

August 2019

WGDS EVALUATION



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Background

The WGDS is a coalition of partner agencies whose mission is take action to reduce the impacts related to substance misuse in the municipalities of Wellington County and the City of Guelph. It has worked to fulfill this mission since its inception in 2006.

The WGDS champions local responses to complex issues related to substance use through a 4-Pillar strategy. The pillars are: Prevention, Harm Reduction, Treatment/Recovery and Community Safety. WGDS projects are typically cross-sector and multi-service in scope. The WGDS initiates discussion and builds relationships amongst community stakeholders to respond to local substance use challenges. It brings diverse perspectives to the table and leads project-oriented working groups and committees.

The WGDS focuses on creating positive, effective and sustainable change for people who use substances in Guelph/Wellington.

Evaluation overview

In 2019, the WGDS Management Group prioritized evaluating its processes as an integral part of positioning the organization to lead and support partners in moving Guelph-Wellington towards the WGDS vision of a community free from harms related to substance use. The goal of this evaluation is to critically examine the structure, activities and value of the WGDS in relation to its partner organizations and the community.

This project was approved by the WGDPH Research Ethics Committee.

Scope

To start the evaluation process, the WGDS Management Group met in order to establish its goals and priorities. With facilitation provided by WDGPH, the Management Group determined that the scope of the project would entail an internal process evaluation of four overarching aspects of the WGDS:

1. Its role/value-add
2. Its organizational structure
3. Its communications/knowledge dissemination processes
4. Its collaboration/engagement processes

It is important to note that the impacts of the work of the WGDS were not included in the scope of this evaluation.

Purpose

The WGDS is undertaking an evaluation of its processes to determine how well it is meeting community and stakeholder needs.

Audience

It is anticipated that this evaluation will be of interest to stakeholders who are involved in the Drug Strategy, either as committee and/or working group members. Stakeholders have a diverse range of engagement with the WGDS and efforts were made to include them all in the evaluation process. Findings will be disseminated through the WGDS website and available to community stakeholders.

Key evaluation questions

1. What are the particular features of the Drug Strategy that make it valuable to stakeholders?
2. Is the Drug Strategy optimally organized to engage partner organizations and draw on their strengths?
3. What does the Drug Strategy need to start, stop and continue doing?
4. Is there an effective dissemination of knowledge and communications flowing into stakeholder networks?

Evaluation objectives

- To gain an in-depth understanding of strengths and areas for improvement of the WGDS.
- To determine directions of future programming and improve organizational practices with the results of the evaluation

In order to answer these key questions, three data collection tools were developed. The three tools in this mixed-methods evaluation were designed to target stakeholders with differing levels of involvement.

Methodology

Collection Tool	Audience	Unique Key Indicators	Common Key Indicators
Online Survey	General WGDS committee	<ul style="list-style-type: none"> • Effectiveness of WGDS knowledge dissemination • Perception of WGDS collaborative efforts 	<ul style="list-style-type: none"> • Identification of biggest value-add/weakness • Identification of future directions for programming • Committee meeting satisfaction
Focus Groups	Current WGDS project working groups	<ul style="list-style-type: none"> • Identification of the most successful WGDS initiatives 	
Interviews	Periphery organizations	<ul style="list-style-type: none"> • Barriers to engagement 	

Data tool #1: The online survey

An online survey was created using Qualtrics software to assess the awareness, perceptions and satisfaction of community stakeholders regarding the processes, work and direction of the WGDS. A total of 62 stakeholders, all members of the WGDS Committee listserv, were invited to participate in the survey. The survey featured 26 questions, the majority of which were closed-ended, that focused on the unique and common key indicators identified above.

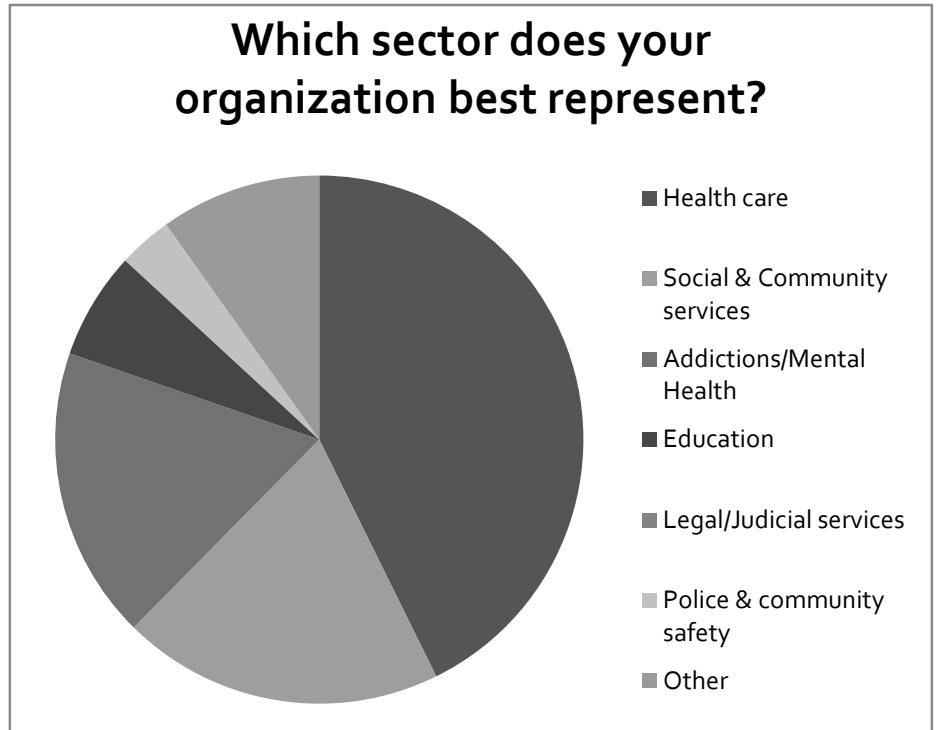
Survey responses were confidential and anonymous, with no identifiable personal information collected. Participants consented to whether or not their responses could be quoted in the final report, and all raw data was only seen by the evaluator.

