

Ministry of Children, Community and
Social Services

Indigenous Healing & Wellness Strategy

2024-25 Service Objectives

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INTRODUCTION

The Service Objectives Document (“Service Objectives Document”) is part of the Transfer Payment Agreement between His Majesty the King in right of Ontario as represented by the Minister of Children, Community and Social Services (“the Province”) and the Transfer Payment Recipient.

The Transfer Payment Recipient will deliver the programs and services in accordance with the requirements as outlined in this Service Objectives Document in addition to all conditions and requirements within the Transfer Payment Agreement.

Throughout the Service Objectives Document, the word “ministry” refers to the Ministry of Children, Community and Social Services.

Overview of the Indigenous Healing & Wellness Strategy

The **Indigenous Healing & Wellness Strategy** (IHWS) was launched in 1994 as a comprehensive and Indigenous-led strategy to reduce family violence, violence against Indigenous women and children, and improve Indigenous health, healing and wellness through culturally responsive programs, and ongoing collaboration between Ontario ministries and Indigenous partners.

IHWS programs are designed, managed and delivered by and for Indigenous peoples based on the **Healing Continuum** and **Lifecycle Teachings** for a wholistic Indigenous-led approach to healing, health and wellness that integrates supportive resources and community development, prevention and promotion, crisis response and therapeutic services.

Indigenous knowledge and cultures provide the foundation for all programming – teachings and traditional healing practices, medicines, ceremonies, and land-based activities are supported and integrated into service design and delivery.

IHWS contracting and reporting are aligned along the Healing Continuum as outlined in Table 1 below.

Table 1: Indigenous Healing and Wellness Strategy Components

Component F621: Crisis Intervention	Component F622: Curative & Rehabilitative Care	Component F623: Promotion and Prevention	Component F624: Supportive Resources, Training & Capacity Building
Services Delivered: 1. Crisis Response 2. Shelter & Family Healing Program	Services Delivered: 1. Healing Lodges 2. Indigenous Mental Health & Addictions Treatment & Healing Centres	Services Delivered: 1. Community Wellness Workers 2. Health Outreach Workers 3. Health Navigators 4. Indigenous Healthy Babies Healthy Children 5. Kizhaay Anishinaabe Niin	Services Delivered: 1. IHWS Community & Resource Development, Policy & Planning Programs 2. Indigenous Anti- Human Trafficking Liaisons 3. Indigenous Translators

Component F621: Crisis Intervention	Component F622: Curative & Rehabilitative Care	Component F623: Promotion and Prevention	Component F624: Supportive Resources, Training & Capacity Building
		6. Maternal & Child Centre 7. Mental Health Program 8. Supports for Two- Spirit & Indigenous LGBTNBQQIA+ Individuals	4. Outpatient Accommodations & Supports 5. Program Supports & Service Planning

SUMMARY OF KEY CHANGES FOR 2024-25

Crisis Response Program

- A few minor wording changes were made to provide clarity in the roles, levels of service, and descriptions/definitions, based on Partner feedback. No changes to the names or number of service data elements.

Kizhaay Anishinaabe Niin Program

- Two new data elements were added to support the capturing of data as a result of the new Indigenous-specific Partner Violence Prevention (IPVP) program designation.
- An additional paragraph was added in the service description to capture the new Indigenous-specific Partner Violence Prevention Program designation.

Table 1: Key Changes in the 2024-25 Service Objectives Document (organized based on the order of the Service Objectives document)

Program(s)	Summary of Key Changes
Crisis Response Program	<p>A few minor wording changes were made in the Crisis Response program description to provide additional clarity in the roles, levels of service, and descriptions/definitions, based on Partner feedback. These are text changes to the descriptions only and do not impact the names or number of service data elements.</p> <p>The text in red below is the text that has been added.</p>

Service Description Section:

- The **Crisis Team Program** is a First Nation community-based program which includes the recruitment and deployment of volunteer community members to respond to crises in the community. The Crisis Team is led by the community's IHWS Crisis Coordinator who provides a range of client-based services and participant-based activities. **The IHWS Crisis Coordinator operates at the community level.**
- The Crisis Teams may receive additional coordination and intervention support from **Regional Crisis Coordinators (who operate at the Tribal Council level)** and other volunteer Crisis Teams located in other First Nations, as needed and appropriate. Regional Crisis Coordinators also deliver training and client-based services as required.
- The **NAN Flexible Crisis Fund** will be distributed to northern/isolated First Nation communities that have been impacted by a crisis and require one-time funding to provide local immediate and short-term therapeutic interventions.
- **NAN Crisis Coordinators** will support the provision of an effective, coordinated response to people in a crisis or emergency that are experiencing incident-related trauma, with a primary focus on suicide and family violence. **The NAN Crisis Coordinators operate at the PTO level.**

Service Data Section:

of Trainings: Crisis Response

- The total number of training sessions delivered by IHWS-funded Regional Crisis Coordinators and/or **NAN-IHWS** Crisis Coordinators during the reporting period. Each individual training activity should be counted as 1. If training is not provided through your IHWS-funded program, put "0".

See service description for further details and examples of [Training](#).

of Individuals: Received Training: Crisis Response

- Unique, or unduplicated, count of individuals who received training provided by an IHWS-funded Regional Crisis Coordinator, **NAN-IHWS** Crisis Coordinator or funded through the **NAN Crisis Team Program or Flexible Crisis Fund** during the reporting period (e.g. individuals who received mental health training that was funded through the flexible crisis fund).

	<p>Each unique individual who accesses a training activity should be counted once. If training is not provided through your IHWS-funded program, put “0”.</p> <p>See service description for further details and examples of Training.</p> <p># of Responses: Crisis Situations: Crisis Response</p> <ul style="list-style-type: none"> The number of community crisis support requests received and responded to by Regional Crisis Coordinators and NAN IHWS Crisis Coordinators during the reporting period. <p>Each request for crisis support from a member community that is received and responded to (e.g. crisis coordination support provided) is counted as 1. For example, if a Regional Crisis Coordinator fulfills 20 requests for crisis support from member communities during the reporting period, it would be counted and reported as 20.</p>
<p>Kizhaay Anishinaabe Niin Program</p>	<p>1. The following text was added in the service description section to speak to the Indigenous-specific Intimate Partner Violence Prevention program designation:</p> <p><i>As of April 1st, 2023, the Kizhaay Anishinaabe Niin program is a designated Indigenous-specific Intimate Partner Violence Prevention (IPVP) program by the Ministry of the Attorney General (MAG), an Indigenous alternative to the Partner Assault Response (PAR) program offered through MAG, for individuals engaged in the justice system for Intimate Partner Violence.</i></p> <p>2. Two new data elements were added to support the capturing of data for the Kizhaay Anishinaabe Niin program and the Intimate Partner Violence Prevention (IPVP) designation. These data elements are:</p> <ul style="list-style-type: none"> # of Indigenous-Specific IPVP Program Clients: Completed 12-week Program: Kizhaay Anishinaabe Niin # of Indigenous-Specific IPVP Program Referrals Accepted: Kizhaay Anishinaabe Niin

GENERAL EXPECTATIONS

1) Applicable to all IHWS Transfer Payment Recipients (TPRs) and their sub-contractors (i.e. member communities and third parties)

- **Informed Consent:** Participation in the program is expected to be voluntary. Individuals who can give their consent to service or treatment must be provided with informed consent respecting any service provided or intervention undertaken. In the case of children and youth, consent must be received from the parent, guardian, or authorized substitute decision-maker (e.g. as required in the *Child, Youth and Family Services Act*).
- **Vulnerable Sector Checks:** TPRs must confirm that a Police Vulnerable Sector Check has been completed within the last three years, and every three years thereafter for anyone who comes into unsupervised contact with women and/or their dependents while performing their duties at the agency. This requirement applies to both current and new staff, volunteers, and others (e.g., students, board members, Elders, Knowledge Holders, Traditional Healers, purchased services).
- **Certificates of Insurance:** TPRs must ensure that insurance is purchased and renewed annually to provide coverage for their IHWS programs. Certificates of Insurance are required as part of the annual budget process and must be submitted to the IHWS Office through Transfer Payment Ontario.
- **Optional Year-End Narrative Report:** TPRs may report on the impacts and outcomes of their IHWS funding through an optional year-end narrative. TPRs may use the template available for download in Transfer Payment Ontario or self-determine how they would like to report (e.g. year-end report, visuals, video, client surveys, etc.).

2) Applicable to all Mental Health & Addictions Service Providers

- **ConnexOntario:** TPRs (including third parties/member communities) who deliver mental health and addictions programming and services (e.g., Healing Lodges, MHA Treatment & Healing Centres, Mental Health Program) are encouraged to register with ConnexOntario ([Mental Health & Addiction Treatment Services | Connex Ontario](#)) to support individuals in accessing services.
 - ConnexOntario provides free and confidential health services information for people experiencing problems with alcohol and drugs, mental illness, or gambling by connecting them with services in their area.
 - Service partners can request to be added to ConnexOntario by emailing hdl@connexontario.ca

3) Applicable to all Congregate Living Service Providers

- **Serious Occurrence Reporting:** TPRs and third parties/member communities who deliver programming in a congregate living setting (residential) must report on serious incidents to the ministry using the online Serious Occurrence Reporting tool. Please contact your IHWS Program Supervisor for more information or email ihws.sor@ontario.ca.

4) Applicable to all IHWS Transfer Payment Recipients who have member communities, satellite offices, and third parties (i.e. subcontractors) who deliver IHWS programming

- **Sub-contractor Form Validation:** TPRs who have third parties/member communities are required to review and update their unique Sub-contractor Form to be submitted as part of the budget form process.

Indigenous Healing and Wellness Strategy

Component: IHWS – Crisis Intervention

Services Delivered: Crisis Response Program

Component: IHWS – Crisis Intervention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Provide an effective and coordinated approach to crisis response to decrease the impact of trauma on victims and survivors, and reduce the incidence of suicide and family violence in northern and remote First Nations,
- Address the crisis situations of youth suicides occurring in NAN territories and other surrounding Independent First Nations in the remote north, and,
- Respond to the recommendations from the Inquest of the Seven Youth Death in Thunder Bay Report by assisting youth from remote First Nations required to relocate to Thunder Bay to attend the Dennis Franklin Cromarty High School.

Service Description:

- The **Crisis Team Program** is a First Nation community-based program which includes the recruitment and deployment of volunteer community members to respond to crises in the community. The Crisis Team is led by the community's IHWS Crisis Coordinator who provides a range of client-specific services and participant-based activities. The IHWS Crisis Coordinator operates at the community level.
- The Crisis Teams may receive additional coordination and intervention support from **Regional Crisis Coordinators** (who operate at the Tribal Council level) and other volunteer Crisis Teams located in other First Nations, as needed and appropriate. Regional Crisis Coordinators also deliver training and client-specific services as required.
- The **NAN Flexible Crisis Fund** will be distributed to northern/isolated First Nation communities that have been impacted by a crisis and require one-time funding to provide local immediate and short-term therapeutic interventions.
- **NAN Crisis Coordinators** will support the provision of an effective, coordinated response to people in a crisis or emergency that are experiencing incident-related trauma, with a primary focus on suicide and family violence. The NAN Crisis Coordinators operate at the PTO level.

People Served:

- Crisis team members will provide services in northern and remote First Nations.
- Regional Crisis Coordinators may provide support to individuals (including community members in urban centres), Crisis Teams/Coordinators, and community leadership in northern and remote First Nations.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.

Specific Service Provided:

1. Client-Specific Services

- The Crisis Team Program provides **1-on-1 client-specific support services** to people in a crisis or emergency that are experiencing incident-related trauma, including suicide, family violence, bullying/cyberbullying, historical trauma, lateral violence, post-traumatic stress, sexual abuse and sexual abuse disclosure, addictions, and the impacts of an event of a traumatic nature (e.g., sudden death, fire, evacuation).
- A client is a person who receives services from IHWS-funded programs, and for whom case-records or service notes are maintained. A “family” may also be a client, for example, an abused woman and her children or the immediate family members of someone who attempted/died by suicide.
- Types of client-specific services may include:
 - Crisis intervention
 - Suicide prevention/risk reduction (e.g., escorting an “at risk” youth to a safe location)
 - Case management and coordination of services
 - Safety planning and supports
 - Home visits
 - Peer support
 - Advocacy (e.g., securing receipt of specific services for clients such as safe housing and mental health assessment)
 - Coordinated transportation
 - Referrals to other services such as addictions and mental health counselling, shelters/safe houses, legal and social services
 - Help with forms

2. Training

- The provision of **training activities** to individuals and teams to develop the necessary knowledge, skills, and attitudes needed to prevent and respond to crisis situations, such as Critical Incident Stress Management, training on suicide prevention and response (e.g.

ASIST), mental health training (e.g. First Nations Mental Health First Aid), and training on providing trauma-informed care.

- Programming may include self-care training and activities for frontline workers and volunteers who are responding to crisis to address issues of vicarious trauma and burnout. Examples may include crisis debriefing, care-for-the-caregiver models, land-based healing and cultural activities, resiliency and coping skill-building activities.
- Training may address job-related or professional practice-related requirements and/or professional development opportunities to build knowledge and skills.
- Training may include how to complete reports, case management, job skills, communication, case notes, budgeting, and crisis intervention (among others).

3. Crisis Response Planning and Coordination

- The provision of crisis response planning and coordination services, which may include:
 - Provision of support to local Crisis Teams by NAN and Regional Crisis Coordinators to respond to community crises. This may include securing and coordinating resources for the community such as:
 - Arranging transportation, lodging and meals for mental health workers, counsellors, crisis team volunteers and individuals who are impacted by the crisis but live outside of the community
 - Organizing conference calls for the community with supportive resources (e.g. governments, service agencies, Tribal Councils) to provide a coordinated response and address emerging needs
 - Coordinating volunteers to support with crisis management, including volunteers from within the community and other First Nation communities
 - Development and coordination of local volunteer Crisis Teams, including recruitment, screening and training/onboarding of volunteers.
 - Developing or supporting communities to develop crisis response and emergency management plans.
 - Organizing debriefing sessions with those involved in responding to the crisis
 - Developing inter-agency protocols and referral processes to support communities during times of crisis.
 - Establishing regional crisis intervention processes and coordination procedures.

4. Group Activities

- Activities are provided in a group-based setting and oriented towards reducing and preventing suicide, family violence and improving Indigenous healing, health and wellness by:
 - Increasing awareness of specific issues, risks or concerns in the community or group
 - Providing education and information to improve
 - Promoting positive change in values, attitudes and behaviours

- Fostering healing and enabling individuals, families and communities to achieve and enjoy a healthy and balanced life
- Group activities may include:
 - Workshops (e.g., suicide prevention, healthy relationships, life skills, bullying and cyberbullying, youth programming)
 - Public presentations
 - Public awareness and education campaigns
 - Community and cultural events, including feasts Healing/cultural teaching circles and/or support groups
 - Memorial ceremonies or services to commemorate those who have passed
 - Prayer and healing walks
 - Youth camps
 - Fitness and/or recreational activities
 - Land-based activities

5. Flexible Crisis Fund

- The funding recipient will administer a flexible crisis fund that can be accessed by member communities and other First Nations (as appropriate) who require additional one-time supports during times of crisis (e.g., counsellors, mental health workers, transportation, meals, fuel, supplies, program materials, minor capital – e.g. to create safe spaces for youth).

