



EmpowerHer: Monthly Workshops for Young Women Transitioning from High School to College

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MISSION STATEMENT:

The purpose of this program is to create an environment that is empowering and supports young female adults with Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s) as they transition from high school to college. This program plan is aimed at providing individualized guidance, resources, and a community that fosters academic, social, and emotional success. This is done by the promotion of self-advocating, independence, and a strong well-being. The program plan helps to ensure that every young female adult will be able to navigate all the challenges that arise as a college student, because of the confidence and resilience they will be able to develop through the program.

PROGRAM GOALS & OBJECTIVES:

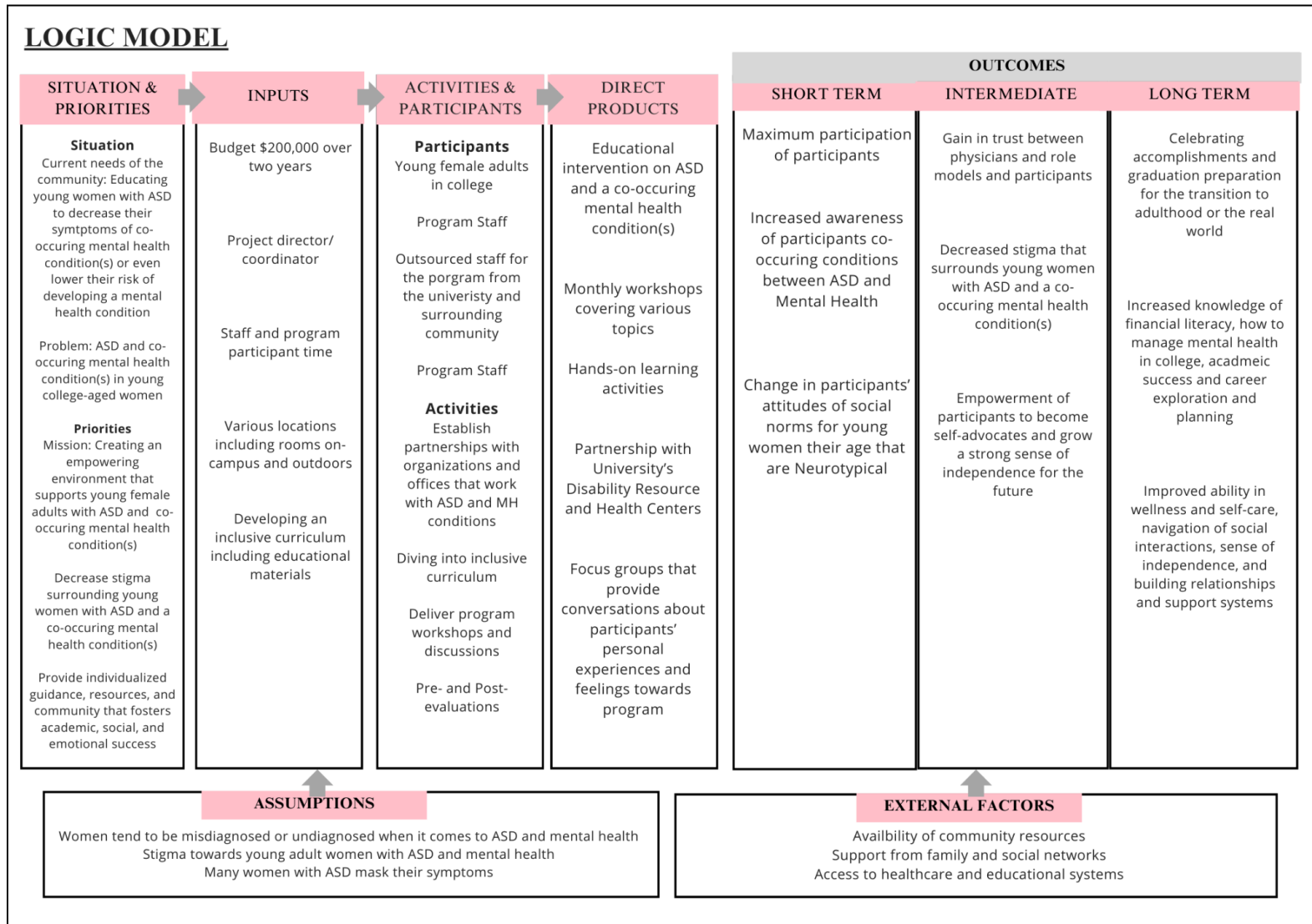
- **Goal 1:** Having participants achieve academic excellence and success when transitioning into college from high school.
 - By May 2026, 80% of the participants will demonstrate improved study skills, time management, and organizational strategies, this helps to increase the academic preparedness among young women throughout their transition into college.
 - Enhancing the needs of self-advocacy skills among the program's participants by 30%, within the first six months of the program, so that they can communicate their academic needs effectively to their professors and instructors.
 - Facilitating that 100% of the participants receive and utilize their access to academic accommodations and supporting services that are tailored to each individual needs of program participants, to ensure success.
- **Goal 2:** To make social interaction and integration feel natural instead of something that can be forced.
 - To increase the development of social skills through various Activities by 50%. This can be accomplished through peer-support groups, socialization activities, role-playing exercises and more. All of these activities will focus on the building of friendships and being able to navigate through various social situations.
 - Facilitating opportunities for the program's participants to connect with various mentors and/or role models that have successfully transitioned from high school to college with Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s) by 100%.
 - To increase inclusive environments across a college campus by 90%. This can be accomplished through awareness campaigns, a sensitivity training program for college and university faculty and staff, collaboration with various student

organizations to advocate for neurodiversity and mental health awareness across a student body population, etc.

- **Goal 3:** To develop a strong emotional well-being for the program's participants.
 - To be able to provide the proper and necessary counseling services and support groups that are tailored to each individual student's emotional needs and challenges that are faced by young females with Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s) while transitioning to college to 100% of the participants.
 - To provide workshops that focus on various coping strategies and skills. This can include stress management, emotion regulation, etc. to help empower the program's participants when navigating their emotional needs in an effective manner.
 - Decrease stress levels of participants by 30% within three months of the program.
 - Help to strengthen the connections between community mental health and healthcare professionals to ensure that there is continuous access for students to mental health support and interventions when needed.
- **Goal 4:** To deepen the need for the program's participants to become self-advocates and grow a sense of independence.
 - Empower participants to be able to advocate for their rights and accommodations while in a college setting, by 80%. This can include proper training and various resources that are available to each participant that cover topics such as self-advocacy, decision-making and problem-solving.
 - Having 90% of the program's participants identify their own strengths, weaknesses, and support needs all through individualized exercises and activities.
 - To develop a sense of independence and the life skills that are needed for daily tasks within the six months of the program, by 40%. This can be accomplished through workshops focused on young adult topics like how to budget, self-care, navigating a college campus and where the resources can be found.
- **Goal 5:** To have participants stay connected with family and friends and find support groups throughout the community when transitioning to college from a high school environment.
 - Having families and friends of the program's participants to be involved during the transition, by 100%. This can be accomplished by providing various resources, education and support networks to support their daughters' and/or loved ones' college journey and process.
 - To promote inclusive environments across a surrounding community, reaching 95% coverage within the first year of the program. This can be accomplished through community organizations, advocacy groups, etc. all to advocate for young females with Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s).

- Establishing a peer mentorship program within the first month of college enrollment, with each participant allocated at least one mentor.

LOGIC MODEL:



Situation & Priorities:

Situation: The current needs of the community are to educate young women with Autism Spectrum Disorder (ASD) to decrease their symptoms of a co-occurring mental health condition(s) or even lower their risk of developing a mental health condition. The problem is that of Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s) in young college-aged women.

Priorities: The mission of the intervention is to create an empowering environment that supports young female adults with Autism Spectrum Disorder (ASD) and co-occurring mental

health condition(s). One main priority of the intervention is to decrease the stigma that surrounds young women with Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s). The second priority of the intervention is to provide individualized guidance, resources, and community that fosters academic, social, and emotional success.

Inputs: The inputs include a budget of \$200,000 over two years; hiring and paying a project director/coordinator and staff; accounting for staff and program participants time; the various locations that workshops will take place in, including rooms on-campus and outdoor locations; and creating an inclusive curriculum that includes educational materials used in workshops.

Activities & Participants:

Participants: The participants included young female adults in college, outsourced staff from the university and surrounding community and program staff.

Activities: The interventions activities included establishing partnerships with organizations and offices that work with Autism Spectrum Disorder (ASD) and mental health conditions; diving into the inclusive curriculum; delivering program workshops and discussions; and creating and taking pre- and post-evaluations of the impact from the interventions activities.

Direct Products: The direct products of this intervention include the educational intervention on Autism Spectrum Disorder (ASD) and a co-occurring mental health condition(s); monthly workshops that cover topics on the transition to college, managing mental health in college, navigating social interactions, various academic success strategies, career exploration and planning, wellness and self-care, financial literacy, building a sense of independence, building relationships and support systems, reflection and goal setting, community engagement and leadership, and celebrating accomplishments and graduation preparation for the transition to adulthood or the real world. The additional educational intervention will include hands-on learning activities; the partnerships made with the University's Disability Resource and Health Centers; and the focus groups that will be able to provide conversations about the personal experiences and feelings of the participants towards the program and interventions.