Demographics

The final survey sample included 31 participants (50% response rate).

- Feedback was received from a diverse set of stakeholders from all sectors

- Responses were largely from the healthcare sector, with some partners from the business sector providing input.
- The Harm reduction pillar was the most relevant to the work of the stakeholders that responded to this survey, followed by the Prevention Pillar (Appendix A).
- The level of engagement with committee meetings varied greatly, with 35% of respondents reporting their organization attended all four quarterly committee meetings in the past year, and 21% reporting no past-year committee meeting attendance from their organization.
- Members of the legal/judice sector did not respond to the survey, and some other sectors (i.e. education, acute care/primary care) were also under represented.



Data tool #2: Focus Groups

Focus groups were conducted with current working group members and were designed to get the perspective of partners with active engagement with the Drug Strategy. Focus group questions addressed the common key indicators as well as the perceived most successful endeavors of the WGDS.

Focus group responses were kept confidential. The sessions were audio recorded, and only the evaluator had access to the raw audio files.

Demographics

The final participant pool for the focus group sessions included:

- 3 focus groups (n=18)

The focus groups were derived from current working groups, comprised of community partners from healthcare, social services and addiction/mental health sectors. Two of the working groups had a harm reduction focus, and one had a prevention focus.

Data tool #3: Interviews

Key informant interviews were conducted with partner organizations that were identified as important in bringing a full spectrum of opinion and engagement to the work of the WGDS. The key informant interviews were conducted with representatives of partner organizations with which the WGDS would like to increase engagement.

Interview responses were kept confidential. The sessions were audio recorded, and only the evaluator had access to the raw audio files.

Demographics

The final participant pool for the interview sessions included:

- 4 interview sessions (n=6)

The key informant interviews gathered feedback from the health care, addictions/mental health and police/community safety sectors. One interview session took place with 3 representatives of the same organization that volunteered in order to provide more comprehensive feedback for the evaluation.

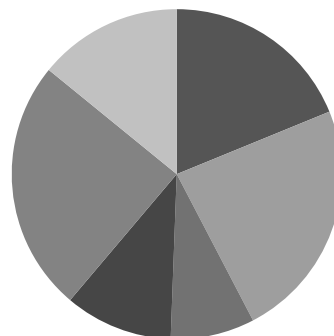
Key Findings

The results of the evaluation are summarized below by key indicator and data collection tool. The unique key indicators to each tool are presented first, followed by the common key indicators to the survey, focus groups and interviews.

Data tool #1: Effectiveness of WGDS communication and knowledge dissemination (unique indicator)

- While the majority (76%) of survey respondents reported feeling very or fairly informed about the work of the WGDS, one fifth (21%) of respondents reported feeling very uninformed. Organizational committee meeting attendance did not have a direct relationship with how informed respondents felt. For instance, half of those that reported feeling “very uninformed” also reported 100% committee meeting attendance from their organization (Appendix B).
- Respondents were asked to check off all the recent WGDS initiatives they had been aware of. Overall, each initiative had an average of 79% awareness, with the Rapid Access Addictions Clinic (RAAC) having the highest awareness (97%) and community mental health/addiction educational sessions having the lowest awareness (45%) (Appendix C).
- When asked whether they share messages from WGDS committee meetings within their organizations, the majority of respondents (70%) reported that they do always or most of the time.
- When asked what messages they have shared from the WGDS committee meetings, participants provided a wide range of communications that fell into the following categories:
 - Opioid alerts/overdose data (31%)
 - New programs/updates on WGDS initiatives (19%)
 - Training opportunities (19%)
 - Community events (16%)
 - Education on new issues/legislation (15%)

How can the WGDS package information in order to help you share messages?

