INDIGENOUS PRIMARY HEALTH CARE COUNCIL

Mobile solutions for MHA service provision

EARLY IMPLEMENTATION CONSIDERATIONS

February 2024

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Acknowledgments

This report would not have been possible without the input of the following individuals:

Abdul Subor Momand — *Addiction Medicine Coordinator,* Anishnawbe Health Toronto

Alice Strachan — *Senior Specialist, Clinical Programs,* Ontario Health Centre of Excellence for Mental Health and Addictions

Amie Foster — *Manager, Outpatient Mental Health and Addictions,* Brightshores Health System*

Bill Helmeczi — *Chief Executive Officer,* Community Addictions and Mental Health Services, Haldimand and Norfolk

Carly Valiente — *Mental Health and Addictions Manager,* Noojmowin Teg Health Centre

Chris Sciascetti — *Clinical Manager,* Addiction Medicine & Withdrawal, Stonehenge Therapeutic Community

Denise Forsyth — *Director,* Mental Health and Addictions, Lake of the Woods District Hospital

Jeffrey Cadence — *Manager,* The Road Ahead Mobile Wellness Clinic, Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge

Josh Oenema — *Mobile Community Withdrawal Management Program Manager,* CHMA Hastings Prince Edward County

Michelle Andy — *Mobile Mental Health & Addictions Team Lead,* Canadian Mental Health Association Kenora Branch

Sara Dias — *Chief Executive Officer,* Canadian Mental Health Association Kenora Branch

Vanessa Brandow — *Mobile Wellness Clinic Team Lead,* Noojmowin Teg Health Centre

*prior to October 2023, Brightshores Health System was known as Grey Bruce Health Services

Executive summary

The increasing popularity of mobile delivery methods has resulted in many organizations contemplating the development of mobile programs to meet the mental health and addictions (MHA) needs of their communities. To support their decision-making, the Indigenous Primary Health Care Council (IPHCC) retained the services of Birchwood Consulting to engage with existing mobile MHA clinics across the province in order to identify key planning considerations and share lessons learned during the early phases of implementation.

This report summarizes key findings from nine interviews with representatives from Mobile MHA Clinics funded by Ontario Health's MHA Centre for Excellence and mobile Rapid Access Addictions Medicine (RAAM) clinics between August and December 2023. It includes a set of recommendations to guide planning and tools to support early-stage implementation of mobile MHA solutions.

Feedback from respondents highlighted the following recommendations for guiding early-stage planning:

1. **Understand client needs:** To ensure that programs are designed to meet the needs of clients, it is crucial to review existing data, consult with partners, and most importantly engage persons with lived experience to understand existing service gaps and barriers to care.

2. **Develop partnerships to support client care:** Effective partnerships are important for establishing and maintaining referral pathways, addressing stigma and developing community support for mobile programs.

3. **Use a collaborative approach to design the best mobile solution:** Engaging with multiple partners including persons with lived experience to design mobile programs is strongly encouraged to ensure that the approach, functions and cultural appropriateness of the mobile program supports its intended impacts.

4. **Purchase wisely:** Participants advised that organizations consider the upfront costs, maintenance, storage, insurance and licensing requirements of each solution carefully for any required vehicles prior to initiating procurement.

5. **Build your team purposefully:** Given the current HHR crisis, organizations are strongly encouraged to consider how barriers created by time-limited funding and isolation among team members will be addressed, and what training they will require in order to fulfill their duties within the mobile program.

6. **Plan for evaluation:** Early consideration of how mobile programs will be evaluated is helpful to ensure that any required data collection initiatives are incorporated into the program model once it is implemented.

7. **Expect the unexpected!** Mobile delivery methods face relatively more unpredictability than those located at traditional brick-and-mortar sites, and organizations who develop them must be flexible and resourceful in order to ensure their ongoing sustainability.

A sample year-1 project plan, needs assessment planning template and evaluation planning template are included as appendices.

Introduction

Providers in Ontario have long utilized mobile methods of service delivery to care for vulnerable persons whose access to mental health and addictions supports is limited. Examples of mobile services include, but are not limited to, community outreach programs, drop-in clinics, virtual clinics, and programs designed to be delivered on a range of automobiles ranging from small passenger vehicles to fully customized commercial transportation units furnished with multiple treatment, meeting and administrative spaces.

