Davenport-Perth

Neighbourhood and Community Health Centre

2020-2021 PROGRAM EVALUATION

Prepared by: Hannah Fleisher, Manager of Planning & Decision Support
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Contents

Executive Summary

In 2020-2021, DPNCHC was able to provide partial or full access to services in all departments and program areas despite the limitations present during the Covid-19 Pandemic.

Key observations:

- Some program and services were able to both maintain and expand access to service for clients by providing new services in response to emerging client needs;
- The majority of programs evaluated indicated they were adequately resourced;
- Around half of the programs and services had capacity and attendance consistent with pre-Pandemic conditions;
- Some programs saw significantly increased demand for services;
- Some programs saw a significant drop off in demand which will be difficult to remedy without a return to in-person programming – some vulnerable groups will remain underserved until Pandemic restrictions are lifted;
- Many programs were able to adapt their previous formats to a virtual model;
- Many programs were able to provide some in person contact with clients by offering interactions with appropriate PPE and disease control protocols, socially distanced engagement in the summer, and material/resource drop off and pick up services;
- Staff demonstrated tremendous skill in adapting to deliver their services and dedication to their clients during this time;
- Staff also demonstrated a strong aptitude for teamwork and cross department collaboration that facilitated unique and effective approaches to service delivery.

Key conclusions:

- Given the circumstances and limitations of the scenario, access to services and programs was maintained effectively despite some decreases in client attendance;
- Resources were used highly effectively to deliver programs and services during this time;
- There will continue to be a need to remain nimble and responsive to changing needs and circumstances for the duration of the Pandemic and as we transition to regular conditions;
- There is a lot of opportunity for peer learning across departments by reviewing this Program Evaluation – many programs and services have developed responses to barriers that others still face.

Purpose

Every year DPNCHC carries out an evaluation of its programs and services. The Program Evaluation serves two primary purposes:

1) To inform planning of, and implement improvements to, programs and services overall;
2) To assess the adherence to, effectiveness of, and appropriateness of the DPNCHC's official Plans, and guide their future development.

As per the Evaluation Policy (established in 2010 and updated in 2018): *"DPNCHC staff are expected to evaluate all activities in the Operational Plan on a yearly basis. Staff are also expected to meet all funder-driven evaluation requirements, evaluate all new programs/initiatives, and a selection of department programs each year."* The policy asks staff to focus their evaluations on two areas:

Process: whether activities were implemented as planned and whether output was produced;

Outcomes: change that has occurred in clients based on a program or service.

Due to impact of the Covid-19 Pandemic, the Annual Evaluation adjusted to focus on program/service response to the conditions of the Pandemic. The organization wrote a Covid-19 Emergency Response plan (See Appendix A), which identifies two direct objectives addressing program and service delivery:

- We will provide access to critical services and supports for the most vulnerable clients during times of crisis;
- We will actively protect the needs of vulnerable clients in a changing health care environment.

Under these objectives, all programs and services were to focus on one or both of the following outcomes:

1. To maintain client access to programs and services by adapting delivery models to the Pandemic environment;
2. To expand client access to services by creating new initiatives in response to the Pandemic.

The Findings section of this report represents the perspective of the staff involved in delivering the program or service. These findings help determine:

- Whether these programs and services were able to maintain or expand their access to clients during the Pandemic;
- How effective the planning and delivery of the programs were;
- If these programs and services need to be altered to better serve clients.

The Overall Assessment section of this report provides a collective analysis of the findings by discussing:

- How effectively were programs and services able to maintain and expand client access during the Covid-19 Pandemic?
- How effectively were resources utilized in the administration and delivery of our programs and services?
- How should these evaluation results inform our ongoing response to the Covid-19 Pandemic?
- How effective was our evaluation method, and does it provide the insights we need to plan effectively?

Method

Due to limitations caused by the Covid-19 Pandemic, staff completed a broad reflective program survey instead of the regular program evaluation. The survey addressed:

- Program details and description;
- A summary of modifications made to service delivery during the Pandemic;
- Reflection on how the Pandemic effected capacity, attendance, and use of resources in the program;
- Reflection on areas of improvement and excellence in program/service design.

Evaluation reports are submitted to the Manager of Planning, and Decision Support (Manager of PDS) in March 2021 to be condensed and summarized. The reports reflect activities undertaken during the 2020-2021 fiscal year. The evaluations used a mix of program registration data and staff reflection to report on outcomes.

The summaries are then analyzed and synthesized by the Manager of PDS to create an **Overall Assessment** of programs, services, and initiatives across the Centre.

All services and program areas are included in this Program Evaluation. Activities carried out in support of the Strategic Plan are reviewed in the Annual Operational Plan.

Findings

PRIMARY CARE	
PRIMARY ACTIVITIES	• Primary Care; • Covid-19 Vaccine Clinic; • Shelter Support; • Covid-19 Testing; • Community Flu Clinics.
TARGET POPULATION	• Lives in catchment area; • Priority intake to higher needs populations (mostly based on socio-economic status).
ENROLLMENT	• Intake form.
CAPACITY	Full panel
RESOURCES	• Primary care staffing, supplies; • LHIN Funding.
PARTNERS	• Diabetes Education partnership with LAMP CHC; • Toronto Urban Health Alliance; • Ontario Health Team partners.
STAFFING	• 3.36 FTE Physicians; • 2.0 FTE Nurse Practitioners; • 1.0 FTE RN; • 1.0 FTE Clinical Assistant; • 3.0 FTE Medical Administrators.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Primary Care	• Open for in-person services • Open for virtual services	• Disease control protocols for in person interactions • Phone based services • Live video based services • Email communication with clients • Provided material supports by delivery or pick-up
Community Flu Clinic	• Open for in-person services	• Disease control protocols for in person interactions • Increased the number of flu vaccine clinics delivered • Increased outreach to community and vulnerable populations (seniors, shelter clients)
Education on COVID 19 Vaccine with Client Groups	• New Covid-19 initiative • Open for virtual services	• Live video based services

COVID-19 Vaccine Clinic at West End YMCA	• New Covid-19 initiative • Open for in-person services	• Disease control protocols for in person interactions • Staff time donated to partnered initiative
Mobile COVID-10 Testing in Congregate Settings	• New Covid-19 initiative • Open for in-person services	• Disease control protocols for in person interactions

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- Higher number of client interactions;
- Decreased new intakes to Primary Care - continued intake of clients from key streams, paused intake of general community;
- Increased capacity for flu vaccination;
- Size of patient roster maintained in Primary Care;
- No wait list maintained for intake.
- Client demand to access Primary Care providers increased significantly.

Were there adequate allocation of resources to support the program or service?

- Financial resources were reallocated to hire an additional Nurse Practitioner for three months in the spring of 2020 and for two months in the winter of 2021 which supported much of the testing and vaccination work. This additional labour also supported the clinical staff to maintain their regular level of work outputs while new processes (ex. disease control protocols, virtual care access) were established.
- Staff from across the agency were redeployed to support client screening and enhanced cleaning protocols for the first three months of the pandemic.
- Financial resources were reallocated in Q2 to hire dedicated screening staff.
- purchased adequate PPE and maintained adequate supply of PPE – staff worked safely and have expressed that they know the agency is focussing on their safety/health.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	**Somewhat**	For the most part, yes	Completely

What were some successful aspects of the program / service design?

- Maintained primary care services throughout. Continued excellent care and necessary primary care services from the beginning of the pandemic.
- Service delivery method changed significantly
- Not able to do large scale client intakes from the community, but maintained high priority community intakes
- Did not maintain cancer screening as directed by Cancer Care Ontario

What were some barriers encountered that prevented delivery as intended?

- Prior to the Pandemic, Primary Care did not conduct virtual care or email with clients;

	• Initially many appointments were shifted to phone services to reduce in-person contact however the scope of what could be done was limited; • The team worked quickly over the course of a few weeks to develop and implement virtual care policies and technologies to enable video-based appointments and email correspondence with clients.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | Increased well-being | **Better health outcomes** | Increased resiliency Our core work is towards better health outcomes. As clients feel better and understand how they can better self-manage their health issues they also experience increased well-being and increased resiliency.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Ongoing support from a nurse (RN or RPN) • Pending guidelines about health care workers and vaccination of the full team, we will review the Team A/B structure (two separate teams working alternate days). What are some lessons learned and/or areas of excellence? • The team will evaluate what kind of virtual access can be maintained after the Pandemic; • The team would like to maintain some email correspondence with clients • The clinic never closed, client access was maintained.

