



Reference Data Dictionary

Mental Health & Addictions Provincial Data Set Version 1.0

January 15, 2024

CHANGE LOG

Date	Change
January 15, 2024	Published
January 15, 2024 (2pm)	Edit on page 56. Clarified “Service Termination Reason” value for service delivery, changed “circumstances under which client left agency” to “circumstance under which client left service/treatment program.” Corrected conformance from “code mapping only” to “at minimum.”
February 8, 2024	Edit on page 6. Changed “7*5 40 76 50” to “715 40 76 50” as the functional centre code 725 40 76 50 is not currently reported to the PDS.

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Introduction

Background

The Mental Health & Addictions Provincial Data Set (MHA PDS) is a **minimum** set of routinely collected, client level, standardized data elements that support direct service delivery and enable consistent and comparable reporting of service utilization, client outcomes & client characteristics across the Ontario Mental Health and Addictions sector. The collection of this data will enable frontline providers and system-level planners to make evidence-based clinical, funding, and service planning decisions.

Development of the MHA PDS

In 2020, Ontario launched [Roadmap to Wellness](#), the province's multi-year strategy to support the development of a connected and comprehensive mental health and addictions (MHA) system. As a key component of this strategy, the MHA Data and Digital initiative (DDI) provides the foundation to report on the performance of the MHA system, make evidence-based service planning and funding decisions, and make it easier for service providers in the MHA system to use data and information to improve clinical practice across the lifespan.

The Mental Health and Addictions Provincial Data Set (MHA PDS) standardizes the collection of data across the sector and lifespan. The Ontario MHA PDS is currently being developed and implemented in a phased approach. The initial data collection scope for MHA PDS is Ontario Ministry of Health (MOH) and Ontario Health (OH) funded community mental health and addiction services.

MHA PDS Release 1.0

The MHA PDS is multi-year initiative beginning with MHA PDS Release 1.0.

How to use this document

These guidelines were prepared as a reference for health service providers currently submitting the MHA PDS to Ontario Health. Each MHA PDS element described here includes a definition, the purpose and value in collecting the element, and tips that can help you in collecting the element.

A set of appendices is included to address frequently asked questions regarding the MHA PDS.

This document includes the same information previously published within the *Clinical Guide for Use—Collecting Socio-demographic Information for the MHA PDS (January 2023)*.

Technical details regarding the MHA PDS implementation for Client Management System (CMS) vendors can be found within the *Vendor Implementation Guide* and *Logical Data Dictionary 1.0*.

1. Mental Health & Addictions Provincial Data Set

1.1 Purpose & scope

The MHA PDS will use clinical & program data to support evidence-informed decision making in planning, monitoring quality and funding. The MHA PDS will do this by using data to:

- Ensure services are available and **accessible** to the people who need them. This involves understanding and predicting the needs of Ontarians and implementing models that best serve them,
- Ensure people are getting the **evidence-based and high-quality care** that they need, when they need it. Also determining whether funded programs/initiatives meet their goals and identifying opportunities in the system,
- Inform transparent investments in evidence-based, high-quality care. This also involves establishing **accountability** for those who deliver the care, together with the outputs of planning and monitoring quality.

The MHA PDS seeks to answer key questions about the services that provided to Ontarians and to make evidence-based funding and service planning decisions.

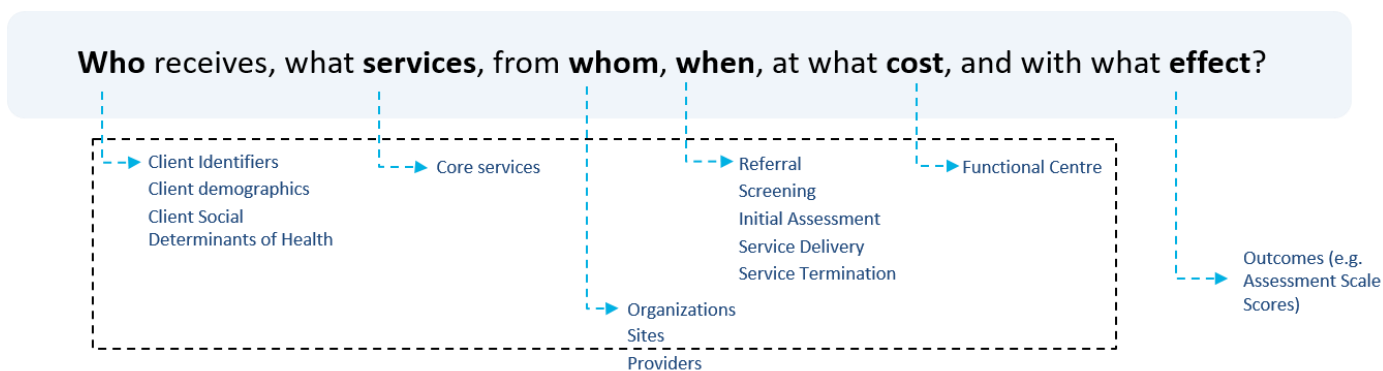


Figure 1: Dashed box describes scope of MHA PDS version 1.0

1.2 Description of MHA PDS version 1.0

The mental health & addictions sector offers a wide range of programs and services to assist clients in meeting their needs and goals. The functional centres below describe the set of health programs that are expected to contribute data to the MHA PDS for version 1. The following list of MHA PDS data elements provides a high-level overview of the data collected as part of MHA PDS version 1 for all listed functional centres.

Functional centres included in V1.0

Type	Code ¹	Description
Case Management/ Supportive Counselling & Services	7*5 09 76	Mental health case management
	7*5 09 78 10	Addictions Supportive Housing (ASH) case management/counselling
	7*5 09 78 11	Case management (substance use)
Community clinic/program	7*5 10 15	Nursing Clinic

¹ * = fund type 1 or 2

	7*5 10 76 12	Counselling and Treatment
	7*5 10 76 20	Assertive Community Treatment (ACT) Teams
	7*5 10 76 30	Community Clinic
	7*5 10 76 40	Vocational/Employment
	7*5 10 76 41	Clubhouses
	7*5 10 76 45	Concurrent Disorders
	7*5 10 76 51	Early Intervention
	7*5 10 76 55	Forensic
	7*5 10 76 56	Diversion and Court Support
	7*5 10 76 60	Abuse Services
	7*5 10 76 70	Eating Disorders
	7*5 10 76 81	Social Rehab/Recreation
	7*5 10 76 96	Psycho-geriatric
	7*5 10 76 99	Other Services
	7*5 10 78 11	Addictions Treatment (substance use)
	7*5 10 78 12	Addictions Treatment (problem gambling)
	7*5 10 78 20	Addictions Withdrawal Management
	7*5 10 78 11	Addictions Treatment (substance use)
Crisis intervention	7*5 15 76	Crisis intervention
Day/Night Care	7*5 20 76 10	Day/Night Care - General
	7*5 20 76 70	Day/Night Care - Eating Disorder
	7*5 20 78 10	Day/Evening Care Addictions Treatment
Residential	7*5 40 76 10	Homes for Special Care
	7*5 40 76 30	Support within housing
	715 40 76 50	Rent supplement program
	7*5 40 76 60	Short Term Crisis Support Beds
	7*5 40 78 11	Treatment Services (substance use)
	7*5 40 78 12	Treatment Services (problem gambling)
	7*5 40 78 30	Supportive Treatment (substance use)
	7*5 40 78 45	Withdrawal management centres
Consumer survivor/family initiatives	7*5 51 76 11	Peer/self help (mental health)
	7*5 51 76 12	Alternative businesses
	7*5 51 76 20	Family initiatives
Health promotion & education	7*5 50 76 10	Awareness (mental health)
	7*5 50 76 30	Women's mental health
	7*5 50 76 40	Community development (mental health)
	7*5 50 78 10	Drug awareness

