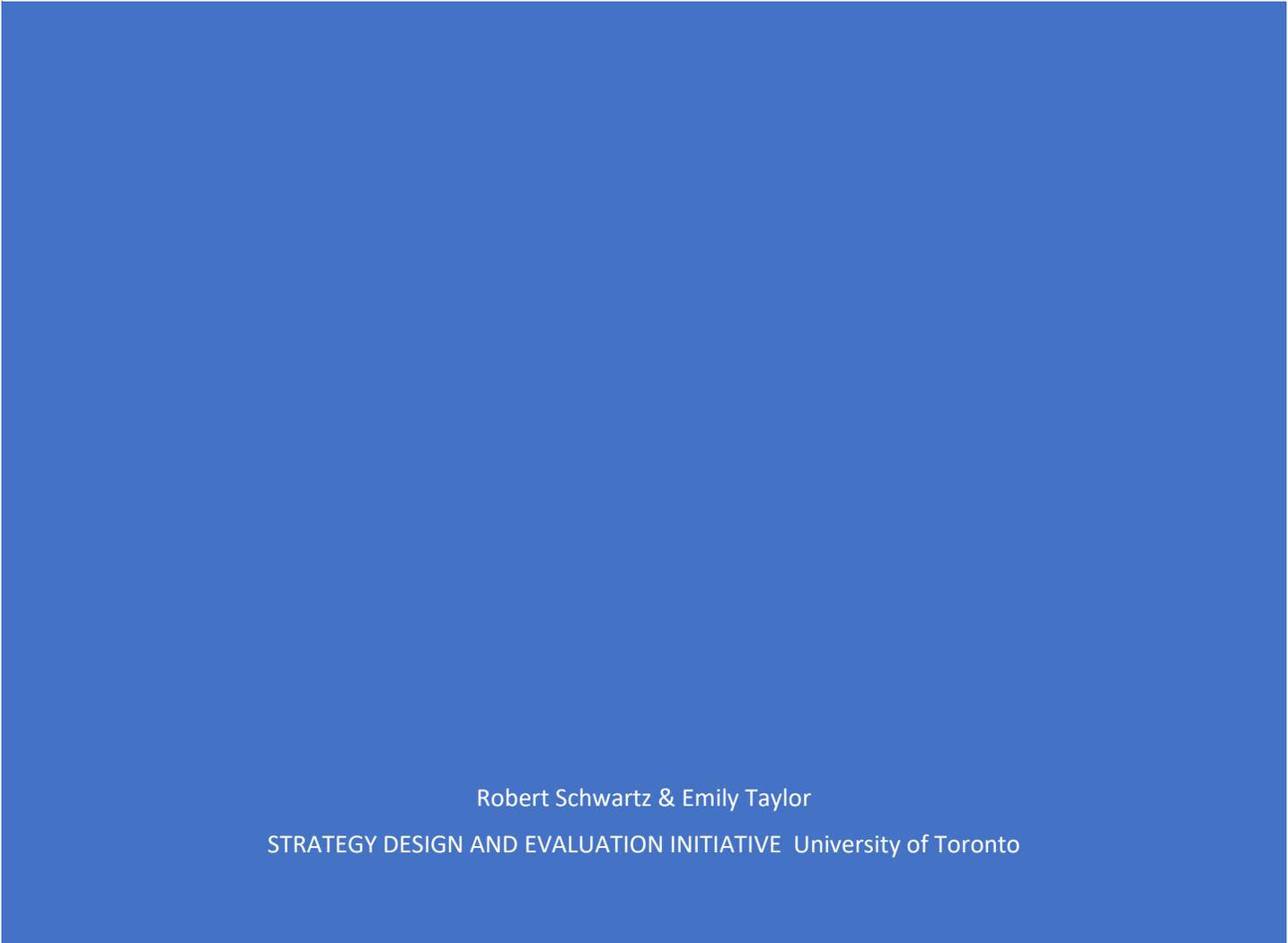# MDSCNO EVALUATION FRAMEWORK

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MDSCNO Evaluation Framework

Contents

Acknowledgements

Introduction

This framework was developed to provide a menu of options and case examples to inform the evaluation work of strategies across the MDSCNO. This document will not serve as a "how to guide", as the information needs of each strategy will vary over time. It is recommended that a staff person or vendor with evaluation skills use this document to stimulate thinking about evaluation and guide the process. Overtime, the goal is to build the capacity of drug strategy groups to integrate evaluation/evaluative thinking into their work, thereby strengthening the collective effort/impact of drug strategies in the province. We recommend that as drug strategies proceed with evaluation work, to continue to share resources and measurement tools, evaluation findings, enablers and challenges to develop a library of resources that can used in different contexts, and be drawn upon by the network as needed.

This document was prepared by the Strategy Design and Evaluation Network, together with the Evaluation Working Group of the MDSCNO, and with oversight from a Steering Committee consisting of strategy coordinators and academic advisors with expertise in research and evaluation of drug strategies.

The work included several components: 1) Extensive meetings and information exchange with members of the MDSNCO; 2) A literature review of methods for evaluating drug strategies; 3) A special survey and document review of 28 drug strategies; and lastly, 4) the development of a framework to inform evaluation work for strategies within the MDSNO. In parallel to this work, one drug strategy has participated as a pilot study, and it is expected that several strategies may join as pilot studies to use the framework to begin to roll out evaluation work in the coming year.

Background

The Municipal Drug Strategy Coordinator's Network of Ontario (MDSCNO) was established in 2008 and members work in more than 155 municipalities, counties, townships, regions and First Nations throughout Ontario with a combined population of more than 7 million people. The network includes 32 drug strategies.

Drug strategies coordinate integrated municipal or regionally-based responses to address the harms associated with substance use. Members bring a wide range of expertise on issues related to substance use, and work in multi-sectoral initiatives that aim to reduce the harms of alcohol and other drugs, including prescription medications. Strategies are tailored to each community, and based on the integrated components of prevention, harm reduction, treatment and enforcement/justice. The four pillars approach is recognized internationally as an effective way to address the harms associated with substance use (MachPherson, 2014)[1].