Mobile solutions have increased in popularity since the onset of the COVID-19 pandemic, which necessitated non-traditional forms of service delivery to support social distancing protocols, while addressing the increasing mental health and addictions needs that were found to be associated with increased isolation.[1,2,3,4]

Escalating client needs, increased awareness of mobile options for care, and the current availability of funding opportunities for establishing mobile programs have resulted in many organizations contemplating the development of mobile solutions to address the mental health and addictions (MHA) needs of their communities. To support this process, the Indigenous Primary Health Care Council (IPHCC) procured the services of Birchwood Consulting to engage with existing mobile MHA clinics across the province in order to better understand their planning considerations and share lessons learned during the early phases of their implementation.

This report summarizes findings from interviews that were conducted with relevant organizations, organized into themes and supplemented by a number of planning tools included in the appendices.

1 Pongou, R., Ahinkorah, B.O., Maltais, S., Mabeu, M.C., Agarwal, A., Yaya, S. (2022). Psychological distress during the COVID-19 pandemic in Canada. PLoS One. 2022 Nov 17;17(11)

2 Vig, S.S., (2023). Mind the Gap – addressing the mental health and addictions 'echo pandemic' in Ontario. Accessed on Jan 18, 2024 from: https://occ.ca/wp-content/uploads/Mind-the-Gap-FINAL.pdf

3 Statistics Canada (2022). Self-rated mental health decreases after another year of the COVID-19 pandemic. Accessed on Jan 18, 2024 from: https://www150.statcan.gc.ca/n1/daily-quotidien/220607/dq220607e-eng.htm

4 Addictions and Mental Health Ontario (AMHO), Canadian Mental Health Association Ontario (CMHA), Centre for Addiction and Mental Health (CAMH), Children's Mental Health Ontario (CMHO), Ontario Shores Centre for Mental Health Sciences (Ontario Shores), The Royal, and Waypoint Centre for Mental Health Care (2023). Everything is not okay. Accessed on Jan 18, 2024 from: https://www.oha.com/news/everything-is-not-ok-74-of-ontarians-experiencing-increased-mental-health-and-substance-use-challenges-during-the-pandemic

Approach

To advance the objective of supporting early-stage planning, representatives of the five newly-established mobile mental health and addictions units funded by Ontario Health's Mental Health and Addictions Centre of Excellence were interviewed to understand the processes through which their programs were established. To better understand how organizations have adapted mobile solutions to meet the needs of Indigenous communities specifically, and to include findings from a more diverse set of geographic regions, three established mobile Rapid Access Addiction Medicine (RAAM) Clinics were also invited to participate. In total, interviews with nine sites took place between August and December 2023.

Representatives of each site answered a series of questions related to:

- General clinic information and background
- Client population
- Staffing
- Programs and services offered
- Operations/ scheduling
- Governance and partnerships
- Funding sources
- Lessons learned