Assumptions: Many assumptions come from Autism Spectrum Disorder (ASD) and mental health, thus causing the formation of stigmas and stereotypes. The three assumptions of the program plan is that women tend to be misdiagnosed or undiagnosed when it comes to Autism Spectrum Disorder (ASD) and mental health; stigmas toward young adult women with Autism Spectrum Disorder (ASD) and mental health; and that many women with Autism Spectrum Disorder (ASD) mask their symptoms causing them to not look the part of having Autism Spectrum Disorder (ASD)

Outcomes:

Short Term: There are three short term outcomes for the program's intervention that includes creating a maximum amount of participation among the program participants; increasing awareness of participants' co-occurring conditions between Autism Spectrum Disorder (ASD) and mental health; and changing the participants' attitudes of the social norms for young women their age that are neurotypical.

Intermediate: There are three intermediate outcomes for the program’s intervention that includes gaining trust between physicians and role models and participants; decreased stigma that surrounds young women with Autism Spectrum Disorder (ASD) and co-occurring mental health condition(s); and creating a sense of empowerment of the participants to become self-advocate and grow a strong sense of independence for the future.

Long Term: There are three long term outcomes for the program’s intervention that includes celebrating accomplishments and graduation preparation for the transition to adulthood or the real world; increased knowledge of financial literacy, how to manage mental health in college, academic success strategies, and exploring career paths and planning for a future career; and the improved abilities in wellness and self-care, navigation of social interactions, sense of independence, and building relationships and support systems.

External Factors: There are many external factors that can be considered contributors to a comprehensive and impactful program plan intervention. The three that make the most sense for this program plan intervention would be the availability of community resources, support from family and social networks, and the access to both healthcare and educational systems.

NEEDS ASSESSMENT:

A. Background

A.1. Autism in Young Adult Women Who Struggle With a Mental Health Condition

77% of females with Autism Spectrum Disorder have received at least one psychiatric diagnosis (Pearson, 2023). Women with Autism Spectrum Disorder (ASD) are at a particularly higher risk for developing anxiety, depression, and sleep disorders (Pearson, 2023). Autistic women and girls are no exception when it comes to experiencing a co-occurrence in mental health conditions as early as adolescence (AANE Staff, 2023). For women and girls it is important to receive a diagnosis so that they can understand themselves and receive the access to support and care they need (National Autistic Society). As autism is different in everyone, autistic characteristics in women and girls may also differ from other autistic individuals (National Autistic Society).

A.2. Stereotype and Struggles of Late Diagnosis or Misdiagnosis of Autism in Young Adult Women

Undiagnosed autistic girls and women may not receive the support they need to navigate the daily challenges that arise safely, thus leading to further isolation and trauma, setting the

MASSACHUSETTS GENERAL HOSPITAL RESEARCH INSTITUTE

How females with autism spectrum disorder differ from males

Researchers from the Lurie Center for Autism at Massachusetts General Hospital recently published an article advocating for greater awareness of how females with autism spectrum disorder (ASD) differ from males. Their goal is to improve early detection rates and help guide new treatment strategies.

IMAGINATIVE PLAY AND EMOTIONAL WORDS

Females with ASD tend to engage in pretend and imaginative play from a young age. Their speech also contains more vocabulary words related to emotions in comparison to males.

DIFFERENT INTERESTS

Many females with ASD have intense, highly focused interests related to people and animals (such as celebrities and pets) as opposed to their male counterparts, who tend to be more interested in objects.

SOCIAL INTERACTION

Females with ASD have a greater awareness of and desire for social interaction and often develop one or two close friends. They may camouflage their social difficulties through coping strategies such as mimicking the facial expressions and gestures of others.

INTERNALIZING DISORDERS

Females with ASD have higher rates of internalizing psychiatric disorders such as anxiety, depression and eating disorders. These may be triggered or exacerbated by pressure to live up to feminine societal gender norms regarding children, relationships, etc.

Source: Green, R.M., Travers, A.M., Howe, Y. et al. *Curr Psychiatry Rep* (2019) 21: 22. <https://doi.org/10.1007/s11920-019-1006-3>

stage for many ongoing mental health challenges (Hamstead, 2024). There are many stereotyped ideas about what autism looks like and who can be autistic, therefore many autistic women and girls do struggle to get a diagnosis (National Autistic Society). According to the National Autistic Society, those who do receive a diagnosis late in life or are often misdiagnosed with other conditions than autism (National Autistic Society). However, for women and girls there are many core characteristics of autism that include having “repetitive behaviors” and highly-focused interests (National Autistic Society). Most of the time the behaviors and interests of autism in women and girls are similar to those non-autistic individuals. These behaviors include twirling of hair and reading books, being a part of a friendship group, and high academic achievements, just to name a few (National Autistic Society). Many women and girls with autism have been misdiagnosed with mental health conditions or their autistic traits can be missed among the symptoms of co-occurring conditions (National Autistic Society).

A.3. Stigmas of Autism in Young Adult Women With a Co-occurring Mental Health Condition

Many autistic adults encounter stigma (Marion, 2023). There are many types of stigmas that included but are not limited to labeling, stereotyping, separation, status loss, discrimination and misuse of power (Marion, 2023). Other types of stigma can also include bullying and judgment. Marion and colleagues stated that a greater understanding of what types of stigma [that] persist can [help] inform targeted approaches to diminish the negative impact of stigma [that is] still [being] experienced by so many autistic adults. Due to the stigmas that are experienced by individuals in this population there comes many consequences. Park et. al stated that almost half of adults with Asperger’s syndrome had long term sequelae from prior bullying, such as increased level of anxiety (Park, 2020).

A.4. Common Barriers for Young Adult Women With a Co-occurring Mental Health Condition and a Autism Diagnosis

Barriers come with anything in our daily lives as human beings. However, for young adult females there comes more barriers, especially when she may have an autism diagnosis and co-occurring mental health condition. These barriers could be anything from symptoms and behaviors to the perceived barriers and diagnosis. Symptoms and behaviors can include behavioral problems, social and communication abilities, additional diagnosis or misdiagnosis, relationships being affected, language, and repetitive behaviors and interests (RRBIs) (Estrin, 2020). The perceived barriers to a diagnosis can create Autism Spectrum Disorder (ASD) to be considered a “boys” disorder (Estrin, 2020). Many perceived barriers include parental concerns, the perceptions of others’, individuals that lack information about Autism Spectrum Disorder (ASD) and resources, bias from the clinician, and many compensatory behaviors (Estrin, 2020).

B. Target Population

B.1. Demographics of Young Adult Women Who Struggle With a Mental Health Condition and a Autism Diagnosis

Finding the demographics of young adult females with autism is difficult as females are generally able to mask, or hide, their symptoms better than male counterparts (Organization for Autism Research, 2018). Women are able to maintain eye contact better, be more engaged with conversations, take better care of themselves, as women observe and learn to pick up on certain habits that will eventually lead to “masking” symptoms of their autism diagnosis (Organization for Autism Research, 2018). However, the demographics of the program plan are young adult women, aged 18-21, who are transitioning from high school to college. These women also have been diagnosed with autism spectrum disorder (ASD) and also have a co-occurring mental health condition. The co-occurring mental health conditions can include but are not limited to anxiety, attention-deficit hyperactivity disorder (ADHD), obsessive-compulsive disorder (OCD), depression, mood and behavioral disorders, and many more.

B.2. The Current Support Systems of Young Adult Women Who Struggle With a Mental Health Condition and a Autism Diagnosis

Creating a strong support system takes time and patience. However, a support system can include



parents and guardians, friends, family members, mentors, coworkers, employers, religious heads, and many more individuals. Meredith College states that your first year in college will bring many, many changes [challenges] that include new friends, being away from family and friends, more rigorous courses and responsibilities, and learning to manage your time; that's why having a strong support system is important, not just from forming relationships and friendships, but through the various services your school provides it's student (Meredith College, 2022). With transitioning and adjusting from high school to college it can be a lot for an individual, especially when that individual is neurodivergent. An article on Neurodivergent Insights, written by Megan Anna Neff says that transitioning to college involves a lot of executive functioning, with even more tasks and responsibilities that are being placed on individuals who are autistic. Therefore building a support network helps to ease the transition from high school to college (Neff, 2023).