PHYSIOTHERAPY	
PRIMARY ACTIVITIES	• Individual physiotherapy sessions
TARGET POPULATION	• Individuals that are community members, connected to DPNCHC, and may or may not be patients of the healthcare centre
ENROLLMENT	• Internal referral via NPD/PSS from other Health Centre providers • Internal referral form via other program staff at DPNCHC • External referral via Solo Practitioners in Need (SPiN) • Inter CHC referrals from other PT's at CHC's within the TCLHIN
CAPACITY	• No roster maximum • Appointments available per providers schedule
RESOURCES	• Staff and fully equipped exam room
STAFFING	• 1FT Physiotherapist

SERVICE DELIVERY CHANGES

PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Open for in-person services • Open for virtual services	• Disease control protocols for in person interactions • Phone based services • Live video based services • Email communication with clients
Registered Group Programs	• Closed / Cancelled	• N/A - Spring 2020 Interdisciplinary Chronic Pain Management program cancelled, not viable in virtual format, has not been rescheduled.
Physiotherapy Student Placement	• Closed / Cancelled	• N/A - Student placements cancelled by educational partner.

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- Decreased as the provider was redeployed initially to support other processes;
- No wait list maintained;
- Only patients with acute need per regulatory college guidelines were seen.
- Demand decreased initially but has grown towards regular levels over time.

Were there adequate allocation of resources to support the program or service?

- Provider was redeployed to other duties for several months where extra staffing was needed, and thus could not run the practice even virtually when first permitted.

	Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended? Not at all | For the most part, no | **Somewhat** | For the most part, yes | Completely What were some successful aspects of the program / service design? • Virtual appointments allowed patients who were too high risk to bring into the clinic to be treated in some capacity; What were some barriers encountered that prevented delivery as intended? • Lack of available time to schedule patients while having to perform duties in redeployed role.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | Increased well-being | **Better health outcomes** | Increased resiliency Physiotherapy can directly contribute to all of our client outcomes, however by accessing physiotherapy patients reduce the need for pain medication, increase their ability to maintain fitness levels, and overall those things among others impact their health outcomes.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Returning the Health Centre to pre-pandemic hours with screening staff scheduled during all open hours to enable the return to full patient capacity and a larger range of in-person appointment timing options. What are some lessons learned and/or areas of excellence? • Conducting an initial phone triage/ subjective info gathering appointment with a potential physiotherapy patient frees up time in the office during the first in-person appointment to complete more objective measures. • May be beneficial in the future for patients referred with a chronic condition as in the past the first in person appointment sometimes felt ‘wasted’ as time only allowed for discussion of patient history.

COUNSELLING-THERAPY SERVICES	
PRIMARY ACTIVITIES	• Individual counselling; • 20 week Surfing Tsunamis DBT skills group; • Surfing Tsunamis monthly graduate group; • DBT informed recovery group.
TARGET POPULATION	• Adults 18 and over; • People requesting supports/ advocacy around challenges such as racism, poverty, immigration issues, relational challenges, school, etc.; • People with mental health diagnoses seeking treatment; • People with substance use and addiction issues.
ENROLLMENT	• Phone intake or internal referral; • DPNCHC intake form; • Specific assessment and criteria for group programs.
CAPACITY	• 3-5 appointments/day per provider; • 8-14 participants per group.
KEY RESOURCES	• Program budget; • Video conferencing platforms (OTN, Zoom); • Clinical consultation services from CAMH; • Co-facilitators for group programs.
PARTNERS	For DBT Groups: • Four Villages CHC; • Scarborough Academic Family Health Team; • St. Joseph's Hospital; • CAMH BPD Clinic (clinical supervision for Surfing Tsunamis team).
STAFFING	• 3 FT permanent staff; • 1 volunteer peer facilitator.
OUTPUTS	• 4 Surfing Tsunamis with approximately 30 graduates; • 8 graduate group sessions held with up to 13 participants in each group.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Open for virtual services	• Phone based services • Live video based services • Email communication with clients
Registered Group Programs	• Open for virtual services	• Phone based services • Live video based services • Email communication with clients

REFLECTION	
PROCESS ASSESSMENT	How did the Pandemic effect capacity and attendance? • Client requests for individual and group therapy increased during this time. • Individual counselling referrals increased; • Increased demand required closing the intake line for periods to address demand; • Group referrals remained steady - waitlist is currently at over 75 people. • Attendance improved for both group and individual appointments after offering virtual services; • Was able to expand the ST graduate group to two sessions, one in the afternoon and one in the evening, in order to accommodate increased demand. Were there adequate allocation of resources to support the program or service? • Yes. Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended? Not at all | For the most part, no | Somewhat | **For the most part, yes** | Completely What were some successful aspects of the program / service design? • The Surfing Tsunamis DBT group was already well known and identified as a need in the community, which allowed for a more fluid transition to virtual programing. What were some barriers encountered that prevented delivery as intended? • Adapting some group activities virtual form such as mindfulness exercises was challenging; • Some participants struggle with technology and required additional support by the facilitators.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | Increased well-being | Better health outcomes | **Increased resiliency** Therapy work and supports like DBT skills help people cope better, manage emotions betters, and address mental health challenges more effectively.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Permission to use Zoom instead of OTN for group video conferencing; • Additional administrative support to process online forms and consents; • Planning around how to offer virtual services (for individual and groups) moving forward – how to offer this simultaneously, and what is the best way to provide care.

What are some lessons learned and/or areas of excellence?

- Online phone and virtual sessions can be very effective, more so than anticipated
- The team responded quickly in order to provide seamless care at a challenging time;
- Providers remained responsive to client needs as a central focus.

COMMUNITY DIETITIAN	
PRIMARY ACTIVITIES	• Individual Counselling Appointments; • Community Kitchen Facebook Group; • The Stop Food Demos; • EarlyON Nutrition Education; • Healthy Beginnings Nutrition Education; • Seniors Programs Nutrition Education.
TARGET POPULATION	• Primary Care patient; • Catchment area residents Health Centre patients; • Community members living with food insecurity, social isolation; • Parents/caregivers of children under 6; • Perinatal women; • Seniors (55+).
ENROLLMENT	• Intake form; • Referral by Primary Care Provider; • Virtual consent form for group programs;
CAPACITY	• Individual appointments: 16 per week (4 new intakes, 12 follow ups); • Group program sizes vary.
KEY RESOURCES	• Budget to print and mail materials to clients; • Supplies for cooking demos; • Participation incentives (giveaway items); • Recording camera; • Video editing software.
PARTNERS	• Toronto Diabetes Care Connect; • The Stop Community Food Centre.
STAFFING	• 1 FTE Dietitian; • 50% of hours support individual counselling, 50% of hours support group programs.
OUTPUTS	• 12 food demo recordings for Community Kitchen; • 15 Christmas gift bags distributed to Community Kitchen participants; • 6 food demo recordings for The Stop; • 3 presentations, 8 food demo recordings for EarlyON Programs; • 3 presentations, 4 food demo videos for Healthy Beginnings Program; • 3 presentations delivered to Senior programs.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Open for in person services • Open for virtual services	• Disease control protocols for in person interactions • Phone based services • Live video based services • Prerecorded videos • Email communication with clients • Provided material supports by delivery or pick-up

		• Educational materials by mail
Registered Group Programs	• Open for virtual services	• Prerecorded videos • Facebook group
Drop In Programs / Services	• Open for virtual services	• Prerecorded videos • Facebook group

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- Fewer participants in virtual community kitchen group as it does not meet food insecurity needs, some have no access to smart phone/internet or low computer literacy;
- Group programs ran slightly under capacity;
- Client barriers with accessing virtual supports reduced attendance;
- Many Healthy Beginnings participants have language barriers that prevent accessing virtual programming.

Were there adequate allocation of resources to support the program or service?

- Training, software, and equipment to produce videos was limited;
- Self teaching and inadequate equipment resulted in time loss.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	Somewhat	**For the most part, yes**	Completely

What were some successful aspects of the program / service design?

- Creating and posting pre-recorded cooking demonstration videos and presentations for clients to access on demand allow clients to view the video when it is convenient for them and at pace that suits them;
- Pre-recorded content can be reused across groups and programs;
- Collaboration with other DPNCHC staff to improve and refine video content.

What were some successful aspects of the program / service design?

- Virtual delivery does not allow for food provision for Community Kitchen participants, which was a highly valued aspect of in-person programming;
- Food gift bags and participation incentives (a kitchen item) were distributed (1 per year per participant) to fill this gap.

