....	Page 5
Evaluation Purpose.....	Page 6
Evaluation Design.....	Page 6
Data Collection Methods and Data Analysis Plan.....	Page 9
Plan for Dissemination and Use of Findings.....	Page 10
Appendices.....	Page 14
References.....	Page 16

Summary

The Charlotte Rescue Mission (CRM) is a nonprofit organization in Charlotte, North Carolina. CRM has supported its surrounding community since 1938 (Charlotte Rescue Mission, 2022). This faith-based organization provides four-month-long residential recovery programs for homeless men and women eighteen years or older battling substance use addiction. Participants will enter the Rebound Men's or Dove's Nest Women's programs. The program is free to participants and includes wraparound support, such as financial coaching, housing, and the skills to maintain healthy relationships (Charlotte Rescue Mission, 2023). Despite being faith-based, CRM acknowledges and accepts the American Medical Association's definition of alcoholism and supports an open-door policy, taking individuals from everywhere, regardless of their religious background or preferences (Charlotte Rescue Mission, 2023). Most of CRM's funds come from private donors and business grants, allowing them to work with the beneficiaries for the necessary duration without any restriction or oversight from external agencies.

A key component of the program is its provision of education on relapse prevention strategies and the recovery environment. It also addresses mental health disorders and offers a trauma track for both men and women who are evaluated for their progress before proceeding to the next stage. The program employs licensed substance abuse counselors and clinicians who provide evidence-based treatment, group therapy, individual therapy, anger management, and lectures. Participants will also attend daily devotions and spiritual classes during the week. CRM incorporates Christian and therapeutic practices into daily programming to serve the men and women in each recovery phase. The organization's ideology is founded on the belief that addiction is a disease, not a moral issue.

The core program is CRM's foundational phase of service. The core program consists of five phases, beginning with the pre-assessment stage, where individuals are evaluated to determine if this suits them and their commitment to recovery. Throughout the program, participants will move on to the remaining four phases. The phases include weekly courses individuals have to attend throughout the week. This includes learning centers staffed by CRM employees with volunteers offering support with lessons in financial literacy, interviewing, reading, and writing skills. Participants will also receive their chore assignments to help with the upkeep of the buildings where they participate in the programming. Participants are also provided with GED preparation by CRM staff. This ensures that program beneficiaries are well-prepared to get their lives back on track after graduating.

Upon completion of the recovery programs, CRM has programming for alumni who still need assistance. CRM Alumni can live in transitional housing for two years and continue receiving case management. This case management program can last anywhere from six months to two years. In 2021, CRM launched Recovery Living, a new program to provide transitional housing and support for up to two years after graduates complete

the core 120-day program (Charlotte Rescue Mission, 2022). In addition, Alumni can enroll in a six-month Life Skills program at the Community Matters Cafe - where participants learn restaurant skills (Charlotte Rescue Mission, 2022).

Our team has been tasked with evaluating the effectiveness of CRM's Core program. CRM's Chief Program Officer, Trina Fullard, has specifically requested that we develop a comprehensive plan to investigate and understand why some individuals tend to discontinue their participation during the pre-program phase of treatment. We will explore various aspects of the program to identify potential factors that might contribute to this trend and work towards enhancing the program's success for all participants.

Program Context and Evaluation

CRM distinguishes itself as a rescue mission rather than a traditional treatment program. The organization is committed to providing services and support to individuals with substance use disorders. Its primary objective is to present a comprehensive approach to recovery and restoration, addressing immediate needs like shelter and food and offering programs and resources for long-term transformation. Key facets of the CRM encompass a Residential Program. This program operates to provide individuals with a structured and supportive environment. It includes transition recovery groups, life skills training, counseling, and various services designed to assist participants in rebuilding their lives. The target population for the program is individuals facing homelessness and battling substance use disorders. Despite being a faith-based organization, the CRM maintains an open-door policy. This means that individuals who share a different faith or are within the same geographical area still have the opportunity to enroll in the program after undergoing the screening stage. In addition to the on-ground staff, the organization actively engages volunteers in various activities. These include participating in outreach events, providing professional workshops and tutoring sessions, and supporting program participants. CRM is active in the community, where it collaborates with external partners such as churches, Alcoholics Anonymous groups within the community, local supermarkets and food vendors, and other private entities. These partnerships aim to establish a network of support for the community, enhancing the effectiveness of their programs and broadening the range of services available. CRM's core program, the four-month program for both men and women participants, will be evaluated. The core program can enroll up to 132 men and 120 women for all phases. All programming for men is conducted in the chapel, and women will complete their programming in the community room. Trina Fullard, Chief Program Officer, and her team want to evaluate the core program because this will be the first time they had their program evaluated. The primary aim of conducting a program evaluation is to assess the program's impact. This is crucial for critical stakeholders to appraise the intervention's effects on its intended outcomes. The evaluation process helps gauge both the direct and indirect effects of the program, contributing to an understanding of its impact on the target populations and facilitating improvements in the completion rate of the core program. It is essential to note that this program enrolls participants voluntarily - participants are not forced to join. However, while in the program,