C. Target Setting

C.1. Monthly Workshops for Young Adult Women with Autism and Co-occurring Mental Health Condition(s)

Monthly workshops help those transition from primary education (highschool) to secondary education (college). These workshops will include topics such as the transition to college, managing mental health in college, navigating social interactions, various academic success strategies, career exploration and planning, wellness and self-care, financial literacy, building a

sense of independence, building relationships and support systems, reflection and goal setting, community engagement and leadership, and celebrating accomplishments and graduation preparation for the transition to adulthood or the real world. These workshops are designed to be held in various locations throughout a college campus and its surrounding communities to help provide the participants with a diverse and accessible learning environment. There are three main locations that the workshops will take place that include on the college campus, in the surrounding community, and online through a virtual platform. On the college campus, locations include the student center or student union where students congregate throughout their days, the counseling center, various academic centers and buildings, the disability resource center, and a wellness center. Community locations include public libraries, community centers, local organizations, and parks or outdoor recreation spaces. The virtual workshops can utilize various online platforms that will be resourceful when conducting virtual workshops, specifically for topics that include self-care, time management, and development of social skills.

C.2. The Preferred Support and Interventions that Young Adult Women With a Mental Health Condition and a Autism Diagnosis Want

Young adult women all have different and diverse preferences for the type of support and interventions that are all based on their individual needs and experiences. There are many preferred ways of support and interventions that this population of young adult women need. These preferences can include but are not limited to having tailored mental health services, training in social skills, a supportive educational environment, having opportunities in community engagement, family and caregiver support, employment and vocational support, self-care and wellness practices, and lastly, networks that provide peer support. All of these supports and interventions are essential preferences that involve young adult women in the process of decision-making when it comes to what they want to receive in support and intervention. Additional support and interventions may include various counseling and/or therapy options, accommodations that include sensory-friendly environments, transition support, awareness for advocacy and rights, technology-based interventions and supports, being culturally sensitive and inclusive, as well as various informed care tailored to possible trauma and posttraumatic events. These additional services that provide support are aimed at addressing the complex and varied needs of this population that also helps to promote the holistic well-being and empowerment of young female adults.

PROGRAM THEORY- SOCIAL COGNITIVE THEORY:

The Social Cognitive Theory (SCT) focuses on the emphasis of social influence and its emphasis on the external and internal social reinforcement (Behavioral Change Models). Social Cognitive Theory is used in a unique way in which individuals acquire and maintain behavior(s), all while considering the social environment where behaviors occur and are performed (Behavioral Change Models). This specific theory looks at an individual's past experiences that play key

roles in determining if behaviors will occur. The goal of the Social Cognitive Theory (SCT) is to explain how individuals regulate their behavior through control and reinforcement to achieve goal-directed behavior that can be maintained over time (Behavioral Change Models). The Social Cognitive Theory (SCT) that involves several constructs. These constructs include reciprocal determinism, expectations, expectancies, self-control, behavioral capability, observational learning, reinforcements, and self-efficacy (Rural Health Promotion and Disease Prevention Toolkit). With any theory, follows limitations that should always be considered when used in public health. The limitations of the Social Cognitive Theory (SCT) include assuming that changes in the environment are automatic that lead to changes in individuals; loosely organized theory; heavily focused on process of learning and in doing and does not focus on emotion, or motivation, other than through to past experience; and the theory is broad-reaching (Behavioral Change Models).

Reciprocal Determinism: Reciprocal determinism refers to the continuous interplay between personal factors, such as how an individual thinks, feels, and behaves, and environmental factors (Little, 1970). Using reciprocal determinism will emphasize the dynamic interaction of individuals' behaviors. Using this concept in the program plan will be able to help the female participants to understand how their thoughts, feelings, and behaviors influence others and are influenced by surroundings.

Expectations: Expectations are the determining the outcomes of behavior change (Rural Health Promotion and Disease Prevention Toolkit). The expectations for the intervention would be for the young females to get a good understanding of the potential outcomes of the participants actions and choices. By encouraging the young females to develop realistic expectations, just like the goals, and coping mechanisms can help when managing the daily challenges that come with being on the Autism Spectrum Disorder (ASD) and having a co-occurring mental health condition(s).

Expectancies: Expectancies are the assigning a value to the outcomes of behavior change (Rural Health Promotion and Disease Prevention Toolkit). Expectancies help to emphasize the role that expectancies have when shaping a behavior. Expectancies will be able to help the young female participants to develop a sense of positive outcome expectancies by being able to learn how to figuratively highlight the benefits of engaging in adaptive behaviors and being able to use effective coping strategies and mechanisms.

Self-Control: Self-control regulates and monitors the individual behavior(s) of individuals (Rural Health Promotion and Disease Prevention Toolkit). Self-control helps to teach young females the importance of self-monitoring, self-evaluation, and self-reinforcement. These strategies that correlate with self-control help to encourage the participants to identify the triggers, develop coping strategies and skills, and practice techniques that revolve around self-regulation to help with the management of emotions, impulses, and other behaviors.

Behavioral Capability: Behavioral capability is the understanding and having the skill to perform a behavior (Rural Health Promotion and Disease Prevention Toolkit). Behavioral

capability provides the type of structured learning experiences and skill-building activities that are necessary for young females with Autism Spectrum Disorder (ASD) and a co-occurring mental health condition(s).

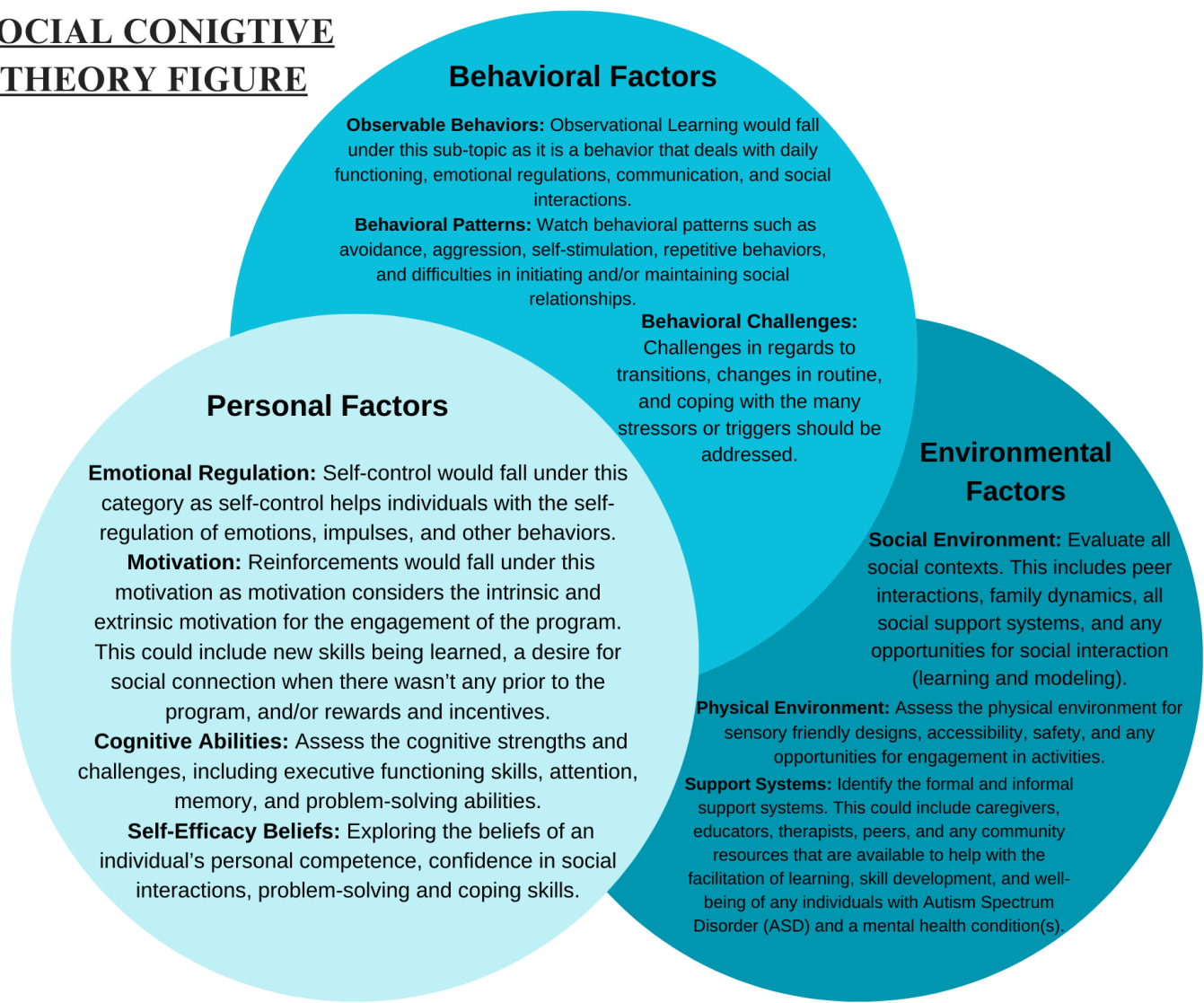
Observational Learning: Observational learning is the watching and observing of outcomes of others that are performing or modeling the desired behavior(s) (Rural Health Promotion and Disease Prevention Toolkit). When using this component of the Social Cognitive Theory it demonstrates the desired behaviors and coping mechanisms that are commonly used in young females with Autism Spectrum Disorder (ASD) and a co-occurring mental health condition.