THEORY OF CHANGE CLIENT IMPACTS

The client outcome this service contributes to the most is:

Increased capacity	Increased sense of belonging	**Increased well-being**	Better health outcomes	Increased resiliency

	Clients improve their overall well-being by gaining multiple supports and resources from the Dietitian, such as increased ability and knowledge to cook healthy meals, decreased social isolation through online engagement and phone check ins, increased access to resources such as food and other community programs through referrals.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Ability to provide supports like grocery gift cards on a regular basis; • More resource pick up and delivery to virtual participants; • Better software, video recording/production equipment and recording locations; • More collaboration and feedback from other staff requesting content for their programs. What are some lessons learned and/or areas of excellence? • It is ideal to assess food insecurity needs in all programs/services on a regular basis in order to make appropriate referrals and connect clients to services; • Focus content on low-budget healthy food/meal planning ideas as many people are affected by food insecurity due to the Pandemic.

EDGEWEST YOUTH CLINIC	
PRIMARY ACTIVITIES	• Primary Care; • Sexual and reproductive health services; • Mental health services.
TARGET POPULATION	• Youth aged 13-29
ENROLLMENT	• Age requirement; • Intake form; • Lives in Mid-West OHT, with exception for non-insured and clients seeking transgender health care.
CAPACITY	• Not yet determined.
KEY RESOURCES	• Primary care staff, reception staff, mental health staff; • Primary care supplies, and birth control supplies; • Non-insured budget.
PARTNERS	• Unison Health and Community Services • Planned Parenthood Toronto
STAFFING	• Director of Health Services (program oversight); • 1 DPNCHC Nurse Practitioner for 6 hours / week; • Building maintenance; • Supply maintenance from Clinical Assistant and Registered Nurse.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Closed March 2020 – January 2021 • Reopened for virtual services January 2021	• Phone based services; • Live video based services; • Transferred high-risk clients to DPNCHC, PPT, or UHCS during closure.

REFLECTION	
PROCESS ASSESSMENT	How did the Pandemic effect capacity and attendance? • Reopened recently – capacity under new model and attendance rates to be determined; • All clients were referred to PPT, DPNCHC or Unison if they wanted ongoing care during the closure. Were there adequate allocation of resources to support the program or service? • Reopened recently – to be determined; Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

	Not at all / For the most part, no / Somewhat / For the most part, yes / Completely What were some successful aspects of the program / service design? • Clients were able to reach out to DPNCHC, PPT or Unison if they wanted care during the pandemic; • Outreach was conducted at the beginning of the pandemic to offer high-risk clients a transfer of care. What were some barriers encountered that prevented delivery as intended? • The need to close for an extended period of time; • Coordination and allocation of resources enabled reopening.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity / Increased sense of belonging / Increased well-being / **Better health outcomes** / Increased resiliency Better Health Outcomes are the core mandate of Primary Care. Our youth positive makes clients more likely to access care. This youth dedicated health care space creates a dignified experience to get the care clients need to feel better, thereby creating a sense of belonging and increased wellbeing.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Dedicated/core staff would stabilize the clinic; • An extra Registered Nurse on the DPNCHC team would allow allocation of other staff's hours to support Edgewest more feasible under the constraints of the Pandemic. What are some lessons learned and/or areas of excellence? • Anticipate that virtual care may be very effective with youth; • The decision to close in the first period of the pandemic was correct – teams did not have capacity to re-organize services initially.

COMMUNITY DEVELOPMENT & HEALTH PROMOTION	
PRIMARY ACTIVITIES	• Food distribution: weekend snack packs, twice weekly meals to go at Pelham Park Gardens, food hampers; • Material support distribution: cloth masks, free at home internet, local restaurant vouchers, grocery store vouchers, financial donations for prescriptions and medical supplies, menstrual supply packs, water; • Provide Covid-19 information supports: vaccine education workshops; • Support Crisis Intervention Team.
TARGET POPULATION	• Low income, low-literacy, isolated adults and families; • People with chronic diseases or other high risk conditions who are isolating; • Seniors; • People managing mental health needs; • Individuals without status or access to government benefits.
ENROLLMENT	• No requirements.
CAPACITY	• Varies by project.
KEY RESOURCES	• Staffing; • Community volunteers; • Miracle Network community donation; • Cash and sewing supply donations for making cloth masks; • Support from other DPNCHC staff; • Edge West space, PPE, laptop and printer for in-person crisis relief appointments.
PARTNERS	• Toronto Community Housing; • Toronto Drop In Network; • Project Food Train; • Textile Museum; • United Way; • Toronto Public Library; • Period Purse Project; • Covid Care Collective; • Pharmasave Community Choice; • Second Harvest.
STAFFING	• CDHP Coordinator; • 3 Peer Facilitators; • 1 PT Cook; • Crisis Support Team: Community Support & Crisis Intervention Worker, Settlement Workers, Community Dietitian, CDHP Coordinator contributed 3-10hrr per month.
OUTPUTS	• 70+ individual meals made/distributed twice a week at Pelham Park Gardens; • 25+ hampers for families (3-8 children) and immunocompromised adults distributed weekly at Pelham Park Gardens; • 65 fresh food hampers per month distributed to client across all programs and in community; • 1000+ re-usable cloth masks made by volunteers and distributed to clients and community members.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Resource distribution initiatives	• New initiative in response to COVID-19 • Open for in person services	• Disease control protocols for in person interactions; • Phone based check in and referral support; • Provided material supports by delivery or pick-up.
Drop In Programs / Services	• Open for in person services	• Disease control protocols for in person interactions; • Provided material supports by delivery or pick-up.

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- All new initiatives so there is no comparison to previous standards, however, all material resources available were distributed and services were well received.

Were there adequate allocation of resources to support the program or service?

- Yes.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	Somewhat	**For the most part, yes**	Completely

What were some successful aspects of the program / service design?

- Excellent team work, communication, and planning between staff;
- The Meals To Go Team and community volunteers at Pelham stepped up to ensure food distribution was available to those in need despite experiencing many personal challenges and safety concerns due to the increased risks of exposure to Covid-19;
- All members of the Crisis Intervention Team stepped up, found information, supported planning and execution, and communicated well to ensure that the most vulnerable clients would have access to emergency supports that they weren't able to access virtually;
- Many eager and dedicated volunteers assisted with mask production.

What were some barriers encountered that prevented delivery as intended?

- None.

THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | **Increased sense of belonging** | Increased well-being | Better health outcomes | Increased resiliency Knowing that someone was supporting them made them feel liked they belonged and were valuable; participants thanked the team often
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • More large indoor spaces with direct access to external doors and washrooms and covered outdoor spaces with bathroom access for outdoor programing; • Ongoing budget to secure staff and supplies – this department's budget is relatively small; • Provide resources about tax clinics and access to dental care during supply drop off. What are some lessons learned and/or areas of excellence? • Cross departmental collaboration helps identify the greatest area of need and brings many ideas to the table on how to meet them; • Many people still need in person contact to get a basic set of needs met: clients challenged with English as a second language or low/no literacy can't read information and notices they receive on their own, many can't afford or access to phone/internet based services even with training. Facing this technology barrier when trying to access services overwhelms and stresses people, adding to an already complicated situation.

EARLY YEARS PROGRAMS	
PRIMARY ACTIVITIES	• Virtual Drop In (Circle and Family Chat); • Virtual School Readiness Programs; • Virtual Parent Education Groups; • Virtual Parent Workshops; • Peri-natal Program In person (intake and food hampers); • Pre-recorded child development activities; • Monthly Information Newsletter; • Facebook Group Page; • Child Development Resource Kits; • Telephone counselling; • One to One appointments for Children with special needs; • Food bank, Clothing and Diaper distribution.
TARGET POPULATION	• Parents/ Caregivers with children birth to age six.
ENROLLMENT	• Registration Form.
CAPACITY	• Current active enrollment 300 adults & 300 children.
RESOURCES	• City of Toronto Children's Services; • Public Health Agency of Canada (PHAC).
PARTNERS	• The Stop Community Food Centre; • Early Abilities – Speech and Language; • Toronto Public Health; • Yorktown Family Services (Mental Health Counselling); • Four Villages Community Health Centre; • Parkdale-Queen West Community Health Centre; • Birthmark Doula Services; • St Stephen's Community Centre; • Growing Up Health Downtown Network; • Ojibiikaans EarlyON Mobile project; • Glitterbug/ The 519 LGBTQ Mobile project.
STAFFING	• 8.5 FTE; • 4-6 students annually; • 8-10 volunteers annually.
OUTPUTS	• 10-15 virtual programs per week; • 10 pre-recorded child development activities per month; • 10 virtual workshops; • 1 Peri-natal program session per week; • 1 newsletter per month; • 1328 deliveries/pick ups of child development kits, diapers, food, community resources; • 1 pop-up clothing bank.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
All programs	• Open for virtual services	• Phone based services • Live video based services • Prerecorded videos • Facebook group • Email communication with clients • Provided material supports by delivery or pick-up

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- Client demand decreased around 50% as many families did not want to access screen-based programs for infants and toddlers;
- Currently operating programming at about 70% of what was offered pre-Pandemic;
- All external program sites are closed;
- Most EY staff have been redeployed at different points in the year to support the Covid-19 response across many other programs and services at the organization such as resource and food distribution, Health Centre client screening from March – August, special committees, etc;
- Attendance in virtual programs increased in the fall to 10-20 individuals per drop in session and the Facebook group grew to over 200 members where pre-recorded activities are posted and get 50-100 views each;
- The increase is positive, however, pre-Pandemic in person programming saw up to 200 individuals per day in 3 to 4 locations compared to 20 to 40 individuals per day in virtual programs.