individuals are not allowed to move between phases until they complete all the requirements of the previous phase. Individuals are closely monitored on their first 14 days; some participants may drop out. Dropouts during the first 14 days are an issue that CRM staff want to understand. The overall program has a completion rate of 46%, with 65% of those participants wanting to move into the aftercare programming. This evaluation will be beneficial to CRM staff and program participants. The evaluation can take a mixed methods approach and provide CRM with the results of their impact. Determining their impact can aid in decision-making and help CRM understand areas to improve on or continue. This will benefit the participants because the evaluation can shed light on participants reasoning for dropping out early in the program. The evaluation can develop a plan to suit the needs of the participants.

Program Description and Logic Model

The logic model, see *appendix (Pages 14-15)* presents a structured approach to enhancing the effectiveness of the addiction recovery program at CRM. It begins with key inputs, including intake staff, program staff, referring community partners (such as detox centers and jails), peer mentorship, and external partners (including local supermarkets, food vendors, and private donors). These inputs feed into activities, such as a 120-day inpatient program, weekly courses, professional development sessions, counseling sessions, and partnerships with external organizations. The program's success is measured through various outputs, including class attendance, program completion, rates of opt-ins for post-graduation housing, and participant survey responses. CRM is dedicated to achieving specific outcomes for its participants across different timeframes. In the short term (1-6 months), the program's primary emphasis is to guide participants toward successful completion. This involves a multifaceted approach, including cultivating resilience and self-efficacy, reducing substance use, attaining sobriety, and concurrent efforts to enhance physical and mental well-being. The overarching goal is to support individuals in their journey toward holistic recovery within the specified timeframe. In the intermediate term (7-18 months), CRM aims to empower participants with employment and independent living skills, facilitate their transition to safe and stable housing, and help them establish recovery support systems. In the longer term (19+ months), the program seeks to support participants in maintaining their sobriety and recovery and assisting them in becoming productive members of the community. Additionally, CRM aims to foster improved family relationships and encourage participants to give back by helping others recover from addiction. Active participation in the alumni network is also encouraged to further support the long-term well-being of program participants through a sense of community.

It is also important to note some critical external factors and limitations that could impact the intended outcomes of an addiction recovery program. External factors include negative societal views and stereotypes concerning participants involved in addiction recovery programs. This can deter people from seeking help and make the recovery journey more difficult, as they need to receive the necessary support. Similarly,

the extent of self-awareness and willingness among individuals struggling with substance use disorders to seek and access support can limit CRM's outreach efforts.

The program faces certain limitations, and one prominent one is the presence of stigmas attached to recovery programs. Cultural differences pose a significant consideration, as misalignment with an individual's cultural beliefs might deter them from engaging in the treatment or engaging with the program entirely. In addition, geographical location stands out as another constraint. Some participants who do not have the means of transportation may experience accessibility challenges.