Reinforcements: Reinforcements is the promotion of incentives and rewards that encourage behavior change (Rural Health Promotion and Disease Prevention Toolkit). Reinforcements also include the use of positive reinforcement can be used to motivate and reward certain adaptive behaviors of individuals. Positive reinforcement can include praising an individual for certain behaviors; providing tokens; or even rewarding individuals with special privileges when meeting predetermined goals (Nickerson, 2024). With reinforcement, staying consistent is key to reinforcing the desired behaviors effectively.

Self-Efficacy: When using the self-efficacy component of the Social Cognitive Theory it enhances the beliefs of self-efficacy by providing individuals with opportunities to master experiences. Self-efficacy is the belief that an individual has control over and is able to execute a behavior (Rural Health Promotion and Disease Prevention Toolkit). Self-efficacy helps to break down daily tasks into more manageable steps, while combining with (positive) reinforcement for each individual achieved goal and task. This helps to encourage young females with Autism Spectrum Disorder (ASD) and a co-occurring mental health condition(s) to be able to set their minds to creating realistic goals to accomplish and celebrate their milestones.

FIGURE OF THEORY:

SOCIAL COGNITIVE THEORY FIGURE



Personal Factors:

Emotional Regulation: Self-control would fall under this category as self-control helps individuals with the self-regulation of emotions, impulses, and other behaviors.

Motivation: Reinforcements would fall under this motivation as motivation considers the intrinsic and extrinsic motivation for the engagement of the program. This could include new skills being learned, a desire for social connection when there wasn't any prior to the program, and/or rewards and incentives.

Cognitive Abilities: Assess the cognitive strengths and challenges, including executive functioning skills, attention, memory, and problem-solving abilities.

Self-Efficacy Beliefs: Exploring the beliefs of an individual's personal competence, confidence in social interactions, problem-solving and coping skills.

Behavioral Factors:

Observable Behaviors: Observational Learning would fall under this sub-topic as it is a behavior that deals with daily functioning, emotional regulations, communication, and social interactions.

Behavioral Patterns: Watch behavioral patterns such as avoidance, aggression, self-stimulation, repetitive behaviors, and difficulties in initiating and/or maintaining social relationships.

Behavioral Challenges: Challenges in regards to transitions, changes in routine, and coping with the many stressors or triggers should be addressed.

Environmental Factors:

Social Environment: Evaluate all social contexts. This includes peer interactions, family dynamics, all social support systems, and any opportunities for social interaction (learning and modeling).

Physical Environment: Assess the physical environment for sensory friendly designs, accessibility, safety, and any opportunities for engagement in activities.

Support Systems: Identify the formal and informal support systems. This could include caregivers, educators, therapists, peers, and any community resources that are available to help with the facilitation of learning, skill development, and well-being of any individuals with Autism Spectrum Disorder (ASD) and a mental health condition(s).

DESCRIPTION OF PROGRAM/INTERVENTION:

What are the Components?: There are several components that make up this program intervention. The components for this particular program intervention include but are not limited to the participants themselves, the curriculum, and the staff that help to make the program.

How does it derive from Theory?: This program derives from the Social Cognitive Theory (SCT), because of the Social Cognitive Theory (SCT) emphasizing the reciprocal interactions between individuals, their behaviors, and the environment.

How was it developed?: The program was developed through a collaborative process involving experts in college transition, mental health support, academic success, social skills development, career exploration, and financial literacy. The development team conducted research on best practices, gathered input from stakeholders including young female adults with ASD and mental health conditions, consulted with professionals in relevant fields, and iteratively refined the program based on feedback and evaluation. The program's design incorporates evidence-based strategies, tailored interventions, and a holistic approach to address the diverse needs of participants during their transition from high school to college and beyond.

Is there any data on efficacy/effectiveness?: Currently, there is no exact data for this particular program intervention plan. However, there is data for individual components and activity of the program intervention plan. The program will also take in account for evaluating and taking data before, during, and after the program intervention takes place.

Is there any data on acceptability and fit for the target population?: Currently, there is no exact data on acceptability and fit for the target population. However, data has shown that there is heightened anxiety and depression among autistic adolescents with attention-deficit hyperactivity-disorder (ADHD) (Accardo). The program will also take in account for evaluating and taking data before, during, and after the program intervention takes place.

Mode of Delivery: The mode of delivery for this program intervention will be fully in-person workshops and group sessions.

Schedule of Delivery: The schedule of delivery for this program intervention plan will be monthly workshops that will occur over a course of three phases. Phase one will include workshops one through four. These workshops will occur within the first semester of the participants freshman year of college. Phase two will include workshops five through eight. These workshops will occur during the second semester of the participants freshman year of college. Lastly, phase three will include workshops nine through twelve. Workshops nine and ten will occur during the second semester of the participants sophomore year of college. The remaining two workshops, eleven and twelve will occur during the first semester of the participants senior year of college.

Describe Program Activities: The program activities will include but is not limited to campus tours, time management training, and stress-relief techniques. The program focuses on mental health, well-being, academic success, social skills, and career exploration. All while culminating in a graduation celebration and alumni networking for ongoing support.

Who Delivers the Intervention?: The person who will be delivering this program plan intervention will be the program coordinator along with any of the other employees hired for the intervention. These employees may include but not limited to certified healthcare workers who work with mental health conditions, a yoga instructor, etc.

CURRICULUM TABLE:

Focus	Activities	
Phase 1:		
Workshops 1-2	<ul style="list-style-type: none"> Workshop 1: Transitioning to college with emphasis on understanding college expectations and resources, time management and organization skills, and self-advocacy and communication strategies. Workshop 2: Managing mental health in college with emphasis on stress management techniques, building a support network, and accessing mental health service on campus. 	<ul style="list-style-type: none"> Workshop 1: Going on a campus tour to familiarize participants with key locations and resources. Using time management tools to create personalized schedules for a typical week. Conducting role-playing scenarios to practice advocating for themselves in academic and social situations. Workshop 2: Teaching stress-relief techniques such as mindfulness meditation, deep breathing exercises, and guided imagery. Have participants create visual maps of their support networks. Hold a mental health resource fair on campus and invite campus professionals and organizations.
Workshops 3-4	<ul style="list-style-type: none"> Workshop 3: Academic success strategies with emphasis on study skills and strategies, utilizing accommodations and support services, and balancing academics with self-care. Workshop 4: Community engagement and leadership with emphasis on volunteering and community involvement, developing leadership skills, and advocacy and promoting neurodiversity awareness. 	<ul style="list-style-type: none"> Workshop 3: Share effective study techniques, note-taking strategies, and time management for academic success. Exploring the different types of academic accommodations and creating mock accommodation plans. Create a self-care bingo game to focus on self-care activities. Workshop 4: Organize a volunteer fair with local organizations to introduce participants to volunteer opportunities aligned with their interests and passions. Invite guest speakers or facilitators to conduct workshops. Create a neurodiversity awareness campaign.
Phase 2:		
Workshops 5-6	<ul style="list-style-type: none"> Workshop 5: Navigating social interactions with emphasis on social skill development, building friendships and relationships, and handling social challenges and peer pressure. Workshop 6: Building relationships and support with emphasis on peer support groups and networking, building positive relationships with mentors, and identifying and accessing community resources. 	<ul style="list-style-type: none"> Workshop 5: Facilitate group activities focused on practicing social skills. Guide participants in creating friendship-building strategies and role-playing social scenarios. Organize a peer support circle where participants can share experiences, challenges, and successes in social interactions. Workshop 6: Facilitate a structured peer support group meeting. Create a mentor-mentee match-up by pairing up participants with mentors. Organize a scavenger hunt around campus and/or community to familiarize participants with available resources and support services.
Workshops 7-8	<ul style="list-style-type: none"> Workshop 7: Wellness and self-care with emphasis on mindfulness and relaxation techniques, physical health and nutrition, and building a healthy lifestyle routine. Workshop 8: Building independence with emphasis on daily living skills (cooking, laundry, etc.), transportation options and mobility, and setting goals for personal growth and independence. 	<ul style="list-style-type: none"> Workshop 7: Lead a mindfulness walk outdoors, encouraging participants to focus on their senses and the present moment. Host a healthy cooking class where participants learn to prepare nutritious meals. Have participants create vision boards depicting their wellness goals and self-care practices. Workshop 8: Organize an independent living skills fair. Guide participants in setting SMART goals. Create a series of challenges or tasks related to life skills.
Phase 3:		
Workshops 9-10	<ul style="list-style-type: none"> Workshop 9: Career exploration and planning with emphasis on identifying interests and strengths, exploring career options and pathways, and resume building and interview skills. Workshop 10: Financial literacy with emphasis on budgeting and money management, understanding financial aid and scholarships, and planning for expenses during college and beyond. 	<ul style="list-style-type: none"> Workshop 9: Administer career interest assessments and discuss potential career paths based on participants' interests and strengths. Guide participants in creating or updating their resumes and cover letters, focusing on skills and experiences relevant to their chosen career paths. Conduct mock interviews to practice interview skills, communication, and professionalism. Workshop 10: Create a budgeting game where participants manage virtual budgets and make decisions. Invite financial aid experts to discuss on a panel. Conduct a simulation activity where participants plan for hypothetical financial scenarios post-graduation.
Workshops 11-12	<ul style="list-style-type: none"> Workshop 11: Reflection and goal setting with emphasis on reflecting on achievements and challenges, setting goals for the future, and creating an action plan. Workshop 12: Celebration and graduation with emphasis on recognizing accomplishments, graduation preparation and celebration, and planning for post-graduation steps and opportunities. 	<ul style="list-style-type: none"> Workshop 11: Encourage participants to reflect on their college experiences, challenges, successes, and areas for growth through journaling exercises. Review participants' progress toward previous goals and guide them in setting new goals for the upcoming months or post-grad. Workshop 12: Organize a graduation ceremony or celebration to recognize participants' achievements, milestones, and contributions throughout the program. Facilitate reflection activities where participants share their reflections on the program, celebrate successes, and envision their futures post-grad. Create an alumni networking event for the participants.

