

Yellowknife Street Outreach Program

Monitoring & Evaluation Framework



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Prepared for
The City of Yellowknife

by

Triage Metrix Associates
Yellowknife

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Acknowledgement of Traditional Territory

The City of Yellowknife acknowledges that we are located in Chief Drygeese territory.

From time immemorial, it has been the traditional land of the Yellowknives Dene First Nation.

We respect the histories, languages, and cultures of all other Indigenous Peoples including the North Slave Métis, and all First Nations, Métis, and Inuit whose presence continues to enrich our vibrant community.

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1. Introduction

In February 2024, the City of Yellowknife contracted Triage Metrix Associates to conduct an evaluation of the Yellowknife Street Outreach Program (the Program). This Program provides rides to safe locations for members of the Yellowknife street community who may be intoxicated or otherwise unable to make it safely to their destination. The purpose of this project was to evaluate the current program, and from this develop an updated program design, logic model, and evaluation framework to guide its implementation.

An evaluation was undertaken and the report “Yellowknife Street Outreach Program Evaluation & Design Recommendations” was submitted to the City in May 2024. This report outlined our evaluation findings and provided recommendations for a Revised Program that focuses on core needs expressed by stakeholders: client safety, community safety, and ensuring clients have access to resources and services. We also provided a detailed funding proposal for the revised Program based on projected costs. This document works in tandem with our performance indicators to operationalize our recommendations by providing a framework for monitoring and evaluation of the revised Program.

The purpose of a monitoring and evaluation framework is to provide an outline of the key indicators, data sources, collection, and reporting frequency for ongoing program evaluation. The specific tools will be developed or adapted by the operator and may be developed in collaboration with funders or partners. An example of a Partnership Activity Record is provided for reference, however, the operator will determine the tools and methods to collect and provide data. Funder(s) may also have requirements to use specific systems (i.e. HIFIS).

2. Revised Yellowknife Street Outreach Program

The revised Yellowknife Street Outreach Program (referred to as the **Program** further in this document) has three main goals:

1. **Increase client safety through reliable transportation to safe sites.**
2. **Increase community safety through outreach activities aimed at client engagement and de-escalation.**
3. **Improve client access to resources through relationship building and outreach activities.**

Achieving these goals is designed around two implementation phases. This allows the revised Program to focus on the core elements of client transportation and ensuring staff training, data collection, and dispatch and triage processes are in place first before undertaking outreach activities. This timeline is provided as guidance as an operator may have the capacity to undertake the activities in phase 2 during the first year of the revised program.

Phase 1 - Strengthen Core Program

The primary component of the Program is providing reliable transportation to safe locations for members of the Yellowknife street community. Phase one details a series of activities to be implemented over the first year of the revised Program to ensure it is effective, efficient, and sustainable.

Phase 2 - Increasing Outreach Capacity

In Phase two, further expansion of the Program will be achieved through dedicated outreach and peer support workers and through formal partnerships with other agencies. Transportation and Outreach response efficiency will be improved through triage and dispatch processes.

Funder and Operational Recommendations

To strengthen the core program and increase outreach capacity, the following recommendations are made:

Funder Recommendations

- 1.1 Ensure increased multi-year funding.
- 1.2 Support the development of strong governance and managerial infrastructure.
- 1.3 Integrate the Street Outreach Program into a coordinated response to homelessness.

Operational Recommendations

- 2.1 Ensure reliable transportation for clients through regular maintenance and access to a second vehicle
- 2.2 Enhance Program hours to 12 p.m. to 12 a.m. and adjust shift change hours so they do not overlap with high call volume hours (4 p.m. to 6 p.m.). This recommendation also includes data collection so Program hours can be re-adjusted to fit client needs as required.
- 2.3 Increase awareness of the Program's mandate and service through communication to the public.
- 2.4 Ensure Program staff and vehicle are recognizable.
- 2.5 Ensure ongoing data collection, data sharing, and program evaluation.
- 2.6 Increase staff training, particularly in terms of first aid, de-escalation, and trauma informed practice.
- 2.7 Increase staff compensation to a liveable wage to improve retention.
- 2.8 Establish triaging, communication, and low-call volume procedures to improve the efficiency of the Program.
- 2.9 Implement consistent Program policies on service delivery, safety, and training.

- 2.10 Enhance the outreach capacity of the Program by hiring a dedicated outreach worker and peer support worker.
- 2.11 Create formal partnerships with other social service agencies and GNWT programs that serve similar populations to better coordinate services and address service gaps. These partnerships should include terms of reference and data sharing agreements. They should facilitate coordinated meetings with frontline workers across all agencies to enable case management, and regular meetings with management across agencies to align programs and services.
- 2.12 Continue to develop the Program by introducing a dispatch service. This could include adjusting Program hours according to the data collected in year one, or addressing inefficiencies by developing a set protocol for dispatch.

3. Objectives

This monitoring and evaluation framework supports the success of the Program by providing indicators and measures of progress, a framework for how often these should be collected and reviewed, and recommendations on how to apply these indicators in a continuous quality improvement approach.

Monitoring and evaluation are two distinct but complementary processes used to assess the progress, effectiveness, and impact of projects, programs, or policies. Together, the aim is to improve services, provide accountability, and ultimately serve the needs of clients.

Monitoring involves the systematic and continuous collection of data to track the implementation of activities, outputs, and outcomes in near real-time. It focuses on routine data collection, analysis, and reporting to ensure that the project/program is on track and making progress according to the initial plan. These activities are under the purview of a program operator, usually with periodic reporting responsibilities to funders.