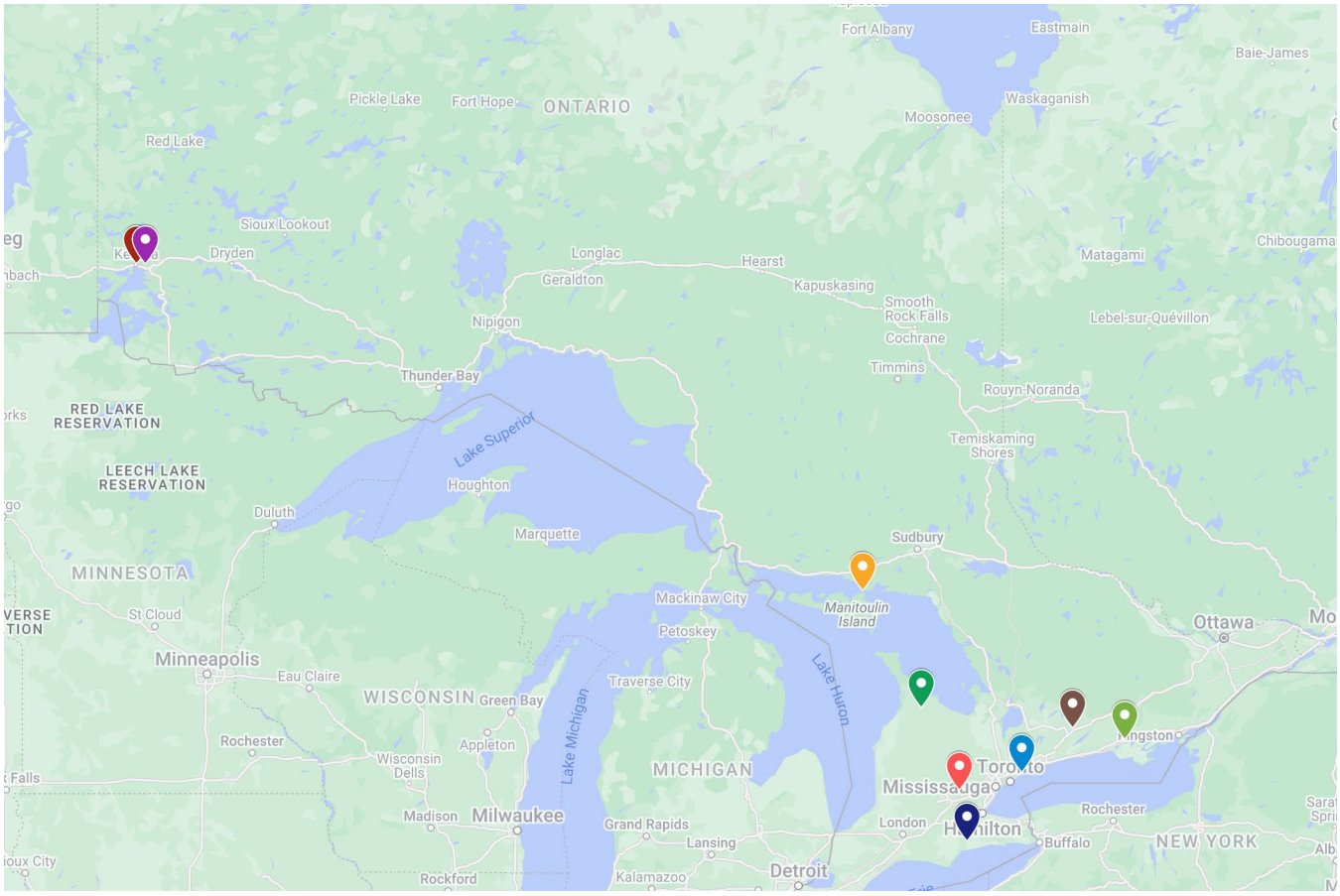
What is a Mobile Mental Health and Addictions Unit?

Mobile Mental Health and Addictions Units (MMHAUs) are clinics staffed by qualified providers who travel to rural, remote and/ or underserved communities to facilitate access to a wide range of mental health supports through direct service provision and referrals to community agencies. MMHAUs have close partnerships with community agencies and work collaboratively to create service plans for clients in their respective catchment areas.

Five MMHAUs were introduced as pilot projects in 2021 by Ontario Health's Centre of Excellence for Mental Health and Addictions. Given their relatively recent introduction to the mental health and addictions service provision landscape, lessons learned from representatives of these programs highlight important considerations to be taken into account during early-phase implementation of mobile MHA solutions.

Participating sites

The following is a list of the programs represented by interview participants:



Anishnawbe Health Toronto Mobile RAAM Clinic
Lead organization: Anishnawbe Health Toronto
4205 Lawrence Ave East, Scarborough, ON M1E 4S6

Brightshores Health System Mobile RAAM Clinic
Lead organization: Grey Bruce Health Services
Saugeen First Nation, 6493 ON-21, Southampton, ON N0H 2L0

Kenora Mobile Mental Health and Addictions Clinic
Lead organization: Canadian Mental Health Association, Kenora Branch
227 Second Street South, Kenora, ON P9N-1G1

Kenora Mobile RAAM Clinic
Lead organization: Lake of the Woods District Hospital
5-308 Second Street South, Kenora ON, P9N1G4

Mobile Wellness Clinic
Lead organization: Nooj̨mowin Teg Health Centre
48 Hillside Dr, Little Current, ON P0P 1K0

Mobile Community Withdrawal Management Program
Lead organization: Canadian Mental Health Association, Hastings Prince Edward County
250 Sidney Street, Belleville, ON K8P 3Z3

Niagara Mobile Mental Health Clinic
Lead organization: Community Addictions and Mental Health Services, Haldimand and Norfolk
101 Nanticoke Creek Pkwy, Townsend, ON N0A 1S0

The Road Ahead Mobile Clinic
Lead organization: Canadian Mental Health Association Haliburton, Kawartha, Pine Ridge
415 Water St, Peterborough, ON K9H 3L9

Waterloo Wellington RAAM Clinic
Lead organization: Stonehenge Therapeutic Community
60 Westwood Rd, Guelph, ON N1H 7X3

Key recommendations

This section highlights common themes that were identified through our interviews as key to successfully establishing their mobile programs. Where applicable, associated tools are included in the appendix to support planning

Recommendations are not discussed in order of significance, however a suggested sequence of conducting planning activities is summarized in **Appendix A**.