Phase 1:

Workshop 1:

Focus: Transitioning to college with emphasis on understanding college expectations and resources, time management and organization skills, and self-advocacy and communication strategies.

Activities: Going on a campus tour to familiarize participants with key locations and resources. Using time management tools to create personalized schedules for a typical week. Conducting role-playing scenarios to practice advocating for themselves in academic and social situations.

Workshop 2:

Focus: Managing mental health in college with emphasis on stress management techniques, building a support network, and accessing mental health service on campus.

Activities: Teaching stress-relief techniques such as mindfulness meditation, deep breathing exercises, and guided imagery. Have participants create visual maps of their support networks. Hold a mental health resource fair on campus and invite campus professionals and organizations.

Workshop 3:

Focus: Academic success strategies with emphasis on study skills and strategies, utilizing accommodations and support services, and balancing academics with self-care.

Activities: Share effective study techniques, note-taking strategies, and time management for academic success. Exploring the different types of academic accommodations and creating mock accommodation plans. Create a self-care bingo game to focus on self-care activities.

Workshop 4:

Focus: Community engagement and leadership with emphasis on volunteering and community involvement, developing leadership skills, and advocacy and promoting neurodiversity awareness.

Activities: Organize a volunteer fair with local organizations to introduce participants to volunteer opportunities aligned with their interests and passions. Invite guest speakers or facilitators to conduct workshops. Create a neurodiversity awareness campaign.

Phase 2:

Workshop 5:

Focus: Navigating social interactions with emphasis on social skill development, building friendships and relationships, and handling social challenges and peer pressure.

Activities: Facilitate group activities focused on practicing social skills. Guide participants in creating friendship-building strategies and role-playing social scenarios. Organize a peer support circle where participants can share experiences, challenges, and successes in social interactions.

Workshop 6:

Focus: Building relationships and support with emphasis on peer support groups and networking, building positive relationships with mentors, and identifying and accessing community resources.

Activities: Facilitate a structured peer support group meeting. Create a mentor-mentee match-up by pairing up participants with mentors. Organize a scavenger hunt around campus and/or community to familiarize participants with available resources and support services.

Workshop 7:

Focus: Wellness and self-care with emphasis on mindfulness and relaxation techniques, physical health and nutrition, and building a healthy lifestyle routine.

Activities: Lead a mindfulness walk outdoors, encouraging participants to focus on their senses and the present moment. Host a healthy cooking class where participants learn to

prepare nutritious meals. Have participants create vision boards depicting their wellness goals and self-care practices.

Workshop 8:

Focus: Building independence with emphasis on daily living skills (cooking, laundry, etc.), transportation options and mobility, and setting goals for personal growth and independence.

Activities: Organize an independent living skills fair. Guide participants in setting SMART goals. Create a series of challenges or tasks related to life skills.

Phase 3:

Workshop 9:

Focus: Career exploration and planning with emphasis on identifying interests and strengths, exploring career options and pathways, and resume building and interview skills.

Activities: Administer career interest assessments and discuss potential career paths based on participants' interests and strengths. Guide participants in creating or updating their resumes and cover letters, focusing on skills and experiences relevant to their chosen career paths. Conduct mock interviews to practice interview skills, communication, and professionalism.

Workshop 10:

Focus: Financial literacy with emphasis on budgeting and money management, understanding financial aid and scholarships, and planning for expenses during college and beyond.

Activities: Create a budgeting game where participants manage virtual budgets and make decisions. Invite financial aid experts to discuss on a panel. Conduct a simulation activity where participants plan for hypothetical financial scenarios post-graduation.

Workshop 11:

Focus: Reflection and goal setting with emphasis on reflecting on achievements and challenges, setting goals for the future, and creating an action plan.

Activities: Encourage participants to reflect on their college experiences, challenges, successes, and areas for growth through journaling exercises. Review participants' progress toward previous goals and guide them in setting new goals for the upcoming months or post-grad.

Workshop 12:

Focus: Celebration and graduation with emphasis on recognising accomplishments, graduation preparation and celebration, and planning for post-graduation steps and opportunities.

Activities: Organize a graduation ceremony or celebration to recognise participants' achievements, milestones, and contributions throughout the program. Facilitate reflection activities where participants share their reflections on the program, celebrate successes, and envision their futures post-grad. Create an alumni networking event for the participants.

IMPLEMENTATION PLAN:

Year 1:

Months 1-3: Program launch and orientation

- Complete the activity and curricular plans.
- Hire and educate program employees and facilitators.
- Organize family and participant orientation meetings.

Months 4-6: Foundation building and data collection

- Organize seminars on time management, self-advocacy, and expectations for college.
- Begin practicing mental health support skills, such as support network mapping and stress-relieving practices.
- Start the social skills development and academic achievement workshops.
- Get initial information on the abilities, requirements, and general wellbeing of the participants.

Months 7-9: Deepening skills and mid-program evaluation

- Increase the availability of mental health resources through resource fairs and peer support groups.
- Strengthen study techniques through seminars and accommodation research to develop methods for academic success.
- Develop social skills with cooperative games and techniques for forming friendships.
- Assess program progress and gain input by conducting a mid-program evaluation.

Months 10-12: Wellness and data analysis

- Create vision boards, go on mindful walks, and take cooking classes to enhance your well-being.
- Encourage independence by holding challenges, goal-setting seminars, and life skills fairs.
- Evaluate gathered data and modify program tactics in light of the results.

Year 2:

Months 1-3: Career exploration and adjustment

- Start career exploration exercises such as resume workshops and career evaluations.
- Arrange for professional communication training and simulated interviews.
- Start holding budgeting games and financial literacy seminars.
- After conducting a mid-program evaluation and data analysis, make any necessary program modifications.

Months 4-6: Community engagement and ongoing data collection

- Create possibilities for community involvement and arrange a volunteer fair.

- Attend workshops on leadership development and extend an invitation to special guests and experts.
- Launch an educational campaign about neurodiversity on campus or in the neighborhood.
- To monitor developments and results, keep gathering data.

Months 7-9: Reflection, goal setting, and final evaluation

- Encourage introspection and goal-setting via journaling activities and evaluations of your progress.
- Assist participants in creating fresh objectives and post-graduation plans of action.
- Collect participant input and evaluate the program's overall impact in advance of the final review.

Months 10-12: Celebration, transition, and post-program evaluation

- Organize a graduation ceremony or celebration to honor successes and significant anniversaries.
- Lead seminars on post-graduation pathways and reflection
- Plan a networking event for alumni to foster ties and provide further assistance.
- Assess program outcomes, success factors, and areas for improvement by conducting the program's final evaluation.

PROGRAM EVALUATION:

Evaluation Plan

EmpowerHer is a health promotion intervention plan that is aimed at equipping young females with Autism Spectrum Disorder (ASD) and a co-occurring mental health condition(s) to have a smooth transition from high school to college. This program intervention will give the women the knowledge, confidence, and self-efficacy to make decisions that will be good for their academic, physical, and personal well-being. The program's process and effectiveness will be assessed by a team composed of the project director, a health professional (medical doctor), and a data analyst. This evaluation will draw insights from the program staff, participants, stakeholders, and volunteer partners. There will be different types of evaluations, that include formative, process, and summative, that will be employed to help gauge the various opinions on the program's quality, delivery, and outcomes using qualitative, quantitative, and observational data. The program's evaluation team will utilize multiple data collection tools to help monitor the participants' progress throughout the entire program (before, during, and after) completion. These collection tools will consist of, but are not limited to a Freshman Survey (Rosenau, 2023), a pre-test prior to starting the program, mid-point evaluation questionnaire, post-test after completing the program, and various summative assessments. The health professional and data analyst will create these measurement tools, after they have been approved by the program director. The program director will ensure that the data collected will be evaluated efficiently and

effectively based on the program's progress towards the program goals and objectives. The assessments of the program's delivery will also help for data comparisons of the participants' needs between the target population and the general population.

