# Evaluation Framework
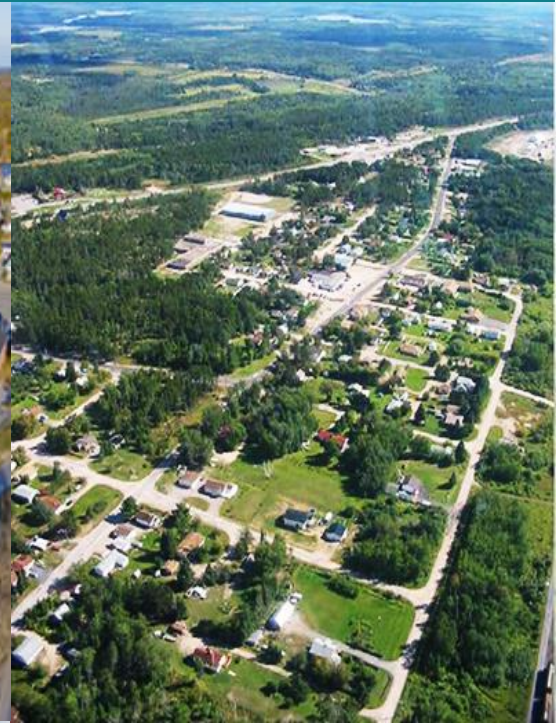
**Community Safety and Well-Being Plan**
**City of Dryden, Machin and Area**

July 2021

**Prepared by MNP** LLP

# City of Dryden and Municipality of Machin

## Data

Baseline data must be gathered in year 1 with specific targets set annually thereafter.

## Responsibility

Pillar Working Group Chairs/Co-Chairs will be responsible for data collection and reporting to the Joint Committee.

## Evaluation Framework

| Pillar/Committee | Outcomes | Indicators (Examples) | Data Sources |
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| **Inclusion and Community Engagement** | 1. Establishing a comprehensive community engagement plan<br>• Developing a robust engagement plan tailored to Community Safety and Well-Being Plan objectives.<br>• Greater representation from Indigenous and Youth community members.<br>• Community engagement agendas and activities will be designed with community members.<br>• Partner with researchers to identify or co-develop "metrics | 1. Establishing a comprehensive community engagement plan:<br>• Completed community engagement plan.<br>• Composition of community engagement sessions, demographics of survey respondents, and input received from Pillar Committees regarding the Community Safety Well-Being Plan from stakeholder groups/organizations as well as community members.<br>• Recorded input from community members for community | • Activity data and reports from applicable working groups.<br>• Community Safety and Well-Being survey.<br>• Community engagement activities, educational sessions, and meetings minutes/compositions of members attending applicable Community Safety and Well-Being Plan activities/events.<br>• Interviews and focus groups with service providers, partnering organizations, and community members. |

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| | that matter" to our local communities, reflecting community-determined strategies.<br>• Strengthened bonds between community, service providers and institutions, leading to increased collaboration around priority issues.<br>2. Eliminating mental health and addiction stigma public education campaign<br>• Identify perception of mental health and addiction issues amongst community members.<br>• Develop an educational campaign to address the stigma regarding mental health and addiction.<br>• Increase awareness of community members about the harmful effects of stigma for individuals living with a mental health and addiction illness by providing literacy campaigns aimed at reducing negative stereotypes.<br>3. Integrating cultural responsiveness into strategic decision making related to the Community Safety and Well-Being plan | engagement agendas. Perception of community members regarding the process to providing input for community engagement agendas.<br>• Established "metrics that matter" to be incorporated into the Community Safety and Well-Being plan.<br>• Meeting minutes and memorandums of understanding/service agreements between partnering organizations. Perceived strengths in bonds between partnering organizations and collaboration around priority issues.<br>2. Eliminating mental health and addiction stigma public education campaign:<br>   o Report that establishes the perception of mental health and addictions issues amongst community members.<br>   o Completed educational campaign.<br>   o Number and type of literacy campaigns and activities completed. Pre-post | |

