

Manitoba Mental Health and Community Wellness

Santé mentale et Mieux-être de la communauté Manitoba

Annual Report Rapport annuel

For the year ended March 31, 2023
Pour l'exercice terminé le 31 mars 2023

2023

Indigenous Land Acknowledgement

We recognize that Manitoba is on the Treaty Territories and ancestral lands of the Anishinaabe, Anishinewuk, Dakota Oyate, Denesuline and Nehethowuk peoples.

We acknowledge Manitoba is located on the Homeland of the Red River Métis.

We acknowledge northern Manitoba includes lands that were and are the ancestral lands of the Inuit.

We respect the spirit and intent of Treaties and Treaty Making and remain committed to working in partnership with First Nations, Inuit and Métis people in the spirit of truth, reconciliation and collaboration.

Reconnaissance du territoire

Nous reconnaissons que le Manitoba se trouve sur les territoires visés par un traité et sur les terres ancestrales des peuples Anishinaabe, Anishinewuk, Dakota Oyate, Denesuline et Nehethowuk.

Nous reconnaissons que le Manitoba se situe sur le territoire des Métis de la Rivière-Rouge.

Nous reconnaissons que le nord du Manitoba comprend des terres qui étaient et sont toujours les terres ancestrales des Inuits.

Nous respectons l'esprit et l'objectif des traités et de la conclusion de ces derniers. Nous restons déterminés à travailler en partenariat avec les Premières Nations, les Inuits et les Métis dans un esprit de vérité, de réconciliation et de collaboration.

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MINISTER
OF MENTAL HEALTH AND COMMUNITY WELLNESS

Room 333
Legislative Building
Winnipeg, Manitoba R3C 0V8
CANADA

August 25, 2023

Her Honour, the Honourable Anita R. Neville
Lieutenant-Governor of Manitoba

Room 235 Legislative Building

Winnipeg, MB R3C 0V8

May it Please Your Honour:

I have the privilege of presenting, for the information of Your Honour, the Annual Report of Manitoba Mental Health and Community Wellness, for the fiscal year ending March 31, 2023.

Respectfully submitted,

Original Signed By

Honourable Janice Morley-Lecomte

Minister of Mental Health and Community Wellness





**MINISTRE
DE LA SANTÉ MENTALE ET DU MIEUX-ÊTRE DE LA COMMUNAUTÉ**

Bureau 333
Palais législatif
Winnipeg (Manitoba) R3C 0V8
CANADA

25 août 2023

Son Honneur l'honorable Anita R. Neville
Lieutenante-gouverneure du Manitoba
Palais législatif, bureau 235
Winnipeg (Manitoba) R3C 0V8

Madame la Lieutenante-Gouverneure,

J'ai l'honneur de vous présenter, à titre d'information, le rapport annuel du ministère de la Santé mentale et du Mieux-être de la communauté pour l'exercice qui s'est terminé le 31 mars 2023.

Le tout respectueusement soumis,

Original signé par

Janice Morley-Lecomte

Ministre de la Santé mentale et du Mieux-être de la communauté



The Honourable Janice Morley-Lecomte
Minister of Mental Health and Community Wellness
Room 333 Legislative Building
Winnipeg, MB R3C 0V8

Madam:

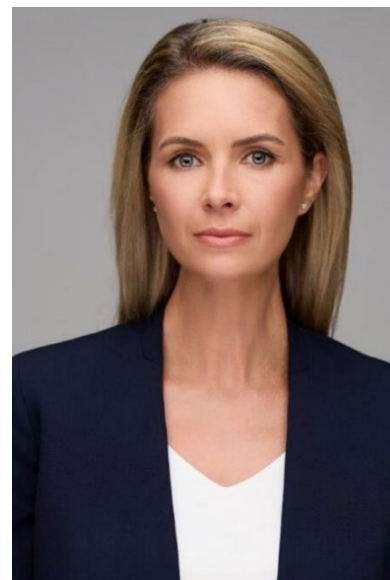
I am pleased to present for your approval the 2022/23 Annual Report of the Department of Mental Health and Community Wellness.

Respectfully submitted,

Original Signed By

Kym Kaufmann

Deputy Minister of Mental Health and Community Wellness





Santé mentale et Mieux-être de la communauté
Sous-ministre

Deputy Minister's Letter of Transmittal (French)
Bureau 332 Palais législatif, Winnipeg (Manitoba) R3C 0V8 Canada

Madame Janice Morley-Lecomte

Ministre de la Santé mentale et du Mieux-être de la communauté

Palais législatif, bureau 333

Winnipeg (Manitoba) R3C 0V8

Madame la Ministre,

J'ai le plaisir de soumettre à votre approbation le rapport annuel 2022-2023 du ministère de la Santé mentale et du Mieux-être de la communauté.

Le tout respectueusement soumis,

Original signé par

Kym Kaufmann

Sous-ministre de la Santé mentale et du Mieux-être de la communauté

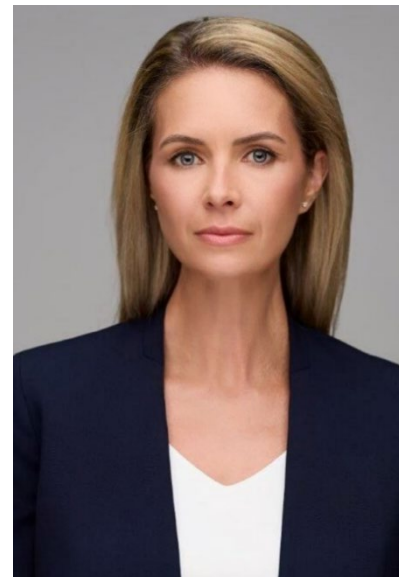


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Introduction/Introduction (French)

This Annual Report is organized in accordance with departments' appropriation structure as at March 31, 2023, which reflects the authorized appropriations approved by the Legislative Assembly.

Consistent with the Supplement to the Estimates of Expenditure, the annual report includes Balanced Scorecards to foster operational improvements by reinforcing transparency, urgency, alignment and accountability. As Balanced Scorecards have now been implemented by all departments, the previous Performance Reporting in the appendix has been discontinued.

The Annual Report includes information on the department and its Other Reporting Entities (OREs) summary financial results, provides a more detailed breakdown on any changes to its voted budget, and also reports on the department's progress of achieving diversity milestones. The tradition of providing the financial results with any associated variance explanations continues to be provided at the sub-appropriation level. Overall, the new annual report is intended to provide a more comprehensive picture of the department's financial performance.

Le présent rapport annuel est présenté conformément à la structure des postes budgétaires du ministère au 31 mars 2023, qui tient compte des crédits autorisés approuvés par l'Assemblée législative.

En cohérence avec le budget complémentaire, le rapport annuel comprend des tableaux de bord équilibrés qui favorisent l'amélioration sur le plan opérationnel en mettant l'accent sur la transparence, l'urgence, l'uniformité et l'obligation redditionnelle. Ces tableaux de bord ayant été mis en œuvre par tous les ministères, les rapports antérieurs sur la performance qui étaient inclus en annexe ont été abandonnés.

Le rapport annuel contient les résultats financiers sommaires du ministère et de ses autres entités comptables, fournit une ventilation plus détaillée des changements apportés au budget des crédits votés et rend compte des progrès du ministère en matière de diversité. Il continue de fournir les résultats financiers accompagnés d'explications sur les écarts au niveau des postes secondaires. Dans l'ensemble, le nouveau rapport annuel vise à offrir un portrait plus global de la performance financière du ministère.

Department At a Glance – 2022/23 Results

Mental Health and Community Wellness	The department provides leadership and oversight for the provincial mental health and addictions system along with wellness and health promotion programs to improve health outcomes for Manitobans. This includes providing strategic direction as well as funding mental health, addictions and wellness programs within Manitoba.
Minister	Honourable Janice Morley-Lecomte
Deputy Minister	Kym Kaufmann

Other Reporting Entities	1	Addictions Foundation of Manitoba
---------------------------------	----------	-----------------------------------

Summary Expenditure (\$M)	
399	398
Authority	Actual

Core Expenditure (\$M)		Core Staffing
391	382	60.20
Authority	Actual	Authority

Coup d'œil sur le ministère – Résultats en 2022-2023

Santé mentale et Mieux-être de la communauté	Le ministère de la Santé mentale et du Mieux-être de la communauté assume à l'échelon provincial un rôle de direction et de supervision à l'égard des services de santé mentale et de lutte contre les dépendances, ainsi que des programmes de promotion du mieux-être et de la santé, afin d'améliorer les résultats en matière de santé de la population. Pour ce faire, il établit des orientations stratégiques et finance des programmes de santé mentale, de lutte contre les dépendances et de promotion du mieux-être au Manitoba.
Ministre	Janice Morley-Lecomte
Sous-ministre	Kym Kaufmann

Autres entités comptables	1	Fondation manitobaine de lutte contre les dépendances
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Dépenses globales (en millions de dollars)	
399	398
Dépenses autorisées	Dépenses réelles

Dépenses ministérielles (en millions de dollars)		Personnel ministériel
391	382	60.20
Dépenses autorisées	Dépenses réelles	Dépenses autorisées

Departmental Responsibilities

The department provides provincial leadership and oversight of the mental health and addictions system along with wellness and health promotion programs to improve health outcomes for Manitobans.

The overall responsibilities of the Minister and the Department of Mental Health and Community Wellness include:

- Lead the whole of government approach to implement A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba.
- Set strategic direction and policies as well as fund mental health, addictions and wellness programs within Manitoba.
- Identify improvements and make investments to increase access and coordination of mental health, addictions and wellness services throughout Manitoba.
- Use evidence-based practices to develop and inform mental health, addictions and wellness services throughout the province.
- Align priorities across departments to ensure a whole of government approach to mental health, addictions and wellness programming.
- Leverage the work of “Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans” (the Virgo Report), and other reports, to guide future improvements and investments.
- Enhance and strengthen the current continuum of mental health, addictions, and wellness services across the lifespan to better meet the needs of all Manitobans.
- Lead wellness efforts by applying a mental health promotion and chronic disease prevention lens through policy and program interventions to strengthen and advance health and wellness at the community level.