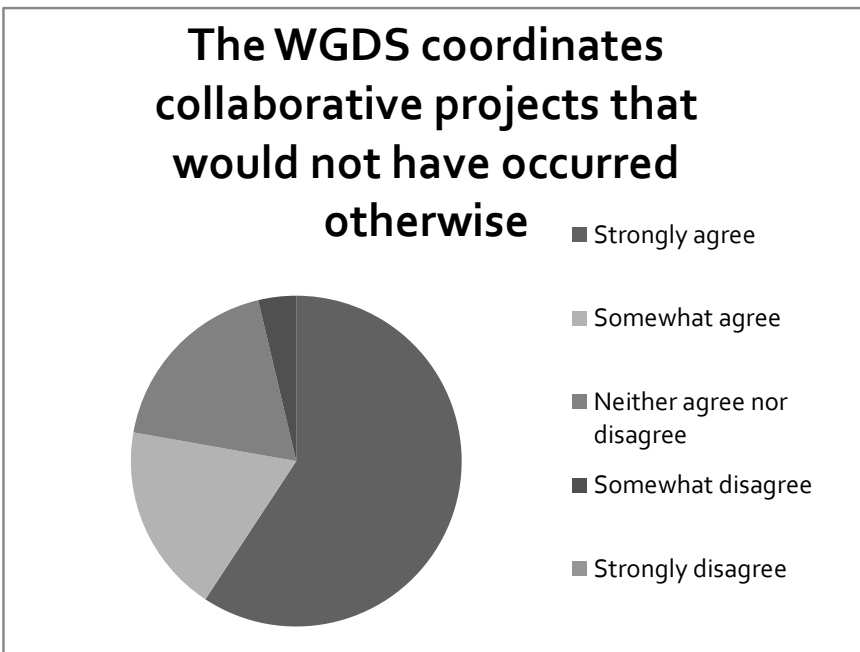
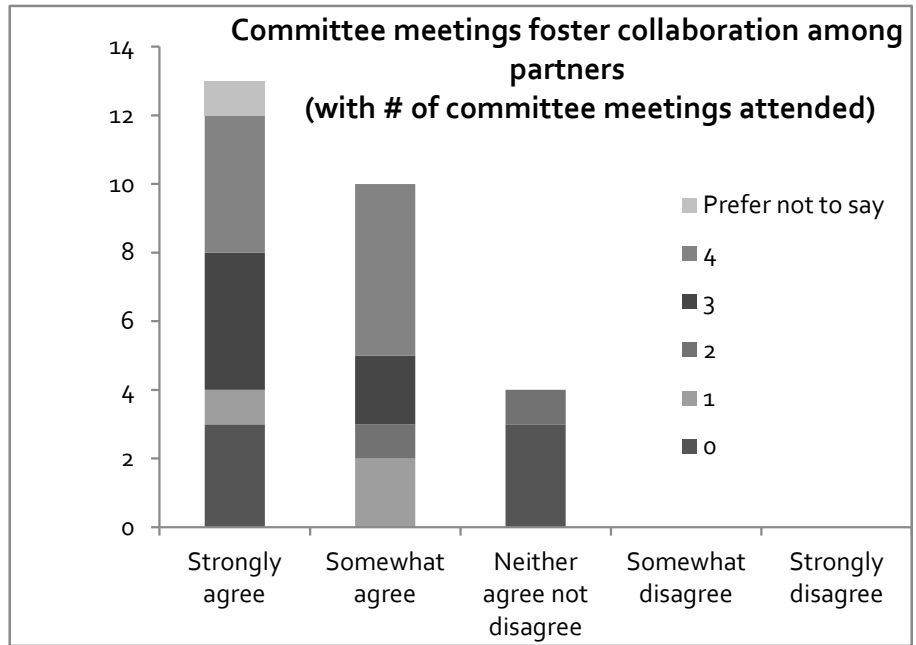


- Pre-packaged social media posts
- Fact-sheets
- Pre-made PowerPoint slides
- Position papers
- Infographics
- Newsletters

- Almost all (96%) of respondents said they would like the WGDS to communicate community updates (successes/new knowledge/other areas of interest) and that email (92%) was the best way to get information to them.
- When asked how the WGDS could package information to help share messages from committee meetings, infographics, fact sheets and pre-packaged social media posts were the most popular choices.

Data tool #1: Perception of WGDS collaborative efforts (unique indicator)

- Roughly half (48%) of respondents strongly agreed that committee meetings foster collaboration among partners, and 37% somewhat agreed.
- Although the vast majority agreed on this matter, one quarter of those respondents reported minimal (0 or 1) committee meeting attendance from their organization in the past year.

