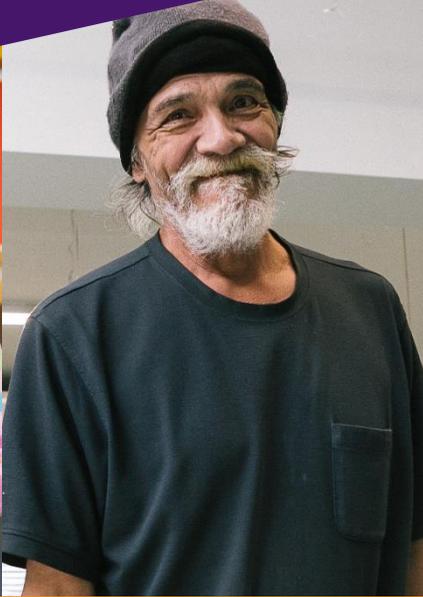


Davenport-Perth

Neighbourhood and Community Health Centre

2020-2025 STRATEGIC PLAN



IGNITE CHANGE.

IMPROVE LIVES.

STRENGTHEN COMMUNITY.

PURPOSE

The Strategic Plan improves, expands, & invests in key areas within our Theory of Change. It is a work plan that identifies what we will prioritize from 2020-2025 to create the greatest impact.

PRINCIPLES

OUR PLAN WILL...

1. **Support decision making** to:
 - Inform what we choose to say yes and no to;
 - Direct work to support priority areas of impact we want to improve;
2. **Have shared ownership and accountability** by engaging both board and staff in planning and implementation;
3. **Reflect our context** by taking into consideration both a changing political environment and community;
4. **Assess, but embrace, risk** with strong evaluation, monitoring, and planning tools;
5. **Align with our Theory of Change**;
6. **Consider the organizational capacity and resources** available to take on new activities and work;
7. **Be rooted in community and client needs** identified through:
 - Our 2018 Community Needs Assessment, which included staff interviews and community member surveys;
 - A comprehensive review of our programs and services, and the community and client impact they produce;
8. **Function as a “Living Plan”** that can:
 - Provide the opportunity to revise, discontinue, or stage in new objectives or priorities upon reflection and evaluation;
 - Give us the space to set deeper and higher impact goals that might take longer than the plans timeframe to achieve;
 - Give us the confidence to navigate periods of change by being responsive to new and pressing issues that emerge along the way;
 - Identify areas for internal learning and capacity building that will enhance our ability to achieve the goals in the plan.

WHO WE SERVE

Those who experience SOCIAL BARRIERS:

- Mental health issues
- Addictions
- Language barriers
- Racism
- Immigration status
- Disabilities
- Newcomer status
- Lack of literacy
- Low education
- Trauma background
- Difficulty accessing services

Those who experience ECONOMIC BARRIERS:

- Low income status
- Living in poverty
- Food insecure
- Lack of ability to participate socially
- Lack of opportunity
- Poor housing
- Homelessness
- Precarious employment

Our THEORY of CHANGE

HOW WE WORK

- ✓ Use strong planning, assessment & monitoring processes
- ✓ Base decision-making on data
- ✓ Create deep integration across programs & with partners
- ✓ Employ continuous quality improvement
- ✓ Ensure strong governance & stewardship
- ✓ Maintain a local community & neighbourhood focus
- ✓ Provide a multi-service hub model with system navigation support
- ✓ Recognize & embrace diversity
- ✓ Employ skilled & empathetic staff
- ✓ Take a client-centered approach
- ✓ Uphold an equity approach to service delivery
- ✓ Use a community development approach

AREAS OF FOCUS

Community Work

Building community coalitions

System Approach

Service collaboration & integration

Our Programs & Services

Mental Health Services

Health Services

Addictions Support & Harm Reduction

Social Support Navigation

Health Promotion

OUR IMPACT

Collective leadership to address community-driven priorities & neighbourhood improvement

Important and effective services that are available & accessible

Client Impact

Increased capacity

Increased sense of belonging

Increased wellbeing

Better health outcomes

Increased resiliency

Ignite Change.
Improve Lives.