Responsabilités ministérielles

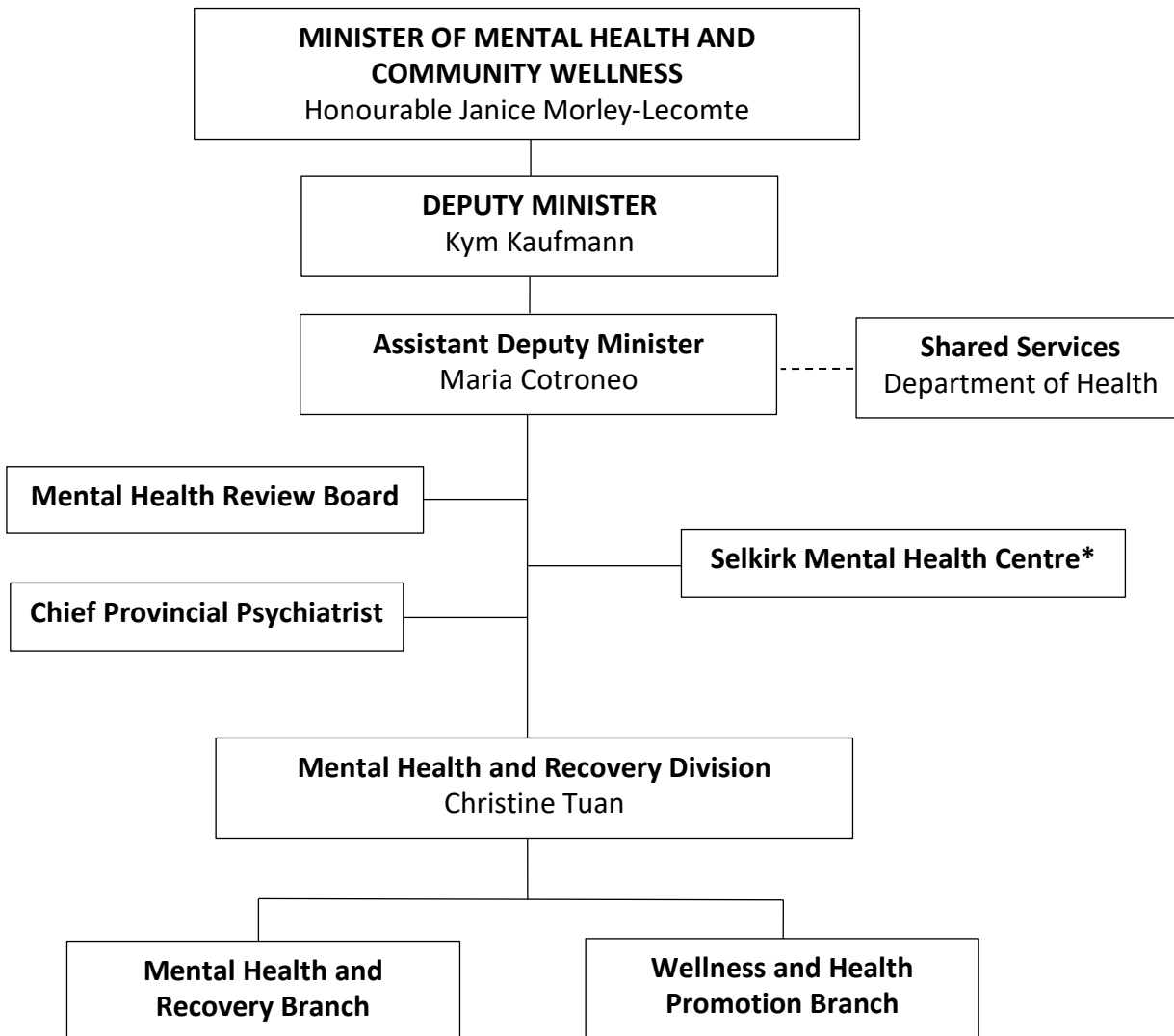
À l'échelon provincial, le ministère de la Santé mentale et du Mieux-être de la communauté assume un rôle de direction et de supervision à l'égard des services de santé mentale et de lutte contre les dépendances, ainsi que des programmes de promotion du mieux-être et de la santé, afin d'améliorer les résultats en matière de santé de la population.

Les responsabilités générales de la ministre de la Santé mentale et du Mieux-être de la communauté sont notamment les suivantes :

- Chapeauter l'approche pangouvernementale de mise en œuvre d'Une voie vers la santé mentale et le mieux-être de la communauté : feuille de route pour le Manitoba.
- Établir des orientations et des politiques stratégiques et financer des programmes de santé mentale, de lutte contre les dépendances et de promotion du mieux-être au Manitoba.
- Explorer les voies d'amélioration et réaliser des investissements pour améliorer l'accès et la coordination des services en la matière dans l'ensemble du Manitoba.
- Concevoir ces services en ayant recours à des pratiques fondées sur des données probantes.
- Harmoniser les priorités des ministères en vue d'appliquer une approche pangouvernementale des programmes connexes.
- Tirer parti des travaux menés dans le cadre du rapport *Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans* (le rapport de VIRGO) et d'autres rapports, afin d'orienter les futurs investissements et travaux d'amélioration.
- Améliorer et renforcer le continuum de services actuel en santé mentale, en lutte contre les dépendances et en promotion du mieux-être tout au long de la vie pour mieux répondre aux besoins de la population manitobaine.
- Diriger les efforts de promotion du mieux-être en adoptant une approche axée sur la promotion de la santé mentale et la prévention des maladies chroniques, fondée sur des interventions sur le plan des politiques et des programmes, afin de renforcer et de faire progresser la santé et le mieux-être de la communauté.

Organizational Structure

Department of Mental Health and Community Wellness as of March 31, 2023



* Transitioned to Shared Health effective April 1, 2022.

2022/23 Key Achievement Highlights

During the fiscal year, the Department of Mental Health and Community Wellness accomplished the following:

- Implemented Year One of a Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba including a \$17.1 million investment in core services and structural changes to improve access and coordination of mental health, addictions, and chronic disease prevention programs and services.
- Invested nearly \$13.0 million in core mental health, addictions and wellness services to ensure that supports and services are available to those who need them as close to home as possible. This included funding for additional psychology positions, universal supports, Rapid Access to Addictions Medicine Clinics and eating disorder programs.
- Partnered with community agencies throughout the province to provide a range of evidence based mental health, addictions and wellness programs.
- Developed addictions services standards to ensure that Manitobans impacted by addictions have access to high quality, safe and evidence informed addictions treatment.
- Lead the implementation of 89 per cent of the recommendations from Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans (VIRGO Report).
- Expanded access to healthy food in schools in partnership with the Child Nutrition Council of Manitoba.
- Released a substance use and harms provincial dashboard that provides information on fatalities due to drug overdose, substance-use hospital admissions, emergency department visits and substance-related calls responded to by the Winnipeg Fire Paramedic Service.

Principales réalisations en 2022-2023

Au cours de l'exercice, le ministère de la Santé mentale et du Mieux-être de la communauté a accompli ce qui suit :

- Première année de mise en œuvre d'*Une voie vers la santé mentale et le mieux-être de la communauté : feuille de route pour le Manitoba*, dont un investissement de 17,1 millions de dollars pour les services de base et divers changements structurels visant à améliorer l'accès et la coordination des programmes et services de santé mentale, de lutte contre les dépendances et de prévention des maladies chroniques.
- Investissement de près de 13,0 millions de dollars dans les services de base en matière de santé mentale, de lutte contre les dépendances et de promotion du mieux-être, afin que les personnes qui en ont besoin puissent y avoir accès aussi près de chez elles que possible. Cette somme comprend des fonds pour la création de postes de psychologues, de programmes de soutien universels, de cliniques d'accès rapide aux traitements des dépendances et de programmes de traitement des troubles de l'alimentation.
- Conclusion de partenariats avec des organismes communautaires de toute la province, afin d'offrir un éventail de programmes fondés sur des données probantes en matière de santé mentale, de lutte contre les dépendances et de promotion du mieux-être.
- Établissement de normes de service en matière de traitement des dépendances, afin que les Manitobains aux prises avec des problèmes de dépendance aient accès à des traitements de qualité, sans danger et fondés sur des données probantes.
- Mise en œuvre de 89 pour cent des recommandations présentées dans le rapport de VIRGO, *Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans*.
- Élargissement de l'accès à des aliments sains dans les écoles, en partenariat avec le Child Nutrition Council of Manitoba.
- Publication d'un tableau de bord provincial de la toxicomanie et de ses méfaits, qui fournit de l'information sur les décès par surdose, les hospitalisations liées à la consommation, les visites au service d'urgence et les appels liés à la consommation auxquels a répondu le Service d'incendie et de soins médicaux d'urgence de Winnipeg.

Department Strategy Map

The department strategy map lists the four Government priority areas: Quality of Life, Working Smarter, Public Service and Value for Money, with the department's objectives listed under each priority.

The Annual Report includes progress on advancing priorities and objectives outlined in the 2022/23 Supplement to the Estimates of Expenditure and are described in further detail following the strategy map.

Vision

Manitobans experience optimal physical, mental, emotional, cultural and spiritual well-being across their lifespan.

Mission

To create an integrated, responsive and accessible system of wellness, mental health, substance use, and recovery services and supports that meets the needs of Manitobans.

Values

- Accountability
- Culturally relevant
- Evidence based
- Person and family centered
- Truth and Reconciliation
- Recovery oriented
- Trauma informed

Department Balanced Scorecards Priorities and Objectives

Quality of Life – Improving Outcomes for Manitobans

1. Promote Mental Well-Being and Chronic Disease Prevention
2. Increase Equitable Access and Coordination of Mental Health and Addictions Services
3. Advance Indigenous Partnership and Wellness

Working Smarter – Delivering Client-Centred Services

4. Advance Collaborative Governance and Accountability
5. Reduce Red Tape
6. Foster Quality and Innovation

Public Service – Delivering Client-Service Excellence

7. Advance Inclusion
8. Strengthen Respect in our Workplace
9. Building our Capacity to Deliver
10. Enhance Client Services

Value For Money – Protecting Manitoba’s Bottom Line

11. Provide Value for Money
12. Balance the Budget

Schéma stratégique ministériel

Le schéma stratégique ministériel dresse la liste des quatre domaines prioritaires du gouvernement (qualité de vie, gestion plus ingénieuse, fonction publique, optimisation des ressources), les objectifs ministériels étant répertoriés sous chacune de ces priorités.

Le rapport annuel fait état des progrès réalisés par rapport aux priorités et aux objectifs qui sont énoncés dans le budget complémentaire de 2022-2023 et décrits en détail à la suite du schéma stratégique.

Vision

Que le bien-être physique, mental, émotionnel, culturel et spirituel des Manitobains soit optimal tout au long de leur vie.

Mission

Établir un système intégré, adapté et accessible de services et d'aides en matière de mieux-être, de santé mentale, de lutte contre les dépendances et de rétablissement qui répond aux besoins des Manitobains.

Valeurs

- Obligation de rendre compte
- Adaptation à la culture
- Services fondés sur des données probantes
- Services centrés sur la personne et la famille
- Vérité et réconciliation
- Approche orientée vers le rétablissement
- Prise en compte des traumatismes

Priorités et objectifs des tableaux de bord équilibrés ministériels

Qualité de vie – Améliorer les résultats pour les Manitobains

1. Promouvoir le bien-être mental et la prévention des maladies chroniques
2. Améliorer l'accès équitable et la coordination des services de santé mentale et de lutte contre les dépendances
3. Faire la promotion des partenariats avec les Autochtones et du mieux-être de ces derniers

Gestion plus ingénieuse – Fournir des services axés sur le client

4. Favoriser la gouvernance collaborative et l'obligation redditionnelle
5. Réduire la bureaucratie
6. Favoriser la qualité et l'innovation

Fonction publique – Offrir un service à la clientèle d'excellence

7. Favoriser l'inclusion
8. Renforcer le respect dans nos milieux de travail
9. Renforcer notre capacité d'exécution
10. Améliorer les services aux citoyens

Optimisation des ressources – Protéger les résultats financiers du Manitoba

11. Dépenser judicieusement
12. Équilibrer le budget

Department Balanced Scorecards Priorities and Objectives - Details

The following section provides information on key performance measures for Mental Health and Community Wellness for the 2022/2023 reporting year. All Manitoba government departments include a performance measurement section in a standardized format in their annual reports.