Evaluation is a periodic and more in-depth assessment that aims to determine the overall success, relevance, efficiency, effectiveness, and sustainability of a program or intervention. It involves using various methods to assess the outcomes and impacts of the program, often looking at the broader context and identifying lessons learned for future improvements. Together, both processes are essential for ensuring accountability, continuous learning, and program improvement.

Monitoring and evaluation activities are often only performed at the end of a period for the purpose of generating annual reports or meeting the requirements of funders. To make the most use of this process, the collection and use of information should be a continuous process. This provides regular opportunities to understand the operations and impact of the program, and foster internal and external discussions regarding the quality of services and outcomes for the populations served.

Dimensions of Successful Monitoring and Evaluation

This framework posits five key dimensions of quality that contribute to defining the Revised Program's success:

Reach assesses the extent to which Program services are available and accessible to the target population.

Accessibility refers to the ability and ease with which individuals can find and utilize Program services. This dimension evaluates factors such as hours of service, convenience, and knowing how to contact and request services.

Acceptability focuses on the appropriateness and suitability of services from the perspective of the users. It considers factors such as response time, quality of the services provided, and client and staff safety.

Effectiveness measures the extent to which services achieve their intended outcomes and make a positive impact on outcomes for clients and stakeholders. This dimension emphasizes the importance of evidence-based practices, efficient resource allocation, and continuous improvement to maximize the effectiveness of service delivery.

Sustainability evaluates the ability of service delivery systems to maintain their quality and impact over time. It encompasses aspects such as financial viability, program policies and guidelines, properly trained staff, and capacity to adapt to changing needs and circumstances.

Performance indicators within this framework represent each of these dimensions of quality. Some indicators may have more than one relevant dimension, but a primary one is assigned for each.

4. Assumptions and Risks

The Program operates in a dynamic environment serving clients within the Yellowknife street community, businesses and the public. It will interface and coordinate with a number of other provider agencies. Monitoring and evaluating the success of the program is based on several assumptions and risks both internal and external to the operator of the Program.

Assumptions:

- 1. Implementation:** The Revised Program will be implemented as described in the *Program Evaluation & Design Recommendations*
- 2. Ongoing, Multi-Year Funding:** Funding of this description will be provided to sustain the Program's operation and ensure continuity in service delivery.
- 3. Staff Skills and training:** Staff members will be trained to provide safe transportation, de-escalate situations, and conduct systems navigation. Staff will not be expected to be experts in service provision or behaviour change.
- 4. Effective Data Collection:** Data will be collected using standardized tools like HIFIS (Homeless Individuals and Families Information System), enabling comprehensive tracking of client interactions and outcomes.
- 5. Client-Centred Approach:** Program leadership, staff, partners, and the funder will support a client-centered approach to service provision. This approach prioritizes the autonomy and dignity of clients by tailoring interventions to their individual needs and goals. Using this approach, success looks different for each client and may not be easily measurable.
- 6. Program as a Partner, not a Solution:** Due to the complexity of homelessness, the Program will function as a partner in the broader ecosystem of social services, recognizing that it alone cannot solve homelessness but can contribute significantly to addressing it. Partner organizations will be able to provide clients with services the Program cannot, such as shelter services or addiction management.
- 7. Client and Community Engagement:** There will be clients willing to engage with the Program, situated within a community that is also willing to engage and support the initiatives aimed at addressing homelessness.

8. **Defined Partnership Responsibilities:** Partnerships will have clearly delineated responsibilities and effective data sharing agreements.
9. **Coordinated Access:** Agencies offering services will adopt a coordinated access and/ or integrated service delivery model. The Program will be included in the design and implementation of this model.
10. **Locations for Clients to be Dropped Off:** There are safe drop-off locations for clients and there is a coordinated response for clients with histories of behavioural issues (i.e. being banned from shelters).
11. **Interagency Interface:** That Program staff have effective means of interfacing with other agencies, including regular front-line and management level meetings between various partners.

Risks:

We have identified the following potential risks facing the Program:

1. **Program Implementation:** There is a risk that the program may not be implemented as described. This will be detrimental to the safety of clients and the broader community as the Program will not be able to effectively provide safe transportation, de-escalation, or outreach services.
2. **Lack of Partner Service Availability:** If other service providers are unavailable to clients (for instance, services are at capacity or a particular client is banned), the Program will not be able to provide effective system navigation.
3. **Lack of Drop-off Locations:** The Program will not be able to provide transportation to safe sites if shelters are unable to receive clients. This could happen if shelters lack space, or if certain clients are banned from all shelters simultaneously.
4. **Lack of Client Engagement:** There is a risk that clients will choose not to engage with the Program. This is especially likely if clients deem the service to be inaccessible or unacceptable to them, which may happen if the Program is under-resourced and therefore cannot deliver a quality service.