1. Understand client needs

Having a thorough understanding of client needs was widely viewed as the most important planning component for establishing a mobile clinic. Comprehensive needs assessments provide a basis for designing programs that support the well-being of individuals and communities.

> "When deciding where our satellite clinics should be located, we decided that a key goal would be that no community member should have to travel more than 20 minutes to get to an appointment. So we took a map, marked concentric circles with a 20 min travel radius between them, and set up our locations there."
>
> *—Bill Helmeczi, Niagara Mobile Mental Health Clinic*

It was highly recommended that persons with lived experience of mental health and addictions be engaged directly to understand the resources needed to support them as well as barriers that exist with respect to receiving care. Once these conversations take place, it is also important to keep them central to the planning and design of programs and services themselves.

Findings from informational interviews should be supplemented by available administrative data that can provide additional insights into existing patters of service use and demographic characteristics that may also be relevant to programming. In particular, a GIS analysis that identifies the locations of existing services provides helpful insights with respect to geographic accessibility of supports.

> "Before starting our program, we determined which addictions services were already available and where. Scarborough was identified as a location with few supports so that's where we went."
>
> *—Subor Momand, Anishnawbe Health Toronto Mobile RAAM Clinic*

A needs assessment planning template is provided in **Appendix B**.

2. Develop partnerships to support client care

In order to ensure that clients have access to a wide range of supports, and that the planning process includes representatives with a wide range of perspectives, it is important to engage with service partners early in the planning process. This approach helps ensure that important conversations take place regarding accountabilities for client care and establishes referral pathways that facilitate access to wraparound services that support their health and well-being. Regular conversations with partners also serve to promote awareness of mobile solutions, facilitate identification of joint opportunities for funding, and address any stigma that exists among providers with respect to the presence of such programs in communities.

The following is a list of questions to that can be used to identify relevant partners:

- What are the needs of our client population? What organizations have the ability to address those needs?
- Are there existing collaboratives (e.g. Ontario Health Teams) that we might approach to identify potential partners?
- What other organizations do persons with lived experience identify as providing services to our client population of interest?
- Which communities, Indigenous or otherwise, should be included in the program design process?
- Which organizations have potential resources (budget, staff, space) to contribute and interest in supporting this work?

Indigenous communities must be engaged in the design of programs for their members, however it is important to engage using an anti-colonial lens which could involve providing flexibility with respect to their degree of involvement, and the timelines during which engagement is expected to occur.

> "Reconciliation recommendations must be taken into account when working with Indigenous communities. Self-determination is crucial and only communities themselves know what their needs are, and how they can be addressed."
>
> *—Sara Dias, Kenora Mobile Mental Health and Addictions Clinic*

It should be noted that formal relationship agreements with relevant partners are recommended in cases where resources are shared, or where accountabilities are specified. However, many respondents noted that many valuable relationships did not have formal agreements as their basis, but still provided important practical connections to enable service delivery.

3. Use a collaborative approach to design the best mobile solution

When determining which mobile solution is best suited to meeting the needs of clients, it is important to engage with persons with lived experience, Indigenous communities and municipal partners, as well as service partners, who can each contribute perspectives on the most appropriate program format.

Examples of mobile solutions that are available in Ontario include:

Solution type	Description	Most appropriate for	Upfront implementation cost
Community outreach programs	Programs where staff go out into communities to reach clients who otherwise would not have access to services	Providing care to geographically isolated and/or under-housed individuals whose access to services is limited	Low — May require specialized training
Drop-in clinics	Low-barrier clinics run out of existing spaces that are accessible to clients	Clients with the ability to travel in communities in which infrastructure is available and where privacy, confidentiality and/or stigma might create a barrier with respect to receiving mobile services	Low — May require some equipment, renovation or supplies
Transportation reimbursement	Reimbursement of costs incurred by clients to travel to existing program locations for care	Organizations who lack the resources to create new programs but with the financial capability to reimburse client travel costs	Low
Virtual clinics	Allow patients to connect remotely with providers through text, videoconference or phone	Clients with access to a working communications device and reliable internet or phone connection	Moderate — requires software license procurement, IT support staff and staff training
Mobile clinics	Programs delivered by teams of staff who travel to clients on specialized vehicles	Clients who lack access to services and programs that require specialized equipment and/or space to be delivered	Low — if staff vehicles are used (incurs higher overall mileage cost) High — if vehicle/s must be purchased