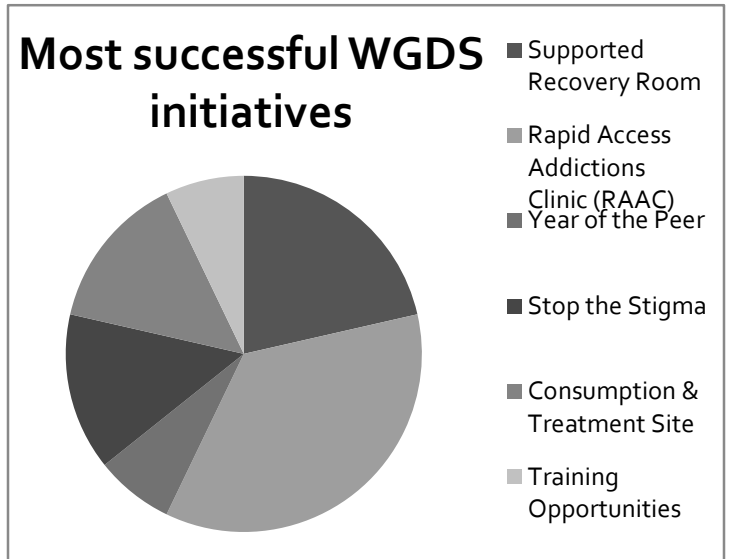


- There was also strong agreement that the WGDS coordinates partner organizations in collaborative projects that would not have occurred otherwise, with 60% of respondents reporting they strongly agree, and 19% reporting they agree somewhat.

- 71% of respondents agreed that the WGDS draws on the strengths of their organization.

Data tool #2: Identification of the most successful WGDS endeavors (unique indicator)

- Focus group and interview participants identified WGDS initiatives that they felt were the most successful in terms of impact and change in the community. Respondents were not provided with a list of initiatives and were asked to pick one initiative.
- The Rapid Access addictions clinic (RAAC) was the most popular WGDS initiative identified, followed by the Supported Recovery Room (SRR).



Data tool #3: Barriers to engagement & committee meeting attendance (unique indicator)

Key informant interviewees were asked to explain barriers to engagement with the WGDS. Committee meeting attendance was of specific interest. Notable barriers to committee meeting engagement included meeting location and meeting organization.



The meeting site was specified as a barrier for two different reasons. Firstly, partners explained that the central location was not feasible for those in located in the County, where it can take upwards of an hour to drive to the Guelph City core. Additionally, an offsite location is a barrier for workers that require immediate accessibility should a crisis occur.

"For us it's that all the meetings are offsite. I like to be close so if something bad is happening I can be there to support staff. If it's onsite we can sneak down or sneak away as needed"

—Key Informant Interview Participant

"There are too many meetings, and this is not just a WGDS problem. We're over-coordinated; the issue is everyone's at the same meetings. We're dividing the pie into pieces that are too small when we need to look at the whole pie. A whole pie solution will not suffer from lack of engagement"

—Key Informant Interview Participant



The structure and high frequency of meetings were defined as barriers to attendance from multiple key informants. Half of interviewees felt as though there were too many meetings and that some meetings lacked focus and purpose, "Stop having meetings just to have a meeting". Additionally, it was expressed that organizations with similar mandates to the WGDS are over-coordinated and overlapping, such that there are too many meetings, led by different organizations, but with the same subject matter and attendees. This over-coordination was cited as a barrier to WGDS committee meeting attendance.

Identification of the biggest value-adds and weaknesses of the WGDS (common key indicator)

Biggest value-add

Overall, there was very strong and positive feedback surrounding the value of the WGDS to partner organizations and the community. The biggest value-add of the WGDS are listed thematically below, from most commonly expressed to least.



Collaboration. The facilitation of collaborative initiatives, diverse community partnerships and the power of collective voice were cited as the biggest value-add of the WGDS (nearly one third of responses to this question across all data collection tools centered on collaboration). The Drug Strategy was praised for its collaboration with organizations in sectors that extend far beyond mental health and addictions in order to create a diverse and powerful collective impact that is non-partisan and not limited by one agency's mandate.



Education & Awareness. Respondents frequently cited the work that the WGDS conducts to educate the community about issues related to substance use as extremely valuable. Additionally, the WGDS was credited for bringing awareness to local harm-reduction resources, community updates, community changes, community events and relevant world news. Furthermore, the WGDS was praised for keeping local issues related to problematic substance use at the forefront of the local media.



Advocacy. The WGDS was commended for its advocacy work for people that use substances and reducing stigma through various initiatives. The WGDS was credited for advocating for substance users in systems that haven't always been welcoming to people who use drugs. The inclusion of those with lived experience as stakeholders, the empowerment of those that use substances and the anti-stigmatization of substance use were cited as vital value-adds of the WGDS.



Leadership. The leadership abilities of the WGDS in driving change forward was noted as a central value-add of the organization. Stakeholders expressed that the WGDS manages to lead projects that otherwise would not happen under the mandate of a single member organization. The focused and driven direction of WGDS leadership was praised by partners as a necessary force in the community of substance use services to accomplish goals.



Ideas to Action. While the least cited value-add, the action focus of the WGDS remained a prominent feature of the organization that stakeholders commended. Partners spoke of the WGDS as a tenacious force that works as efficiently as possible to come up with a good solution to the problem.†

"It is the collective voice. It's not one agency, it's a community voice and it's the perspective of peers, service workers and politicians. It has a really good layer of voice that drives change."