Performance indicators in Manitoba government annual reports are intended to complement financial results and provide Manitobans with meaningful and useful information about government activities and their impact on the province and its citizens.

Quality of Life – Improving Outcomes for Manitobans

1. Promote Mental Well-Being and Chronic Disease Prevention

Key Initiatives

- **Developed a provincial tobacco and vape cessation and control initiative to strengthen control measures and reduce the harmful effects on youth:** In 2022, the department began development of a provincial **Smoking and Vaping Action Plan** (to be completed in 2023/2024).
- **Developed Manitoba’s first provincial diabetes action plan in collaboration with health system partners and people with lived experience:** The **Manitoba Diabetes Action Plan** has been developed to guide whole of government actions over a five-year period to address diabetes prevention and to support Manitobans who are living with diabetes. This action plan is a key component of the department’s priority of chronic disease prevention. A wide range of clinical experts, health system partners, advocates and people with lived experience were engaged in the development of the Manitoba Diabetes Action Plan. The plan will support improved quality of life for Manitobans living with diagnosed diabetes and will lay the groundwork for the reduction of Type 2 diabetes.
- **Conducted a program review of Manitoba’s Healthy Together Now chronic disease prevention strategy to ensure responsiveness to regional community needs:** **Healthy Together Now (HTN)** has undergone a program review to determine its effectiveness in supporting communities to deliver sustainable, community-led chronic disease prevention initiatives. This resulted in the development of a set of recommendations that will guide future collaborations with service delivery organizations to improve HTN’s ability to respond to chronic disease prevention and mental health promotion needs of Manitobans.
- **Supported child and youth development through review and enhancement of school-based programming:** In partnership with stakeholders, a school-based services inventory and review was completed to identify gaps in promotion, prevention, and early intervention services for children and youth across Manitoba. This resulted in the development of a set of recommendations that will support access and navigation of the mental health and addictions system for children, youth, and families.
- **Implemented two Social Impact Bonds focused on chronic disease prevention to reduce smoking and heart disease risk among women:** As part of MHCW’s commitment to chronic disease prevention, two

Social Impact Bonds (SIBs) – Her Heart Her Way (June 2022) and Quit Smoking with your Manitoba Pharmacist (April 2022) were implemented. **Her Heart Her Way** is a two-year SIB delivered by Reh-Fit Centre that provides behavioural-health mentoring to 400 women at risk of heart disease. Victoria General Hospital Foundation is investing \$600 thousand with an 8 per cent return if all outcomes are met or exceeded. This work builds on the 2020 Health ministerial mandate letter to develop a strategy for women’s heart health. The **Quit Smoking with your Manitoba Pharmacist** program is a three-year SIB that offers Manitobans support to quit smoking through their local pharmacist with counselling sessions and a \$100 subsidy for smoking cessation products. Shoppers Drug Mart is investing \$2.0 million and will receive a six per cent return if outcomes are met or exceeded. Outcome metrics include sustained smoking cessation measured at 12 and 24 months and the number of individuals who participate in the initial assessment with a pharmacist. As of April 2023, 200 pharmacists from across the province enrolled to participate and they have completed over 950 assessments.

- **Delivered chronic disease prevention and mental health promotion initiatives through food and nutrition, physical activity, tobacco and vape cessation and control, sexual health and harm reduction programs in communities, workplaces and school environments across Manitoba:** Over \$11.0 million was provided to service delivery organizations and community-based agencies to support chronic disease prevention and mental health promotion across the province. Through 54 funding agreements, the branch provided policy oversight to support a comprehensive approach to health promotion and wellness.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
1a. Increase the number of, or enhance, health promotion and chronic disease prevention supports, services and initiatives	-	-	12	12

1a. Increase the number of, or enhance, health promotion and chronic disease prevention supports, services and initiatives: Advancing chronic disease prevention, promoting mental well-being, and improving child and youth development contributes to better quality of life for Manitobans. Investing in programs to develop and implement mental health promotion initiatives strengthens efforts to support Manitobans’ well-being. 2022/23 was the first year this measure was implemented, and the department reached its goal of 12 new or enhanced supports, services, and initiatives including: support for the Child Nutrition Council of Manitoba, Tobacco Enforcement Program, Tobacco Quit Card and Counselling Program, Employment with Supports Provincial Program (EWSP), Futures Forward, Wellness Skills Support Program (WSSP), Quit Smoking with your Manitoba Pharmacist SIB, Her Heart Her Way SIB, Health Behaviours of School-aged Children Survey, School-based Services Scan and Gap Analysis, and expansion of Strongest Families Institute.

2. Increase Equitable Access and Coordination of Mental Health and Addictions Services

Key Initiatives

- **Increase supports for primary care to support clients with mental health and substance use challenges, including low threshold interventions and standardized screening to identify a person’s level of risk:**

- **Screening, Brief Intervention, and Referral (SBIR) tool** - Through a partnership with Shared Health, the digital SBIR tool has been developed to assist primary health care providers with screening patients early for alcohol consumption risk, and anxiety and depression to provide early interventions and/or referrals to services. The tool will be launched provincially in the fall of 2023 and will contain the new Canadian Centre for Substance Use and Addiction (CCSA) Guidance on Alcohol and Health.
- **Health Canada funded Opiate Agonist treatment (OAT) Prescriber Training** was concluded this fiscal year and was attended by a total of 691 health professionals over the last five years. This has resulted in an increase in OAT prescribers from 67 in 2018 to more than 200 across the province by the end of March 2023.
- **Create a provincial tiered framework/stepped care model to identify available services by region: Stepped Care Model** - A significant amount of work has been completed over the last several years to identify core services and gaps within the addictions system to inform investments and to address these gaps. The Improving Access and Coordination of Mental Health and Addictions Services: A Provincial Strategy for all Manitobans (VIRGO Report), highlights the need for a provincial tiered framework/stepped care model. This model ensures that core services and supports align with the level of need and complexity in the continuum of care. In 2023, the department completed the mapping and organization of all mental health and addiction services in Manitoba according to the stepped care model.
- **Conduct needs-based planning to identify how much of each core mental health and addiction service is required in regions throughout the province and where gaps or overlap exist: Needs-Based Planning (NBP)** - Prairie Mountain Health (PMH) has been involved in the National Needs Based Planning project as a pilot site since 2018. This framework includes 12 core service categories for classifying addiction services. In 2022/23, PMH completed their pilot and MHCW began implementing the new MH/SUA model province wide, in partnership with the Manitoba Centre for Health Policy (MCHP) and informed by PMH and the Centre for Addictions and Mental Health (CAMH). This framework will be used to develop estimates of MH/SUA services in the formal health system and determine service capacity across each core service.
- **Increase core services throughout the province:** In 2022/23, MHCW invested \$9.0 million to increase core services throughout the province including the following:
 - **Eating Disorders Treatment** - \$304 thousand to expand the Provincial Eating Disorder Prevention and Recovery Program at **Women’s Health Clinic** to address added pressure and increased waitlists. In addition, MHCW provided \$225 thousand to support the expansion of treatment for child and adolescent eating disorders at **Health Sciences Centre**.
 - **Virtual Crisis Stabilization Unit (CSU) & Telepsychiatry Expansion** - \$850 thousand to increase capacity at the Winnipeg CSU with the provision of virtual CSU spaces and to enable provision of more adult telepsychiatry assessments. This service expansion has allowed individuals to receive CSU services within their own home and communities.
 - **Expansion of Rapid Access to Addictions Medicine (RAAM) and Opiate Agonist Treatment (OAT) Supports and Services** - Over \$1.8 million to increase capacity and access to addictions services through the following initiatives: new Indigenous-led RAAM clinic at the Aboriginal Health and Wellness Centre in Winnipeg; expanded clinic hours and/or capacity at the Winnipeg Crisis Response Centre (Health Sciences Centre), Thompson Eaglewood Treatment Centre (RAAM clinic) and Portage la Prairie RAAM clinic; and expanded clinic capacity and hours at the Selkirk RAAM clinic enabling an additional 100 people at a time to receive OAT services.

- **Cognitive Behavioural Therapy with Mindfulness (CBTm) Hub** - \$684 thousand invested to provide facilitator training and ensure access to virtual, facilitator-led CBTm classes or the self-directed web-based course. CBTm is now available to all Manitobans with no referral required.
- **Funding for Five Psychology Positions** - \$852 thousand invested to address system pressures and wait times.
- **Forensics Expansion** - \$793 thousand to build capacity within the Community Forensics Mental Health Services program at Health Sciences Centre and Selkirk Mental Health Centre.
- **Medical Withdrawal Management Beds (IERHA, PMH and SH-SS)** - \$2.6 million to add new medical withdrawal services in rural Manitoba.
- **Flexible Assertive Community Treatment (FACT) Team** - \$799 thousand invested to implement a FACT Team in the southern region of Prairie Mountain Health (PMH), including the city of Brandon.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
2a. Increase mental health and addictions core services in areas of need	-	-	5%	25%
2b. Implement recommendations from the VIRGO report	59%	-	67%	89%

2a. Increase mental health and addictions core services in areas of need: Manitobans expect to access mental health and addictions supports when and where they need them. Enhancing core services throughout the province will decrease wait times for services and improve access to care closer to home. Using the NBP model (a quantitative model that identifies gaps and needs in services), Manitoba will identify the MH/SUA resources required in Manitoba to address gaps in services.

The 2018 NBP model for addictions was used to establish the service demand for each core service and was compared to the current service capacity. The measure reflects the percentage of service coverage, with 100 per cent indicating that the service capacity fully meets the demand. An initial target of 5 per cent increase in service capacity was set. Investments in 2022/23 resulted in service capacity increasing for several core services including mobile withdrawal management services (by 8 per cent) and community bed-based services (by 41 per cent), yielding an average increase of 25%.

2b. Implement recommendations from the VIRGO report: The VIRGO report includes 125 evidence-based recommendations for improving access to and coordination of MH/SUA services. Ongoing implementation of recommendations will ensure Manitobans have access to timely, appropriate, evidence-based MH/SUA supports that are accessible when they are needed.

This measure considers the percentage of the 125 recommendations ‘partially or fully addressed’ within the fiscal year. With a target of 67 per cent in 2022/23, 89 per cent of recommendations were partially or fully met. For the 2023/24 fiscal year, the target will increase to 92 per cent as MHCW continues to work towards full implementation of the VIRGO report.

3. Advance Indigenous Partnership and Wellness

Key Initiatives

- **Strengthen Indigenous relations and partnerships through engagement with key Indigenous partners:** Engagement with First Nations communities and Indigenous Peoples informed the development of MHCW's five-year plan, *A Pathway to Mental Health and Community Wellness: A Roadmap for Manitoba* (the Roadmap) and will continue to shape how MHCW implements all areas of the Roadmap. One of the strategic focus areas in the Roadmap is to listen to, learn from, and work with Indigenous stakeholders to support the mental health and well-being of Indigenous Peoples in Manitoba.