	7*5 50 78 20	Problem gambling awareness
	7*5 50 78 40	Community development (substance use)
	7*5 50 96 76	Psycho-Geriatric
Information & referral	7*5 70 10	Info & Referral Services - General
	7*5 70 78 12	Info & Referral Services - Provincial
Home Care	7*5 30 76 10	Psychiatric Follow-Up
	7*5 30 76 25	Psychiatric - Acute
	7*5 30 76 55	Forensic Psychiatry
	7*5 30 76 81	Psych Rehab
	7*5 30 76 90	Psychiatric Crisis
	7*5 30 76 95	Longer Term
	7*5 30 76 96	Geriatric Psych Assessment
	7*5 30 78 10	Home Care (substance use)
Other	7*5 07 10	Medical Resources - Psychiatrists
	7*5 08	Centralized/Coordinated Access

Data Elements included in V1.0

M = mandatory, O = optional; C = conditional mandatory. "Mandatory" indicates that a given data element is required in order for Ontario Health to receive the specific category of information; for example, "health service event ID" (DE10.001) is required in order to submit information about a health service events to Ontario Health, however, a "health service event ID" is not required to submit client information.

Category	ID	Name	Type	Usage
Client	DE01.001	Client First Name	Free Text	M
	DE01.002	Client Middle Name	Free Text	O
	DE01.003	Client Last Name or Single Name	Free Text	M
	DE01.004	Date of Birth	Date	M
	DE01.005	Date of Birth Estimated Flag	Permissible value	M
Client ID	DE02.001	Client Identifier - MRN	CMS generated number	M
	DE02.002	Client ID Issuing Vendor	Text	M
	DE02.003	Health Card Number	Free Text	O
	DE02.004	HCN Issuing Authority	Permissible value	C
	DE02.005	Identifier Type	Permissible value	M
Client Address	DE03.001	Address Use	Permissible value	O
	DE03.002	City	Free Text	O
	DE03.003	Province	Code Table	C
	DE03.004	Postal Code	Free Text	O
Client SDOH	DE04.001	SDOH Effective Date	Date	O
	DE04.002	Ethnicity	Permissible value	O

	DE04.003	Religion and Spiritual Affiliation	Permissible value	O
	DE04.004	Mother Tongue	Permissible value	O
	DE04.005	Preferred Language to Receive Service	Permissible value	O
	DE04.006	Preferred Official Language	Permissible value	O
	DE04.007	Gender Identity	Permissible value	O
	DE04.008	Sexual Orientation	Permissible value	O
	DE04.009	Year Arrived in Canada	Free Text	C
	DE04.010	Born in Canada	Permissible value	O
	DE04.012	Citizenship Status	Permissible value	C
	DE04.013	Highest Level of Personal Education Attained	Permissible value	O
	DE04.014	Employment Status	Permissible value	O
	DE04.015	Personal Income Source	Permissible value	O
	DE04.016	Marital Status	Permissible value	O
	DE04.017	Housing Status	Permissible value	O
	DE04.018	Total Household Income	Permissible value	O
	DE04.019	Number of People Household Income Supports	Number	O
	DE04.020	Legal Status	Permissible value	O
	DE04.021	Pre-existing Conditions	Permissible value	O
Referral	DE05.001	Referral ID	CMS generated number	O
	DE05.002	Referral Received Date	Date	O
	DE05.003	Referral Source	Text	O
	DE05.004	Referral Source Type	Permissible value	O
	DE05.005	Referral Type	Permissible value	O
Episode of Care	DE06.001	Episode of Care Identifier	CMS generated number	M
	DE06.002	Episode of Care Status	Permissible value	M
	DE06.003	First Contact Date	Date	O
	DE06.004	Eligibility Screening Date	Date	O
	DE06.005	Initial Assessment Date	Date	O
	DE06.006	Scheduled Appointment Date	Date	C
	DE06.007	Appointment Rescheduled Reason	Permissible value	C
	DE06.008	Service Initiation Date	Date	O
	DE06.009	Service Enrollment Date	Date	C
	DE06.010	Service Termination Date	Date	C
	DE06.011	Service Termination Reason	Permissible value	C
Health Service Provider Organization	DE07.001	HSP Organization Number	Number	M
	DE07.002	MOH Organization ID	CMS assigned	M
	DE07.003	HSP Organization Name	Text	M

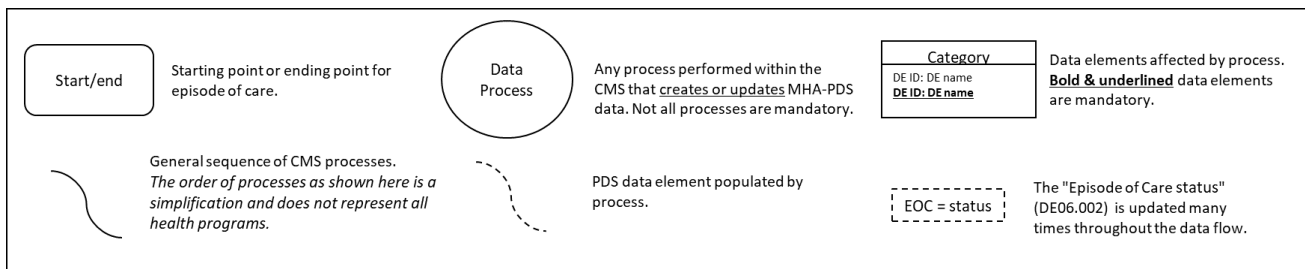
Health Service Provider Site	DE08.001	HSP Site Number	CMS assigned	M
	DE08.002	HSP Site Name	CMS assigned	M
Health Program	DE09.001	Health Program Number	CMS assigned	M
	DE09.002	Health Program Name	Permissible value	M
	DE09.003	Functional Centre Code	Permissible value	M
Health Service Event	DE10.001	Health Service Event ID	CMS generated number	M
	DE10.002	Service Modality	Permissible value	O
	DE10.003	Service Modality Type	Permissible value	O
	DE10.004	Encounter Date	Date	O
	DE10.005	Health Service Group ID	CMS generated number	O
	DE10.006	Direct Minutes	Number	O
	DE10.007	Indirect Minutes	Number	O
	DE10.008	Encounter Status	Permissible value	M

Client Management System (CMS) Data Collection Diagram

The purpose of the next diagram is to help agencies identify points of collection for the preceding MHA PDS data elements within the HSP's client management system (CMS). For example, the "B. Referral Created" process is an action performed within the CMS that populates MHA PDS elements.

CMS records that include all **mandatory** MHA PDS elements, and fall under one of the previously listed functional centres, are submitted to Ontario Health. More information on how the data flows from the CMS to Ontario Health is described in section 1.3 *MHA PDS Architecture*.