Reporting Requirements:

1. Year-End Report

- The agency will submit a year-end report that lists the name of each community that accessed the flexible crisis fund throughout the year, the number of crisis events, and the total amount of funding provided. A reporting template will be provided by the ministry for completion

2. Service Data

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: Crisis Response	<p>Unique, or unduplicated, count of individuals who received/accessed client-specific services through the IHWS Crisis Response Program during the reporting period.</p> <p>Client-specific services may include: suicide prevention/risk reduction, peer support, case management or coordination of</p>

Service Data Name	Definition
	<p>services, home visits, safety planning and supports, advocacy, crisis intervention, coordinated transportation, referrals, help with filling in forms. See Service description for further details and examples of client-specific services.</p> <p>Each unique individual who accessed client-specific services delivered through the Crisis Response Program is only counted once, even if they accessed multiple services throughout the reporting period. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>A “family” may also be a client, for example, an abused woman and her children or the immediate family members of someone who attempted or died by suicide. For the purpose of reporting, if the family is the client, they are counted as 1. If multiple family members receive intensive, individualized support they should be counted as “individuals”, rather than “a family”.</p> <p>If client-specific services are not provided through your IHWS-funded program, put “0”.</p>
# of Suicide Intervention Services: Crisis Response	<p>The total number of times an individual received suicide intervention/response services. This includes services provided to respond to suicide ideation, suicide attempts and completed suicides.</p> <p>Each service provided or intervention should be counted as 1. For example, if a Crisis Coordinator provides suicide intervention/response support to an individual five times during a fiscal year, the count would be five.</p> <p>If suicide intervention services are not provided through your IHWS-funded program, put “0”.</p>
# of Trainings: Crisis Response	<p>The total number of training sessions delivered by IHWS-funded Regional Crisis Coordinators and/or IHWS Crisis Coordinators during the reporting period. Each individual training activity should be counted as 1. If training is not provided through your IHWS-funded program, put “0”.</p> <p>See Service description for further details and examples of Training.</p>

Service Data Name	Definition
# of Individuals: Received Training: Crisis Response	<p>Unique, or unduplicated, count of individuals who received training provided by an IHWS-funded Regional Crisis Coordinator, IHWS Crisis Coordinator or funded through the NAN Crisis Team Program or Flexible Crisis Fund during the reporting period (e.g., individuals who received mental health training that was funded through the flexible crisis fund).</p> <p>Each unique individual who accesses a training activity should be counted once. If training is not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of Training.</p>
# of Group Activities: Crisis Response	<p>The total number of group activities delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: Crisis Response”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”.</p> <p>See Service description for further details and examples of group activities.</p>
# of Individuals: Accessed Group Activities: Crisis Response	<p>The total number of individuals who took part in group activities delivered during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not</p>

Service Data Name	Definition
	<p>include participants of the group activities that were not reported in “Number of Group Activities: Crisis Response”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”.</p> <p>See Service description for further details and examples of group activities.</p>
# of Communities: Accessed Flexible Crisis Fund: Crisis Response	<p>The total number of communities that received financial support through the flexible crisis fund during the reporting period. Each time a community accesses funding should be counted as 1.</p>
# of Responses: Crisis Situations: Crisis Response	<p>The number of community crisis support requests received and responded to by Regional Crisis Coordinators and IHWS Crisis Coordinators during the reporting period.</p> <p>Each request for crisis supports from a member community that is received and responded to (e.g. crisis coordination support provided) is counted as 1. For example, if a Regional Crisis Coordinator fulfills 20 requests for crisis support from member communities during the reporting period, it would be counted and reported as 20.</p>
Ministry- funded Agency Expenditures: Crisis Response	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Crisis Response program in the reporting year (cumulative).</p>

Services Delivered: Shelter and Family Healing Program

Component: IHWS – Crisis Intervention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- **Crisis intervention:** Increase the safety of Indigenous women/individuals and their dependents through the provision of safe, temporary residence and support services.

- **Therapeutic:** the provision of counselling and supports necessary to assist Indigenous women/individuals and their dependents through the crisis, and support family healing.
- **Rehabilitative:** the provision of post-crisis after-care and support to facilitate healing and the re-building of a safe and healthy life in a violence-free environment for Indigenous families, particularly Indigenous women/individuals and their dependents, including support with accessing safe and affordable housing (e.g., case management, referrals, advocacy, other support services).

Service Description:

- Safe, temporary residence and support services (e.g., safety planning, support with accessing housing, counselling) for women/individuals and their dependents.
- Programming may include client-specific, non-bed-based services such as follow-up/aftercare and support, safety planning, support with accessing housing, and group activities to prevent violence and support family healing.

People Served:

- Indigenous individuals and their dependents, including Indigenous women, Two- Spirit, transgender, intersex and non-binary individuals, Indigenous men, and Indigenous families.
- Shelter & Family Healing Programs may also serve non-Indigenous individuals and/or families, as needed.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.
- It is expected that bed-based programming/services be available 365 days a year. Any proposed difference in this schedule requires explanation and MCCSS agreement.
- Programming and services are culturally responsive, trauma-informed, and strengths-based and reflect the individual and/or family needs.

Specific Service Provided:

1. Client-Specific Services

- Client-specific services are intended to promote and support personal or family safety, health and well-being.
- The services are intended to facilitate healing of those who are involved in or have experienced violence.
- Shelter & Family Healing programs may offer preventative, therapeutic and rehabilitative programming for men who are involved in family violence, violence against Indigenous women, and/or experienced violence.

- **Bed-Based Services:** the provision of safe, temporary residence and may include food and items to address personal needs (e.g. hygiene products, toys and games for children) and support services to women/individuals and their dependents who are seeking safety.
 - **Bed-Based Support Services** have a client-specific healing or therapeutic objective and process and may include:
 - Counselling
 - Safety and transition planning
 - Referral to other necessary services/programs
 - Access to Indigenous healing services
 - Supports in accessing safe and affordable housing, including assisting with housing applications and developing transition plans
 - Advocacy on behalf of the woman/individual and their dependents
 - Emergency transportation
 - **Non-bed-based support services** (such as those identified under bed-based support services above) are provided to individuals not accessing bed-based services. Services are offered to those seeking to increase or maintain personal or family safety, or reduce the risk or incidence of violence, and/or to support healing.

2. Group Activities

- Activities are provided in a group-based setting oriented towards reducing and preventing family violence, violence against Indigenous women and improving Indigenous health, healing and wellness by:
 - Providing focused education and information
 - Promoting positive change in values, attitudes and behaviours, and/or
 - Fostering healing and enabling individuals, families and communities to achieve and enjoy a healthy and balanced life
- Group activities may include:
 - Healing/cultural teaching circles and/or support groups
 - Cultural activities (e.g., drum, fan, moccasin and regalia making, tanning hides, ceremonies, sweat lodges, traditional teachings)
 - Workshops (e.g., life skills, violence prevention, healthy relationships, anger management)
 - Fitness and/or recreational activities
 - Land-based activities (e.g., canoeing)

3. Community Outreach, Engagement & Relationship Building

- Community outreach, engagement and relationship building activities are offered to the community-at-large and/or other organizations and oriented towards reducing and preventing family violence and improving Indigenous health, healing, and wellness.

- Activities may include:
 - Public presentations
 - Public awareness and education campaigns
 - Organizing or participating in community, health and wellness fairs or events (e.g., pow-wows, feasts)
 - Participating in local committees
 - Outreach and relationship-building with health and social service organizations, local social/housing providers, and other community partners (e.g., information sharing, referral protocol development and agreements, building cultural awareness and competency, hosting gatherings)

Reporting Requirements:

1. Year-End Reporting Template – Transitional & Housing Support Programming

- Funded recipients are required to submit a year-end reporting template on the outputs and impacts of transitional and housing support programming in IHWS. The template is downloadable in Transfer Payment Ontario.

2. Service Data

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Bed-Based Services: SFHP	<p>Unique, or unduplicated, count of women/individuals who received bed-based, client-specific services during the reporting period, which includes safe temporary residence and support services. See Service description for further details and examples of client-specific services.</p> <p>Each unique individual is counted only once per reporting period, even if they leave the shelter and return at another point during the reporting period. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>Only individuals accessing bed-based, client-specific services provided through the IHWS Shelter & Family Healing Program are counted under this data element. Individuals who only access non-bed-based, client-specific services and phone calls to the shelter are excluded from this data element.</p>
# of Individuals: Received Non-Bed-	Unique, or unduplicated, count of women/individuals who received non-bed-based, client-specific (day programming)

Service Data Name	Definition
Based Support Services: SFHP	<p>supports, such as counselling, safety and transition planning, referrals, etc. See Service description for further details and examples of client-specific services.</p> <p>Each unique individual is counted only once per reporting period, even if they access multiple non-bed-based supports. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period. Phone calls made to the shelter and where client-specific services are provided are counted under this data element.</p> <p>Only individuals who access non-bed-based (day programming) provided through the IHWS Shelter & Family Healing program are counted under this data element. Individuals who access bed-based, client-specific services are excluded from this data element.</p>
# of Dependents: Received Bed-Based Services: SFHP	<p>Unique, or unduplicated, count of dependents (i.e., children) who received bed-based, client-specific services through the IHWS Shelter & Family Healing program during the reporting period.</p> <p>A dependent is counted only once per reporting period even if they received multiple services. If the dependent carries into the next fiscal year, the dependent is counted again in the new reporting period.</p> <p>Only dependents accessing bed-based, client-specific services provided through the IHWS Shelter & Family Healing Program are counted under this data element. Dependents who <u>only</u> access non-bed-based, client-specific services are excluded from this data element.</p>
# of Dependents: Received Non-Bed-Based Support Services: SFHP	<p>Unique, or unduplicated, count of dependents (i.e., children) who received non-bed-based, client-specific support services through the IHWS Shelter & Family Healing program during the reporting period.</p> <p>A dependent is counted only once per reporting period even if they received multiple services. If the dependent carries into the next fiscal year, the dependent is counted again in the new reporting period.</p> <p>Only dependents who access non-bed-based (day programming) provided through the IHWS Shelter & Family Healing program are counted under this data element.</p>

Service Data Name	Definition
	<p>Dependents who access bed-based, client-specific services are excluded from this data element.</p>
<p># of Bed-Based, Client-Specific Services: SFHP</p>	<p>The total number of client-specific services provided to individuals (including dependents/children) who are staying in the shelter/bed-based program during the reporting period. This is the total number of client-specific services delivered to individuals staying in an IHWS-funded congregate care setting. See Service description for further details and examples of client-specific services.</p> <p>For example, if an individual accessed counselling services while staying at a bed-based shelter/program five times in the reporting period, this would be counted as five.</p>
<p># of Non-Bed-Based, Client-Specific Services: SFHP</p>	<p>The total number of non-bed-based, client-specific services provided to individuals during the reporting period. This is the total number of client-specific services delivered to individuals who accessed services through day programming (i.e., the individual is not staying in a bed-based setting while accessing the client-specific services). See Service description for further details and examples of client-specific services.</p> <p>For example, if an individual who is <u>not</u> staying at the shelter/bed-based setting accessed counselling services five times in the reporting period, this would be counted as five.</p>
<p># of Group Activities: Bed-Based Programming: SFHP</p>	<p>The total number of group activities for individuals participating in bed-based programming delivered through the Shelter & Family Healing Program in the reporting period. Each activity held during the reporting period should be counted as 1.</p> <p>If a group activity includes both bed-based and non-bed-based individuals, include the activity in EITHER “Number of Group Activities: Bed-Based Programming” OR “Number of Group Activities: Non-Bed-Based Programming”, according to the primary purpose of the activity and/or targeted individuals.</p> <p>If a group activity for individuals participating in bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Bed-Based Individuals: Accessed Group Activities: SFHP”.</p>

Service Data Name	Definition
	<p>If group activities for individuals participating in bed-based programming are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Bed-Based Individuals: Accessed Group Activities: SFHP</p>	<p>The total number of bed-based individuals who took part in group activities delivered through the Shelter & Family Healing Program during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: Bed-Based Programming: SFHP”.</p> <p>If group activities for individuals participating in bed-based programming are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Group Activities: Non-Bed-Based Programming: SFHP</p>	<p>The total number of group activities for individuals participating in non-bed-based programming delivered through the Shelter & Family Healing Program in the reporting period. Each activity held during the reporting period should be counted as 1.</p> <p>If a group activity includes both bed-based and non-bed-based individuals, include the activity in EITHER “Number of Group Activities: Bed-Based Programming” OR “Number of Group Activities: Non-Bed-Based Programming”, according to the primary purpose of the activity and/or targeted individuals.</p> <p>If a group activity for individuals participating in non-bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to</p>

Service Data Name	Definition
	<p>be decided by the service provider). The program that reports the group activity for individuals participating in non-bed-based programming should also report the total number of individuals who attended that group activity under the “Number of Non-Bed-Based Individuals: Accessed Group Activities: SFHP”.</p> <p>If group activities for individuals participating in non-bed-based programming are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Non-Bed-Based Individuals: Accessed Group Activities: SFHP</p>	<p>The total number of non-bed-based individuals who took part in group activities delivered through the Shelter & Family Healing Program during the reporting period. The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity for individuals participating in non-bed-based programming is jointly organized/funded with another <u>IHWS</u> program, only one program should report the group activity for individuals participating in non-bed-based programming (to be decided by the service provider). The program that reported the group activity for individuals participating in non-bed-based programming (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity for individuals participating in non-bed-based programming under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: Non-Bed-Based Programming: <u>SFHP</u>”.</p> <p>If group activities for individuals participating in non-bed-based programming are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Community outreach, engagement & relationship building Activities: SFHP</p>	<p>The total number of Community outreach, engagement & relationship building activities delivered through the IHWS Shelter & Family Healing program during the reporting period. Each activity should be counted as 1. See Service description for further details and examples of Community outreach, engagement & relationship building activities.</p>

Service Data Name	Definition
	<p>If Community outreach, engagement & relationship building activities are not provided through your IHWS-funded program, put "0".</p>
<p># of Requests for Service: Unfulfilled: SFHP</p>	<p>This data element includes requests for bed-based services that were:</p> <ul style="list-style-type: none"> • Referred elsewhere because the service was at capacity (e.g., beds are at capacity); or • Placed on a waitlist. <p>The same individual may be counted more than once if they requested service at different points in the reporting period.</p> <p>Reporting is based on the initial response that takes place following the request for service. For example, if a woman requests service and is placed on the waitlist and receives the service within the same quarter, her request for service should still be reported once under this data element.</p> <p>Dependents are not counted under this data element.</p>
<p># of Resident Days: SFHP</p>	<p>The number of 24-hour periods for which an individual (including dependents/children) is provided bed-based care. The day on which an individual is admitted is counted as one day of service. The day on which an individual is discharged is not counted. Each occupied IHWS-funded bed counts as one day of bed-based care, which includes overflow beds, such as cots/hotel beds.</p> <p>When the individual enters and leaves the service on the same day, one day is counted.</p> <p>Beds occupied by a dependent or child are included in this count.</p> <p>Note: The day of exit is not counted to allow accurate calculation of occupancy rates. Otherwise, the same bed would be counted twice for two different individuals on the same day.</p> <p>To track resident days, take a daily census of occupied beds (including alternate settings if used) and add up the census to calculate the total number of resident days for the reporting period.</p>

Service Data Name	Definition
# of Beds: SFHP	<p>The total number of beds dedicated for bed-based services to the IHWS Shelter & Family Healing Program at the end of the reporting period. The total number of beds includes the spaces that are and are not occupied at the time of count.</p> <p>The following types of beds are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for SFHP clients. <p>The following types of beds are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.) that are used when the shelter is at capacity.
Ministry- funded Agency Expenditures: SFHP	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Shelter & Family Healing program in the reporting year (cumulative).

Component: IHWS – Curative and Rehabilitative Care

Services Delivered: Healing Lodges

Component: IHWS – Curative and Rehabilitative Care

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Reduce family, sexual and gender-based violence and improve the healing, health and wellness of Indigenous individuals, families, and communities.
- Support Indigenous individuals, families, and communities to address the underlying root causes of substance use and misuse.

Service Description:

- Healing Lodges offer traditional healing approaches guided by the medicine wheels and the life cycle and healing continuum teachings to address the physical, spiritual, mental and emotional impacts stemming from family violence, colonization, residential schools, substance use/misuse, sexual violence, and inter/multigenerational trauma.
- The primary focus is on client-specific service provided in a safe therapeutic environment, which can include multi-day programming with meals/accommodation.