Typical activities of a drug strategy include:

- Leadership and coordination of the local, regional and/or municipal substance use response;
- Bringing together community partners together to align and catalyze efforts;
- Facilitating community consultations and review of evidence and best practices to inform initiatives;
- Education and capacity building for drug strategy partners;
- Communication and education for public to raise awareness of key issues, and reduce stigma; and,
- Advocacy for practice and policy changes.

Municipal Drug Strategies are complex for a number of reasons:

- There are often many partners involved in decision making and implementing interventions;
- There are many interventions, which wax and wane and change over time in response to funding and shifting priorities and fall under wide-ranging themes;
- The goals of the strategy are broad, and the focus can shift over time across the four pillars and beyond; and
- The environment is complex with many competing influences on the target goal of reducing the harms associated with substance use (eg., a shifting drug supply, policy landscape, and other organizations operating in the field).

Because strategies are complex, this raises some challenges for evaluation. Challenges include:

- Program evaluators are usually trained in evaluating single program interventions;
- Access to good data for measuring population level outcomes can be scarce;
- There is a large volume of work required to evaluate a large number of interventions; and lastly,
- It is difficult to attribute long-term changes (ie. population health outcomes), to the work of the strategy, in a complex environment.

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[1] D. MacPherson, ML Rowley (2014). A Framework for Action: A Four Pillar Approach to Drug Problems in Vancouver: Prevention, Treatment, Enforcement, Harm Reduction. *City of Vancouver.*

A number of approaches are available to evaluate drug strategies within a complex environment.

- It is important to develop a feasible evaluation plan including different types of evaluation activities (see below, for list of possible activities). Due to limited resources for evaluation, strategies will need to make decisions about when and how to evaluate different components of the strategy. Evaluation should not be a burden, but rather it should be used to learn and help move the work of the strategy forward.

- Contribution analysis can be used to tell a plausible story or make a case that population level changes were brought about by the activities of the drug strategy (Mayne, 2001)[2]. This can be done by systematically measuring key outcomes and telling a plausible story that the outcomes achieved influenced (rather than caused) the population level changes. It is also important to gather evidence to rule out other plausible explanations. The goal of contribution analysis is to develop and support a common understanding that demonstrates how the work of the strategy likely had "influence" on the big picture changes that strategies are working towards.

- It may be helpful for strategies to focus on measuring outcomes related to attitudes, capacities and behaviours of groups and organizations with whom a program works directly (Earl, Smutylo, Carden, 2001)[3]. Partners would include, *"those individuals, groups, and organizations with whom the program interacts directly and with whom the program anticipates opportunities for influence"* (Earl, Smutylo, Carden, 2001, pg. 1). In this case, each strategy would track and measure a set of goals associated with each of its partner organizations. The goals will likely differ for each partner, depending on the types of changes that you would like to see. Data can then be systematically collected to monitor these changes over time. A contribution story can then be formulated, linking the outcomes achieved at the partner level to the large-scale changes that the strategy is trying to bring about. Additional evidence can then be gathered to support or refute this, as part of the contribution story.

Designing an Evaluation Plan

It will be important to make strategic decisions about what to evaluate and when. To do so, it is suggested that each strategy develop a feasible evaluation plan. This may change and evolve over time as the resources available and information needs of the strategy change. At its simplest, when resources are extremely constrained, evaluation should be thought of as systematically giving voice to those who most need to be heard to move the strategy forward. Evaluation is a means to allow stakeholders to tell their stories, explain how they have benefitted (or not) from the work of the strategy, and offer their unique perspective on ways to grow and improve the work.

Evaluation activities may include: evaluative thinking; performance monitoring; population level surveillance; thematic evaluation; project evaluation; and comprehensive strategy evaluation (see chart

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[2] Mayne, John (2001). Addressing Attribution Through Contribution Analysis: Using Performance Measures Sensibly. *Canadian Journal of Program Evaluation.* Vol. 16, No. 1, Pg. 1-24.
[3] Earl, Smutylo, Carden (2001). Outcome Mapping: Building Learning and Reflection into Development Programs. IDRC.

below for full description). It is not necessary or feasible to evaluate everything at once, so choices can be made to evaluate different components as necessary and possible.

Integrating processes for evaluative thinking may be a good place to start for strategies that have not been doing evaluation work up to this point, and do not have significant resources to scale up this work. Evaluative thinking can be integrated into work cycles by finding time and space to allow strategy staff and leaders to conduct self-evaluation through the integration of reflective and learning practices. The purpose is to create process that encourage core team members to step back and connect to core principles of why you are doing what you are doing, ask big questions, speak truth to power, reflect, soul search, and push each other to learn from what has happened in the past, and improve the strategy moving forward. Sometimes this may mean devoting meeting time for evaluative thinking, or in other cases this may mean scheduling an annual learning and reflection day or creating processes for reflection and sharing at the end of key milestones.

Most importantly, whichever evaluation activities are implemented, the focus should be on use of findings for learning and improvement (Patton, 2008)[4]. Evaluation is about creating change for the better. Intended evaluation use should be clear at the outset, and those in positions to make changes should be on board. The possibility for use, and creating change, should be the driving factor to choose from the menu of options, or possible evaluation activities listed below.

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[4] Patton, Michael Q. (2008). Utilization Focused Evaluation, 4th Edition. SAGE.

The following evaluation activities are described below, with recommendations for implementation.

