MENTAL WELLNESS PROGRAM ANNUAL REPORT

DCI Number/Fiscal Year: HC-P133 (2022-2023)

NOTE: This document is a representation of the reporting requirements for DCI HC-P133. It is not a reporting template or a data collection tool. Where applicable, reporting templates, guides and data collection tools that will assist you to complete your reporting requirements will be provided by your Regional Office. Please contact your ISC-FNIHB Regional Office if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

Contribution Agreement Recipients shall submit to the Minister, the **Mental Wellness Program Annual Report**, which shall include the following information:

Please see Definitions at end of document for explanations of terminology used below. Definitions can also be accessed using by clicking on the underlined terms within the reporting requirements below.

Please **note**: Recipients are expected to report on only those activities that relate to the recipient's programming as identified in the Program Plan or workplan. Any indicators that do not relate to a recipient's programming can be reported as "not applicable".

1. Recipients reporting on **community-based programs and activities** shall include the following information:

   ***NOTE:** If the community did not provide programs and/or services in any of the following areas, simply write "not applicable" as the response.*

a) Number of addictions community-based workers certified through one of these three certification bodies: Indigenous Certification Board of Canada (ICBOC), Canadian Addiction Counsellors Certification Federation (CACCF), or Canadian Council of Professional Certification (CCPC)	Certified	Non-certified

*(**Note**: If the number of workers has changed over the course of the year (e.g. due to retirement, staff turnover at the time of reporting), please provide a response from the time during the year when the number of workers able to provide these approaches and supports was the greatest.)*

b) Please populate the following table with the type of mental wellness programs and services offered by your community, including the populations served, method of delivery, total number of activities offered and total number of participants.

Type of activity	Populations served			Method of delivery			Total # activities	Total # participants
	Adults	Youth	Children	Virtual	On-the-land	Other		
Substance Use								
Mental Health/Wellness								
Life Promotion /Suicide Prevention								

Type of activity	Populations served			Method of delivery			Total # activities	Total # participants
	Adults	Youth	Children	Virtual	On-the-land	Other		
Crisis Response								
Other (please specify)								

c) Does your organization/community receive funding for Opioid Agonist Therapy (OAT) wraparound services?

☐ Yes ☐ No ☐ Don't Know

If yes, please populate the following table:

Total # of client interactions with OAT site wraparound services in 2022-23.	

d) Does your organization/community provide Harm Reduction activities (i.e. Opioid Agonist Therapy/Opioid Replacement Therapy, naloxone, safe consumption sites, supply distribution and/or needle exchange programs, etc.) (Yes/No)

☐ Yes ☐ No ☐ Don't Know

If yes, please populate the following table:

What type of harm reduction activities does your program offer?

e) Number and type of referrals to treatment centres and/or other specialized services/supports.

Type of referral to treatment centres and/or other specialized services/supports	Number of Referrals in 2022-23
Federally-funded youth treatment centres	
Federally-funded adult treatment centres	
Federally-funded family treatment centres	
Provincial youth treatment centres	
Provincial adult treatment centres	
Provincial family treatment centres	
Psychiatric services	
Social worker services	
Medical specialist services	
Other (please specify)	

f) Please populate the table below with respect to training activities offered to health care workers (regulated and/or non-regulated) on trauma-informed care, including number of individuals trained.

Title of Training Activity	Total Number of Individuals Trained in 2022-23

g) Have you completed any Mental Wellness program(s) evaluation(s) in the past year?

☐ Yes ☐ No ☐ Don't Know

If yes, please populate the following table:

Please list the program(s) that was/were evaluated.

*** If you are willing to share, please attach the program evaluation.

h) A **description** of successes, challenges, impacts, and/or unanticipated developments that occurred during the course of the fiscal year related to mental wellness activities in the community.

[Insert text here]

2. Recipients reporting on behalf of **Mental Wellness Team(s)** **projects** shall include the following information:

NOTE: *If the mental wellness team did not provide services in any of the following areas, simply write "not applicable" as the response.*

a) Please list all of the communities with access to the mental wellness team (i.e., the catchment area). Please indicate which communities received services this fiscal year.

Communities	Community received services in 2022-23 (Yes/No)

b) Please populate the table below with respect to services offered by and/or provided by your mental wellness team.

Activities	Offered by Team		Provided by Team	
	Yes	No	Yes	No
Professional counselling				
Crisis Response				
Cultural supports/approaches				

c) If your team provided crisis response services, please provide the total number of crisis response related deployments made by the team, by type of crisis.

Type of Crisis	Total # Deployments
Suicide	
Substance use	
Natural disaster	
International violence and harm	
Family disruption/disturbance	
Other (please specify)	

If your team provides cultural approaches/supports, please populate the following two tables:

Number of mental wellness team workers that are able to provide cultural approaches/supports to individuals, families or communities.	

***Note**: If the number of workers has changed over the course of the year (e.g. due to retirement, staff turnover at the time of reporting), please provide a response from the time during the year when the number of workers able to provide these approaches and supports was the greatest.*

Type of culture-based activities offered	Number of Activities in 2022-23

d) Please populate the table below with respect to training activities offered to health care workers (regulated and/or non-regulated) working as part of the mental wellness team on trauma-informed care.

Type of Training Activity	Total Number of Training Sessions Offered in 2022-23	Total Number of Individuals Trained in 2022-23

e) Total number of health care workers (non-regulated and/or regulated) working as members of the mental wellness team	

Note: *If the number of workers has changed over the course of the year (e.g. due to retirement, staff turnover at the time of reporting), please provide a response from the time during the year when the number of workers was the greatest.*

f) Please populate the table below with respect to total number of deployments including home community, within catchment area, regionally, or nationally. Including number of clients served.