People Served:

- Indigenous individuals, families, and communities.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services
- Programming and services are culturally responsive, trauma-informed, and strengths-based and reflect the individual, family and/or community needs

Specific Service Provided:

1. Client-Specific Services

- Healing Lodges provide bed-based and/or day programs using Indigenous healing and therapeutic interventions to:
 - Reduce the impacts of, or trauma arising from, sexual violence, physical, spiritual, mental, and emotional abuse or family violence.
 - Promote/foster the spiritual, emotional, mental and physical well-being of Indigenous individuals, families, and communities.
 - Foster the healing, rebuilding and strengthening of individual, family, and community relationships.
- **Bed-Based services** include provision of temporary residence (accommodation and food) during the provision of a defined program of therapeutic healing or health services to individuals and/or families.
- **Non-Bed-Based, Client-Specific services** are provided on an in-person day program basis or may be delivered virtually (e.g., teleconference, online video platform).
- Client-specific services are provided on a 1-on-1 basis and may include:
 - Therapies are provided by social workers, social services workers, nurses, nurse practitioners, psychologists or psychiatrists, such as counselling, post-treatment monitoring and community-based support
 - Indigenous healing services and therapies are provided by Knowledge Holders, traditional healers or counsellors, Elders, or traditional medicine practitioners, and include counselling, teachings, ceremonies, post-treatment support and monitoring and community-based support

- Land-based activity, including living off the land
- Recreational activities
- Nutrition, preparation of traditional foods
- Coordination or case management services to clients, advocacy and referrals

2. Group Activities

- Activities are provided in a group-based setting and employ Indigenous healing, therapeutic, and primary prevention/health promotion strategies to:
 - Increase awareness/knowledge of healing/health issues, risks and opportunities
 - Promote healthy attitudinal and behavioral change
 - Address the underlying root causes of family violence, sexual violence, and substance use/misuse
- Group activities may be delivered through bed-based, day-programming, mobile and virtual settings (e.g., teleconference, online video platform).
- Group activities may include:
 - Healing/cultural teaching circles and/or support groups facilitated by a traditional healer, Knowledge Holder, Elder or volunteer peer counsellor
 - Issue-specific group-based healing, such as grief and loss, anger management, healing from trauma
 - Mental health/healing groups or traditional circles facilitated by emotional wellness therapists, psychotherapists, social workers, traditional healers, Knowledge Holders, Elders, or counsellors
 - Nutrition counselling provided by a nutritionist, dietician, Elder, Knowledge Holder, and/or traditional healer
 - Ceremonial and traditional activities, such as (but not limited to) sweat lodges, medicines, teachings, beading, moccasin making, Indigenous arts and crafts, drumming, ribbon skirt/shirt making, etc
 - Land-based healing activities
 - Fitness and/or recreational activities
 - Mobile outreach services to provide therapeutic group-based activities (e.g., healing circles, grief and loss)

3. Community Outreach, Engagement & Relationship Building

- Community outreach, engagement and relationship building activities are offered to the community-at-large and/or other organizations and oriented towards reducing and preventing family violence and improving Indigenous healing, health and wellness.
- Activities may include:
 - Workshops (non-therapeutic)

- Public presentations
- Public awareness and education campaigns
- Organizing or participating in community, health and wellness fairs or events (e.g. pow-wows, feasts)
- Participating in local committees
- Outreach and relationship-building with health and social service organizations, First Nations, and other community partners (e.g. information sharing, referral protocol development, building cultural awareness and competency, hosting gatherings, partner on community- led requests and trainings)
- Training for frontline workers and response to community requests (e.g., trauma-informed care, debriefing, Mental Health First Aid First Nations, train-the-trainer)

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
<p># of Individuals: Received Bed-Based Services: Healing Lodges</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received bed-based, client-specific services during the reporting period, which includes temporary residence and support services.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>Only individuals accessing bed-based services are counted under this data element. Individuals who <u>only</u> access <u>non-bed-based</u> 1- on-1 services are excluded from this data element.</p>
<p># of Individuals: Received Non-Bed-Based, Client-Specific Services: Healing Lodges</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received 1-on-1 non-bed-based, client-specific services.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>Individuals who <u>only</u> access 1-on-1 non-bed-based (day programming) provided through the Healing Lodge Program are counted under this data element. Individuals who access <u>bed-based</u>, client-specific services (i.e., are residing at the Healing</p>

Service Data Name	Definition
	Lodge for the duration of the program) are excluded from this data element.
# of Client-Specific Services: Healing Lodges	<p>The total number of 1-on-1 client-specific services provided to individuals through the Healing Lodges program during the reporting period.</p> <p>For example, if an individual accessed counselling service five times in the reporting period, this would be counted as five. See Service description for further details and examples of client-specific services.</p>
# of Group Activities: Bed-Based Programming: Healing Lodges	<p>The total number of group activities for individuals participating in bed-based programming supported through the Healing Lodge Program during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity includes both bed-based and non-bed-based individuals, include the activity in EITHER “Number of Group Activities: Bed-Based Programming” OR “Number of Group Activities: Non-Bed-Based Programming”, according to the primary purpose of the activity and/or targeted individuals.</p> <p>If a group activity for individuals participating in bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity for individuals participating in bed-based programming should also report the total number of individuals who attended that group activity for individuals participating in bed-based programming under the “Number of Bed-Based Individuals: Accessed Group Activities: Healing Lodges”.</p> <p>If group activities for individuals participating in bed-based programming are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Bed-Based Individuals: Accessed Group Activities: Healing Lodges	<p>The total number of bed-based individuals who took part in group activities offered through the Healing Lodge Program during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who</p>

Service Data Name	Definition
	<p>took part in group activities for individuals participating in bed-based programming in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity for individuals participating in bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity for individuals participating in bed-based programming (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity for individuals participating in bed-based programming under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: Bed-Based Programming: Healing Lodges”.</p> <p>If group activities for individuals participating in bed-based programming are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Group Activities: Non-Bed-Based Programming: Healing Lodges</p>	<p>The total number of group activities for individuals participating in non-bed-based programming supported through the Healing Lodge Program during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity includes both bed-based and non-bed-based individuals, include the activity in EITHER “Number of Group Activities: Bed-Based Programming” OR “Number of Group Activities: Non-Bed-Based Programming”, according to the primary purpose of the activity and/or targeted individuals.</p> <p>If a group activity for individuals participating in non-bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity for individuals participating in non-bed-based programming should also report the total number of individuals who attended that group activity under the “Number of Non-Bed-Based Individuals: Accessed Group Activities: Healing Lodges”.</p> <p>If group activities for individuals participating in non-bed-based programming are not provided through your IHWS-funded</p>

Service Data Name	Definition
	<p>program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Non-Bed-Based Individuals: Accessed Group Activities: Healing Lodges</p>	<p>The total number of non-bed-based individuals who took part in group activities offered through the Healing Lodge Program during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity for individuals participating in non-bed-based programming is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity for individuals participating in non-bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity for individuals participating in non-bed-based programming (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity for individuals participating in non-bed-based programming under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: Non-Bed-Based Programming: Healing Lodges”.</p> <p>If group activities for individuals participating in non-bed-based programming are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Community outreach, engagement & relationship building Activities: Healing Lodges</p>	<p>The total number of Community outreach, engagement & relationship building activities delivered through the Healing Lodge Program during the reporting period. Each activity should be counted as 1. See Service description for further details and examples of Community outreach, engagement & relationship building activities.</p> <p>If Community outreach, engagement & relationship building activities are not provided through your IHWS-funded program, put “0”.</p>

Service Data Name	Definition
# of Trainings: Healing Lodges	<p>The total number of training sessions delivered during the reporting period. Each activity held in the reporting period should be counted as 1. If no training sessions are delivered, put “0”.</p> <p><i>*Note: training sessions funded through the Mental Health Training & Supports for Community Workers initiative should be captured separately through the year-end narrative report available for download in Transfer Payment Ontario.</i></p>
# of Individuals: Received Training: Healing Lodges	<p>Unique, or unduplicated, count of individuals who attended a training session during the reporting period.</p> <p>The total number of unique participants for each training activity is added to calculate the total number of individuals who received training in the reporting period.</p> <p>If no training sessions are delivered, put “0”.</p> <p><i>*Note: individuals who accessed trainings funded through the Mental Health Training & Supports for Community Workers initiative should be captured separately through the year-end narrative report available for download in Transfer Payment Ontario.</i></p>
# of Beds: Healing Lodges	<p>The total number of beds dedicated for bed-based services to the Healing Lodges program at the end of the reporting period. The total number of beds includes the spaces that are and are not occupied at the time of count.</p> <p>The following types of beds are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for IHWS clients <p>The following beds are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.).
# of Resident Days: Healing Lodges	<p>The number of 24-hour periods for which an individual is provided bed-based care. The day on which an individual is admitted is counted as one day of service. The day on which an individual is discharged is not included.</p>

Service Data Name	Definition
	<p>Each occupied bed counts as one day of bed-based care. When the individual enters and leaves the service on the same day, one day is counted.</p> <p>Count resident days when the following types of beds are used by IHWS clients:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS through Healing Lodges program • Beds funded by other revenue (e.g., fundraising) but dedicated for use for IHWS clients • Beds funded by other programs (e.g., homelessness) but used by IHWS clients • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.) <p>Note: The day of exit is not counted to allow accurate calculation of occupancy rates. Otherwise, the same bed would be counted twice for two different individuals on the same day.</p> <p>To track resident days, take a daily census of occupied beds (including alternate settings if used) and add up the census to calculate the total resident days for the reporting period.</p>
<p># of Bed Days Available: Healing Lodges</p>	<p>The cumulative number of spaces available and staffed each day to provide services during the reporting period. The total spaces available each day of the reporting period are added to find the cumulative number of bed days available during the reporting period.</p> <p>The following types of beds are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for IHWS clients. <p>The following beds are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.). <p>This data element is intended to show the organization's capacity to provide service. Spaces or beds that cannot be staffed or spaces closed for renovations or other reasons, such as public health, that are unavailable for service should not be included.</p>

Service Data Name	Definition
	<p>Note: To track this data element, use one of the following two methods:</p> <ol style="list-style-type: none"> 1. Multiply the number of beds by the number of operating days. For example, for the year-end reporting, in a ten bed Healing Lodge that operated for 5 cycles of 60 days, the total number of operating days will be 5 cycles * 60 days = 300 operating days. Therefore, the year-end total count of bed days available will be 10 beds * 300 operating days which is 3,000 bed days available for the reporting period <p>OR</p> <ol style="list-style-type: none"> 2. Take a daily census (during the days bed-based programs are provided) of all open or occupied Healing Lodge beds funded by MCCSS or other revenue (those represented in the Beds data element). For this census, exclude alternate settings (e.g., overflow, cots, hotel, and cribs) and beds dedicated for use by another service (e.g., homelessness). Add up the total daily bed count to report the Number of bed days available for the reporting period.
# of IHWS-Funded FTE Staff: Healing Lodges	The number of assigned IHWS staff (full time equivalent), including program delivery and program administration.
Ministry- funded Agency Expenditures: Healing Lodges	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Healing Lodge program in the reporting year (cumulative).

Services Delivered: Indigenous Mental Health and Addictions Treatment and Healing Centres

Component: IHWS – Curative and Rehabilitative Care

Legislation: *Ministry of Community and Social Services Act*

Program Goals:

- Indigenous youth, adults, and families can access culturally safe bed-based treatment closer to home, in a timely manner.

- Service providers increasingly offer access to Indigenous healing methods and cultural practices in their mental health and addictions supports for clients.
- Improved mental health and wellness in Indigenous communities.

Service Objectives:

- Provide culturally safe bed-based mental health and addictions treatment services for First Nations, Métis, and Inuit peoples using a combination of Indigenous healing and therapeutic approaches to improve the overall health and wellness of individuals, families and communities.
- Indigenous MHA Treatment & Healing Centres form part of Ontario's multi- Ministry response to the Truth and Reconciliation Commission (TRC) Report and to priorities raised by Indigenous partners in Ontario.

Service Description:

- Indigenous MHA Treatment & Healing Centres provide culturally relevant and trauma-informed care using a combination of Indigenous healing and clinical approaches, connected to a bed-based treatment model.
- Treatment models vary according to the needs of the community served, although each Centre must provide access to a medically supervised or traditional detoxification (detox) or withdrawal management option for people withdrawing from substances who require a safe and supportive environment (either through direct provision of services or through a partnership with another service provider).
- Programs may include the addition of mobile, land-based, and/or community- based programs connected to an existing bed-based treatment model.
- Programs address one or more of the following priorities identified by Indigenous partners:
 - Community Healing Models to Address Sexual Abuse
 - Community Wellness, including programming that addresses or leads to community wellness, prevention and early intervention programming, wellness promotion and education programs
 - Addressing Gaps in the Continuum of Opioid Replacement Therapy, including addressing gaps in the continuum of treatment for individuals withdrawing from the use of opiates, Indigenous approaches to withdrawal management and stabilization, and cultural supports for individuals in withdrawal management programs
 - System Transformation and Coordination, including programming that addresses the broader social determinants of health, interdisciplinary approaches to healing, programs that support coordinated systems of care built around client needs and strengths, and programs that support partnership and collaboration
 - Workforce Development and Continuity, including programs that support workforce continuity, programs that support and promote the wellbeing of front-line workers, and staff training opportunities

- Responding to Gaps in Service Across Lifecycle, Geography, and Jurisdiction, including programs targeted towards a specific age group, population segment, or geography

People Served:

- First Nations, Métis, and Inuit youth, adults and/or families.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous MHA Treatment & Healing Centres are designed, managed and delivered by and for Indigenous peoples
- Indigenous knowledge and practices provide the foundation for the development of programming and the delivery of care
- Treatment for mental health and addictions issues is provided using a combination of Indigenous healing and therapeutic approaches
- Treatment models are aligned with relevant First Nations, Métis, and Inuit Mental Wellness Models and Frameworks
- Programs are connected to a bed-based service delivery model, which involves the provision of safe temporary residence (accommodation and food) and support services
- Individuals who are withdrawing from substances have access to a medically supervised or traditional detox or withdrawal management option, either on-site or through partnerships with local service providers
- Treatment models will reflect the following principles:
 - **Family and Community:** Services for individuals are considered in the context of family and community. Family and community members are involved in the healing journey of clients to support return to a positive family and community environment and sustain the gains made through treatment
 - **Community Development:** Programs help to build capacity within communities and contribute to long term wellness within Indigenous populations in Ontario
 - **Trauma Engaged:** Programs support clients to heal from historical, current, and intergenerational trauma they have experienced
 - **Land Based:** Programs use land-based healing methods to deliver care and address client needs
 - **Strengths Based:** Programs and services utilize and build on the strengths of Indigenous individuals, families and communities to deliver care and address client needs
 - **Continuity of Relationships:** Programs and services support the continuity of relationships over time and across jurisdictional, geographical and service divides

Specific services may include:

- Intake, screening, and assessment services

- Pre-treatment programming
- Treatment models specialized for families, youth and adults
- Bed-based services, defined as the provision of safe temporary residence (accommodation and food) in conjunction with support services
- Substance use disorder services and treatment
- Medically supervised detox or withdrawal management services delivered on-site or through partnerships
- Wholistic mental health counselling Individual, family and group therapy
- Indigenous healing practices and cultural supports, including teachings, traditional medicines, ceremonies, healing circles and support groups, and land- based activities
- Coordination of care and care planning, including referrals
- Post-treatment supportive programming and aftercare
- Expanded day programming
- Community wellness activities focused prevention and health promotion, such as workshops, community and cultural events, land-based activities, and public awareness and education campaigns
- Training and capacity building opportunities for front-line workers, including programs that support and promote the wellbeing of front-line workers and assist them in meeting their own healing needs

Reporting Requirements:

1. Year-End Narrative Report

- MHA Treatment & Healing Centres are required to submit a year-end narrative report to the ministry. The template is available for download in Transfer Payment Ontario
- Service partners can highlight participant feedback on programs and services and use participants' own words when possible
- Narrative reports can include creative forms of communication and reporting, including audio, visual, oral and/or written formats

2. Service Data

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Bed-Based Services: MHA T&HC	Unique, or unduplicated, count of individuals (including dependents/children) that received bed-based services during the reporting period, which includes safe, temporary residence

Service Data Name	Definition
	<p>(accommodation and food) and support services (e.g., substance use services and treatment, on-site medically supervised or traditional withdrawal management (detox), mental health counselling, referrals, traditional healing services and cultural supports).</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period. Only individuals accessing bed-based, client-specific services provided through the Indigenous MHA Treatment & Healing Centre program are counted under this data element. Individuals who <u>only</u> access non-bed-based, client-specific services are excluded from this data element.</p>
<p># of Individuals: Received Non-Bed-Based Services: MHA T&HC</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received non-bed-based treatment and healing services.</p> <p>Non-bed-based services may include intake, screening, and assessment services; pre-treatment programming; day programming; post-treatment supportive programming and aftercare.</p> <p>Each unique individual is counted only once per reporting period. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period. Only individuals who access non-bed-based (day programming) provided through the Indigenous MHA Treatment & Healing program are counted under this data element. Individuals who access bed-based, client-specific services are excluded from this data element.</p>
<p># of Group Activities: Non-Bed-Based Programming: MHA T&HC</p>	<p>The total number of group activities for individuals participating in non-bed-based programming supported through the Treatment and Healing Services Program during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity for individuals participating in non-bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity for individuals participating in non-bed-based programming should also report the total number of individuals who attended that group activity under the “Number of Non-Bed-Based Individuals: Accessed Group Activities: MHA T&HC”.</p>

Service Data Name	Definition
	<p>If group activities for individuals participating in non-bed-based programming are not provided through your IHWS-funded program, put "0". See Service description for further details and examples of group activities.</p>
<p># of Non-Bed-Based Individuals: Accessed Group Activities: MHA T&HC</p>	<p>The total number of non-bed-based individuals who took part in group activities offered through the Treatment and Healing Services during the reporting period. The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in non-bed-based, group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity for individuals participating in non-bed-based programming is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity for individuals participating in non-bed-based programming (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity for individuals participating in non-bed-based programming under this data element. Do not include participants of the group activities that were not reported in "Number of Group Activities: Non-Bed-Based Programming: MHA T&HC".</p> <p>If group activities for individuals participating in non-bed-based programming are not provided through your IHWS-funded program, put "0". See Service description for further details and examples of group activities.</p>
<p># of Beds: MHA T&HC</p>	<p>The total number of beds dedicated for bed-based services to the MHA Treatment & Healing Centre program during the reporting period. The total number of beds includes the spaces that are and are not occupied at the time of count, including IHWS-funded withdrawal management/detox services.</p> <p>The following types of beds are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for IHWS clients.