Type of Evaluation Activity	Description	Possibilities for Implementation
Performance Measurement and Process Evaluation	Performance measurement is the systematic collection of monitoring data (eg. # of participants, # presentations, # media requests). Ongoing performance measurement is useful for tracking activities, outputs and potentially some outcomes and monitoring changes over time. Similarly, process evaluation is about whether program activities have been implemented as intended.	Systems can be put in place for continuously monitoring activities, outputs and potentially some outcomes. Monitoring data should be shared regularly with Strategy partners. Process evaluation may be integrated into activity roll out (eg. end of presentation surveys). Another process that strategies may be interested in evaluating is how well partners are collaborating. Most funders and stakeholders will expect strategies to be able to speak to the achievement of outputs.
Population Level Surveillance	Population level surveillance is the measurement of changes in population indicators (e.g health, community safety) that are relevant to the work of the strategy (eg. the # of non-fatal overdoses, # fatal overdoses, type of overdoses (ie. drug vs. opioid), # self-reported overdoses, # of overdoses requiring health care intervention, # of youth using substances, # of deaths related to substance use).	While observed changes in population health indicators cannot be attributed to the work of the strategy, they should be measured and tracked over time to provide contextual information. Changes in population indicators (eg. health, community safety) can be part of the contribution analysis, whereby changes in population indicators can be theoretically linked to strategy activities and outcomes. The case can be made that the strategy activities achieved measured outcomes, which in turn influenced (amongst many other factors) the achievement of population level impacts. Population health indicators can be found in published surveys and administrative data. Each strategy should familiarize themselves with the data available for their jurisdiction and review this regularly.

Thematic Evaluation	A thematic evaluation is the purposeful evaluation of specific topics that cross cut the work of a strategy such as equity, gender, and inclusion. For example, a strategy may conduct a strategic evaluation of the challenges and enablers to providing access to rural and remote service users, or how the strategy is addressing social isolation.	A thematic evaluation may be implemented if there is a particular theme of interest. Thematic evaluations should be completed if there is an intended use for the evaluation findings to improve work around that theme.
Project Evaluation	Evaluations of projects can improve learning and ensure accountability related to specific interventions. These should be carried out strategically (rather than universally). Project evaluations are likely to be most valuable when the findings will have a direct use (ie. to decide whether to scale -up, or to learn about how the project could be improved in the future).	It will be important to make purposeful decisions about which interventions to evaluate (and which not to). In some cases, project evaluations may be required by funders. Otherwise, projects should be evaluated selectively. Generally, it is a good idea to evaluate projects if they are highly innovative, promising and/or there is a weak evidence base for the intervention.
Comprehensive Strategy Evaluation (Outcomes, Strategy, Surveillance)	A comprehensive strategy evaluation may consist of three components: outcomes evaluation, population level surveillance, and strategy evaluation. (It may also be informed by performance measurement, process evaluation, project evaluation and thematic evaluation). Outcomes Evaluation: A comprehensive strategy evaluation will measure short and long-term outcomes related to the drug strategy's work. Because of the complexity of drug strategies and the environment in which drug strategy works, it may be helpful to characterize outcomes as attitude, capacity and behaviour changes amongst strategy partners, or those individuals, organizations, or groups that a strategy intends to influence. A contribution analysis can be utilized to gather evidence to make a case (or tell a story) that the strategy's	Comprehensive strategy evaluation should ideally take place every 3-5 years as resources and time allow. Ideally, they should include three components: outcomes evaluation, strategy evaluation, and population level surveillance. Strategy evaluations could be conducted by program staff and/or by an external evaluator. It may be beneficial to conduct a comprehensive strategy evaluation before preparing major funding applications, and for making major planning decisions. Where resources are limited, much of this work could be done by staff, and an external evaluator could be contracted to verify the findings. Strategy design evaluations should be conducted when questions arise about the paradigm, how to prioritize interventions, and adapting to shifting goals.

	achievement of these outcomes, contributed towards (rather than caused) population level changes observed through surveillance data. Population Level Surveillance: Comprehensive strategy evaluation should include population level surveillance. Changes at the population level (eg. health outcomes, health behaviours, health service use, community safety) inform understanding of the context. Once outcomes have been measured, a theoretical case can be built to tell the story that outcomes influenced changes at the population level. Strategy Evaluation: Comprehensive evaluation should also include strategy design evaluation. This will evaluate the appropriateness of the overarching paradigm, how well interventions are selected, how they work together, and how they are sequenced. Strategy evaluation assesses the set of goals and principles that guide the work of the strategy. Strategy evaluations also look at "enablers" that support the implementation of this set of interventions including a learning system.	

Modular Approach:

Strategies within the MDSCNO are operating at a variety of stages, ranging from conceptual to established. While most strategies have limited resources for evaluation work, some have more capacity than others. A few strategies have dedicated resources for evaluation work through grants. Because in most cases evaluation resources are limited, and learning needs vary, we suggest that each strategy will need to make purposeful decisions about when and how to evaluate the different components of their strategy. For this reason, we suggest a modular approach for evaluation. Modules include: procedures to promote evaluative thinking, performance measurement and process evaluation, population level surveillance, thematic evaluation, project evaluation, and comprehensive strategy evaluation.

Making Decisions about Evaluation Resources:

A general rule of thumb is that approximately 10% of program budgets should be dedicated to evaluation spending. This may not be realistic for many strategies due to limited funding, and many competing priorities. At the same time, 10% of program budgets may be insufficient for the level and scope of evaluation desired. Given limited funding, evaluation work should be undertaken to satisfy a direct information need and/or deep curiosity about your work, and ultimately to improve the way things are done. The process of engaging in an evaluation should provide benefits in terms of encouraging staff and partners to reflect, give voice to important stakeholders, think outside the box, stimulate innovation, and tap into the deepest values inherent in your drug strategy.

Prioritizing between the different modules will require some consideration of resources available and evaluation needs. As a first step, all strategies should aim to put systems in place to track outputs, develop procedures to promote evaluative thinking and conduct population level surveillance. Project evaluations and thematic evaluations should be conducted selectively, as needed, and as funds allow. Comprehensive strategy evaluation and should take place cyclically (eg. every 3-5 years) as resources allow. Depending on the type of funding you are seeking, funders may be interested in seeing the results of different types of evaluation. In some cases, it may be beneficial to contract an external evaluator to do this work, or to verify the findings of an internal evaluation, if funding allows. Strategy design evaluations should take place when questions related to paradigms, goals, priorities, sequencing and learning systems arise (e.g. before refreshing a strategy).