The Ministers of MHCW and Indigenous Reconciliation and Northern Relations have been participating in relationship building meetings with Inuit, Métis, and First Nations leadership. The intention of these meetings is to create partnerships that will facilitate open discussion to ensure Indigenous needs and culturally safe services are considered in the delivery of mental health and addictions services in Manitoba. MHCW is committed to continued engagement with key rights-holders and Indigenous partners to develop a provincially coordinated plan for the prevention of suicide among children, youth and adults, with a special focus on at-risk communities and populations.

- **Support Indigenous partners in leading the design of culturally relevant programs and services as part of the core services framework:** MHCW invested \$893 thousand in 2022/23 to implement an Indigenous-led RAAM clinic in Winnipeg. This clinic will act as a central hub for rural and urban Indigenous Manitobans, offering low-barrier addictions support including opiate agonist therapy (OAT), Indigenous cultural programming and Indigenous-Led Healing Services.
- **Strengthen Indigenous cultural programming and Indigenous-Led Healing Services, as well as fund community-led initiatives:** MHCW is leading a whole-of-government approach to increase access to mental health, addictions, and wellness services and has made investments in several initiatives to ensure culturally safe services are available for Indigenous populations, including:
 - **Behavioural Health Foundation** - MHCW provides funding to support Indigenous programming at BHF. Indigenous traditional programming is an integrated part of the BHF treatment programs, encouraging and supporting individuals and families.
 - **PAX Dream Makers** - a youth-led initiative designed to increase positive mental health and empower youth (ages 10 to school leaving) to co-develop and implement action plans for themselves and their community. Offered in partnership with the Department of Education, Swampy Cree Tribal Council and the University of Manitoba's Centre for Health Policy.
 - **Land-Based Healing initiative** - offered in partnership with StreetReach Winnipeg and Neecheewam's Eagle Embracing, the program worked with communities to create a four-part video-series storytelling focusing children and youth.
 - **Wahbung Abinoonjiag's Community Helpers initiative** - a program where community helpers provide mental health and addictions services to families and caregivers, reducing the risk of CFS apprehension or placement breakdown.
 - **Nagijeung Abinoojik's Community Helpers initiative** - provides a 24-hour Indigenous-led, land-based and community-based response service for families living in Winnipeg's north end requiring emergency assistance to keep children and youth safe, minimizing involvement with CFS and keeping families together.

- **Ata Chiminis Mikisiw’s Eagle Embracing You program** - an Indigenous-led, 30 to 60 day treatment program supporting Indigenous and non-Indigenous female, transgender or two-spirit youth aged 12 to 17 who have experienced, or are at high risk of experiencing, sexual exploitation and live with co-occurring mental health and/or addictions.
- **Granny’s House** - provides 24/7 temporary support and respite services to families from the North End and inner city of Winnipeg who are at risk of involvement with the Child and Family Services (CFS) system, with priority given to Indigenous families.
- **Buffalo Riders program** - led by Thunderbird Partnership Foundation to train First Nations Community residents to provide school-based early interventions for Indigenous youth at risk for substance use and addictions.
- **Indigenous Youth Mentorship Program (IYMP)** - a peer-led health promotion program to improve children’s well-being and health, and to empower Indigenous youth and communities.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
3a. Increase the number of Indigenous Mental Health and Community Wellness Initiatives	-	-	10	20

3a. Increase the number of Indigenous Mental Health and Community Wellness Initiatives: Engaging with Indigenous partners ensures services commissioned by government are inclusive of the unique needs of Indigenous Peoples, including offering culturally appropriate programming and services where applicable. Specifically, this measure identifies the number of active initiatives per fiscal year that involve formal and/or informal engagement with key Indigenous stakeholders. In 2022/23, 20 initiatives were undertaken. For the 2023/24 fiscal year, this measure will be updated to “Identify the number of Indigenous MHCW initiatives/engagements/partnerships”.

Working Smarter – Delivering Client-Centred Services

4. Advance Collaborative Governance and Accountability

Key Initiatives

- Establish a whole-of government governance structure and operating mechanisms for collaboration at strategy/policy level that includes mental health, addictions, and health promotion:** MHCW is leading a whole-of-government approach to implement the department’s five-year Roadmap. In 2022/23, MHCW designed a governance and advisory structure to support collaboration at the strategy, policy and operational level including clinicians and service providers from other government departments, service delivery organizations and community organizations. In 2022/23, MHCW chaired 10 interdepartmental meetings with representation from the departments of Health, Justice, Indigenous Reconciliation and Northern Relations, Education and Early Childhood Learning, Families, Seniors and Long-term Care as well as the Executive Council Office.
- Coordinate annual health service planning that includes regional health authorities, service delivery organizations and other key organizations to proactively plan core services and match supply and demand:** MHCW worked closely with the Department of Health to ensure MHCW’s priorities were included in the annual operating planning guidance documents to support the development of annual operating plans. MHCW’s priorities included advancing implementation of the Roadmap, reducing wait times for mental health and addictions services, improving access and coordination of mental health and addictions services, increasing availability of core services within the region and increasing patient flow. Regular progress meetings with each SDO were also held to proactively plan core service investments with relevant partners where appropriate.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
4a. Increase the number of coordinated formal projects between multiple government departments to address mental health, wellness and addictions	-	-	6	7
4b. Implement recommendations from the Illicit Drug Taskforce Report	72%	-	88%	92%

4a. Increase the number of coordinated formal projects between multiple government departments to address mental health, wellness and addictions: Planning, decision-making, funding and oversight of mental health, wellness and addictions programs and services are spread across many systems and government departments. Shifting to a whole-of-government approach to coordinate these efforts will: align and integrate supports and subsequently improve services for Manitobans; reduce duplication of services; and provide information on gaps and opportunities for system collaboration. This measure identifies the number and type of collaborative projects across departments.

The initial target for this measure was to formally coordinate 6 mental health, wellness and addictions projects with other government departments. In 2022/23, the following 7 projects were formally coordinated with other government departments, surpassing the target:

- Developed standardized annual accountability agreements with service delivery organizations in collaboration with the Department of Health
- Invested in the Child Nutrition Council of Manitoba to support school nourishment programs in collaboration with the Departments of Indigenous Reconciliation and Northern Relations as well as Education and Early Childhood Learning
- Supported the response to the mental health related recommendations from the Commission on K to 12 Education in collaboration with the Department of Education and Early Childhood Learning
- Established the governance and advisory structure to support the implementation of MHCW's five-year Roadmap in collaboration with multiple departments including Indigenous Reconciliation and Northern Relations; Education and Early Childhood Learning; Families; Justice; Health; and Seniors and Long-term Care
- Launched the online Substance Related Harms Surveillance Report in collaboration with the Department of Health
- Introduced Bill 33, The Addictions Services Act in collaboration with the Departments of Health and Justice.
- Implemented the Health Behaviours of School-aged Children survey in collaboration with the Department of Education and Early Childhood Learning

For the 2023/24 fiscal year, the target will increase to coordinating 9 formal projects with multiple government departments.

4b. Implement recommendations from the Illicit Drug Taskforce (IDTF) Report: This measure was adjusted from last year to reflect only the total number of recommendations from the IDTF that are within the department's authority for implementation, from 18 to 12. Through an approach involving multiple levels of government, the IDTF identified 24 recommendations to reduce the use and effects of illicit drugs in Manitoba. Twelve of these align with MHCW and the remaining align with municipal and federal governments. Supporting these recommendations will increase safety for Manitobans and improve access to services for individuals with addictions through prevention, education, treatment, enforcement, and disruption of supply. In 2022/23, 11 out of 12 (91.6 per cent) recommendations were supported, surpassing the departmental goal of supporting 88 per cent or more of the eligible recommendations.

5. Reduce Red Tape

Key Initiatives

- **Red tape reduction:** red tape reduction aims to remove regulatory requirements that are no longer achieving desired outcomes or are doing so in an inefficient manner. Regulatory requirements that result in red tape may be unclear, overly prescriptive, poorly designed, redundant, contradictory or antiquated. Not all regulatory requirements create red tape.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
5a. Reduce Red Tape	-	-	2.5%	0.8%

5a. Reduce Regulatory Requirements: Red tape reduction aims to remove the regulatory requirements that are unclear, overly prescriptive, poorly designed, redundant, contradictory or antiquated. This measure accounts for the reduction of regulatory requirements undertaken by the department in a fiscal year. It measures the decrease of requirements in the 2022/23 fiscal year. Throughout the period, the department achieved a reduction of 0.84 per cent. The total number of regulatory requirements accounted for by the department at the end of 2022/23 was 6,013 regulatory requirements against 6,064 by April 1, 2022. The baseline resets to zero at the beginning of every fiscal year, and the target of a 2.5 per cent reduction is applied. See Regulatory Accountability and Red Tape Reduction in this report for further detail. As a new department, MHCW has very few regulatory requirements to reduce. Even so, there has been a reduction, as the Addiction Foundation Act was repealed on July 1st, 2022.

6. Foster Quality and Innovation

Key Initiatives

- Establish and begin implementation of standards for eligibility for withdrawal management services and residential addictions services that reduce barriers to access:** Standards set the minimum requirements that a publicly funded addiction treatment service provider must comply with in the provision of addiction treatment services in Manitoba. Seventeen key stakeholders were engaged in the development of the addictions standards aimed to help ensure consistent, safe, and quality care across publicly funded addictions agencies. The development of standards was completed and includes withdrawal management services (14 standards); bed-based services (11 standards); and administrative and clinical (10 standards). Change management, training and support to develop action plans was provided to relevant service providers. In 2023/24, all addictions service providers that receive government funding will be required to meet the standards to receive ongoing funding.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
6a. Increase the number of standards for addiction services	-	-	5	35

6a. Increase the number of standards for addiction services: The development of evidence-informed standards assists service delivery and community organizations through identifying expectations for effective addictions services and supports and provides clear information to Manitobans about what to expect when receiving these types of services. Furthermore, provincial standards strengthen MHCW's ability to provide oversight and accountability for provincially funded addictions services, as well as ensures safety, quality of care and consumer protection for Manitobans seeking such services.

The department exceeded the target of 5 standards as a total of 35 standards have been created. In 2023/24, this measure will evolve to measure the number of standards implemented by MHCW-funded organizations, with the new title, “implement system standards for substance use and addiction services in Manitoba”.

Public Service – Delivering Client-Service Excellence

7. Advance Inclusion

Key Initiatives

- **Continuous learning opportunities for staff:** all new staff receive an orientation package. Time and guidance are provided to allow them completion of basic training through the Organization and Staff Development (OSD) Online platform.
- **Hiring of a department Indigenous Relations Lead:** to inform and manage engagement with key Indigenous partners and the implementation of Indigenous mental health and wellness initiatives.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
7a. Percentage of department employees who have completed mandatory diversity and inclusion training	-	-	90%	96%

7a. Percentage of department employees who have completed mandatory diversity and inclusion training:

This measure captured the percentage of department employees that completed mandatory diversity and inclusion training offered through the Public Service Commission. It is assumed that employees will implement course learning through their work, supporting inclusive workplaces. During the 2022/23 fiscal year, MHCW surpassed the 90 per cent target with 96 per cent of employees completing this training. Data for this measure is from March 31, 2023 and may not reflect the current department composition.