Evaluation Purpose

The primary purpose of the evaluation plan is to assess the effectiveness of the addiction recovery program in achieving its short-term, intermediate, and long-term outcomes as outlined in the logic model. The intended users are the program staff and leadership at CRM and our service learning team here at Northeastern University. The key inputs into the program are the staff, partners, curriculum, counseling, and other support services. The activities focus on the 120-day inpatient program and supplemental offerings. The evaluation would seek to answer the following questions:

1. *How do we retain a greater portion of program participants in the initial 14-day introductory period?*
2. *How can CRM build connections with alumni beyond their discharge?*

The evaluation plan for CRM draws the attention of several key stakeholders, each with a distinct interest in the program's outcomes. Program leadership and staff seek to understand the program's effectiveness and areas for improvement, using the evaluation to inform their operational decisions, allocate resources, and plan strategically. At the heart of the recovery process, program participants have a vested interest in the program's success as it directly impacts their journey to sobriety and reintegration. Their valuable feedback informs necessary improvements that align with their needs and aspirations. Funders and donors, crucial for program sustainability, rely on the evaluation to hold the program accountable and ensure that their investments yield the intended positive impact. Lastly, partner organizations, such as detox centers and employers, are invested in the program's success, as it influences their client referrals and hiring decisions, with the evaluation helping identify areas for stronger, more productive partnerships.

Evaluation Design

Evaluation Question 1

How do we retain a greater portion of program participants in the initial 14-day introductory period?

In entering a residential treatment program at CRM, participants first complete a 14-day introductory period where they become familiarized with the workings of the program. Program staff have noted that if a participant makes it through the 14 days, they are very likely to continue with the program through graduation. However, CRM has stated that relatively large numbers of participants leave the program before the two weeks are complete.

In answering this question, we will use a sequential mixed-method design. This design will require us first to collect quantitative data to provide a baseline for evaluation. The baseline data that will help to answer this question is the number of program participants who begin the introductory period compared to the number of participants who complete it. Once we find this attrition rate, we will collect qualitative data to seek conclusions about the reason for attrition. This design will take an exploratory approach through interviews and surveys as part of the onboarding process for participants. Data will be collected from selected participants at the beginning of the 14-day period, in the middle, and at the end (15th day). This will consider individuals who drop out in the middle and at the end of the 14-day period and those who move on.

A quota sampling technique will be leveraged to obtain a sample representative of the population. As quota sampling uses a predetermined group to represent a population, this group would consist of members who have left CRM before the end of the 14-day period over one year. We plan to look into the trends of participants leaving in these two weeks. To measure this, we will consider demographic data based on intake forms and recommend including an exit survey on discharge forms. From this, we would consider the age, gender, race, and specific substance-use struggles of participants leaving the program to determine whether trends emerge that may point towards a need to focus more on a specific population. The onboarding process begins with a needs assessment interview for prospective participants.

Following the initial onboarding, we propose implementing a check-in survey on day 7 and a summative survey at the 14-day mark. In the case of participant dropouts, we recommend conducting an exit survey. These surveys will collaboratively pinpoint gaps and areas for improvement during the 14-day introduction period. This approach ensures a thorough grasp of the participant experience, enabling CRM to make well-informed enhancements. The exit survey, specifically, serves to uncover reasons for early program departure, providing valuable insights for CRM's continuous improvement efforts. We recognize the challenge of implementing an exit survey in a setting where a participant may need to be more interested or able to provide feedback. With this, we would use additional resources to collect further data. For example, the program incorporates a "buddy system," pairing seasoned participants exhibiting leadership skills with entry-level participants to assist their adjustment. We suggest surveying these buddies as they, being peers, might receive more candid feedback from entry-level participants. This feedback can provide valuable insights into the strengths and weaknesses of the two-week period, contributing to a more comprehensive understanding and improvement of the onboarding process.

“Buddy” testimony may be used to change the program to give newcomers a greater chance of staying past week two. Success could be measured by comparing the number of program participants who matriculate past the initial stage of treatment and by reviewing the feedback of “buddies” before and after changes are made. These measurements could be taken initially to establish a baseline and then again every six months.

Finally, we would research similar organizations to see if there is an attrition trend at the beginning of a program. This is important to consider as a person’s decision to enter and leave treatment includes several external factors that cannot be controlled through programming. Ultimately, a key performance indicator will be an increase in the retention rate with the help of the identified patterns and the inclusion of seniors in the buddy program in the design/improvement in the 14-day introductory period.

Evaluation Question 2:

How can CRM build connections with alumni beyond their discharge?