The appropriate method of delivering a given program is dependent on the available budget, program objectives, privacy and confidentiality considerations, client needs and barriers to care. Despite the newfound focus on mobile services as a stand-alone method of delivering services, it is important to note that in many cases mobile programs are better positioned as hybrid solutions that are supported by other forms of service delivery. In fact, almost all of the representatives who participated in interviews highlighted that their mobile programs are supplemented by physical locations within communities that serve as hubs for clinical staff, administration and/or group programming to support clients. Ideally, these spaces should also be fully accessible.

> "Our virtual front door program is an innovative way of providing access to much-needed addictions services while maintaining client privacy in the small communities that we serve."
>
> *—Chris Sciascetti, Waterloo Wellington RAAM Clinic*

In addition to determining the most appropriate low-barrier method through which services should be delivered, partners should also provide input into the functions of the program (e.g. counselling, STI testing, sharps disposal, wound care, case management, referrals to primary care, psychiatry etc.), the level at which it should be delivered (e.g. individual and/or family-based), cultural appropriateness (e.g. connections to Indigenous-led and/or other types of services), and highlight associated supplies that may be distributed to clients to increase engagement with the clinic and share information about additional supports available to them. In many cases, mobile clinics distribute supplies that include but are not limited to snacks, gift cards and food vouchers, harm reduction kits, brochures, fidget toys and/or care packages to clients. To support face-to-face interaction and relationship development, some also hold

> "Our clinic offers direct access and referral to traditional cultural programming and services available at Noojmowin Teg Health Centre, such as Traditional Knowledge Keepers, Indigenous food boxes, traditional medicines, and cultural supports. This is an important tool to provide clients with ways of connecting to culture and preserving sacred traditions. The clinic works with communities and individuals to assess their needs for programming opportunities. Some programs that the clinic has facilitated include ribbon skirt making, moccasin making, and moon teaching workshops."
>
> *—Carly Valiente, Mobile Wellness Centre, Manitoulin Island*

Conversations about marketing and branding of programs to combat stigma and maintain awareness within communities should also take place in collaboration with partners, communities and persons with lived experience.

4. Purchase wisely

Prior to purchasing vehicles, respondents advised careful consideration of the upfront costs, maintenance, storage/parking needs, insurance and licensing requirements of various models available, and the features that are required to ensure that the intended program can run safely e.g. sinks/handwashing stations, GPS panic buttons, WIFI capability etc. Teams are also encouraged to consider costs associated with medical supplies and other equipment required to deliver services. As outlined above, determining the most appropriate program model is of utmost importance prior to initiating procurement, to avoid wastage of funds on unnecessary equipment and/or supplies.

> "It's important to take into account that vehicles become more expensive as they get older as more repairs are needed."
>
> *—Denise Forsyth, Kenora RAAM Clinic*

5. Build your team purposefully

Team members are the single most important resource held by any program, mobile or otherwise. Team composition is often influenced by available budgets, however partner engagement is highly recommended to determine the types of professionals who should staff clinics, and how persons with lived experience can support service delivery. In many cases, partners have collaborated to provide appropriate staffing complements through in-kind agreements between organizations.

Time-limited funding may pose a barrier to recruiting qualified staff, and organizations are required to develop creative recruitment strategies to ensure that staff are both hired and retained into the available positions within the mobile program. For example, providing training opportunities can be a strong incentive for early-career professionals, as is the opportunity to partake in meaningful work that uplifts communities. Respondents emphasized that mobile work can be isolating, and underscored the importance of ensuring that staff feel connected, safe, and capable of meeting their responsibilities.