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| | • Identifying gaps in knowledge amongst Pillar Committee members regarding cultural responsiveness.<br>• Recommendations to address identified gaps in knowledge regarding cultural responsiveness amongst partnering government departments and community organizations will be shared.<br>• Identify service and program delivery approaches that have the capacity and flexibility to respond to the broader sociopolitical context and dynamics that shape daily realities for vulnerable populations. | assessment of attendees understanding of mental health and addiction stigmas.<br>   o  Perception of mental health and addiction amongst community members.<br>2. Integrating cultural responsiveness into strategic decision making related to the Community Safety and Well-Being plan:<br>• Report establishing gaps in knowledge amongst Pillar Committee members regarding key concepts of cultural responsiveness as well as recommendations for addressing them.<br>• Established service and program delivery approaches to guide the implementation of cultural responsiveness into the ongoing efforts related to the Community Safety and Well-Being plan. | |
| **Supporting Our Youth** | **Short Term**<br>1. Shared understanding of the gaps and barriers in current mental health and, addiction services as well as | **Short Term**<br>1. Degree of a shared perception of the gaps and barriers in current mental health and, addiction | • Activity data and reports from partnering organizations.<br>• Interviews and focus groups with service providers, partnering |

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| | needs of youth opportunities for civic engagement. 2. Identified barriers to school attendance 3. Establishment of the Youth Centre. 4. Increased youth awareness of recreation, arts, music, and cultural opportunities. **Intermediate** 5. Improved process to connect youth to mental health and addiction services. 6. Improved: <ul><li>Youth sense of belonging to the community.</li><li>Youth sense of being accepted and valued in their community.</li></ul> | services as well as needs of youth opportunities for civic engagement between partnering organizations. 2. Report establishing the identified barriers to school attendance. 3. Youth Centre services being provided and utilization rate of those services. 4. Increased participation rates of recreational, arts, music, and cultural opportunities by youth in Dryden and Machin. Perception of youth of available activities within the community. **Intermediate** 5. Referral pathway establishing an efficient and effective process to connect youth in need with mental health and addiction services. Perception of youth utilizing these services of accessing mental health and addiction services. 6. Increased proportion of youth with a very strong/strong sense of belonging to the community as well as feeling accepted and valued in their community. | organizations, and community members. <ul><li>Dryden Regional Mental Health and Addiction Services.</li><li>Emergency room data.</li><li>OPP, Dryden Police Service, and criminal court data.</li><li>Community Safety and Well-Being survey.</li><li>Schools in Dryden and Machin.</li></ul> |

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| | **Long Term**<br>7. Reduced:<br>  o Wait time for youth mental health addiction services.<br>  o Youth interactions with the police and court system.<br>  o Youth substance abuse rates.<br>8. Seven out of ten steps towards a Youth Friendly City Designation complete. | **Long Term**<br>7. Perception and applicable statistics to measure the wait time for youth addiction services in Dryden and Machin as well as youth interactions with the police and involvement in the court system. Additionally, self-reported and official statistics measuring youth substance abuse rates.<br>8. Completed number of steps required to achieve a Youth Friendly City Designation. | |
| **Social Development** | **Short Term**<br>1. Committee that includes all those engaged in providing emergency food programs.<br>2. Committee of organizations who will provide support/services to shelter clients.<br>3. Working group to do a scan of local organizations that offer volunteer opportunities.<br>4. Seniors' representation on existing Older Adults sub-committee. | **Short Term**<br>1. Membership list for the new committee and ongoing assessment of membership gaps.<br>2. Membership list for the new committee and ongoing assessment of membership gaps.<br>3. Environmental scan within Dryden and Machin that includes organization offering volunteer opportunities.<br>4. Minimum of 3 older adults recruited as members of the sub-committee | • Activity data and reports from partnering organizations e.g. the Kenora District Service Board Housing report and funding proposals submitted.<br>• Interviews and focus groups with service providers, partnering organizations, and community members.<br>• Community Safety and Well-Being survey.<br>• Emergency food access committee meeting minutes and reports |

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| | **Intermediate**<br><br>5. Identification of gaps and opportunities for enhanced coordination of existing food access programs and funding sources to enhance existing programs and/or create new ones. Increased awareness among partners and populations in-need about available emergency food programs.<br>6. Clear pathways for health and social services/support for shelter clients. Campaign to raise awareness of the state of homelessness to increase community readiness prior to the opening of the shelter.<br>7. Environmental scan within Dryden and Machin that identifies organizations offering volunteer opportunities. Established methods to promote volunteer opportunities identified.<br>8. Coordination and promotion of activities for older adults to reduce isolation and increase safety (including arts, cultural, recreation activities and emergency preparedness). | **Intermediate**<br><br>5. Meeting held with food access committee to identify gaps and opportunities to coordinate emergency food access. Also, the number of funding proposals submitted, amount of funding secured and number of new programs. Finally, the number of new members on food access committee and number of new clients accessing food programs.<br>6. Completed process map of pathways for health and social services/support for shelter clients. Also, a completed campaign process and outcome evaluation that includes campaign outputs and post-measures of awareness.<br>7. Implementation of established methods for promoting volunteerism in Dryden and Machin as well as applicable performance metrics.<br>8. Number of new or expanded activities as well as participation rates and perception of accessibility for older adults. Further, the number of activities promoted, partners and | • Shelter support committee meeting minutes and reports<br>• Volunteer working group meeting minutes and completed environmental scan<br>• Older Adults sub-committee membership list and meeting minutes |