Evaluation Governance:

Given the complexity of the decision-making structures within each strategy, we suggest developing a simple structure to oversee evaluation work and put learnings into action. It is advisable to form a small (3-5-person) Evaluation Working Group to focus on identifying evaluation priorities and overseeing evaluation work. This group will likely consist of staff (and an external evaluator if applicable) who have time and resources dedicated to the evaluation. This group should meet regularly to plan and oversee evaluation activities.

Sometimes in the context of specific evaluation projects, it is also necessary to convene a larger Advisory Group. One purpose of an Advisory Group is to make sure that all stakeholders have a voice in determining evaluation questions and methods. This is an important stage to convene diverse voices, because the questions that get asked often affect the evaluation results, and thus the changes that are made. Engaging diverse individuals (people who use drugs (PWUD), First Nations Inuit and Metis (FNIM) individuals and communities, first responders etc.), can ensure that evaluation design and practice give

voice to, and do not place undue burden on any stakeholder group. For example, it will also be extremely important not to burden partners with evaluation work unnecessarily, and in particular first responders and individuals providing potentially life-saving treatment.

Another purpose of an Advisory Group is to ensure that those who are in a position to use evaluation findings- to make changes to the way things are done- are engaged in the evaluation work. It is important that decision-makers are engaged and committed to using evaluation findings at the outset before committing time and funds to the work.

Ethics will need to be considered at all stages in evaluation work. Ethical coverage from a research ethics board should be sought before collecting evaluation data from human subjects, and in particular in partnership with populations such as youth, PWUD and their families, and FNIM individuals and communities. When collecting data in partnership with FNIM individuals and communities the Ownership, Control, Access and Possession (OCAP) standards should guide all research and evaluation activities (OCAP, 2014)[5].It may be helpful to include an academic on the Evaluation Advisory Group to ensure access to a Research Ethics board.

Logic Model

The following is an example of what a logic model may look like for a typical drug strategy. Recognizing that drug strategies are varied the logic model will need to be adapted to fit the particulars of each strategy. Strategies should aim to develop a logic model to demonstrate the theoretical underpinnings of the strategy, which can be used to guide evaluation work. Because strategies are constantly changing in response to adaptations in the environment it is expected that logic models will evolve over time too. The outcomes measured will be what happened, not just what was planned. Also, note that there are many ways to depict a program theory, aside from a traditional logic model. For example, a theory of change is another way to elaborate on a program theory, which focuses on inherent risks related to the salient events and conditions have to occur for each link in the causal pathway to work as expected" (Mayne, 2015)[6].

Exemplar Logic Model (Text Description):

Drug strategies seek opportunities to carry out projects to advance the four pillars and fill the gaps in the local environment that are not being addressed by partner organizations. The drug strategy aims to affect attitude, capacity and behavior changes amongst direct strategy partners. Direct strategy partners may include local outreach workers, first responders, medical community, public health, police, policy makers, educators, people who use drugs and their peers and families, people who use drugs (PWUD)/peers/family members, leaders and policies makers, the general public, and funders. These attitude, capacity and behavior changes are intended to result in a reduction in the harms associated with substance use. Because of the many external influences in the community and beyond, it will be difficult to attribute (cause and effect) long term impacts to the work of the drug strategy. A contribution story can be told, to make a theoretical case that outcomes achieved by the drug strategy

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[5] The First Nations Information Governance Centre. Ownership, Control, Access and Possession (OCAP): The Path to First Nations Information Governance. May 2014. (Ottawa: The First Nations Information Governance Centre, May 2014).

[6] Mayne, J. (2015). Useful Theory of Change Models. *Canadian Journal of Program Evaluation.* 30(2).

have contributed towards measured community impacts including changes related to population health, community safety, policy change and root causes/social determinants of health.

Exemplar Logic Model (Visual)[7]:

Infrastructure	Activities	Outcomes (Attitude, Capacity and Behaviour Change)	Impacts (Population)
Partnerships Core Funding Project Funding In-kind Funding Governance Mechanisms Strategy/Foundational Document Coordinator and/or other staff MDSCNO network Backbone organization Research/evidence to support interventions Evaluation/learning system Knowledge exchange mechanisms	Community consultation Evidence/Best Practice Identification System coordination Relationship building Education/capacity building Communications Advocacy New / enhanced interventions	**Strategy Partners (Possible Indicators):** • Perceived to be meaningfully engaged in the strategy • Attitudes towards substance use as a public health issue/destigmatization of substance use • Partners make decisions to strategically align work with others • Awareness, support, and capacity to support issues across the 4 pillars • Action taken to align, increase and/ or improve practices related to the 4 pillars • Support for policies related to the 4 pillars • Action taken to change policies related to the 4 pillars • # and type of practice changes related to the 4 pillars • # and type of organizational policy changes among partners related to the 4 pillars **People Who Use Drugs (PWUD)/ Peers/ Families (Possible Indicators):** • Perceptions of access and quality of services • Attitudes towards substance use as a public health issue • Awareness, access and uptake of harm reduction measures • Awareness, access, and uptake of treatment • Perceived ability to be meaningfully engaged in the strategy (if desired) • Perceptions of the support available to address underlying causes of drug use • Perceptions about whose needs are being met, and whose are not **Leaders/Policy Makers (Possible Indicators):** • Awareness and support of issues related to substance use • Awareness and recognition of substance use as a public health issue • Attitudes towards destigmatization efforts • Support for destigmatization efforts • Awareness and support for the work of the drug strategy • Support for policy and practice changes in support of the four pillars	**Health**[8] • Decrease in # of overdoses by type (fatal, non-fatal, opioid or drug related, self-reported vs first responder or health care contact) • Decrease in # of individuals/youth reported to be using substances (prevalence) • Decrease # of ER visits related to substance use • Decrease in reported youth uptake of substance use (new initiation) • Increase in reported uptake of harm reduction services (eg. needle exchange) **Community Safety** • Decrease in criminal offences related to substance use • Reduction of and type of drugs available in the drug supply **Policy Change** • # and type of policies changed **Root Causes/Prevention Impacts** • Decreased social isolation • Increased resilience/protective factors • Increased access to housing and other social determinants of health

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[7] It is notable that few drug strategies engage in activities specifically targeted at changing social determinants of health, including housing although this is an expected impact of some strategies. This is something that could be addressed as part of a strategy evaluation.

