Government of   Gouvernement des
Northwest Territories Territoires du Nord-Ouest

Community Counselling Program
Data Collection Manual

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Contents

Introduction

The Community Counselling Program (CCP) Data Collection Manual provides background, definitions, and guidance on how data are collected, managed, and used across the program. The goal is to promote consistency and accuracy in reporting while supporting the meaningful use of information to improve mental wellness and addictions recovery services in the Northwest Territories (NWT).

Purpose of Data Collection

Collecting timely, relevant, and accurate data enables everyone involved in the CCP, including frontline staff, regional leadership, Health and Social Services Authorities (HSSAs), and the Department of Health and Social Services (DHSS), to work together toward improving services and outcomes for residents.

- Frontline staff use data to reflect on their practice, identify service trends, and adapt programming to better meet service user needs.
- Regional leadership and HSSAs use data to guide service planning, resource allocation, and quality improvement in the program.
- DHSS uses program data to inform strategic planning, policy development, and territorial reporting.

CCP data also contributes to broader accountability and collaboration. Partners such as Indigenous Governments may use data to understand the needs and concerns of residents within their jurisdictions, while national organizations like the Canadian Institute for Health Information (CIHI) request CCP wait times to monitor progress on Shared Health Priorities across Canada.

High-quality data are essential to understanding what services are being delivered, who is accessing them, and where gaps or emerging needs exist. Consistent data collection:

- Strengthens accountability and transparency;
- Supports evidence-informed decision-making; and
- Ensures the CCP can continuously improve in alignment with community needs.

Ultimately, these data are not just numbers. They represent the real experiences of individuals, families, and communities seeking support. Collecting and using data responsibly helps ensure the CCP continues to provide equitable, effective, and responsive services across the NWT.

Data Collection Overview

Each regional CCP is to submit monthly data by the 15th of every subsequent month to CCPMonthlyStats@gov.nt.ca.

The data collection tool includes **two required sheets** (*Monthly Service Users* and *Group Activities*) used to record core program data. It also includes **one optional sheet**, the *Service User List*, which staff can use for their own data management and tracking. The *Data Dictionary* sheet is available as an additional reference to see definitions for data elements and categories. However, all the essential information you need is already provided in this guideline and in notes within each sheet.

What to capture in each sheet

1. **Monthly Service Users**

The *Monthly Service User* sheet captures service user-level data for a given month. It includes
- **Submission details**: the reporting month, region, community, and staff details.
- **Summary data**: the total number of cancellations and no-shows.
- **Individual-level data** on:
    - All service users who had an individual, family, or couple session during the month.
    - All new referrals received that month, regardless of whether a session took place.

2. **Group Activities**

The *Group Activities* sheet is used to record data on all group-based services and outreach activities delivered during the month, including:
- Group counselling sessions, such as mental health support groups, psychoeducational groups, and psychotherapeutic groups.
- Prevention and promotion activities.

3. **Service User List (optional)**

The *Service User List* is an **optional sheet** used to record demographic information about service users, including age, gender, and Indigenous identity. Its purpose is to reduce the need for staff to re-enter this information each month. The service user number is used to pulled demographic data into the Monthly Service Users sheet.

While helpful for streamlining data entry, the Service User List sheet is not used for analysis or included in statistical reporting. It does include summary tables and graphs that staff can use to better understand the demographics of the service users they support.

Data Dictionary – Key Definitions

Service User List (optional)

- **Service user (column A):** This optional column may be used by service providers to record a local identifier to help track service users within their own practice (e.g., name, initials, and/or date birth etc.)**. This column must be deleted before data are submitted to protect service user privacy and confidentiality.**

- **Contact info (column B):** This optional column may be used if service providers find it helpful to note contact details (e.g., phone number or preferred method of contact) for follow-u or appointment scheduling. **This column must be deleted before data are submitted to protect service user privacy and confidentiality.**

> **Shortcut to delete all data in a column:**
> - Click the first cell in the column (i.e., cell A8 for 'Service user' or cell B8 for 'Contact info').
> - Press **Ctrl + Shift + the down arrow** to select all cells in that column.
> - Once everything in the column is highlighted, press **Delete** on your keyboard.