Strengthen Community.



Davenport-Perth

Neighbourhood and
Community Health Centre

Life happens here.™

2020-2025 STRATEGIC PLAN

Davenport-Perth

Neighbourhood and
Community Health Centre



WHAT IS OUR MISSION?

Davenport-Perth Neighbourhood & Community Health Centre provides integrated, accessible health and community services for individuals and families in our community who experience social and economic barriers, to ignite change, improve lives, and strengthen community.

WHAT IMPACTS DO WE WANT TO HAVE?

ON OUR COMMUNITY:

Collective leadership to address community-driven priorities and neighbourhood improvement.

ON THE SYSTEM:

Important and effective services that are available and accessible.

FOR OUR CLIENTS:

Increased Capacity.
Increased Sense of Belonging.
Increased Wellbeing.
Better Health Outcomes.
Increased Resiliency.

WHAT WILL WE PRIORITIZE TO ENHANCE OUR IMPACT?

**MOBILIZE
POSITIVE
COMMUNITY
CHANGE**

**DEEPEN
ACCESSIBILITY
FOR VULNERABLE
RESIDENTS**

**INFLUENCE
HEALTHCARE
REFORM
& REDESIGN**

**OPTIMIZE & ALIGN
DECISION MAKING &
PLANNING WITH OUR
INTENDED IMPACTS**

WHAT WILL IT TAKE TO GET US THERE?

1. We will be a backbone organization that facilitates and supports local community change.
2. We will foster the development of local resident leadership and advocacy skills.
3. We will help local residents gain access to decision-makers in order to affect change.

1. We will protect and prioritize access to services for vulnerable residents among the competitive pressures of neighbourhood change.
2. We will broaden our reach to underserved groups and areas in the community.

1. We will work with other mid-West CHCs to lead a primary care network.
2. We will advocate for and protect the needs of vulnerable clients in a changing health care environment.
3. We will champion social prescribing as a viable approach that improves health outcomes.

1. We will increase our capacity for data collection, analysis and evaluation.
2. We will build a system that better connects data and decision making at all levels of the organization.
3. We will create tools to measure the impacts in our theory of change.

**Ignite
Change.
Improve
Lives.
Strengthen
Community.**

MOBILIZE POSITIVE COMMUNITY CHANGE

WHY THIS?

- The community is undergoing significant change;
- The people who we serve have had very little voice in how the change is happening and the outcomes;
- There is an urgent opportunity to influence how the community changes before all of the decisions have been finalized;
- Our 2018 Community Needs Assessment identified that housing issues / affordability are a primary concern for community residents.

WHY US?

- We have influence and resources that we can contribute to this initiative (planning knowledge /ability, staff who want to participate in such an initiative);
- We have experience working with community groups;
- It could produce outcomes regarding access to amenities/civic spaces and advocacy issues that are important to our clients.

WHY NOW?

- The community has already undergone significant changes (increasing housing costs, demographic shifts);
- New housing projects (to be built over the next 5-10 years) could bring 20,000+ new residents to the catchment area;
- Our clients should have input on changes to the built environment that occur alongside housing development;
- Influencing what types of businesses come into the community will be key to protecting affordability (i.e. not just serving affluent residents).

WE WILL HELP LOCAL RESIDENTS GAIN ACCESS TO THE RIGHT DECISION-MAKERS IN ORDER TO AFFECT CHANGE.

WE WILL FOSTER THE DEVELOPMENT OF LOCAL RESIDENT LEADERSHIP & ADVOCACY SKILLS.

WE WILL BE A BACKBONE ORGANIZATION THAT FACILITATES & SUPPORTS LOCAL COMMUNITY CHANGE.

WHAT WILL IT TAKE TO GET US THERE?

HOW WE WORK:

Create deep integration across programs & with partners.