Legend



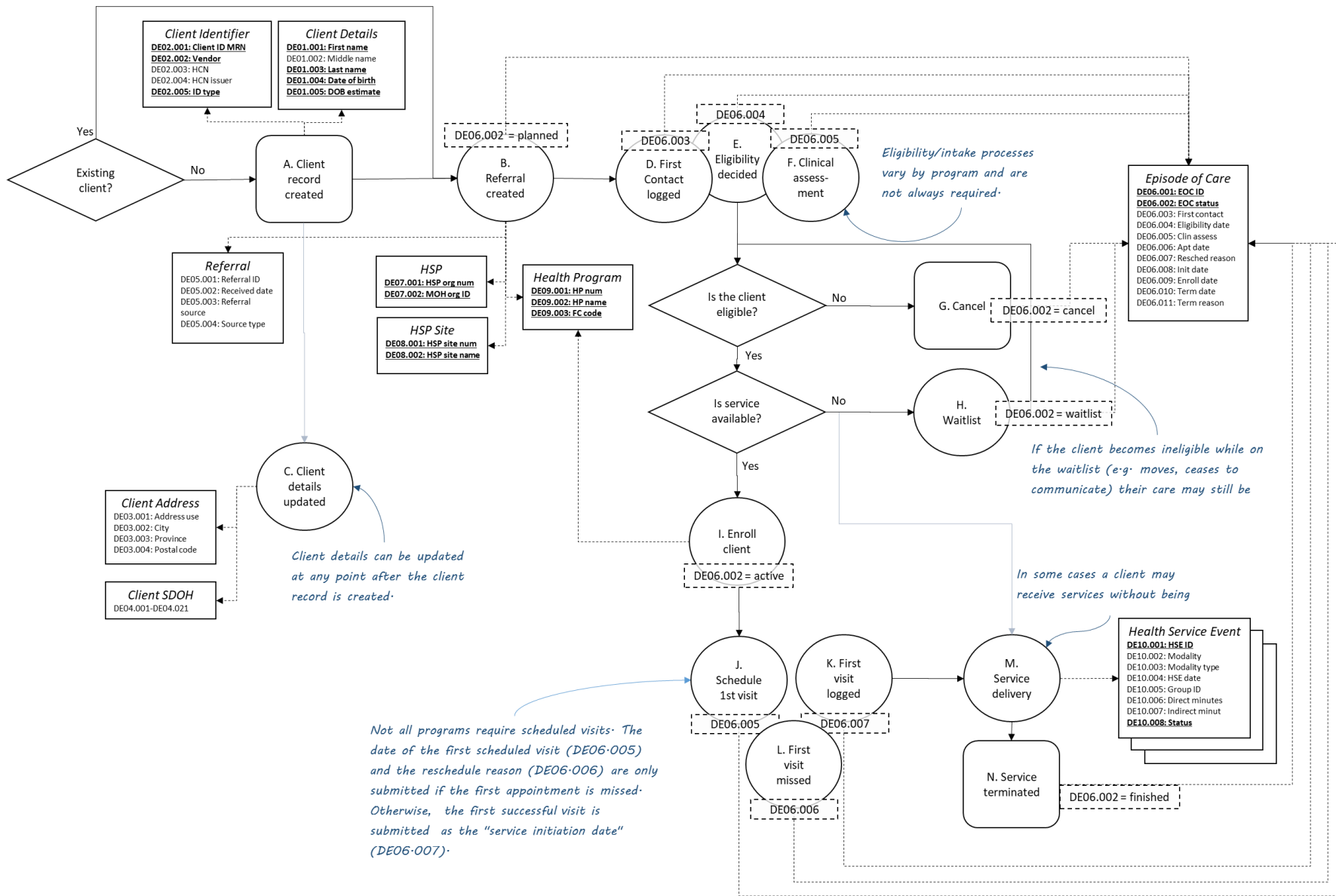


Figure 2: CMS Data Collection Diagram

Processes

The following table provides high-level definitions of each process illustrated in the preceding diagram.

NAME	DESCRIPTION
A. Client Created	A client record is created in the CMS. This typically requires at least a name and birth date, and the CMS will create a client ID number for the record.
B. Referral created	The submission of necessary information to an HSP regarding an individual who is requesting service within a specific health program. Referrals may be received electronically, via written form or on the phone. Some regions use a central intake service for all referrals. Not all health programs require a referral. Referrals can be internal or external to the HSP. For example, existing clients within an HSP might receive internal referrals to additional health programs. This process marks the beginning of an episode of care, and sets the episode of care status to "planned."
C. Client details updated	The client is asked about their social demographics of health (SDoH) and other information (e.g. address) by a worker at the HSP. This information could be collected at any time, and may depend on the health program. CMS may have a Demographics screen, or similar data entry point, to capture this type of information.
D. First Contact	A date is indicated within the CMS that represents the first successful contact with the client after a referral is received. Some CMS may prompt users to manually enter a date indicating "first contact," while other CMS may infer the first contact date based on a user's first entry into a contact/encounter log. This process is optional.
E. Eligibility decided	An HSP worker determines whether a client is eligible for the health program to which they were referred. This decision may be manually logged in the CMS as a specific date, e.g. "Decision date," or may be inferred from an entry in an assessment log.
F. Clinical assessment	An HSP worker completes a clinical assessment with the client. Assessments may be completed or logged directly within the CMS, wherein the date of the first assessment completed is inferred by an entry in the assessment log. Alternatively, the worker may manually enter the date when the first assessment occurred. Many health programs do not require a clinical assessment, so this process would not be performed.
G. Cancel	The client was deemed inappropriate for the referred program, or they declined or withdrew from service, or circumstances changed and the organization was unable to provide care, the Cancelled status would apply. This ends the episode of care, and sets the episode of care status to "canceled."
H. Waitlist	If a client is considered eligible for a program, they may be placed on a waitlist until service for that program is available. A CMS may have a formal "Waitlist" module where this information is maintained, or it may be inferred that any client who is deemed eligible for a program but is not yet enrolled should be considered "waiting."
I. Enroll client	The client is formally entered into a health program within the CMS. This sets the episode of care status to "active."
J. Schedule first visit	The first appointment for service delivery that the HSP schedules with the client, and the clients accepts the appointment. The HSP logs this first appointment in their CMS. Not all health programs require scheduled appointments, so this process may not be performed.
K. First visit interrupted	Either the client "no-shows" to their first scheduled appointment, or requests a re-scheduled appointment with the HSP. The appointment is cancelled within the CMS.
L. First visit logged	The client successfully attends their first visit for direct service, and this visit is logged as a completed health service event within the CMS. Even if the health program does not require scheduled appointments, any encounter where the client receives direct service is a successful initiation of services.
M. Service delivery	The client receives direct services from HSP. Each direct service encounter is logged as a health service event in the CMS. Health service events may be virtual, in-person, one-on-one and/or in a group setting. All modalities are considered in the delivery of health services.
N. Service termination	The client's need for service has ended or as part of the HSP service termination criteria. The HSP worker terminates the client's participation in the health program.

1.3 MHA PDS Architecture

The architecture for the submission of data from the agency CMS to the Provincial MHA PDS Repository is represented below. The diagram illustrates the following data flow:

1. Data elements, as set out in this Data Dictionary, are sent from the CMS database via encrypted web services to the Web Service compliant web server hosted at the Provincial MHA PDS Repository,
 - The HL7 data submission is validated to ensure standard compliance and translation into SQL database; this area is restricted and is not accessible by analytics staff.
2. The Analytics Data Hub (ADH) pulls and lands data in the “Raw” or Landing Zone.
 - Cell-level encryption is applied to demographic and health information data elements; this area is restricted and is not accessible by analytics staff.
3. Data is standardized, enriched (if required) and pseudonymized,
 - Enrichment entails further processing of data through the Record Matching Process system to identify and match client records to create a complete and single view of a client. The Record Matching Process System will also assign a unique identifier for each unique Client.
 - All identifiable information is removed as the data is pseudonymized.
4. Data is sent from the Standardized Data Zone to the Reporting Zone,
 - Data elements are further aggregated based on measurement framework methodology and operationalized into reports.
5. Reports are accessed from a secured Report Portal by Ontario Health and agency staff.