- **Service User Number (column C), Age (column D), Gender (column E), (Indigenous Identity (column F):** See details in the next section on 'Monthly Service User'. These are the only columns which are used to pull data into the 'Monthly Service User' sheet.

- **Active (Yes/No):** This optional column can be used by service providers to indicate whether a service user's file is currently active or closed. It may assist with local case management and workload tracking, but is not required for submission.

Monthly Service User Sheet Overview

Submission details (row 4)

- **Month (cell A4):** The month the data covers (i.e., the reporting month). Enter month in the format - 3 letters for month and the year e.g., Jan 2027.

- **Region (cell B4):** The NWT region where the sessions occurred. Select the *Region* before the *Community*, as the region determines the drop-down menu options for the community.

- **Community (cell C4):** The community where the **service users** were located during their session. This value is automatically assigned to each service user's row in Column E.

- **Staff Name (cell E4):** The name of the staff member who provided service, entered in the format 'J Smith'.

- **Position (cell F4):** The role of the staff member who delivered services. Use one of the following general categories:
  - Counsellor
  - Wellness Worker
  - Clinical Supervisor
  - Other

  These categories are meant to group similar positions. For example, a Child and Youth Counsellor or Mental Health and Addictions Counsellor would both fall under Counsellor.

Summary data (row 4)

- **# Cancellations (cell F4):** Total number of sessions cancelled by the service user with at least 24 hours' notice, regardless of whether the session was rescheduled.

- **# No shows (cell G4):** Total number of missed sessions where the service user either:
  - Did not show up without providing any notice, or
  - Cancelled with less than 24 hours notice before the scheduled session.

*Note: Combine both new referrals and ongoing service users. For **couple or family sessions**, the cancellation or missed session should **only be counted once**, even if multiple service users were scheduled to attend. **Do not include** cancelled or missed **group sessions** in these totals.*

Individual-level data (row 7 and below)

Include a row of data for -

1) **Each service user who had an individual session and/or required hours of indirect service,** including both new referrals and ongoing service users.
2) **Each family or couple session** - record one row per session, even if multiple service users participated.
3) **Each new referral** received that **did not** end up having a session (i.e., cancelled, no show, or rescheduled).

Do not include a row of data for -

1) Service users who **were not new referrals** AND who **did not have a session** (i.e., cancelled, missed, or rescheduled).
2) **Group counselling sessions** (document these in the *Group Activities* sheet).

Service user details

- **Service User Number (column A):** This is the unique identifier associated with each service user. If you use the exact same Service User Number as listed in the Service User List, the sheet will automatically pull the corresponding demographic information (age, gender, and Indigenous identity).
  Duplicate numbers turn red to remind you to only include one row per service user. Please note that age categories in the Service User List will change over time as service users get older. Be sure to review and update this information periodically to keep it accurate.

- **Age (column B):** Age category based on the service user's date of birth. *(If the Service User Number matches a record in the Service User List, this will be filled automatically. Otherwise, enter manually using the drop-down menu).*
  - Child (0-9 yrs)
  - Youth (10-19 yrs)
  - Adult (20-64 yrs)
  - Senior (65+ yrs)
  - Unknown – use if the date of birth is not available

- **Gender (column C):** Gender category as self-identified by the service user. *(If the Service User Number matches a record in the Service User List, this will be filled automatically. Otherwise, enter manually using the drop-down menu).*
  - Female
  - Male

- Gender Diverse – includes all other self-identifications not captured in the above categories
- Unknown

- **Indigenous identity (column D):** Indigenous identify as self-identified by the service user. *(If the Service User Number matches a record in the Service User List, this will be filled automatically. Otherwise, enter manually using the drop-down menu).*
  - First Nations
  - Inuit
  - Métis
  - Non-Indigenous
  - **Unknown**

- **Community (Column E):** The community **where the service user was located** when they received services. This value is automatically pulled from the Community you selected in Submission Details Cell C4 after you enter an Age for the service user.
  - If you only have service users in one community, no changes are needed.
  - If you provide **virtual/phone sessions** to service users in other communities **or travel to other communities**, you can manually update Community in Column E for each service user as needed.