Were there adequate allocation of resources to support the program or service?

- Yes - program resources shifted to IT equipment to support virtual work, supplies for improved health and safety protocols, and repairs/maintenance that was much needed in the Early Years space (playground accessibility, mould removal and walkway repairs) to be completed while the spaces have been empty.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	**Somewhat**	For the most part, yes	Completely

What were some successful aspects of the program / service design?

- Virtual programming provided access for a small group of families from across the city who would otherwise not attend due to distance or work;
- Many families struggled with resources (food, diapers, etc.), reported high rates of stress, isolation, and increased unemployment. Staff met with clients outdoors to deliver reassurance and resources;
- Many infants were born during the pandemic and some caregivers/mothers reported feeling isolated, and lacking external activities or programs needed to support them during this critical period. The program collaborated with The Stop to connect new

	parents as best as possible to virtual programs, food, breastfeeding tools and infant stimulation resources. What were some barriers encountered that prevented delivery as intended? • Early Years services are parent-child interactive and many aspects of child development, from speech and language to sensory stimulation and early intervention requires person-to-person contact. The use of screens and technology are not encouraged in early childhood education (due to the impacts on brain development) and completely discouraged by health professionals for children under the age of two, so the value of virtual services in this program area is limited; • Virtual programs were offered as an engagement and educational tool, where discussions were interactive and dialogue happened back and forth between children and staff, but uptake is low compared to regular programs; • Virtual school readiness and preschool programs were offered that families reported enjoying, but they did not achieve the same impact or attendance.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: **Increased capacity** | Increased sense of belonging | Increased well-being | Better health outcomes | Increased resiliency Programs seek to increase parent/caregiver capacity to support their children's growth and development
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Virtual programs continue to evolve as staff adapt and find ways to support families; • The department is hiring a temporary outreach staff to support online communications, updates, newsletters, intake and promotions to help expand virtual aspects of programming and communicate about in-person activities when they are permitted to return. What are some lessons learned and/or areas of excellence? • May offer a small portion of parent education programs virtually to reach working families in the evenings; • The monthly newsletter and other communication tools have proven highly useful - a consolidated client email data base was built that also included partner organizations, funders and volunteers as contacts to keep everyone informed of our programs, community news and important updates; • We survived!

CHILDREN & YOUTH SERVICES	
PRIMARY ACTIVITIES	• Checking in with families to see where support can be provided; • Distribution of meal vouchers when available; • Distribution of toys/turkeys during the holiday season; • Weekly online engagement to Young Men participating in the Young Men Paving Ways (YMPW) project.
TARGET POPULATION	• Children, youth and families; • African, Caribbean and Black male youth aged 16-25.
ENROLLMENT	• Registration and intake forms.
CAPACITY	• 25 YMPW participants.
RESOURCES	• Food vouchers; • Access to internet; • Zoom account • Grant budget (YMPW)
PARTNERS	• Planned Parenthood Toronto (training for YMPW participants); • All Nations Full Gospel Church (Turkey donation). • Toronto Urban Health Fund (YMPW project funder)
STAFFING	• 1 FT Program Manager; • 2 Program Workers (1 FT permanent, 1 PT temporary) – outreach to families, providing resources; • 1 PT General Program Assistant – outreach to families, providing resources; • 3 PT Peer Leaders.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• New initiative in response to COVID-19	• Phone check in calls • Provided material supports by delivery or pick-up
Children's Registered Group Programs	• Closed / Cancelled	• N/A – no uptake of virtual services among our existing clients, discontinued quickly.
Children's Drop In Programs / Services	• Closed / Cancelled	• N/A – no demand for virtual services among our existing clients.
Youth Programs	• Open for virtual services	• Live video based services

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- Children's programs were closed – families only expressed interest in in-person services, there was no uptake of initial virtual offerings;
- Youth programs attendance decreased slightly as outreach was limited to online methods;
- The YMPW project operated at capacity but more participants could have been accommodated.

Were there adequate allocation of resources to support the program or service?

- Yes.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	**Somewhat**	For the most part, yes	Completely

What were some successful aspects of the program / service design?

- Conversion of the YMPW project to a virtual offering was successful;
- Participants used social media to do outreach which helped maintain enrollment as the traditional outreach in person at local high schools was not possible.

What were some barriers encountered that prevented delivery as intended?

- The need to close the building created a major barrier to delivering programming, as both youth and families were resistant to online programming;
- An online forum for youth was created and participation was incentivized with gift cards;
- School closures meant outreach and active/fitness programming could not be conducted in previous spaces, creating another challenge to service delivery.

THEORY OF CHANGE CLIENT IMPACTS

The client outcome this service contributes to the most is:

Increased capacity	**Increased sense of belonging**	Increased well-being	Better health outcomes	Increased resiliency

Children and Youth programs provide opportunities for engagement with other community members of similar ages. It provides a safe space for discussion of various topics and promotes healthy relationships between participants themselves and also between participants and staff.

AREAS OF IMPROVEMENT & EXCELLENCE

As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service?

- To reintroduce in-person programming whenever it is safe to do so.

	What are some lessons learned and/or areas of excellence? • Families have made it clear that this is essential for these age groups to access in person engagement and that they rely on the child care element of these programs. This kind of contact is essential for these programs and services and they will resume a fully in-person format post-Pandemic; • The use of social media to start engagement and outreach could be useful in many programs and creates contact with a wide range of people who may not engage the Centre otherwise.

ADULT DROP IN PROGRAMS	
PRIMARY ACTIVITIES	• Community Dining; • Pop-In; • Harm Reduction Kit Production/Distribution • One on One Referrals and Support
TARGET POPULATION	• Adults
ENROLLMENT	• No requirements
CAPACITY	• Community Dining: 100 meals per service; • Pop-In: 60 to 72 clients per day; • Harm Reduction Kits: 60 stem kits, 30 syringe kits, 120 needles distributed biweekly; • One on One Referrals and Support: 20 clients per week.
RESOURCES	• Funders: United Way, LHIN, Employment and Social Development Canada - Canada Summer Jobs Program (CSJ), City of Toronto, DPNCHC - Early Years Program; • Material Resources: program space, kitchen space, food, harm reduction supplies, PPE, vehicle.
PARTNERS	• Community Dining: Second Harvest, Frontlines; • Pop-In: Toronto Drop-In Network, DPNCHC Early Years, Adult Literacy and Volunteer staff; • Harm Reduction Supplies: The Works;
STAFFING	• 1 FT Program Worker x 35 hours/per week; • 1 FT Program Manager x 10 hours/per week; • 6 General Program Assistants x 35 hours/per week x 8 weeks; • 3 Young Men's Paving Ways staff x 5 hours/per week x 20 weeks; • 2 Early Years Outreach staff x 17.5 hours/per week x 20 weeks.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Daily Pop In	• New Covid-19 initiative • Open for in-person services	• Disease control protocols for in person interactions; • Provided material supports for pick-up (food access, clothing, hygiene and harm reduction supplies), access to bathroom, phones, social interaction and referrals.
Community Dining	• Open for in person services	• Disease control protocols for in person interactions; • Take away meals provided twice per week.
Weekly Pelham Park Drop In	• Closed / Cancelled	• Disease control protocols for in person interactions;

	• Replaced with new initiative in response to COVID-19	• Food for pick-up provided twice/week to replace drop in services – drop in clients referred to Pop-In.

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic affect capacity and attendance?

Community Dining:

- Number of weekly meals available same as pre-Pandemic;
- Most weeks all of the meals are distributed, some weeks client demand is greater than supply;
- Attendance is consistent overall with increases and decreases depending on factors such as weather and timing of income support checks.

Weekly Pelham Park Drop-In & Pop In:

- Closed and replaced by a daily Centre-based Pop-in program which has more participants than the old drop in.
- Pop-In attendance is consistent and dependent on the meal schedule of The Stop – Wednesdays attendance declines as community meals are not provided next door so fewer clients are around during the day;

- There has been an increased demand for Harm Reduction supplies.

Were there adequate allocation of resources to support the program or service?