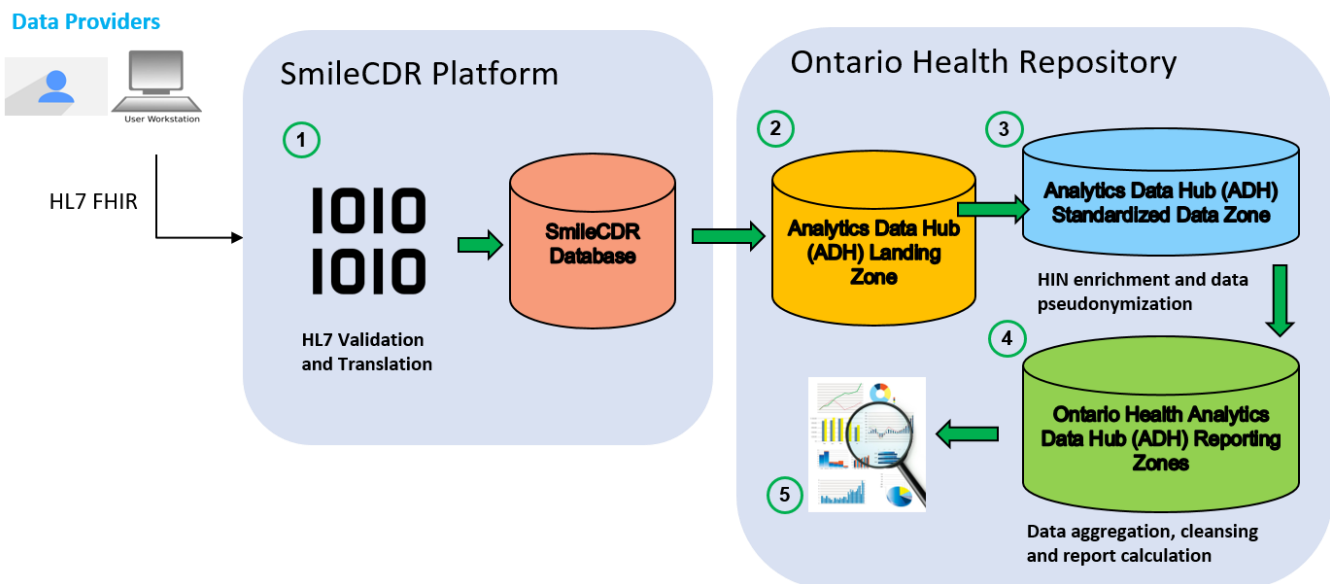


Figure 3: Data flow from agency CMS to Ontario Health

2. Data Definitions

2.1 Key concepts

Client

An individual who is receiving or has received services, support, or treatment from a mental health program or service provider.

Anonymous/unregistered client

Anonymous or unregistered clients refer to individuals who seek mental health services without formally registering their identity or providing personal information. At this time, Ontario Health does not collect data on anonymous or unregistered clients from health service providers.

Episode of care

The term “episode of care” refers to an association between a patient and health service provider during which time service encounters may occur.

A given “episode” contains information about the association of a client with a provider for the period of time under which related healthcare activities may occur. In many cases, this represents a period of time where the provider has some level of responsibility for the care of the patient regarding a specific condition or problem, even if not currently participating in a direct encounter.

Health service event

Health service events, or “encounters,” describe an interaction between a client and provider for the purpose of providing service(s) or assessing the health status of a patient. Encounter is primarily used to record information about the actual activities that occurred, where “appointment” is used to record planned activities.

Social determinants of health

The social determinants of health are the non-medical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life (World Health Organization).

Collecting data on clients' social determinants of health is a crucial initial step in understanding the characteristics of individuals receiving mental health services in Ontario. This data collection provides valuable insights into the various factors influencing mental health outcomes, such as socio-economic status, education, and employment. Analyzing these determinants can reveal disparities in access to mental health services among different populations.

Engagement with First Nations, Inuit, and Métis Community

At the time of this writing, Ontario Health is engaging with the First Nations, Inuit and Métis community to review and confirm if and how data related to this community will be captured in the repository. As such, any records for clients who identify as First Nations, Inuit, Métis or otherwise Indigenous will not be submitted to the Repository until further confirmation.

Specifically, if a client self-identifies as Indigenous as part of the “Ethnicity” (DE04.002) data element then none of the records associated with that client will be submitted to Ontario Health. Additionally, some data elements within the MHA PDS, such as Indigenous languages, are considered “Indigenous identifiers.” Until a decision is confirmed with

FNIM communities as to the inclusion of related data in the Ontario Health repository, the values of indigenous identifiers are transformed to “Other” prior to submission to Ontario Health even if the “Ethnicity” value for the record is blank or a non-Indigenous identity.

Type, usage & value of data elements

Usage

While many data elements are “optional” in their usage, all data elements included in the MHA PDS present value to service delivery and system planning. Ontario Health recommends health service providers attempt to collect all elements, as relevant to the specific health program and with all necessary client consent.

Clinicians are to use their own judgement and discretion when requesting information that may be sensitive to the client. Some data elements may be populated later in the client journey after trust is established.

Usage indicates whether or not a specific data element is required for submission and under what conditions.

“Mandatory” means the data element must be submitted to Ontario Health and records that are missing this variable cannot be accepted by Ontario Health. Some “mandatory” elements still allow for the submission of variables that are “unknown,” “not applicable” or “declined to answer.” Note: data is submitted to Ontario Health in different “bundles,” e.g. the “client bundle” and the “health service event” bundle. Elements are only mandatory for their specific “bundle” to be submitted to Ontario Health. For example, you may submit a “client bundle,” with all mandatory client-related information, without submitting a “health service event” bundle for that client—even if “health service event ID” (DE10.001) is listed as mandatory herein.

“Conditional mandatory” means the data element is mandatory only under certain conditions, such as if a related data element has been populated. Example: “Citizenship status” is only mandatory if the data element “Born in Canada” is populated as “No;” however, “declined to answer” is still a permissible value.

“Optional” means a data element may be sent, or not sent, but so long as the mandatory elements are completed the record can be accepted by Ontario Health.



Note: your agency’s CMS may have some elements configured as “mandatory” even if the element is not considered mandatory for the MHA PDS. For example, “Gender” is not currently a mandatory MHA PDS element but it may be mandatory to fill out in your CMS software.

Permissible values & conformance

Many MHA PDS elements have an associated list of “permissible values” listed as their “data type.” The data submitted to Ontario Health can have different levels of “conformance” to these permissible values. “Minimum” conformance means your CMS must include *at least* the list of indicated permissible values, but your CMS may also include more options as necessary; additional options you set out in your CMS are mapped to one of the MHA PDS options, e.g. “other.” “As defined” conformance means the options in your CMS must appear exactly as set out in the Data Dictionary. “Code mapping only” means your CMS can contain whatever options are currently available and/or are required by the health service provider as long as these can be mapped to the indicated permissible values.

Direct service delivery

The value to direct service delivery refers to how the data element is useful to MHA providers/clinicians when providing care to clients (e.g. collection in local CMS and EHR viewing).

Planning

The value for planning refers to how the data element is useful for service planning or performance measurement (e.g. Prescribed Entity reporting and analytics).

2.2 MHA PDS Definitions



Summary of tips

Full descriptions and details for all data elements included in the MHA PDS can be found in the following section. Many data elements will already be familiar to service providers, and are likely already collected as part of the agency's standard practice. However, where the meaning behind other MHA PDS data elements may be less clear, a lightbulb symbol has been included in that data element's entry to indicate the presence of important or new information. These "tips" have been collected and summarized below.