—Key Informant Interview Participant

"The function of the WGDS is to take leadership on projects that wouldn't otherwise happen – projects that people know need to happen, but no one really has the time or place within their organization to do so"

—Focus Group Participant

"When the WGDS takes something on, they want answers. Whoever they're advocating for, they are very determined to get what is needed and in the quickest way possible"

—Focus Group Participant

Biggest weakness

The feedback from stakeholders regarding the perceived biggest weakness of the WGDS was predominantly associated with resources. Yet, there were also criticisms regarding programming decisions and communication processes. The perceived weaknesses of the WGDS are listed below thematically, from most common to least.



Resources. The majority of the feedback regarding the biggest weakness of the WGDS from community partners revolved around resources, specifically either (1) the amount of resources or (2) the allocation of resources. Partners sought more services and in more locations; stakeholders asserted the need for more accessible 24/7 resources for various WGDS initiatives. It was expressed frequently that the WGDS needs expansion, more bodies and more funding for events and new initiatives.

Additionally, the differential geographical allocation of resources received criticisms from community partners representing Wellington County. Many of the services for people who use substances are concentrated in the City, and all respondents representing Wellington County spoke to this differential allocation of resources. The Wellington Guelph Drug Strategy was criticized for acting as the "Guelph Drug Strategy" and not dedicating enough attention and resources to the unique and differing needs of the County.



Programming decisions. The perceived weaknesses of the WGDS regarding programming revolved around emergent projects and the fact that many of WGDS endeavors are centralized under one pillar. The WGDS workplan has both Committee-approved projects and emergent projects. While some praised the WGDS for its spontaneous seizing of opportunities, more criticized the WGDS for undertaking projects that have not been identified by the Committee as a whole.

Additionally, respondents noted that while the WGDS implements a 4-pillar strategy, the vast majority of WGDS programming is dedicated to the Harm Reduction Pillar.



Communications. Several respondents identified an issue with the WGDS communications strategy, namely its lack of social media presence. The WGDS was criticized for not having enough presence on applications such as Instagram and Twitter. It was noted that the WGDS should increase its communication to the broader community regarding its work and the status of community substance use.

Identification of Future Directions for Programming (common key indicator)

What the WGDS should stop doing.

Nearly one quarter (23%) of all participants responded that all of the work and processes of the WGDS are beneficial and nothing should change, while others did not respond or offered opinions of dissatisfaction with current practices.

"Funding is a huge problem for the WGDS because projects are reliant on the resources of other agencies. If the WGDS had more resources of its own it could have a much bigger impact"
—Focus Group Participant

A lot of the programs seem to be Guelph-centric. All of those initiatives in the city, we don't have that luxury out here [in the County]. The RAAC the furthest north is in Elora, and there's a whole other half of the County north of that. We need to get some more resources out here, and not away from Guelph City but in addition to.
—Key Informant Interview Participant

"I think there's a lack of education to the public of the work the WGDS does, and about the status of substance use in people's communities"
—Focus Group Participant



Projects out of scope. Respondents from all three data collection tools expressed concerns related to the focus of WGDS projects. These respondents noted that the WGDS is leading projects that they perceive to be out of scope and have not been identified as a priority or received agreement from the Committee.

Current Committee meeting structure. Respondents from all three data collection tools asserted the need for a change in Committee meeting structure. Two of these respondents wished for more focused and less frequent meetings with specific bi-annual meetings, one for action items and one for follow ups. A couple respondents expressed some irrelevance of agenda items to their work and wished for the meetings to be structured by pillar. However, other focus group members thought that the current meeting format was necessary in order to keep all parties informed and reduce silos between sectors.

"[The WGDS] should remain focused on substance use and steer away from homelessness etc. It should support those initiatives but not lead them"
—Survey Respondent

"Often the educational component of the meetings is not relevant to all members because we have such diverse roles. It would be helpful to do educational components after the other agenda items so staff that find it irrelevant can excuse themselves"
—Survey Respondent

"[The WGDS] should stop moving quickly to solution when solution is not obvious and recognize that there are stages of change"
—Interview Participant

What the WGDS should start doing.



Multiple respondents stated that they could not think of anything more and that the WGDS is doing the most they could conceive with the resources it has. Other participants offered a wide variety of suggestions for new or increased programming directions:

- **Focus on the County (26%).** An allocation of more resources and focus to northern parts of the County was the most popular suggestion, including proposals of a WGDS manager in the north, and a slew of additional services such as working to increase peer support or bring RAAC in expanded locations.
- **Focus on Prevention (20%).** A desire for more initiatives that have an upstream and preventative approach to substance use was the next largest suggestion.
- **Focus on Methamphetamine (17%).** A focus on meth use as a whole was suggested multiple times by respondents seeking resources to educate the entire community and better support those using this stimulant.
- **Newsletters & Conferences (13%).** More WGDS newsletters and beginning to host conferences were suggested by respondents.
- **Focus on Youth (5%).** More advocacy for accessible treatment for youth and increased youth addictions counsellors in schools was suggested.
- **Advocate for 24/7 model of care (5%).** More advocacy efforts to expand all services for addictions and mental health to a model that is accessible at all hours.
- **Focus on 24/7 supportive housing (5%).** Two respondents wished to see the WGDS promote 24/7 as much as it is advocating for the current harm reduction housing project.
- **Other (10%).** Long-term research to support advocacy efforts, a focus on addiction and criminality, a detox centre in Guelph, a focus on the treatment of mental health and addiction together as well as a consolidation of similar services to the WGDS were suggested.

