

Evaluation Framework for the Regina and Area Drug Strategy

October, 2004

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EXECUTIVE SUMMARY

The Regina and Area Drug Strategy is a comprehensive initiative being undertaken by 18 partners to address the harm caused by drugs in this community. The Evaluation Framework presented here is a comprehensive plan for the complete evaluation of all aspects of the Drug Strategy.

The Evaluation Framework is organised in three main sections.

The Community Development Process focuses on the early stages of the drug strategy. It reviews the Drug Strategy Design and the community development processes that resulted in the Regina and Area Drug Strategy Report and its recommendations.

The Inner Workings of the Regina Drug Strategy looks at how the partners in the drug strategy work together, explores the effective functioning of the workgroups, and examines the communication processes that support the drug strategy.

Community Impact of the Regina Drug Strategy focuses on the outcomes of the Drug Strategy and the impact these activities will have on the community. It looks at the Action Plans, their implementation, and the resulting short, medium and long term changes in reducing the harm caused by addictions. It also examines the results of the collaborative partnership and the difference that working in partnership has made to partner organizations and others.

Each section of the Evaluation Framework consists of a series of relevant evaluation questions, as well as their indicators, data sources and methods for collecting evaluation data.

The actual evaluation of the Drug Strategy should be undertaken in two phases, using the Framework as a "blueprint". The first phase, Evaluating the Collaborative Partnership, focuses on the Community Development Process and The Inner Workings of the Drug Strategy as well as some of the results of working in a collaborative partnership. This phase would take about 9-12 months. Phase 2, Evaluating the Outcomes of the Regina Drug Strategy, focuses on longer term outcomes and will be more fully developed as the Workgroups move forward with their action plans.

A preliminary assessment shows that the Regina Drug Strategy is making solid progress in addressing the key elements necessary for an effective community partnership to achieve its goals.

INTRODUCING THE REPORT

This report presents an Evaluation Framework designed to guide the evaluation of the Regina and Area Drug Strategy.

INNOVA Learning was commissioned by the Regina and Area Drug Strategy to develop the Evaluation Framework.

Understanding the Background of the Drug Strategy

The Regina and area Drug Strategy is a comprehensive initiative being undertaken by 18 partners to address the harm caused by drugs in this community. It has developed and taken shape through a series of partner interactions and community involvement beginning in 2001 with the establishment of addictions as a priority area for the Crime Prevention Commission.

Since that time, the Strategy has evolved in complexity and moved toward achieving its goals. Strategic priorities have been developed and workgroups have become the focus for creating action plans to implement those priorities.

Describing an Evaluation Framework

An Evaluation Framework is a **plan**. It is particularly important for the Regina and Area Drug Strategy to have a comprehensive plan because of the large number of partners and the wide range of projects and activities. The Framework ensures that a complete picture of all aspects of the Strategy can be achieved.

The Evaluation Framework also ensures that the evaluation will **focus** on issues of particular importance. The focus of the Drug Strategy evaluation is on:

- The community development process,
- The nature of the collaborative partnership, and
- The action plans (and their outcomes) which were drawn from the strategic priorities.

The Evaluation Framework ensures that the stakeholders (e.g. partners, workgroups, committees and others) can make **use** of the results from the final evaluation. For example, the workgroups' responses indicate the uses they would make of evaluation results:

- Monitor progress,
- Clarify purpose and goals,
- Identify what needs fixing or changing,

- Provide support for interagency/inter sectoral co-operation,
- Let the community know what is happening,
- Serve as a model for other/national drug strategy groups on how to work together.
- Serve client needs

Reviewing the Methodology

The process for developing the Evaluation Framework included:

- review of Drug Strategy documents (including reports, memos, agendas, flow charts, planning documents, e-mail messages, etc.),
- evaluation development sessions with the workgroups,
- informal interviews with the Drug Strategy Co-ordinator and others, and
- observation/participation in various meetings and forums.

THE EVALUATION FRAMEWORK

Overview

The Evaluation Framework lays out a plan for the future evaluation of the Drug Strategy. It is organized in three main sections:

The Community Development Process establishes an evaluation framework for the early stages of the drug strategy and reviews the processes that resulted in the Regina and Area Drug Strategy Report and its recommendations.

The Inner Workings of the Regina Drug Strategy looks at how well the partners in the drug strategy work together, and examines the communication processes that support the drug strategy

Outcomes of the Regina Drug Strategy focuses on the activities undertaken by the partnership and each work group, how these activities can be monitored and evaluated, and results determined.

Each section of the Evaluation Framework is more fully described below.

Section 1: The Community Development Process

This section of the framework looks at the community development process that resulted in the Regina Drug Strategy Report. The components of this section include: Looking at the Drug Strategy Design, and Reviewing the Community Development Process.

A: Looking at the Drug Strategy Design

The Drug Strategy design is described in the Regina and Area Drug Strategy Report as a four-step process. This part of the framework develops evaluative questions for each of the four steps.

Step 1: Getting Ready

In this stage, the Drug Strategy Reference Committee established objectives for the Drug Strategy. These objectives have become outcome based evaluation questions for the Evaluation Framework. For example,

Does the drug strategy plan build on existing strengths to increase capacity to prevent and reduce the impact of addictions?

Step 2: Articulating the Vision and Value Statements

In this step, the overall vision for the Drug Strategy was established. The evaluation questions focus on this vision in the context of the collaborative partnership. For example,

How do the values from the vision fit with the mandates of the partners?

Step 3: Community Mobilization

The third step in the Drug Strategy design looked at community involvement. The evaluation questions focus on the nature of that involvement as well as which parts of the community participated. For example,

How were the stakeholders involved and encouraged?

Step 4: Assessing the Core Priorities

The final step in the Drug Strategy design was to make recommendations based on all the information that had been gathered through the community development process. The evaluation framework focuses on these decisions and how they were made. For example,

Were the recommendations integrated into existing key service areas?

The four steps in the Drug Strategy design took place within the broader context of the community development process.

B: *Reviewing the Community Development Process*

The Community Development process is the overall strategy that was used to carry out the Drug Strategy design. It is a critical element in the Drug Strategy because it focuses on the engagement of the community and their involvement in identifying problems and developing solutions around addictions. An example of the evaluation questions in this part is,

Did the Community Development process develop a renewed sense of community around addictions?

Summary:

The first section of the Framework develops evaluation questions for the Drug Strategy design and the Community Development process itself. The release of the Regina and Area Drug Strategy Report in June 2003 marks the end of this section.

After the Drug Strategy Report was released the focus turned to strategic planning and the creation of workgroups to carry forward the detailed work of planning. It is important at this point that the Evaluation Framework examine how the Drug Strategy functions as a working partnership and how it maintains itself and its momentum. The next section of the Framework looks at the inner workings of the Drug Strategy partnership.

Section 2: The Inner Workings of the Drug Strategy

In this section, the Evaluation Framework focuses on the working relationships within the Drug Strategy Partnership. It consists of 3 parts: Working in Partnership; Maintaining the Workgroups; and Communicating the Drug Strategy to the Community.

A: *Working in Partnership*

This part focuses the Drug Strategy Partnership itself by looking at three areas: Creating the Partnership, Structure and Leadership, and Getting the Work Done. The evaluation questions determine if members of the Drug Strategy (committees, workgroups, and staff) are working together effectively. For example,

How has the authority been shared within the partnership?

The data from these questions, along with the time continuum questions in the first section are designed to form a picture of how the Drug Strategy partnership operates and how it has evolved over time.

B: *Maintaining the Workgroups*

The Drug Strategy created five workgroups to carry out the detailed work needed to plan and implement the major priorities identified in the Regina and Area Drug Strategy Report. Many of the evaluation questions in this part are similar to those posed at the partnership level; however, the focus here is on the effective functioning of the workgroups. For example,

How were workgroup members supported by their home organizations?

C: *Communicating the Drug Strategy to the Community*

The nature and type of communication processes play a very important role in implementing community change. This part of the Evaluation Framework reviews the formal and informal communication processes that the Drug Strategy established. For example,

How did the website contribute to communicating the Drug Strategy to the community?