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| | media outlets participating in promotions. | | |
| | **Long Term**<br>Increased:<br>9. Capacity of existing emergency food access programs and/or new ones to serve populations in-need.<br>10. Access to emergency housing (as per KDSB plan), coordination of services/support for those in need of emergency housing and community receptiveness and support for a shelter.<br>11. Awareness of opportunities to volunteer.<br>12. Opportunities to access activities that increase safety and reduce isolation among older adults and awareness of those activities. | **Long Term**<br><br>9. Number of new organizations and/or programs offering emergency food access.<br>10. Establishment of a shelter in Dryden, the number of members on shelter support committee, and client feedback on service/support accessibility.Finally, community support regarding the new shelter before and after it's established.<br>11. Change in total number of volunteers and hours of volunteering completed by Dryden and Machin community members.<br>12. Number of older adults who took part in promoted activites. | |
| **Treatment** | **Short Term**<br>1. Shared understanding of the gaps and barriers in current mental health, | **Short Term**<br>1. Degree of a shared perception of gaps and barriers in current mental | • Activity data and reports from partnering organizations. |

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| | addiction, crisis, and suicide responses as well as an ideal future state.<br>2. Established subcommittee to develop a mobile crisis team for Dryden and Area.<br><br>**Intermediate**<br>3. Development of a mental health, addictions, and crisis response database.<br>4. Establishment of a plan to address gaps and barriers that have been identified related to mental health, addiction, crisis, and suicide responses.<br><br>**Long Term**<br>5. Implementation of a plan to address gaps and barriers that have been identified related to mental health, addiction, crisis, and suicide responses.<br>6. Reduced number of individuals experiencing mental health and addiction issues as well as in crisis coming into contact with police. | health, addiction, crisis, and suicide responses as well as an ideal future state amongst partnering amongst service providers with input from patients.<br>2. Completed business case for a mobile crisis team in Dryden and Area.<br><br>**Intermediate**<br>3. Established mental health, addictions, and crisis response database as well as number of organizations utilizing the database.<br>4. Completed plan with established performance metrics, work plan, and roles/responsibilities of required staff and organizations.<br><br>**Long Term**<br>5. Perception of gaps and barriers addressed by the implemented plan amongst partnering organizations and patients.<br>    • Waitlist data<br>    • Increased number of patient assessments and support services provided<br>6. Perception of and statistics related to police and criminal court interactions | • Interviews and focus groups with service providers, partnering organizations, and community members.<br>• Dryden Regional Mental Health and Addiction Services.<br>• Emergency room data.<br>• OPP, Dryden Police Service, and criminal court data.<br>• Community Safety and Well-Being survey.<br>• Schools in Dryden and Machin. |

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| | 7. Increased percentage of populations that rates their mental health as "good". <br> 8. Decrease in the percentage of individuals 19+ who exceed low-risk alcohol drinking guidelines. <br> 9. Decreased rate of emergency department visits for problematic substance abuse. | with individuals experiencing mental health and addiction issues. <br> 7. Perception of mental health amongst community members in Dryden and Machin. <br> 8. Self-reported and official rates of alcohol consumption by youth. <br> 9. Emergency Department visits related to substance abuse. | |
| Prevention/Education | **Short Term** <br> 1. Shared understanding of the gaps and barriers in current mental health, addiction, crisis, and response to suicide as well as an ideal state between partners. <br> **Intermediate** <br> 2. Establishment of additional crime prevention programs, educational campaigns for harm reduction services and victimization education. <br> 3. Increased awareness of community members regarding the on-line directory, victimization/safety tips, safety planning, harmful behaviours and healthy lifestyles. | **Short Term** <br> 1. Degree of a shared perception of services available for high-risk individuals/families and neighbourhoods amongst partnering organizations. <br> **Intermediate** <br> 2. Total number of new crime prevention programs and educational campaigns with Dryden and Machin compared. <br> 3. Total number of views by unique individuals of the online directory as well as improved awareness and knowledge of victimization/safety tips, safety planning. Harmful behaviours, and healthy lifestyles by participants of educational events. | • Activity data and reports from partnering organizations. <br> • Interviews and focus groups with service providers, partnering organizations, and community members. <br> • Dryden Area Rapid Response Team. <br> • OPP and Dryden Police Service. <br> • Community Safety and Well-Being Survey <br> • Census data. <br> • Police-reported criminal statistics. <br> • General Social Survey and victimization survey. <br> • Pre-post assessments of educational event participants. |