"How do we better support people that use meth? I feel like the WGDS has done an amazing job with overdose prevention and opioids harm reduction. But I don't see as much opioid use in the County as I do meth, I feel helpless"

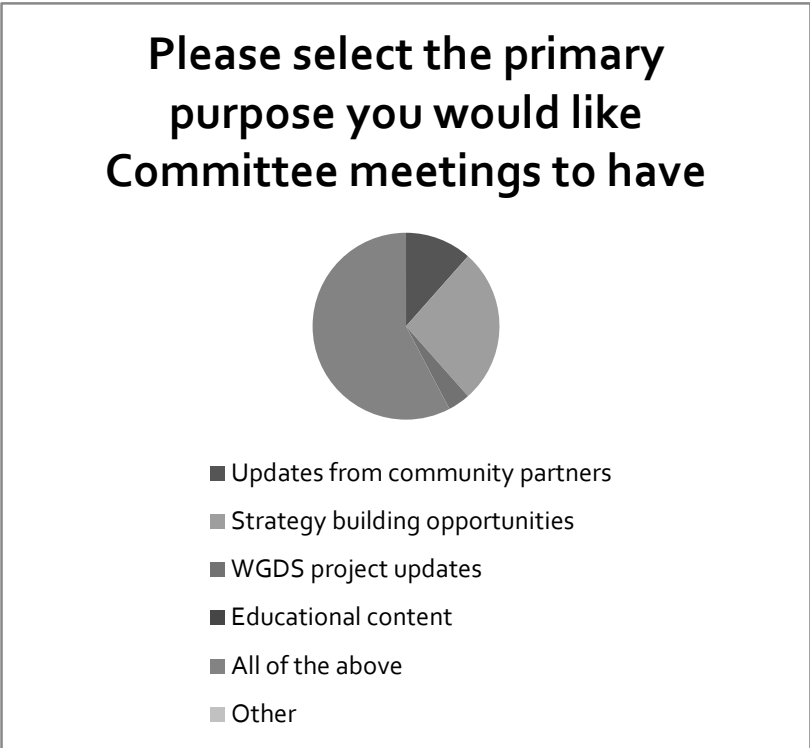
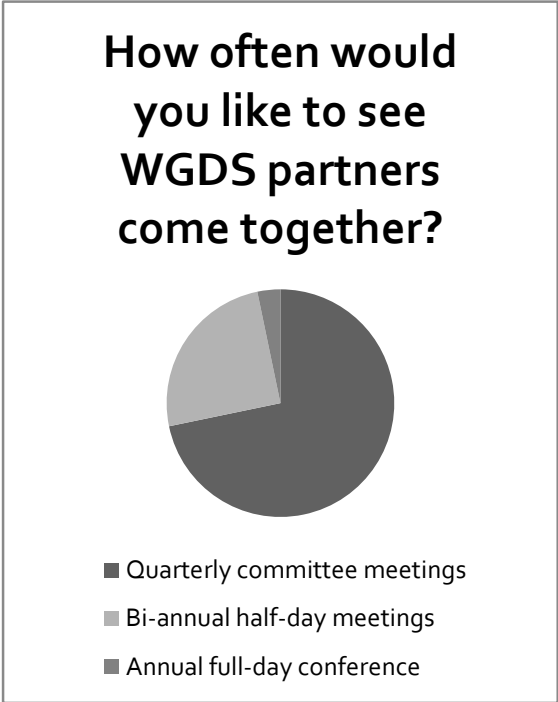
—Focus Group Participant

"A consolidation of similar services and organizations in order to streamline similar providers and make things more efficient. There is a lot of overlap between meetings that have the same people attending. I would love to see one strategy that implements an efficient and purposeful direction"

—Key Informant Interview Participant

Committee meeting satisfaction (common key indicator)