- The reallocation of the CSJ staffing from strictly 2 months in the summer to 6 months from September to February and the staffing support provided by Early Years enabled sufficient coverage for the Pop-in and Community Dining programs.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	Somewhat	**For the most part, yes**	Completely

What were some successful aspects of the program / service design?

- Shifting the meal pick-up from its original location outside to inside the building sparred clients from inclement weather, reduced logistical challenges with set up and take down for staff, and also provided bathroom access to clients.
- Moving the pick up location was a key decision that further signaled our agency's commitment to providing a welcoming environment, demonstrating our care, and the importance of maintaining not just client access to resources but access and services that maintained their dignity.

What were some barriers encountered that prevented delivery as intended?

- Weekly prepared meals from Frontlines saved on food and staffing costs but the meals lacked variety and quality - all meals had rice as the primary starch, vegetarian meals sometimes consisted only of rice and potatoes lacked legumes or protein. Clients felt dissatisfied and some folks opted to not accept these meals;

- Program resources were allocated to prepare one meal in-house which addressed the concerns of the staff regarding nutritional quality and improved the experience of the clients;
- The homemade Wednesday meals are very popular and feedback from clients has been excellent;
- Producing this meal can be challenging for staff not formally trained in food preparation however they find it is a satisfying experience as they challenge themselves to learn/enhance skills, be creative and responsive to client needs and suggestions;
- The message of care communicated to clients when they see staff not just serving the meals but having prepared is significant and important.

THEORY OF CHANGE CLIENT IMPACTS

The client outcome this service contributes to the most is:

Increased capacity	**Increased sense of belonging**	Increased well-being	Better health outcomes	Increased resiliency

The Pop-In and Community Dining programs allow clients to connect with each other and staff socially and informally during a period where clients are increasingly isolated as their access to services and spaces is limited. Though the stay in the program space may be limited, the time allows for interaction and conversation. Staffing and client attendance has been consistent, allowing individuals to learn each other's names, build connections and form positive relationships that enable other needs to be identified and addressed. In a time where others are seen as potential vector of virus and kept outside of program spaces it is very meaningful for to clients to have an agency that lets them inside and enables them to stay for a bit. Client have given feedback that they value our services highly among those available in the community because of the welcome they receive from the friendly staff and by the simple and significant act of opening the doors and letting our community in. This commitment to quality and dignified access to service has increasing these clients' sense of belonging in our community.

AREAS OF IMPROVEMENT & EXCELLENCE

As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service?

- Ability to continue to offer these programs is dependent on budget;
- The success of the Pop-In has demonstrated a need for increased drop-in programming for adults and the team would like to explore the provision of more structured drop-in activities and not just the informal provision of resources in a Pop-In;
- Future drop in programs should include access during inclement weather, an outdoor space and core staffing to develop and deliver programing activities that can further meet the needs of the clients served by the Community Dining and Pop-In programs.

What are some lessons learned and/or areas of excellence?

- These services clearly highlight the importance of the social aspect of the work we do and its impact on the loneliness and isolation many clients experience and we worked to maintain this value during the Pandemic;
- The team was able to maintain the need to socialize and connect with clients despite not being able to provide congregate dining where this engagement usually happens;
- The need for social engagement must be foregrounded as core to the work of the program and reflected in activities planned - it is about more than just food access;
- Formal demographics and feedback from clients was collected that informed planning, which wasn't previously done in these programs often because of perceptions of the nature of the clients and their reluctance to share personal information;

	• Clients received incentives that they identified as valuable to them and staff built trust that made the sharing of information a more positive experience; • Staff received ongoing informal feedback from clients and worked to quickly respond to requests such as a particular snacks or meal, or the need for winter clothing and the impact of the responses was seen, felt and appreciated by clients; • The importance of being nimble in our service provision, to pivot to meet a new environment or set of needs, and to be continuously responsive to clients has been reinforced by during this period and these skills should be maintained post-Pandemic.

COMMUNITY SUPPORT & CRISIS INTERVENTION	
PRIMARY ACTIVITIES	• Individual appointments to support people with diverse issues, by providing information and referrals to housing and shelters, legal support, medical and mental health services, domestic violence support, food supports, financial supports and benefits programs, education and employment programs, application/renewal of IDs and permits, and advocacy with institutions and individuals; • Weekly outreach and referral support for clients of Perham Park Drop In; • Weekly outreach and referral support for clients of Community Dining; • Daily referral support for clients of the Covid-19 Wrap Around Project; • Provide phone support to clients of Crisis Support Team.
TARGET POPULATION	• Individual adults or families; • People who are low income or living in poverty; • People managing mental health needs or isolation; • Individuals with lack of literacy; • People who face risk in accessing governmental institutions or advocacy supports.
ENROLLMENT	• Intake form; • Priority given to individuals living in the catchment area.
CAPACITY	• ~200 clients appointments monthly
KEY RESOURCES	• Staff time; • Volunteers; • Cash and material donations; • Support from other DPNCHC staff and programs.
PARTNERS	• Toronto Community Housing; • United Way; • Toronto Public Library; • Toronto Drop In Networ; • The Stop Community Food Centre; • LOFT Community Services; • Pharmasave Community Choice; • Various Provincial and Federal Agencies; • LensCraft (support to obtain glasses); • Housing and Homelessness West Coalition.
STAFFING	• 1 FT staff

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Open for in-person services • Open for virtual services	• Disease control protocols for in person interactions; • Phone based services • Email communication with clients • Material supports by delivery or pick-up

Registered Group Programs	• Closed / Cancelled	• N/A – not relevant to offer these programs virtually for this client group.

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic affect capacity and attendance?

- Demand for services doubled as the Pandemic particularly affected marginalized groups such as those living with disabilities, mental health challenges and those living in extreme poverty;
- Services have operated at full capacity for the entire year;
- Many clients were able to attend appointments by phone but many also came to the Centre for in-person support because of their high needs and the limited services available in the community.

Were there adequate allocation of resources to support the program or service?

- Yes.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	Somewhat	**For the most part, yes**	Completely

What were some successful aspects of the program / service design?

- Ability to provide remote support for some of the most vulnerable clients;
- Team work and effective internal communication among staff and community programs such as the new DPNCHC Crisis Support Team to coordinate and meet client needs;
- Strategic planning with Emergency Support Team to plan best practices in how to support clients that are the most vulnerable during the pandemic

What were some barriers encountered that prevented delivery as intended?

- Many people living in extreme poverty do not have phone or internet access, making it impossible to use remote/virtual services;
- In response, a cross-department group of staff formed a Crisis Team to provide in person services to these individuals.

THEORY OF CHANGE CLIENT IMPACTS

The client outcome this service contributes to the most is:

Increased capacity	**Increased sense of belonging**	Increased well-being	Better health outcomes	Increased resiliency

Clients increase their sense of belonging when they are given the support they need in a way that respects their emotions and demonstrates empathy. These approaches are fundamental to Community support work and help them feel valued by the provider and by society. In particular, clients felt safe and welcomed as members of the DPNCHC community during the Pandemic.

AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • When feasible, more one-on-one access in person; • More time to provide support and advocacy for individuals in community programming; • Outreach and workshops that increase client awareness of government benefits how to apply for them; • Identify and reduce the barriers preventing clients from accessing services such as not having access to a phone in a private environment; • More staffing to meet increased demand for services. What are some lessons learned and/or areas of excellence? • Although phone/remote services met some needs, it is essential to work one-on-one in person with clients to fully support them - clients tend to feel more comfortable and able to address their issues once they see and develop a rapport with staff; • Collaboration with other programs to work toward a common goal made resolving issues around access easier.

LITERACY PROGRAMS	
PRIMARY ACTIVITIES	• Individual tutoring; • Small group tutoring; • Telephone counselling and referrals.
TARGET POPULATION	• Adults aged 19 and older (including seniors).
ENROLLMENT	• Literacy registration form; • Virtual Service consent form; • Are low income (OW/ODSP), have workplace injury/WSIB and/or history of interrupted education/or training (< grade 12).
CAPACITY	• 81 learners
RESOURCES	• Program staff and volunteers; • Technological resources: laptops, Internet, Zoom account, printer, scanner, photocopier; • Other: paper, writing instruments, print resources (books, textbooks).
PARTNERS	• Ministry of Labour, Training, and Skill Development; • Employment Ontario; • York University; • University of Toronto • George Brown College; • Humber College; • Metro Toronto Movement for Literacy; • West Toronto Literacy Network (Frontier College, Alexandra Park Neighbourhood Learning Centre, LAMP, West Neighbourhood House).
STAFFING	• 2 FT permanent staff; • 5-7 volunteer tutors annually; • 4-6 placement students annually.
OUTPUTS	• 16-20 virtual one-to-one tutoring sessions per week; • 2-5 telephone tutoring sessions per week; • 1-2 educational posts per week; • 2-5 telephone counselling per week; • 10 clients received WIFI hotspots and laptops.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual tutoring	• Open for in-person services • Open for virtual services	• Disease control protocols for in person interactions • Phone based services • Live video based services • Email communication with clients • Provided material supports by delivery or pick-up

		• In-person one-to-one training sessions were held during laptop pick-ups to orient learners to Zoom and basic tech supports
Registered Group Programs	• Majority Closed / Cancelled • Limited virtual small group tutoring	• Live video based services

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic affect capacity and attendance?