The evaluation process will involve creating, designing, and coding both the quantitative and qualitative data from the pre-test, all of which will be entered into a statistical software (Excel or SPSS) for analysis by the data analyst. This data analysis will be able to help with the enhancement of the program's post-test and the identification of effective components of the program, that give the participants the ability to successfully achieve and reach their goals and objectives of the program. After the evaluation of the program is completed, the findings will be shared with the stakeholders and participants of the program.

Formative Evaluation

The formative evaluation will take place before the first phase of the program (May 1st 2024 – August 1st 2024). During this pre-enrollment phase, it is crucial that the program staff curate and design a program that best suits the needs of the target population of young females transitioning from highschool to college with Autism Spectrum Disorder (ASD) and a co-occurring mental health condition(s). The improvements of the program will all be implemented based on the feedback from the formative evaluations.

During the formative evaluation phase, the evaluation team will be focused on adapting the program to the needs of the program's participants (target population). The data analyst will also use this time to reevaluate the data collection tools that are being used throughout the duration of the program. These measures will use the data collection tools that consist of, but are not limited to a Freshman Survey (Rosenau, 2023) and qualitative data that comes from the workshop focus groups each month. From these assessments, the results will be used to determine what the program's effectiveness is and how it can be improved for better quality. A pre-test assessment will be conducted and involve the participants that have already registered for the monthly workshop program to get their understanding and knowledge of college readiness and see what they may already know or not know. This pre-test will be conducted right before the start of the program or the first activity done at the first monthly workshop of the intervention (late August 2024). The pre-test will involve the registered participants for the program. During the pre-test, the registered participants will complete the formative assessments and engage in one of the monthly workshop lessons and activities. The program staff will adjust the lessons based on what the participants already know and what their needs are after they complete the pre-test. These evaluations are aimed at assessing the participants' knowledge, skills, needs, and expectations prior to completing the program. The pre-test assessment will ask questions that include but are not limited to the following questions:

- “What does self-confidence mean to you?”
- “What in particular have you found challenging in transitioning to college?”
- “How did your diagnosis affect you?”
- “What does the term self-esteem *mean* to you?”

All of these questions are just a sample of what type of questions the participants will answer on the pre-test assessment (Minot, 2024).

Additionally, a midpoint evaluation will be conducted to assess how well the program is being implemented. This midpoint evaluation will be conducted at the January 2025 monthly workshop. This evaluation will consist of a questionnaire that will be used in the improvement of quality of the program's intervention. The questionnaire will be used as an opportunity for the participants to give the program staff and evaluation team insight on what is working best for the program, how the delivery of the program is going, what the participants thoughts on the program, and the evaluation team using the feedback to many any necessarily improvements and adjustments to the program's intervention.

Process Evaluation

The process evaluation will take place during the delivery of the program (August 2024 – May 2026). The process evaluation is aimed at assessing the implemented progress of the program, what are the perceptions of the participants, and to identify any of the barriers of the intervention. During the process of evaluation, the program staff will be assessed to see if they were able to meet and follow the program's schedule as described in the implementation plan. As well as assessing the program's participants' engagement. Participant engagement includes but is not limited to attendance numbers and the overall participation in the monthly workshops. This type of evaluation will give the evaluation team insight on how well the delivery of the program is going, resources are being utilized, and evaluation of the effectiveness of the program's stakeholders.

The delivery of the program will be assessed by conducting various interviews with the participants, as well as being asked to answer quick questions. These interviews may occur before, during, or after a monthly workshop. The questionnaires may be utilized as monthly workshop activities or a "ticket-out-of-the-door" activity to wrap up a monthly workshop. Both interviews and questionnaires will be developed by the data analyst and approved by the program director.

The Freshmen Survey (Rosenau, 2023) will be able to assess specifically the mental health of the participants. This assessment will take place during the monthly workshop that focuses on the topic of mental health, which is workshop two. Another survey will be able to assess not only the program's participants, but also the University of Georgia student population that have an Autism Spectrum Disorder(s) (ASD) diagnosis. The survey will have a mix of questions that range from short answers, multiple choice, Likert-scale, and open- and closed-ended questions (Pew Research Center, 2021). Examples of topics that would be asked in various types of questions include but are not limited to the following (Gelbar, 2015):

- "(Disclosure and Disability) Accommodations (responses to all the Likert-scale items on the survey)"
- "Demographics"
 - Gender
 - Age

- Race/Ethnicity
- Primary Language
- Primary Diagnosis
- Age at Diagnosis
- Country of Residence
- College Major
- GPA
- “Academic Achievement”

Both of the surveys will be able to be used as data collection tools. They will be developed by a health professional and data analyst, then will have a final review and be approved by the program director.

Summative Evaluation

The impacts and outcomes of these evaluations will occur once the program is completed (May - July 2026). The impact evaluation will assess the immediate effects and short-term changes in participants’ knowledge of the topics from each monthly workshop, stronger self-efficacy, and the confidence to empower oneself. This will be done by comparing and contrasting both pre- and post-program assessments, using the surveys and other measurements that were used as data collection tools throughout the duration of the program. The impact evaluation data from all baseline and post-program will also be able to help quantify any changes that are needed after the completion of the program. The impact evaluation data will also pull data from each of the workshops that include the topics covering academic success; mental health management; career readiness; social and emotional skills; wellness and self-care; independence and daily living skills; and community engagement.

The outcome evaluation will assess and evaluate the long-term effects and lasting impacts of the program. This will be done by having the participants complete longitudinal surveys and assessments, follow-up surveys, and tracking the program’s alumni. By tracking the program’s participants' progress and their outcomes over time, can help measure the effectiveness and sustainability of the program. Hopefully, by evaluating the program’s outcomes it can help the program staff and evolution team to determine the program’s overall success in achieving the long-term goals and objectives of the program’s intervention. The outcome evaluation data will also pull data from each of the workshops that include the topics covering graduation rates; employment and career advancement; quality of life; and community impact.

MARKETING PLAN:

This marketing plan describes inclusion and exclusion criteria, retention methods, special considerations, and print and social media advertising samples for the program. It also defines strategies to reach and engage the target group.

INCLUSION AND EXCLUSION CRITERIA

Inclusion Criteria:

- Young female individuals (18–23 years old) with co-occurring mental health disorders and a diagnosis of autism spectrum disorder (ASD) meet the inclusion criteria.
 - The program's targeting of the chosen demographic group is ensured by including young female adults, who present special demands and obstacles throughout the transition to college.
 - This requirement guarantees that participants have an official diagnosis of autism spectrum disorder, which enables the program to offer specialized assistance, modifications, and treatments for features and difficulties associated with ASD.
 - The inclusion of persons with co-occurring mental health illnesses guarantees that the program effectively tackles the intricacies of dual diagnosis, providing all-encompassing support and interventions for both ASD and mental health issues.
- Either recent high school graduates enrolling in higher education (college or university) or those planning to transition to college.
 - Participants have to be recent high school graduates enrolling in a university or college.
- Ready to take part in program activities and interact with resources for assistance.
 - This criteria highlights how crucial it is for program participants to be actively involved, collaborate, and engage in order to optimize the advantages and results of the transition help offered.

In order to guarantee that participants have the qualities required to gain from transition support, skill development, and an overall well-being focus, the inclusion criteria are essential since they precisely target the program's intended demographic. The effectiveness of the program in providing individualized support, encouraging engagement, and easing the transitions of young adult females with ASD and co-occurring mental health conditions can be improved by adding more criteria to guarantee that participants are not only within the target demographic and appropriately diagnosed, but also actively involved in and committed to program activities.

Exclusion Criteria:

- Individuals outside the age range (18-23 years old)
 - By keeping out people who are not in the target age range, the program's interventions and material are made appropriate for young female adults making the move from high school to college, taking into account their needs and developmental stage.
- Individuals without a co-occurring mental health illness or an autism spectrum disorder (ASD) diagnosis.
 - The program's focus on addressing ASD-related issues and offering tailored support solutions is maintained by excluding those who do not have a confirmed diagnosis of ASD.

- To guarantee that the program supports participants with dual diagnoses and provides individualized interventions and support for complicated needs, it excludes persons who do not have a co-occurring mental health illness.
- Unwillingness or lack of interest in taking part in program activities.
 - People who show a lack of interest or unwillingness to participate in program activities are also excluded based on the exclusion criteria. This criteria makes sure that participants fit the program's target demographic, have the required diagnoses, and actively participate in its activities. By doing this, the program can be more effectively designed to support young adult females with ASD and co-occurring mental health conditions, foster engagement, and help them transition successfully.

In order to efficiently deploy resources, interventions, and support services to participants who satisfy the requirements and can most benefit from the program's offerings, the exclusion criteria are important since they help define the program's scope.

The program's goals, target audience, and focus areas are all taken into consideration when determining the inclusion and exclusion criteria. This ensures that participants are carefully chosen and will receive resources, interventions, and support that are specifically designed to support them as they make the transition from high school to college.