CRM has a well-defined plan for program participants within their treatment center, maintaining strong connections during the residential phase. However, after participants graduate, sustaining these connections becomes challenging. CRM aims to enhance post-program engagement to keep the community connected, monitor long-term success, invite alumni for mentorship, and showcase impact to donors. Developing strategies for sustained post-graduation connections will be key to achieving these goals.

With these goals in mind, we will again use a mixed-method design to evaluate the current alumni engagement system and monitor forward progress. Currently, the greatest barrier to this evaluation is a lack of alumni contact information. With the limited information available, we recommend reaching out via phone, email, or letter to any alumni for which information is available. To hopefully increase the amount of contact information from alumni, we recommend putting out a notice on social media and CRM’s website requesting alumni to be in touch and providing an email and phone number alumni can use to get in touch.

We recommend sending out an alumni engagement survey, which serves a dual purpose. First, it would collect data about alumni progress that could be used to track long-term success and that could be shared (anonymously and with consent) with donors to demonstrate impact beyond the program. Additionally, the survey could include questions measuring alumni’s interest in staying in contact with the program and inputting the best ways to reach fellow alumni.

Using a participatory design approach, we propose establishing an Alumni Council, ideally composed of survey-respondent alumni. We suggest creating a dedicated private

platform to facilitate collaboration and communication, using insights gathered from the survey data. This platform can be crucial in pinpointing members who would serve as liaisons, particularly during the evaluation process.

With CRM's alumni department, this council will plan engagement events, and using the snowball sampling method, the alumni council can use these events and their own networks from their time at CRM to pinpoint other alumni to reach out to for further surveys and engagement. This model ensures alumni input, ownership, and a strengthened community within the alumni network.

With this in place, success would be measured after six months and then annually to compare the number of alumni attending engagement events, signing up for mentor positions, and becoming involved in the Alumni Council. In addition to comparing these numbers, evaluators can collect direct testimony from council members and eventgoers that could demonstrate the impact of the alumni program and the CRM program at large, which could be used to communicate with donors.

Data Collection Methods and Data Analysis Plan

In addressing the first evaluation question, multiple qualitative and quantitative data sources will be leveraged to evaluate factors related to participant dropout during the 14-day introductory period. Surveys will be administered to new participants on day 7 and day 14, and post-introductory participants will gather open-ended perspectives on experiences with and feelings about the onboarding program components. One-on-one interviews will also be conducted with a sample of participants who dropped out before day 14 and those who persisted through day 14 to probe further their decisions to leave or stay in the program. Program staff and mentors guiding new participants will additionally be surveyed and interviewed for their insights. Direct observations during the weekly introductory period courses will allow for an unfiltered view of participant engagement levels and experiences in real-time during the program activities. For quantitative metrics, participant demographic information will be compiled during intake processing. In contrast, intake/discharge records will enable an analysis of demographic patterns distinguishing participants who discontinue versus those who persist. Finally, secondary benchmarking statistics from comparable recovery programs will be collected to determine alignment on introductory period retention trends.

The surveys, interviews, observations, demographic data gathering, intake/discharge records analysis, and benchmarking against external programs collectively comprise a comprehensive methodology for evaluating influences on early participant dropout. This mixed methodology provides numerical retention rate statistics and detailed qualitative narratives around personal participant experiences to inform conclusions and recommendations.

Qualitative data will be collected to determine how CRM can build connections with alumni beyond discharge. Participants graduate and transition from the core programming after completing CRM's 120-day recovery program. Primary data

collection is used by sending surveys to alumni for whom CRM has contact information, which will occur at discharge for current participants and after discharge for post-graduates. The evaluation team will administer surveys to participants in person at discharge and will capture individuals' thoughts about their experiences within the program and the best methods to contact them. The second survey will be given to alumni and conducted over the phone or online form (for those who want their responses to remain anonymous). The survey will contain open-ended questions to provide qualitative results. This data collection will compare results to depict an alumni's progress after exiting the CRM program. The surveys will provide two types of qualitative results that will be used to gather data from alumni. The first goal of the surveys is to capture updates on Alumni's progress, which can track graduates' overall progress and determine the impact of the recovery program. The second goal will determine alumni's interest in staying connected with CRM and provide best practices to reach other participants or remain in contact with graduates. Following administering these surveys, a participatory action design will be implemented using the findings from this qualitative data collection. Incorporating critical stakeholders in the evaluation plan includes building stronger alumni connections with CRM. This requires recruiting survey respondents to form an alumni council to be trained on continuing to collect alternative data on post-graduates, such as testimonials.