Section 3: Community Impact of the Regina and Area Drug Strategy

The final section in the Framework focuses on the outcomes of the Drug Strategy and the impact they will have on the community. It includes: Creating the action Plans; Assessing the Action Plans; and Looking at the Results of the Collaborative Partnership.

Portions of this section of the Evaluation Framework are necessarily brief at this stage of the Drug Strategy's development. For example, because the Action Plans are not yet finalized and the groups have not begun to implement them, the Framework at this stage is suggestive, rather than prescriptive. The Framework will continue to develop in step with the actions and decisions of the workgroups.

A. *Creating the Action Plans*

Understanding the way that workgroups created their action plans will ensure that final outcome decisions and the results of implementing action plans can be explained. If the results are positive, then others, as well as the RDS will want to know how to achieve the same or similar outcomes. Similarly, if there are problems, the workgroup processes can often yield explanations. An example of the evaluation questions in this part is,

How did action plans change and develop over time?

B. *Assessing the Action Plans*

The Action Plans developed by the Workgroups form the major outcomes for the Drug Strategy. The Evaluation Framework deals with the activities of each Workgroup separately and considers its goals, priorities and action plans. The evaluative questions for each Workgroup focus on outcomes.

Each Workgroup has several priorities, and each priority will have short, medium, or long-term outcomes. Short-term outcomes would normally be seen in the first year to 18 months, medium term outcomes would be in the 2-4 year range, while long-term outcomes would be upwards of 5 years.

Currently, workgroups are at different stages in their planning, therefore the evaluative questions in this section are more complete for some groups than for others. As the workgroups move ahead with planning and implementation, the Evaluation Framework for each priority group will be developed to reflect those changes.

C. *Looking at the Results of the Collaborative Partnership*

The RDS is a collaborative partnership. Working in partnership will result in several different types of outcomes. While there will be outcomes associated with the Workgroups' projects, there will also be those resulting from the partnership itself.

Partnership outcomes look at the benefits members received from being involved in the partnership, and the difference that working in partnership has made to individuals, partner organizations and other systems. The type of evaluative question in this part would be:

Because of their participation in the RDS, what changes have occurred in partner organizations and agencies?

Explaining the Framework Format

Each section of the Framework consists of a series of Evaluation Questions as outlined above. Each question is further developed through the identification of relevant indicators, information about the data sources for those indicators, and the most useful methods for collecting the data.

SECTION 1: THE COMMUNITY DEVELOPMENT PROCESS

This section of the framework looks at the community development process that resulted in the Regina Drug Strategy Report. The components of this section include:

- A: Looking at the Steps in the Drug Strategy Design
 1. Getting Ready
 2. Articulating the Vision and Value Statements
 3. Community Mobilization
 4. Assessing the Core Priorities
- B: Reviewing the Community Development Process

A: Looking at the Drug Strategy Design

This Drug Strategy design is described in the Regina and Area Drug Strategy Report as a four-step process. This section of the framework develops evaluative questions for each of the four steps.

Step 1: Getting Ready

In this stage, the Drug Strategy Reference Committee established objectives for the Drug Strategy. These objectives have become outcome based evaluation questions for the Evaluation Framework.

Evaluation Questions	Indicators	Data Sources	Methodology
1. Did the drug strategy plan build on existing strengths to increase capacity to prevent and reduce the impact of additions?	<ul style="list-style-type: none"> • Resources available in community at the time • Linkages established between drug strategy and these resources. 	<ul style="list-style-type: none"> • Strategic Framework I document • Partners 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
2. Were there input processes that engaged the communities in discussing the problems and identifying available resources?	<ul style="list-style-type: none"> • Description of input processes • Description of how communities were engaged in the process • Selection of sectors for consultation 	<ul style="list-style-type: none"> • Partners • Consultation reports/documentation 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis

Evaluation Questions	Indicators	Data Sources	Methodology
3. Did the process result in practical and achievable goals based on four-pillar approach?	<ul style="list-style-type: none"> • Description of the links/rationale between the four-pillar approach and the core priorities/ recommendations. 	<ul style="list-style-type: none"> • Goal statements • Workgroup action plans • Partners 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
4. Was there a comprehensive, integrated, and balanced response on addiction from the community and from government?	<ul style="list-style-type: none"> • How integrated are the links between community agencies and government. 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Key informant interviews
5. How did the planning forum encourage community commitment to implement the recommendations?	<ul style="list-style-type: none"> • Level/type of participatory activities • Number, type and scope of organizations participating. • Methods of identification • Types of commitments to the plan 	<ul style="list-style-type: none"> • Documents from planning session • Partners 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
6. Was there an increased level of awareness and understanding at the community level about substance abuse?	<ul style="list-style-type: none"> • Scope of participation by agencies during consultation. • Continuation of contact by agencies in the drug strategy (work groups). 	<ul style="list-style-type: none"> • Documents on stakeholder groups/consultation • Workgroup members • Minutes and reports from Sectoral and other consultations 	<ul style="list-style-type: none"> • Content analysis • Follow up survey with original participants?
7. Was a common definition and vision from stakeholder groups on substance abuse and addictions developed?	<ul style="list-style-type: none"> • Defined elements around the definition/vision evident. 	<ul style="list-style-type: none"> • Documents on stakeholder groups/consultation 	<ul style="list-style-type: none"> • Content analysis
8. Did the drug strategy design meet community needs?	<ul style="list-style-type: none"> • Perception of stakeholders on the following criteria: <ul style="list-style-type: none"> • Flexibility (e.g. ability to include new opportunities) • Inclusive (e.g. participation of new members) • Accessible services/ resources (e.g. new 	<ul style="list-style-type: none"> • Drug Strategy partners 	<ul style="list-style-type: none"> • Key informant interviews

Evaluation Questions	Indicators	Data Sources	Methodology
9. Was a plan established and followed to gather information?	<ul style="list-style-type: none"> • Changes made to the initial plan • Rational for changes 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Key informant interviews
10. What communication processes existed between the committees?	<ul style="list-style-type: none"> • Processes established and effectiveness 	<ul style="list-style-type: none"> • Committee members • Partners 	<ul style="list-style-type: none"> • Key informant interviews

Step 2: Articulating the Vision and Value Statements

In this step, the overall vision for the Drug Strategy was established. The evaluation questions focus on this vision in the context of the collaborative partnership.

Evaluation Questions	Indicators	Data Sources	Methodology
1. Was there a vision that focused on the future and encompassed the breadth of addictions?	<ul style="list-style-type: none"> • Community involvement (consumers, service providers, grassroots representatives, policy makers) • Problem solving focus • Improved knowledge • Multi-sector framework to address identified addiction issues, barriers and service gaps across sectors. 	<ul style="list-style-type: none"> • Action Plans (initial) • Members of the Drug Strategy Reference Committee 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
2. How did the values from the vision fit with the mandates of the partners?	<ul style="list-style-type: none"> • Evidence of sensitivity and acceptance, fairness, cultural assurance interpreted by partners. 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Key informant interviews
3. How were the values from the vision translated to actions?	<ul style="list-style-type: none"> • Evidence of values of sensitivity and acceptance, fairness, cultural assurance translated into action plans. 	<ul style="list-style-type: none"> • Initial action plans 	<ul style="list-style-type: none"> • Content analysis
4. How was the vision established?	<ul style="list-style-type: none"> • Leadership • Processes • Acceptance 	<ul style="list-style-type: none"> • Members of the Drug Strategy Reference Committee • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis

Step 3: Community Mobilization

The third step in the Drug Strategy design looked at community involvement. The evaluation questions focus on the nature of that involvement as well as which parts of the community participated.

