Changes We Want to See

Delray Beach, FL

Our vision is that the Delray Beach community will support its residents to connect to a happier, healthier lifestyle. The change we want to see is that **Delray Beach youth and families have improved behavioral health and well-being, with a focus on improving health equity**. We think it will take three things to make that happen: community engagement and connections, more programs and evidence-based practices, and increased awareness and reduced stigma of behavioral health. This document lists our goals, what we will do, and what we want to achieve.

| **Goals** | **What we will do and what we want to achieve in the next four years** | | **What will we achieve long-term?** |
| --- | --- | --- | --- |
| 2016 through 2019 | |
| Community engagement | Activities: Encourage collaboration and partnership between neighbors, individuals, diverse organizations, businesses, individuals, schools, faith, etc.  Ambassador program to create connections between the initiative, services, and the community\* | *Achievements: Increase partnerships and collaboration that promote health equity*  *Increase community connections*  *Increase community knowledge of behavioral health* | *One-third of residents[[1]](#footnote-1) have connections that support behavioral health and health equity.*  *One-third of residents report awareness and acceptance of behavioral health and wellness*  *One-third of residents have access to high-quality, cost effective community-based behavioral supports and services that support health equity.* |
| Marketing | Activities: Brand and market the Healthier Delray Beach initiative in a way that promotes health equity  Disseminate messaging related to behavioral health in a way that promotes health equity | *Achievements: Increase awareness of the Healthier Delray Beach initiative*  *Decrease stigma associated with behavioral health challenges* |
| Programs and practices | Activities: Identify evidence-based practices and programs responsive to the community and support their implementation  -Bridge the gap between the community and the behavioral health system with community liaisons  -Provide training on health disparities and social determinants of health  -Explore accessing services through a peer specialist; pilot a one-stop shop (longer-term) | *Achievements: Increase knowledge and skills in evidence-based practices*  *Increase residents’ access to the behavioral health supports and services they want and need* |

# Evaluation Plan: March 1, 2017 through February 28, 2018

This document includes four sections: progress on the end result, achievements and key activities from the template, and measures of collective impact. The plan does not include all potential achievements and activities but only those that will generate information that can be used.

**What change do we want to see?**

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| --- | --- | --- |
| **What is our end result?** | **How will we collect the data?** | **What is the baseline?** |
| Delray Beach residents have improved behavioral health and well-being | Collect data on resiliency and support through a 4-question community survey. | Will be determined upon first data collection |

**What will we achieve (outcomes)?**

| **What will we achieve and how will we know?** | **How will we collect the data?** | **What is the baseline?** |
| --- | --- | --- |
| 50% of an estimated 600 residents engage with social media (like, share, comment), representing increased community knowledge of Healthier Delray Beach and behavioral health | 10 -12 bellweather interviews three times a year\* and social media analytics; data will be disaggregated by demographics to assess health equity. | The current social media analytics report has a 47% engagement rate (liked, shared, and commented) out of 414 total residents. |
| 85% of an estimated 200 participants increase knowledge and skills in evidence-based practices and/or health disparities | Retrospective surveys administered at the end of training | Will be established through the retrospective survey |
| X residents access behavioral health services and supports they want and need, including social determinants of health | Combine counts of connections to services and bellweather interviews\* (police, schools, leadership, influencers); disaggregate data by demographics to assess health equity. Collection will require partnership agreements to identify relevant services and supports. | Goal and baseline to be established with execution of partnership agreements. |

\*one set of interviews for both questions.

**What will we do (ACTIVITIES)?**

|  |  |  |
| --- | --- | --- |
| **What key activities do we need to accomplish this year?** | **How will we collect the data?** | **What is the baseline?** |
| Develop a sustainability plan | Minutes of the Steering Committee meeting where the plan is adopted | No current sustainability plan |
| Number of connections made through the Ambassador program | Ambassador data will be collected by ambassadors. Data will be disaggregated by demographics to assess health equity. | 0 |
| Number of people impacted by partnerships and collaborations; amount of leverage utilized. | Multiple options: through partners as determined by partnership agreements; feedback at provider meetings; event summary sheets; residents engaged. | 26 |
| Number of trainings and workshops held to support evidence-based programs and practices, number of people trained | Sign in sheets; data will be disaggregated by demographics served to assess health equity | 0 |
| Number of people reached through the marketing strategy | Social media analytics and traditional media reach; disaggregated by demographics where available | 600 |

1. Youth and families in zip codes 33344 and 33345; one-third is approximately 3,000 people. [↑](#footnote-ref-1)