Collaboration with evaluators, alumni, and CRM staff will occur to analyze the data to best connect with post-graduates. Since qualitative data is the primary source of information, and the sample size may be significant, it will be essential to divide the survey respondents among the team and develop key themes, codes, and definitions to point out findings and trends quickly. For example, to build better connections, CRM needs to figure out the best method to reach alumni. A theme could be the best contact method, and the various codes would be a phone call, text message, social media, etc. The evaluation team will ensure the definitions will inform everyone when they can use specific codes, so if a respondent explains the best way they can be contacted is through Facebook messenger, the person reviewing this survey can record the code social media as the best method of contact. It is essential for respondents to feel accurately represented, so it is encouraged not to guess what respondents to reconnect with to ensure you understand their progress.

The limitation when analyzing secondary data is vital to consider. When examining the data, Mertens and Wilson (2019) advise evaluators "to be aware of any limitations in reliability, validity, and comprehensiveness...[and assess] their ability to disaggregate the data" that is representative of the community (p.359). The limitation in gathering these qualitative data is administering surveys to current participants and alumni. Some individuals may be uninterested in taking a survey at the beginning of treatment or revisiting difficult times and want to move forward. Mertens and Wilson (2019) also discussed the disadvantage of not directly observing participants taking the survey, so it would be hard to tell if recorded their true feelings (p.357). Regarding the alumni council, it will be difficult for the evaluation team to get the group to start and may require incentives to encourage participation. However, as Merterns and Wilson (2019) point

out, surveys provide the advantage of reaching and connecting with many participants (p.357).

Plan for Dissemination and Use of Findings

This section outlines the strategies for effectively communicating the evaluation findings, ensuring clarity and accessibility for the intended audience. The presentation aligns with the purpose of the evaluation questions. This dissemination strategy aims to empower decision-makers with the necessary information to implement targeted improvements and optimize the program's effectiveness.

Evaluation Question: How do we retain a greater portion of program participants in the initial 14-day introductory period

Objective: To analyze the attrition rate during the 14-day introductory period and identify strategies to enhance participant retention within that period.

The findings from this evaluation question provide actionable insights into enhancing the participant retention strategy during the crucial 14-day introductory period. Combining visual representation, participant feedback, and benchmarking ensures a comprehensive understanding of stakeholders.

Data Source	Notes	Audience	Format to be shared in (Dissemination)	Target	Lead	Status
Surveys	Utilize graphs or charts to visually represent attrition rates over the 14-day period. This allows for quick comprehension and comparison. Summarize key insights from qualitative data by highlighting common themes or challenges faced.	Entire CRM Staff Particularly the onboarding department Counselors Mentorship Executive board members Donors and key stakeholders if requested Participants/Alumni if needed	Presentation on data collected from evaluation and its relationship to the research questions (Gaps Identified and brainstorming session based on patterns identified from the data)	1 st quarter of 2024 (on a monthly basis)	Evaluation Associate and CRM - Lead Data Department	To Be Determined (TBD)
Observations	The observations will take place during the various sessions within the introductory period. Provide a concise summary of observations, emphasizing notable trends or patterns observed during the 14-day period.	Presentation on data collected from evaluation and its relationship to the research questions (Gaps Identified and brainstorming session based on patterns identified from the data)				
Interviews	Share compelling quotes or anecdotes from participant interviews to add a human touch and convey the emotional aspects of the experience					
Secondary Data	Benchmark attrition rates against data from similar organizations offering a comparative perspective. This data can be presented using a pie chart or clustered bar graph to indicate the similar themes identified					

Second evaluation question: "How can CRM build connections with alumni beyond their discharge?"

Objective: It centers on enhancing practices for alumni engagement.