Evaluation Questions	Indicators	Data Sources	Methodology
1. How did the community have input into the Drug Strategy project?	<ul style="list-style-type: none"> • # of agencies contacted • # of individuals providing input • # of agencies providing input • # of agencies in each of 11 Sector Consultations • # of agencies in each of 7 Focus Groups • recommendations derived from community consultation activities 	<ul style="list-style-type: none"> • 11 Sector Consultation reports • 7 Focus Group Reports 	<ul style="list-style-type: none"> • Content analysis
2. How were stakeholders involved and encouraged?	<ul style="list-style-type: none"> • # responses to the 3 questions in community meetings 	<ul style="list-style-type: none"> • 11 Sector Consultation reports • 7 Focus Group Reports 	<ul style="list-style-type: none"> • Content analysis
3. How were sectors/agencies identified?	<ul style="list-style-type: none"> • Importance to the final strategy (eg key players in the community) • Expertise • Willingness to contribute • # and type of service providers 	<ul style="list-style-type: none"> • Members of the Drug Strategy Reference Committee • Drug Strategy Co-ordinator • Minutes/reports 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
4. How were the FCM model/materials used?	<ul style="list-style-type: none"> • Degree of use • Revisions/adaptations 	<ul style="list-style-type: none"> • Members of the Drug Strategy Reference Committee • Drug Strategy Co-ordinator • Minutes/reports 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis

Step 4: Assessing the Core Priorities

The final step in the Drug Strategy design was to make recommendations based on all the information that had been gathered through the community development process. The evaluation framework focuses on these decisions and how they were made.

Evaluation Questions	Indicators	Data Sources	Methodology
1. How were recommendations developed and prioritized?	<ul style="list-style-type: none"> • Links to goals/visions • Links to community consultations • Priorities established 	<ul style="list-style-type: none"> • Drug Strategy Report 	<ul style="list-style-type: none"> • Content Analysis
2. Were the recommendations integrated into existing key service areas?	<ul style="list-style-type: none"> • Links established to Prevention, Healing, Harm Reduction, Community Justice 	<ul style="list-style-type: none"> • Members of Executive & Steering Committees • Partners 	<ul style="list-style-type: none"> • Key informant interviews
3. Was there transparency and openness in the prioritization of recommendations?	<ul style="list-style-type: none"> • Level of discussion • Options/alternatives presented 	<ul style="list-style-type: none"> • Members of Executive & Steering Committees • Partners • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
4. Were reliable data used to make informed decisions?	<ul style="list-style-type: none"> • Scope of data sources (not opinion) • Use of benchmark data to determine the extent of identified problems. 	<ul style="list-style-type: none"> • Members of Executive & Steering Committees • Partners • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis

The Drug Strategy design took place with the larger context of the overall Community Development Process, which is addressed in the next part of the Framework.

B. Reviewing the Community Development Process

The Community Development process is the overall strategy that was used to carry out the Drug Strategy design. It is a critical element in the Regina and Area Drug Strategy because it focuses on the engagement of the community and their involvement in identifying problems and developing solutions around addictions.

Evaluation Questions	Indicators	Data Sources	Methodology
1. Did the Community Development process engage and empower people at a number of levels?	<ul style="list-style-type: none"> • # and type of consultations with community • # of agencies contacted • # of individuals providing input • # of agencies providing input • # of agencies in each of 11 Sector Consultations • # of agencies in each of 7 Focus Groups • community input reflected in final strategy 	<ul style="list-style-type: none"> • Drug Strategy Report • 11 Sector Consultation Reports • 7 Focus Group reports 	<ul style="list-style-type: none"> • Content analysis of documents
2. Did the Community Development process provide people with a more active role and voice on the community's drug issues?	<ul style="list-style-type: none"> • Perceptions of partners 	<ul style="list-style-type: none"> • Partners • Documents (membership, minutes) 	<ul style="list-style-type: none"> • Key informant interviews • Document review
3. Did the Community Development Process develop a renewed sense of community around addictions?	<ul style="list-style-type: none"> • Perceptions of partners on specific changes in the community • Perceptions of partners on specific changes within their agencies 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Critical incident process • Key informant interviews
4. How effective was the Drug Strategy Report as a foundation to build on?	<ul style="list-style-type: none"> • Perceptions of Executive Committee • Perceptions of Steering Committee 	<ul style="list-style-type: none"> • Executive Committee • Steering Committee 	<ul style="list-style-type: none"> • Key informant interviews

Evaluation Questions	Indicators	Data Sources	Methodology
5. How did FCM Municipal Drug Strategy pilot projects influence the Regina Drug Strategy?	<ul style="list-style-type: none"> • Perceptions of Executive Committee • Perceptions of Steering Committee • Use of FCM "tools/resources" 	<ul style="list-style-type: none"> • Executive Committee • Steering Committee • FCM materials/documents 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis

This section of the Framework has developed evaluation questions for the Drug Strategy design and the Community Development process itself. The questions mirror the steps that led up to the release of the Regina and Drug Strategy Report. It contains evaluative questions that look at how the drug strategy was developed, and examines the four steps in the design of the drug strategy. The release of the Regina and Area Drug Strategy Report in June 2003 marks the end of the first section of the Evaluation Framework.

After the Drug Strategy Report was released the focus turned to strategic planning and the creation of workgroups to carry forward the detailed work of planning. It is important at this point that the Evaluation Framework examine how the Drug Strategy functions as a working partnership and how it maintains itself and its momentum. The next section of the Framework looks at the inner workings of the Drug Strategy partnership.

SECTION 2: THE INNER WORKINGS OF THE DRUG STRATEGY

In this section, the Evaluation Framework focuses on the working relationships within the Drug Strategy Partnership. It consists of:

- A: Working in Partnership
 - Creating the Partnership
 - Structure and Leadership
 - Getting the Work Done
- B: Maintaining the Work Groups
- C: Communicating the Drug Strategy to the Community

A: Working in Partnership

Many of the important issues surrounding the partnership and collaborative working relationships evolve over the life of the partnership. It is important that this evolution is documented within the evaluation. In order to do this, many of the evaluation questions in this part include a sub-evaluation question that asks *"How did this change over time"*. The main question looks at the beginning of the process, while the second ensures that changes over time are also examined.

The evaluation questions determine if members of the Drug Strategy (committees, workgroups, and staff) are working together effectively. The data from these questions, along with the time continuum questions in the first section, are form a picture of how the Drug Strategy partnership operates and how it has evolved over time.

Creating the Partnership

Evaluation Questions	Indicators	Data Sources	Methodology
1. How was the vision for the Drug Strategy carried forward from the early stages	<ul style="list-style-type: none"> • Partners have a shared vision • Partners have a shared definition of the drug and addiction program they are addressing. 	<ul style="list-style-type: none"> • Minutes • DS Report • Steering Committee • Executive Committee • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews

Evaluation Questions	Indicators	Data Sources	Methodology
<p>2. How were the 18 partners identified and drawn into the partnership?</p> <p><i>How did this change over time?</i></p>	<ul style="list-style-type: none"> • Perceptions of key informants of the importance/role of partners brought to the drug strategy • Role of the Forum on Alcohol and other Drug Abuse • Partners have identified roles/purpose in the partnership • Resources committed to partnership. • Partner's values/mission compatible with the purpose of the partnership. • Skills/expertise partners brought to the strategy • Common definition of partner expressed. 	<ul style="list-style-type: none"> • Ad Hoc conference committee - Regina Forum on A and DA • Forum agenda and documentation • Other documents (planning minutes, etc.) 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis of documents
<p>3. Have the Drug Strategy partners changed since the release of the report?</p>	<ul style="list-style-type: none"> • Changes in partners (additions/withdrawals) • Reasons for changes 	<ul style="list-style-type: none"> • Partners list • Minutes 	<ul style="list-style-type: none"> • Content analysis
<p>4. How were decisions made about adding new members?</p> <p><i>How did this change over time?</i></p>	<ul style="list-style-type: none"> • Growth of agency involvement • # of new agencies and how contacted • Level and type of involvement (mailing list vs. participation) 	<ul style="list-style-type: none"> • Minutes (Workgroups, Steering Committee, Coordinator monthly reports) 	<ul style="list-style-type: none"> • Content analysis of documents
<p>5. Are the partners representative of the community?</p>	<ul style="list-style-type: none"> • Partners represent communities of interest (health, education, justice, human services, etc) relevant to the goals of the RDS. 	<ul style="list-style-type: none"> • Partner lists 	<ul style="list-style-type: none"> • Comparative review