Service Data Name	Definition
	<p>The following beds are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.).
<p># of Bed Days Available: MHA T&HC</p>	<p>The cumulative number of spaces available and staffed each day to provide services during the reporting period. The total spaces available each day of the reporting period are added to find the cumulative number of bed days available during the reporting period.</p> <p>The following types of beds are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for IHWS clients. <p>The following beds are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.). <p>This data element is intended to show the organization’s capacity to provide service. Spaces or beds that cannot be staffed or spaces closed for renovations or other reasons, such as public health, that are unavailable for service should not be included.</p> <p>Note: To track this data element, use one of the following two methods:</p> <ol style="list-style-type: none"> 1. Multiply the number of beds by the number of operating days. For example, for the year-end reporting, in a ten bed Healing Lodge that operated for 5 cycles of 60 days, the total number of operating days will be 5 cycles * 60 days = 300 operating days. Therefore, the year-end total count of bed days available will be 10 beds * 300 operating days which is 3,000 bed days available for the reporting period. <p>OR</p> <ol style="list-style-type: none"> 2. Take a daily census (during the days bed-based programs are provided) of all open or occupied Healing Lodge beds funded by MCCSS or other revenue (those represented in the Beds data element). For this census, exclude alternate settings (e.g., overflow, cots, hotel, and

Service Data Name	Definition
	<p>cribs) and beds dedicated for use by another service (e.g., homelessness). Add up the total daily bed count to report the Number of bed days available for the reporting period.</p>
<p># of Resident Days: MHA T&HC</p>	<p>The number of 24-hour periods for which an individual (including dependents/children) is provided bed-based care. The day on which an individual is admitted is counted as one day of service. The day on which a client is discharged is not counted. Each occupied bed counts as one day of bed-based care, which includes overflow beds, such as cots/hostel beds. When the individual enters and leaves the service on the same day, one day is counted. Beds occupied by a dependent or child are included in this count.</p> <p>Note: The day of exit is not counted to allow accurate calculation of occupancy rates. Otherwise, the same bed would be counted twice for two different individuals on the same day.</p> <p>In order to track resident days, take a daily census of occupied beds (including alternate settings if used) and add up the census to calculate the total number of resident days for the reporting period.</p> <p>To prepare annual targets for this data element, calculate the anticipated number of bed-based clients by the number of days in your bed-based program [Number of clients X Number of days in bed-based program]. For example, if you are expecting to serve 30 bed-based clients during the fiscal year and your bed-based program is 60 days; you would project 1,800 resident days.</p> <p>When reporting on this data element, please include the total actual number of days that each unique individual accessed bed-based care (for example, this may be less than projected if a participant does not complete a full bed-based program cycle).</p>
<p># of Requests for Service: Unfulfilled: MHA T&HC</p>	<p>This data element includes unfulfilled requests for MHA Treatment & Healing Centre services that were:</p> <ul style="list-style-type: none"> • Referred elsewhere because the service was at capacity; or • Placed on a waitlist <p>The same individual may be counted more than once if they requested service at different points in the reporting period.</p>

Service Data Name	Definition
	<p>Reporting is based on the initial response that takes place following the request for service. For example, if an individual requests service and is placed on the waitlist and receives the service within the same quarter, their request for service should still be reported once under this data element.</p> <p>Dependents are not counted under this data element.</p>
<p># of Requests for Service: Referred to Other Services: MHA T&HC</p>	<p>The total number of referrals to other services (either within the organization or to another agency) to support individual needs and continuum of care (e.g., more intensive supports for acute cases, aftercare support, withdrawal management).</p> <p>The same individual may be counted more than once if they requested service at different points in the reporting period.</p> <p>Reporting is based on the initial response that takes place following the request for service.</p> <p>Dependents are not counted in this data element.</p>
<p># of Individuals: Completed Treatment Cycle: MHA T&HC</p>	<p>The total number of individuals who fully completed the program or treatment cycle, including IHWS-funded bed-based, non-bed-based, and detox/withdrawal management programs. IHWS service providers may provide further information in the year-end narrative report (e.g., average completion rate, number of individuals who completed the majority of the program, success stories, challenges encountered).</p> <p>This data element is used as a numerator to calculate the rate of program completion. The sum of “Number of Individuals: Received Bed-Based Services: MHA T&HC” and “Number of Individuals: Received Non-Bed-Based Services: MHA T&HC” is the denominator in the calculation.</p>
<p># of IHWS-Funded FTE Staff: MHA T&HC</p>	<p>The number of IHWS funded staff (full-time equivalent), including program delivery and program administration.</p>
<p>Ministry- funded Agency Expenditures: MHA T&HC</p>	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Mental Health and Addictions Treatment and Healing Centres program in the reporting year (cumulative).</p>

Component: IHWS – Promotion and Prevention

Services Delivered: Community Wellness Worker

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Reduce family, sexual and gender-based violence and improve the healing, health and wellness of Indigenous individuals, families, and communities.

Service Description:

- Community Wellness Workers provide wholistic strengths-based and trauma-informed services, referrals, support, case management and cultural programming to Indigenous individuals, families and communities to address and respond to existing and emerging family violence, health, healing and wellness issues, including intergenerational trauma.

People Served:

- Indigenous individuals, families, and communities.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.
- Programming and services are culturally responsive, trauma-informed, and strengths-based and reflect the individual, family and/or community needs.

Specific services provided may include:

1. Client-Specific Services

- Client-specific services are 1-on-1 supports provided to an individual and/or family and may include:
 - Wellness planning
 - Case Management
 - Peer Counselling
 - Assisting individuals to access services related to reducing family, sexual and gender-based violence and improving Indigenous health, healing and wellness
 - Advocacy

- Crisis intervention
- Referrals to other services such as mental health and addictions, counselling, legal services, shelters, court workers, food banks, employment, training, housing

2. Group Activities

- Activities are provided in a group-based setting and oriented towards reducing and preventing family violence and improving Indigenous health by:
 - Providing focused education and information
 - Promoting positive change in values, attitudes and behaviours
 - Fostering healing and enabling individuals, families and communities to achieve and enjoy a healthy and balanced life
- Group activities may include:
 - Healing/cultural teaching circles and/or support groups
 - Land-based activities
 - Ceremonial and traditional activities, such as (but not limited to) sweat lodges, medicines, teachings, beading, moccasin making, Indigenous arts and crafts, drumming, ribbon skirt/shirt making, etc
 - Workshops (e.g., healthy relationships, anger management, stress management, family communication, conflict resolution, self-esteem, grief and loss, self-care, parenting skills, budgeting, nutrition, life skills)
 - Fitness and/or recreational activities

3. Community Outreach, Engagement & Relationship Building

- Community outreach, engagement and relationship building activities are offered to the community-at-large and/or other organizations and oriented towards reducing and preventing family violence and improving Indigenous health.
- Activities may include:
 - Public presentations
 - Public awareness and education campaigns
 - Organizing or participating in community, health and wellness fairs or events (e.g. pow-wows, feasts)
 - Participating in local committees
 - Outreach and relationship-building with health and social service organizations and other community partners (e.g., information sharing, referral protocol development, building cultural awareness and competency, hosting gatherings)

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: CWW	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received client-specific services during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services</p>
# of Client-Specific Services: CWW	<p>The total number of 1-on-1 client-specific services provided to individuals during the reporting period.</p> <p>For example, if an individual accessed counselling service five times in the reporting period, this would be counted as five. See Service description for further details and examples of client-specific services.</p>
# of Group Activities: CWW	<p>The total number of group activities delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: CWW”.</p> <p>If group activities are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Individuals: Accessed Group Activities: CWW	<p>The total number of individuals who took part in group activities during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p>

Service Data Name	Definition
	<p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: CWW”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Community Outreach, Engagement & Relationship Building Activities: CWW	<p>The total number of community outreach, engagement & relationship building activities delivered through the Community Wellness Worker program during the reporting period. Each activity held during the reporting period should be counted as 1.</p> <p>If community outreach, engagement & relationship building activities are not provided through your IHWS-funded program, put “0”.</p> <p>See Service description for further details and examples of community outreach, engagement & relationship building activities.</p>
Ministry- funded Agency Expenditures: CWW	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Community Wellness Worker program in the reporting year (cumulative).

Services Delivered: Health Navigator Program

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- The Health Navigator Program provides a range of wholistic health and mental health navigation, advocacy, discharge planning and support services to Indigenous people to improve the equitable access to and quality of health services.

Service Description:

- Health Navigators provide a range of wholistic health and mental health navigation, advocacy, discharge planning and/or support services (e.g., Indigenous language translation, intake tables with community service providers) to Indigenous peoples to support them in navigating complex health systems (e.g. provincial, federal and community-based health services).

People Served:

- First Nation, Métis and Inuit, and urban Indigenous individuals and their families and/or support system.

Program / Service Features:

The Program/Services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.
- Depending on community needs, the health navigator program may be based in a First Nation, hospital, health unit, Aboriginal Health Access Centre, and/or community-based service provider (e.g., local member community of a Provincial Indigenous Organization).

Specific service provided may include:

1. Client-Specific Services

- Client-specific services are 1-on-1 supports provided to an individual and/or family and may include

a) Intake & Assessment

- Establish relationships with appropriate partners, including clinical staff and other service providers to identify patients/individuals requiring supports
- Assess and determine the individual's health/mental health care plan and other support needs
- Support individuals and families at visits with clinical staff and service providers

- Help patients to understand their own health care needs and the broader health care system (e.g., differences between provincially and federally funded health services)
- Provide peer counselling, as appropriate
- Creation of or participation in intake tables with community service providers (e.g., hospital, social service providers, etc.) to assess the needs of the individual and co-develop person-centric plan of care

b) Navigation Services & Discharge Planning

- Support patients and families to navigate mainstream health services and access culturally responsive and wholistic health (including physical, mental, emotional and spiritual health) services, such as community-based services and programs, traditional healing, mental health and addictions services, etc
- Provide discharge planning and post-discharge follow-up (including connecting patients and families with service providers) to support individuals in transitioning back to their communities/homes and connecting them with appropriate programs and services
- Link clinical supports with community-based, culturally safe and wholistic programs and services (e.g., IHWS programs) to support individuals and families in accessing wholistic care

c) Advocacy, Education & Communication

- Advocate for patients and their families seeking access to health care (e.g., consent received to communicate with service providers on their behalf)
- Enhance communication between patients and families, clinical staff, and service providers to assist individuals and families/support systems in accessing the appropriate services that meet their needs
- Assist individuals and families with cultural and Indigenous language translation services, e.g., interpreting health directives in traditional languages
- Liaise on behalf of Indigenous patients/individuals with mainstream health providers to present Indigenous realities
- Collaborate with other health navigators and service providers to assist clients in accessing the appropriate health and complementary programs and services to meet their needs
- Provide or connect individuals and their families with educational materials and resources
- Provide education to clinical staff and other service providers as needed to enhance culturally safe care (e.g., find opportunities for clinicians to participate in cultural competency training)

2. Capacity Development Activities

- Capacity development activities may include (as appropriate):

- **Policy and protocol development:** assist and support the development of specific policies or protocols to improve access and provision of culturally appropriate and safe services for Indigenous peoples.
- **Resource development:** support development of specific training curriculum, resources, and other educational material as needed.
- Work with Ministry of Health-funded Mental Health System Coordinators to support system-level improvements (as necessary).

3. Group Activities

- Activities are provided in a group-based setting and oriented towards improving Indigenous health and/or mental health by:
 - Promoting positive change in values, attitudes and behaviours
 - Fostering healing and enabling individuals, families and communities to achieve and enjoy a healthy and balanced life
 - Increasing awareness of specific issues, risks or concerns in the community or group, including (but not limited to) mental health, health equity, health system access and the social determinants of health
 - Providing education and information to improve Indigenous health and mental health and reduce and prevent community or group risk factors
- Group activities may include, as appropriate and able:
 - Community outreach and education opportunities including workshops, public presentations, public awareness and education campaigns, community and cultural events/fairs, etc.
 - Healing/cultural teaching circles and/or support groups Remote/virtual programming
 - Fitness and/or recreational activities
 - Land-based activities

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: Health Navigators	<p>Unique, or unduplicated, count of individuals who received / accessed client-specific services during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p>

Service Data Name	Definition
	See Service description for further details and examples of client-specific services.
# of Client-Specific Services: Health Navigators	<p>The total number of 1-on-1 client-specific services provided to individuals during the reporting period.</p> <p>For example, if an individual received discharge planning supports three times in the reporting period, this would be counted as three. See Service description for further details and examples of client-specific services.</p>
# of Group Activities: Health Navigators	<p>The total number of group activities delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: Health Navigators”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Individuals: Accessed Group Activities: Health Navigators	<p>The total number of individuals who took part in group activities during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: Health Navigators”.</p>

Service Data Name	Definition
	If group activities are not provided through your IHWS-funded program, put "0". See Service description for further details and examples of group activities.
Ministry-funded Agency Expenditures: Health Navigators	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Health Navigators program in the reporting year (cumulative).

Services Delivered: Health Outreach Workers

Component: IHWS – Promotion and Prevention

Legislation: Ministry of Community and Social Services Act

Service Objectives:

- Support equitable access for urban and rural Indigenous communities to primary health and healing services and programs
- Address immediate and long-term health and healing needs with families who have experienced violence
- Improve the overall health and well-being of Indigenous communities

Service Description:

- The Health Outreach Worker program combines traditional and mainstream approaches for the benefit of urban and rural Indigenous communities.
- Program workers offer intervention strategies and traditional and cultural supports to clients, but also provide advocacy and systems navigation to ensure equitable access to primary healthcare providers.

People Served:

- Indigenous individuals, families and children.

Program / Service Features:

The Program/Services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.
- Programming and services are culturally responsive, trauma-informed, and strengths-based and reflect the individual, family and/or community needs.

Specific service provided may include:

1. Client-Specific Services

- **1-on-1 services:** supports are provided to an individual, such as peer/counselling, home visits, service navigation, advocacy, referrals and aftercare.

2. Group Activities

- Therapeutic and/or healing supports provided in a group and/or family- based setting, such as healing/cultural teachings, support groups, peer/counselling, traditional/ cultural activities or small workshops, and land-based activities.

3. Community Outreach, Engagement & Relationship-Building

- Community outreach, engagement and relationship-building activities are offered to the community-at-large and oriented towards reducing and preventing family violence and improving Indigenous health.
- Activities may include workshops, public presentations and information sessions, public awareness and education campaigns, community and cultural events/fairs (e.g., attending pow-wows), networking, and fitness and/or recreational activities.

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: HOW	<p>Unique, or unduplicated, count of individuals that received/accessed 1-on-1 client-specific services during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
# of Client-Specific Services: HOW	<p>The total number of 1-on-1 client-specific services provided to individuals during the reporting period.</p> <p>For example, if an individual accessed counselling five times in the reporting period, this would be counted as five. See Service</p>

Service Data Name	Definition
	description for further details and examples of client-specific services.
# of Group Activities: HOW	<p>The number of group activities delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: HOW”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Individuals: Accessed Group Activities: HOW	<p>The total number of individuals who took part in group activities offered during the reporting period. The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: HOW”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Community Outreach, Engagement & Relationship	The total number of community outreach, engagement & relationship building activities delivered through the Health Outreach Worker program during the reporting period.

Service Data Name	Definition
Building Activities: HOW	Each activity should be counted as 1. See Service description for further details and examples of community outreach, engagement & relationship building activities.
Ministry- funded Agency Expenditures: HOW	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Health Outreach Worker program in the reporting year (cumulative).

Services Delivered: Indigenous Healthy Babies Healthy Children

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Support families in celebrating and honoring new and young life in Indigenous communities
- Foster healing and support healthy child development, maternal health and improved access to services to reduce health inequities for Indigenous families
- Assist Indigenous families to provide the best opportunities for healthy development using a holistic, culturally responsive and strengths-based approach
- Connect Indigenous families with resources, referrals and/or services to address their needs, such as family violence services

Service Description:

- The IHBHC Program provides culturally responsive prevention and early intervention supports and services to Indigenous families with children from prenatal to 6 years of age.
- The heart of IHBHC programming is preparation for parenting (preconception component), getting ready for the birth of the baby, (prenatal care), and taking care of the baby and family unit (postnatal care).
- The IHBHC community workers are a valuable asset to families and communities as they have knowledge of child growth and development, are aware of the resources available in the community and are able to connect families with services and supports to address their needs.
- IHBHC programming is delivered using a culturally responsive approach through the following primary components:
 - Home and family/1-on-1 visits

- Early identification
- Screening
- Family support plan
- Service coordination and referrals
- Advocacy

People Served:

- Indigenous families with children from prenatal to 6 years of age.
- The program is voluntary and open to any Indigenous family that requests the service.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- All activities and services are culturally responsive, unique to each community/ organization.
- Programming and services are strengths-based and reflect the individual and/or family’s needs.