> "Our team has on-call staff members to provide support where needed. We meet daily for team huddles and take time twice per month for professional development. Our staff take great care of clients and we do our very best to also take care of them"
>
> *—Jeff Cadence, The Road Ahead Mobile Clinic*

An appropriate training plan should also be developed that includes the following components at a minimum:

- nonviolent crisis intervention training
- Infection control and if appropriate, medical waste transport
- suicide prevention
- defensive driving
- cultural competency and Indigenous cultural safety training
- advanced wound care (as appropriate)

6. Plan for evaluation

Representatives advised that it is never too early to start developing an evaluation plan for mobile programs. Unlike traditional programs which often include an evaluation component related to client volumes, mobile programs must be assessed differently to convey their value and cost-effectiveness. Since they are typically designed to meet the needs of vulnerable persons who have higher health needs and require more healthcare services, a more appropriate indicator of success is the reduction in more expensive types of care, and the ability to reach persons who otherwise would not have accessed healthcare services.

> "Our initial evaluation plan included providing tablets to clients to provide feedback. It didn't work out as planned so we had to go back to the drawing board and find another way."
>
> *—Josh Oenema, Mobile Community Withdrawal Management Program*

An evaluation planning template is included in **Appendix C**.

7. Expect the unexpected

Flexibility and resourcefulness are important attributes of teams embarking on the journey of implementing a mobile program. Respondents shared many examples of situations where plans did not unfold as expected, and program staff were required to pivot in a short period of time in order to keep commitments to clients. Unpredictable funding, weather, hiring challenges, partnership considerations and unexpected events such as accidents can impact the ability of clinics to operate as consistently as intended. Building reserves into schedules and budgets is helpful to ensure flexibility and support the ongoing sustainability of mobile programs.

> "It's important to have a 'learn-as-you-go' mindset in the mobile world. Maintaining strong partnerships and staying open to the possibilities is key to navigating funding challenges and ensuring that programs continue to meet the evolving needs of communities."
>
> —*Amie Foster, Brightshores Health System Mobile RAAM*

Implementation timelines can also be affected by wait-times for procuring vehicles, which have soared in recent years given the unprecedented level of demand for these resources. The process of collaborating with partners and persons with lived experience on the co-design of services, while extremely worthwhile, can also take a considerable amount of time. If a hybrid approach is determined to be the most appropriate solution, implementation timelines must account for the process of locating and renovating existing space, or for development as appropriate.

Maintaining open lines of communication with persons with lived experience not only ensures that mobile programs are designed to meet their needs, but also serves as an ongoing source of information about how those needs evolve over time.

A significant number of organizations that designed mobile programs intended to deliver mental health and/or addiction services have grappled with the intersection of this work with imminent requirements for services such as wound care, access to social determinants of health and connections to comprehensive primary care. This underscores the importance of establishing and nurturing partnerships to provide access that will support clients on their healing journeys, whether through in-kind contributions to mobile programs themselves, or through referral pathways.

Conclusion

Mobile solutions to delivery are an important tool for addressing the post-pandemic need for mental health and addictions services across Ontario. However, implementation of these programs requires careful planning, extensive collaboration, and significant flexibility in order to ensure their success.

Underlying the design of every successful mobile program is a thorough understanding of client needs balanced with the availability of resources available to support meeting those needs. Representatives interviewed as part of this project consistently acknowledged that the current mental health and addictions system is not designed to support clients where and when they need it, or support the outcomes desired by funders. However mobile programs offer significant flexibility with respect to service delivery, and can fill important gaps that currently exist, particularly with respect to providing services to those who would otherwise not be able to access care.

Appendix A: Sample year-1 project plan

This appendix summarizes a customizable 12-month plan to support implementation of a mobile mental health and addictions program. It includes recommended activities to be included as part of a collaborative approach to service design.

Recommended planning component	Associated activities	Month 1	2	3	4	5	6	7	8	9	10	11	12
Needs assessment	• secure planning resources to support assessment (e.g. Decision support staff, planning staff) • Have conversations with persons with lived experience to understand the needs of intended client population • supplement needs assessment with existing administrative data												
Program co-design	• Establish planning collaborative that includes representatives of service partners, communities and persons with lived experience • Review preliminary results of needs assessment and determine additional analyses and data sources relevant to target population • Determine appropriate program functions, cultural appropriateness, associated supplies, marketing/ branding strategy and service delivery model • Develop staff training plan and related safety and security policies												
Procurement	• assess available options for appropriate vehicles based on co-designed model • initiate procurement process												
Staff hiring, onboarding and training	• develop and approve job descriptions • conduct recruitment process • provide training related to: • nonviolent crisis intervention training • Infection control and if appropriate, medical waste transport • suicide prevention • defensive driving • cultural competency and Indigenous cultural safety training • advanced wound care (as appropriate)												

Appendix B: Needs assessment planning template

This appendix includes a set of questions to be discussed by guiding organizations and their partners to develop an assessment of the needs of the anticipated client populations of mobile clinics. Sample answers are included to facilitate discussions and links to additional resources relevant to conducting needs assessment are also provided.