Data Source	Notes	Audience	Format to be shared in (Dissemination)	Time Frame	Lead	Status
Surveys (qualitative and quantitative)	<p>Data from attendance rates can be presented in a line/bar graph</p> <p>While the findings from testimonials and recommendation can be coded to highlight key themes that provide extra information in answering the evaluation question</p> <p>*Should the data indicate a positive or negative relationship particularly between demographics or individual substance use recovery journeys a T-test or Spearman ranking can be employed to ascertain the correlation</p>	<p>Discharge Staff</p> <p>Current and Past Alumni</p> <p>Executive board members including program manager, Donors and key stakeholders</p>	<p>Presentation for CRM Staff and decision makers</p> <p>and</p> <p>A participatory performance story report in the form of a brochure</p> <p>This report will primarily focus on the rationale behind the evaluation question, sources of evidence and the implications of the results</p>	<p>1st quarter – 2024</p> <p>(monthly updates)</p>	<p>Evaluator</p> <p>Alumni Engagement Department</p>	<p>To Be Determined</p> <p>(TBD)</p>

At the close of the first quarter, the comprehensive findings will be compiled into a memo. This memo will take the form of a singular report encompassing various data visualization tools. The report is intended for presentation to key stakeholders within CRM, including executive board members. These memos will serve as interim reports, presenting formative data at different evaluation stages. Monthly reports or newsletters will be the preferred format for these interim updates.

This strategic approach ensures the swift identification and presentation of key information. It aims to assess areas of concern, identify needs, design tailored interventions, and utilize preliminary findings to guide decisions. Simultaneously, the evaluation cycle will persist in providing more refined information and updates.

After completing the entire evaluation, a summit workshop will convene to review the identified areas of concern meticulously. This collaborative effort will be instrumental in crafting comprehensive recommendations for future actions. The workshop's participants will encompass diverse stakeholders, including funders, staff, and carefully selected community members from various alumni cohorts.

Harnessing insights from the evaluation, the workshop will actively contribute to formulating practical recommendations to address identified concerns. Collaborative discussions will lead to the creation of a strategic action plan. This plan will be designed for implementation within the upcoming 6 months to a year, ensuring a prompt and focused response to the evaluation findings.

By involving a broad array of stakeholders, including community members from different alumni cohorts, the workshop guarantees diverse perspectives and a well-rounded approach to decision-making.

Moreover, tailored capacity development exercises will be curated as part of the post-workshop initiatives to address the identified gaps, specifically emphasizing the onboarding and discharge department. This targeted approach aims to enhance efficiency and effectiveness in these critical areas.

This comprehensive strategy ensures that the evaluation's outcomes are thoroughly scrutinized and translated into actionable plans. The inclusive and collaborative nature of the summit workshop promotes a holistic understanding of concerns and facilitates the creation of meaningful, sustainable solutions.

Appendices

Logic Model Breakdown

Inputs:

- **Intake staff:** The staff responsible for admitting individuals into the program.
- **Program staff:** The team that conducts the addiction recovery program.
- **Peer Mentors:** Senior participants in the program who mentor and encourage newcomers.
- **Referring community partners:** Collaborative partners like detox centers and jails that refer individuals to the program.
- **External partners:** Partners such as Whole Foods and private donors who support daily operations.

Activities:

- **120-day inpatient program:** The core program for participants.
- **Weekly courses:** Educational sessions to support recovery.
- **Professional development sessions:** Training to enhance life skills and access to opportunities.
- **Counseling sessions:** Individual and group therapy sessions.
- **Relationships with external partners:** Collaborations with partners for resources and support.

Outputs:

- **Class attendance:** Measuring participant engagement in program activities.
- **Rates of opt-ins for post-graduation housing program:** The number of individuals choosing to continue recovery.
- **Survey responses:** Feedback from program participants.