Data element(s)	Tip(s)
Client Details	
Client names	Client name fields only accept valid characters, as well as hyphens, periods and apostrophes.
Client first name	Persons with only a single name: some people do not have a family name and a given name, they have only a single name by which they are known. If the person has only a single name, record it in the 'Last Name or Single Name' field and set 'First name' field to 'No First Name' or 'NFN'.
Client last name	At least the first initial of the last name is required, and the full name is recommended.
Date of birth	<ul style="list-style-type: none"> •DOB cannot be earlier than 1900-01-01 or later than current date •If the DOB is not available from a client, the vendor's system will submit 1900-01-01 and "True" as the DOB Estimate Flag
Date of birth estimated flag	If a user is unsure of a client's date of birth, they should estimate the year to facilitate age group stratification in reporting. Estimated dates of birth are not used when linking clients in the MHA repository. For estimated year of birth, assign the month/day as 01-01. Most vendors will not default MM-DD to 01-01 if the DOB is estimated.
Health Card Number	Expired health cards are acceptable. If a health card number is not collected but the client's full name and date of birth can be matched exactly to their record in the provincial Registered Persons Database (database on anyone who has ever received a health card number), then the health card number will be added to the PDS client record.
Health Card Number Issuing Authority	If a health card is not an OHIP card, users can enter an alternative issuing authority (e.g. a different provincial Ministry). Other/ "OTH" should be used for health cards from another country, if collected.
City	Record the city, town or village where the client resides or is living. For example: The client is seeking treatment in Toronto, but resides in Kingston or lives on the streets of Kingston. Record city as 'Kingston'.
Social Determinants of Health	
Ethnicity	Client may select multiple options. Indigenous Information will not be collected for this release. If a client self-identifies as Indigenous as part of the "Ethnicity" data element then none of the records associated with that client will be submitted to Ontario Health.
Language	Three separate data elements are designed to capture a client's language preferences: mother tongue, preferred language to receive service, and preferred official language (French or English) to receive service.
Gender & Sexual Orientation	Prior to asking questions that may be considered sensitive, data collector should remind clients that the collection is voluntary. To promote higher response rates, they should make sure that all clients understand the purpose of the collection and how their information will be used and protected.
Born in Canada & Citizenship Status	Patients and clients might be reluctant to answer this question fearing that you are trying to identify their citizenship status. They may believe that the health-care system will communicate with Immigration Canada in order to locate people who are not in Canada legally. Ensure that the patient or client is aware of your organization's practices around sharing this information with his/her/their health-care team.
Employment Status	Not in labour force is a status of being neither employed nor unemployed (e.g. the client is not looking for work). For example, students, the retired, and those who are not in work or seeking work. If the client is

	retired, select the retired option. Unemployed is selected when the client is not working but is looking for work. If they are looking for work, select this option rather than the Not in labour force option.
Primary Income	Multiple Sources: While clients may have multiple sources of income, report only the main or primary source of income. Timeline: Income source is reflective of the past 3 months of income prior to the initiation of treatment services and when the Income Source changes during the course of treatment income source require updating.
# of People Household Income Supports	Code as "88" when client prefers not to answer; Code as "99" when client does not know number of people supported; code as "100" when Organization does not collect.
Referrals	
Referral type	Both internal and external referrals are captured in the PDS.
Referral Received Date	Central Intake: The referral date refers to the date that the initial referral is received by the organization coordinating the services. In jurisdictions with central intake, this is the date when the referral is received by a central intake or single-entry office.
Episode of Care	
Episode of Care ID	One client may have multiple episodes of care, each with a unique ID.
First Contact Date	The First Contact Date refers to the first successful contact made with a client after a referral has been received.
Eligibility Screening Date	This date may be mapped to existing functions within your CMS, such as "Decision Date."
Initial Assessment Date	This date may be mapped to existing functions within your CMS.
Scheduled Appointment Date & Rescheduled Reason	These data elements are only submitted to the PDS if the first scheduled appointment with a client is cancelled or missed. If the first scheduled appointment is successful, then these elements are not submitted, as "Scheduled Appointment Date" would be equal to "Service Initiation Date."
Service Initiation Date	Service Initiation Date refers to the date of the actual first visit by the service (meaning any contact with the client for providing service, including one-to-one support or attendance in group programs) and the client is no longer waiting. In some CMSs, this date may be entered directly, in others it may be derived based on the first contact/encounter date following the Service Enrollment date.
Service Enrollment Date	The date the HSP deems the client eligible and enrolls the client in service. Also known as Admission date. If a client had been deemed eligible and placed on a waitlist, this is the date the client was removed from the waitlist and enrolled in the service. This date can be on or after the Eligibility Screening Date, but not before. This date may be the same as "Service Initiation Date."
Health Service Provider (HSP) Organization	
HSP Organization Number & Name	The number and name associated with the HSP's registration with ConnexOntario.
Health Program	
Health Program Number	This represents the ConnexOntario Program Number. Each Episode of Care can have only one associated Health Program.
Functional centre	Functional Centres are maintained by the MOH Ontario Health Reporting Standards (OHRS) and facilitate the submission of financial information. Each Health Program can have only one associated functional centre.

Client

Collecting complete and accurate client identifiers is essential for system planning, particularly to enable linking client data across health administrative datasets. This will provide a comprehensive understanding of the healthcare journey for mental health and addictions clients, from emergency department to inpatient care, and community MHA services.

Client First Name


ID	DE01.001
Description	The first or given name of the client
Usage	Mandatory
Data Type	Free text
Value to direct service delivery	An essential component of the client characteristics, client's first name greatly enhances the ability to uniquely identify the clients across the MHA sector in order to present care providers with the client's clinical journeys in clinical viewer(s).
Value for planning	Enhances the ability to uniquely identify clients across the MHA sector and to individuate and manipulate client data required to populate dashboards, service utilization reports, etc.
Guide for use	Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker. Preferred Source: Obtain information from the health card. If health card not available, use referral documentation. If referral documentation not available, use client self-report.
	Persons with only a single name: Some people do not have a family name and a given name, they have only a single name by which they are known. If the person has only a single name, record it in the 'Last Name or Single Name' field and set 'First name' field to 'No First Name' or 'NFN'.

Client middle name


ID	DE01.002
Description	The client's middle name or further given names.
Usage	Optional
Data Type	Free text
Value to direct service delivery	An essential component of the client characteristics, client's middle name greatly enhances the ability to uniquely identify the clients across the MHA sector in order to present care providers with the client's clinical journeys in clinical viewer(s).
Value for planning	Enhances the ability to uniquely identify clients across the MHA sector and to individuate and manipulate client data required to populate dashboards, service utilization reports, etc.

Guide for use	Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker.
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Client Last Name

ID	DE01.003
Description	The patient's surname or family name
Usage	Mandatory
Data Type	Free Text
Value to direct service delivery	An essential component of the client characteristics, client's last name greatly enhances the ability to uniquely identify the clients across the MHA sector in order to present care providers with the client's clinical journeys in clinical viewer(s).
Value for planning	Enhances the ability to uniquely identify clients across the MHA sector and to individuate and manipulate client data required to populate dashboards, service utilization reports, etc.
Guide for use	Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker.
	At least first initial of name is required - full name is recommended.

Date of Birth

ID	DE01.004
Description	The date (day, month, year) the client was born.
Usage	Mandatory
Date Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> • Date of birth is an essential component of the client characteristics and used to uniquely identify client. • Determine client's eligibility for program/services (e.g., CPP, ODB etc.).
Value for planning	<ul style="list-style-type: none"> • Used to calculate the age of the person and which age group the person belongs to. • Used to categorize data for reporting. • Used to identify vulnerable and marginalized youth and elder clients.
Guide for use	Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker.
	<ul style="list-style-type: none"> •DOB cannot be earlier than 1900-01-01 or later than current date •If the DOB is not available from a client, the vendor's system will submit 1900-01-01 and "True" as the DOB Estimate Flag

Date of Birth Estimated Flag

ID	DE01.005
Description	A flag which indicates the date of birth has unknown day/month or an estimated year of birth.
Usage	Mandatory
Data Type	True/False
Value to direct service delivery	<ul style="list-style-type: none"> • Date of Birth is an essential component of the client characteristics and used to uniquely identify client. This item flags records where the actual birth date is not known. • Determine client's eligibility for program/services (e.g., CPP, ODB etc.).
Value for planning	<ul style="list-style-type: none"> • Flags that DOB data element should not be used to uniquely identify client or for client record matching • Used to calculate the age of the person and which age group the person belongs to. • Used to categorize data for reporting. • Used to identify vulnerable and marginalized youth and elder clients.
	<p>If a user is unsure of a client's date of birth, they should estimate the year to facilitate age group stratification in reporting. Estimated dates of birth are not used when linking clients in the MHA repository. For estimated year of birth, assign the month/day as 01-01.</p> <p>Most vendors will not default MM-DD to 01-01 if the DOB is estimated.</p>

Client ID

Two client identifiers are collected as part of the MHA PDS: the medical record number and the client's health card number, if available. Service providers are encouraged to collect their clients' health card numbers as part of standard practice.