OUR AREAS OF FOCUS:

Building community coalitions.

WHO WE SERVE:

Those who experience social & economic barriers.

HOW WE WORK:

Take a client-centered approach.
Use a community development approach.

HOW WE WORK:

Maintain a local community & neighbourhood focus.

OUR IMPACTS:

Collective leadership to address community-driven priorities & neighbourhood improvement.

How does it fit in our Theory of Change?

Ignite Change. Improve Lives. Strengthen Community.

DEEPEN ACCESSIBILITY FOR VULNERABLE RESIDENTS

WHY THIS?

- Our 2018 Community Needs Assessment identified neighbourhoods within our catchment where there is a lack of services and supports;
- Reducing barriers to access helps clients with higher needs get the support they need;
- We have the capacity to create more efficiencies that maximize our potential and meet the needs of more people.

WHY US?

- We are one of the only multi-service hubs in the area with the capacity to serve diverse vulnerable populations;
- We have a mandate to be accessible and serve populations with barriers to access, which can always be improved upon;
- We have a long history (over 35 years) of serving this community;
- We have a multi-skilled workforce who focus on vulnerable populations.

WHY NOW?

- The demographics of our catchment area are changing and may create more barriers to access for vulnerable populations, so we need to protect their needs;
- Pockets of poverty & high need exist even in the face of change and may become more challenging to reach;
- With increased funding pressures, we need to prioritize access to our services.

WE WILL PROTECT & PRIORITIZE ACCESS TO SERVICES FOR VULNERABLE RESIDENTS AMONG THE COMPETITIVE PRESSURES OF NEIGHBOURHOOD CHANGE

WE WILL BROADEN OUR REACH TO UNDERSERVED GROUPS & AREAS IN THE COMMUNITY

WHAT WILL IT TAKE TO GET US THERE?

WHO WE SERVE:

Those who experience social & economic barriers.

HOW WE WORK:

Maintain a local community & neighbourhood focus.

OUR IMPACTS:

Increased resiliency.

WHO WE SERVE:

Those who experience social & economic barriers.

HOW WE WORK:

Uphold an equity approach to service delivery.

OUR IMPACTS

Important & effective services are available & accessible.

How does it fit in our Theory of Change?

Ignite Change. Improve Lives. Strengthen Community.

INFLUENCE HEALTHCARE REFORM & REDESIGN

WHY THIS?

- Significant change is occurring in the system right now, providing us with an opportunity to influence that change;
- Reform has the potential for bigger impact, better care pathways for our clients, and better health outcomes;
- There is opportunity to spread the CHC model to other parts of the health care system;
- The needs of vulnerable clients must be promoted in a changing environment where our new partners have a different population focus than us.

WHY US?

- We are a significant player in health /community services in West-End Toronto;
- We already have experience integrating services (ex. EdgeWest, Diabetes Education Program, West End Quality Improvement group, Group Therapy programs);
- We have an obligation to protect the needs of the vulnerable clients in this changing health care environment;
- Staff have strong buy in around this concept & are motivated to protect client needs.

WHY NOW?

- Reflects the health transformation agenda of the Government of Ontario;
- There is an opportunity to influence the design and governance of the Mid-West Toronto Ontario Health Team (OHT);
- The OHTs are in development now so there is an urgency and an opportunity to participate.

WE WILL WORK WITH OTHER MID-WEST CHCS TO LEAD A PRIMARY CARE NETWORK

WE WILL ACTIVELY PROTECT THE NEEDS OF VULNERABLE CLIENTS IN A CHANGING HEALTH CARE ENVIRONMENT

WE WILL CHAMPION SOCIAL PRESCRIBING AS A VIABLE APPROACH THAT IMPROVES HEALTH OUTCOMES

WHAT WILL IT TAKE TO GET US THERE?

HOW WE WORK:

Create deep integration across programs & with partners.

OUR AREAS OF FOCUS:

Service collaboration & integration.