- When presented with different options for committee meeting scheduling, the majority (66%) of respondents opted to keep quarterly meetings, with some (23%) voting for bi-annual half-day meetings or an annual full-day conference (3%).
- While 20 survey respondents opted to keep quarterly meetings, 9 survey respondents expressed a desire for a change in frequency.
- Furthermore, 1 survey respondent, 2 key informant interview participants and 3 focus group participants asserted the need for a change in committee meeting frequency and/or focus when asked what the WGDS should change.
- The majority (58%) of survey respondents wanted Committee meetings to involve updates from community partners, strategy building opportunities, WGDS project updates and educational content as their primary purpose.
- 27% of survey respondents would like to see committee meetings primarily dedicated to strategy building opportunities
- Nearly half (45%) of survey respondents strongly agreed that committee meetings produce actionable items, and roughly one third (36%) somewhat agreed.
- A couple of survey respondents (8%) somewhat disagreed that meetings produce actionable items; these people had reported their organization attending all or 75% of committee meetings in the past year.
- Other respondents reported that meetings are too frequent and need more focus, suggesting fewer and/or shorter meetings would be more appropriate.
- Two key informant participants suggested bi-annual meetings that have more explicit focus on WGDS projects and action items from the group.



Summary of Findings

This internal evaluation of the WGDS examined the structure, activities and value of the WGDS in relation to partner organizations in order to determine how well it is meeting community and stakeholder needs.

Feedback was obtained from a total of **55** WGDS partners with diverse levels of engagement with the WGDS via an online survey, focus group and key informant interview sessions. Respondents offered insight into the strengths and areas of improvement of the WGDS as well as directions for future programming and organizational practices.

Respondents praised the WGDS for its current work and previous accomplishments, most notably the Rapid Access Addictions Clinic (RAAC) and the Supportive Recovery Room. The biggest value-adds of the WGDS centered around its role as a catalyst for collaborative projects, its education of partners and the community, its advocacy efforts, its leadership on projects and its action focus.

The WGDS was noted to have effective dissemination of messages into stakeholder networks. Roughly three quarters of respondents reporting that they share WGDS communications, with opioid alerts/overdose data and updates on WGDS initiatives cited as the most commonly shared. Almost all respondents stated that they would like community updates from the WGDS. Newsletters, fact-sheets and pre-packaged social media posts were the most popular form of communication desired by stakeholders.

There was strong agreement that the WGDS Committee meetings foster collaboration among partners and that the WGDS leads collaborative projects that would not have occurred otherwise. Concerns about the length of meetings, their frequency, and their lack of relevancy to some members as well as lack of focus and actionable items were raised. However, overall, most participants in the evaluation were satisfied, or very satisfied with the current meeting process.

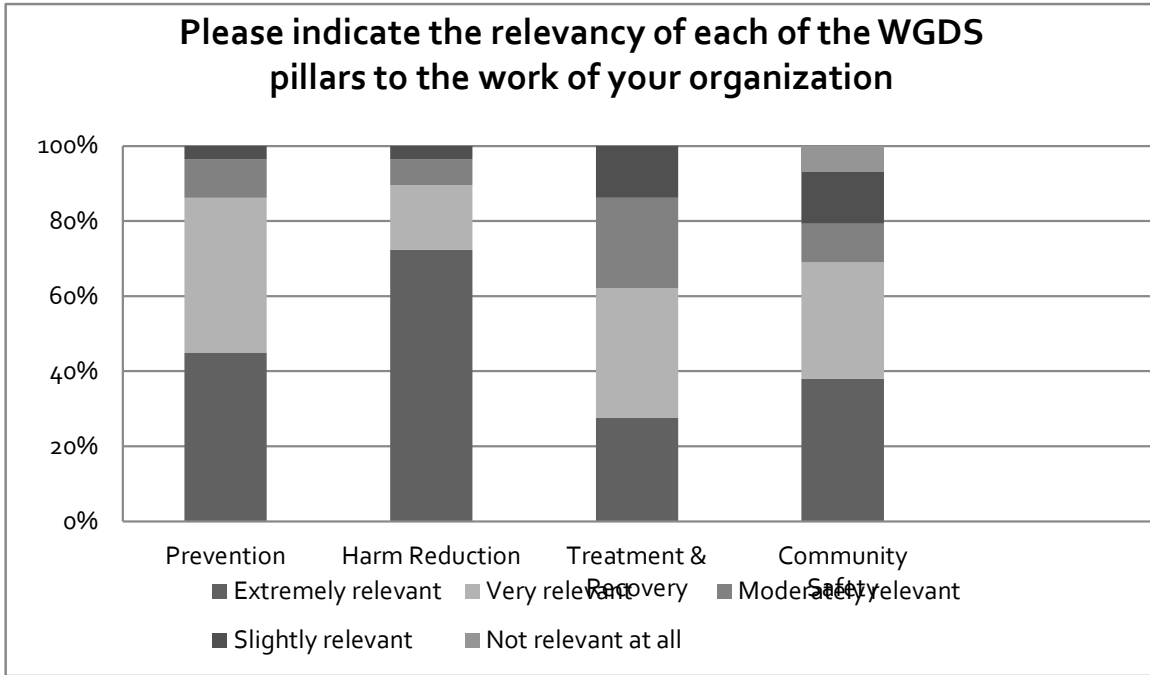
While most of the survey respondents were satisfied with how the WGDS is using its resources and focusing its efforts, some identified areas for improvement for the WGDS that revolved around funding and resource allocation. The focus of its current resources was noted by participants to be Guelph-centric, thus neglecting the broader County. Some criticized WGDS projects as being out of scope for the Drug Strategy and lacking sufficient approval from the Committee. Lastly, the focus of the WGDS was perceived by some stakeholders to be too centered on the Harm Reduction Pillar, and its communications to the broader community

Future directions for the WGDS should involve examining the structure of Committee meetings and ensuring the support of the Committee for WGDS projects. More resources need to be dedicated to northern areas of the County and initiatives that focus on prevention of substance use as well as problematic methamphetamine use. Lastly, more efforts to have a stronger social media presence and communicate information related to substance use to the community should be made. See specific recommendations below.