Evaluation Questions	Indicators	Data Sources	Methodology
<p>6. Did the partnership "mix" support a collaborative approach?</p> <p><i>How did this change over time?</i></p>	<ul style="list-style-type: none"> • Organizations which are working directly to address the problem (local organizations) • Support organizations (help build on the work of those partners working directly on the problem) • Organizations which help create the conditions for community partnerships to be successful (financial assistance, operating assistance, etc.) 	<ul style="list-style-type: none"> • Partners • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
<p>7. How was the process of working in a partnership developed and understood by the partners?</p> <p><i>How did this change over time?</i></p>	<ul style="list-style-type: none"> • Transparency • Building open communication • Developing relationships of trust • Level of agreement within the partnership around the issue of addictions • Openness to change/doing things differently 	<ul style="list-style-type: none"> • Documents <ul style="list-style-type: none"> - Drug Strategy Report - Implementation Plan - Funding Proposal(s) • Chair, • 18 initial partners • other partners that may have been added 	<ul style="list-style-type: none"> • Key informants interviews • Content analysis of documents
<p>8. How did partners define the mutual benefits from participating in the partnership?</p>	<ul style="list-style-type: none"> • Benefits to organizations • Benefits to the partnership as a whole • Benefits to community 	<ul style="list-style-type: none"> • Partners • Executive/Steering Committee 	<ul style="list-style-type: none"> • Key informant interviews

Structure and Leadership

Evaluation Questions	Indicators	Data Sources	Methodology
1. Were effective organizing structures developed? 2. <i>How did these change over time?</i>	<ul style="list-style-type: none"> • # and type of organizing structures • Role and purpose of each • Perceptions of Executive/Steering Committee, DS Co-ordinator 	<ul style="list-style-type: none"> • Executive Committee • Steering Committee • Workgroups Chairs • DS Co-ordinator • Terms of Reference 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
3. How were partners linked to workgroups?	<ul style="list-style-type: none"> • Role of DS Coordinator • Role of Steering Committee • Role of Executive Committee • # of partners on workgroups • Role in establishing workgroups and/or selecting members • Communication processes (formal and informal) 	<ul style="list-style-type: none"> • Website • Minutes • Reports 	<ul style="list-style-type: none"> • Content analysis
4. How were decisions made? 5. <i>How did this change over time?</i>	<ul style="list-style-type: none"> • Types of decisions made and by whom (group or individual) • Control/input on funding • Role of DS Co-ordinator, Executive Committee, Steering Committee, workgroup chairs • Changes in leadership over the time of the partnership and for what reasons. 	<ul style="list-style-type: none"> • Terms of Reference • Minutes • Partners • Executive/Steering Committee • Workgroup chairs • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis of documents • Key informant interviews
6. How has authority been shared within the partnership?	<ul style="list-style-type: none"> • Transparent processes and decisions • Demonstrate collaborative spirit in dialogue, decisions, and actions • Members are committed and energetic 	<ul style="list-style-type: none"> • Minutes/decisions • Partners • Executive/Steering Committee 	<ul style="list-style-type: none"> • Content analysis of documents • Key informant interviews

Getting the Work Done

Evaluation Questions	Indicators	Data Sources	Methodology
1. How were working relationships developed and how were conflicts resolved? <i>How did this change over time?</i>	<ul style="list-style-type: none"> • Conflicts dealt with positively • Processes established to resolve conflicts • Written partnership agreement or letter of understanding. 	<ul style="list-style-type: none"> • Minutes, Reports • Workgroup chairs • Committee members 	<ul style="list-style-type: none"> • Content analysis of documents • Key informant interviews
2. How were risks, responsibilities, accountability shared amongst partners?	<ul style="list-style-type: none"> • Document tasks/decisions 	<ul style="list-style-type: none"> • Minutes • Reports • Partners • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
3. How did resources provided by the partners contribute the operation of the partnership?	<ul style="list-style-type: none"> • Document contributions (time, money, human, facilities, other) 	<ul style="list-style-type: none"> • Partners • DS Co-ordinator 	<ul style="list-style-type: none"> • Key informant interviews
4. How is each partner represented at the Drug Strategy table?	<ul style="list-style-type: none"> • Selection process • Position in home organization • Authority to speak on behalf of the partner agency 	<ul style="list-style-type: none"> • Minutes • Partners 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
5. How are the representatives of partners supported by their organizations?	<ul style="list-style-type: none"> • Policy supporting volunteers in community, • Time off from work • Incorporated into their job • Other 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Survey
6. What skills were evident in the partner's representatives and what additional skills would have been useful?	<ul style="list-style-type: none"> • Managing partnerships • Negotiation skills • Group processes/team building • Planning skills • Evaluation skills • Problem solving/conflict resolution • Financial management • Working with volunteers 	<ul style="list-style-type: none"> • Executive Committee • Steering Committee • DS Coordinator 	<ul style="list-style-type: none"> • Key informant interviews

Evaluation Questions	Indicators	Data Sources	Methodology
7. How did the partnership respond to new opportunities (in addition those identified in the strategy)?	<ul style="list-style-type: none"> • # of partner- initiated directions/projects • Type of opportunities • Connection to RDS values/vision • Impact of new opportunities on core priorities • Use of available resources 	<ul style="list-style-type: none"> • Website • Minutes • Reports • DS Coordinator • Members of Executive/Steering Committee 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
8. What role did the May 6 th Strategic Planning Session have on building the partnership?	<ul style="list-style-type: none"> • # of participants representing which partners • use of results in developing working relationships in the partnership • information sharing and update 	Documents: <ul style="list-style-type: none"> • Evaluation summary • Participant list • Session results 	<ul style="list-style-type: none"> • Content analysis
9. How did the website contribute to communication in the partnership?	<ul style="list-style-type: none"> • Access of website by partners • Level of current content/updates 	<ul style="list-style-type: none"> • Partners • Website 	<ul style="list-style-type: none"> • Survey • Content analysis

This part of the Framework gives an overall perspective on the partnership and how well it is functioning. In addition to the larger partnership functions, workgroups were also established to carry forward the essential work of the partnership. Because the workgroups are a critical part of the Drug Strategy, it is important to understand how they functioned. The next part of the Framework centres on how the workgroups were maintained.

B. Maintaining the Workgroups

The Drug Strategy created five workgroups to carry out the detailed work needed to plan and implement the major priorities identified in the Regina and Area Drug Strategy Report. Many of the evaluation questions in this part are similar to those posed at the partnership level, however the focus here is on the effective functioning of the workgroups.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
1. How were workgroups established?	<ul style="list-style-type: none"> • Involvement of partners, Executive/Steering Committee/DS Co-ordinator in establishing workgroups 	<ul style="list-style-type: none"> • Documents/reports • DS Co-ordinator/Chairs 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
2. How were workgroup chairs selected?	<ul style="list-style-type: none"> • Selection process (elected, assigned, nominated, volunteered solicited, group decision, etc.) • Representative of community of interest of workgroup. 	<ul style="list-style-type: none"> • Executive Committee members • Steering Committee members • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
3. How were workgroup members selected?	<ul style="list-style-type: none"> • Selection process (elected, assigned, nominated, volunteered solicited, group decision, etc.) • Representative of community of interest of workgroup. 	<ul style="list-style-type: none"> • Executive Committee members • Steering Committee members • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
4. What support did workgroup members receive from their home organizations?	<ul style="list-style-type: none"> • Policy supporting volunteers in community, • Time off from work • Incorporated DS work into their employer's work • Other 	<ul style="list-style-type: none"> • Work group members 	<ul style="list-style-type: none"> • Survey