- Serving slightly fewer clients than before the pandemic;
- Clients we are continuing to serve are receiving less programming (time, attention) than before the pandemic.
- We are operating at full capacity of staff.
- Initially demand for virtual services were low;
- Increased in September when clients realized we were not re-opening and technological supports (WiFi, laptops) were provided.

Were there adequate allocation of resources to support the program or service?

- We need more staff to keep up with the demand for remote learning.
- We are trying to access volunteer tutors to help with the load.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	**Somewhat**	For the most part, yes	Completely

What were some successful aspects of the program / service design?

- We have been able to connect with certain low-level learners online;
- Partnership with the Toronto Public Library provided those learners with free, unlimited Internet access.

What were some barriers encountered that prevented delivery as intended?

- Staffing is the biggest barrier – the move to all one-one-one services increases staff workload substantially;
- It has not been possible to locate more funding to increase staffing;
- Recruiting volunteers has not worked as a solution as staff have limited time to provide training.

THEORY OF CHANGE CLIENT IMPACTS

The client outcome this service contributes to the most is:

Increased capacity	Increased sense of belonging	Increased well-being	Better health outcomes	Increased resiliency

	Literacy Programs have improve people's capacity to navigate through a pandemic by accessing technology to communicate and stay connected.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • More staff and/or more reliable volunteers who have adequate training to work with clients; • More support with setting up technology and delivering technology/materials; • The program intend to do fundraising to secure these resources. What are some lessons learned and/or areas of excellence? • There is a great need to teach all new learners a minimum set of digital skills. • Never assume that people cannot learn how to use the technology. If they want to learn and are given the resources, and have patient, ongoing support, they will learn.

SETTLEMENT SERVICES

PRIMARY ACTIVITIES	• One to one settlement supports; • Information workshops; • Management of wait list for non-insured clients seeking primary care at DPNCHC.
TARGET POPULATION	• Newcomers and their families.
ENROLLMENT	• DPNCHC Intake form.
CAPACITY	• Annual target of 500 individuals served.
RESOURCES	• Funding from Newcomer Settlement Program (Ontario Ministry of Citizenship and Immigration) and United Way Greater Toronto.
STAFFING	• 2 Settlement Counsellors (1.5 FTE).

SERVICE DELIVERY CHANGES

PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Open for virtual services	• Live video based services • Email communication with clients
Registered Group Programs	• Open for virtual services	• Live video based services

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic affect capacity and attendance?

- Remained the same as pre-Pandemic environment.
- Initially there was increased demand for help with accessing federal benefits;
- Demand has since returned to pre-Pandemic level.

Were there adequate allocation of resources to support the program or service?

- Yes.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

Not at all	For the most part, no	Somewhat	**For the most part, yes**	Completely

What were some successful aspects of the program / service design?

- Virtual appointments have been welcomed by the majority of clients.

	What were some barriers encountered that prevented delivery as intended? • Some clients do not have access to technology to do virtual appointments. • Client would book an in person appointment with a crisis worker on site who would liaise with the settlement workers to address needs.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | Increased well-being | Better health outcomes | **Increased resiliency** Working with clients to improve their status provides more stability in their daily life and eases anxiety about not being able to remain in Canada.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Maintain crisis team to support clients who cannot meet virtually.

SENIOR'S SERVICES	
PRIMARY ACTIVITIES	• Tech Support for Clients; • Educational, social, recreational activities (in person outdoors and virtual); • Virtual Painting Workshops; • Virtual Choir Singing Group (in person outdoors and virtual); • Check in/ reassurance calls; • Informal Counselling (in person, virtual and phone); • Advocacy and referrals; • Language barrier support; • Support to vulnerable and isolated seniors; • Delivery of material supports.
TARGET POPULATION	• Individuals aged 55+; • Seniors who are active, frail, isolated, vulnerable, and/or facing language barriers.
ENROLLMENT	• Individuals aged 55+; • Registration form; • Virtual service consent form.
CAPACITY	• ~ 30 participants per group program.
KEY RESOURCES	• Materials for programs activities; • Outdoor space with access to the washroom and a covered area; • Multilingual Staff; • Choir Director and Art Instructor.
PARTNERS	• OACA • Toronto Public Health • Service Canada • NSHP • SALC • UW • Pinceles Latinos • Toronto Arts Council • The Mexicans Folk Ballet • Culture Link • York Hispanic Centre • Gerstein Crises Centre • Repair Cafe Toronto
STAFFING	• 5 Program staff; • 1 Choir Director; • 1 Art Instructor • 5 volunteer mask makers.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Individual / One-on-one services	• Open for in person services • Open for virtual services	• Disease control protocols for in person interactions; • Phone based services • Live video based services

	• New initiatives in response to COVID-19	• Prerecorded videos • Facebook group • Email communication with clients • Provided material supports by delivery or pick-up
Registered Group Programs	• Open for virtual services	• Disease control protocols for in person interactions; • Phone based services; • Live video based services; • Prerecorded videos; • Facebook group; • Email communication with clients; • Provided material supports by delivery or pick-up.
Drop In Programs / Services	• Open for in person services	• Disease control protocols for in person interactions; • Provided material supports by delivery or pick-up.

REFLECTION

PROCESS ASSESSMENT

How did the Pandemic effect capacity and attendance?

- The staff/programs had capacity to support regular attendance levels, however, clients faced barriers;
- Initial attendance decreased from 30 regular participants to 5-10 virtual participants;
- Staff began emphasizing individual check-in and follow-up calls to engage clients not able to participate virtually;
- Summer/fall outdoor programs saw an increase to 15 - 20 participants per program;
- Resumed all virtual and phone based services with return to restriction in the fall - now there is around 80% virtual participation in programs and 20 % rely on phone engagement;
- Zoom classes have created an opportunity for new clients to register in the programs;
- There is more virtual participation among English and Spanish clients and less among Italian and Portuguese clients.

Were there adequate allocation of resources to support the program or service?

- Budget and resources for communications and technology weren't secure initially;
- Staff had to train and support each other to learn new virtual tools and resources and develop protocols and waivers for participation, which was time consuming and challenging;
- Could not recruit volunteers or students, which the program typically uses to supplement staffing;
- Began to use a strategy of following up on group programs with individual calls check in calls to keep participants engaged, but this requires much more time than regular weekly group meetings which placed a large time burden on staff;
- Participants required significant amounts of IT support before and during program delivery in ways that are highly time consuming and sometimes beyond staffs knowledge and capacity.

Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

	Not at all | For the most part, no | **Somewhat** | For the most part, yes | Completely What were some successful aspects of the program / service design? • Outdoor programs were well received – participants were very happy to see each other socially distanced and wearing masks so they could interact in person; • Seniors Staff were very flexible and dedicated to making sure activities were accessible and worked hard to reduce clients feeling of isolation; • Virtual programs have grown to be very successful due to ongoing support from staff – the majority of participants can now connect to online program; • The program responded to the crisis in a very resilient and adaptable way by trying many approaches to connect to clients and motivate them to participate. What were some barriers encountered that prevented delivery as intended? • Participants faced significant barriers in accessing technology (equipment and skills); • The program quickly responded by offering free individual tutorial classes; • Initially it was difficult to find the right tools and financial resources to communicate with the seniors group – first was teleconference services, then virtual, later outdoor programs and back to virtual – and it has been challenging for seniors to adapt to all this new technological changes and program changes; • 20 % of clients still only participate via phone connect as they lack the confidence to learn a new communication system and lack of financial resources for devices; • Technology barriers and lower participation rates have resulted in less frequent contact with clients, which negatively affecting their mental health; • Some staff lack technology skills and online literacy, creating challenges for them to both provide virtual programs and support low-capacity participants; • Staff had to rely on their own knowledge and personal equipment to facilitate programs, however, coworkers supported each other significantly in learning and experimenting with new technological tools; • When offering outdoor programs at the center in the summer clients were not be able to use the centre washrooms (they had to walk to a nearby park) and there was no protected/covered area for hot or rainy days; • The outdoor space is not large and sometimes conflicts arose with other individuals or groups occupying the space at the same time.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | **Increased well-being** | Better health outcomes | Increased resiliency Seniors Services offer a range of opportunities for engagement, education, skill building and connection that together increase the all-around wellbeing of clients: • Engagement through groups and check in calls has supported their mental health during pandemic; • Learning new skills to overcome technology barriers served as a moment of empowerment and increased self-esteem and confidence; • Staff motivating clients to participate improved their sense of belonging and demonstrated leadership;