8. Strengthen Respect in our Workplaces

Key Initiatives

- **Respectful Workplace:** training occurs annually, as offered online by the Public Service Commission.
- **Winter 2023 Employee Perspectives Program Engagement Survey:** the department reported significant employee participation in the survey and scored above the provincial average on all variables.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
8a. Percentage of department employees who have completed mandatory respectful workplace training	-	-	90%	91%

8a. Percentage of department employees who have completed mandatory respectful workplace training: This measure captured the percentage of department employees that have completed the mandatory respectful workplace training offered through the Public Service Commission. It is assumed that employees implement course learning through their work. A 90 per cent completion rate was identified as a reasonable target for this measure. 91 per cent of staff completed the training. Data for this measure is from March 31, 2023 and may not reflect the current department composition.

9. Building our Capacity to Deliver

Key Initiatives

- **Staff Development and Learning:** staff were encouraged to develop learning plans and participate in formal learning opportunities through the OSD Learning Platform and other webinar-based activities organized by the Government of Manitoba Employee Networks.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
9a. Percentage of department employees with a current learning plan	-	-	60%	60%

9a. Percentage of department employees with a current learning plan: This measure tracked the percentage of employees with a learning plan. These plans describe learning goals that help employees meet expectations of their current and future roles. The measure counts how many employees presented a learning plan. A 60 per cent completion rate was identified as a reasonable target for this measure. As of March 2023, 60 per cent of MHCW department staff had completed a learning plan. Data for this measure is from March 31, 2023 and may not reflect the current department composition.

10. Enhance Client Services

Key Initiatives

- **Staff Development and Learning:** The leadership team promoted continuous learning opportunities, including funding and time required to support formal learning to ensure staff had current knowledge, expertise and skills to work to their full potential. The department increased the percentage of staff that have completed the course “Citizen-centered customer services professional awareness”. The department also supported the “Writing for Government” course which allowed staff to improve their skills in developing governmental documents. 36 staff members (64 per cent of the department) completed the course, including two managers and two directors.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
10a. Percentage of department staff who have taken Citizen-Centered Customer Service Training	-	-	50%	53%

10a. Percentage of department staff who have taken Citizen-Centered Customer Service Training: This measure captured the percentage of department employees that completed citizen-centered training offered through the Public Service Commission. Increasing the percentage of staff that have completed the course enhances the departmental capacity to serve the government in achieving its policy goals. A 50 per cent completion rate was identified as a reasonable target for this measure. As of March 2023, 53 per cent of staff completed the training on citizen-centered customer service training. This is the final year for this performance measure, as a new measure was introduced.

Value for Money – Protecting Manitoba’s Bottom Line

11. Provide Value for Money

Key Initiatives

- The department endeavoured to work within its allocated operating budget.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
11a. Work Within Operating Budget	-	-	\$351M	\$382M

11a. Work within Operating Budget: This measure reports on the actual operating expenditures in the fiscal year. Monitoring this measure is critical so that expenditures are kept in line and budgets are effectively balanced. Information is provided directly from Manitoba Finance.

12. Balance the Budget

Key Initiatives

- The department endeavoured to work within its allocated capital budget.

Performance Measures

Measure	Baseline	2021/22 Actual	2022/23 Target	2022/23 Actual
12a. Work Within Capital Budget	-	\$0.23M	\$3.81M	\$0.26M

12a. Work within Capital Budget: This measure reports on the actual capital expenditures in the fiscal year. Monitoring this measure is critical so that capital expenditures are kept in line and budgets are effectively balanced. Information is provided directly from Manitoba Finance.

FINANCIAL DETAILS

Consolidated Actual Expenditures

This table includes the expenditures of the department and Other Reporting Entities that are accountable to the Minister and aligns to the Summary Budget.

Department of Mental Health and Community Wellness includes the following OREs:

- Addictions Foundation of Manitoba is consolidated with the Funding to Health Authorities and Costs Related to Capital Assets (Non-Voted) appropriations.

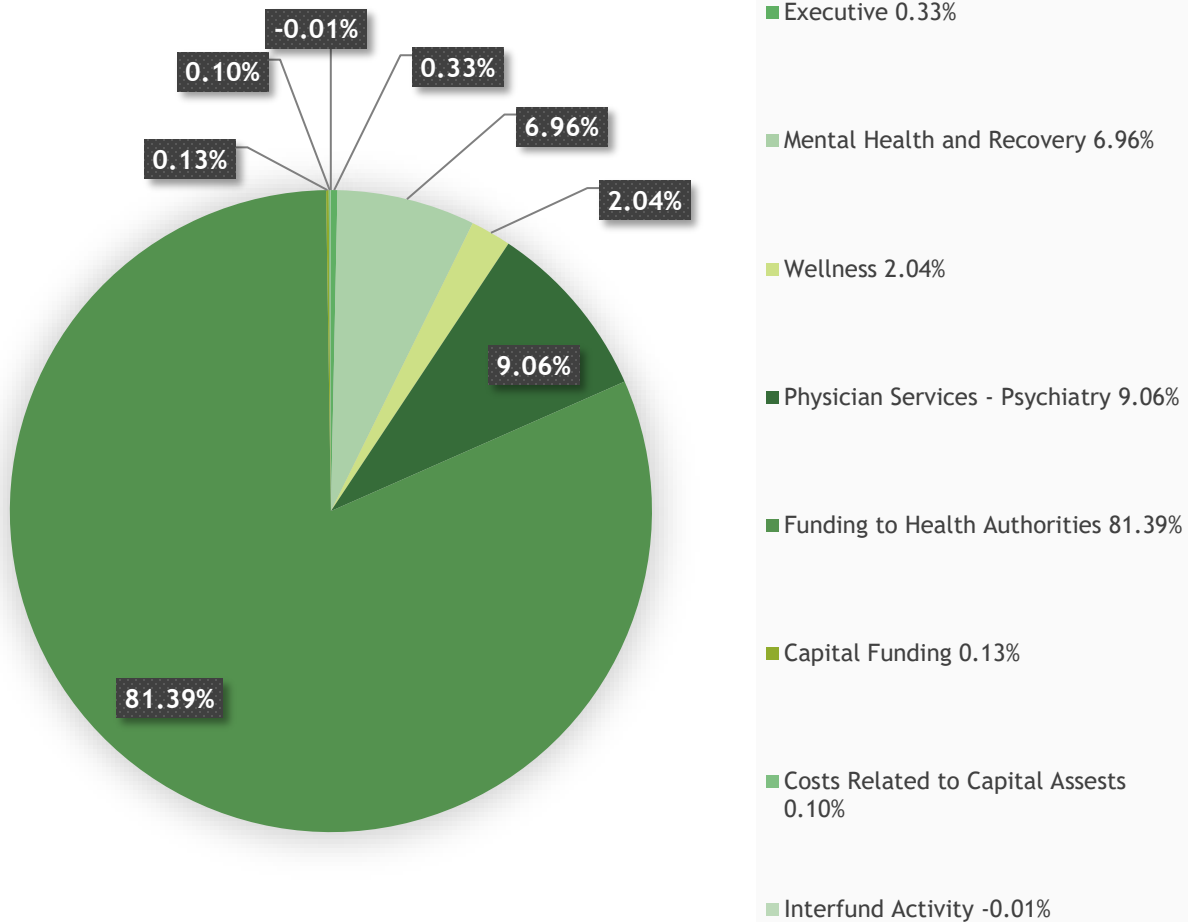
Consolidated Actual Expenditures

For the fiscal year ended March 31, 2023 with comparative figures for the previous fiscal year \$ (000s)

Main Appropriations	Part A - Operating	Other Reporting Entities	Consolidation and Other Adjustments	2022/23 Actual	2021/22 Actual
Executive	1,293			1,293	971
Mental Health and Recovery	27,527			27,527	18,892
Wellness	8,084			8,084	3,816
Physician Services - Psychiatry	60,620		(24,777)	35,843	39,927
Funding to Health Authorities	283,280		38,577	321,857	304,443
Capital Funding	520			520	-
Costs Related To Capital Assets (NV)	387			387	822
Interfund Activity	-		2,400	2,400	(900)
TOTAL	381,711	-	16,200	397,911	367,971

NV – Non-Voted

Percentage Distribution of Consolidated Actual Expenditures by Operating Appropriation, 2022/23, Actuals



Summary of Authority

Part A - Operating

**2022/23 Authority
\$ (000s)**

2022/23 MAIN ESTIMATES - PART A	390,629
Allocation of funds from:	
Subtotal	390,629
2022/23 Authority	390,629

Part B – Capital Investment

**2022/23 Authority
\$ (000s)**

2022/23 MAIN ESTIMATES – PART B	266
Allocation of funds from:	
Subtotal	266
2022/23 Authority	266

Part D – Other Reporting Entities Capital Investment

**2022/23 Authority
\$ (000s)**

2022/23 MAIN ESTIMATES – PART D	3,545
In-year re-organization from:	
Subtotal	3,545
2022/23 Authority	3,545

Detailed Summary of Authority by Appropriation \$ (000s)

Detailed Summary of Authority	2022/23 Printed Estimates	In-Year Re-organization	Virement	Enabling Authority	Authority 2022/23	Supplementary Estimates
Part A – OPERATING (Sums to be Voted)						
Executive	1,306				1,306	-
Mental Health and Recovery	31,625				31,625	
Wellness	10,169				10,169	
Physician Services – Psychiatry	62,875				62,875	
Funding to Health Authorities	283,337				283,337	
Capital Funding	786				786	
Subtotal						
Part A – OPERATING (Non-Voted)	390,098				390,098	
Costs Related to Capital Assets (NV)	531	-	-	-	531	-
TOTAL PART A – OPERATING	390,629				390,629	
Part B – CAPITAL INVESTMENT						
General Assets	266	-	-	-	266	
Total Part B – CAPITAL INVESTMENT	266	-	-	-	266	-
Part D – OTHER REPORTING ENTITIES						
Capital program	3,545	-	-	-	3,545	
Total Part D – OTHER REPORTING ENTITIES	3,545	-	-	-	3,545	-

NV – Non-Voted

Part A: Expenditure Summary by Appropriation

Departmental Actual Expenditures

For the fiscal year ended March 31, 2023 with comparative figures for the previous fiscal year \$ (000s)

Authority 2022/23	Appropriation	Actual 2022/23	Actual 2021/22	Increase (Decrease)	Expl. No.
	1. EXECUTIVE				
42	(a) Minister's Salary	44	43	1	
	(b) Executive Support				
803	Salaries and Employee Benefits	795	677	118	
75	Other Expenditures	74	122	(48)	
	(c) Division Support				
309	Salaries and Employee Benefits	337	159	178	
77	Other Expenditures	43	17	26	
1,306	Subtotal	1,293	1,018	275	
	2. MENTAL HEALTH AND RECOVERY				
	(a) Mental Health and Recovery Branch				
2,518	Salaries and Employee Benefits	1,572	691	881	
27,901	Other Expenditures	24,750	21,664	3,086	1
55	Grant Assistance	55	55	-	
	(b) Chief Provincial Psychiatrist				
794	Salaries and Employee Benefits	799	513	286	
35	Other Expenditures	32	180	(148)	
	(c) Mental Health Review Board				
214	Salaries and Employee Benefits	209	199	10	
108	Other Expenditures	110	134	(24)	
31,625	Subtotal	27,527	23,436	4,091	

Explanation:

1. Year over Year increase due to various Mental Health and Recovery Roadmap initiatives

3. WELLNESS

(a) Wellness and Health Promotion

1,050	Salaries and Employee Benefits	842	550	292	
6,734	Other Expenditures	6,243	3,533	2,710	1
159	Grant Assistance	-	-	-	

(b) Tobacco Cessation

366	Salaries and Employee Benefits	358	242	116	
860	Other Expenditures	641	592	49	

(c) Social Impact Bond

1,000	Other Expenditures	-	-	-	
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10,169	Subtotal	8,084	4,917	3,167	
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Explanation:

1. Year over year increase due to approved spending on Child Nutrition Council of Manitoba and various pilot Roadmap initiatives undertaken.

