MENTAL WELLNESS PROGRAM ANNUAL REPORT

DCI Number/Fiscal Year: HC-P133 (2020-2021)

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 and are identified in bold lettering or italics throughout this document. Please contact your DISC-FNIHB Regional Office if you have not received a copy of the documents, if you have questions, or require assistance.

Program Reporting Requirements:

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

1. Funding Agreement Recipients shall include the following mandatory information:
   
   A. Recipients reporting on community-based programs and activities shall include the following information:
      
      i. Number of certified community-based workers.
      
      ii. Total number of community-based workers.
      
      iii. Did your community offer community-based problematic substance use supports? (Yes/No)

   B. Recipients reporting on behalf of Mental Wellness Team(s) shall include the following information:
      
      i. Names of communities with access to the mental wellness team (i.e., the catchment area).

2. Funding Agreement Recipients shall include the following information if applicable, based on the recipient’s Program Plan or workplan:

   A. Recipients reporting on behalf of community-based programs and activities shall include the following information:
      
      i. Health Promotion, Prevention, Community Development and Education
         a. Type of training activities offered by the community on signs and symptoms and responding to suicidal behaviours including number of sessions and number of individuals trained.
      
      ii. Early Identification and Intervention
         a. Type of early identifications and interventions activities provided in your community.
      
      iii. Coordination of Care and Care Planning
a. Did your community have linkages with external service providers in delivering Mental Wellness promotion? (Yes/No)

b. Number and type of referrals to specialized services/supports.

c. Number and type of referrals to substance use treatment centres including number of referrals accepted by treatment centres.

iv. Workforce Development

a. Total number of professional health care workers.

b. Number of community-based and/or professional health care workers who have been trained in trauma-informed care.

v. 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.

vi. A summary of the overall outcomes related to mental wellness activities in the community. Have you achieved some or all of your community outcomes? If not, what are your priorities?

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

i. Does your mental wellness team offer crisis response services? (Yes/No)

ii. Does your mental wellness team provide professional counselling to individuals and/or families? (Yes/No)

iii. Does your mental wellness team have workers providing cultural approaches/supports to individuals, families or communities? (Yes/No) If yes, how many workers provide cultural approaches/supports?

iv. Number and type of culture-based activities offered.

v. Number of para and/or professional health care workers who have been trained in trauma-informed care.

vi. Total number of para and/or professional health care workers.

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

Please contact the region for a copy of the Mental Wellness Program Reporting Template for reference and assistance in the completion of these Reporting Requirements.