[8] There are a lot of issues around the measurement and interpretation of impact level indicators, for example the number of overdoses. Strategies should consult with population health experts for advice around interpretation of these indicators.

		• Action to create police and practice changes in support of the four pillars • Number and types of policies and practices changed as a result of the drug strategy **General Public (Possible Indicators):** • Awareness and support for issues related to substance use • Awareness and support of the drug strategy • Awareness and recognition of substance use as a public health issue • Support for destigmatizaton efforts • Support for policy and practice change **Funders (Possible Indicators):** • Funders' awareness and support of the drug strategy	

Indicators

The following indicators have been developed to fit the needs of a "typical" drug strategy represented by the theory of change and logic model above. While the strategies within the MDSCNO differ, it may be helpful to decide on a core set of indicators which will be measured by all of the drug strategies in the network. In doing so, this will make it possible for the MDSCNO to aggregate the results of its work across regions, or across all of the MDSCNO.

Possible Output Indicators:

The output indicators suggested below measure the activities and processes carried out by a "typical" drug strategy. Depending on the activities and processes carried out by each drug strategy, this list will vary.

- Earned media exposure and reach
- # and type of partnerships
- # of municipalities engaged
- # of multi-stakeholder discussions or deliberations
- # and type of training sessions offered
- # of community leaders engaged
- Engagement of PWUD and families
- Amount of resources leveraged (in kind and direct)
- Demand for services, # of participants
- # of presentations, and # of participants
- Demand for print materials
- Number of individuals receiving treatment
- # of needles exchanged
- # of naloxone training sessions
- # of alerts sent out warning people of high risk of overdose
- # of people visiting websites
- # of position papers
- # of grant applications and/or funding leads followed up

Possible Outcome Indicators: (Attitude, Capacity, Behaviours)

It is suggested that outcomes be defined as changed in the attitudes, capacities and behaviours of each strategies' key partners, otherwise known as boundary partners. Outcomes can be identified by asking the questions: Who is the strategy trying to influence directly? What changes is the strategy trying to bring about with each partner? What changes would you expect to see in the short term, medium term, and long term?

Key partners for a typical strategy include:

- Strategy partners (Outreach workers, Police, Health Care Providers, Emergency Medical Care Providers, Public Health, Educators, Social Workers etc)
- People Who Use Drugs (PWUD)/ Peers/ Families
- Community (Leaders; Policy Makers)

- General Public
- Funders

Strategy Partners (Possible Indicators):
- Perceived to be meaningfully engaged in the strategy
- Attitudes towards substance use as a public health   issue/destigmatization of substance use
- Partners make decisions to strategically align work with others
- Awareness, support, and capacity to support issues across the 4 pillars
- Action taken to align, increase and/ or improve practices related to the 4 pillars
- Support for policies related to the 4 pillars
- Action taken to change policies related to the 4 pillars
- # and type of practice changes related to the 4 pillars
- # and type of organizational policy changes among partners related to the 4 pillars

People Who Use Drugs (PWUD)/ Peers/ Families (Possible Indicators):
- Perceptions of access and quality of services
- Attitudes towards substance use as a public health issue
- Awareness, access and uptake of harm reduction measures
- Awareness, access, and uptake of treatment
- Perceived ability to be meaningfully engaged in the strategy (if desired)
- Perceptions of the support available to address underlying causes of drug use
- Perceptions about whose needs are being met, and whose are not

Leaders/Policy Makers (Possible Indicators):
- Awareness and support of issues related to substance use
- Awareness and recognition of substance use as a public health issue
- Attitudes towards destigmatization efforts
- Support for destigmatization efforts
- Awareness and support for the work of the drug strategy
- Support for policy and practice changes in support of the four pillars
- Action to create police and practice changes in support of the four pillars
- Number and types of policies and practices changed as a result of the drug strategy

General Public (Possible Indicators):
- Awareness and support for issues related to substance use
- Awareness and support of the drug strategy
- Awareness and recognition of substance use as a public health issue
- Support for destigmatizaton efforts
- Support for policy and practice change

Funders (Possible Indicators):
- Funders' awareness and support of the drug strategy

Impact (Possible Indicators):

Impact indicators should be measured as available and feasible. Data will likely come from large population surveys and systematic data collection conducted by external actors in each municipality and/or region. Each strategy should familiarize themselves with the type of data being collected and monitor this over time. In some cases, drug strategies may be able to advocate for new measures as needed.

While impacts cannot be attributed (cause and effect) directly to the work of the drug strategy, this information provides important contextual information. It is also possible to make the case that the work of the strategy (achieved outcomes) influenced impact level changes (ie. observed changed in population health, community safety, policy change, and underlying root causes/social determinants of health). If changes are detected over time (either positive or negative), a contribution story can be told (or creating a plausible theory) that outcomes achieved by the drug strategy contributed towards the observed long-term impacts at the population level.

A contribution story can be strengthened by gathering evidence to support the theoretical case. For example, it may help to interview system level experts, or individuals involved in similar work but not directly linked to the drug strategy, to verify the contribution analysis.

The impact level indicators monitored by drug strategies will be determined in part by what information is available for each jurisdiction. It is not expected that strategies would collect this information first hand, but rather will consult with available community surveys and ongoing systematic reporting by key partners (eg. EMS, hospitals, police).