APPROACHING THE TARGET POPULATION:

The program's target population can be reached in a number of ways. Topics like working with schools and healthcare experts, outreach (both online and offline), events, and building a referral network are a few of these strategies that are taken into account in the marketing plan.

- Partnerships with School Counselors, Medical Professionals, and Other Professionals: Posters advertising the program can be put up in and around the community's high schools and medical facilities that treat and see people who might benefit from it.
- Internet and direct outreach: To spread the word about the program and interact with members of the target population, online outreach makes use of digital advertising on websites, blogs, and other online platforms, as well as online communities.
- Events: Holding community education seminars to teach stakeholders, families, and prospective participants about the advantages of the program.
- Form Referral Networks: In order to connect with people who will profit from the program's intervention, referral networks should be established with clinics, community agencies, and organizations that promote autism.

RETENTION TACTICS:

Personalized support(s), continuous and continuous contact, and peer support networks are a few retention tactics that should be included in the marketing plan.

- Personalized Assistance: Customize the assistance for every individual.

- Persistent Communication: To ensure the program's success, send out emails and texts with updates and reminders (about program events).
- Peer Support Networks: Arrange for networking events, mentorship initiatives, and peer support groups.

SPECIAL CONSIDERATIONS:

Among the special factors that the marketing plan should cover are issues like cultural sensitivity, accessibility, and trauma-informed tactics.

- Making sure the curriculum satisfies accessibility requirements is known as accessibility.
- Making sure the curriculum takes cultural sensitivity into consideration.
- Adopting a trauma-informed approach, providing sensitivity training, and offering support services are ways to treat previous trauma, foster trust, and give participants a secure and encouraging atmosphere.

EXAMPLES OF PRINT AND SOCIAL MEDIA ADVERTISING:

Monthly Workshop

Transitioning To College

03.15.2024
10 AM - 2 PM

UNIVERSITY OF GEORGIA
CLARK HOWELL CONFERENCE ROOM

Join us for an exciting Transitioning to College Workshop where you can develop the skills needed in college while transitioning from high school to college.

ENROLL YOUR SEAT NOW!

FOR MORE INFO: +123-456-7890 @TRANSITIONINGTOCOLLEGE TRANSITION@2COLLEGE.COM

MONTHLY Empower Her MEETING

13 April 2024, 9:30-11:30

Bishop Park, Athens, Georgia
Yoga mats will be provided

BUDGET SPREADSHEET:

Project Title: EmpowerHer: Monthly Workshops for Young Women Transitioning from High School to College						
Period of Performance: July 1st 2024 to June 30th 2026						
Personnel	Salary	% effort	Calendar Months	Year 1	Year 2	Total
Jordan Bennett	60,000	10%	1.2	6,000	6,180	12,180
Program/Project Director	benefits @	43%		2,580	2,657	5,237
Elina Martinez	50,000	25%	3.0	12,500	12,875	25,375
Program/Project Coordinator	benefits @	43%		5,375	5,536	10,911
Alexandra Pierce	43,000	20%	2.4	8,600	8,858	17,458
Program Advisor	benefits @	53%		4,558	4,695	9,253
Dr. Olivia Roberts	75,000	25%	3.0	18,750	19,313	38,063
Health Professional	benefits @	43%		8,063	8,304	16,367
Charles Evans	45,000	10%	1.2	4,500	4,635	9,135
Data Analyst	benefits @	53%		2,385	2,457	4,842
	benefits @			-	-	-
Total Personnel				73,311	75,510	148,820
Equipment				5,350	-	5,350
Laptops and tablets X 4				5,350		5,350
Travel				2,500	2,500	5,000
Foreign						
Domestic (in state milage)				2,500	2,500	5,000
Supplies				2,825	2,725	5,550
Printing/Photocopying				1,000	1,000	2,000
Educational Supplies (Notebooks, pens, pencils, markers and erasers)				1,000	1,000	2,000
Wellness Items (essential oils, white noise machines)				275	275	550
Admin Supplies (name tags, organizational supplies, assessment tools/forms)				550	450	1,000
Other Expenses				7,178	6,500	(13,675)
Serena Stone, Yoga Instructor				678	0	675
Marketing (Flyers/Posters/Ads on Sodials)				500	500	1,000
Monthly Meetings (Rent/Snacks)				4,800	4,800	9,600
Cleaning Supplies				200	200	400
Staff Training Sessions				1,000	1,000	2,000
Total Direct Costs				91,164	87,235	151,045
Indirect Costs @	30%			27,349	26,170	45,314
Total Costs				118,513	113,405	196,359

BUDGET JUSTIFICATION:

PERSONNEL

Jordan Bennett, MPH, Program/Project Director - 1.2 calendar months (10% effort) in Years 1 - 2

Mr. Bennett is a highly experienced project director specializing in public health, with a Master's Degree in Public Health (MPH). Throughout his career, Jordan has immersed himself in various facets of public health, gaining expertise in health promotion, program management, data analysis, and health education. Mr. Bennett developed a deep-seated passion for improving community health outcomes in his undergraduate studies. After his MPH, Jordan delved into the public health field, working with community health organizations and government agencies. He excelled in project management, utilizing his skills to lead teams in designing and implementing innovative health initiatives. Jordan's leadership style is characterized by strategic thinking, collaboration, and a strong emphasis on data-driven decision-making.

Jordan's work extends beyond the office walls; he is a vocal advocate for health equity and social justice. He volunteers his time with community organizations, participates in health advocacy campaigns, and mentors emerging public health professionals. Jordan's dedication to creating healthier communities and empowering individuals to lead healthier lives is at the core of his professional mission.

Mr. Bennett will carry out the following duties on the proposed project:

- Year 1: Mr. Bennett will revolve primarily around the launching and overseeing of the implementation of the program. He will develop and finalize the curriculum and activity plans, ensuring they align with the goals and objectives of the program. Mr. Bennett will recruit and train the program staff, facilitators, and instructors to ensure they are well-equipped to deliver the workshops, activities, and support services effectively. He will also implement the data collection methods to help gather a baseline of data for the program participants, which will lead into the evaluation of the program's effectiveness. Mr. Bennett will engage with stakeholders such as community partners, healthcare professionals, and program funders to build lasting relationships, seek support, and ensure the alignment with the program's goals and objectives.
- Year 2: Mr. Bennett will continue to lead all team meetings as well as focusing on enhancement of the program and making any adjustments where they are needed. He will analyze the data collected throughout the program and track the progress, measure the impact, and prepare a comprehensive report that will be sent to stakeholders, funders, and for program evaluation purposes. Finally, he will monitor the participant progress,

provide support as needed, and facilitate connections to any additional resources and services for the program's participants.

Elina Martinez, MPH, MSW, Program/Project Coordinator - 3.0 calendar months (25% effort) in Years 1 - 2

Ms. Martinez has Master's degrees in Public Health and Social Work, and has experience working with young female adults transitioning from high school to college. Throughout her career, Elina has demonstrated a strong commitment to improving health outcomes and addressing social determinants of health. She has a particular expertise in public health and social services. In her role, Elina will bring her extensive experience and expertise in public health and social work to facilitate the successful implementation of the program. She will collaborate with Jordan Bennett, the project director, and other team members to ensure that the program's objectives are met effectively. Elina's focus will be on program coordination, community outreach, stakeholder engagement, and utilizing her skills in advocacy and data analysis to support the program's mission of empowering young women and promoting their holistic well-being.

Ms. Martinez will carry out the following duties on the proposed project:

- Year 1: Ms. Martinez will work with Mr. Bennett to implement the project intervention, finalize the project's curriculum, activities, schedule, and supervise the project advisor, Ms. Pierce. Ms. Martinez will also ensure that the project aligns up with the goals and objectives of supporting young female adults with Autism Spectrum Disorder (ASD) and a co-occurring mental health condition(s) during their transition from highschool to college. She will engage with stakeholders, help out with participant recruitment and orientation, and oversee the coordination and logistics of the workshops, activities, and events planned for Year 1. Ms. Martinez will also contribute to the designing evaluation tools and conducting assessments to measure the success of the project and its effectiveness.
- Year 2: Ms. Martinez will continue leading efforts to enhance and improve project components, making adjustments as needed to better participant needs and to achieve the desired outcomes. She will analyze the data collected throughout the program and track the progress, measure the impact, and prepare a comprehensive report that will be sent to stakeholders, funders, and for program evaluation purposes. Finally, he will monitor the participant progress, provide support as needed, and facilitate connections to any additional resources and services for the program's participants.

Alexandra Pierce, MEd, Program Advisor - 2.4 calendar months (20% effort) in Years 1 - 2

Ms. Pierce has a Master's degree in Education and experience working with young female adults transitioning from high school to college with a previous Autism Spectrum Disorder (ASD) and co-occurring mental health diagnosis. Ms. Pierce's expertise lies in educational psychology, curriculum development, and student support services. Throughout her career, Ms. Pierce has been dedicated to fostering academic success and holistic well-being among her students. With a background in educational psychology, this has equipped her with a deep understanding of learning styles, cognitive development, and behavioral interventions, all of which are essential when supporting individuals with Autism Spectrum Disorder (ASD) and mental health challenges.