- **Service user type (column F):** Indicate whether the person is a **New** or **Existing** service user in your CCP region, based on available information (e.g., paper file history, referral notes).
  - **New Service User:** A person who, to the best of our knowledge, has **never received counselling services** in your CCP region *(i.e., does not have a paper file).*
    - Includes:
      - People accessing CCP services for the first time.
      - People referred from a different region's CCP site.
  - **Existing Service User:** A person who has received counselling services in your CCP region *(e.g., has a paper file even if their file is currently closed or inactive).*
    - Includes:
      - Anyone with a current or past file in your region (including a different community than your own).
      - Someone transitioning from Child/Youth counselling to general counselling in the same region.

Note on paper files: Please do not spend excessive time trying to confirm whether a service user already has an existing file. Use only readily available information. For example:
- Do **not** check files stored in archives – if the file cannot be easily located, record the individual as a new service user.

- If you do not have access to another program's file to confirm (e.g., in Yellowknife where CYC and MHAC offices are separate), also record them as a new service user.

Referral source and wait time

- **Referral source (Column G):** A referral is when someone is formally directed or connected to the CCP, whether they are a **new** or **current** service user. Any method of referral is included (written, verbal, voicemail etc.,) Select the most appropriate referral source from the options below:
  - **Not a new referral:** Use this if the service user is already receiving ongoing counselling for the same presenting concern (i.e., not a new episode of care) and there has not been a new referral generated by an external source.
    - ➔ If selected, skip to the Booking Column (you do not need to complete the referral date, mutually agreed upon date, or attendance fields).
  - **Self-referral**: The service user contacted the CCP directly to request counselling services.
  - **Caregiver-referral**: The service user's caregiver contacted the CCP directly to request counselling services. A Caregiver is an adult, often family or somebody who is considered to be like family, who is responsible for providing for the physical, emotional and social needs of the child, youth, or adult on a regular basis. This includes, but is not limited to, parents, foster parents, and kinship care providers (relatives). They may or may not have legal custody of the child/youth. Adults can also have caregivers.
  - **SBMHW** *(School-Based Mental Health and Wellness):* Referrals from the GNWT's school-based mental health teams working under Education, Culture and Employment (ECE). For example, Wellness Mentors, Indigenous Health and Wellness Elders, Mental Wellness Coordinators etc.
  - **Other School/Education**: Any other referral within the education system, including K-12 schools, early childhood programs, childcare centres, or post-secondary institutions. For example, Teachers, Daycare Staff etc.
  - **Child Welfare**: Referrals from GNWT Child and Family Services (CFS) or community-based organizations involved in child protection, foster care, or family support.
  - **Psychiatry**: Referral from a psychiatrist or inpatient psychiatric unit including from Stanton Territorial Hospital or Homewood.
  - **Other Medical Referral**: Referrals from non-psychiatric medical providers like doctors, nurses, community health representatives, medical social workers, rehabilitation therapists, or hospital discharge planners (outside of Stanton psychiatry).
  - **Justice Mandate**: The service user is required to attend counselling as part of a court order, probation, or other formal justice mandate
  - **Other Justice/RCMP**: Any other referral related to the justice system, including RCMP, victim services, or other justice-related supports not under a formal mandate.
  - **Other CCP**: Referral from a CCP in another community or region.

- o **Basic Needs Support**: Referral from a government agency, NGO, or community organization providing support with housing, income support, food security, family services, or other basic needs. This includes referrals from shelters, income support offices, family resource centres, and other integrated service hubs.
  - o **Other:** Referral source that does not fit any of the listed categories. Use only when the referral comes from an unlisted source.
- **Date referral received (column H):** This is the wait time start date – the date the CCP first receives the referral or request for counselling services. This can include:
  - o The date a voicemail is left at central intake.
  - o The date on a referral form, ideally when it is stamped or marked as received.
  - o The date of direct communication with a counsellor, if the referral does not go through central intake.
  - o For referrals from inpatient settings, use the date of discharge as the referral received date (e.g., hospital, Homewood, facility-based treatment program, etc.).