Health[9]

- Decrease in # of overdoses by type (fatal, non-fatal, opioid or drug related, self-reported vs first responder or health care contact)
- Decrease in # of individuals/youth reported to be using substances (prevalence)
- Decrease # of ER visits related to substance use
- Decrease in reported youth uptake of substance use (new initiation)
- Increase in reported uptake of harm reduction services (eg. needle exchange)

Community Safety

- Decrease in criminal offences related to substance use
- Reduction of and type of drugs available in the drug supply

Policy Change

- # and type of policies changed

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[9] There are a lot of issues around the measurement and interpretation of impact level indicators, for example the number of overdoses. Strategies should consult with population health experts for advice around interpretation of these indicators.

Root Causes/Prevention Impacts

- Decreased social isolation
- Increased resilience/protective factors
- Increased access to housing and other social determinants of health

Possible Evaluation Questions and Methods:

The following chart provides a list of exemplar evaluation questions and methods which may be useful for strategies depending on the stage of implementation and evaluation needs. Evaluation questions should be selected based on the intended use of the evaluation results. Will the line of inquiry help to move the strategy forward? How will the evaluation results create change? What do you really need to know about your strategy to learn and improve the way things are done?

When thinking about methods, it may be helpful to think of evaluation as "story telling". Evaluation methods generally consist of giving voice to stakeholders to learn about various aspects of programming. Who do you need to hear from to improve the program? What might they be able to tell you, that you don't already know? What blind spots can different stakeholders shed light on? What would be the most feasible, appropriate, and ethical way to invite different stakeholders to share their perspectives?

Methods

Self-Assessment: In some cases, evaluation questions can be answered by integrating evaluative thinking into the day to day operations of the strategy, encouraging reflection by drug strategy staff and partners. This is a cost effective, and highly powerful tool for learning. For example, you may add time to the end of regular meetings to ask pertinent questions and gather the thoughts and perspectives of staff members. This information should be recorded systematically, and the findings should be put to use to improve the strategy. In other cases, special meetings can be held for this purpose, sometimes called Annual Learning Forums. Staff and partners may choose to keep reflection journals to capture thoughts about improvements, successes and failures. Systems could be set up requiring staff to interview each other add the end of projects to ask questions about what worked well, what did not, and what could be improved in the future. Prior to conducting an outcomes evaluation staff could complete a comprehensive self-evaluation report, which could be verified through a formal external evaluation process.

Monitoring: When activities or projects are carried out, administrative data should be recorded. A simple data base such as a shared excel spreadsheet, or an online survey could be created and used by staff members to enter data on an ongoing basis. Data should be collected to record things like the number and types of presentations delivered, number of participants, results of participant surveys etc. This data can be used cyclically to measure the output performance of the strategy, and report on accountability to funders.

Interviews: Often times, interviews are appropriate to encourage stakeholders to tell their stories and give voice to different perspectives. One on one interviews are advantageous when confidentiality is an issue. If stakeholders may feel inhibited to share their views with drug strategy staff, it might be more appropriate to have an external interviewer collect data. A standard questionnaire should be developed, so that the interviewer can ask the same questions of all interviewees. Interviews can be conducted in person or by phone. Interviews can be transcribed, or the interviewee can take detailed notes to reduce cost. A thematic review of the interview set can pull out key learnings that can be used by the strategy to ensure that the views and perspectives shared shape the future of the drug strategy.

Focus groups: A focus group may be a viable option, if the goal is to encourage people to come together to discuss and deliberate on an issue, share perspectives, and learn. Focus groups tend to be more costly than interviews as they generally take place in person, and require travel for facilitators and participants. Anonymity cannot be accommodated in a group setting; however participants may enjoy sharing and learning from others.

Surveys: A survey may be the best option for collecting data if expediency is important, and the information being sought can be communicated succinctly. Surveys are best suited for asking closed ended (ie. yes/no or multiple choice) questions. Sometimes, text boxes are provided for short written responses. They are often times developed using online survey software and can be distributed by email further reducing the workload. If the population responding to the survey is not likely to have access to the internet, then surveys can be filled out in person by paper and pencil. Simple surveys can be analyzed by tallying frequencies and percentages. If the analysis is more complex, then an analyst will be required to conduct a more technical analysis. Literacy of respondents should be considered when working with different populations.

Population Health Data: Each strategy should be aware of the local population health data available in their region. This data can be used to provide surveillance about what is happening in your area with respect to substance use, the drug supply, and population health. A trend observed in population health data over time (ie. reduction of drug overdoses) cannot be directly attributed to the work of the drug strategy due to the complexity of the external factors that influence that metric. That said, a case can be made that the drug strategy had "influence" on population health changes by telling a plausible story that measurable strategy outcomes contributed towards observed population changes.

Evaluation Questions, Methods and Data Sources

Type of Evaluation	Possible Evaluation Questions	Possible Methods	Possible Data Sources
Self-Assessment	-What is working well, what is not? -How can the strategy be more effective in the future? -What is the moral purpose of the strategy? -What is the paradigm? Is it appropriate? -Who is being served by the strategy and who is not? -What are the risks to sustainability, and how can these be mitigated? -How can the strategy speak truth to power? -How can the strategy deal with negative evaluation findings, and move forward? -How has the strategy learn and adapt to a changing environment?	-Evaluative Thinking	Staff
Performance Measurement/Process Evaluation	-How many events have been held, and how many people attended? -Did the strategy earn media coverage? What was the reach? -What partners are engaged in the strategy? -Who is missing, and how could the strategy be improved? -How well are partners collaborating and how could this be improved in the future? -How sustainable is the organization? What could be done to improve sustainability? -How well is the governance mechanism working? How could governance and accountability be improved? -How is the organization integrating evaluation? Are results being used? -How is the strategy learning and adapting to a changing environment?	-Evaluative Thinking -Adminstrative Data -Surveys	Staff Partners Participants
Thematic	-How has the drug strategy contributed towards the reduction of harms associated with opioids? How can this be further improved?	-Self assessment -Administrative Data -Surveys	Staff Partners