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
5. What role did the May 6 th Strategic Planning Session have in maintaining the workgroups?	<ul style="list-style-type: none"> • # of participants/from which workgroups • use of session results in developing workgroup action plans 	Documents: <ul style="list-style-type: none"> • Evaluation summary • Participant list • Session results • Action plans 	<ul style="list-style-type: none"> • Comparative analysis - action plans of workgroups
6. What information did workgroups use to decide action plans?	<ul style="list-style-type: none"> • Published research on topic • Expertise of group members • Outside expertise sought 	<ul style="list-style-type: none"> • Action plans 	<ul style="list-style-type: none"> • Content analysis
7. Was the <u>process</u> used to set group priorities satisfactory to workgroup members?	<ul style="list-style-type: none"> • Member satisfaction 	<ul style="list-style-type: none"> • Work group members 	<ul style="list-style-type: none"> • Key informant interviews
8. How were barriers in workgroup activity addressed/resolved?	<ul style="list-style-type: none"> • Member satisfaction with resolution processes 	<ul style="list-style-type: none"> • Workgroup members/chair • DS Co-ordinator 	<ul style="list-style-type: none"> • Key informant interviews • Survey
9. Is there evidence of specific skills that were missing in the workgroups that would have been useful?	Skills evident such as: <ul style="list-style-type: none"> • Managing workgroups • Negotiation skills • Group processes/team building • Planning skills • Evaluation skills • Problem solving • Conflict resolution • Time management • Financial management • Working with volunteers • Stress management 	<ul style="list-style-type: none"> • Workgroup members • Workgroup chairs • DS Co-ordinator 	<ul style="list-style-type: none"> • Key informant interviews • Survey
10. Were other needs were identified as the workgroups developed their action plans?	<ul style="list-style-type: none"> • Needs identified 	<ul style="list-style-type: none"> • Workgroup chairs 	<ul style="list-style-type: none"> • Key informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
11. How were workgroups linked to each other?	<ul style="list-style-type: none"> • Role of the DS Co-ordinator • Role of the Steering Committee • Role of the Executive Committee 	<ul style="list-style-type: none"> • Executive Committee members • Steering Committee members • Minutes 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
12. What types of communication occurred at various stages during the development of strategy and implementation of the Drug Strategy?	<ul style="list-style-type: none"> • Type of information and purpose • Content (use of jargon) • Presence of communication "pathways" 	<ul style="list-style-type: none"> • Minutes, emails 	<ul style="list-style-type: none"> • Content analysis
13. How did the website contribute to communication amongst the workgroups?	<ul style="list-style-type: none"> • Access of website by workgroup members • Level of current content/updates 	<ul style="list-style-type: none"> • Workgroup members/chairs • Website 	<ul style="list-style-type: none"> • Survey • Content analysis

The first part of this section looked at how well the partnership functioned as a collaborative entity and the second part examined the relationships found within the workgroups. Both of these are critical elements of evaluating the Drug Strategy. In addition, it is important to establish communication beyond the Drug Strategy group if the plan is to be successfully implemented in the community. The next part looks at these communication processes.

C: Communicating the Drug Strategy to the Community

The nature and type of communication processes play a very important role in implementing community change. This part of the Evaluation Framework reviews the formal and informal communication processes that the Drug Strategy established.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
1. Was a communication plan developed to promote the work/successes of Drug Strategy (beyond the partnership)?	<ul style="list-style-type: none"> • Evidence of a formal plan. 	<ul style="list-style-type: none"> • Communication plan document 	<ul style="list-style-type: none"> • Content analysis
2. What communication links were established?	<ul style="list-style-type: none"> • From the partnership group to the community; and • From the community to the partnership group. • Formal links • Informal networks 	<ul style="list-style-type: none"> • Documents 	<ul style="list-style-type: none"> • Content analysis
3. How did the website contribute to communicating the Drug Strategy to the community?	<ul style="list-style-type: none"> • Promotion of the website • Links of RDS website 	<ul style="list-style-type: none"> • Communication strategy • Website 	<ul style="list-style-type: none"> • Content analysis
4. What types of communication occurred at various stages during the development and implementation of the Drug Strategy?	<ul style="list-style-type: none"> • Overview information for interested others (such as a brochure, handout, website); • Specific information as required (for the media or funding sources); • Focused information to support and lobby purposes; • Information for the public or community at large 	<ul style="list-style-type: none"> • Documents (minutes, emails, press releases, brochures, articles) • Presentations 	<ul style="list-style-type: none"> • Content analysis

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
5. How was information on the Drug Strategy shared within each partner's own organization?	<ul style="list-style-type: none"> • Description of mechanisms and who involved • Assigned responsibilities 	<ul style="list-style-type: none"> • Partners • Examples (newsletter, memos, presentations, articles, etc.) 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
6. Was communication maintained with other communities that participated in the initial pilots for Drug Strategies?	<ul style="list-style-type: none"> • Level of communication (updates, information sharing, etc.) 	Reports/interviews: <ul style="list-style-type: none"> • Co-ordinator • Workgroup Chairs • Steering Committee 	<ul style="list-style-type: none"> • Key informant interviews • Partner/workgroup survey

This section has established the evaluation framework for assessing the inner workings of the Drug Strategy, including maintaining the partnership itself, maintaining the workgroups, and examining the communication processes. The next section turns attention to the outcomes of the Regina Drug Strategy.

SECTION 3: COMMUNITY IMPACT OF THE REGINA AND AREA DRUG STRATEGY

Looking at the workgroups' goals and action plans, as well as the collaborative nature of the RDS partnership and its vision for the Drug Strategy can be used to assess the impact that the Regina Drug Strategy will have on Regina.

Portions of this section of the Evaluation Framework are necessarily brief at this stage of the Drug Strategy's development. For example, because the Action Plans are not yet finalized and the groups have not begun to implement them, the Framework at this stage is suggestive, rather than prescriptive. The Framework will continue to develop in step with the actions and decisions of the workgroups.

This section is comprised of three components:

- A. Creating the Action Plans
- B. Assessing the Action Plans
- C. Looking at the Results of the Collaborative Partnership

A. Creating the Action Plans

The processes and methods that each workgroup used to develop their action plans are important areas to examine in the evaluation.

Evaluation Questions	Indicators	Data Sources	Methodology
1. How were decisions on the final action plans made?	<ul style="list-style-type: none"> • Alternatives considered • New directions considered • Use of results of May 6th Strategic Planning session • Funding available 	<ul style="list-style-type: none"> • May 6th Strategic Planning • Grants used • Workgroup minutes • Workgroup chairs • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
2. How did action plans change and develop over time?	<ul style="list-style-type: none"> • Flexibility • Respond to changes • Respond to emerging needs 	<ul style="list-style-type: none"> • Workgroup minutes • Action Plans • Workgroup chairs • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews

Evaluation Questions	Indicators	Data Sources	Methodology
3. Did the workgroups respond to new opportunities (in addition those identified in the strategy)?	<ul style="list-style-type: none"> • # of workgroup - initiated directions/projects • Type of opportunities • Impact of new opportunities on core priorities • Use of available resources 	<ul style="list-style-type: none"> • Workgroup minutes • Action Plans • Workgroup chairs • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews
4. How were action plans linked to the overall goal of the Drug Strategy?	<ul style="list-style-type: none"> • Connection to RDS values/vision 	<ul style="list-style-type: none"> • Strategic Framework II • Action Plans • May 6th Strategic Planning session 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews

Understanding the way that workgroups created their action plans will ensure that final outcome decisions and the results of implementing action plans can be explained. If the results are positive, then others, as well as the RDS will want to know how to achieve the same or similar outcomes. Similarly, if there are problems, the workgroup processes can often yield explanations.

The next group of questions focuses on each Workgroup's Action Plan.

B. Assessing the Action Plans

The Action Plans developed by the Workgroups form the major outcomes for the Drug Strategy. The Evaluation Framework deals with each Workgroup separately and considers its goals, priorities and action plans. The evaluative questions focus on outcomes.

Each Workgroup focused on several priorities, and each priority will have short, medium, or long-term outcomes. Short-term outcomes would normally be seen in the first year to 18 months, medium term outcomes would be in the 2-4 year range, while long-term outcomes would be upwards of 5 years.

Workgroups include:

- Capacity Building
- Prevention
- Harm Reduction
- Healing Continuum
- Community Justice

NOTE:

Currently, workgroups are at different stages in their planning, therefore the evaluative questions below are more complete for some groups than for others. As the workgroups move ahead with planning and implementation, the Evaluation Framework for each priority group will be developed to reflect those changes.

Capacity Building

Overall Goal: Increase the capacity for organizations, institutions and agencies at all levels and in all sectors to participate.

Final Priorities:

1. Inventory of Funding Sources (including new funding sources, for use by formal systems & community-based organizations).
2. Skills Inventory of human service agencies (for use by formal systems & community-based people & the general public).