	• Programs provided a safe, supportive space for collective learning; • Clients built a community of solidarity to navigate the current challenging scenario.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Staff need more training and better equipment to provide virtual services effectively; • The use of space is crucial for these programs and the staff eagerly await a return to some indoor programming as soon as it is safe; • Provide a covered area / tent for outdoor programs in the back yard and access to a washroom on site; • Outreach to identify more of the vulnerable, low-income seniors who live in the neighbourhood and connect them with services – potentially through collaboration with other departments and local organizations; • Collect testimonials from participants about how services, interactions and supports helped them cope and navigate. What are some lessons learned and/or areas of excellence? • More resources need to be invested in programming that improves seniors cyber literacy (social media, computer classes) – this was a program offering before the Pandemic but the need has grown; • Virtual programs could be useful as ongoing tools to connect to seniors who are not able to attend our programs in person for different reasons such as mobility limitations; • Staff demonstrated excellence in their ability to respond quickly and creatively the circumstances; • Staff demonstrated solidarity as a team and with the clients through dedication, care, flexibility and passion for their work; • For the most part targets and objectives were met despite all the challenges and difficulties during this period.

SENIORS SERVICES – FITNESS PROGRAMS	
PRIMARY ACTIVITIES	• Group Fitness Classes
TARGET POPULATION	• Seniors 55+
ENROLLMENT	• Age 55+ • Registration Form & intake form • Health History Questionary (Par-Q) • Virtual Waiver/Consent form
CAPACITY	• Up to 35 participants per virtual class
RESOURCES	• Zoom account; • Recording equipment: microphone, webcam, music, green backdrop, music mixer, tripods, lights, computer, internet.
PARTNERS	• LHIN.
STAFFING	• 4 PT Permanent Staff (2.1 FTE).
OUTPUTS	• 22 fitness classes delivered per week from June 2020 to March 2021; • 15 – 35 participants each class.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Registered Group Programs	• Open for virtual services	• Phone based services • Live video based services (ex. zoom calls, OTN) • Email communication with clients

REFLECTION	
PROCESS ASSESSMENT	How did the Pandemic effect capacity and attendance? • Capacity remained the same as staff were retained and the zoom participant caps were adequate; • Attendance decreased by approximately 40% as many seniors lack computer literacy, don't have access to devices or internet at home or can't afford to purchase the necessary technology; • Despite these issues participation has grown over the year. Were there adequate allocation of resources to support the program or service? • Yes. Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended?

	Not at all | For the most part, no | Somewhat | **For the most part, yes** | Completely What were some successful aspects of the program / service design? • Offering virtual programs inspired more internet in the senior community to learn computer skills and other technologies to facilitate participation. Some participants took courses in the summer to learn how to use the devices. What were some barriers encountered that prevented delivery as intended? • Many participants are low income and cannot afford to buy a phone, computer, or tablet do not have internet at home; • Staff make check in calls to seniors without internet and devices to teach and remind them to do exercises that can be completed with exercise bands that have been delivered to the clients; • This remedy is limited as updating or changing these routines is limited over the phone but it is the only intervention available at the time.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | **Increased well-being** | Better health outcomes | Increased resiliency Participants increase their all-around wellbeing as their participation brings them a sense that they are part of something, are heard and appreciated, their physical activity helps them improve their physical and mental health, they reduce isolation through socialization, and they learn new skills even in advanced age.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Securing funding to provide low-income seniors with devices and internet access. What are some lessons learned and/or areas of excellence? • Zoom / video conferencing is a great tool to add different pathways to accessing services and was vital to keeping participants active, healthy and happy; • Doing outreach and check ins with seniors who are isolated and living alone keeps them motivated and connected to keep them motivated; • Digital skills helps participants connect with services and also helps them remain in touch with family and friends – this skill building should continue to be encouraged post-Pandemic; • This pandemic showed how much a simple word of care, encouragement, and positivity can make a difference in the seniors lives during this time of isolation – it helped bring out participants strength and passion even when they felt fragile; • Despite the stresses of navigating service delivery during this time, we have been driven by our love, care and respect for other people and it has helped staff keep doing what they do best; • The support of management and colleagues has been very important and helpful.

VOLUNTEER SERVICES	
PRIMARY ACTIVITIES	• Volunteer recruitment, orientation & support; • Student placement recruitment, orientation & support; • Annual Volunteer Recognition Event & program evaluation.
TARGET POPULATION	• Ages 13+; • Highschool students; • University and College students.
ENROLLMENT	• Must complete application, interview and orientation to organization; • Police reference check; • Meeting & orientation with staff in department taking placement/volunteer.
CAPACITY	• Volunteer capacity based on each individual program needs – ex. Youth Program usually requests 10 volunteers for their Afterschool Youth Leadership Program, Community Dining works with 15 volunteers to serve weekly meals.
RESOURCES	• Staff time; • Key resource comes from within programs where volunteers/students are placed.
PARTNERS	• Toronto Neighbourhood Centres (TNC) Volunteer Committee; • Volunteer Toronto.
STAFFING	• 1 PT Volunteer Coordinator, 17.5 hours per week
OUTPUTS	• 5 centre wide volunteer orientations completed; • 12 individual one on one volunteer orientations completed; • 3 youth services volunteer orientations; • 70% of volunteers indicated they learned new skills through last annual evaluation; • 80% of placement students indicated their placement was a positive learning experience.

SERVICE DELIVERY CHANGES		
PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
Registered Group Programs	• Initially Closed / Cancelled • Reopened for virtual services	• Phone based services • Live video based services

REFLECTION	
PROCESS ASSESSMENT	How did the Pandemic affect capacity and attendance? • Program did not operate at full capacity • Adapted to provide online orientation to virtual volunteers but demand was low; • Since the majority of volunteer opportunities are in person there has been a decrease in volunteer activity by approximately 70%; • There was a big group of volunteers in the beginning of the pandemic sewing masks; • Many senior volunteers keep in touch for support and to reduce isolation.

	Were there adequate allocation of resources to support the program or service? • Yes. Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended? Not at all | **For the most part, no** | Somewhat | For the most part, yes | Completely What were some successful aspects of the program / service design? • Able to provide online virtual volunteering opportunities through the literacy program and for seniors services; • Adapted to provide an online orientation and connect potential volunteers to the literacy program all through virtual means; • Volunteer orientation was adapted to be shorter and to delivery key aspects of DPNCHC volunteer policies and practices through virtual orientation. What were some barriers encountered that prevented delivery as intended? • Despite being able to adapt orientation and placement processes to a virtual format, actual volunteer opportunities are very limited as almost all in person activities have been cancelled and need for virtual volunteer support is low.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | **Increased sense of belonging** | Increased well-being | Better health outcomes | Increased resiliency Through volunteering members of the community are able to give back to others, but they are also able to find a place and space where they can utilize their skills and develop meaningful friendships with other participants and ongoing staff support.
AREAS OF IMPROVEMENT & EXCELLENCE	As we continue working in the Pandemic environment, what added resources or changes would help better deliver the service? • Identify if a virtual model of volunteering may help more programs as many now offer virtual modes of delivery. What are some lessons learned and/or areas of excellence? • Need to seek out a service delivery model that reflects how volunteering may change in the future and identify what opportunities can be adapted that may require less in person volunteers but still continue to support in the opportunity to build skills, connect to community and to each other; • The network of volunteer coordinators through TNC and Volunteer Toronto have provided ongoing discussion of how to continue to support volunteers in challenging times, through online workshops, online community fairs etc.

COVID-19 WRAP AROUND PROJECT

PRIMARY ACTIVITIES	• Wrap around supports for those impacted by positive Covid-19 diagnosis, including food access, referral to isolation spaces, assistance with technology and other referrals; • Pop up Covid-19 testing clinics.
TARGET POPULATION	• Individuals and Families impacted by positive Covid-19 diagnosis.
ENROLLMENT	• Intake form.
CAPACITY	• No target set.
RESOURCES	• Funding from City of Toronto.
PARTNERS	• Unison Health & Community Services; • Toronto Public Health; • Parkdale Queen West Community Health Centre (PQWCHC); • University Health Network (UHN).
STAFFING	• 1 FTE Project Manager to provide oversight of planning and implementation of Pop up testing, outreach strategy, one to one work with clients, liaise with other city funded wrap around projects, attend city wide meetings; • 3 Program Workers (2.4 FTE) to conduct outreach, intake calls, support pop up testing, and provide one to one client support.