Medical Record Number (MRN)


ID	DE02.001
Description	Client's unique identification number as assigned to the client by the organization's vendor system.
Usage	Mandatory
Data Type	CMS generated number
Value to direct service delivery	The client identifier, issuing vendor and identifier type greatly enhance the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s).
Value for planning	The client identifier, issuing vendor and identifier type greatly enhance the ability to uniquely identify the client prior to aggregating the data for reporting purposes.

Guide for use	The client identifier field is used to submit client identifiers used by the healthcare facility to uniquely identify the client. This information is used for both finding the client in the EMPI and registering the client.
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Client ID Issue Vendor

ID	DE02.002
Description	The vendor system submitting the MHA PDS record.
Usage	Mandatory
Data Type	Text
Value to direct service delivery	The client identifier, issuing vendor and identifier type greatly enhance the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s).
Value for planning	The client identifier, issuing vendor and identifier type greatly enhance the ability to uniquely identify the client prior to aggregating the data for reporting purposes.
Guide for use	The client identifier field is used to submit client identifiers used by the healthcare facility to uniquely identify the client. This information is used for both finding the client in the EMPI and registering the client.

Health Card Number (HCN)

ID	DE02.003
Description	Other client identifiers, including the client's unique health card identification number as assigned to the client by the provincial/territorial, federal government
Usage	Optional
Data Type	Free Text
Value to direct service delivery	The HCN and issuing authority greatly enhances the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s).
Value for planning	Used for data linkage and unique client identification - The HCN and issuing authority greatly enhances the ability to uniquely identify the client across the MHA sector
Guide for use	The client identifier field is used to submit client identifiers used by the healthcare facility to uniquely identify the client. This information is used for both finding the client in the EMPI and registering the client. Health card number must be provided where available.
	Expired health cards are acceptable. If a health card number is not collected but the client's full name and date of birth can be matched exactly to their record in the provincial Registered Persons Database (database on anyone who has ever received a health card number), then the health card number will be added to the PDS client record.

HCN Issuing Authority

ID	DE02.004
Description	The provincial/territorial government which issued the health card number.
Usage	Conditional mandatory
Data Type	Permissible value (see below); code mapping only.
Value to direct service delivery	The HCN and issuing authority greatly enhances the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s).
Value for planning	Used for data matching - The HCN and issuing authority greatly enhances the ability to uniquely identify the client across the MHA sector.
	Conditional Mandatory – field cannot be null if ‘Health Card Number’ contains a value Code UNK for Unknown if the province issuing the health card number is not known. Code “OTH” for Not Applicable if the person is a resident of the U.S.A. or another country.

PERMISSIBLE VALUES

Alberta Health and Wellness	Northwest Territories Department of Health and Social Services
Ministry of Health British Columbia	Nunavut Department of Health and Social Services
Canadian Forces	Ontario Ministry of Health and Long-Term Care
Citizenship and Immigration Canada	Prince Edward Island Department of Health and Wellness
Correctional Service Canada	Ministère de la Santé et des Services sociaux du Québec
Manitoba Health, Healthy Living and Seniors	Royal Canadian Mounted Police
New Brunswick Department of Health	Ministry of Health Saskatchewan
Newfoundland Department of Health and Community Services	Veterans Affairs Canada
Nova Scotia Department of Health and Wellness	Yukon Department of Health and Social Services

Client Address

The MHA PDS collects details about a client’s address of residence, but does not collect the whole address.

Address Use


ID	DE03.001
Description	Indicates type of address for the client (e.g. is it the permanent residence, a mailing address, etc.)
Usage	Optional
Data Type	Permissible value (see below); as defined.
Value to direct service delivery	An essential component of the client characteristics, clients address type (in combination with related address data elements) greatly enhances the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s).
Value for planning	Used to monitor comparative service utilization patterns by residence in district and region and to flag inequities across districts and regions.
Guide for use	A client may have multiple addresses on file, but each address should only have one “use.”

PERMISSIBLE VALUES

Home	Refers to a residence or domicile, literally the place where the subject resides most of the time. Most people will have a home address and it will represent their primary address.
Temporary	A temporary address. The period can provide more detailed information.
Work	An office addresses. First choice for business related contacts during business hours.
Old/Incorrect	This address is no longer in use (or was never correct but retained for records).
Billing	An address to be used to send bills, invoices, receipts etc.

City

ID	DE03.002
Description	The city, town or village where the client resides (with or without a permanent residence),
Usage	Optional
Data Type	Free text
Value to direct service delivery	An essential component of the client characteristics, client's city (in combination with related address data elements) greatly enhances the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journeys in clinical viewer(s).

Value for planning	<ul style="list-style-type: none"> • Identify vulnerable and marginalized groups of people. • Used to monitor comparative service utilization patterns in districts and regions and to flag possible inequities across districts and regions. • Enhances the ability to uniquely identify clients across the MHA sector and to individuate and manipulate client data required to populate dashboards, service utilization and system planning reports, etc.
	<p>Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker.</p> <p>Record the city, town or village where the client resides or is living. For example: The client is seeking treatment in Toronto, but resides in Kingston or lives on the streets of Kingston. Record city as 'Kingston'.</p>

Province

ID	DE03.003
Description	The province/state associated with the client's address where the client resides (with or without a permanent residence),
Usage	Conditional mandatory; as defined.
Data Type	Permissible value (see below)
Value to direct service delivery	An essential component of the client characteristics, clients province/state (in combination with related address data elements) greatly enhances the ability to uniquely identify the client across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s).
Value for planning	Used to monitor comparative service utilization patterns by residence in district and region and to flag inequities across districts and regions.

PERMISSIBLE VALUES

Alberta	Nunavut
British Columbia	Ontario
Manitoba	Prince Edward Island
New Brunswick	Quebec
Newfoundland and Labrador	Saskatchewan
Nova Scotia	Yukon
Northwest Territories	

Postal code

ID	DE03.004
Description	The postal code associated with client's address where the client resides (with or without a permanent residence).
Usage	Optional

Data Type	Free text
Value to direct service delivery	An essential component of the client characteristics, client's postal code (in combination with related address data elements) greatly enhances the ability to uniquely identify the clients across the MHA sector in order to present care providers with the client's clinical journeys in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> • Identify vulnerable and marginalized groups of people. • Monitor comparative service utilization patterns by residence in district and region. • Flag possible inequities across districts and regions. • Enhances the ability to uniquely identify clients across the MHA sector and to individuate and manipulate client data required to populate dashboards, service utilization and system planning reports, etc.
Guide for use	<ul style="list-style-type: none"> • Postal Code indicates the six-digit alphanumeric code assigned by Canada Post to identify the client's place of residence. • Source of these data is typically HSP worker completing client registration or providing service based on address information supplied by client; however, it may also be obtained from referral documentation or from family members. • All information collected is to be confirmed by the client or by the substitute decision maker.

Social Determinants of Health (SDoH)


Collecting data on clients' social determinants of health is a crucial initial step in understanding the characteristics of individuals receiving mental health services in Ontario. This data collection provides valuable insights into the various factors influencing mental health outcomes.