Priority 1: Inventory of Funding Sources (including new funding sources, for use by formal systems & community-based organizations.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcome</i></p> <p>1. Were the developmental & implementation steps, identified in the work plan, taken so that the inventory is developed and available for use by the target audience(s)?</p>	<ul style="list-style-type: none"> • Comprehensive list of funding sources completed • Format for the inventory is defined. • Ownership of the inventory (location) is decided. • Database developed • Data entry completed • Communication plan developed & implemented 	<ul style="list-style-type: none"> • All human service agencies from many sectors (formal system and community-based organizations), as well as the public. • Capacity Building WorkGroup members. • DS Strategy Coordinator • RQHR Information Technology Dept. 	<ul style="list-style-type: none"> • Content analysis of inventory produced. • Key informant interviews
<p><i>Medium Term Outcome</i></p> <p>2. Was the inventory used/purchased? 3. How was the inventory used? 4. Were the contents of the inventory updated? 5. What format/distribution changes were made?</p>	<ul style="list-style-type: none"> • # of hits on web site • # of pamphlets circulated/presentations done. • # of hard copies purchased • Inventory updated annually 	<ul style="list-style-type: none"> • RQHR Information Technology Dept (documents/records) • Capacity Building WorkGroup members – or other designated ‘owner’ of the inventory • All Drug Strategy partners 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Long Term Outcome</i></p> <p>6. Were Drug Strategy partners able to readily access funding for initiatives?</p> <p>7. Was access to funding a barrier to full implementation of the Drug Strategy?</p>	<ul style="list-style-type: none"> • Amount of funding secured by Drug Strategy partners. • How much of the Drug Strategy was implemented because funding was available. 	<ul style="list-style-type: none"> • All human service agencies from many sectors (formal system and community-based organizations). 	<ul style="list-style-type: none"> • Survey • Key informant interviews

Priority 2: Skills Inventory of human service agencies (for use by formal systems, community-based organizations & the general public).

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcomes</i></p> <p>1. Were the developmental & implementation steps, identified in the work plan, taken so that the inventory is developed and available for use by the target audience(s)?</p>	<ul style="list-style-type: none"> • List of agencies to include completed • List of other inventories completed • Format & ownership (location) decided • Database developed • Cross reference complete & data entry done • Communications plan developed & implemented 	<ul style="list-style-type: none"> • All human service agencies from many sectors (formal system and community-based organizations), as well as the public. • Capacity Building Working Group members. • Drug Strategy Coordinator • RQHR Information Technology Dept 	<ul style="list-style-type: none"> • Content analysis of inventory produced. • Key informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Medium Term Outcome</i></p> <p>2. Was the inventory used? 3. How was the inventory used? 4. Were the contents of the inventory updated? 5. What format/distribution changes were made?</p>	<ul style="list-style-type: none"> • # of hits on web site • # of pamphlets circulated/ presentations done • # of hard copies purchased • Hard copy use? • Agency question – how did you find us? • Inventory updated annually 	<ul style="list-style-type: none"> • RQHR Information Technology Dept (document/records) • Capacity Building Working Group members – or other designated ‘owner’ of the inventory • All Drug Strategy partners 	<ul style="list-style-type: none"> • Content analysis of inventory produced. • Key informant interviews
<p><i>Long Term Outcome</i></p> <p>6. Have the patterns and appropriateness of referrals to agencies contained in the inventory changed? 7. Has the ease with which Drug Strategy member agencies identify partnerships increased? 8. Is the community more aware of the services and supports available? 9. Have any agencies altered their focus or mandate due to gaps and overlaps being identified? 10. Are clients more satisfied with inter-agency case management?</p>	<ul style="list-style-type: none"> • Decrease in the rates of agencies ‘referring out.’ • Drug Strategy partners express satisfaction with the inventory’s ability to assist them in identifying partners for collaboration. • Increase in multi-agency initiatives • Agency descriptions on the inventory change over time. • Interagency client satisfaction surveying. 	<ul style="list-style-type: none"> • All human service agencies from many sectors (formal system and community-based organizations), as well as the public (including clients of agencies). 	<ul style="list-style-type: none"> • Community (agency) survey on awareness on services. • Key informant interviews

Prevention

Overall Goal: To increase education and awareness on addictions.

Final Priorities:

1. Design user-friendly information to prevent substance abuse.
2. Schools define and improve their role in preventing substance abuse.

Priority 1: Design user friendly information to prevent substance abuse.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcome - up to one year</i></p> <p>1. Were the developmental & implementation steps, identified in the work plan, taken ?</p>	<ul style="list-style-type: none"> • Comprehensive list of youth organizations contacted (#) • Lists of examined materials and preferred resources. • Level of involvement of youth and youth groups in process • Format and ownership decided • Strategy developed to distribute the pamphlets. • Funding secured 	<ul style="list-style-type: none"> • Health Canada/Saskatchewan Health, Canada's Drug Strategy, RQHR • Prevention WorkGroup members. • DS Strategy Coordinator • Youth organizations/youth • Schools 	<ul style="list-style-type: none"> • Content analysis of inventory produced. • Key informant interviews
<p><i>Medium Term Outcome - 1 - 3 years</i></p> <p>2. Were the pamphlets distributed?</p> <p>3. Was pamphlet content appropriate for the target audience (culturally sensitive)?</p> <p>4. Did the target audiences use the pamphlets?</p> <p>5. Were the contents of the pamphlets updated?</p> <p>6. What format/distribution changes were made?</p>	<ul style="list-style-type: none"> • # of pamphlets distributed and to which groups. • Pamphlets updated regularly • Consistent messages delivered to target audiences. • List of ways the pamphlets with used in programs. 	<ul style="list-style-type: none"> • Prevention WorkGroup members – or other designated ‘owner’ of the pamphlets • Youth organizations/youth • Schools • Drug Strategy partners 	<ul style="list-style-type: none"> • Content analysis • Focus groups • Key informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Long Term Outcome - Over 3 years</i></p> <p>7. What impact did the pamphlets have on preventing youth from using drugs?</p>	<ul style="list-style-type: none"> • Consistent message around drugs delivered through organizations/schools. • Partnerships with schools and other youth groups strengthened (input into revising existing prevention strategy or creating additional prevention strategies). 	<ul style="list-style-type: none"> • Schools/youth organizations • Drug Strategy partners 	<ul style="list-style-type: none"> • Survey • Key informant interviews

Priority 2: Schools define and improve their role in preventing substance abuse.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcome</i></p> <p>1. Was an inventory of what schools have done in the past 12 months on the issue of addictions compiled?</p>	<ul style="list-style-type: none"> • Comprehensive inventory compiled of activities in schools. 	<ul style="list-style-type: none"> • Regina Public, Regina Catholic and Qu'Appelle Valley School systems. • Other groups (CBOs, parent associations, etc.) 	<ul style="list-style-type: none"> • Content analysis
<p><i>Medium Term Outcome</i></p> <p>2. Were school systems able to define their role in preventing substance abuse?</p>	<p>Schools take a lead role by defining:</p> <ul style="list-style-type: none"> • Roles for school systems including changes to curriculum and programming as required. • Roles for parent associations, student ambassadors, and youth mentors, etc. 	<ul style="list-style-type: none"> • Regina Public, Regina Catholic and Qu'Appelle Valley School systems. • Other groups (CBOs, parent associations, etc.) 	<ul style="list-style-type: none"> • Key informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Long Term Outcome</i></p> <p>3. Were schools able to improve their role in preventing substance abuse?</p>	<ul style="list-style-type: none"> • Targeted programs to children not in schools • Changes implemented to curriculum and programming. 		

Harm Reduction

Overall Goal: Provide at-risk groups with programs/services that reduces the harm of addictions.