Specific services provided may include:

1. Client-Specific Services

- Client-specific services are provided to those identified within the family unit, including the caregiver(s) and their child(ren).
- A client is each individual person (e.g., mother, father, or child) who receives services from IHWS-funded programs and for whom case-records or service notes are kept. Each client must have a unique client identifier (e.g., client ID number).
- Home visiting is the only mandatory requirement for funding. The services provided during a home visit may be accessed outside of the home depending on the need of the individual and/or community. These services could be accessed in office, in another community location, and/or virtually/remotely.

● **Home and family visiting activities and services may include:**

- Perform intake and gather information
- Identify family strengths and needs
- Develop a family support plan (if needed), which may include the use of
- cultural and wholistic approaches like the Medicine Wheel and ceremonies and incorporate the mental, emotional, physical and spiritual needs of the individual(s) and/or family
- Provide family with support, as per the family support plan
- Provide information and education
- Provide post-natal contact (as appropriate)

- Developmental screening, such as recording the baby's weight (as able and appropriate)
- Support with form completion
- Referrals to other services and supports
- **Service coordination may include:**
 - Providing advocacy and support with appointments or consultations with other service providers, as requested by the individual and/or family
 - Performing case management/case conferencing
 - Connecting with other relevant programs/services
- Some programs may also provide transportation and supplies to families as able and available, such as diapers, formula, food boxes, clothing, toys/games, traditional medicines, etc.

2. Group Activities

- Activities are provided in a group-based setting with the goal of improving the health of Indigenous peoples by:
 - Providing focused education and information
 - Promoting positive change in values, attitudes, and behaviors
 - Fostering healing and enabling individuals, families and communities to achieve and enjoy a healthy and balanced life
- Group activities may include, but are not limited to:
 - Cultural activities (e.g., ceremonies like Naming, Walking Out and Welcoming Ceremonies, teachings, medicine walks, medicine picking, access to Elders and Knowledge Holders, spirit painting, storytelling, traditional crafts)
 - Workshops (e.g., prenatal/postnatal care, parenting, nutrition, child development, family planning, healthy sexuality and relationships, self-care, post-partum depression, lactation, intergenerational trauma, baby food making, FASD, anger management, stress management, family violence)
 - Healing/cultural teaching circles and/or support groups
 - Fitness and/or recreational activities (e.g., dancing, jigging, gardening, children's playgroups)
 - Land-based activities (e.g., canoeing, berry picking, hunting, trapping)

3. Community Outreach, Engagement & Relationship Building

- Community outreach, engagement and relationship building activities are offered to the community-at-large and/or other organizations and oriented towards building awareness and improving Indigenous health and wellness.
- Activities may include:

- Public presentations, including in schools (e.g., teen parenting, healthy sexuality and relationships, FASD)
- Public awareness and education campaigns
- Promotion of the IHBHC program and services provided
- Organizing or participating in community, health and wellness fairs or events (e.g., pow-wows, feasts, back-to-school events)
- Participating in local committees, as appropriate
- Outreach, networking and relationship-building with health and social service organizations and other community partners

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: IHBHC	<p>Unique, or unduplicated, count of individuals (e.g., mother, father, child, etc.) who received client-specific services during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services during the reporting period. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
# of Families: Received Client-Specific Services: IHBHC	<p>Unique, or unduplicated, count of families who received client-specific services during the reporting period. Families are self-defined by the individuals' accessing services and does not need to be limited to individuals living in the same dwelling.</p> <p>Each family is counted only once per reporting period even if they received multiple services. If the family carries into the next fiscal year, the family is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
# of Births: IHBHC	<p>The total number of births among IHBHC families during the reporting period, including new and existing clients.</p>

Service Data Name	Definition
<p># of Client-Specific Services: Face- to-Face: IHBHC</p>	<p>The total number of face-to-face client-specific services (home & family visits and service coordination) delivered during the reporting period, including client-specific services delivered virtually (e.g., phone, online video platform).</p> <p>Each face-to-face client-specific service is counted as 1. For example, if an individual accesses counselling five times in the reporting period, it is counted as five.</p>
<p># of Client-Specific Services: Supplies: IHBHC</p>	<p>The total number of times an individual/family accesses supplies provided through the IHBHC program during the reporting period (e.g., diapers, formula, food boxes, clothing, toys/games, traditional medicines, etc.). Each time an individual/family accesses supplies should be counted as 1.</p> <p>Only supplies funded through the IHBHC should be counted. If supplies are not provided through your IHWS-funded program, put “0”.</p>
<p># of Client-Specific Services: Transportation: IHBHC</p>	<p>The total number of transportation services provided by an IHBHC worker to individuals accessing the IHBHC program during the reporting period. Each single/one-way trip provided by an IHBHC worker should be counted as 1. For example, if an individual is provided transportation to an appointment and back to their home, this is counted as 2 trips.</p> <p>Only transportation funded through the IHBHC should be counted. If transportation is not provided through your IHWS-funded program, put “0”.</p>
<p># of Group Activities: IHBHC</p>	<p>The total number of group activities delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: IHBHC”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>

Service Data Name	Definition
<p># of Individuals: Accessed Group Activities: IHBHC</p>	<p>The total number of individuals who took part in group activities delivered during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: IHBHC”.</p> <p>If group activities are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Community Outreach, Engagement & Relationship Building Activities: IHBHC</p>	<p>The total number of community outreach, engagement & relationship building activities delivered through the IHBHC program during the reporting period. Each activity should be counted as 1. See Service description for further details and examples of community outreach, engagement & relationship building activities.</p> <p>If community outreach, engagement & relationship building activities are not provided through your IHWS-funded program, put “0”.</p>
<p>Ministry- funded Agency Expenditures: IHBHC</p>	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Indigenous Healthy Babies Healthy Children program in the reporting year (cumulative).</p>

Services Delivered: **Kizhaay Anishinaabe Niin**

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- **Kizhaay Anishinaabe Niin** is an Ojibway phrase that translates to “I Am a Kind Man”. It is a community action initiative and wholistic program designed to address violence in Indigenous communities and acknowledges and values the importance of engaging men as an integral component to ending all forms of violence against Indigenous Women.
- The objectives of the Kizhaay Anishinaabe Niin program are to:
 - Reclaim and revitalize men’s responsibility to end violence towards Indigenous women and girls
 - Ensure access to Indigenous cultural values and to increase understanding of traditional roles and responsibilities based on local Indigenous knowledge
 - Promote resiliency by empowering men to acknowledge and resolve trauma
 - Improve men’s wellbeing and foster overall community wellness

Service Description:

The Kizhaay Anishinaabe Niin program was developed to engage Indigenous men and youth in ending violence against Indigenous women. The program is comprised of two components:

- A provincial awareness campaign that provides public education; and
- A community-based program delivered at 4 sites across Ontario dedicated to healing Indigenous men and youth through reclaiming and revitalizing their positive Indigenous identity and their responsibility to end violence against Indigenous women and girls

As of April 1st, 2023, the Kizhaay Anishinaabe Niin program is a designated Indigenous-specific Intimate Partner Violence Prevention (IPVP) program by the Ministry of the Attorney General (MAG), an Indigenous alternative to the Partner Assault Response (PAR) program offered through MAG, for individuals engaged in the justice system for Intimate Partner Violence.

The five major themes of the Kizhaay Anishinaabe Niin program are:

1. **Self Esteem and Identity:** to educate on the traditional roles and responsibilities of men and women, increase cultural pride and promote healthy role modeling with the goal of reducing violence against women.
2. **Provision of Social Supports:** to reduce violence against Indigenous women by addressing victimization issues, unhealthy behaviors and promotion of healthy equal relationships through counselling and peer support.

3. **Education and Prevention:** educate on the historical context of violence against Indigenous women, intergenerational trauma, promotion of Indigenous culture- based healing approaches, teachings and learning activities that foster self- esteem and healthy equal behaviors and relationships.
4. **Alternatives to Institutional Involvement:** by working closely with courts, probation/parole and correctional facilities.
5. **Promotion and Networking:** to increase awareness of violence against Indigenous women issues and the Kizhaay Anishinaabe Niin program in the community by creating culturally appropriate referral service connections as well as increase client access to services by promoting cooperation amongst service providers.

The Kizhaay Anishinaabe Niin program provides and/or establishes:

- Referral and advocacy services to access internal and external programs/agencies when necessary to support program participants and their families such as mental health, addictions, cultural/traditional support services, housing supports, and children’s services.
- Social support networks for men so that mental health may be maintained and/or improved as a result of engagement in these networks.
- A forum for men to examine their own violent behaviors including those considered to be harmful to one’s self –i.e., addictions, by assisting men to explore the root causes of these maladaptive behaviors including the transmission of historical trauma, residential school experiences and cultural oppression.
- The Kizhaay Anishinaabe Niin Group Program - is a twelve-week guided curriculum designed to help men learn new attitudes and behaviors that will help reduce violence against Indigenous women and girls. It is included in the Kizhaay Anishinaabe Niin Program Coordinator’s manual and is based on the *Seven Grandfathers Teachings*.

People Served:

- Self-identified Indigenous men and male youth who request services and supportive resources.
- Self-identified Indigenous men or male youth, pre-charge or court-ordered as part of a conditional sentence, diversion program or other court-ordered agreement.

Program / Service Features:

- The program/services contracted by the Ministry will reflect the following features:
 - Indigenous cultural approaches are reflected or used as a part of the activities and services.

Specific Services Provided:

1. Client-Specific Services

- Client-specific services have specific healing objectives and processes and are provided on a 1-on-1 basis. Client-specific services may include:

- Peer counselling/support
- Assistance with accessing culture-based programming and services related to reducing family violence thereby responding to the physical, mental, emotional, and spiritual needs of men to improve Indigenous health
- Advocacy for clients involved with CAS, letters for Probation and Parole purposes, and advocacy for those recently released from correctional facilities who may require additional support
- Referrals to other services such as addiction programs, shelters, court workers, legal
- Creating safe (mentally, emotionally, physically, spiritually) spaces and opportunities for men to build healthy relationships with their family
- Traditional/cultural activities

2. Group Activities

- Group activities may include (but are not limited to):
 - Twelve-week Curriculum
 - Sharing Circles
 - Workshops (e.g., anger management)
 - Culture-based Activities
 - Community and cultural events, e.g., pow-wows, feasts
 - Traditional ceremonies
 - Traditional healing circles and cultural teaching circles
 - Land-based activities (e.g., hunting, fishing, gardening, camping, medicine walks, medicine harvesting and preparation, sweat lodge preparation and use, etc)

3. Community Outreach, Engagement & Relationship Building

- Increase knowledge amongst relevant partners, stakeholders and community agencies (e.g., mental health services, treatment facilities, correctional facilities, Children's Aid Societies) of the Kizhaay Anishinaabe Niin program and the role the program plays in preventing violence and addressing the health and social service needs of Indigenous men.
- Leverage existing programs and program capacity to promote the utilization of the program.
- Increase community capacity to begin community mobilization to support ending violence against Indigenous women.
- Workshops, public education campaigns and presentations.

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
<p># of Individuals: Received Client-Specific services: Kizhaay Anishinaabe Niin</p>	<p>Unique, or unduplicated, count of individuals that received 1-on-1 client-specific services through the Kizhaay Anishinaabe Niin program during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the client is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
<p># of Group Activities: Kizhaay Anishinaabe Niin</p>	<p>The total number of group activities supported through the Kizhaay Anishinaabe Niin Program during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider).</p> <p>The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: Kizhaay Anishinaabe Niin”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Individuals: Accessed Group Activities: Kizhaay Anishinaabe Niin</p>	<p>The total number of individuals who took part in group activities offered through the Kizhaay Anishinaabe Niin Program during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is</p>

Service Data Name	Definition
	<p>responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: Kizhaay Anishinaabe Niin”.</p> <p>If group activities are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
# of Indigenous-Specific IPVP Program Clients: Completed 12-week Program: Kizhaay Anishinaabe Niin	<p>Unique, or unduplicated, count of individuals in Indigenous-specific Intimate Partner Violence Prevention (IPVP) programming who graduated from the 12-week Kizhaay Anishinaabe Niin program. Clients should only be counted for the reporting period in which they graduated.</p>
# Community Outreach, Engagement & Relationship- Building Activities: Kizhaay Anishinaabe Niin	<p>The total number of community outreach, engagement & relationship-building activities completed during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>See Service description for further details and examples of community outreach, engagement & relationship-building activities.</p>
# of Indigenous-Specific IPVP Program Referrals Accepted: Kizhaay Anishinaabe Niin	<p>Unique, or unduplicated, count of individuals referred and accepted to Kizhaay Anishinaabe Niin for Indigenous-specific Intimate Partner Violence Prevention (IPVP) programming through either a Crown Attorney’s office, or a Probation and Parole office. Clients should only be counted for the reporting period in which they were accepted to the program.</p>
Ministry- funded Agency Expenditures: Kizhaay Anishinaabe Niin	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Kizhaay Anishinaabe Niin program in the reporting year (cumulative).</p>

Services Delivered: Maternal and Child Centre

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Improve the health and wellness of Indigenous child-bearing individuals, newborns and their families through the provision of culturally safe and appropriate care during pregnancy, birth and postpartum period.

Service Description:

- The Maternal and Child Centre provides culturally safe pre- and post-natal care to Indigenous women, child-bearing individuals, and families in the Six Nations/ southwest areas to foster and support their well-being during pregnancy and following childbirth.
- Low risk child-bearing individuals will be offered the choice to birth at the clinic or in their home. High risk clients with pre-existing or new medical conditions are eligible to receive support and advocacy in the hospital by Midwives during delivery.
- Services will be provided by midwives, and incorporate traditional midwifery practices.
- The program includes the provision of rooms for use by child-bearing individuals during the active delivery of the baby and immediate postnatal period.
- Midwives will provide screening, testing and support throughout the lifecycle.

People Served:

- Indigenous women, child-bearing persons, and families in the Six Nations and southwest Ontario area.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.
- Maternal and Child Centre services available 365 days per year. Any proposed difference in this schedule requires explanation and MCCSS agreement.

Specific Service Provided:

1. Client-Specific Services

- Client-specific services are intended to foster healthy conception, pregnancy and childbirth by:
 - Identifying, reducing or preventing risk to the health and well-being of mothers, child-bearers, and children
 - Treating and/or managing a health condition or problem that may affect the pregnancy or birthing
 - Managing/supporting healthy (low risk) childbirth
 - Supporting care for high-risk childbirth
 - Promoting health and wellness

- Client-specific services include coordination and case management services provided to, or on behalf of, clients, including referrals to traditional and contemporary practitioners and specialists, hospitals, or other health services
- Client-specific services also address sexual and reproductive health issues, including:
 - Fertility concerns
 - Promoting and supporting healthy sexuality
 - Supporting health and wellness throughout the life cycle, including pap smears, breast screening, pregnancy testing, fertility services, pregnancy testing, menopause support and education, puberty, and coming-of-age support
 - Provide support and care to Indigenous 2SLGBTQQIA+ individuals throughout the life cycle
- The following services are mandatory funding requirements:
 - **Primary health care** including traditional midwifery and ancillary services, including consultations/counselling and well-person care visits provided by a dietician, nutritionist, nurse practitioner, traditional or contemporary practitioner, or physician.
 - **Traditional birthing services** including the provision of a bed for use by individuals during active delivery and support services, including housekeeping and meal preparation.
 - **Traditional health/healing services** which may include provision of access to services of a traditional practitioner (healer, medicine person or Elder); traditional Indigenous ceremonies as requested by clients (naming ceremony, rites of passage ceremonies, etc.); traditional Indigenous healing and wellness teachings; and the use/application of traditional Indigenous medicines to treat or manage a health condition.