SDOH Effective Date

ID	DE04.001
Description	If the SDOH attribute is effective only from a specific date, and that date is known, this field may contain that date. Effective Date applies to the following SDOH elements: (1) Personal Income Source, (2) Gender Identity, (3) Employment Status, (4) Total Household Income, (5) Sexual Orientation, (6) Housing Status, (7) Number of People Income Supports, (8) Level of Education (9) Legal Status, (10) Citizenship Status, (11)Pre-existing Conditions. Each of the previously listed data elements has its own unique "SDOH Effective Date" based on when the element was last updated.
Usage	Optional
Data Type	Date
Value to direct service delivery	Informs more effective delivery of programs and services, and allows for the assessment of resources available, and the need to supplement the resources available to the person.
Value for planning	Ability to include changes to clients' SDOH factors over time when developing client typologies and or profiles for service planning and delivery for both client and or the province.
Guide for use	Whenever a relevant SDOH element is updated by a user in their CMS, the SDOH Effective Date will be updated automatically for that specific element.

Ethnicity

ID	DE04.002
Description	The ethno-cultural origin(s) refers to a person's ethnic or cultural origins. Ethnic groups have a common identity, heritage, ancestry, or historical past, often with identifiable cultural, linguistic, and/or religious characteristics.
Usage	Optional
Data Type	Permissible value (see below); code mapping only.
Value to direct service delivery	<ul style="list-style-type: none"> Identify distinct ethno-cultural needs and to support the development and delivery of culturally responsive programs and services. Inform more effective delivery of programs and services that support Indigenous cultural expression and self-determination.(Indigenous data is not collected for this release)
Value for planning	<ul style="list-style-type: none"> Assist in the identification and monitoring of client's unique experiences of systemic racism and marginalization based on their ethnic or cultural origin. This contributes to the Ontario government's commitment to identify and eliminate racism in programs, services, and functions. To improve outreach to vulnerable groups who do not seek care at the same level as other groups.

	<ul style="list-style-type: none"> • To address access challenges. • Collecting and analyzing this information can help to identify and evaluate the underlying systemic racial barriers more precisely. • Assist and support ministry planning for Indigenous-focused culturally appropriate health services and programs. (Indigenous data is not collected for this release) • Supports the advancement of racial equity.
<p>Guide for use</p>	<p>Clients may select multiple options.</p> <p>Where personal information about Indigenous identity, ethnic origin and race are collected, PSOs must sequence the questions so that Indigenous identity and ethnic origin are asked immediately prior to race (ARD Data Standards).</p> <p>Question: What is your ethnic or cultural origin(s)?</p> <p>Preferred Sources: Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker.</p> <p>Prefer not to answer is selected when the client prefers not to provide an answer.</p> <p>Other may be selected when the client’s self-identified ethnicity is outside of the data elements available. For example, the client may be mixed and one of their ethnicities is outside of the data elements available.</p> <p>Unknown is selected when the client’s ethnicity is unknown. For example, if a referral is received without the ethnicity information. If the client refuses to answer, the data element Prefer not to answer would be selected.</p>
	<p>Ethnic origin set out in the question are provided in order of most commonly reported single ethnic origins in Ontario in the 2016 Census.</p> <p>Indigenous Information will not be collected for this release. If a client self-identifies as Indigenous as part of the “Ethnicity” data element then none of the records associated with that client will be submitted to Ontario Health.</p>

PERMISSIBLE VALUES

Abyssinians (Amharas)	Bantu	Black N African/Arab/Iranian	Czech	Ghanaians	Japanese	Mexican Indians	Onge	Scandinavian	Tokelauan
Admiralty Islanders	Barundi	Black North African	Dieguenos*	Gilbertese	Kadazan	Micronesians	Orang asli	Seminole	Tongan
African American	Basques	Black West Indian	Dutch	Greeks	Kapingas	Middle Eastern	Oraons	Senegalese	Tristan da Cunhans
Afro-Caribbean	Batutsi	Blackfeet*	East Asian or Southeast Asian	Guamians	Kenyans	Mongol	Oriental	Serbs	Trukese
Afro-Caucasian	Belgians	Bloods	Easter Islanders	Gypsies	Khoikhoi	Moor	Oriental Jews	Shona	Tutsi
Alacaluf	Bidayuh	Bororo*	Egyptians	Hawaiians	Kikuyu	Mozambiquans	Paez	Shoshone	Ugandans
Aleuts	Black - ethnic group	Brazilian Indians*	Ellice Islanders	Hobe	Koreans	Msutu	Pakistani	Sinhalese	Ukrainian
Amerind	Black African	Bulgarian	English	Huasteco	Kwakiutl	Murut	Palauans	Slovak	Unknown
Andamanese	Black African and White	Burgher	Eskimo*	Huichol	Labradores	Métis*	Papuans	Solomon Islanders	Utes
Apache*	Black Arab	Bushmen	Estonians	Hungarian	Lacandon	Māori	Pehuanches	Somalis	Venezuelan Indians
Arabs	Black British	Caingang	European	Hututu	Latin American	Naiars	Poles	South Asian	Vietnamese
Armenians	Black Caribbean	Canadian	Ewe	Iban	Liberians	Navaho	Polynesians	South Asian Aborigine	Welsh
Asian - ethnic group	Black Caribbean and White	Caroline Islanders	Fijian	Ibo	Luo	New Britons	Portuguese	S Asian and/or Australian aborigine	West Africans
Atacamenos*	Black Caribbean/W.I./Guyana	Caucasian	Filipinos	Icelanders	Madagascans	New Caledonians	Pueblo	South East Asian	White - ethnic group
Athabascans*	Black East African Asian	Chenchu	Finns	Inca*	Mapuche	New Hebrideans	Punjabi	Spaniards	White British
Australian Aborigines	Black East African Asian/Indo-Caribbean	Chinese	First Nations*	Indian (East Indian)	Marathas	New Zealand ethnic groups	Pygmies	Sudanese	White Irish
Austrians	Black Guyana	Chippewa*	Flathead	Indians (Hindi-speaking)	Marshallese	New Zealand European	Quechua	Swiss	White Scottish
Aymara*	Black Indian sub-continent	Choco	French	Inuit*	Maya	New Zealand Māori	Roma	Syrians	Xavante
Aztec*	Black Indo-Caribbean	Congolese	Fulani	Irani	Melanau	Nez Percé	Romanian	Tamils	Xosa
Badagas	Black Iranian	Cook Island Māori	Gambians	Iraqi	Melanesian	Nigerians	Russians	Tanganyikans	Yanomama
Bajau	Black Irish	Coushatta*	Georgians	Irula	Melanesians	Niuean	Saipanese	Toba	Yapese
Bangladeshi	Black Jews	Cuna	Germans	Italians	Melanuans	Oceanian	Samoan	Todas	Zulu
Other	Ethnicity not recorded	*Records are not submitted to Ontario Health at this time.							