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| | 4. Increased number of proactive patrols and patrol time in high-risk areas.<br>5. Increase proportion of the population that feels safe in Dryden and Machin.<br><br>**Long Term**<br>6. Reduced rates/instances of criminal, abusive, and harmful behaviour. | 4. Total number of proactive patrols as well as patrol time by the Dryden Police Service and OPP in high-risk areas.<br>5. Percentage of community members in Dryden and Machin report feeling safe in their communities.<br>**Long Term**<br>6. Applicable statistics:<br>• Police reported crime statistics for total crime, violent crime, property crime, crime severity index, intimate partner violence, human trafficking, internet crimes, as well as victimization and calls for service.<br>• Rates of HIV/AIDS, hepatitis B and C.<br>• Rates of teenage pregnancy as well as sexually transmitted diseases/infections.<br>• Rates of elder abuse. | |
| **Overall CSWV Plan** | 1. Meaningful multi-sectoral collaboration enhancing service provision to community members with high risk factors:<br>• Enhanced communication and collaboration amongst the | 1. Applicable Indicators for meaningful multi-sectoral collaboration:<br>• Number and type of communications and meetings | • Activity data and reports from all four Pillar Committees.<br>• Interviews and focus groups with service providers, partnering organizations, community members as well as community members |

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| | sectors, agencies, and organizations.<br>• Increased understanding of and focus on priority risks, vulnerable groups and neighbourhoods.<br>• Transformation of service delivery, including realignment of resources and responsibilities to better respond to priority risks and needs.<br>• More effective, seamless service delivery for individuals with complex needs.<br>• New opportunities to share multi-sectoral data and evidence to better understand the community through identifying trends, gaps, priorities, and successes.<br>• Reduced investment in and reliance on incident response.<br>2. Safe and healthy community members:<br>• Stronger families and improved opportunities for healthy child development. | minutes with partnering organizations.<br>• Terms and reference document for each Pillar Committee that outline how services are being focused on to priority risks, vulnerable groups and neighbourhoods within Dryden and Machin.<br>• Referral pathways and joint service agreements establishing which organizations will address which priority risks and needs.<br>• DARRT information regarding effective and seamless service delivery for individuals with complex needs.<br>• Number of organizations shared data collection tools and analytic reports utilizing the collected data to identify trends, gaps, priorities, and successes.<br>• Completed study into the monetary investment into incident-based responses over time following the implementation of this plan.<br>2. Applicable indicators for safe and healthy community members: | regarding improved services, their feelings of safety and well-being including health.<br>• Community Safety and Well-Being survey<br>• Community Safety and Well-Being Index may be developed and utilized to verify the progress of the overall strategy. |

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| | <ul><li>Healthier, more productive individuals that positively contribute to the community.</li><li>Enhanced feelings of safety and being cared for, creating an environment that will encourage newcomers to the community.</li></ul>3. Meaningful community engagement and inclusion that improve community safety and well-being:<ul><li>Increased engagement of community groups, residents and the private sector in local initiatives and networks.</li><li>Increased awareness, coordination of and access to services for community members and vulnerable groups.</li></ul> | <ul><li>Increased participation by families and youth in civic engagements as well as recreational and cultural activities.</li><li>Representative sample results of a Community Safety and Well-Being Index survey.</li><li>Improved sense of belonging, being accepted and valued, as well as feeling safe by community members.</li></ul>3. Applicable indicators for meaningful community engagement and inclusion:<ul><li>Total number and attendance of community members in local initiatives and networks.</li><li>Establishment of a central hub for community members to become aware of volunteer opportunities.</li><li>Total number of community members and a total number of hours community members invest in volunteering within the community.</li></ul> | |