Ms. Pierce will carry out the following duties on the proposed project:

- **Year 1:** Ms. Pierce will complete training on project procedure and intervention delivery and will begin assisting in educational guidance and providing support to program participants, as well as individualized support. Ms. Pierce will also collaborate with Program/Project counselor, Ms. Martinez, to ensure that the program's curriculum and activities align with the educational goal and objectives. She will also advocate for the participant's needs within the college environment, being trained in crisis intervention and mental health first aid. Ms. Pierce is equipped to provide immediate support and referrals for participants experiencing mental health crises or challenges. She will also be involved with the college community, local organizations, and stakeholders.
- **Year 2:** Ms. Pierce will continue to support and monitor participant progress and make adjustments to support plans as needed. She will also utilize data analysis and feedback. She will engage in professional development activities to stay updated on the best practices, emerging research and advancements in the field of supporting individuals with Autism Spectrum Disorder (ASD) and mental health conditions in educational settings. Ms. Pierce will also advocate for systemic changes, policy improvements, and institutional support to create a more inclusive and supportive environment for neurodiverse students within the college community. Finally, she will strengthen the collaborative partnerships with community organizations, healthcare providers, and advocacy groups to help enhance resources, support networks, and opportunities for participants beyond the college setting.

Dr. Olivia Roberts, MD, Health Professional - 3.0 calendar months (25% effort) in Years 1 - 2

Dr. Roberts has a Medical Degree and is a licensed health professional. Dr. Roberts specializes in mental health and neurodevelopmental disorders, with a strong background in psychiatry and a deep understanding of medical and behavioral interventions. She brings a wealth of expertise to her role in supporting young female adults with Autism Spectrum Disorder (ASD) and

co-occurring mental health conditions as they transition from high school to college. Throughout her career, Dr. Roberts has been dedicated to improving mental health outcomes and promoting holistic well-being among her patients. Her experience includes working in clinical settings, research, and community outreach programs focused on neurodiversity and mental health advocacy.

Dr. Roberts will carry out the following duties on the proposed project:

- Year 1: Dr. Roberts will conduct comprehensive clinical assessments that include psychiatric evaluations and diagnostic screenings for program participants. She will collaborate with participants, their families, and the program team to develop individualized treatment plans tailored to address each participant's needs, challenges, and goals. Roberts will provide her expertise in psychopharmacology and medication management that require psychopharmacological interventions. She will also be in charge of facilitating therapeutic interventions, such as cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), mindfulness-based intervention, and psychoeducation sessions, to address mental health challenges, coping strategies, and social-emotional well-being. Dr. Roberts will collaborate with other healthcare providers, therapists, educators, and community resources. She will also provide ongoing clinical support, counseling, and psychoeducation to participants and their families. Finally, she will participate in educational workshops, training sessions, and advocacy efforts within the college community to promote mental health awareness, reduce stigma, and enhance support for individuals with Autism Spectrum Disorder (ASD) and mental health conditions.
- Year 2: Dr. Roberts will continue to provide clinical assessments, treatment planning, medication management, and therapeutic interventions all as needed. She will contribute her expertise to program evaluation and quality improvement initiatives, utilizing data analysis and research findings to inform evidence-based practice, enhance program outcomes, and address emerging needs. Dr. Roberts will provide educational resources, training, and mentorship to program staff, interns, and healthcare professionals within the college community on topics related to mental health, neurodevelopmental disorders, and effective interventions. She will be engaged in community outreach initiatives, workshops, and community events to help promote mental health literacy, resilience-building, and well-being among college students and the broader community. Dr. Roberts will be Collaborating on research projects, clinical trials, or innovative interventions related to ASD, mental health, and college transition experiences, contributing to advancements in knowledge and practice in the field. Finally, she will be advocating for systemic changes, policy improvements, and institutional support to create a more inclusive, accessible, and supportive environment for neurodiverse students within the college community.

Charles Evans, MPH, Data Analyst - 1.2 calendar months (10% effort) in Years 1 - 2

Mr. Evans has a Master's degree in Public Health with a concentration in Biostatistics. He has worked with Mr. Bennett as a data analyst on other projects that have been on topics in health data analysis, epidemiology, and research methodologies. His background includes extensive expertise in analyzing healthcare data, conducting statistical analyses, and interpreting findings to inform evidence-based practices and policy decisions.

Mr. Evans will carry out the following duties on the proposed project:

- Year 1: Mr. Evans will collaborate with the program team to design data collection protocols, establish data entry procedures, and ensure data quality standards are met from the program's inception. He will conduct baseline data analysis to establish a benchmark of participant demographics, characteristics, and initial outcomes at the start of the program. Mr. Evans will also be responsible for monitoring the program implementation through ongoing data collection and analysis, tracking participant progress, engagement levels, and program utilization. He will work with stakeholders to develop the evaluation framework that include key performance indicators (KPIs), outcome measures, and evaluation tools aligned with program goals and objectives. Mr. Evans will generate regular reports and data summaries, provide data-driven feedback and recommendations to the program team . Finally, he will conduct periodic data quality checks, resolving data discrepancies, and ensuring data accuracy, completeness, and confidentiality throughout Year 1.
- Year 2: Mr. Evans will continue conducting longitudinal data analysis to track participant progress over time, evaluate program outcomes, and assess the impact of program interventions on participant well-being and academic success. He will also be collaborating with the evaluation team and stakeholders to assess the program outcomes, measure the program's effectiveness, and identify any factors that contribute to the program's success and any areas that will need additional adjustments. Mr. Evans will develop interactive dashboards, visualizations, and reports to communicate complex data findings in an accessible and actionable format for program stakeholders, including program staff, advisors, participants, and funders. He will also provide data support for research projects, academic publications, and grant applications related to the program, contributing to the dissemination of knowledge and best practices in supporting individuals with ASD and mental health conditions. Finally, he will be engaged in continuous quality improvement processes, participating in program review meetings, and contributing to strategic planning discussions based on data insights and program evaluations.

TRAVEL

In- State Travel in the Athens-Clarke County District (\$2,500 each year, Years 1 - 2)

- In Years 1 and 2, we request funds to reimburse team members for the travel expenses to the school and monthly meetings in and around the community at the UGA rate of \$0.54 per mile. This will allow the team to travel an average of about 100.0 miles per month for meetings and community events across the course of the project. This is a realistic amount of travel given distances across the Athens-Clarke County District and surrounding communities.

EQUIPMENT & SUPPLIES

Laptop computers and Tablets (\$5,350, Year 1)

- We request funds to help with the purchase of two laptop computers and two tablets (\$1,800 per computer and \$875 per tablet) in Year 1. These computers will each be 100% dedicated to this project and will be used in the development and delivery of the social media marketing, communications, as well as evaluation data collection and analysis. The total computer cost in Year 1 is \$5,350.

Printing/Photocopying costs (\$1,000 each year, Years 1 - 2)

- We request \$500/year to help cover the cost of printing and photocopying throughout the project. We will need to produce project related materials, intervention workbooks and skill training materials, letters, and any other materials that will be supporting the project activities.

OTHER EXPENSES

Yoga Instructor (\$678, Year 1)

- The project will retain the service of Serena Stone, the yoga instructor that will be used during a monthly workshop, \$150 for private group yoga classes for up to 4 people and \$22 for each additional person. Estimated number of people in each monthly workshop is 25 women.

Marketing (\$500 each year, Years 1 - 2)

- Informational brochures and posters will be created and distributed throughout the university, community organizations, and at local high schools the year before the women transition into college. Marketing costs will cover specialized printing services (e.g., large size printing, color printing, heavy grade paper and/or card stock).

Monthly Meetings (\$4,800 each year, Years 1 - 2)

- Monthly meetings will be held across campus and the surrounding communities. This will allow a budget of \$400 per meeting for any costs related to renting a community

space, providing snacks and/or lunch for participants, and relaying information about the meetings in the community.

Cleaning Supplies (\$200 each year, Years 1 - 2)

- Cleaning supplies will consist of paper towels, bleach, disinfectants, trash bags, etc.

Staff Training Sessions (\$1,000 each year, Years 1 - 2)

- Staff training sessions will be used to incorporate the special considerations that were discussed in the special considerations part of the marketing plan. These special considerations include satisfying accessibility requirements known as accessibility; making sure the curriculum takes cultural sensitivity into consideration; and adopting a trauma-informed approach, providing sensitivity training, and offering support services are ways to treat previous trauma, foster trust, and give participants a secure and encouraging atmosphere.

Total personnel costs are \$73,311 in year 1 and \$75,510 in year 2, and include annual fringe benefit rates of 43% for personnel making \$50,000 or more, and 53% for personnel making under \$49,999 (the University negotiated benefit rate for (). Year 2 includes an annual salary increase of 3%.

Indirect costs are \$27,349 in year 1 and \$26,170 in year 2 at the negotiated Facilities and Administration rate of 20% for UGA Cooperative Extension locations.

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