Type of deployment	# of Deployments	# of Clients Served
Home community (if applicable)		
Within catchment area		
Regionally		
Nationally		

g) A **description** of successes, challenges, outcomes, or unanticipated developments that occurred during the course of the fiscal year.

[Insert text here]

DEFINITIONS

Term	Definition/Explanation
Certified	Refers to certification of workers. Certification is a process by which an independent third party assesses and acknowledges an individual's level of knowledge and skill relative to a set of pre-determined standards. This is typically accomplished by means of collecting and presenting information related to educational background, work/life experience, and specific skill sets. Membership fees, ethics codes, and yearly reviews are also a common part of the certification process. Certification is achieved by a combination of specific addiction education and direct counselling work experience. Certification bodies include: 1. Indigenous Certification Board of Canada (ICBOC) (previously the First Nation Wellness/Addictions Counsellor Certification Board) 2. Canadian Addiction Counsellors Certification Federation (CACCF) 3. Canadian Council of Professional Certification (CCPC)
Community-based workers	In this context, community-based workers (also sometimes referred to as non-regulated workers) would be any mental wellness workers who are not covered by a professional body. For example: NNADAP workers, outreach workers, mental health workers, trauma workers, etc.
Cultural approaches/supports and activities	Any activities or supports that are cultural in nature. This can include, but is not limited to traditional/cultural teachings, on-the-land activities, community feasts, etc.
Deployments	While the word deployment is often used by the military for sending troops into duty, it can also be defined as *the action of bringing resources into effective action*. So in the context of a mental wellness team, it would be the act of responding to a crisis in a community. So for each crisis you respond to, this would be counted as one deployment.
Harm Reduction	Harm reduction is an evidence-based, client-centred approach that seeks to reduce the health and social harms associated with addiction and substance use, without necessarily requiring people who use substances from abstaining or stopping. Included in the harm reduction approach to substance use is a series of programs, services and practices. Essential to a harm reduction approach is that it provides people who use substances a choice of how they will minimize harms through non-judgemental and non-coercive strategies in order to enhance skills and knowledge to live safer and healthier lives.[1]

[1] https://ontario.cmha.ca/harm-reduction/

Term	Definition/Explanation
Health Care Worker	Any individual providing health care services. This could include cultural support workers, Elders, social workers, psychologists, etc.
Home Community	Home community refers to the community in which the mental wellness team is based. This may not be applicable to mental wellness teams operated by a tribal council or Indigenous organization.
Mental Wellness Team(s)	Mental Wellness Teams (MWTs) are community-based client-centred, multi-disciplinary teams that provide a variety of culturally-safe mental wellness services and supports to First Nations and Inuit communities using a wide diversity of service models which may include crisis response, capacity-building, trauma-informed care, land-based care, prevention, early intervention and screening, after care, and care coordination with provincial and territorial services. All MWTs are defined and driven by the community and can include Indigenous traditional, cultural and mainstream clinical approaches to mental wellness services, spanning the continuum of care from prevention to after-care. Each mental wellness team serves a community or cluster of communities and can include a variety of community-based and clinical professionals. The combination of services provided and composition of the team reflects community needs and priorities. The MWTs are delivered either by First Nations and Inuit communities, tribal councils or organizations.
Non-regulated health care worker	Is any health care worker who is not covered by a professional body. (Previously referred to as para-professionals.) This can include community-based workers, cultural support workers, Elders, youth workers, etc.
Opioid Agonist Therapy / Opioid Replacement Therapy wraparound services	Opioid Agonist Therapy (OAT) / Opioid Replacement Therapy (ORT) involves taking opioid agonists such as methadone or buprenorphine-naloxone to prevent withdrawal and reduce cravings for opioids. Wraparound services work to address underlying or associated issues through counselling and traditional practices. Counselling helps to position community members to address a multitude of issues and challenges related to the social determinants of health and create opportunities to improve their health outcomes and health status. Furthermore, the continuum of care permits the integration and coordination with other health resources in the community.
Regulated health care worker	Is a registered member in good standing with the regulatory college applicable to the worker's profession and that the worker is entitled to practice his or her profession in accordance with the laws of the province/territory where the care is to be provided. (Previously referred to as professionals.) This can include social workers, psychologists, nurses, etc.
Specialized services/supports	In this context, specialized services/supports refer to those that

Term	Definition/Explanation
	are outside of the community or tribal council and includes substance use treatment centres. Services/supports that would be included here could include psychiatric services, social worker services, medical specialist services, federally-funded adult/youth/family treatment centres, provincially-funded adult/youth/family treatment centres, private adult/youth/family treatment centres, etc.
Trauma-informed care	Given the number of adverse experiences and the history of trauma in First Nations communities, a trauma-informed approach to care is highly recommended. With trauma-informed care, the service provider or frontline worker is equipped with a better understanding of the needs and vulnerabilities of First Nations clients affected by trauma. This knowledge increases their sensitivity to viewing trauma as an injury and their ability to support healing based on compassion, placing priority on a trauma survivor's safety, choice, and control. A trauma-informed approach can include building trauma-informed systems, assessing and treating trauma, addressing secondary trauma in caseworkers, and providing trauma training. It can also mean developing trauma resources for caseworkers, caregivers, and families.