	-How has the drug strategy contributed towards changing public attitudes and awareness around substance use? How can this be further improved? -Is the strategy giving voice to diverse populations (gender, ethnicity, rural/urban)? Who is being heard, who is not? How can this be further improved in the future? -Is the drug strategy influencing policy and practice changes? Why? Why not? How could this be improved in the future?	-Interviews -Focus Groups	Intended Beneficiaries Community leaders
Project Evaluation	-TBD (these are specific to the type of project)		
Comprehensive Strategy Evaluation	Outcomes: -How well is the strategy progressing towards it's goals? -What is working well, and what is not? How could the strategy be improved? -Who is benefitting from the work of the strategy? Who is not? -How has the strategy influenced the capacity, attitudes and behaviours of its key partners? -How has the strategy influenced the capacity, attitudes and behaviours of community leaders and policy makers? -How has the strategy influenced the capacity, attitudes and behaviours of the general public? -How has the strategy influenced the capacity, attitudes and behaviours of people who use drugs, their peers and families? -How has the strategy influenced the attitudes, capacities and behaviours of funders? -What has the strategy achieved in terms of changing practices and policies? Surveillance: -What changes in population health can be observed over time? -What changes in the drug supply can be observed over time? -What changes in substance use can be observed over time? -Is it plausible that the drug strategy influenced these observed changes? Why or why not?	Outcomes: Self-Assessment Interviews Focus Groups Surveys Surveillance: Self-Assessment Surveillance Strategy: Self-Assessment	Outcomes: Staff Partners Intended Beneficiaries Community leaders Funders Surveillance: Staff Population Health Data Strategy: Evaluative Thinking

	Strategy:		
	-What is the theory of change guiding the strategy's work?		
	-How are priorities set and how could this be further improved?		
	-What synergies exist between activities, and how could they be further aligned?		
	-What is the paradigm of the strategy? What are the strengths and limitations of this paradigm?		
	-What is the moral purpose of the strategy? What principles guide the strategy's work?		
	-How does strategy design, compare with strategy execution?		
	-What tensions exist within the strategy and how can they be resolved?		
	-What system enablers are in place and how could these be strengthened?		
	-How is the strategy learning and adapting to a changing environment?		

Tools:

The following tools were developed for pilot studies that are implementing the evaluation framework. As strategies continue to implement the framework in their municipalities, it is suggested that tools developed by shared and compiled in a database. Once the database builds up a library of tools, it will be an invaluable resource for strategies evaluating different components of their strategies.

HKPR Tool Development (Forthcoming)

Waterloo Drug Strategy Tool Development

The following survey and focus group tools were developed by SDEI staff in collaboration with the Waterloo Drug Strategy. They were designed and implemented in the fall of 2017 to answer the evaluation question, "Where and How is the Collaborative Making Progress?".

Survey Protocol and Questionnaire Protocol

An online survey can be conducted to understand an "insider-outsider" perspective on the impact of the strategy at the community level. The goal will be to survey between 30-50 former members of the strategy, ranging from those who were involved until recently, to those who helped to form the strategy years ago. It is expected that this group will know the strategy well enough to be able to speak to it, but are not so involved that they are likely to over-state its impact. If feasible, it is suggested that that leaders in the community with no connection to the strategy (outsiders) should also be considered to compare levels of awareness with those who have been involved in the past (insider-outsiders). It will be important for participants to state their role in the community and explain their relationship to the strategy in order to understand these variables in relationship to their awareness and assessment of the strategy's impact. Ideally, the survey will be completed in less than 20 minutes. An open-ended question is included at the end of the survey for further comments.

Evaluation Question: Where and how is the collaborative making progress?

Indicators:

- Awareness of the Strategy by Community Stakeholders (formerly involved with the strategy and community leaders)
- Perceptions of the Strategy's Impact by Community Stakeholders (formerly involved with the strategy and community leaders)

Draft Survey
Introduction and Consent:

This survey is being conducted by the (insert name) Drug Strategy, to evaluate the level of awareness and early impact of the strategy in the community. The survey is being sent to individuals who have been involved in the strategy in the past as well as leaders in the community who may be aware of the strategy. The survey should take no longer than 20 minutes to complete. The evaluation findings will help the (insert name) Drug Strategy to assess early successes and challenges, and to improve the implementation of the strategy moving forward. We greatly appreciate the time and effort you take to complete this survey.

All answers will be kept confidential. Please note that due to the small number of participants and the size of the community, it is not unlikely that staff of the (insert name) Strategy will be able to identify your answers. Identifiable information will not be shared publicly, as any external reports will only share information in aggregate. If you have any questions please contact (insert name of contact)

Do you consent to participate in the survey?

- Yes
- No

Awareness:

1. Are you aware of the (insert name) Drug Strategy?
- Yes
- No
- Don't Know

2. Please rate the extent of your knowledge about the (insert name) Drug Strategy on a scale of 1-5 with 1 being slightly knowledgeable and 5 being very knowledgeable.
- (scale 1-5)
- Don't Know

3. What are the pillars of the (insert name) Drug Strategy? (select all that apply)

4. What are the main activities of the (insert name) Strategy (select all that apply)

History of Involvement and Role in Community:

Introduction: (Drug strategy to provide brief overview of the strategy here)

5. Are you currently directly involved with the (insert name) Drug Strategy (eg. sit on a Steering Committee or Working Group)? (choose one)

- Yes
- No
- Don't Know

6. If yes, please explain

- (open text box)

7. Have you been directly involved with the (insert name) Drug Strategy in the past (eg. sat on a Steering Committee or Working Group)? (choose one)

- Yes
- No
- Don't know

Skip Logic: If yes, continue to Q9, if no skip to Q12

8. If yes, when did you last participate directly in the (insert name) Drug Strategy? (choose one)
    - Enter date
    - Ongoing
    - Never
    - Don't Know

9. On a scale of 1-5 please rate the extent of your involvement with the (insert name) Drug Strategy in the past, 1 being not very involved and 5 being intensively involved.