WHO WE SERVE:

Those who experience social & economic barriers.

HOW WE WORK:

Uphold an equity approach to service delivery.

OUR IMPACTS:

Better health outcomes.

HOW WE WORK:

Take a client centered approach.

OUR AREAS OF FOCUS:

Social support navigation.

OUR IMPACTS:

Important & effective services that are available & accessible.

How does it fit in our Theory of Change?

Ignite Change. Improve Lives. Strengthen Community.

OPTIMIZE & ALIGN OUR DECISION MAKING & PLANNING PROCESSES WITH OUR INTENDED IMPACTS

WHY THIS?

- Improved data and evaluation practices can increase the effectiveness of our decision making, help us get better outcomes in our programs and improve our work around capacity building;
- It will enhance our ability to demonstrate the impacts identified in the theory of change;
- It supports our ability to achieve the other stated directions in this plan.

WHY US?

- We already collect a vast amount of data which can be used in more ways than we are currently experienced with;
- We already have best practices in data informed decision making within of our organization (i.e. Health Centre QI work, Early Years Department logic models & program plans) that we can spread;
- While funder requirements for evaluation help us to identify the best approaches in servicing our clients as a multi-service agency, they don't capture the impact of our work as a whole – we need to develop this practice on our own.

WHY NOW?

- Identifying best practices in data use can inform peer learning objectives, which was identified as an area for investment by staff in the 2018 Community Needs Assessment and recent staff satisfaction surveys;
- Sectoral trends towards evidence-based decision making (includes funder expectations, rate harmonization project, cost-benefit analysis approach in provincial government) indicate we need to prepare for new reporting requirements;
- Strong ongoing data and evaluation practices increase our ability to produce and effectively monitor a “living” strategic plan where priorities and objectives will be updated or changed.

WE WILL INCREASE INTERNAL CAPACITY FOR DATA COLLECTION, ANALYSIS & EVALUATION.

WE WILL BUILD A SYSTEM THAT BETTER CONNECTS DATA, PLANNING & DECISION MAKING.

WE WILL CREATE TOOLS TO MEASURE THE IMPACTS NAMED IN THE THEORY OF CHANGE.

WHAT WILL IT TAKE TO GET US THERE?

OUR IMPACTS:
Important & effective services that are available & accessible.

HOW WE WORK:
Use strong planning, assessment & monitoring processes.

HOW WE WORK:
Base decision-making on data.
Employ continuous quality improvement.

How does it fit in our Theory of Change?

Ignite Change. Improve Lives. Strengthen Community.

WHAT EVIDENCE DO WE HAVE THAT WE CAN SUPPORT THIS WORK?

		What capacity do we have or need to do it?	What funding and/or resources are available or needed?
MOBILIZE POSITIVE COMMUNITY CHANGE	We will be a backbone organization that facilitates and supports local community change.	<ul style="list-style-type: none"> • Knowledge about planning (Manager of Planning and Decision Support); • Staff who are interested in participating (ED, and Community Development & Health Promotion Coordinator); • A partner (The Stop) who will also contribute their staff to this initiative. 	<ul style="list-style-type: none"> • Staff time.
	We will foster the development of local resident leadership and advocacy skills.	<ul style="list-style-type: none"> • Evidence-based community visioning models to support visioning, community leadership training and self -advocacy skills; • The potential to imbed this type of training in our programs. 	<ul style="list-style-type: none"> • Staff time and expertise in peer mentorship; • Small budget for community meetings, which will be shared between The Stop and DPNCHC (ex. materials like facilitators, materials for workshops, etc.); • We may be able to apply for funding to support these costs or to expand them through foundations like Metcalf, Trillium, or the Toronto Foundation.
	We will help local residents gain access to the right decision-makers in order to affect community change.	<ul style="list-style-type: none"> • Interested community members with experience doing these kinds of projects (ex. professionals with zoning knowledge, NIA participants); • A politically aligned City Councillor (Ana Bailao, Chair of the Planning & Housing Committee, member of the Toronto Community Housing Committee). 	<ul style="list-style-type: none"> • Staff time.
DEEPEN ACCESSIBILITY FOR VULNERABLE RESIDENTS	We will protect & prioritize access to services for vulnerable residents among the competitive pressures of neighbourhood change.	<ul style="list-style-type: none"> • Significant expertise and experience as the only service hub in this geography that we can build on to go deeper; • A multi skilled workforce that could be potentially be reorganized to find efficiencies and new opportunities. • Clear mandates around who we serve and an equity perspective that can serve as a foundation for identifying which vulnerable populations we will prioritize. 	Additional funding/resources not required at this time.
	We will broaden our reach to underserved groups & areas in the community.	<ul style="list-style-type: none"> • We will need to create internal efficiencies so we can maximize our potential to meet the needs of more people, ex. reassigning staff roles to a new program areas. • Will require new, targeted outreach (ex. building relationships to partner with other organizations or facilitating individuals from further areas to reach our site). 	<ul style="list-style-type: none"> • Program expansions (ex. more client capacity, more service hours) would require an influx of resources and might require physical spaces in certain geographic areas that don't exist yet.