2. Group Activities

- Activities are provided in a group-based setting and are oriented towards reducing and preventing family violence and improving Indigenous health by:
 - Increasing awareness of specific issues, risks or concerns in the community or group
 - Providing education and information to improve Indigenous health, and reduce and prevent community or group risk factors
 - Promoting positive change in values, attitudes and behaviours
 - Fostering healing and enabling individuals, families and communities to achieve and enjoy a healthy and balanced life
- Group activities may include:
 - Healing/cultural teaching circles and/or support groups
 - Fitness and/or recreational activities
 - Land-based activities
 - Pre-natal classes
 - Postpartum programs/workshops

- Breastfeeding classes/lactation support
- Specialty programs including preparation for parenthood, caregiver training to support pregnancy/birth or postpartum concerns, maternal/infant fitness, or use/preparation of traditional foods

3. Community Outreach, Engagement & Relationship Building

- Community outreach, engagement and relationship building activities are offered to the community-at-large and/or other organizations and oriented towards reducing and preventing family violence and improving Indigenous health
- Activities may include:
 - Public presentations
 - Public awareness and education campaigns
 - Organizing or participating in community, health and wellness fairs or events (e.g. pow-wows, feasts)
 - Participating in local committees
 - Outreach and relationship-building with health and social service organizations and other community partners (e.g., information sharing, referral protocol development, building cultural awareness and competency, hosting gatherings)

Reporting Requirements:

1. Year-End Narrative Report:

- The transfer payment recipients (TPRs) are required to submit year-end narrative report. TPRs can self-determine how the narrative will be reported
- Service partners can highlight participant feedback on programs and services and use participants' own words when possible
- Narrative reports can include creative forms of communication and reporting, including audio, visual, oral and/or written formats

2. Service Data:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets

Service Data Name	Definition
# of Births: Maternal & Child Centre	<p>Unique, or unduplicated, count of births supported through the Maternal & Child Centre Program during the reporting period.</p> <p>The count includes births supported by an Indigenous Midwife at any location (i.e., Maternal & Child centre, home, hospital).</p>

Service Data Name	Definition
<p># of Individuals: Received Bed-based, Client-specific Services: Maternal & Child Centre</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received bed-based, client-specific services during the reporting period, which includes temporary residence and support services. See Service description for further details and examples of client-specific services.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>Only individuals accessing bed-based, client specific services (i.e. individuals who are residing at the Maternal & Child Centre) are counted under this data element. Individuals who only access non-bed-based, client specific services are excluded from this data element.</p> <p>See Service description for further details and examples of client-specific services.</p>
<p># of Individuals: Received Non-Bed-Based Services: Maternal & Child Centre</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received <u>non-bed-based</u>, client-specific services.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>Only individuals accessing non-bed-based (day programming) client-specific services provided through the Maternal & Child Centre are counted under this data element. Individuals who access bed-based, client-specific services (i.e., are residing at the Maternal & Child Centre while accessing services) are excluded from this data element.</p> <p>See Service description for further details and examples of client-specific services.</p>
<p># of Pre-Natal Visits: Maternal & Child Centre</p>	<p>The total number of pre-natal visits delivered through the Maternal & Child Centre Program during the reporting period. This includes pre-natal consultations and diagnostic testing attended with a client. Pre-natal visits may take place in a number of locations, including homes or the Maternal & Child Centre.</p>

Service Data Name	Definition
	<p>Each pre-natal visit held in the reporting period should be counted as 1.</p>
<p># of Post-Natal Visits: Maternal & Child Centre</p>	<p>The total number of post-natal visits delivered through the Maternal & Child Centre Program during the reporting period. This includes post-natal consultations and diagnostic testing attended with a client. Post-natal visits may take place in a number of locations, including homes or the Maternal & Child Centre.</p> <p>Each post-natal visit held in the reporting period should be counted as 1.</p>
<p># of Well-Person Care Visits: Maternal & Child Centre</p>	<p>The total well-person care visits (e.g., reproductive health checks, pregnancy tests, menopausal counselling) delivered through the Maternal & Child Centre Program during the reporting period. Well-person care visits may take place in a number of locations, including homes or the Maternal & Child Centre.</p> <p>Each visit held in the reporting period should be counted as 1.</p>
<p># of Resident Days: Maternal & Child Centre</p>	<p>The total number of 24-hour periods for which an individual (including dependents/children) is provided bed-based care using an IHWS-funded birthing room (or bed). The day on which an individual is admitted is counted as one day of service. The day on which an individual is discharged is not counted.</p> <p>Each occupied bed/room counts as one day of bed-based care. When the individual enters and leaves the service on the same day, one day is counted. Beds occupied by a dependent or child are included in this count.</p> <p>Note: The day of exit is not counted to allow accurate calculation of occupancy rates. Otherwise, the same bed would be counted twice for two different individuals on the same day.</p> <p>To track resident days, take a daily census of occupied IHWS-funded birthing rooms (or beds) and add up the census to calculate the total number of resident days for the reporting period.</p>
<p># of Beds: Maternal & Child Centre</p>	<p>The total number of birthing rooms (or beds) dedicated to the Maternal & Child Centre Program at the end of the reporting period. The total number of birthing rooms (or beds) includes the spaces that are and are not occupied at the time of count.</p>

Service Data Name	Definition
	<p>The following types of birthing rooms (or beds) are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for IHWS clients <p>The following birthing rooms (or beds) are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.)
<p># of Group Activities: Maternal & Child Centre</p>	<p>The total number of group activities supported through the Maternal & Child Centre Program in the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the “Number of Individuals: Accessed Group Activities: Maternal & Child Centre”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Individuals: Accessed Group Activities: Maternal & Child Centre</p>	<p>The total number of individuals who took part in group activities offered through the Maternal & Child Centre Program.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not</p>

Service Data Name	Definition
	<p>include participants of the group activities that were not reported in “Number of Group Activities: Maternal & Child Centre”.</p> <p>If group activities are not provided through your IHWS-funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Community outreach, engagement & relationship building Activities: Maternal & Child Centre</p>	<p>The total number of community outreach, engagement & relationship building activities delivered through the Maternal & Child Centre Program during the reporting period. Each activity should be counted as 1.</p> <p>See Service description for further details and examples of community outreach, engagement & relationship building activities.</p> <p>If Community outreach, engagement & relationship building activities are not provided through your IHWS-funded program, put “0”.</p>
<p>Ministry- funded Agency Expenditures: Maternal & Child Centre</p>	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Maternal & Child Centre program in the reporting year (cumulative).</p>

Services Delivered: Mental Health Program

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Improve the mental health and wellness of Indigenous peoples, particularly at- risk children and youth/young people and their families.
- Build service system capacity for Indigenous mental health programming.
- Promote mental health, healing and wellness through improved availability of mental health and addictions services that incorporate Indigenous knowledge and practices, and are trauma-informed and engaged, strength-based, and family and community focused.

- Increase individual, family and community capacity to facilitate healing and contribute to long term wellness.

Service Description:

- The mental health program supports a variety of wholistic culturally responsive client-specific services, the coordination of Indigenous mental health; programming, infrastructure to support access to mental health services, group activities, and dedicated mental health and recreation programming for Indigenous youth and young people.
- The **Youth Mental Health & Recreation Program** aims to address the high rates of youth suicides, particularly in northern and remote First Nation communities, and build strong and resilient young people through wholistic, culturally grounded promotion and prevention activities.
- Client-specific services are designed to:
 - Identify specific risk factors or conditions that pose risks to individual mental health and well-being and/or family well-being
 - Provide wholistic prevention and early intervention supports
 - Treat and/or manage a mental health and/or addiction risk or issue using a combination of wholistic traditional healing and clinical care
 - Assist individuals/families in continuing their healing and wellness journey and reintegrating into positive community life following diagnosis and treatment
- The program also supports the coordination of Indigenous mental health programming to improve service system capacity, including:
 - capacity development training
 - infrastructure development such as multi-disciplinary and multi-regional case management
 - regional or inter-agency coordination of programs and services
 - sharing regional technology resources (e.g., telemedicine, tele-psychiatry, remote counselling)

People Served:

- Indigenous individuals, families, children and youth/young people.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.
- Programming and services are culturally responsive, trauma-informed, and strengths-based and reflect the individual, family and/or community needs.

Specific service provided may include:

1. Client-Specific Services

- Client-specific services are 1-on-1 supports provided to an individual and/or family and may include:
 - Early intervention support for at-risk individuals and their families, including peer counselling and home visits
 - Intake, screening, assessment and referral services
 - Provision of specialized mental health supports for children, youth, families, elders, and Residential School survivors and survivors of intergenerational trauma
 - Specialized and/or multidisciplinary case management (including early intervention and treatment planning) and aftercare (post-treatment) supports for individuals with mental health and addictions issues
 - Initiatives to provide or improve access to contemporary and traditional therapeutic mental health services, including clinical consultations with registered professionals and/or Indigenous traditional healers and Elders
 - Group activities, where service/assistance has an individual or client-specific therapeutic or healing objective and process (e.g., mental health group counselling, family counselling, Child Play Therapy)
 - Crisis intervention and provision of support in urgent circumstances (e.g., suicide ideation or suicide attempt, mental health crisis, etc.)
 - Ceremonies and activities to address the wholistic mental health needs of individuals and families (e.g., Grief Ceremonies, cultural teachings, land-based healing)
 - Provision of therapeutic technology-based mental health services, such as tele-psychiatry, tele-medicine, and remote counselling
- Client-specific services may be directed to the specific needs of Indigenous youth.

2. Group Activities

- Activities are provided in a group-based setting and involve the development and implementation of primary prevention/health promotion strategies. Such initiatives are intended to promote mental health and healing through:
 - Increased awareness/knowledge of mental health and addictions issues
 - Promotion of healthy attitudinal and behavioural change, including, self-esteem; personal dignity; coping skills; healthy relationships; fostering individual resilience and social supportive environments, and building strengths, resources, knowledge and assets for mental health
 - Incorporation of traditional Indigenous culture and cultural approaches
- Group activities may include:
 - Community and cultural events (e.g., Pow-wows, feasts)
 - Healing/cultural teaching circles and/or support groups, may be led by traditional healers and/or Elders

- Traditional ceremonies and sweat lodges
- Traditional workshops such as regalia making, drum making, quilt making, beading, and other activities
- Activities to promote spiritual wellness and learning Self-care events and activities (including frontline staff) Fitness and/or recreational activities
- Land-based activities
- Dedicated mental health and recreation activities for Indigenous young people

3. Service System Planning and Coordination

- Involves the development and coordination of resources (human, technological or financial) and relationships/partnerships to facilitate and support the provision of mental health programs and services.
- Examples of service system planning and coordination may include the development or establishment of:
 - Inter-agency protocols and referral processes to provide clients with a circle/continuum of care and address any gaps in services
 - Regional crisis intervention processes and coordination
 - Specialized, multi-disciplinary case management or intake teams to conduct assessments and/or coordinate referrals to a specialist
 - Access to regional health or social services professionals to provide specialized guidance and support to local mental health workers
 - Partnerships with other service providers to support a continuum of care or provision of wraparound services

4. Training, Education & Awareness

- The provision of training to individuals, teams, frontline staff, and community members to develop the necessary knowledge, skills, and attitudes needed to develop, implement, deliver and evaluate effective programming for Indigenous individuals, families, and communities in a coordinated manner.
- Training may address job-related or professional practice-related requirements. Inter-agency training may include orientation to Indigenous culture and cultural practices to improve services for Indigenous clients.
- Training for staff on creating positive conditions for the well-being of Two-Spirit and Indigenous LGBTQQIA+ people, including the specific needs of youth.
- Education and awareness activities including public presentations, workshops, public education campaigns (e.g., alcohol and drug awareness, resources for mental health and addictions treatment, mental health promotion, mental health conditions during the childbearing period).

5. Respite and Supports for Community Workers

- Activities may include, but are not limited to:
 - Access to cultural programming for frontline staff as a form of respite (e.g., healing lodge services, cultural teachings and support groups, land-based activities, traditional workshops, activities to promote spiritual wellness and leaning)
 - Care-for-the-caregiver models
 - Mental health modalities to prevent burnout such as Acceptance and Commitment Therapy (ACT), Mindfulness Based Stress Reduction (MBSR), etc.
 - Developing and training on incorporating effective debriefing mechanisms in the workplace
 - Self-care and resiliency activities
 - Respite/relief staff to provide time off for frontline staff

Reporting Requirements:

1. Mental Health Training & Supports for Community Workers (MHTSCW) Initiative – Year-End Report

- Funding recipients for the time limited MHTSCW funding must submit an annual report that includes outputs and outcomes achieved. The template is available for download in Transfer Payment Ontario.
- Service partners can highlight participant feedback on programs and services and use participants’ own words when possible.
- Narrative reports can include creative forms of communication and reporting, including audio, visual, oral and/or written formats.

2. Service Data

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: MHP	<p>Unique, or unduplicated, count of individuals who received/ accessed client-based services (including virtual/remote therapeutic supports) through the IHWS Mental Health Program during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services</p>

Service Data Name	Definition
# of Client-Specific Services: MHP	<p>The total number of client-specific services provided to individuals during the reporting period.</p> <p>For example, if an individual accessed counselling services five times in the reporting period, this would be counted as five. See Service description for further details and examples of client-specific services.</p>
# of Trainings: MHP	<p>The total number of training sessions delivered during the reporting period. See Service description for further details and examples of mental health training.</p> <p>If training is not provided through your Mental Health Program, input "0".</p>
# of Individuals: Received Training: MHP	<p>Unique, or unduplicated, count of individuals who received training through the IHWS Mental Health Program (either directly provided through an IHWS-funded worker or training that is outsourced to a trainer but funded through the IHWS Mental Health Program budget).</p> <p>The total number of unique participants for each training activity is added to calculate the total number of individuals who received training in the reporting period.</p> <p>If training is not provided through your Mental Health Program, input "0". See Service description for further details and examples of mental health training.</p>
# of Group Activities: MHP	<p>The total number of group activities delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the "Number of Individuals: Accessed Group Activities: MHP".</p> <p>If group activities are not provided through your IHWS- funded program, put "0". See Service description for further details and examples of group activities.</p>

Service Data Name	Definition
<p># of Individuals: Accessed Group Activities: MHP</p>	<p>The total number of individuals who took part in group activities delivered during the reporting period.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: MHP”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># of Requests for Service: Unfulfilled: MHP</p>	<p>This data element includes requests for Mental Health Program services that were:</p> <ul style="list-style-type: none"> • Referred elsewhere because the service was at capacity; or • Placed on a waitlist. <p>The same individual may be counted more than once under Mental Health Program if they requested service at different points in the reporting period.</p> <p>Reporting is based on the initial response that takes place following the request for service. For example, if an individual requests service and is placed on the waitlist and receives the service within the same quarter, their request for service should still be reported once under this data element.</p> <p>Dependents are not counted under this data element.</p>
<p>Ministry- funded Agency Expenditures: MHP</p>	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Mental Health program in the reporting year (cumulative).</p>

Services Delivered: Supports for Two-Spirit and Indigenous LGBTNBQQIA+ Individuals

Component: IHWS – Promotion and Prevention

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Improve access to culturally responsive and safe programming for Two-Spirit and Indigenous LGBTNBQQIA+ identifying individuals and their families/support systems
- Improve the healing, health, and wellness of Indigenous Two-Spirit and LGBTNBQQIA+ individuals
- Reduce violence against Two-Spirit and Indigenous LGBTNBQQIA+ individuals
- Improve communal knowledge of 2SLGBTNBQQIA+ life experiences, and work with all community members to ensure positive, respectful relationships in all community spaces

Service Description:

- Supports a range of culturally responsive and safe programming to address the unique needs of Two-Spirit and Indigenous LGBTNBQQIA+ individuals, including 1-on-1 supports, group activities, knowledge mobilization and communities of practice, and training and capacity development.