- 1- not very involved (eg. aware but not involved)
- 2-slightly involved (eg. knowledge user)

- 3-moderately involved (eg. involved as a representative of a partner organization)
- 4-quite involved (eg. direct interactions with Drug Strategy staff, and contribution towards strategy goals and activities)
- 5-intesively involved (eg. member of a Steering Committee or Working Group)
- Not at all
- Don't know

10. If yes, in what way have you been involved in Drug Strategy in the past?
- Staff member
- Steering Committee member
- Working Group member
- Knowledge User
- Collaborator
- Funder
- Policy Advisor
- Other (please describe)
- Not at all
- Don't Know

11. Please briefly describe your current role in the community, and how it relates to substance use prevention in (insert name of municipality or region)?
- (open text)

12. Which of the following "pillars" is a major theme or focus of your work? (select all that apply)
- Harm Reduction
- Prevention
- Treatment
- Criminal Justice
- Housing
- Other (open text)

- Don't Know

13. Please describe the type of work that you do. (Select all that apply)
- Research/Evaluation/Surveillance
- Advocacy
- Health Care Practitioner
- Public Health
- Criminal Justice
- Social Services
- Policy Development
- Granting Agency
- Other (please describe)

Support:

14. Has the (insert name) Drug Strategy had a positive impact in the community?
- Yes
- No
- Don't Know

Skip logic: If yes, continue to Q16, if no skip to Q19.

15. If yes, please rate the extent has the (insert name) Drug Strategy had a positive impact in the community where 1 is very little, and 5 is to a great extent.
- (scale 1-5)
- Don't Know
- Not at all

16. From your perspective what is the most valuable contribution of the Drug Strategy to the (insert name) community?

Open text box

17. Please indicate what type of impact the strategy has had in the community, and rate the extent of the impact on a scale of 1-5 (1- not at all successful, 2- very unsuccessful, 3- neither successful or successful, 4- very successful, 5-extremely successful, 6- don't know).

- Engaged partnership
- Service integration
- New and enhanced treatment options
- Improved community awareness of substance use
- Capacity building of service providers
- Policy change
- Practice change
- Don't Know
- None of the Above
- Other

Skip Logic: Skip to Q20

18. If no, please describe briefly
- Open text box

19. What are the obstacles that the (insert name) Drug Strategy has faced, inhibiting greater impact in the community? (Select all that apply)

- Governance (please explain)
- Funding (please explain)
- Political will (please explain)
- Coordination (please explain)
- Leadership (please explain)
- Prioritization (please explain)
- Other (please explain)

- None
- Don't Know

20. Which (if any) partner organizations are not involved in the (insert name) Drug Strategy, that should be involved in the future? Please list.
- Open text box
- None
- Don't Know

21. What are the opportunities for the (insert name) Drug Strategy to have more impact in the future?
- (open text box)
- Don't Know
- None of the above

22. Is there anything else you would like to share to help the (insert name) Drug Strategy understand its impact, or to inform future plans?
- (open text box)
- No

Acknowledgement:

Thank you for participating in the (insert name) Drug Strategy survey. Your feedback is extremely important to us, and will help to plan future direction for the Drug Strategy. Have a great day.

Draft Focus Group Protocol and Tool

Protocol

Focus groups will take place with 7-9 active committees and working groups that inform the work of the (insert name) Drug Strategy. No more than 5-7 participants will participate in a single group, therefore it may be necessary to break groups into two. Each group will have a facilitator. Although the committees focus on different issues, it would make sense to have one focus group guide for all focus groups. Focus groups will ideally be scheduled for 60- 90 minutes.

Evaluation Question: Where and how is the collaborative making progress?

- Identification of priorities and targets
- Activity outputs across pillars and working groups
- Demonstrate further integration of pillars (e.g. joint meetings, work on joint initiatives)
- Access to resources
- Capacity of the steering committee, pillar and working groups
- Identification of barriers and gaps

These indicators were selected to understand the early impact of the Strategy. For this reason, it is too early to look at system and service level changes. At this stage in strategy implementation it makes sense to look at early contributions in terms of identifying targets and priorities, outputs, integration, resources, and capacity of the Steering Committees. Participants in focus groups will be a combination of service providers and community members including people with lived experience.

Draft Focus Group Guide:

1. **How well is this committee functioning? (15-20 minutes)**

   Probe: Why or Why not? How could this be improved moving forward?

2. **This committee is trying to accomplish x,y,z (facilitator to come prepared with a list of targets). How well are you doing as a committee to progress this work? What are the barriers? (15-20 minutes)**

   Probe: Please explain. What is working well, and what is not? Financial barriers?

3. **Which pillars are being addressed in the work of this committee, and what is the relationship between the pillars? (15-20 minutes)**

   Probe: Prevention, Harm Reduction, Treatment, Criminal Justice, Housing. Why or why not? How could this be improved moving forward?

4. **How connected is your group with the other working groups and steering committees? (15-20 minutes)**

   Probe: Why or why not? How could this be improved moving forward?

5. **What could improve the work of the committee moving forward? (15-20 minutes)**

Key Resources

- Waterloo Drug Strategy Evaluation

http://waterlooregiondrugstrategy.ca/wp-content/uploads/2016/10/16.10.27.WRIDS-Evaluation-Framework-Final.pdf

- Patrizi and Patton-Strategy Evaluation

https://idl-bnc-idrc.dspacedirect.org/bitstream/handle/10625/47305/133652.pdf?sequence=1&isAllowed=y

- Collaboration- validated research tool

The authors have proposed a theoretical framework, including seven factors for assessing the implementation of coalitions. They also provide a validated evaluation tool, called the Collaboration Assessment Tool (CAT), for measuring coalitions over time.

Lydia Marek, Donna-Jean Brock, Jyoti Salva (2015). Evaluating Collaboration for Effectiveness. *American Journal of Evaluation.* 36(1), 67-85. http://journals.sagepub.com/doi/pdf/10.1177/1098214014531068