4. PHYSICIAN SERVICES – PSYCHIATRY

(a) Fee-For-Service

37,812	Other Expenditures	35,557	39,642	(4,085)	1
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(b) Alternate Funding

25,063	Other Expenditures	25,063	26,355	(1,292)	
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62,875	Subtotal	60,620	65,997	(5,377)	
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Explanation:

1. Year over year decrease due to lower volume.

5. FUNDING TO HEALTH AUTHORITIES

(a) Mental Health Services

49,048	Selkirk Mental Health Centre	46,829	53,175	(6,346)	1
148,590	Grant Assistance	149,058	133,408	15,650	2

(b) Recovery Services

25,810	Addictions Foundation of Manitoba	24,850	25,081	(231)	
29,236	Grant Assistance	28,760	27,736	1,024	

(c) Wellness and Health Promotion Services

30,653	Grant Assistance	33,783	30,353	3,430	2
283,337	Subtotal	283,280	269,753	13,527	

Explanation:

1. Primarily due to redistribution of expenditures to other sectors in Funding to Service Delivery Organizations as a result of the transfer of Selkirk Mental Health Centre to Shared Health.
2. Primarily due to price and volume increases for Service Delivery Organizations and the transfer of Selkirk Mental Health Centre to Shared Health.

6. CAPITAL FUNDING

(a) Principal Repayments

568	Other Expenditures	395	524	(129)	
	(b) Interest				
218	Other Expenditures	125	193	(68)	
786	Subtotal	520	717	(197)	

7. COSTS RELATED TO CAPITAL ASSETS

(a) General Assets

531	Amortization Expense	387	380	7	
531	Subtotal	387	380	7	

390,629	Total Expenditures	381,711	366,218	15,493	
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Overview of Capital Investments, Loans and Guarantees

Part B – Capital Investment	2022/23 Actual \$ (000s)	2022/23 Authority \$ (000s)	Variance Over/(Under) \$ (000s)	Expl. No.
General Assets	260	266	(6)	

Part D – Other Reporting Entities Capital Investment	2022/23 Actual \$ (000s)	2022/23 Authority \$ (000s)	Variance Over/(Under) \$ (000s)	Expl. No.
Capital program	-	3,545	(3,545)	1

Explanation:

1. Under-expenditure due to delays in proceeding with various projects.

Revenue Summary by Source

Departmental Actual Revenue

For the fiscal year ended March 31, 2023 with comparative figures for the previous fiscal year \$ (000s)

Actual 2021/22	Actual 2022/23	Increase/ (Decrease)	Expl. No.	Source	Actual 2022/23	Estimate 2022/23	Variance Over/(Under)	Expl. No.
Other Revenue								
3,485	1	(3,484)	1	Sundry	1	1,423	(1,422)	1
3,485	1	(3,484)		Subtotal	1	1,423	(1,422)	
Government of Canada								
4,348	4,348	-		Workforce Development Agreement for Persons with Disabilities	4,348	4,368	(20)	
	17	17		Smokers Helpline Fund	17	-	17	
854	655	(199)	2	Substance Use and Addictions Program	655	655	-	
1,047	1,473	426	3	Emergency Treatment Fund (ETF)	1,473	-	1,473	4
6,249	6,493	244		Subtotal	6,493	5,023	1,470	
9,734	6,494	(3,240)		Total Revenue	6,494	6,446	(48)	

Explanation:

- 2022/23 Revenue related to Selkirk Mental Health Centre (SMHC) was transferred to Shared Health as part of Health Transformation.
- Decreased Federal funding for Substance Use and Addiction Program.
- Primarily due to an accounting adjustment for the funding for Emergency Treatment Program.
- Increased Federal funding for Emergency Treatment Program.

Departmental Program and Financial Operating Information

Executive (Res. No. 24.1)

Main Appropriation Description

Provides executive support and management for the Department of Mental Health and Community Wellness, including leadership, co-ordination, policy support, and collaboration on multi-departmental efforts related to provincial mental health, addictions, and recovery planning, and service delivery models.

Sub-appropriations	2022/23 Actual		2022/23 Authority	
	\$ (000s)	FTEs	FTEs	\$ (000s)
Minister's Salary	44	1.00		42
Executive Support	869	9.00		878
Division Support	380	5.50		386
TOTAL	1,293	15.50		1,306

1(a) Minister's Salary

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	44	1.00	42	2	
Other Expenditures	-	-	-	-	
Total Sub-Appropriation	44	1.00	42	2	

1(b) Executive Support

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	795	9.00	803	(8)	
Other Expenditures	74	-	75	(1)	
Total Sub-Appropriation	869	9.00	878	(9)	

1(c) Division Support

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance	Expl. No.
	2022/23 \$ (000s)	FTEs	\$(000s)	Over/(Under) \$ (000s)	
Salaries and Employee Benefits	337	5.50	309	28	
Other Expenditures	43	-	77	(34)	
Total Sub-Appropriation	380	5.50	386	(6)	

Mental Health and Recovery (Res. No. 24.2)

Main Appropriation Description

Establishes strategic direction, policies, guidelines, standards, oversight and legislation for Shared Health, service delivery organizations and publicly funded community agencies delivering mental health, addiction and chronic disease prevention programs and services. Provides strategic leadership in support of the objectives and priorities to the department.

Sub-appropriations	2022/23 Actual	2022/23 Authority	
	\$ (000s)	FTEs	\$ (000s)
Mental Health and Recovery Branch	26,377	24.80	30,474
Chief Provincial Psychiatrist	831	2.90	829
Mental Health Review Board	319	3.00	322
TOTAL	27,527	30.70	31,625

Mental Health and Addictions (formerly Recovery) Branch

Sub-Appropriation Description

Provides strategic leadership on provincial policy development, planning and advice in prevention, early intervention, treatment and continuing care related to mental health, addictions, and recovery. Provides oversight of performance deliverables and maintains relationships with Shared Health, service delivery organizations and public funded agencies that provide services.

Key Results Achieved

- Implemented the first year of the Mental Health and Community Wellness five-year Roadmap in alignment with the five identified strategic focus areas through the following initiatives:
 - \$1.2 million was provided to expand capacity and clinic hours at the Crisis Response Centre Rapid Access to Addictions Medicine (RAAM) clinic and to implement a new Indigenous-led RAAM clinic at the Aboriginal Health and Wellness Centre (AHWC) in Winnipeg. The AHWC RAAM clinic will act as a central hub for rural and urban Indigenous Manitobans and will offer low-barrier addictions support, and opiate agonist therapy (OAT).
 - Invested \$94 thousand to expand capacity at the Eaglewood Healing Centre RAAM clinic in Thompson and the Portage la Prairie RAAM clinic. Also invested \$539 thousand to expand opiate agonist therapy (OAT) supports and services within the Selkirk RAAM clinic.
 - Developed standards for withdrawal management and bed-based addiction services to be implemented by existing publicly funded service providers by April 1, 2024. New service providers who become publicly funded in 2023/24 will be given one year to implement the standards. Implementation of the standards is an expectation of ongoing funding. The department is providing

supports to the organizations to implement the standards to ensure that Manitobans have access to quality, safe and evidence-based addictions services.

- An investment of \$2.6 million in medical withdrawal management services in Brandon, Ashern, and Portage la Prairie. This funding will support up to 300 treatment spaces through eight hospital medical withdrawal management beds and mobile services in Portage la Prairie.
- Provided \$225 thousand to expand eating disorders treatment for children and youth at the Health Sciences Centre.
- To address system pressures and priorities that were identified within the Roadmap, an investment of \$852 thousand was made to fund five Psychology positions. This will address wait times and improve accessibility and coordination of psychology services.

2(a) Mental Health and Addictions (formerly Recovery) Branch

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
	2022/23 \$ (000s)	FTEs	\$(000s)		
Salaries and Employee Benefits	1,572	24.80	2,518	(946)	1
Other Expenditures	24,750	-	27,901	(3,151)	2
Grant Assistance	55	-	55	-	
Total Sub-Appropriation	26,377	24.80	30,474	(4,097)	

Explanation(s):

1. Under-expenditure due to staffing vacancies.
2. Under-expenditure primarily due to Bi-lateral program initiatives.

Chief Provincial Psychiatrist

Sub-Appropriation Description

Provides expert psychiatric consultation regarding all aspects of mental health practice, policy, programming and legislation. The Chief Provincial Psychiatrist (CPP) is also responsible for administration of the Mental Health Act of Manitoba.

Key Results Achieved

- Co-lead the Provincial Psychiatric Council with Shared Health, a committee of psychiatric leads throughout Manitoba.
- Hired a Deputy Chief Psychiatrist (0.5 FTE) to provide additional capacity. The Chief Provincial Psychiatrist's office ensured that patient rights under the Mental Health Act were protected, and responded to numerous inquiries from consumers, agencies, and other healthcare providers on the interpretation and application of the Mental Health Act. In total, 399 certificates of incapacity were

processed, 357 orders of Committeeship were issued, 41 objection interviews were held, 22 orders of Committeeship were canceled, and 80 transfer orders were authorized.

- Ongoing education offerings for mental health professionals in Manitoba on the Mental Health Act including presentations to primary care practitioners, the Department of Psychiatry at the University of Manitoba, WRHA social workers, community teams such as Health Outreach and Community Support (HOCS) and others.
- Provided ongoing medical opinion to help inform MHCW initiatives and priorities. One includes the recruitment and retention strategies of mental health professionals in Manitoba (e.g., psychiatrists). Another includes the Brandon region Flexible Assertive Community Treatment (FACT) team. FACT uses a comprehensive biopsychosocial model which provides both individual and group care, as well as community-based services for adults with complex and/or concurrent mental health disorders.

2(b) Chief Provincial Psychiatrist

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	799	2.90	794	5	
Other Expenditures	32	-	35	(3)	
Total Sub-Appropriation	831	2.90	829	2	

Mental Health Review Board

Sub-Appropriation Description

Provides administrative support to the Mental Health Review Board.

Key Results Achieved

- In 2022/23, the Mental Health Review Board (MHRB) processed 398 applications for a review, resulting in 60 hearings being held. Applications that did not proceed to a hearing were largely the result of the patient: being discharged from hospital; withdrawing their application; or having a change of status resolving the issue.

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	209	3.00	214	(5)	
Other Expenditures	110	-	108	2	
Total Sub-Appropriation	319	3.00	322	(3)	

Wellness (Res. No. 24.3)

Main Appropriation Description

Establishes strategic direction, policies, guidelines, standards, monitoring and legislation for health authorities, and other funded community agencies. Provides strategic leadership in support of the objectives and priorities to the department.