		What capacity to we have or need to do it?	What funding and/or resources are available or needed?
INFLUENCE HEALTHCARE REFORM & REDESIGN	We will work with other mid-west CHCs to lead a primary care network.	<ul style="list-style-type: none"> • Already working with three other CHCs – Planned Parenthood Toronto, Access Alliance and Parkdale Queen West; • Working group has created communication materials and meets on a regular basis, but it is unclear to what extent CHCs will influence the broader network. 	<ul style="list-style-type: none"> • Toronto Executive Directors Network is currently paying for organizing costs (ex. meeting facilitation, branding materials).
	We will actively protect the needs of vulnerable clients in a changing health care environment.	<ul style="list-style-type: none"> • Will be led by the Executive Director and Director of Health Services through advocating within the Ontario Health Team (OHT) development process; • Staff from both the Health Services team and the Community Support Services team will need to be briefed and trained up as the OHT project progresses, however, they are well positioned to participate as our staff is already experienced in working with vulnerable clients. 	Additional funding/resources not required at this time.
	We will champion social prescribing as a viable approach that improves health outcomes.	<ul style="list-style-type: none"> • The Alliance for Healthier Communities have developed resources to guide implementation; • We have the community services in-house to operationalize this; • The Director of Community Support Services will lead; • We have experience with similar service delivery / coordination models such as Solo Practitioners in Need (a referral service to connect solo doctors with support services). 	<ul style="list-style-type: none"> • Outreach activities and materials are required but could be produced within our staff; • Would ideally include case management support and a dedicated intake worker/system coordinator, which would require funding for more staff.
OPTIMIZE & ALIGN DECISION MAKING & PLANNING WITH OUR INTENDED IMPACTS	We will increase internal capacity for data collection, analysis & evaluation.	<ul style="list-style-type: none"> • We have multiple dedicated staff who do this work; • Existing areas of best practice, large datasets, and foundational pieces of work (ex. recent intake improvements, different client surveys) can be built off of and used as teaching opportunities across the organization; • Must identify the appropriate level of training required as not all managers, coordinators and program workers have the same amount of administrative time available. 	<ul style="list-style-type: none"> • Existing staff capacities can cover designing training plans, identifying where capacity needs to be built, and providing capacity building activities.
	We will build a system that better connects data, planning & decision making.	<ul style="list-style-type: none"> • Staff have different capacities with data analysis and technology, so we need to create a system that is coordinated and approachable at all levels, and has a coherent purpose (i.e. a mutually agreed upon set of principles that underpins the system); • There is a limit to how many systems, processes, and protocols we can put in place because we need oversight (staff time) to monitor and audit them. 	<ul style="list-style-type: none"> • We can't add more staff, which will limit the scope of the systems we decide we want to implement (ex. amount of time required to continuously monitor systems); • Additional equipment (i.e. scanners, EMR fobs) could be accommodated in budget.
	We will create tools to measure the impacts named in the theory of change.	<ul style="list-style-type: none"> • Project has been started through previous grant funded activities; • Staff must be trained on new indicators and their application. 	<ul style="list-style-type: none"> • Existing staff can facilitate the design/build of systems.