- **Mutually agreed upon appt date (column I):** This is the wait time stop time – the date that has been mutually agreed upon between provider and service user for their first appointment. The end date should not be changed if:
  - o The service user no-shows, cancels, or reschedules the appointment.
  - o A different provider sees the service user on the scheduled date.
  The end date may be updated only in cases of a system-related delay, such as:
  - o The assigned counsellor is unavailable, and no coverage is possible.
  - o Facility or building issues result in changes.
  - o The appointment is rescheduled due to organizational needs (e.g., emergency closure etc.)

- **Did they attend (column J):** Indicate whether the service user attended the mutually agreed-upon appointment date. Select -
  - o **Yes** if they attended.
  - o **No** if they missed, cancelled, or rescheduled, regardless of the reason.

Details about FIRST session THIS MONTH
The following fields relate specifically to the first counselling session the service user attended during the month.
- **Booking (column K):** Indicate how the first appointment of the month was booked:
  - o **Same day/drop-in –** The service user was seen on the same day they came in without a scheduled appointment (drop-in), or they were referred and seen immediately or later that same day.

- o **Scheduled another day –** The appointment was scheduled in advance for a day after the referral or initial contact (i.e., not same day).

If the date the Date the Referral is received is the same as the Mutually agreed upon date this column will automatically be updated to 'Same-day/Drop-in). If they are not the same then it will automatically update to 'Scheduled another day'. You can also update manually.

- **Service type (column L):** Indicate the type of service provided (or planned if the session did not occur) for the service user's first appointment of the month:
  - o **Individual –** One-on-one session with a single service user.
  - o **Couple –** Session involving two partners in a couple.
  - o **Family –** Session involving a service user and one or more family members.

- **Delivery mode (column M):** Indicate how the service was delivered during the service user's first appointment of the month:
  - o **In-person -** The service user and provider were in the same physical location.
  - o **Phone -** The service was provided remotely over the telephone.
  - o **Virtual -** The service was provided remotely through an online platform e.g, Zoom, Microsoft Teams.

Service utilization

- **Total no. of sessions this month (column N):** Enter the total number of sessions the service user attended during the month.
  - o Enter 0 if the person was a new referral but did not attend any sessions due to cancellation, no show, or rescheduling.
  - o You do not need to include a row for service users who were not a new referral and did not attend any sessions that month.

- **Hours of indirect service user time (column O):** Estimate the total time (in hours) spent this month on indirect services related to the service user, such as case management (e.g, FBAT applications), consultation with other providers, or other support activities outside of direct services. Please report time in hours rounded to the nearest half hour e.g., 0.5, 1, 1.5. 2). **Excludes:** Clinical supervision, regular session contact notes.

Presenting Concern(s)

The following fields capture main reason(s) the service user was looking for support.

- **Problematic Substance Use (column P):**

Concerns related to the misuse or dependency on substances that negatively impact a person's health, well-being, or daily functioning.

- o **Not noted –** Substance use was not identified or discussed as a concern.
- o **Alcohol:** Concerns related to problematic alcohol use, including binge drinking, alcohol dependence, or negative impacts on personal, social, school, or work functioning.
- o **Other Substance:** Concerns related to misuse or dependence on other substances including illicit, prescription, or over-the-counter drugs that result in distress, impairment, or functional problems. Examples include
  - ▪ **Stimulants** (e.g., cocaine/crack, meth, Adderall)
  - ▪ **Opioids** (e.g., heroin, fentanyl, Percocet, OxyContin)
  - ▪ **Cannabis** when used in a problematic way
  - ▪ **Over the counter medications** (e.g., cough syrup, lean)
  - ▪ **Prescription drugs** (e.g., benzodiazepines like diazepam, sleeping pills)
  - ▪ **Inhalants** (e.g., glue, gas, solvents)
  - ▪ **Hallucinogens (**e.g., LSD, mushrooms)
- o **Alcohol and other substances:** Concerns involve both alcohol and other substance use.