SERVICE DELIVERY CHANGES

PROGRAM TYPE:	STATUS:	ACCOMMODATIONS:
One-on-one services	• New Covid-19 initiative • Open for in-person services • Open for virtual services	• Disease control protocols for in person interactions; • Phone based services; • Live video based services; • Email communication with clients; • Provided material supports by delivery or pick-up.
Pop Up Covid-19 Testing	• New Covid-19 initiative • Open for in-person services	• Disease control protocols for in person interactions.

REFLECTION

PROCESS ASSESSMENT	How did the Pandemic effect capacity and attendance? • This project allows us to serve more clients- currently not at capacity • Demand for pop up testing increased as well as for access to food

	Were there adequate allocation of resources to support the program or service? • Yes. Thinking overall about the objectives and targets of the program / service, do you feel they were delivered as they were planned and intended? Not at all | For the most part, no | Somewhat | **For the most part, yes** | Completely What were some successful aspects of the program / service design? • Strong partnership with PQWCHC and UHN led to multiple successful Pop Up testing clinics. What were some barriers encountered that prevented delivery as intended? • N/A – project started in December 2020 and is not complete, no issues so far.
THEORY OF CHANGE CLIENT IMPACTS	The client outcome this service contributes to the most is: Increased capacity | Increased sense of belonging | Increased well-being | **Better health outcomes** | Increased resiliency This project provides support during a health crisis for individuals effected and their whole family.
AREAS OF IMPROVEMENT & EXCELLENCE	What are some lessons learned and/or areas of excellence? • The Pop-up Covid-19 testing clinics provide a vital service to the broader community and act as a starting point to connect those individuals who need it to the core Wrap Around Project supports.

Overall Assessment

In 2020-2021 all service areas and departments were evaluated through a survey of individual programs, services, or projects and cross departmental perspectives. In total, 16 surveys were completed.

2020-2021 EVALUATION SUMMARY						
Department/ Program Area	Program, Service or Initiative Evaluated	Access Maintained?	Access Expanded?	Capacity Met?	Resources Adequate?	Delivered as Intended?
Health Services	Primary Care	Yes	Yes	Yes	Yes	Somewhat
	Physiotherapy	Yes	No	Yes	No	Somewhat
	Counselling-Therapy Services	Yes	Yes	Yes	Yes	For the most part, yes
	Community Dietitian Services	Yes	No	No	No	For the most part, yes
	Edgewest Youth Clinic	No	No	TBD – recently reopened	TBD – recently reopened	Not at all
CDHP	Cross-department reflection	Yes	Yes	Yes	Yes	For the most part, yes
Early Years Programs	Cross-department reflection	Yes	No	No	Yes	Somewhat
Children & Youth Services	Cross-department reflection	Partially	No	No	Yes	Somewhat
Adult Services	Settlement Services	Yes	No	Yes	Yes	For the most part, yes
	Community Support & Crisis Intervention	Yes	No	Yes	Yes	For the most part, yes
	Literacy Programs	Yes	Yes	No	No	Somewhat
	Adult Drop In Programs	Yes	Yes	Yes	Yes	For the most part, yes
Senior Services	Cross-department reflection	Yes	Yes	No	No	Somewhat
	Fitness Programs	Yes	No	No	Yes	For the most part, yes
Volunteer Services	Cross-department reflection	Yes	No	No	Yes	For the most part, no
Other Projects	Covid-19 Wrap Around Project	N/A – new project	Yes	TBD – recently started	Yes	For the most part, yes

Observations

- All pre-existing programs and services were able to maintain partial or full client access during the Pandemic;
- 7/16 programs/services/projects were able to expand client access by adding a new initiative or project in response to Covid-19;
- Of the 14 programs able to report on capacity, 7 indicated that were able to work at full capacity;
- 14/16 programs and services felt they were delivered as planned and intended somewhat or for the most part;
- 2/16 programs and services felt they were mostly not or not at all delivered as planned and intended;
- Some programs / services are not appropriate to adapt to virtual or remote models and will continue to significantly reduced or no uptake of services while in person interactions are not allowed;
- While virtual and remote services allow some clients to gain access, almost all programs and services saw sub populations unable to connect with these options, ex. low income individuals without access to technology, low literacy individuals, children and toddlers/infants who were already inundated with virtual offerings or not interested in these models;
- Staff worked to find alternatives to virtual and remote services for those who could not or were not interested in using them to varying degrees of success – keeping contact with these populations remains a significant ongoing challenge;
- Staff responded quickly, adaptively, and creatively to the challenges presented by the Pandemic;
- Client access and quality of care clearly remained the foremost priority for staff;
- All programs and services engaged in peer support and inter-department collaboration to forge new service models;
- Many programs intend to provide some level of virtual services on an ongoing basis to enhance their regular program offering, however, there are also a number of programs and services where virtual programming has little or no value and it is vital that many return to in-person access as soon as safe.

Reflection

How effectively were programs and services able to maintain and/or expand client access during the Covid-19 Pandemic?

All programs and services were able to maintain some level of client access during the Pandemic through a mix of in-person and virtual services with varying degrees up client uptake and success. Some faced more challenges than others in developing a delivery model that worked for the client populations they serve. Many programs supplemented virtual programs with delivery or pick up of materials, supplies, and resources. Safe and limited in-person access was provided for those with barriers to accessing remote services where most needed. Staff worked quickly and in a highly responsive manner to identify what clients needed during this time through outreach and communication. While the client reach has decreased in many area, staff have done everything they can with the resources at their disposal and under the restrictions in place to deliver programs and services.

How effectively were resources utilized in the administration and delivery of our programs and services?

Resources were used highly effectively. Staff maximized the use of their resources in all cases. In particular, during the initial stages of the Pandemic where additional funds for response were not yet available, programs and services reallocated budget and materials to adapt programs. In areas where

programs were closed or paused, staff and resources were redeployed immediately to support other areas of need without hesitation.

How should these evaluation results inform our ongoing response to the Covid-19 Pandemic?

Responses clearly indicate a need for ongoing support with navigating virtual services among staff and clients in many areas. This feedback will be brought back to the IT department to determine how best to liaise with programs to provide more training or retraining as needed. There may also be opportunity to engage volunteer or charitable programs to support client IT needs.

Many programs and services have now developed a sustainable enough model to work through the duration of the Pandemic. Focus should be placed on preparing for the transition back to regular conditions, and proactive planning on how to adapt programs in the meantime if restrictions and regulations continue to change. A staff committee is currently being organized to begin this planning effort.

There is opportunity for more peer learning to occur between departments that can assist with continued enhancement of current program offerings. Many programs and services have found responses and solutions to barriers identified in other program areas. All staff are encouraged to review this Program Evaluation for learning purposes.

How effective was our evaluation method and does it provide the insights we need to plan effectively?

The evaluation surveys gave a comprehensive and general overview of how all programs and services adapted to the Covid-19 Pandemic. Surveys did not request reporting on statistics or detailed outputs of programs due to limitations in data collection during the Pandemic typically used in the program evaluation. Despite this lack of quantitative data, staff provided thoughtful and detailed qualitative feedback that clearly illustrated the impacts and limitations of service delivery under the current conditions.

DPNCHC has not completed a centre wide program evaluation strategy in many years (usually a handful of programs or services are selected for evaluation each year), so this strategy also provided a valuable opportunity to hear from all areas of the organization and have their work documented.

Appendix A: DPNCHC's Covid-19 Emergency Response Plan

COVID-19 EMERGENCY RESPONSE PLAN		
DIRECTIONS	**OBJECTIVES**	**ACTIVITIES**
PLAN	We will respond to the COVID-19 pandemic through careful planning and a policy driven approach	1. Develop and activate policies and protocols to guide and support COVID-19 response
		2. Use client data, staff / client feedback, public health data, and epidemiological research to inform our planning and decision making during the COVID-19 pandemic
		3. Plan for future waves of COVID-19 pandemic (fall/winter 2020-2021) based on epidemiological research and local conditions
IMPLEMENT	We will provide access to critical services and supports for the most vulnerable clients during times of crisis	1. Adjust service delivery methods to ensure services remain accessible to vulnerable residents during the COVID-19 pandemic.
		2. Adapt healthcare delivery models to maintain access through in person and virtual services in response to the COVID-19 pandemic while prioritizing access for vulnerable clients.
	We will actively protect the needs of vulnerable clients in a changing health care environment.	3. Participate in systems response to COVID-19 across Midwest region
EVALUATE	We will navigate the COVID-19 Pandemic through ongoing reflection, response, and readjustment of our plans and decisions	1. Evaluate effectiveness of adapted programs and services
ADJUST		2. Make adjustments to programs and services based on Centre and health care system needs and requirements on an ongoing basis