People Served:

- Two-Spirit and Indigenous LGBTNBQQIA+ identifying individuals and their identified families and support systems.
- LGBTNBQQIA+ refers to individuals who identify as Lesbian, Gay, Bisexual, Transgender/Transexual, Non-Binary, Queer, Questioning, Intersex, Asexual, and other sexual and gender diverse individuals.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features

- Indigenous cultural approaches are reflected or used as part of the activities and services
- Programming and services are inclusive, culturally responsive, trauma-informed, and strengths-based to reflect the individual, family and/or community needs

Specific services provided may include:

1. Client-Specific Services

- Client-specific services are culturally responsive 1-on-1 supports provided to an individual and/or family and may include:

- Peer mentorship
- Peer counselling
- Wellness planning
- Case management
- Assisting individuals to access services related to reducing family, sexual and gender-based violence and improving Indigenous health, healing and wellness
- Advocacy
- Crisis intervention
- Creating safe (mentally, emotionally, physically, spiritually) spaces and opportunities for clients to build healthy relationships with their family
- Safety planning
- Support in the administrative processes related to name change, sex designation, and gender affirming surgeries
- Providing information and support regarding access to safe sex supplies and healthy relationships, housing, gender affirming gear and supplies, etc.
- Referrals to other services such as mental health and substance use, counselling, legal services, shelters, court workers, food banks, employment, training, housing, etc

2. Group Activities

- Group activities may include:
 - Healing/cultural teaching circles and/or support groups
 - Ceremonial and traditional activities, such as (but not limited to) sweat lodges, medicines, teachings, beading, moccasin making, Indigenous arts and crafts, drumming, ribbon skirt/shirt making, etc
 - Land- and water-based activities Fitness and/or recreational activities

3. Community Outreach, Engagement & Relationship-Building

- Activities may include (but are not limited to):
 - Coordinating knowledge transfer events
 - Community-driven research
 - Establishing Communities of Practice to inform co-construction, co-learning and implementation of community-driven supports and services that address the needs of Two-Spirit and Indigenous LGBTNBQQIA+ individuals
 - Advocacy
 - Networking and collaboration with community partners to establish and maintain safe spaces and promote the well-being of Two-Spirit and Indigenous LGBTNBQQIA+ individuals (e.g., information sharing, referral protocol development, building cultural awareness and competency, hosting gatherings)

- Workshops focused on Indigenous LGBTNBQQIA+ individuals health, healing and wellness
- Organizing or participating in community, health and wellness fairs or events (e.g. pow-wows, feasts)
- Public presentations, including awareness and education campaigns
- Participating in local committees

Training & Capacity Development

- Activities may include (but are not limited to):
 - Trainings and workshops, e.g., creating safe spaces and positive conditions for the well-being of Two-Spirit and Indigenous
 - Creating leadership opportunities for Two Spirit and Indigenous LGBTNBQQIA+ young people
 - Developing and/or mobilizing actionable resources and wise practices

Reporting Requirements:

1. Year-End Narrative Report

- Service partners are required to create a year-end narrative report that communicates the impacts and outcomes of the program.
- Service partners should include information on ongoing community needs and priorities, as well as gaps and challenges in delivering or collaborating across services to address the needs of Two-Spirit and Indigenous LGBTNBQQIA+ people.
- Service partners may highlight participant feedback on projects and services and use participants' own words when possible.
- Narrative reports can utilize creative forms of communication and reporting, including audio, visual, oral and/or written formats.

2. Service Data Requirements

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Received Client-Specific Services: 2SLGBTNBQQIA+ Supports	Unique, or unduplicated, count of all individuals (including dependents/children) who received client-specific services during the reporting period. This count includes individuals who do not self-identify as 2SLGBTNBQQIA+ but received services through 2SLGBTNBQQIA+ Supports program (e.g., family members, etc.) during the reporting period.

Service Data Name	Definition
	<p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
<p># of Families: Received Client-Specific Services: 2SLGBTNBQQIA+ Supports</p>	<p>Unique, or unduplicated, count of families who received client-specific services during the reporting period. Families are self-defined by the individuals' accessing services and does not need to be limited to individuals living in the same dwelling.</p> <p>Each family is counted only once per reporting period even if they received multiple services. If the family carries into the next fiscal year, the family is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
<p># of Client-Specific Services Delivered: 2SLGBTNBQQIA+ Supports</p>	<p>The total number of 1-on-1 client-specific services provided to individuals during the reporting period.</p> <p>For example, if an individual accessed peer counselling services five times in the reporting period, this would be counted as five. See Service description for further details and examples of client-specific services.</p>
<p># of Group Activities: 2SLGBTNBQQIA+ Supports</p>	<p>The total number of group activities delivered during the reporting period. Each activity should be counted as 1.</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reports the group activity should also report the total number of individuals who attended that group activity under the "Number of Individuals: Accessed Group Activities: 2SLGBTNBQQIA+ Supports".</p> <p>If group activities are not provided through your IHWS-funded program, put "0". See Service description for further details and examples of group activities.</p>

Service Data Name	Definition
<p># of Individuals: Accessed Group Activities: 2SLGBTNBQQIA+ Supports</p>	<p>The total number of individuals who took part in group activities during the reporting period. Each unique individual within one group activity is counted as 1.</p> <p>The same individual can be counted more than once if they participate in more than one group activity in the same reporting period. The total number of unique participants for each group activity is added to calculate the total number of individuals who took part in group activities in the reporting period. For example, if an individual attends four group activities in a reporting period, count four (4).</p> <p>If a group activity is jointly organized/funded with another IHWS program, only one program should report the group activity (to be decided by the service provider). The program that reported the group activity (to be decided by the service provider) is responsible for reporting the total number of individuals who accessed the group activity under this data element. Do not include participants of the group activities that were not reported in “Number of Group Activities: 2SLGBTNBQQIA+ Supports”.</p> <p>If group activities are not provided through your IHWS- funded program, put “0”. See Service description for further details and examples of group activities.</p>
<p># Community Outreach, Engagement & Relationship- Building Activities: 2SLGBTNBQQIA+ Supports</p>	<p>The total number of community outreach, engagement & relationship-building activities completed during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>See Service description for further details and examples of community outreach, engagement & relationship-building activities.</p>
<p># of Trainings & Capacity Development Activities: 2SLGBTNBQQIA+ Supports</p>	<p>The total number of training sessions delivered during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>See Service description for further details and examples of training & capacity development activities.</p>
<p># of IHWS-Funded FTE Staff: 2SLGBTNBQQIA+ Supports</p>	<p>The number of assigned IHWS staff (full-time equivalent), including program delivery and program administration.</p>

Service Data Name	Definition
Ministry-funded Agency Expenditures: 2SLGBTNBQQIA+ Supports	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver Supports for Two-Spirit and Indigenous LGBTNBQQIA+ Individuals in the reporting year (cumulative).

Component: IHWS – Supportive Resources, Training and Capacity Building

Services Delivered: IHWS Community & Resource Development, Policy & Planning Programs

Component: IHWS – Supportive Resources, Training and Capacity Building

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Enhance the capacity of Indigenous partners and service providers for health policy and planning, culturally responsive service delivery, and community and resource development.

Service Description:

- **Community Development Support Workers:** provide services and supports to member communities to enhance their skills and capacity to design, implement and report on IHWS programs.
- **Health Policy Analysts:** facilitate policy development to address the broader areas of health, healing, wellness, and family violence in Indigenous communities.
- **Indigenous Health Planning Authorities:** responsible for planning related to wholistic community and regional health, healing, and wellness services, including service planning, ongoing liaison and engagement with member communities.
- **Za-Geh-Do-Win Information Clearinghouse:** acquires, develops, maintains, and disseminates Indigenous-specific resource materials.

- **Aboriginal Shelters of Ontario:** provide training and capacity building to improve the delivery of services to Indigenous survivors of violence.

People Served:

- Services are primarily provided to Indigenous communities and organizations.
- Member communities may include First Nations, Métis Councils, Friendship Centres, local chapters or councils, etc.

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.

Specific service provided may include:

1. Community Development Support Workers:

- Support member communities with the design, implementation and/or management of IHWS-funded programs and projects, including the maintenance of required program, service and financial reporting, which may include performance measurement and program evaluation initiatives.
- Support member communities with the development and coordination of community development initiatives.
- Communicate key program-related information to member communities, including information and reminders regarding reporting timelines.
- Provide community development assistance, resources and training to member communities to improve operations, such as administrative processes, policies and procedures.

2. Health Policy Analysts:

- Conduct research, data analysis and/or policy development with respect to identifying and documenting existing and emerging healing, health, wellness and family violence priorities in Indigenous communities.
- Advocate for member communities' identified needs, priorities, challenges and barriers.
- Communicate/share information with member communities and organizations, e.g., policy issues/concerns, research findings/results, toolkits, funding and learning/training opportunities, outcomes of community engagements, etc.
- Build relationships and facilitate engagements with member communities and organizations, as well as government partners.
- Serve as a representative on relevant committees and share information gained to member communities or organizations, as deemed appropriate by individual organizations.

- Communicate with member communities, organizations and other partners using a variety of methods and tools, such as information summaries (e.g., newsletters), options or position papers, briefing notes, presentations, etc.

3. Indigenous Health Planning Authorities:

- Community Engagement: identify emerging health issues/trends from a wholistic lens and share information and resources with member communities, including community leadership and frontline staff.
- Program & Strategic planning: short and long-term planning and coordination to identify health service gaps, emerging health issues, community priorities and strategies to address issues.
- Research and data collection: may include developing, implementing, identifying and/or supporting research projects to support health policy and planning.
- Policy analysis/synthesis and advice: may include analysis of research, data and community engagements to develop policies, strategic plans, and/or advice to improve Indigenous healing, health and wellness.
- Gatherings & Networking: organize networking opportunities and gatherings for frontline staff, community leaders, member communities and other relevant parties to improve policy research, analysis and development, information/knowledge sharing, partnerships, and collaboration.
- Advocacy: advocate on behalf of member communities and/or support senior leadership with advocacy, as appropriate or requested.

4. Za-Geh-Do-Win Information Clearinghouse:

- Provide services to Indigenous communities and organizations, as well as non-Indigenous organizations, and individuals requesting information and assistance regarding Indigenous-specific resource materials.
- Collect, compile, develop, catalogue, and distribute Indigenous-specific information, resource materials, research and documents regarding family violence, family healing and health
- Offer community workshops, training, and presentations to provide information on Indigenous health, family violence and healing.
- Organize outreach and communication activities, including knowledge sharing and engagement at community events and/or online platforms, as well as publish and distribute newsletters in printed and electronic versions.

5. Aboriginal Shelters of Ontario:

- Support the development and capacity of Indigenous women's shelters and family healing programs through:
 - Ongoing training
 - Dedicated support and advice to address operational issues and build organizational capacity

- Provide training to non-Indigenous agencies and organizations (as able and appropriate) to support them in understanding and addressing the unique needs of Indigenous survivors of violence, including police and justice services, health and social service agencies, child welfare, etc

Reporting Requirements:

1. Year-End Narrative Report

- Transfer payment recipients (TPRs) are required to complete a consolidated year-end narrative report provided by the ministry for all funded IHWS Community Development, Policy & Planning Programs.

2. Service Data

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets

Service Data Name	Definition
# of Trainings and Community Support Activities: ICDPP	<p>The total number of training sessions and community support activities provided to communities and organizations in the reporting period. Activities include training, field/site visits, gatherings/meetings, and community engagements.</p> <p>Each activity held during the reporting period should be counted as “1”. If none are provided, put “0”.</p>
# of Communities / Organizations: Accessed Training & Community Support: ICDPP	<p>The total number of unique communities/organizations who accessed/received training sessions and community support activities in the reporting year. Activities may include training, field/site visits, gatherings/meetings, and community engagements.</p> <p>Each unique community/organization should be counted only once per reporting period. If none are supported, put “0”.</p>
# of Resources Developed: ICDPP	<p>The total number of unique resources developed, such as toolkits, policy and research papers, newsletters, e-bulletins, social media resources (e.g., videos, factsheets), manuals, training documents, etc.</p> <p>Each unique resource developed during the reporting period should be counted as “1”. If none are developed, put “0”.</p>
Ministry-funded Agency Expenditures: ICDPP	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver IHWS Community Development, Policy & Planning Programs in the reporting year (cumulative).</p>

Services Delivered: Indigenous Anti-Human Trafficking Liaisons

Component: IHWS – Supportive Resources, Training and Capacity Building

Legislation: *Ministry of Community and Social Services Act*

Program Goals:

- Increased knowledge and awareness of human trafficking in Indigenous communities and related services and supports.
- Service providers and frontline workers have the knowledge, skills, attitudes and tools needed to identify and meet the needs of Indigenous survivors of human trafficking.
- Indigenous survivors of human trafficking have increased access to culturally safe and trauma informed services and supports.
- Increased knowledge and awareness of mental health and addictions services to support Indigenous survivors of human trafficking.
- Build capacity amongst the Indigenous Anti Human Trafficking Liaisons to increase awareness and knowledge on the complex trauma and long-term effects of human trafficking.

Service Objectives:

- The Indigenous Anti-Human Trafficking Liaisons (IAHTLs) and Specialized Mental Health and Addictions (MHA) Liaisons will work with Indigenous communities and organizations to deliver on the following objectives:
 - Strengthen agency, community, and survivor capacity
 - Support the development and delivery of Indigenous-led initiatives
 - Support Indigenous-specific prevention and awareness
- The IAHTLs and Specialized MHA Liaisons will work with non-Indigenous agencies to deliver on the following objectives:
 - Support agencies in systems navigation to ensure Indigenous women and girls are connected to appropriate services and supports provided by an Indigenous organization
 - Support increased knowledge and awareness of the differences between human trafficking of Indigenous women and non-Indigenous women
 - Support the increased knowledge and awareness of Indigenous worldviews of mental health and addictions

Service Description:

- IAHTLs and Specialized MHA Liaisons work with communities to identify community needs and assist in building capacity to address trafficking and support Indigenous survivors of human trafficking.
- IAHTLs will support Indigenous communities and organizations in identifying, building and connecting Indigenous survivors of human trafficking to culturally responsive services.
- Specialized MHA Liaisons will support organizations and individuals in identifying, building and connecting Indigenous survivors of human trafficking to dedicated culturally responsive mental health and addictions support.
- Support non-Indigenous organizations to build and maintain relationships with appropriate Indigenous organizations and service providers.

People Served:

- First Nations, Métis and Inuit survivors of human trafficking
- Indigenous and non-Indigenous organizations and service providers
- First Nations, Métis, Inuit and urban Indigenous communities

Program / Service Features:

The Program/Services contracted by the Ministry will reflect the following features:

- The program and related projects and services are designed, managed and delivered by and for Indigenous peoples.
- Liaisons utilize a culture based, strengths based and trauma informed approaches.
- Liaisons will be responsive to the needs of Indigenous communities in rural, remote and fly-in communities. This includes responding to trends around mining and resource extraction and the increased risk of trafficking in communities that are affected.
- Programming is voluntary and recognizes the complexity of human trafficking and the autonomy of survivors/survivors and their right to self-determination.

Specific services delivered may include:

1. Training & Support Activities

- Provide training and capacity building to help Indigenous organizations and service agencies develop and deliver culturally responsive, trauma informed engagement models and resources for Indigenous survivors of human trafficking.
- Assess local agencies' knowledge and capacity to address issues related to human trafficking, and provide consultation on how service plans, programs and policies can better meet the needs of Indigenous survivors of human trafficking.
- Support the identification of community needs, community driven strategies, local service models and service delivery protocols.

- Support Indigenous organizations in the development of provincially funded human trafficking related projects and initiatives.
- Inform programming by providing education on new and emerging trends, and the spectrum of human trafficking.

2. Community and Survivor Engagement, Collaboration and Relationship-Building, Education and Awareness

- Build relationships and collaborate with Indigenous and non-Indigenous communities, organizations and service agencies across the service system to help identify:
 - human trafficking trends and targeted populations
 - gaps in existing service delivery systems
 - opportunities to improve local responses and supports to human trafficking
 - service system planning and community/sector capacity building needs (e.g., training, resources)
- Participate in, lead or support in establishing (as appropriate/relevant) regional Anti-Human Trafficking Coalitions and Committees.
- Engage with survivors to gather information on their needs and priorities as well as current gaps in services and locally led best practices from a survivor perspective.
- Facilitate survivor involvement and voices in the design of policies, programs and services at both the local and provincial level.
- Deliver community education and awareness raising activities.
- Develop education, awareness, and prevention materials, tools and resources.
- Report on trafficking patterns within and outside identified human trafficking hubs.
- Relationship-building and collaboration with MCCSS and ministry partners to inform provincial policy and program development to support the needs of Indigenous survivors of human trafficking.
- Participate in the development and implementation of provincial public awareness campaigns and prevention initiatives to ensure these are informed by the perspectives and lived experiences of Indigenous survivors of human trafficking.
- Provide access to Indigenous healing and cultural supports for survivors, including teachings, healing circles, ceremonies, and land-based healing activities.

Specialized Mental Health & Addictions (MHA) Anti-Human Trafficking Liaisons:

Specialized MHA Liaisons will work with community to identify community needs and assist in building capacity to address mental health, addictions, trafficking and support Indigenous survivors of trafficking. They will also assist in providing targeted service planning and delivery supports to Indigenous agencies and communities, as well as assisting non-Indigenous agencies seeking to provide culturally responsive services to Indigenous survivors of human trafficking.

Specific services delivered may include:

1. Training & Support Activities

- Collaborate with communities and service providers to identify needs and assist in building mental health and addictions capacity to support Indigenous survivors of human trafficking.
- Provide targeted ongoing service planning and delivery supports to Indigenous communities and organizations, and non-Indigenous agencies seeking to provide culturally responsive mental health and addictions services.
- Help build the capacity of mental health and addictions providers to connect Indigenous survivors of human trafficking with culturally responsive services.
- Help Indigenous-led anti-human trafficking organizations develop and implement plans to improve access to mental health and addiction information, services, treatments, and supports for priority populations and areas.
- Support non-Indigenous-led agencies to connect with Indigenous organizations to undertake culturally responsive engagement models that reflect the needs of survivors in different stages of trafficking, resources for mental health and addiction services within Indigenous communities (i.e., Training, referral to an Elder).