5. **Lack of Adequate Funding:** If the program does not receive appropriate ongoing funding, there is a risk of interruption or discontinuation of transportation services, inability to properly train or retain qualified staff, and loss of trust with community partners, clients, and the public.
6. **Staff Retention Challenges:** The program may face difficulties in retaining qualified staff, especially if they are not adequately compensated. As demonstrated in the Program Evaluation, trust between staff and clients is essential; high staff turnover risks impacting these relationships and decreasing the effectiveness of the Program.
7. **Data Sharing Agreement Implementation Failure:** Failure to implement data sharing agreements with partners may result in the program being unable to effectively case manage across systems. This risk could lead to gaps in service provision and hinder the program's ability to address the diverse needs of clients. If partners do not provide the program with needed data, there is a risk of incomplete information, hindering the program's ability to make informed decisions and tailor interventions to the specific needs of clients.
8. **Lack of Monitoring and Evaluation:** Not having a monitoring and evaluation framework in place would make it difficult to assess the program's progress and impact. Without ongoing monitoring and evaluation, the program may fail to identify areas for improvement and adapt strategies accordingly.

5. Logic Model

Logic models are tools used to assist in program planning, implementation, management, evaluation, and reporting. They show how inputs are used to create activities to achieve a goal and linking causal pathways from planned work with intended results. It is a representation of the resources or inputs required to implement a program, the activities undertaken with the resources to generate program outputs, and the desired long and short-term program outcomes.

This logic model can also be used as a tool in the development of requests for proposals and contracts to establish the expected activities, outputs, and outcomes for program operators.



The Program logic model has three categories of inputs: **Funding**, which in turn allows hiring **People** and acquiring the required operational **Equipment & Infrastructure** which also includes supplies and purchased services.

Activities, outputs, and outcomes are categorized into the two main program elements of **Transportation Services** and **Outreach & Referral**, as well as the **Partnership** activities that occur with external agencies, and the **Program Operations** that are required for the services to function.

This logic model can also serve as a high-level Program planning and operations checklist to answer questions such as:

- Are the required inputs in place in terms of funding, staff, and equipment?
- Are there policies and procedures detailing how transportation, outreach, and partnership activities will be conducted?
- Are Program outputs occurring as expected?

Program Logic Model Overview

Inputs	Activities	Outputs	Outcomes
Program Resources	Planned Activities: <i>What the Program Will Do</i>	Actual Activities: <i>What the Program Did</i>	Impact of Activities: <i>What the Program Achieved</i>
<ul style="list-style-type: none"> • Funding • People • Equipment & Infrastructure 	Program Areas: <ul style="list-style-type: none"> • Transportation Services • Outreach & Referral • Partnerships • Program Operations 		

Logic Model Details

Program Inputs

Funding	People	Equipment & Infrastructure
<ul style="list-style-type: none"> • Sustained adequate program funding for staff, capital, and operational expenses 	<ul style="list-style-type: none"> • Outreach Staff <ul style="list-style-type: none"> ○ Drivers/Van Workers ○ Outreach Workers ○ Peer Support Worker ○ Management & admin support • Implementation/policy support • Volunteers, if applicable 	<ul style="list-style-type: none"> • Suitable Vehicles (primary vehicle and back-up) • Fuel/Maintenance • Supplies • Uniforms/visual identity • Office space for coordination and administration • Data collection mechanisms (software systems, GPS trackers, etc.)

Transportation Elements

Inputs: Funding, People, Equipment & Infrastructure

Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Provide transportation of Street community members to safe locations • Improve processes for contacting the van and implement a triage/dispatch system allowing for timely and prioritized response • Deliver program hours from 12 noon-12 midnight. • Implement visual identity measures to ensure staff and vehicle are easily recognizable to clients and public • Ensure regular vehicle maintenance and cleaning 	<ul style="list-style-type: none"> • Transportation service to safe locations provided • Dispatch and triage system is in place to ensure calls for service are answered or returned in a timely manner. • Transportation services are available from 12 noon-12 midnight daily. • Operational data collected including: number of rides provided, client disposition; ride to/from locations; referrals provided; supplies distributed • Vehicle is maintained and cleaning is performed • Vehicle responds when requested by RCMP/EMS to provide transportation for appropriate Clients and provide de-escalation 	<ul style="list-style-type: none"> • Transportation to safe locations is reliable and efficient; has minimum downtime for unscheduled maintenance; response times to calls meet targets • Dispatch and triage system is effective in ensuring calls for service are answered in a timely manner. • Non-urgent calls to RCMP/EMS are offset by Outreach Program. By proxy this should also reduce unnecessary transfers to the Emergency Department. • Procedures are in place for clients with exclusions from shelters and for when shelters are full or closed • The transportation service meets expectations of quality, value, and impact for clients, public, businesses, and partners • Vehicle and staff are recognizable by clients and the public

Outreach & Referral Elements

Inputs: Funding, People, Equipment & Infrastructure

Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Conduct regular outreach patrols in areas where Street Community members are located • Respond and provide de-escalation and problem-solving interventions • Conduct case management and referral activities • Proactively build relationships with clients, businesses, and the public • Distribute food, water, clothing, blankets, harm reduction kits, and other supplies • Provide referrals and assistance in accessing services • Provide direct engagement to educate clients, businesses, and partners on Outreach program mandate and scope of services 	<ul style="list-style-type: none"> • Outreach patrols are provided that meet targets for hours of service and number of interactions • Case management/coordination provided • Operational data collected including: number of total and individual outreach contacts, number of Clients where case management/coordination services are provided, number of case management activities conducted with other agencies <p>Staff have educational interactions with clients, businesses, and partners regarding Program mandate and scope of services</p>	<ul style="list-style-type: none"> • An increase in the number of clients who participate in referrals to services including medical, mental health, addictions, housing, and case management • The outreach & referral service meets the quality expectations of clients, public, businesses, and partners • Non-urgent calls to RCMP/EMS are offset by Outreach program • Clients, businesses, public, and partners are aware of Program mandate and scope of services.