- **Concern 1 & 2 (columns Q and R):** Select the main concerns for the session -
  - o **Crisis support:** Urgent and immediate response, intended to be brief and focusing on the 'here and now' for the purposes of minimizing stress, de-escalating immediate risk, and providing emotional support to ensure individual safety while improving their coping strategies.
  - o **Mental health concern:** This category includes a range of mental health disorders affecting mood, thought, or behavior. It covers conditions like anxiety, depression, severe mental illness, self-harm, and suicide risk.
  - o **Life stressor:** External pressures or significant life changes, such as financial difficulties, job-related stress, or major life transitions, which contribute to emotional or psychological distress.
  - o **Trauma:** Emotional and psychological distress resulting from significant or distressing life events. Trauma can stem from acute incidents (e.g., natural disasters, evacuations) or be complex (e.g., residential school survival, intergenerational trauma, ongoing abuse).
  - o **Bereavement:** Emotional distress or grief related to the loss of a loved one, significant life changes, or other forms of personal loss.
  - o **Neurodivergence:** Challenges related to a neurological difference. This may include suspected or diagnosed ADHD, Autism Spectrum Disorder, or a combination, as well as learning and processing differences**.**
  - o **Interpersonal relationships:** Difficulties in personal, family, or romantic relationships that can lead to emotional or psychological distress, impacting a person's well-being or social functioning.

- Family violence/abuse: Harmful actions that involve physical, emotional, sexual, or psychological abuse, often with personal or intimate relationships including both those experiencing harm and those contributing to the harm. This includes family violence, partner abuse, and maltreatment of vulnerable individuals like children or elders.
- Immediate basic needs: Concerns related to fundamental human necessities such as housing or food, that are not being adequately met.
- Identity/self-perception: Issues regarding how an individual sees themselves, their self-esteem, gender identity, sexual orientation, or cultural identity.
- N/A: Concern was already captured under Problematic Substance Use
- Other: Any presenting concern that does not fall under the defined categories but is important for documentation and data collection.

Suicide Assessment and Safety Planning

- **Suicide risk assessment (column S):** Record the level of suicide risk identified through a suicide risk assessment. (Refer to the Suicide Risk Assessment form for detailed definitions of each risk level).
  - N/A – No suicide risk assessment was conducted or reviewed
  - Assessment finding - Low Risk, Moderate risk, or high risk

- **Safety plan co-created (column T):** Indicate whether a safety plan was co-created with the service user.
  - N/A – No suicide risk assessment was conducted, so a safety plan was not applicable
  - New/Created – A safety plan was co-created with the service user this month
  - Reviewed/Updated – A safety plan from a previous month was reviewed and either updated as needed or confirmed to remain current and relevant.
  - No – A safety plan was not co-created

Referrals made

- **Outward referral 1 & 2 (columns U and V):** An outward referral is when the CCP initiates contact with another service or program to support the service user. This includes verbal or written communication, phone calls, applications, or navigating E-Mental Health tools during the session.
  Only record the referral in the month it is made, even if related case management or planning occurred in previous months.
  - **Residential Addictions Treatment** - Referral to Facility-Based Addictions Treatment (FBAT), NNADAP, or another bed-based program.

- o **SBMHW** – referral to staff in a *School-Based Mental Health and Wellness* team working under Education, Culture and Employment (ECE). For example, Wellness Mentors, Indigenous Health and Wellness Elders, Mental Wellness Coordinators etc.
- o **Other CCP –** Referral to a CCP in a different community or region.
- o **Psychiatry** - Referral to a psychiatrist or inpatient psychiatric unit including from Stanton Territorial Hospital or Homewood.
- o **Other Medical Practitioner** – Referrals to non-psychiatric medical providers such as doctors, nurses, medical social workers, community health representatives, rehabilitation therapists, or hospital discharge planners (outside of Stanton psychiatry).
- o **Child Welfare** - Referrals to GNWT Child and Family Services (CFS) or community-based organizations involved in child protection, foster care, or family support.
- o **eMH –** Support with accessing e-Mental Health tools (e.g., guided self help platforms, online resources) like Strongest Families Institute (SFI), Breathing Room, EHN Wagon etc.
- o **On the Land Program –** Referral to an on-the-land healing or cultural program.
- o **THARP** – Referral to Transitional Housing for Addictions Recovery program.
- o **Basic needs support** – Referral from a government agency, NGO, or community organization providing support with housing, income support, food security, family services, or other basic needs. This includes referrals from shelters, income support offices, family resource centres, and other integrated service hubs.
- o **Justice/RCMP** - Referral to any part of the justice system, including Victim Services, RCMP, probation, parole, or court-mandated services.
- o **Other Community based supports** - Referral to any other local service or community resource not listed above (e.g., youth centres, employment services, cultural groups).
- o **Other –** Any other type or support not listed above.