2. Community and Survivor Engagement, Collaboration and Relationship-Building, Education and Awareness

- Develop an inventory of available mental health and addictions services and identify service gaps based on the input and experiences of Indigenous survivors of human trafficking.
- Support the development and coordination of mental health and addiction service planning protocols with First Nations, Métis, Inuit and urban and rural Indigenous communities and service providers.
- Support the development of resources to support the needs of Indigenous survivors of human trafficking, as needed.
- Build relationships and collaborate with Indigenous and non-Indigenous communities, organizations and service agencies across the service system to help identify the mental health and addictions needs of survivors of human trafficking.
- Participate in regional Anti-Human Trafficking Coalitions and Committees and any relevant Mental Health and Addictions cross-sector planning tables to ensure consideration of the mental health and addiction service needs of Indigenous survivors of human trafficking at the local, regional and provincial level.
- Raise awareness and promote community education about the relevant mental health and addiction services and supports available for Indigenous survivors of human trafficking.
- Provide or connect survivors and their families with relevant educational materials and available resources.

Reporting Requirements:

1. Year-End Narrative Report

- Service partners are required to create a year-end narrative report that communicates the impacts and outcomes of the program for the following groups:
 - Indigenous survivors of human trafficking
 - Indigenous and non-Indigenous service providers
 - Indigenous communities
- Service partners should include information on ongoing community needs and priorities, as well as gaps and challenges in delivering or collaborating across services for Indigenous survivors of human trafficking.
- Service partners may highlight participant feedback on projects and services and use participants' own words when possible.
- Narrative reports can utilize creative forms of communication and reporting, including audio, visual, oral and/or written formats.
- Specific information should be included in the year-end report on the impacts and outcomes of the Specialized MHA Liaisons programming. Funding for the Specialized MHA Liaisons is provided through Ontario's Mental Health & Addictions Strategy and requires service data to be collected through separate data elements (see table below).

2. Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Trainings: IAHTL	<p>The total number of training sessions provided to Indigenous communities and organizations and non-Indigenous service providers during the reporting period. Each activity held in the reporting period should be counted as 1.</p> <p>Service data for the Specialized MHA Liaisons should <u>not</u> be included under this data element.</p>
# of Trainings – Specialized MHA Liaisons: IAHTL	<p>The total number of training sessions provided to Indigenous communities and organizations and non-Indigenous service providers by the Specialized MHA Liaisons during the reporting period. Each activity held in the reporting period should be counted as 1.</p>
# of Service Providers: Received Training and Support Services: IAHTL	<p>Unique, or unduplicated, count of service providers who received training and support services during the reporting period. Each organization or community that attended a training session held in the reporting period should be counted as 1.</p>

Service Data Name	Definition
	Service data for the Specialized MHA Liaisons should <u>not</u> be included under this data element.
# of Service Providers: Received Training and Support Services – Specialized MHA Liaisons: IAHTL	<p>Unique, or unduplicated, count of service providers who received training and support services from the Specialized MHA Liaisons during the reporting period. The purpose of this data element is to capture the reach of the program.</p> <p>Each organization or community should be counted only once, even if they accessed training and support services multiple times during the reporting period.</p>
# of Individuals: Received Training: IAHTL	<p>Unique, or unduplicated, count of individuals who attended a training session during the reporting period.</p> <p>The total number of unique participants for each training activity is added to calculate the total number of individuals who received training in the reporting period. Survivors who access training, education and awareness activities should be included as part of the total count.</p> <p>Service data for the Specialized MHA Liaisons should <u>not</u> be included under this data element.</p>
# of Individuals: Received Training – Specialized MHA Liaisons: IAHTL	<p>Unique, or unduplicated, count of individuals who attended a training session provided through the Specialized MHA Liaisons during the reporting period.</p> <p>The total number of unique participants for each training activity is added to calculate the total number of individuals who received training in the reporting period. Survivors who access training, education and awareness activities should be included as part of the total count.</p>
# of Survivors Engaged and Supported: IAHTL	<p>The total number of survivors (unique, unduplicated) who received services and supports from an Anti-Human Trafficking Liaison during the reporting period, including outreach support and referrals. Each survivor should be counted as 1 even if they received multiple services/supports.</p> <p>Service data for the Specialized MHA Liaisons should <u>not</u> be included under this data element.</p>
# of Survivors Engaged and Supported –	The total number of survivors (unique, unduplicated) who received services and supports from a Specialized MHA Liaison project during the reporting period, including outreach

Service Data Name	Definition
Specialized MHA Liaisons: IAHTL	support and referrals. Each survivor should be counted as 1 even if they received multiple services/supports during the reporting period.
# of Individuals Who Completed IAHTLs Survey: IAHTL	<p>The total number of individuals who participated in training, education and awareness activities through the Indigenous Anti- Human Trafficking Liaisons (IAHTLs) during the reporting period and completed a survey about the impact of the activity.</p> <p>Each unique individual who completed a survey for a particular activity is counted as 1. The same individual can be counted more than once if they participated in a different activity and completed a survey for that activity within the same reporting period. The total number of unique individuals who completed a survey for each activity they received during the reporting period is added to calculate the total number of individuals who completed a survey for the reporting period.</p> <p>Although voluntary, all individuals must be offered the choice to complete a survey upon completion of training, education and awareness activities to assess changes in the self-reported knowledge and capacity of participants. The agency is responsible for ensuring that client privacy and confidentiality is observed to the extent possible.</p> <p>Note: This data element will be used to understand what portion of individuals who completed a survey felt the services they received increased knowledge and capacity to support Indigenous survivors of human trafficking.</p>
# of Individuals: Reported Increased Knowledge and Capacity: IAHTL	<p>The total number of individuals who completed a survey on training, education and awareness activities through the Indigenous Anti-Human Trafficking Liaisons (IAHTLs) and who reported increased knowledge and capacity to support Indigenous survivors of human trafficking. Each unique individual who completed a survey for a particular activity and reported increased knowledge and capacity is counted as 1. The same individual can be counted more than once if they participated in a different activity and completed a survey for that activity within the same reporting period and reported the increased knowledge and capacity.</p> <p>The total number of unique individuals who completed a survey for each activity they received during the reporting period and reported the increased knowledge and capacity is added to</p>

Service Data Name	Definition
	<p>calculate the total number of individuals who reported the increased knowledge and capacity.</p> <p>The count is derived by administering a survey question to individuals upon completion of the training activities. An example question that could be used to obtain a count is: “To what extent do you feel that the training has enhanced your ability to support Indigenous survivors of human trafficking?”</p> <ul style="list-style-type: none"> • To a great extent • Somewhat • Very little • Not at all <p>Only individuals who select “to a great extent” or “somewhat” should be counted. Individuals who select “very little” or “not at all” should <u>not</u> be counted.</p>
<p># of Individuals Who Completed Specialized MHA Liaisons Survey: IAHTL</p>	<p>The total number of individuals who participated in training, education and awareness activities through the Specialized MHA Liaisons during the reporting period and who completed a survey about the impact of the activity.</p> <p>Each unique individual who completed a survey for a particular activity is counted as 1. The same individual can be counted more than once if they participated in a different activity and completed a survey for that activity within the same reporting period. The total number of unique individuals who completed a survey for each activity they attended during the reporting period is added to calculate the total number of individuals who completed a survey for the reporting period.</p> <p>Although voluntary, all individuals must be offered the choice to complete a survey upon completion of training, education and awareness activities to assess changes in the self-reported knowledge of participants. The agency is responsible for ensuring that client privacy and confidentiality is observed to the extent possible.</p> <p>Note: This data element will be used to understand what portion of individuals who completed a survey felt the services they received increased knowledge of MHA services.</p>
<p># of Individuals: Reported Increased</p>	<p>The total number of individuals who completed a survey on training, education and awareness activities through the</p>

Service Data Name	Definition
Knowledge of MHA Services – Specialized MHA Liaisons: IAHTL	<p>Specialized MHA Liaisons and who reported increased knowledge of mental health and addictions services to support Indigenous survivors of human trafficking.</p> <p>Each unique individual who completed a survey for a particular activity and reported the increased knowledge of MHA services is counted as 1. The same individual can be counted more than once if they participated in a different activity and completed a survey for that activity within the same reporting period and reported the increased knowledge of MHA services. The total number of unique individuals who completed a survey for each activity they received and reported the increased knowledge of MHA services is added to calculate the total number of individuals who reported the increased knowledge of MHA services.</p> <p>The count is derived by administering a survey question to individuals upon completion of the training activities. An example question that could be used to obtain a count is: “To what extent did the training increase your knowledge of mental health and addiction services available in your community to support Indigenous survivors of human trafficking?”</p> <ul style="list-style-type: none"> • To a great extent • Somewhat • Very little • Not at all <p>Only individuals who select “to a great extent” or “somewhat” should be counted. Individuals who select “very little” or “not at all” should <u>not</u> be counted.</p>
Ministry- funded Agency Expenditures: IAHTL	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Indigenous Anti-Human Trafficking Liaison program in the reporting year (cumulative).

Services Delivered: Indigenous Translators

Component: IHWS – Supportive Resources, Training and Capacity Building

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Provide culturally responsive Indigenous language translation and service supports in both medical and non-medical contexts.

Service Description:

- Indigenous language translation services are provided to facilitate communication between Indigenous individuals and medical, health and social service practitioners regarding symptoms, diagnoses, care, treatments and follow-up services.
- Additional service supports may include hospital site navigation, peer counselling, referrals, advocacy, and cultural therapeutic supports (Traditional healers, medicines and ceremonial supplies and resources).

People Served:

- Indigenous individuals and families, including children, partners, family members, friends, personal support workers accompanying clients.

Program / Service Features:

The Program/Services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.

Specific Service Provided:

1. Client-Specific Services

- Client-specific services are intended to improve Indigenous health by facilitating communication between Indigenous patients and health care providers through provision of language translation services. Services are intended to facilitate communication and understanding of health symptoms, diagnoses, treatments and follow-up services.
- Patient and family support services, such as hospital site navigation, form completion, service referrals, advocacy, peer counselling, and cultural therapeutic supports (Traditional healers, medicines, and ceremonial supplies and resources).

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
# of Individuals: Indigenous Translators	<p>Unique, or unduplicated, count of individuals who received client-specific services through the Indigenous Translators Program during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p> <p>See Service description for further details and examples of client-specific services.</p>
# of Translation Services Provided: Indigenous Translators	<p>The total number of Indigenous language translation services provided to individuals and families through the Indigenous Translator program during the reporting period.</p> <p>For example, if an individual accessed translation services five times in the reporting period, this would be counted as five.</p>
#of Patient & Family Supports Provided: Indigenous Translators	<p>The total number of patient and family support services provided to individuals and families through the Indigenous Translator program during the reporting period. Examples of patient and family support services include support with form completion, service referrals, advocacy, peer counselling and access to cultural therapeutic supports.</p> <p>For example, if an individual accessed patient and family support services five times in the reporting period, this would be counted as five. Indigenous language translation service should <u>not</u> be captured under this data element.</p> <p>If none are provided, put “0”.</p>
Ministry-funded Agency Expenditures: Indigenous Translators	<p>Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Indigenous Translators program in the reporting year (cumulative).</p>

Services Delivered: Outpatient Accommodations and Supports

Component: IHWS – Supportive Resources, Training and Capacity Building

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Improve the health of Indigenous people by providing short-term accommodation and service supports for Indigenous people accessing health care in Timmins and Kenora.

Service Description:

- Services include short-term accommodation, including meals, to Indigenous people accessing health care away from their homes or communities.
- Additional client-specific services may include translation services, peer counselling, referrals, advocacy, cultural therapeutic supports (e.g., Traditional Healers, medicines and ceremonial supports and resources), and transportation to and from an airport, train station or bus terminal.

People Served:

- Indigenous individuals and families, including children, partners, family members, friends, personal support workers accompanying clients for short-term accommodation, meals and supports.

Program / Service Features:

The Program/Services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.

Specific Service Provided:

- Accommodation and meals.
- Support services:
 - Translation services and referrals
 - Transportation (to and from an airport, train station or bus terminal only) Peer counselling, advocacy, and referrals
 - Health navigation and coordination of on-going supports (coordinating with Hospital, health organization and the members' community health department) for continuum of care

Reporting Requirements:

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Definition
<p># of Individuals: Received Accommodation: Outpatient Accommodation & Supports</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received short-term accommodation and meals, including hotel stays, during the reporting period.</p> <p>Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p>
<p># of Individuals: Received Support Services: Outpatient Accommodation & Supports</p>	<p>Unique, or unduplicated, count of individuals (including dependents/children) who received support services such as translation services, referrals, or transportation (e.g., to and from an airport, train station or bus terminal) during the reporting period.</p> <p>An individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.</p>
<p># of Resident Days: Outpatient Accommodation & Supports</p>	<p>The number of 24-hour periods for which an individual is provided bed-based care. The day on which an individual is admitted is included as one day of service. The day on which an individual is discharged is not counted.</p> <p>Each occupied bed counts as one day of bed-based care, which includes hotel rooms and overflow beds, such as cots. When the individual enters and leaves the service on the same day, one day is counted. Beds occupied by a dependent or child are included in this count.</p> <p>Note: The day of exit is not counted to allow accurate calculation of occupancy rates. Otherwise, the same bed would be counted twice for two different individuals on the same day.</p> <p>To track resident days, take a daily census of occupied beds (including alternate settings if used) and add up the census to calculate the total resident days for the reporting period.</p>
<p># of Individuals: Accompanying an Individual who Received Accommodation:</p>	<p>Unique, or unduplicated, count of individuals (e.g., partners, family members, friends, personal support workers) accompanying clients who received short-term accommodation and meals, including hotel stays, during the reporting period.</p>

Service Data Name	Definition
Outpatient Accommodation & Supports	Each unique individual is counted only once per reporting period even if they received multiple services. If the individual carries into the next fiscal year, the individual is counted again in the new reporting period.
# of Beds: Outpatient Accommodation & Supports	<p>The total number of beds dedicated for bed-based services to the Outpatient Accommodation and Supports program at the end of the reporting period. The total number of beds includes the spaces that are and are not occupied at the time of count.</p> <p>The following types of beds are counted:</p> <ul style="list-style-type: none"> • Beds funded by MCCSS; and • Beds funded by other revenue (e.g., fundraising) but dedicated for use for Outpatient Accommodation & Supports clients <p>The following types of beds are NOT included in the count:</p> <ul style="list-style-type: none"> • Beds funded by other programs (e.g., homelessness); and • Alternate settings (e.g., overflow beds, cots, hotel rooms, cribs, etc.) that are used when the shelter is at capacity <p>If your agency does not have physical beds for IHWS client use, put "0". Hotel beds should not be reported under this data element.</p>
Ministry-funded Agency Expenditures: Outpatient Accommodation & Supports	Total ministry-funded expenses for the Transfer Payment Recipient to administer and/or deliver the Outpatient Hostels program in the reporting year (cumulative).

Services Delivered: Program Supports and Service Planning

Component: IHWS – Supportive Resources, Training and Capacity Building

Legislation: *Ministry of Community and Social Services Act*

Service Objectives:

- Support the effective and efficient implementation of IHWS programs and services through one-time or time-limited program supports.
- Support relationship building across IHWS service providers and the Government of Ontario (e.g., Collaborative Tables).

Service Description:

- Program Supports and Service Planning funding aims to:
 - Provide one-time operational supports to address pressures or challenges experienced by service providers
 - Service system planning and relationship building across IHWS service providers and the Government of Ontario (e.g., Collaborative Tables)
 - Support capacity building through training, research and evaluation activities

Program / Service Features:

The program/services contracted by the Ministry will reflect the following features:

- Indigenous cultural approaches are reflected or used as a part of the activities and services.

Specific Services Provided:

1. Program Supports

- Provision of one-time funding to respond to emerging issues and needs in IHWS-funded programs.

2. IHWS Collaborative Forums

- The IHWS Collaborative Forums and Healing Lodge & Treatment Centre Forum are a venue for IHWS partners and service providers to collaborate with the Government of Ontario to support the effective delivery of Indigenous Healing and Wellness Strategy programs and services.

3. Research and Evaluation

- Research and evaluation activities may include:
 - the development of performance and outcome measures
 - implementation of program reviews
 - research on program development, best/wise practices and emerging issues

Reporting Requirements:

1. Year-End Narrative Report

- Recipients of one-time funding are required to submit a year-end narrative report outlining the outputs and impacts achieved through the one-time funding. A template will be provided by the Indigenous Healing & Wellness Strategy Office. Narrative reports can utilize creative forms of communication and reporting, including audio, visual, oral and/or written formats.

2. Service Data

The following service data will be reported on at an Interim and Final stage. Please refer to your final agreement for report back due dates and targets.

Service Data Name	Description
Ministry-funded Agency Expenditures: PSSP	Total ministry-funded expenses for the Transfer Payment Recipient under Program Supports & Service Planning in the reporting year (cumulative).