Partnership Elements

Inputs: Funding, People, Equipment & Infrastructure

Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Participate in Client case management activities with other agencies • Participate in Community Advisory Board and other coordinating groups/activities using Coordinated Access and Integrated Service Delivery principles • Establish protocols for escalating responses to EMS/RCMP that ensures client and staff safety • Establish data sharing agreements where required 	<ul style="list-style-type: none"> • Community support and collaboration: Participation in regular meetings with key partners (RCMP, EMS, hospital, shelters) • Formal partnership agreements / terms of reference in place • Data sharing agreements completed 	<ul style="list-style-type: none"> • Programs and services are provided using Coordinated Access and Integrated Service Delivery principles • Client access to services streamlined • Strengthened partnerships with local stakeholders and increased community awareness and support for homeless services • Program has productive interactions with partner agencies

Program Operations Elements

Inputs: Funding, People, Equipment & Infrastructure

Activities	Outputs	Outcomes
<ul style="list-style-type: none"> • Develop and implement program policies and procedures • Conduct staff training focusing on safety and client service • Train staff and participate in using HIFIS for client management • Implement data collection processes, tools, and reporting • Develop and implement regular review of monitoring data to adjust services <p>Create educational materials (i.e.: pamphlets, posters, online updates) for clients, businesses, public, and partners regarding program mandate and scope of services</p>	<ul style="list-style-type: none"> • Operational Uptime: van operating at or above targeted percentage of scheduled hours • Visual identity implemented • Staff complete all required training • All Policies & Procedures developed and implemented by the end of Year 1 • Regular review of operational data to adjust program <p>Distribute educational materials to clients, businesses, public, and partners regarding program mandate and scope of services</p>	<ul style="list-style-type: none"> • Operational Efficiency is increased by implementing a triage process • Service consistency demonstrated by the uniform application of policies and procedures by staff and management. • Program is fully-staffed with a high staff retention rate. • Staff competently and safely perform work tasks through appropriate training • Program maintains low incident and injury rates • Program employs Indigenous staff members • Program is sustained with ongoing funding • Clients, businesses, public, and partners understand Program mandate and scope of services <p>LONGER-TERM OUTCOMES</p> <ul style="list-style-type: none"> • Increased perception of community safety by businesses, partner organizations, and members of the public • Resident and business surveys indicate Program is reliable, of benefit to clients and community, and reduces demand on emergency services <p>Decreased use of ambulance, RCMP, and hospital as “last resort” services for clients without access to food, shelter, and/or transportation</p>

6. Indicators

Program indicators are specific, measurable parameters used to assess the effectiveness, progress, and impact of a program or project. They provide tangible evidence of whether the intended outcomes and objectives are being achieved. These indicators can include various metrics such as quantitative data (e.g., numbers served, funds raised) or qualitative data (e.g., changes in behavior, attitudes). Program indicators serve as benchmarks for monitoring and evaluation, helping stakeholders understand the performance and success of the program and informing decision-making processes for future improvements or adjustments.

This framework document categorizes indicators into the four identified program areas:

- **Transportation Services**
- **Outreach & Referral**
- **Partnerships**
- **Program Operations**

There are approximately 60 recommended indicators provided in this model. We say *approximately* as some items can encompass more than one indicator or data element. For example, the completion of a program survey itself is a process indicator, and the data collected from the process provides additional data items from clients, partners, and the public.

At the outset, the list of indicators may feel overwhelming, especially for nonprofit organizations who are focused on the core tasks of providing critical services to the communities they serve.

- These indicators should be seen as a starting point for the funder, program operator, and partners to discuss in terms of utility, priority, and establishing targets.
- The majority of program data for the transportation service area is currently being collected. Improved data capture processes/systems can significantly streamline the process.
- A number of indicators are calculations based on two or more other data elements (i.e. calculating the number of rides per km driven).
- Implementing and adopting data systems, such as HIFIS, will provide increased opportunities for producing indicators in the course of recording client interactions.
- Key indicators are recommended for each program area to assist in prioritizing the data to collect and analyze.

Key Indicators by Program Area

A subset of recommended key indicators for each program area are provided below. These are selected to provide a snapshot of the activities from each area to provide an operational overview and identify where adjustments may be required.

In each of the areas we also recommend regularly collecting and discussing a *Success & Challenge*. Selecting a regular example for each program area does not need to be extensive or complicated - it can be as simple as an example solicited from a staff member who works in that area. Successes provide a key “intangible” performance indicator that helps to understand the organizational practices which are not easily quantifiable but nonetheless contribute to success.¹ Collecting and discussing these indicators with staff or stakeholders involved in the program area provides opportunities to explore the factors that are contributory and may provide insights on how these can be applied to improve in other areas. Identifying a challenge serves a similar purpose in bringing forward items for discussion where problem solving, brainstorming, or operational adjustments can be made to improve that area.

The key indicators prioritized in these tables measure the efficiency and effectiveness of each Program area. As such, the data should be regularly monitored with the objective of identifying areas for action. These can include discussions at daily staff briefings, internal staff meetings, or serve as agenda items with partner organizations. Including these indicators in regular discussion allows the opportunity for Program staff and interagency partners to see the impacts of their activities, provide positive feedback on their successes, and more rapidly identify emerging issues.