WHAT WILL OUR OUTCOMES LOOK LIKE?

INTENDED IMPACT

By 2025, our client's lives will be better through increased resiliency, a strong sense of belonging, enhanced wellbeing, and improved mental and physical health outcomes.

Collective Leadership and community driven priority setting will result in a stronger community and more effective and accessible services.

Our programs and services will be better designed to meet community needs.

Our stewardship will be enhanced by a commitment to utilize data and evidence to support decision-making and continuously improve our measurement of impact.

OUR VALUES

As we implement our plan, our work will embody the following values...

WELL-BEING

We believe that everyone has the right to the basic conditions that make good health possible and enable them to live to their full potential. To that end we employ skilled and empathetic staff. We also create deep integration with our community partners and across our programs.

EMPOWERMENT

We believe that people can improve their lives and their neighbourhoods. To support this we prioritize a community focus in our planning and build the strength of local residents to become community champions and drive positive change.

EQUITY

We challenge systemic inequities that some individuals and groups face in our community. We do this by maintaining an equity approach to service delivery and by employing a strong client-centred focus in our work.

DIVERSITY

We support, celebrate and embrace diversity as an integral part of our work. We promote equal opportunity in all the services we provide.

ACCESSIBILITY

We strive to create a welcoming, inclusive, safe, supportive, and accessible space for everyone. To do this we function as a multi-service hub for the community and provide systems navigation support to our clients.

INTEGRITY

We are committed to honest, ethical and accountable behavior by keeping in place strong staff, governance and stewardship to guide our organization.

QUALITY

We use quality improvement, planning and assessment to ensure that our programs are of the highest quality and are driving at the outcomes we want to achieve.

HOW WE WILL KNOW THAT OUR PLAN HAS IMPACT?

EVALUATION STRATEGY

We will carry out an on-going evaluation of its Strategic Plan in order to determine (1) if the activities carried out in the operational plans are meeting the objectives named in the Strategic Plan, and (2) to what extent the fulfillment of these objectives is satisfying our strategic priorities. These evaluations will provide the basis to determine the overall impact of our Strategic Plan at its end.

OBJECTIVES

1. Track and monitor the progress and achievements of the activities in the operational plans;
2. Assess:
 - a. When to stage in new objectives;
 - b. When to discontinue objectives that have been fulfilled;
 - c. When to discontinue objectives that have been deemed no longer possible to fulfill or that are no longer relevant;
 - d. When to revise objectives;
3. Document outcomes and achievements of the strategic plan so its impact can be summarized upon completion;
4. Guide internal capacity building efforts regarding staff skills in order to enhance fulfillment of the plan.

SCHEDULE

- | YEAR 1 | YEAR 2 | YEAR 3 | YEAR 4 | YEAR 5 |
|---|---|--|---|---|
| <ul style="list-style-type: none">• Track & monitor outcomes from operational plan (continues years 1-5);• Assess progress of year 1 activities. | <ul style="list-style-type: none">• Assess progress year 1-2 activities have made towards fulfilling objectives;• Decide if we will change/add/discard any objectives. | <ul style="list-style-type: none">• Assess progress year 1-3 activities have made towards fulfilling objectives and priorities;• Decide if we will change/add objectives or priorities. | <ul style="list-style-type: none">• Assess progress year 1-4 activities have made towards fulfilling objectives and priorities. | <ul style="list-style-type: none">• Assess cumulative progress towards fulfilling plan;• Decide what should carry over to next plan based on successes and challenges. |



Approved by Board: December 11th 2019