What information would we like to know?

Potential responses relevant to mobile programs:

- What is the health status of our anticipated clients?
- What are the demographics (e.g. sex and age breakdown) of our expected clients?
- What social determinants of health pose challenges for clients?
- What home communities are expected clients from?
- What services are available to our intended clients? (How) are they being accessed?
- How can we reach our intended clients?

What resources are available to support this assessment?

Potential human resources to explore are:

- Clinical managers and staff
- Administrative and/or decision support staff
- Analytic personnel employed by partner organizations
- Regional resources e.g. OHT staff, QIDSS

What information is available to use?	How can it be accessed?
Consider EMR data, administrative data, existing reports, public health data	Do formal requests need to be made to obtain data? Are there requirements to uphold the privacy and confidentiality of the information?

What additional information would we like to collect?	How can we collect it?
Determine what information required for the needs assessment is not currently being captured by existing data sources	Consider that conversations with persons with lived experience offer the most valuable opportunity to understand the needs of clients. However, conducting individual interviews is time and resource intensive and data collection activities must balance the need for information with the resources available to support them. Surveys and/or focus groups are alternative ways of gathering specific information in a more contained manner.

What next steps need to be taken in order to initiate the needs assessment? When do they need to occur? Who will be responsible for completing them?

Questions to consider:

- Who needs to be involved in securing resources needed to complete this work and assigning tasks accordingly?
- Do formal data requests need to be initiated to obtain access to existing data?
- Which parties have the necessary expertise to review data, conduct analyses and summarize results?
- Does a working group need to be initiated to guide this work?

Task	Deadline	Assigned to

Additional resources:

Health Quality Ontario needs assessment resource guide:
https://www.hqontario.ca/portals/0/Documents/qi/qi-rg-needs-assessment-0901-en.pdf
Description: tailored to a Family Health Team audience and includes steps involved for health needs assessments.

NICE guide to health needs assessments:
https://ihub.scot/media/1841/health_needs_assessment_a_practical_guide.pdf
Description: UK resource that summarizes a 5-step approach for health needs assessments in communities

Community Health Needs Assessment for the Taylor-Massey Neighborhood in Toronto:
https://accessalliance.ca/wp-content/uploads/2021/06/TMN-Health-Needs-Assessment_Jan-2018-excl-appendices.pdf
Description: Assessment completed by Access Alliance Multicultural Health and Community Services that incorporates social determinants of health in its analysis.

BHO guide to assessing community needs and resources:
https://ontario.cmha.ca/wp-content/uploads/2017/03/cca_roadmap_assessing_community_needs.pdf
Description: Outlines how needs assessments form the backbone of health organizations positioned to meet the needs of their communities.

Appendix C: Evaluation planning template

This template is comprised of a number of guiding questions relevant to the development of an evaluation plan for mobile mental health and addictions programs. To support relevant conversations, possible answers to these questions applicable to the early-phase of implementation are also included.

Why will we create an evaluation plan for our mobile program?

Possible answers:

- To ensure that we are having the impact we intend to
- To determine whether the program is operating as intended
- To support the continued development of the program to meet changing client needs
- To share information with our funders and partners about the effectiveness of our program

Who will provide input into the design of our evaluation plan? How and when will we engage them to start developing it?

Developing effective evaluation plans requires input from parties who have a proficient level of knowledge of the client population being served, the inner workings of the program, data analysis and evaluation techniques. It is helpful to consider the appropriate composition of the evaluation advisory group, and determine when and how they will be engaged to create the evaluation plan.

What are some potential indicators of success of the program? What data will be used to calculate them? How will that data be obtained?		
It is helpful to identify indicators of success early during the program development process so that potential data sources and associated data collection requirements are incorporated into its design. Many mobile programs administer questionnaires to clients to determine whether services are having their intended impact and meeting anticipated needs.		
Indicator	Data needed to measure	How data will be obtained

Additional resources:

Guide to developing an effective evaluation plan:
https://www.cdc.gov/obesity/downloads/cdc-evaluation-workbook-508.pdf
Description: Summarizes a six-step process for program evaluation

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