Benchmarks & Targets

In the realm of monitoring and evaluation, benchmarks and targets play pivotal roles, guiding programs toward success. Targets are envisioned outcomes which represent aspirational goals. These typically necessitate considerable time and effort to both establish and achieve. Unlike benchmarks, which denote points of reference or standards, targets are the desired end-states.

¹ Ng, Hee Song, and Daisy Mui Hung Kee. 1AD. “Organisational Success: Explaining the Role of Key Intangible Performance Indicators (KIPs).” In. IGI Global.

Since there is limited performance data available, benchmarks and targets have not been established for the Program. Suggested targets have been included in the Performance Indicator tables, but it will be up to the program operator and funder to finalize appropriate benchmarks and/or targets during the first year of Program operations. This should be undertaken in collaboration with various stakeholders to ensure the Program chooses targets that are realistic and meet the needs of clients, partners, funders, and the broader community.

Transportation Service Key Indicators

Rationale for priority indicators: Vehicle reliability was one of the most commonly-reported feedback items during evaluation of the current Street Outreach Program. Ensuring the transportation service is available during the expected program hours (indicated by *Vehicle Uptime*) is important for clients, partner agencies, and the public. This ensures the service is reliable and there is confidence in the service.

Other frequent comments from stakeholders regarded the response time for the outreach van to arrive and the response rate of calls. Stakeholders perceived the response time for calls to be unacceptably long, especially in situations they considered urgent. Respondents also mentioned their calls were frequently not answered and voicemails not returned. Currently, the Program does not keep data on response time or response rate of calls, which makes it difficult to objectively identify the extent of these issues. Thus, we identify these as important indicators to track and regularly discuss.

Under the Revised Program, Triage and dispatch processes would identify priority calls (such as where a client is at risk of injury or shows escalated behavior) and attend to those locations before routine calls for service. Calls would be coded as priority and routine, and the amount of time which elapses between the call for service and van arrival would be recorded, with the goal of responding to priority calls within 15 minutes and routine calls within 30 minutes. This would allow the Program to accurately determine the efficiency of their response and make program adjustments as needed. Similarly, under the Revised Program, the *Response Rate* of calls will be monitored, with the goal of 100% of calls for service (both live calls and voicemails) received during scheduled uptime to be responded to.

The *Total Individual Clients Transported* is a service volume indicator for trending analysis over time. For the 5 year period examined during the 2024 program evaluation there was significant variation in the number of rides provided with fluctuation not only between years and seasons, but sometimes by days of the week. This volume should be monitored over time to allow for adjustments to meet changes in demand for transportation, and also if these changes indicate broader shifts in the environment - such as more Clients with stable housing reducing this need. Identifying periods of lower demand also allows for using the resource for other activities, such as Transportation staff engaging in more outreach activities in those periods.

A novel indicator proposed for monitoring and evaluation is *Ride Efficiency*. This is the ratio of the total number of clients transported in a day divided by the number of kilometres travelled by the van. There are a number of recommended opportunities for program improvement provided in the program design, including implementing a triage and dispatch service. This would allow the vehicle to pick up more clients in one area of town at a time when multiple requests are received in a short period of time without needing to backtrack. It also considers the potential to have “scheduled” pickup routes based on known demand, i.e. a 2 PM pickup from the hospital every day. This ratio will provide an overall view of how well these various efforts are at improving the efficiency of the service.

Transportation Service Key Indicators

Indicator	Data Source	Frequency	Target
Van Uptime	Vehicle Operations Log	Monthly	>95% (no more than 15 hours of downtime per month / an average downtime of 30 minutes per day)
Total Individual Clients Transported	Client Transportation Log	Monthly	For trend analysis
Ride Efficiency (Rides per km driven)	Client Transportation Log Vehicle Operations Log	Monthly	Establish baseline over first year, objective on increasing efficiency
Call Response Rate	Client Transportation Log	Quarterly	Establish baseline over first year. Ideal is 100% of requests for service receive a response.
Call Response Time	Client Transportation Log	Quarterly Implement once triage and dispatch processes in place	Van arrives to location within 15 minutes for priority calls and 30 minutes for routine calls, 95% of the time
Success & Challenge for Transportation service	Program Operator Activity Record	Monthly	Response recorded and indication of discussion at internal and/or external meeting. Follow-up actions taken from previous success & challenge are presented

Outreach & Referral Key Indicators

Rationale for Priority Indicators: During evaluation of the current Outreach Program, stakeholders across all categories indicated they believe adding a component of outreach and case management to the Program would be highly beneficial to clients and, in the long term, the community at large. Ideally, outreach activities will lead to a wider range of clients being engaged by the Program, and case management will help clients to move forward with their goals. Regularly tracking *Total Clients Served* and *Case Management Statistics* will help understand these activities. Significant changes in numbers of case management activities or clients served by outreach indicates the need for further discussion and analysis.

In evaluating the current program, a concern expressed by businesses and partner agencies was lack of clarity on the mandate and scope of services. Staff will engage in formal and informal interactions with businesses and partner agencies to provide this type of information, discuss expectations such as response time, and clarify which calls should be routed to the Outreach Program vs. 911.

Outreach & Referral Key Indicators

Indicator	Data Source	Frequency	Target
Case Management Statistics	Program Stats in HIFIS	Quarterly	For trend analysis
Total Clients Served (Outreach)	Outreach Activity Log	Monthly	For trend analysis
Non-Client Engagements by Outreach Team	Outreach Activity Log	Quarterly	For trend analysis
Success & Challenge for Outreach & Referral service	Program Operator Activity Record	Monthly	Response recorded and indication of discussion at internal and/or external meeting. Follow-up actions taken from previous success & challenge are presented.