Sub-appropriations	2022/23 Actual	2022/23 Authority	
	\$ (000s)	FTEs	\$ (000s)
Wellness and Health Promotion	7,085	11.00	7,943
Tobacco Cessation	999	3.00	1,226
Social Impact Bond	-	-	1,000
TOTAL	8,084	14.00	10,169

Wellness and Health Promotion

Sub-Appropriation Description

Provides leadership on policies and programs that advance health and wellness at a personal and community level with a focus on the prevention of chronic disease, and health promotion.

Key Results Achieved

- MHCW developed the Manitoba Diabetes Action Plan to guide whole-of-government actions over a five-year period, to address diabetes prevention and support Manitobans who are living with diabetes. This action plan will increase chronic disease prevention efforts and delivers on a 2020 ministerial mandate item.
- Healthy Together Now (HTN) underwent a program review to determine efficacy in delivering sustainable, community-led chronic disease prevention initiatives. As a result, recommendations have been identified to strengthen HTN that will guide future collaborations between regional health authorities to improve HTN's ability to respond to chronic disease prevention and mental health promotion needs and improve outcomes for Manitobans.
- Moved forward in partnership with stakeholders to develop a school-based services inventory that identifies gaps in promotion, prevention, and early intervention services for children and youth across Manitoba. Recommendations to enhance school-based services were identified and will be implemented in 2023/24 to support coordination and access for children, youth, and families engaged with the mental health and addictions system.
- Enhanced and increased the number of chronic disease prevention and mental health promotion initiatives to reduce the rate of chronic disease and lead to better health outcomes. This includes school nourishment programs; Healthy Together Now; Tobacco Quit Card and Counselling Program; Healthy

Schools Initiative; implementation of two social impact bonds; and the development of provincial action plans to address diabetes as well as tobacco and vape use.

- Provided over \$11.0 million to Shared Health, regional health authorities, and community-based agencies to support chronic disease prevention and mental health promotion and early intervention across the province. Through 54 funding agreements, the branch provides policy oversight to support a comprehensive approach to health promotion and wellness.

3(a) Wellness and Health Promotion

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	842	11.00	1,050	(208)	1
Other Expenditures	6,243	-	6,734	(491)	
Grant Assistance	-	-	159	(159)	
Total Sub-Appropriation	7,085	11.00	7,943	(858)	

Explanation(s):

1. Under-expenditure due to staffing vacancies.

Tobacco and Vape Control and Cessation

Sub-Appropriation Description

Provides enforcement of legislation, program, and policy leadership to measures related to tobacco control and vape control and smoking cessation.

Key Results Achieved

- In 2022, the department began development of a provincial Smoking and Vaping Action Plan, which meets the department's priority to implement provincial commercial tobacco and vape cessation and control initiatives.

3(b) Tobacco Cessation

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	358	3.00	366	(8)	
Other Expenditures	641	-	860	(219)	
Total Sub-Appropriation	999	3.00	1,226	(227)	

Social Impact Bond

Sub-Appropriation Description

Social impact bond for smoking cessation and women’s heart health.

Key Results Achieved

- As part of MHCW’s commitment to chronic disease prevention, two Social Impact Bonds were implemented; Her Heart Her Way and Quit Smoking with your Manitoba Pharmacist (information is provided in detail on a previous session of this report). Expenditures are expected to occur in 2024/25 as a result of the finalization of the contracts

3(c) Social Impact Bond

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Salaries and Employee Benefits	-	-	-	-	
Other Expenditures	-	-	1,000	(1,000)	1
Total Sub-Appropriation	-	-	1,000	(1,000)	

Explanation(s):

- Under-expenditure due to delay in implementation of the Social Impact Bond program.

Physician Services – Psychiatry (Res. No. 24.4)

Main Appropriation Description

Provides for psychiatry services insured under the Manitoba Health Services Insurance Act in respect of fee-for-service claims submitted by physicians as well as non-fee-for-service payments to physicians, physician assistants, and clinical assistants for psychiatry and mental health services.

Sub-appropriations	2022/23 Actual	2022/23 Authority	
	\$ (000s)	FTEs	\$ (000s)
Fee-for-Service	35,557	-	37,812
Alternate Funding	25,063	-	25,063
TOTAL	60,620	-	62,875

4(a) Fee-For-Service

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
	2022/23 \$ (000s)	FTEs	\$ (000s)		
Other Expenditures	35,557	-	37,812	(2,255)	1
Total Sub-Appropriation	35,557	-	37,812	(2,255)	

Explanation(s):

1. Under-expenditure due to a decrease in volume.

4(b) Alternate Funding

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
	2022/23 \$ (000s)	FTEs	\$ (000s)		
Other Expenditures	25,063	-	25,063	-	
Total Sub-Appropriation	25,063	-	25,063	-	

Funding to Health Authorities (Res. No. 24.5)

Main Appropriation Description

The source of funding to health authorities for mental health and recovery services, physician psychiatry services, and wellness and health promotion programs. Also, source of funding for Selkirk Mental Health Centre, and the (former) Addictions Foundation of Manitoba.

Sub-appropriations	2022/23 Actual	2022/23 Authority	
	\$ (000s)	FTEs	\$ (000s)
Mental Health Services	195,887	-	197,638
Recovery Services	53,610		55,046
Wellness and Health Promotion Services	33,783	-	30,653
TOTAL	283,280	-	283,337

Mental Health Services

Sub-Appropriation Description

Provides funding to health authorities and Shared Health for Mental Health Services. Funding also includes Selkirk Mental Health Centre that provides specialized inpatient mental health and acquired brain injury treatment and rehabilitation to residents of Manitoba whose complex needs cannot be met elsewhere in the provincial health care system.

5(a) Mental health Services

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
	2022/23 \$ (000s)	FTEs	\$(000s)		
Selkirk Mental Health Centre	46,829	-	49,048	(2,219)	1
Grant Assistance	149,058	-	148,590	468	
Total Sub-Appropriation	195,887	-	197,638	(1,751)	

Explanation(s):

1. Primarily due to decrease in salaries and operating expenditures.

Recovery Services

Sub-Appropriation Description

Provides funding to health authorities and Shared Health for recovery services. This includes funding for the former Addictions Foundation of Manitoba (now under Shared Health) that provides Manitobans with a range of client-centered addictions services, including public education, residential and community treatment and follow-up in communities across the province.

5(b) Recovery Services

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
	2022/23 \$ (000s)	FTEs	\$(000s)		
Addictions Foundation of Manitoba	24,850	-	25,810	(960)	
Grant Assistance	28,760	-	29,236	(476)	
Total Sub-Appropriation	53,610	-	55,046	(1,436)	

Wellness and Health Promotion Services

Sub-Appropriation Description

Provides funding to health authorities and Shared Health for wellness and health promotion programs.

5(c) Wellness and Health Promotion Services

Expenditures by Sub-Appropriation	Actual	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
	2022/23 \$ (000s)	FTEs	\$(000s)		
Grant Assistance	33,783	-	30,653	3,130	1
Total Sub-Appropriation	33,783	-	30,653	3,130	

Explanation(s):

1. Primarily due to an accounting adjustment.

Capital Funding (Res. No. 24.6)

Main Appropriation Description

Provides funding to health authorities for principal repayment on approved borrowing and interest.

Sub-appropriations	2022/23 Actual	2022/23 Authority	
	\$ (000s)	FTEs	\$ (000s)
Principal Repayments	395	-	568
Interest	125		218
TOTAL	520	-	786

6(a) Principal Repayments

Expenditures by Sub-Appropriation	Actual 2022/23	Authority 2022/23		Variance Over/(Under)	Expl. No.
	\$ (000s)	FTEs	\$(000s)		
Other Expenditures	395	-	568	(173)	
Total Sub-Appropriation	395	-	568	(173)	

6(b) Interest

Expenditures by Sub-Appropriation	Actual 2022/23	Authority 2022/23		Variance Over/(Under)	Expl. No.
	\$ (000s)	FTEs	\$(000s)		
Other Expenditures	125	-	218	(93)	
Total Sub-Appropriation	125	-	218	(93)	

Costs Related to Capital Assets (Non-Voted)

Description

The appropriation provides for the amortization and interest expense related to capital assets.

Sub-appropriations	2022/23 Actual	2022/23 Authority	
	\$ (000s)	FTEs	\$ (000s)
General Assets	387	-	531
TOTAL	387	-	531

7(a) General Assets

Expenditures by Sub-Appropriation	Actual 2022/23 \$ (000s)	Authority 2022/23		Variance Over/(Under) \$ (000s)	Expl. No.
		FTEs	\$(000s)		
Amortization Expense	387	-	531	(144)	
Total Sub-Appropriation	387	-	531	(144)	

Other Key Reporting

Departmental Risk

MHCW provides leadership in risk analysis through its Comptrollership framework and by creating a risk management culture that facilitates assessment and management of risk. Risk is managed for policy, operations, human resources, financial, legal, health and safety, environment and reputation within a legislative environment, both in regard to the probability of occurrence and degree of damage and strategies for mitigating or minimizing potential situations.

A continuous, proactive, and systematic process is undertaken to ensure that decisions support the achievement of organizational corporate objectives. This enterprise approach ensures that accidents and unexpected losses are minimized.

The department manages its risks under the guidance of its comptrollership plan and all aspects of the central government Manitoba Risk Management Policy. The department must: a) emphasize loss prevention, loss reduction and risk transfer methods; b) identify risks thoroughly; c) identify strategies to mitigate or minimize risk; and d) receive appropriate approval. Specific activities are identified in the department comptrollership framework to meet risk management responsibilities, as follows:

- Mental Health and Addictions Barriers to Access
- Access to Chronic Disease prevention and mental health promotion initiatives
- Policy Modernization

Through fiscal year 2022/23, the Department undertook the following specific activities toward managing its risks.

Risk	Activities taken to reduce / remove risk
Mental Health and Addictions Barriers to Access	<p>Continued implementation of Virgo report recommendations.</p> <p>Since 2019, MHCW has invested more than \$66.0 million across 54 initiatives to improve access to mental health and addictions services across Manitoba. The initiatives include: increased capacity of core mental health and addictions services throughout the province including new funding for: eating disorders programs, RAAM clinics, supportive recovery housing, withdrawal management services, telepsychiatry, crisis services and cognitive behavioural therapy with mindfulness (CBTm). In addition, quality standards for publicly funded addictions service providers were developed which includes standards to improve access to care and ensure safe, consistent, and quality addictions services are provided.</p>
Access to Chronic Disease Prevention and Mental Health Promotion Initiatives	Increased investments to enhance school nourishment programs and Healthy Together Now, a program that supports chronic disease prevention and mental health promotion projects at a

regional level throughout Manitoba; developed a provincial diabetes prevention action plan; and implemented two social impact bonds focused on smoking cessation and women's heart disease.

An ICT feasibility study led by Shared Health was completed. This was Phase 1 of a multiyear plan to work towards a provincial mental health and addictions information technology system. In addition, Service Delivery Organizations (SDOs) have developed strategic plans which include a focus on reducing wait times for mental health and addictions services; improving access and coordination of mental health and addictions services and improving patient flow; and expanding virtual models of care.