Group Activities Sheet Overview

Include a row of data for:

1) **Each type of therapeutic group session** (e.g., mental health support groups, psychoeducational groups, psychotherapeutic groups)

2) **Each prevention and/or promotion activity** (e.g., workshops, awareness events, community presentations, radio shows.) in which the CCP had a role as an organizer, co-organizer, or participant.

If the same activity was **delivered multiple times within the month**, record it **only once** (e.g., if Alcoholics Anonymous was held weekly for four weeks, include a single entry). However, if the same activity was **delivered in multiple communities**, record **one entry per community** because statistics are combined at the community level.

Avoid duplication: Do not report an activity if it has already been included by **another CCP staff member**. When multiple staff collaborate on a single activity, ensure it is counted only once in one monthly report.

Group Activities sheet details

- **Title (Column B):** Enter the name of the group activity, if applicable. Note that not all activities (such as general group therapy sessions) will have a specific title. In those cases, leave this field blank.

- **Type of Group Activity (Column A):** Indicate the type of group activity conducted:
  - **Group Therapy** includes activities designed to provide therapeutic support or facilitate change among participants. These include:
    - **Mental Health Support Groups:** Groups that bring individuals together to share experiences, coping strategies, and mutual support (e.g., peer support or recovery groups).
    - **Psychoeducational Groups:** Groups focused on building knowledge or skills related to mental wellness or addictions (e.g., stress management workshops, MHFA, ASIST).
    - **Psychotherapeutic groups:** Groups that use structured therapeutic approaches of evidence-based techniques related to mental wellness or addictions (e.g., Matrix Program, Anxiety Group, Group DBT skills group).
  - **Prevention and Promotion** includes activities that aim to prevent the development of harmful behaviours to or strengthen protective factors that support wellbeing.

- **Prevention Activities:** Activities, programs, or presentations that focus on reducing the likelihood of developing unhealthy behaviours or substance use (e.g., radio segment on substance misuse and prevention).
- **Promotion Activities:** Activities, programs, or presentations that empower individuals or communities to adopt healthy behaviours and build resilience (e.g., presentations on CCP services, sleep hygiene, or stress management).

- **Primary Topic area & Secondary Topic area (Column C & D):** Select the main focus or theme of the group therapy, prevention, or promotion activity.
  - **Info about the CCP:** Sessions that increase awareness of CCP services and promote community connection and access to support.
  - **Crisis support:** Immediate, short-term support focused on helping participants regain stability, reduce distress, and strengthen coping strategies in response to an urgent or high-stress situation in the community e.g., suicide, mass casualty.
  - **ASIST:** Applied Suicide Intervention Skills Training.
  - **Other Suicide Prevention:** Any other initiative focused on life promotion, resilience, and supporting safety and hope aimed at reducing suicide risk.
  - **AA:** Alcoholics Anonymous
  - **Substance use**: Activities or discussions focused on supporting healthy relationships with substances, recovery, harm reduction, addictions treatment aftercare, and wellness maintenance e.g., Matrix.
  - **MHFA:** Mental Health First Aid.
  - **Mental Health and Wellness:** Activities that strengthen understanding, coping, and wellbeing across mental health concerns, including psychoeducation on general mental health promotion and/or specific conditions (e.g., anxiety, depression, ADHD, eating disorders).
  - **Life stressors:** Support or skill building to help participants manage everyday challenges such as work, finances, parenting or transitions.
  - **Trauma:** Sessions that promote healing, grounding, and resilience, for individuals affected by acute incidents (e.g., natural disasters, evacuations) and/or complex trauma (e.g., residential school survival, intergenerational trauma, ongoing abuse).
  - **Bereavement:** Support for those coping with loss and grief related to the loss of a loved one, significant life changes, or other forms or personal loss.
  - **Interpersonal relationships:** Activities that strengthen communication, connection, and healthy relationship skills in personal, family, or romantic contexts.
  - **Family violence/abuse:** Activities that promote safety, empowerment, and healing for those affected by family violence, intimate partner violence, and/or maltreatment of vulnerable individuals like children or elders.