Partnership Key Indicators

Rationale for Priority Indicators: During evaluation of the existing outreach program, both staff and program partners noted the inconsistent communication and sharing of information between agencies. This can lead to duplication of client service, a lack of coordinated client referrals, and not understanding how the policies and procedures of one program can affect another.

Moving towards a Program that includes more comprehensive outreach to clients requires effective coordination of services. This kind of coordination requires partnerships between the Program and other service providers such as shelters, social services, and the RCMP. Participation in partnerships will lead to more streamlined referrals for clients, as well as increased communication and feedback between service providers at a management level.

The *Interagency Participation Rate* is a key indicator for this program area because participation in these meetings cannot occur until formal or informal agreements between agencies are established. In this sense, Interagency Participation Rate is a proxy for indicators in this program area related to participation agreements.

Partnership Key Indicators

Indicator	Data Source	Frequency	Target
Interagency Participation Rate	Partnership Activity Record	Quarterly	An appropriate program staff or manager attend 100% of scheduled interagency meetings.
Success & Challenge for Partnerships Area	Program Operator Activity Record	Monthly	Response recorded and indication of discussion at internal and/or external meeting. Follow-up actions taken from previous success & challenge are presented.

Operations Key Indicators

Rationale for Priority Indicators: Safety of staff and clients is enhanced through the provision of proper staff training at the time of hire and on an ongoing basis. Orientation to program policies and procedures, and training in first aid, safe lifting, and de-escalation skills should be mandatory prior to working on the front-line. Recommended training enhances the skills and abilities of Program staff, which increases Program quality. In order to ensure it receives priority, the recommended target is for all staff to achieve a 100% completion rate of mandatory training before front-line work begins, and the completion of all recommended training within 6 months of hire.

Annual Financial Reporting is a requirement of most funders in the form of audited financial statements. It is also an opportunity to examine where there are variations in budgeted vs. actual costs across areas to see if adjustments are required, and where areas of higher need may be emerging. Along with this information, an *Annual Program Summary* providing a snapshot of key indicators as well as other operational, statistical, and survey responses provides program accountability and visibility.

An *Annual Survey* of clients and other stakeholders allows the Program to receive regular feedback regarding the perceived accessibility, acceptability, and effectiveness of the Program, and to make necessary changes as required. Similarly, a comprehensive *Program Evaluation* every three years will provide a more robust review in determining if the program is meeting its stated goals.

Operations Key Indicators

Indicator	Data Source	Frequency	Target
Mandatory Training Completion Rate	Program Operator Activity Record	Quarterly	100% completion before beginning front-line work
Recommended Training Completion Rate	Program Operator Activity Records	Quarterly	100% completion within 6 months of hire
Annual Financial Reporting	Various - summaries and narrative	Annually	Report is produced; Program operates within budget
Annual Program Summary Report	Financial Reporting System (Program Operator)	Annually	Report is produced on time
Success & Challenge for Operations Area	Program Operator Activity Records	Monthly	Response recorded and indication of discussion at internal and/or external meeting. Follow-up actions taken from previous success & challenge are presented.
Annual survey	Client, partner, business, or public surveys	Annual	At least 3 program satisfaction measures are collected from a random sample of clients and one other group on an annual basis.
Program Evaluation	To be determined by evaluator	Every 3 years	Program is meeting its intended goals.

7. Data Collection

The following table outlines the data sources required for monitoring and evaluation and the expected data elements provided by each.

Data Source	Data Provided	Frequency
<p>Vehicle Operations Log</p> <p>GPS Data (if utilized)</p>	<p>Daily record of hours of operation, kilometres, fuel consumption, cleaning, and scheduled and unscheduled maintenance.</p>	<p>Daily operations are recorded</p> <p>Other activities recorded at time of occurrence.</p>
<p>Client Transportation Log</p> <p>Dispatch Log (if utilized)</p> <p><i>Note: Most of the data elements for the Client Transportation Log are collected by the current program but the data entry process is labour-intensive. A streamlined method for data capture is recommended.</i></p>	<p>Individual rides provided to clients including date, time, pickup and drop-off locations, referral method and source.</p> <p>Note: if a full dispatch system is put in place, a Client Transportation Log kept by van staff may not be necessary.</p>	<p>Individual client interactions, rides, and requests for service are recorded at the time of occurrence.</p>
<p>Outreach Activity Log</p> <p><i>Note: May be possible to combine with Client Transportation Log system as many of the data elements are the same.</i></p>	<p>Number and type of activities performed by outreach team, locations, and referral methods and source.</p> <p>Dispatch/triage or call record information may be able to be incorporated into this system.</p> <p>HIFIS can be utilized to record Client referrals and services but unlikely suited for recording transportation and other community engagement activities.</p>	<p>Individual client interactions and requests for service are recorded at the time of occurrence.</p> <p>Other activities recorded at time of occurrence.</p>
<p>Homeless Individuals and Families Information System (HIFIS)</p>	<p>Maintains a client list shared between agencies, services provided, and referral coordination.</p>	<p>Data is input by agency performing interaction at time of client service.</p>

Financial Reporting System (Program Operator)	Program budget costs and variance reporting by operational area.	Data is input by program operator during regular accounting processes.
Partnership Activity Record	Record of agreements / terms of reference for partnerships and data sharing, records of meetings and attendance.	Data is input by program operator at time of occurrence.
Program Operator Activity Record	Record of policies/procedures, staff training, incident report statistics, staff demographics and turnover rates. Successes and challenges for program areas.	Data is updated by program operator every 3 months unless otherwise indicated.
Data Provided by Partners	EMS/RCMP data on calls for service, response and diversions; shelter capacity and usage; interagency referrals (may come via HIFIS)	Data is collected and provided by partners on an annual basis.
Surveys	Periodic surveys of clients, businesses, public, and partners on ratings of program quality, value, awareness, and impact.	Data is collected by program operator (or delegated contractor) on an annual basis.