Policy Modernization

Engaged an external consultant to work with the department and key stakeholders to: develop the accountability and performance management framework and reporting process to increase visibility of the state of Manitoba's mental health, addictions and wellness services and related population health indicators; improve accountability and performance measurement within the system; and increase alignment of sector organizations with the department's 5-year plan.

Regulatory Accountability and Red Tape Reduction

Regulatory requirements

	April 1, 2022	March 31, 2023
Total number of regulatory requirements	6,064	6,013
Net change	-	-51
Percentage change	-	-0.84%

- ‘Total number of regulatory requirements’ includes transfers of regulatory requirements in and out of the department in 2022/23.
- ‘Net change’ includes the changes (sum of decreases and increases) in regulatory requirements undertaken by the department in 2022/23 and is net of transfers of regulatory requirements in and out of the department.
- ‘Percentage change’ includes percentage changes in regulatory requirements undertaken by the department in 2022/23 and is net of transfers of regulatory requirements in and out of the department.

The Public Interest Disclosure (Whistleblower Protection) Act

The Public Interest Disclosure (Whistleblower Protection) Act came into effect in April 2007 and amended in 2018 gives employees a clear process for disclosing concerns about significant and serious matters (wrongdoing) in the Manitoba public service and protects employees who make those disclosures from reprisal. The act builds on protections already in place under other statutes, as well as collective bargaining rights, policies, practices and processes in the Manitoba public service.

Wrongdoing under the act may be: contravention of federal or provincial legislation; an act or omission that endangers public safety, public health or the environment; gross mismanagement; or knowingly directing or counseling a person to commit a wrongdoing. The act is not intended to deal with routine operational or administrative matters.

A disclosure made by an employee in good faith, in accordance with the act, and with a reasonable belief that wrongdoing has been, or is about to be committed is considered to be a disclosure under the act, whether or not the subject matter constitutes wrongdoing. All disclosures receive careful and thorough review to determine if action is required under the act and must be reported in a department’s annual report in accordance with Section 29.1.

The following is a summary of disclosures received by Manitoba Mental Health and Community Wellness and for fiscal year 2022/2023.

Information Required Annually (per section 29.1 of PIDA)	Fiscal Year 2022/2023
The number of disclosures received, and the number acted on and not acted on. Subsection 29.1(2)(a)	0
The number of investigations commenced as a result of a disclosure. Subsection 29.1 (2)(b)	0
In the case of an investigation that results in a finding of wrongdoing, a description of the wrongdoing and any recommendations or corrective actions taken in relation to the wrongdoing, or the reasons why no corrective action was taken. Subsection 29.1(2)(c)	0

Equity and Diversity Benchmarks

Manitobans are best served by a public service that is inclusive and representative of the diverse population of Manitoba at all levels of the organization, including senior management. Employment equity status is self-identified on a voluntary basis when individuals are hired into a position or at any time during their employment with Manitoba’s public service. Employment equity groups include women, Indigenous peoples, visible minorities, and persons with disabilities. This measure will capture diversity in Manitoba’s public service and in senior management.

Equity Group	Benchmarks	% Total Employees as at March 31, 2023
Women	50%	78.2%
Indigenous Peoples	16%	3.6%
Visible Minorities	13%	20.0%
Persons with Disabilities	9%	1.8%

Appendices

Appendix A – Other Reporting Entities

Other Reporting Entities (OREs) are accountable to the Minister. OREs are directly or indirectly controlled by government as prescribed by the Public Sector Accounting Board.

Addictions Foundation of Manitoba

Addictions Foundation of Manitoba is a Crown agency that is committed to being a foundation of excellence in providing addiction services and supporting healthy behaviours. Note: Addictions Foundation of Manitoba was transferred to Shared Health in fiscal 2022/23 as part of Health Transformation. Some of Addictions Foundation of Manitoba operations will be further transitioned to the regional health authorities.

For more information please visit: Addiction Foundation of Manitoba (afm.mb.ca)

Appendix B - Statutory Responsibilities

Any statutes that are not assigned to a particular Minister are the responsibility of the Minister of Justice, as are any amendments to Acts. The department of Mental Health and Community Wellness operates under the authority of the following acts of the Continuing Consolidation of the Statutes of Manitoba:

The Caregiver Recognition Act

The Mental Health Act (except Parts 9 and 10 and clauses 125(1)(i) and (j))

The Occupiers' Liability Act (section 9.1)

The Smoking and Vapour Control Products Act

The Youth Drug Stabilization (Support for Parents) Act

In addition, policies specific to departmental programs are documented in the General Manual of Administration and various Manitoba government catalogues and publications.

Glossary

Alignment – The process of enabling all employees to see how their day-to-day actions are consistent with the values of the organization and how living those values is contributing to overall success. Creating alignment ensures employees are working toward the common goal, or vision.

Annual Report – Departmental annual reports are a supplement to the public accounts and provide variance explanations and background information to support the public accounts. Annual reports are either released (if the Legislature is not in session) or tabled in the Legislature (if in session) by September 30 following the fiscal year end.

Appropriation – amount voted by the Legislative Assembly approving the maximum amount that may be expended on a specific program or major activity during a fiscal year.

Main Appropriation – the total amount of each resolution passed by the Legislative Assembly as reported in the printed estimates of expenditure.

Sub Appropriation – the total amounts applicable to the various breakdowns of the main appropriations in the printed estimates of expenditure.

Authority – In the financial tables throughout this report, represents the authorized votes approved by the Legislative Assembly in the Estimates of Expenditure (budget) as well as any changes (if applicable) as a result of government reorganizations, allocations from Enabling Appropriations, or and virement transfers between Main appropriations within the department. For a full reconciliation of the Printed Estimates of Expenditure to the Authority please see the Expense Summary by Appropriation report in the Report on the Estimates of Expenditure and Supplementary Information.

Balanced Scorecard – is an established integrated strategic planning and performance measurement framework. Implementation of Balanced Scorecards in the Manitoba government is a major initiative that is intended to strengthen the alignment of department level work with government priorities, improve accountability and transparency, and to deliver better outcomes for Manitobans.

Baseline - The starting data point for the performance measure.

Borrowings – Borrowings are securities issued in the name of the province to capital markets investors. Securities include debentures, treasury bills, promissory notes, medium-term notes and Manitoba Savings Bonds.

Cascading – This is the process of developing aligned scorecards throughout an organization. Each level of the organization will develop scorecards, based on the objectives and measures they can influence from the group to whom they report. Cascading allows every employee to demonstrate a contribution to overall organizational objectives.

Consolidation Impacts – The adjustments needed to bring the revenue and expenditure of the other reporting entities (ORE) into the summary budget, and to eliminate transactions between entities to avoid duplication of revenues and expenses (ex: a government grant is counted as an expenditure of core government and is eliminated from the revenue of the ORE).

Full-Time Equivalent (FTE) – A measurement for number of positions. Every full-time regular position represents one full-time equivalent position. Other categories (ex.: term, departmental, seasonal, contract)

are measured in proportional equivalents, ex: a program with a vote of 1.50 term FTE could hire staff in any combination that results in a total of one-and-one-half years (or 78 weeks) of employment (ex: 6 staff for 3 months (13 weeks) each; 2 staff for 9 months (39 weeks) each; 1 full-time and 1 half-time staff for 1 year; 3 half-time staff for 1 year; etc.).

Government Reporting Entity (GRE) – Includes core government and Crown organizations, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges.

Grants – Public money provided to an individual, organization or another government to assist in attaining their objectives and for which the government does not receive a good or service.

Gross Domestic Product (GDP) – Represents the total market value of all final goods and services produced in the Manitoba economy.

Guarantees – The province, in the normal course of business, may provide a guarantee to honour the repayment of debt or loans of an organization, primarily GBEs. Such a guarantee is provided on the Manitoba Hydro Savings Bonds.

Health promotion – Is the process of empowering people to increase control over, and to improve their health.

Interfund Activity – Public Sector Accounting Standards adjustments including Health and Education Levy and Employee Pension and Other Contributions, attributed to the entire department.

Key Initiatives – These are the specific programs, activities, projects, or actions an organization will undertake to meet performance targets. Initiatives are often projects or events that aim to improve a process or an outcome in one of the four perspectives.

Measure – A measure is a standard used to evaluate and communicate performance against expected results. Measures are normally quantitative in nature, capturing numbers, dollars, percentages, and so on. Reporting and monitoring measures helps an organization gauge progress toward effective implementation of strategy.

Mental health promotion – Involves collaborative efforts that focus on creating environments that promote and sustain positive mental health and well-being. Healthy environments promote mental health and well-being by enhancing protective factors and decreasing risk factors.

Mission Statement – A mission statement defines the core purpose of the organization — why it exists, and reflects employees' motivations for engaging in the organization's work. Effective missions are inspiring, long-term in nature, and easily understood and communicated.

Objective – The objective is a concise statement describing the specific things an organization must do well to execute its strategy. Objectives often begin with an action verb such as increase, reduce, improve, or achieve. Strategy Maps are comprised entirely of objectives. “Strengthen respect in our workplace” is an example of an objective.

Other Reporting Entity (ORE) – Reporting organizations in the GRE such as Crown corporations, government agencies, government business entities and public sector organizations such as regional health authorities, school divisions, universities and colleges that are directly or indirectly controlled by the government, as prescribed by Public Sector Accounting Board – excludes core government.

Perspective – In balanced scorecard language, perspective refers to a category of performance objectives. The standard four perspectives are: Quality of Life, Working Smarter, Public Service and Value for Money.

Special Operating Agencies (SOA) – Service operations within departments granted more direct responsibility for results and increased management flexibility needed to reach new levels of performance. SOAs embrace market disciplines of the private sector while adhering to the public policy imperatives of government. Annual business plans define financial goals and performance targets. SOAs have the ability to raise capital outside of the Consolidated Fund.

Strategy – This represents the broad priorities adopted by an organization in recognition of its operating environment and in pursuit of its mission. Situated at the centre of the balanced scorecard system, all performance objectives and measures should align with the organization's strategy.

Strategy Map – The strategy map is a one-page visual representation of what must be done well to execute strategy. Strategy maps reflect performance objectives spanning the four perspectives, combining to tell the organization's strategic story.

Target – The target presents the desired result of a performance measure. They provide organizations with feedback about performance.

Values – Values represent the deeply-held beliefs of the organization, which are demonstrated through the day-to-day behaviours of all employees. An organization's values make an open proclamation about how it expects everyone to behave. Values should endure over the long-term and provide a constant source of strength for an organization.

Virement – Refers to a transfer of authority between operating expenditure appropriations within a department.

Vision – The vision serves as the guiding statement for the work being done. A powerful vision provides everyone in the organization with a shared image of the desired future. It should answer why the work being done is important and what success looks like.

Well-being – Encompasses all the ways in which people experience and evaluate their lives positively. Well-being is fluid and can change over time.

Wellness – Is an active process of becoming aware of and making choices towards a balanced, healthy and fulfilling life. Wellness is influenced by many things that include the emotional, physical, intellectual, financial, social, environmental, cultural and spiritual dimensions of one's life. These dimensions are interconnected, one dimension impacting and building on another and relates to all stages of life and is impacted by the varying needs at these different stages.