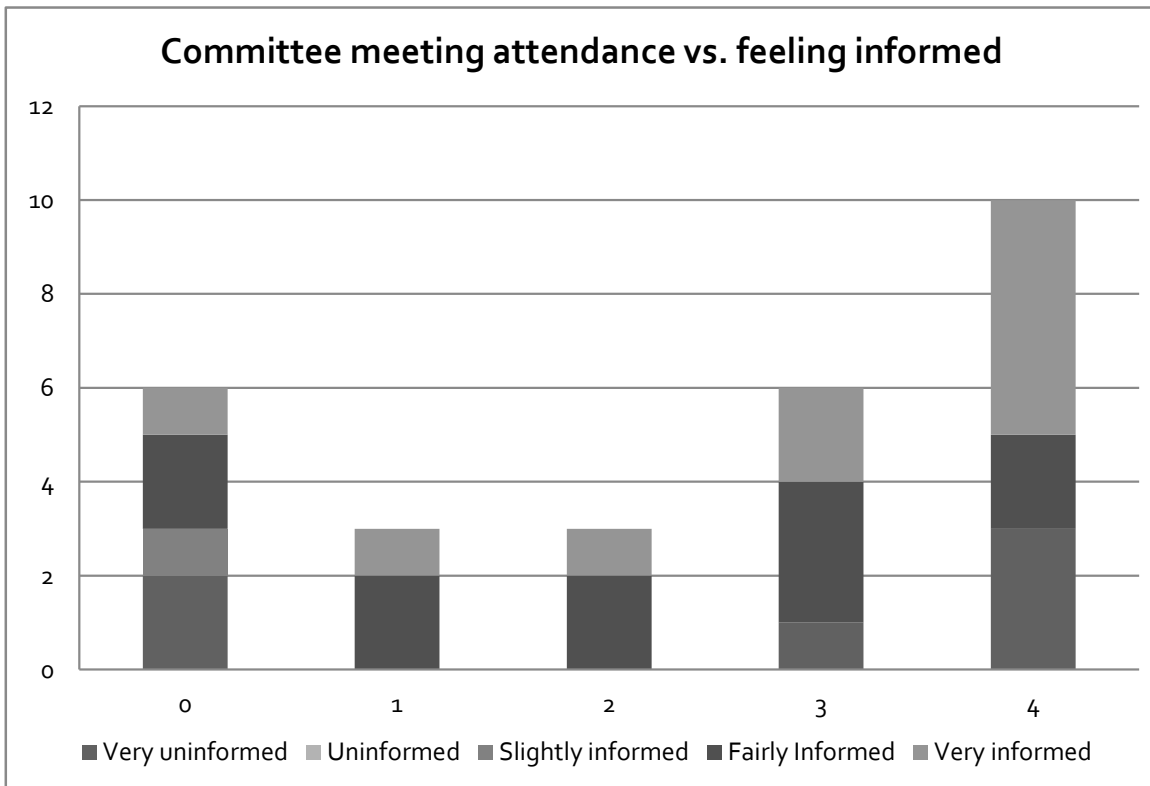
Key Recommendations:

1. Make all Committee meetings accessible via OTN and hold committee meetings at offsite locations with workers from sectors (i.e. healthcare, outreach) that need to be accessible should a crisis arise.
2. Recruit participation from legal and judicial organizations to bring their perspective to the WGDS.
3. Allocate more resources to northern areas of the County and foster more collaborative projects with a County focus.
4. Focus upcoming initiatives on prevention and methamphetamine use.
5. Dedicate resources to the WGDS social media presence and focus on communicating messages to the broader community.
6. Change the structure of quarterly Committee meetings so that two meetings per year are specific and actionable to the creation and follow up of the WGDS workplan, and two that are more educational and focused on pillar-specific interests.
7. Have the WGDS Management Group reach out to other organizations with similar mandates (Towards Common Ground and Poverty Task Force) to discuss ways in which to coordinate their common mandates and streamline meeting processes.
8. Bring the issue of the current structure of the WGDS workplan (75% mandated projects, 25% emergent projects) to the WGDS Committee to discuss how to keep it informed about emergent initiatives.

Appendix A



Appendix B



Appendix C

Awareness of current or recent WGDS initiatives