8. Reporting & Taking Action

Collecting and using information collected by the program should serve a purpose beyond simply meeting a reporting requirement. Program indicators provide valuable and useful information on how the program is operating, what progress is being made towards meeting goals, and what actions can be taken in the immediate and longer term to continuously improve services.

The program logic model can serve as a guide in the types of questions to ask about the data and indicators, such as:

- Do we have the right resources?
- Are we doing the things we said we would do?
- Are we doing the right things?
- Are we achieving the outcomes we set out to achieve?
- Are the program goals being met?

Program Area	Examples of Questions to Ask	Audience	Frequency
Transportation	Are adjustments to hours of service, scheduled pickup times, triage and/ or dispatch required?	Program operator	Quarterly at staff meetings
Outreach	Are staff engaging in the target number of Outreach hours?	Program operator	Quarterly at staff meetings
Partnerships	Is participation in interagency partnerships streamlining the client referral process?	Partners	At interagency/ partner meetings
Operations	Do frontline staff have the training required to complete their job tasks safely?	Program operator	Quarterly at staff meetings

Sample Partnership Activity Record

Below is a sample Partnership Activity Record which can be used as a template to track the activities undertaken by the operator in the Partnership operations area. The actual tools used to track data will be determined by the Program Operator.

Sample Partnership Activity Record (To be completed once per quarter)				
Partner Agency or Interagency Meeting Group	Meetings Attended (Dates)	Meetings Attended Per Quarter (number)	Participation Agreement in Place? (Yes/No)	Data Sharing Agreement in Place? (Yes/No)
<i>Example: Yellowknife Day Shelter</i>	<i>Jan 3, 2024 Feb 5, 2024 Mar 6, 2024</i>	3	Yes	No
Agency B				
Agency C				
<i>Example: Community Advisory Board on Homelessness</i>	<i>Jan 25, 2024 Feb 8, 2024 Mar 7, 2024</i>	3	Yes	Yes
Interagency Group B				
Interagency Group C				
Partnership Success Example: <i>Through participation in the Community Advisory Board on Homelessness, planned the implementation of a Coordinated Access System, to be integrated into the Street Outreach Program in the Spring.</i>				
Partnership Challenge Example: <i>Bureaucratic barriers remain to implementing a data sharing agreement with Yellowknife Day Shelter. A meeting with NTHSSA representatives has been planned for next quarter to discuss these barriers.</i>				

9. Conclusion & Next Steps

This monitoring and evaluation framework serves as a structured approach to assess program effectiveness through defined indicators, data collection methods, and reporting frequencies. The value of this framework is realized when the collection and use of information is a continuous process to understand the operations and impact of the Program.

The logic model shows the connection from inputs to activities, outputs, and outcomes. It should serve as a useful tool to guide program planning, implementation, management, evaluation, and reporting. We particularly encourage its use to serve as a high-level planning and operations checklist. It can also be used as a tool in the development of contracts for program operators to detail the expected activities, outputs, and outcomes.

Recommended key indicators are provided for each of the four program areas. These provide a high-level snapshot and should be regularly monitored and discussed to see the impacts of activities, provide positive feedback on their successes, and more rapidly identify emerging issues. Benchmarks and targets for these and other indicators should be undertaken collaboratively to ensure these are realistic and meet the needs of staff, clients, partners, funders, and the broader community.

The collection and utilization of program data should extend beyond mere reporting. Fundamentally it should provide actionable insights for ongoing enhancement of services and generate regular conversations to ask if the right resources are being used for the right activities, to produce the desired outputs, to achieve the goals the program aims to meet.

Appendix: Consolidated Logic Model

Note: Table is formatted for 11 x 17 landscape format.

Goals: Increase client safety through reliable transportation to safe locations - **Increase community safety** through engagement and de-escalation - **Improve client access to resources** through relationship building and outreach activities