Final Priorities:

1. Access to addiction treatment for pregnant women who are using
2. Determine the feasibility of a Brief Detox Centre.

Priority: Access to addiction treatment for pregnant women who are using

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcome</i></p> <p>1. What changes are needed in the system that prevent pregnant women from accessing pre-natal care?</p>	<ul style="list-style-type: none"> • Barriers identified • Potential changes identified 	<ul style="list-style-type: none"> • Service providers • Pregnant women at risk 	<ul style="list-style-type: none"> • Survey
<p><i>Medium Term Outcomes</i></p> <p>2. How has the identified service path been understood/used by service providers?</p>	<ul style="list-style-type: none"> • Service path is identified for pregnant women-at-risk of not accessing pre-natal care • Level/type of collaboration/ outreach amongst stakeholders. • Policies/protocol changes that reduce barriers. • Service providers will have been provided with information (workshops/networking sessions/ resource materials). • Perceptions/beliefs of service providers more accepting of the client audience. 	<ul style="list-style-type: none"> • Stakeholders • Service providers 	<ul style="list-style-type: none"> • Key informant interviews • Survey • Content analysis of materials

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Long Term Outcomes</i></p> <p>3. Are pregnant women at risk being provided with services to reduce the impact of addictions on their babies?</p> <p>4. Is there increased inter-sectoral collaboration to provide pregnant women-at-risk with services?</p>	<ul style="list-style-type: none"> • Protocol/policies developed (type and number) to ensure continuum of care (including non-health services such as housing). • Increase in the number of pregnant women-at-risk receiving pre-natal care. • Decrease in the number of addicted babies born to women receiving pre-natal care. • Perceptions/beliefs of service providers are more accepting of the client audience. • Increase in the number of pregnant women-at-risk <u>seeking</u> pre-natal care (regardless of their 'using). 	<ul style="list-style-type: none"> • Service providers • Health region statistics 	<p>To be determined.</p>

Priority: Determine the Feasibility of a Brief Detox Centre

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcome (under one year)</i></p> <p>1. Has the feasibility of establishing a Brief Detox Centre been explored?</p>	<ul style="list-style-type: none"> • Consultant hired to develop a business case for centre. • Review of business case by steering committee with decision on next action(s). 	<ul style="list-style-type: none"> • Report • Steering committee 	<ul style="list-style-type: none"> • Content analysis • Key informant interviews.

Healing Continuum

Overall Goal: Provide addiction resources that are holistic and family-based.

Final Priorities:

1. Recommend modifications to existing treatment services and pathways (with an emphasis on youth).
2. Develop youth stabilization and programming components for new and/or existing treatment services.

Priority: Recommend modifications to existing treatment services and pathways

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcomes (1 year to 18 months)</i></p> <ol style="list-style-type: none"> 1. Is a continuum of care identified? 2. Were gaps in the continuum of care identified? 3. Was a work plan developed to address the gaps identified? 	<ul style="list-style-type: none"> • Continuum of care described. • Gaps identified and described. • Work plan identified where additional resources will be required to address gaps. • Identified treatment pathway for youth (from the most common entry routes). 	<ul style="list-style-type: none"> • Stakeholders/service providers • Work plan • Clinical pathway 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
<p><i>Medium Term Outcomes (1 year to 5 years)</i></p> <ol style="list-style-type: none"> 4. What changes have been made in the service delivery system? 5. Were resources redirected or secured to support the continuum of care? 	<ul style="list-style-type: none"> • # of agencies collaborating • common practices between agencies • # of youth dropout from treatment decreased • Changes in systems which address the gaps identified. 	<ul style="list-style-type: none"> • To be determined 	<ul style="list-style-type: none"> • To be determined

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Long Term Outcomes</i></p> <p>6. Has there been increased access to treatment for youth?</p>	<ul style="list-style-type: none"> • Increased # of treatment options. • Increased satisfaction of referral source/case manager • Additional resources on the continuum provided. • Proposals for new or re-direction of resources. 	<ul style="list-style-type: none"> • Service providers/clients • Key informants (to be determined) • Budgets 	<ul style="list-style-type: none"> • Survey/follow-up with client/workers. • Key informant interviews • Content analysis

Priority: Develop youth stabilization and programming components for new and/or existing treatment services.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcomes</i></p> <p>1. Was an implementation plan developed?</p>	<ul style="list-style-type: none"> • Range of initiatives identified and explored. • Business case developed to implement. 	<ul style="list-style-type: none"> • Report prepared 	<ul style="list-style-type: none"> • Content analysis

Community Justice

Overall goal: Facilitate systemic improvements for individuals who present with addiction issues and who are involved in the Criminal Justice System.

Final Priorities:

1. Examine the feasibility of a Drug Court in Regina

Priority: Feasibility of a Drug Court in Regina

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Short Term Outcomes</i></p> <ol style="list-style-type: none"> 1. Was funding secured to develop Drug Treatment Court prepared? 	<p>Funding proposal submitted which included:</p> <ul style="list-style-type: none"> • Research on Drug Treatment Courts (operational plans and efficacy of drug treatment courts) • Involvement of partners/ stakeholders with decision-making authority. • Support for the Drug Treatment Court secured from Justice and Health officials • Components of the Treatment Court are developed and outlined in the proposal. 	<ul style="list-style-type: none"> • Personnel from Justice, Health, DCREE, Treatment, Corrections • Working Group Chair • DS Coordinator • Proposal 	<ul style="list-style-type: none"> • Key informant interviews • Content analysis
<p><i>Medium Term Outcomes</i></p> <ol style="list-style-type: none"> 2. Was the development of a Drug Treatment Court in Regina implemented? 	<ul style="list-style-type: none"> • Funding was received • Operations/policies established • Number of referrals made to the Drug Treatment Court 	<ul style="list-style-type: none"> • Statistics 	<p>To be determined</p>

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
<p><i>Long Term Outcomes</i></p> <p>3. Has the Drug Treatment Court contributed to a reduction in crime rates?</p> <p>4. Has the Drug Treatment Court contributed to persons with addictions receiving treatment?</p>	<ul style="list-style-type: none"> • Reduction in property and drug related crime • Improved determinants of health 	<ul style="list-style-type: none"> • Statistics 	<ul style="list-style-type: none"> • To be determined

The outcomes of each of the Action Plans form a significant part of the Regina Drug Strategy; however there are also important outcomes from working together in a partnership. These outcomes are addressed in the next set of questions.

C. Looking at the Results of the Collaborative Partnership

The RDS is a collaborative partnership. Working in partnership will result in several different types of outcomes. There will be outcomes associated with the Workgroups' projects and there will be those resulting from the partnership itself. Partnership outcomes look at the benefits members received from being involved in the partnership, and the difference that working in partnership has made to individuals, partner organizations and other systems.

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
1. What benefits have accrued to individual members of the RDS partnership?	<ul style="list-style-type: none"> • New or improved skills described by members, e.g. skills in conflict resolution, collaborative processes, etc. • Increased knowledge, e.g. more aware of the agencies, changed attitudes about processes, etc. 	<ul style="list-style-type: none"> • Individual members 	<ul style="list-style-type: none"> • Focus group • Key informant interviews
2. Because of their participation in the RDS, what changes have occurred in partner organizations and agencies that have improved "ways of doing business" around addictions?	Document the changes made in each agency, e.g. <ul style="list-style-type: none"> • Work processes, • Policies, • Budget, • Type and level of services provided 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Key informant interviews
3. Was the RDS partnership successful in generating funding and support to do its work?	<ul style="list-style-type: none"> • Documented funding received • Reported organizational and other support 	<ul style="list-style-type: none"> • Financial statements • Funding applications • DS Co-ordinator 	<ul style="list-style-type: none"> • Content analysis • Key Informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
4. Did the Regina Drug Strategy create new working relationships amongst the partners?	<ul style="list-style-type: none"> • Increased collaboration • Efforts to share opportunities • Partners' existing services or activities extended or value added • Increased lobbying ability, influence, credibility or standing • Ability to do more with less by sharing costs, resources or skills • Use made of shared knowledge • Eliminated duplication or overlap between similar programs • Increased continuity for clients • Integrated case plans available • Other types of working relationships 	<ul style="list-style-type: none"> • Partners 	<ul style="list-style-type: none"> • Key informant interviews
5. Have changes occurred at the systems level?	<ul style="list-style-type: none"> • Integration of service delivery • Continuums of care for all types of addictions • Sharing resources across agencies or departments • Changes in policies • Changes in inter-agency and inter-sectoral relationships • Jurisdictional issues addressed. • Active investment in upstream approaches and reinvestment of savings into continuing/expanding programs and services. 	<ul style="list-style-type: none"> • Partners • Agencies involved in other community initiatives (North Central Community Partnership, Aboriginal Health Initiative, Kids First, Schools Plus, Youth Justice Forum, National Homelessness Initiative). 	<ul style="list-style-type: none"> • Key informant interviews