- o **Identity/self perception:** Activities that explore self-esteem, gender identity, sexual orientation, cultural identify and/or sense of purpose to strengthen self-awareness and confidence.
- o **Social-Emotional Skills:** Activities that promote skill development in emotional intelligence encompassing both intrapersonal (self-awareness & self-management) and interpersonal (social awareness and relationship skills). (e.g., emotional regulation, conflict resolution, problem solving, empathy, growth mindset, stress tolerance and decision making).
- o **Other:** Use this category if the topic does not fit any above. Provide details in the comments.

- **Associated events (Column F):** Indicate if the activity was organized as part of one of the special thematic weeks that the CCP is actively trying to participate in and monitor, namely
  - o **WPSD** – World Suicide Prevention Day (Sep 10)
  - o **NAAW** – National Addictions Awareness Week (November)
  - o **MH Week** – Mental Health Week (May)
  - o **FVAW** – Family Violence Awareness Week (typically November)
  - o **Other** (include in comments)

- **Community (Column E):** Indicates the community where the activity took place. This value is automatically pulled from the *Community* listed in in Cell C4, which is linked to the *Monthly Service User* sheet.
  - o If the activity occurred in the **same single community**, no changes are needed.
  - o If the activity took place a **different community**, manually update Column E for that row.
  - o If the activity took place in **multiple communities**, create a separate line for each community and manually update Column E for each row.

- **No. of sessions (Column C):** Indicate the total number of sessions held for this group activity during the month (e.g., multiple group therapy sessions, radio shows, or workshops).

- **No. of attendees (Column D):** Indicate the total number of people who attended the activity during the month. Add together the number of attendees from all sessions, even if some participants attended multiple times (e.g., if the same group of 4 people met 4 times, record the total as **16** i.e., 4 x 4)

- **CCP role (Column I):** Indicate the CCP's level of involvement in organizing and delivering the activity:
  - o **Organized by the CCP:** The CCP took the lead in planning, organizing, and carrying out the activity, either independently or with support from partners.

- o **Co-organized with Partners:** The CCP worked collaboratively with another organization to plan, organize, and delivery the activity, sharing responsibility for its design and implementation.
  - o **Participated:** The CCP did not organize the activity but took part in it e.g., provided a presentation, facilitated a discussion, participated in an event organized by another organization.

- **Partners (Column J):** Indicate which organization(s) supported, co-organized, or hosted the activity.

- **Category of partners 1& 2 (Column K and L):** Indicate the type of organization(s) the partner is.
  - o **SBMHW:** School-Based Mental Health and Wellness program.
  - o **Other School/Education:** Any other education system partners, including K-12 schools, early childhood programs, childcare centres, or post-secondary.
  - o **Friendship Centre:** A local Friendship Centre or similar Indigenous service centre.
  - o **Indigenous Government:** Band, community, or regional Indigenous government.
  - o **Indigenous organization:** Local or regional Indigenous organization (non-government).
  - o **Hospital/health centre:** Any healthcare facility such as a hospital, health centre, or clinic.
  - o **Local radio:** Community or regional radio station.
  - o **Community Based support:** Refers to government agencies, NGOs, or community organizations that provide support with housing, income assistance, food security, family services, or other basic needs. Examples include shelters, income support offices, family resource centres, youth centres, employment services, cultural groups, religious or spiritual organizations.
  - o **Other**