Inputs	Activities	Outputs	Outcomes
<p>FUNDING</p> <ul style="list-style-type: none"> • Sustained adequate program funding for staff, capital, and operational expenses <p>PEOPLE</p> <ul style="list-style-type: none"> • Outreach Staff <ul style="list-style-type: none"> ○ Drivers/Van Workers ○ Outreach Workers ○ Peer Support Worker ○ Management & admin support • Implementation/policy support • Volunteers, if applicable <p>EQUIPMENT & INFRASTRUCTURE</p> <ul style="list-style-type: none"> • Suitable Vehicles (primary vehicle and back-up) • Fuel/Maintenance • Supplies • Uniforms/visual identity • Office space for coordination and administration • Data collection mechanisms (software systems, GPS trackers, etc.) 	<p>TRANSPORTATION SERVICES</p> <ul style="list-style-type: none"> • Provide transportation of Street community members to safe locations • Improve processes for contacting the van and implement a triage/dispatch system allowing for timely and prioritized response • Deliver program hours from 12 noon-12 midnight. • Implement visual identity measures to ensure staff and vehicle are easily recognizable to clients and public • Ensure regular vehicle maintenance and cleaning <p>OUTREACH & REFERRAL</p> <ul style="list-style-type: none"> • Conduct regular outreach patrols in areas where Street Community members are located • Respond and provide de-escalation and problem-solving interventions • Conduct case management and referral activities • Proactively build relationships with clients, businesses, and the public • Distribute food, water, clothing, blankets, harm reduction kits, and other supplies • Provide referrals and assistance in accessing services • Provide direct engagement to educate clients, businesses, and partners on Outreach program mandate and scope of services <p>PARTNERSHIPS</p> <ul style="list-style-type: none"> • Participate in Client case management activities with other agencies • Participate in Community Advisory Board and other coordinating groups/activities using Coordinated Access and Integrated Service Delivery principles • Establish protocols for escalating responses to EMS/RCMP that ensures client and staff safety • Establish data sharing agreements where required <p>PROGRAM OPERATIONS</p> <ul style="list-style-type: none"> • Develop and implement program policies and procedures • Conduct staff training focusing on safety and client service • Train staff and participate in using HIFIS for client management • Implement data collection processes, tools, and reporting • Develop and implement regular review of monitoring data to adjust services • Create educational materials (i.e.: pamphlets, posters, online updates) for clients, businesses, public, and partners regarding program mandate and scope of services 	<p>TRANSPORTATION OUTPUTS</p> <ul style="list-style-type: none"> • Transportation service to safe locations provided • Dispatch and triage system is in place to ensure calls for service are answered or returned in a timely manner. • Transportation services are available from 12 noon-12 midnight daily. • Operational data collected including: number of rides provided, client disposition; ride to/from locations; referrals provided; supplies distributed • Vehicle is maintained and cleaning is performed • Vehicle responds when requested by RCMP/EMS to provide transportation for appropriate Clients and provide de-escalation <p>OUTREACH & REFERRAL OUTPUTS</p> <ul style="list-style-type: none"> • Outreach patrols are provided that meet targets for hours of service and number of interactions • Case management/coordination provided • Operational data collected including: number of total and individual outreach contacts, number of Clients where case management/coordination services are provided, number of case management activities conducted with other agencies • Staff have educational interactions with clients, businesses, and partners regarding Program mandate and scope of services <p>PARTNERSHIP OUTPUTS</p> <ul style="list-style-type: none"> • Community support and collaboration: Participation in regular meetings with key partners (RCMP, EMS, hospital, shelters) • Formal partnership agreements / terms of reference in place • Data sharing agreements completed <p>PROGRAM OPERATIONAL OUTPUTS</p> <ul style="list-style-type: none"> • Operational Uptime: van operating at or above targeted percentage of scheduled hours • Visual identity implemented • Staff complete all required training • All Policies & Procedures developed and implemented by the end of Year 1 • Regular review of operational data to adjust program • Distribute educational materials to clients, businesses, public, and partners regarding program mandate and scope of services 	<p>TRANSPORTATION OUTCOMES</p> <ul style="list-style-type: none"> • Transportation to safe locations is reliable and efficient; has minimum downtime for unscheduled maintenance; response times to calls meet targets • Dispatch and triage system is effective in ensuring calls for service are answered in a timely manner. • Non-urgent calls to RCMP/EMS are offset by Outreach Program. By proxy this should also reduce unnecessary transfers to the Emergency Department. • Procedures are in place for clients with exclusions from shelters and for when shelters are full or closed • The transportation service meets expectations of quality, value, and impact for clients, public, businesses, and partners • Vehicle and staff are recognizable by clients and the public <p>OUTREACH & REFERRAL OUTCOMES</p> <ul style="list-style-type: none"> • An increase in the number of clients who participate in referrals to services including medical, mental health, addictions, housing, and case management • The outreach & referral service meets the quality expectations of clients, public, businesses, and partners • Non-urgent calls to RCMP/EMS are offset by Outreach program • Clients, businesses, public, and partners are aware of Program mandate and scope of services. <p>PARTNERSHIP OUTCOMES</p> <ul style="list-style-type: none"> • Programs and services are provided using Coordinated Access and Integrated Service Delivery principles • Client access to services streamlined • Strengthened partnerships with local stakeholders and increased community awareness and support for homeless services • Program has productive interactions with partner agencies <p>PROGRAM OPERATIONAL OUTCOMES</p> <ul style="list-style-type: none"> • Operational Efficiency is increased by implementing a triage process • Service consistency demonstrated by the uniform application of policies and procedures by staff and management. • Program is fully-staffed with a high staff retention rate. • Staff competently and safely perform work tasks through appropriate training • Program maintains low incident and injury rates • Program employs Indigenous staff members • Program is sustained with ongoing funding • Clients, businesses, public, and partners understand Program mandate and scope of services <p>LONGER-TERM OUTCOMES</p> <ul style="list-style-type: none"> • Increased perception of community safety by businesses, partner organizations, and members of the public • Resident and business surveys indicate Program is reliable, of benefit to clients and community, and reduces demand on emergency services • Decreased use of ambulance, RCMP, and hospital as “last resort” services for clients without access to food, shelter, and/or transportation
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