Outcomes:

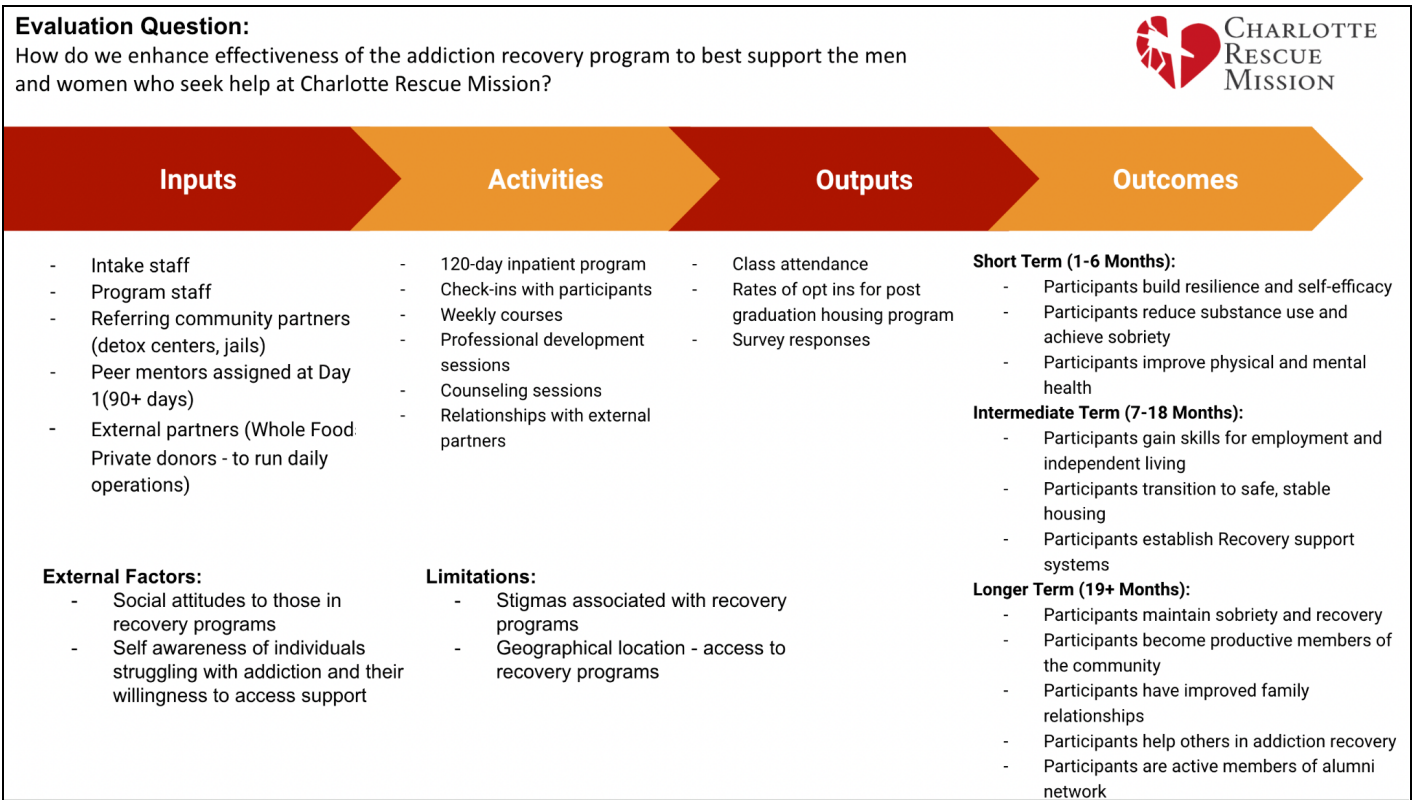
- **Short-Term (1-6 months)-**
 - Participants build resilience and self-efficacy.
 - Participants reduce substance use and achieve sobriety.
 - Participants improve physical and mental health.
- **Intermediate-Term (7-18 months)-**
 - Participants gain skills for employment and independent living.
 - Participants transition to safe, stable housing.
 - Participants establish Recovery support systems.
- **Long Term (19+ months)-**
 - Participants maintain sobriety and recovery.
 - Participants become productive members of the community.
 - Participants have improved family relationships.

- Participants help others in addiction recovery.
- Participants are active members of the alumni network.

External Factors and Limitations:

- **External Factors-**
 - Social attitudes to those in recovery programs
 - Self-awareness of individuals struggling with addiction and their willingness to access support
- **Limitations-**
 - Stigmas associated with recovery programs
 - Geographical location - access to recovery programs

Logic Model



Note: A logic model is a tool used in program evaluation to visually represent the theory of change for a program. It illustrates the intended relationships between program resources, activities, outputs, and outcomes.

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