Evaluation Questions (Outcomes)	Indicators	Data Sources	Methodology
6. In the longer term, were changes initiated by the RDS institutionalized?	<ul style="list-style-type: none"> Evidence of sustained change in agencies, organizations or systems 	<ul style="list-style-type: none"> Agency, system, or organizations data still to be decided by the RDS 	<ul style="list-style-type: none"> To be determined
7. Is the Regina and Area Drug Strategy a model for developing and implementing drug strategies in other communities?	<ul style="list-style-type: none"> Level of transferability Key elements for success 	<ul style="list-style-type: none"> Partners Steering/Executive Committee members DS Co-ordinator 	<ul style="list-style-type: none"> Key informant interviews
8. How has the vision for the Drug Strategy evolved over time?	<ul style="list-style-type: none"> Document changes and rationale New opportunities incorporated into action plans Recommendations from the DS Report 	<ul style="list-style-type: none"> Minutes of Executive/Steering Committee Minutes of Work groups. 	<ul style="list-style-type: none"> Content analysis

D. Assessing the Impact of the Regina Drug Strategy on the Community

In addition to the results from specific projects of each Workgroup, the Drug Strategy will also have impact on the Regina community. These outcomes look at the long-term changes and benefits that were influenced by the range of work undertaken by the Regina Drug Strategy.

Preliminary Evaluation Questions (Outcomes)	Preliminary Indicators
1. Is there increased awareness around addictions in the community?	<ul style="list-style-type: none"> • Increased media coverage around addiction issues and solutions • Nature of how media covers addiction issues changes (not portrayed only as a "poor man's problem") • Community generates ways to respond to local addiction issues. • Addictions identified as a societal issue, not only as criminal/health issue • Shared responses (across sectors) to dealing with the impact of addictions. • The broader "helping" community will be identified and involved in addressing addictions.
2. Are client needs-based approaches available?	<ul style="list-style-type: none"> • Multiple approaches available • Facilities and programs are sufficient to meet the needs of clients
3. Are addiction issues prioritized at the political level?	<ul style="list-style-type: none"> • Statements from leaders about the problem • Provincial committee for addictions • Policy changes to address addictions and related issues • On-going development of strategies to address existing and emerging addictions issues.
4. Have addiction issues for youth been addressed?	<ul style="list-style-type: none"> • Treatment centres for youth (including centres on reserves) • Recreational and social support in community for youth recovering from addictions • Increase in the number of youth seeking help with addictions and at an earlier stage
5. Is value given to the work that First Nations doing in their communities to address addictions?	<ul style="list-style-type: none"> • Current programs are supported and enhanced • First Nations approaches are an integral component of the Drug Strategy.
6. Have determinants of community health improved?	Cross determinants including health, education, justice, employment, housing, community support, etc.

IMPLEMENTING THE EVALUATION

The Evaluation Framework provides a foundation for the evaluation of the Regina Drug Strategy. The evaluation questions in the Framework provide the basis for developing targeted instruments to gather information for the evaluation.

The Evaluation should be conducted in two phases to accommodate the changes and work that is still to be undertaken by the workgroups. As the work of the Drug Strategy evolves, the Evaluation Framework will also evolve to mirror the additions and directions.

Phase I: Evaluating the Collaborative Partnership

Phase I, *Evaluating the Collaborative Partnership*, would include all of Sections 1 and 2 of the Evaluation Framework, and portions of Section 3 as indicated below:

Section 1: The Community Development Process

- A: Looking at the Drug Strategy Design
 - 1. Getting Ready
 - 2. Articulating the Vision and Value Statements
 - 3. Community Mobilization
 - 4. Assessing the Core Priorities
- B: Reviewing the Community Development Process

Section 2: The Inner Workings Of The Drug Strategy

- A: Creating the Partnership
- B: Maintaining the Work Groups
- C: Communicating the Drug Strategy to the Community

Section 3: Community Impact of the Regina and Area Drug Strategy

- A: Creating the Action Plans
- B: Assessing the Action Plans
 - Because the Workgroups have only just begun to work on and implement their action plans, the outcome evaluation would be part of Phase II; however, the progress of the workgroups can be documented. During Phase I, the Evaluators would continue to assist the workgroups in defining the outcomes of their projects and identifying appropriate indicators.
- C: Looking at the Results of the Collaborative Partnership
 - Partnership outcomes to date can be documented and reviewed as outlined in the Framework.

D: Assessing the Impact of the Regina Drug Strategy on the Community

While the outcomes of the Regina Drug Strategy are the focus of phase II, the first phase will review and monitor progress toward these goals.

Key Elements in Phase I

- Continued updating of the Evaluation Framework to reflect progress, ongoing changes and new opportunities incorporated into action plans
- Building on the foundation of the Evaluation Framework, to develop the Evaluation Design
- Create relevant research instruments (approximately 5 different Interview Guides; several survey instruments, plus other data collection tools as appropriate),
- Conduct key informant interviews with approximately 25 key informants. Some key players will be involved in more than one interview. In-depth interviews will range from 1 1/2 to 3 hours per person.
- Undertake analysis of the data collected through the interviews
- Undertake an extensive analysis of Drug Strategy documents as indicated in the Evaluation Framework
- Continue liaison with workgroups to ensure the completion of their Evaluation Frameworks and to provide consultative assistance to them in commencing initial data collection for various projects,
- Prepare a final report that is succinct and presents the results of the evaluation in a form that can be fully utilized by the partners and other drug strategy groups across the country. It will include the identification of:
 - Lessons Learned, and
 - Best Practices

Timeframe:

This phase of the Evaluation can begin at any time. It would take 9-12 months to complete.

Phase II: Evaluating the Outcomes of the RDS

Phase II of the Evaluation focuses on an evaluation of the outcomes of the Regina Drug Strategy-- primarily the outcomes of the Action Plans and the overall Drug Strategy. As the work group action plans develop and are implemented, the outcome evaluation outlined in Section 3 of the Evaluation Framework can begin.

Outcomes for the Regina Drug Strategy have short term, medium term, and long term timeframes and Phase II of the Evaluation would mirror those. Key elements for Phase II remain to be developed as progress continues in the workgroups.

Timeframe:

Beginning Phase II of the evaluation is dependent upon the progress of the workgroups in implementing their action plans. A three-step process for Phase II should focus on the completion of the workgroups' short, medium, and long-term outcomes.

Data collection pertaining to the workgroups progress will be begun in Phase I, as action plans are implemented and some short-term outcomes are achieved. However, there will not be sufficient data available to conduct an evaluation of outcomes for at least 2 to 3 years (medium term) and at least 5 years (long-term).

PRELIMINARY ASSESSMENT OF THE DRUG STRATEGY

There are several key factors for effective partnerships whose membership cuts across many sectors and who are working on a significant community problem. The table below provides a preliminary look at the current state of the Regina and Area Drug Strategy.

Key Factors for Effective Partnerships	Observations on the Current Status of the Drug Strategy
Clear Mission Statement	<ul style="list-style-type: none"> • Vision statement established • Values clarified
Action Plans that: <ul style="list-style-type: none"> • Identify the changes needed in the community and systems • Identify actions that are needed • Establish responsibility for actions • Decisions made about when the actions will be completed • Decide what resources are needed to get the job done 	<ul style="list-style-type: none"> • Recommendations in the report • Priorizing the recommendations • Workgroups established • Action plans in progress of being developed • Milestones/timeframes in each workgroup's plans identified (in progress)
Lead partners provide good leadership	<ul style="list-style-type: none"> • On-going
Mobilizers for the community and the partnership	<ul style="list-style-type: none"> • Community Development consultant during the development of the Strategy • Drug Strategy Coordinator position
Recommendations made from the community are addressed.	<ul style="list-style-type: none"> • Workgroups are addressing recommendations through action plans. • DS Partnership addressing recommendations non-specific to workgroups.
Documentation and feedback to know if the partnership is making a difference.	<ul style="list-style-type: none"> • Development of Evaluation Framework and future evaluation
Strong technical/expert assistance is used to assist the partnership as needed.	Consultants/staff hired as required: <ul style="list-style-type: none"> • Evaluation Framework • Brief Detox Centre • Specialized skills recruited for workgroups (Healing Continuum/Community Justice)