Religious and spiritual affiliation

ID	DE04.003
Description	The client's self-identification or affiliation with any religious denomination, group, or other religiously defined community or system of belief and/or spiritual faith practices.
Usage	Optional
Data Type	Permissible value (see below); code mapping only.
Value to direct service delivery	Client's religious/cultural convictions may impact how their care plan can be structured. The accommodation of diverse religious and spiritual beliefs in the health care system is becoming an important criterion of patient satisfaction
Value for planning	<ul style="list-style-type: none"> • Assist in the identification and monitoring of client's unique experiences of systemic racism and marginalization based on their religion. This contributes to the Ontario government's commitment to identify and eliminate racism in programs, services, and functions. • Understand and recognize the ways in which people's experiences of racism or privilege, including within any one racialized group, may vary depending on the individual's or group's additional overlapping or intersecting social identities. • Collecting this information helps us better understand and address health disparities within and between religious groups. • This can enable the development of targeted interventions and policies to ensure that all individuals receive equitable and culturally sensitive care. • Additionally, collecting data on religion can help identify patterns of discrimination and bias in healthcare settings and inform efforts to promote diversity, inclusion, and anti-racism.
Guide for use	<p>Clients may select multiple options. The question about religion can be placed either before the Indigenous identity question (if asked) or after the race question.</p> <p>The sequence of questions can help to improve response rates and the accuracy of the race information provided. When individuals are asked to provide information about more specific identities (such as Indigenous identity and ethnic origin) before they are asked about race, they are more likely to select a race category and less likely to write in a unique response or refuse to answer. Recommended Question: What is your religion and/or spiritual affiliation? Select all that apply.</p> <p>Rationale: People can experience racism based on their religion, or perceived religion, which may lead to unique adverse impacts and unequal outcomes. In addition, there may be differences in experiences of systemic racism within and between religious groups. It is important to understand the complexities and differences in experiences of systemic racism. This may mean examining intersections between race and religion; for example, to identify whether Middle Eastern Muslims experience unique barriers compared with non-Muslims, or Muslims who are described as White.</p>

PERMISSIBLE VALUES

Other	Cyberculture Religions	New Age	Theravada	Episcopalian
unknown	Divination	non-Roman Catholic	Unitarian-Universalism	Evangelical Covenant

Asked But Declined	Fourth Way	Occult	Universal Life Church	Friends
Not religious	Free Daism	Orthodox	Vajrayana (Tibetan)	Full Gospel
Adventist	Gnosis	Paganism	Veda	Methodist
African Religions	Hinduism	Pentecostal	Voodoo	Native American
Afro-Caribbean Religions	Humanism	Process, The	Wicca	Nazarene
Agnosticism	Independent	Reformed/Presbyterian	Yaohushua	Presbyterian
Anglican	Islam	Roman Catholic Church	Zen Buddhism	Protestant
Animism	Jainism	Satanism	Zoroastrianism	Protestant, No Denomination
Atheism	Jehovah's Witnesses	Scientology	Assembly of God	Reformed
Babi & Baha'i faiths	Judaism	Shamanism	Brethren	Salvation Army
Baptist	Latter Day Saints	Shiite (Islam)	Christian Scientist	Unitarian Universalist
Bon	Lutheran	Shinto	Church of Christ	United Church of Christ
Cao Dai	Mahayana	Sikism	Church of God	
Celticism	Meditation	Spiritualism	Congregational	
Christian (non-Catholic, non-specific)	Messianic Judaism	Sunni (Islam)	Disciples of Christ	
Confucianism	Mittraism	Taoism	Eastern Orthodox	

Mother tongue

ID	DE04.004
Description	The first language learned at home in childhood and still understood by the person at the time the data was collected
Usage	Optional
Data Type	Permissible value (see below); code mapping only. Full list of values can be found here.
Value to direct service delivery	The "Preferred Language to Receive Services" data element by itself will result in leaving out Francophones that need French-language Mental Health and Addictions services. Some francophones, whose mother tongue and language of comfort is French, prefer to ask for services in English for fear of delays in receiving services or for fear of not receiving services at all if they request services in French.
Value for planning	Using these questions will help effectively identify all Francophone patients, and will, as a result, improve ability to meet the needs of the Francophone communities, access to French-language services, and patient care.
Guide for use	Identifying patients' linguistic identity is important when it comes to Mental Health and Addiction services, as language is specifically crucial in such areas of health care. The "Preferred Language to Receive Services" data element by itself will result in leaving out Francophones that need French-language Mental Health and Addictions services. Some francophones, whose mother tongue and language of comfort is French, prefer to ask for services in English for fear of delays in receiving services or for fear of not receiving services at all if they request services in French. To compensate for this, the French-Language Health Planning Entities of Ontario recommend the 2 following questions as an inclusive way to identify patients' linguistic identity:

	<p>- What is your mother tongue? French / English / Other</p> <p>- If your mother tongue is neither French nor English, which of Canada’s official languages are you most comfortable using? French or English</p> <p>List English and French at the top before listing all other languages in alphabetical order</p>
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Preferred language to receive service


ID	DE04.005
Description	The language most preferred by the client for treatment related communication from an agency providing treatment services
Usage	Optional
Data Type	Permissible value (see below); code mapping only. Full list of values can be found here.
Value to direct service delivery	<ul style="list-style-type: none"> • To provide appropriate care delivery as required by the Charter of Rights and Freedoms and French Languages Services Act. • Language heavily impacts all pillars of quality, with overwhelming literature showing effects on client's safety, satisfaction, and adherence to care instructions. • Use of interpreters and translators has direct impact on quality and safety. • To acquire informed consent (requires understanding).
Value for planning	<ul style="list-style-type: none"> • To improve access to care for those who do not speak/read English or French. • Used to monitor treatment service utilization for English, French and other language groups to determine and assess equitable access and or utilization based on proportion of these groups in district / region population. • Assist in the identification and monitoring of client's unique experiences of systemic racism and marginalization based on their preferred language. This contributes to the Ontario government’s commitment to identify and eliminate racism in programs, services, and functions. • Attention to socio-demographic factors such as language can enhance evidence-based planning, policy and program development to address health inequities and improve care.
Guide for use	<p>Clients may select multiple options</p> <p>The language that the client would prefer to speak in, which may be their mother tongue. People may speak many languages, including English, but the one they feel most comfortable speaking in with their health-care provider is important to know.</p> <p>Collected using following question(s): What language(s) would you feel most comfortable speaking in with your health-care provider?</p> <p>Points to remember: If the client doesn’t see their preferred language, they should check “other” and fill in the name of the language in Preferred language another field.</p>

Preferred official language to receive service

ID	DE04.006
Description	The official Canadian language (e.g., English or French) preferred by client for treatment related communication from an agency providing treatment services.
Usage	Optional
Data Type	Permissible values, as defined: “English,” “French,” “Not applicable” or “Asked but declined.”
Value to direct service delivery	<ul style="list-style-type: none"> • To provide appropriate care delivery as required by the Charter of Rights and Freedoms and the French Language Services Act.. • Language heavily impacts all pillars of quality, with overwhelming literature showing effects on client's safety, satisfaction, and adherence to care instructions. • Use of interpreters and translators has direct impact on quality and safety. • To acquire informed consent (requires understanding).
Value for planning	<ul style="list-style-type: none"> • To improve access to care for those who do not speak/read English or French. • Used to monitor treatment service utilization for English, French and other language groups to determine and assess equitable access and or utilization based on proportion of these groups in district / region population. • Assist in the identification and monitoring of client's unique experiences of systemic racism and marginalization based on their preferred language. This contributes to the Ontario government’s commitment to identify and eliminate racism in programs, services, and functions. • Attention to socio-demographic factors such as language can enhance evidence-based planning, policy and program development to address health inequities and improve care.

Gender identity

ID	DE04.007
Description	The socially prescribed roles, attributes and behaviors which best describe client's gender.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • To accommodate the unique needs related to the gender identity of a client. • Learning that a client is transgender prompts a service provider to explore whether their symptoms of anxiety and depression are because of a mismatch between their biological sex and gender identity. Specific clinical interventions will be used to treat what is known as “gender dysphoria” • Used to improve outreach to vulnerable groups who do not access care at the same level as other groups. Outreach improves preventative care and readmissions.
Value for planning	<ul style="list-style-type: none"> • To improve outreach to vulnerable groups who do not access care at the same level as other groups. • Used to monitor treatment service utilization for vulnerable groups to determine and assess equitable access and or utilization based on proportion of these groups in district / region population. • Used as a basic grouping variable in descriptions of the treatment population and for analysis of treatment trends and gaps.


	<ul style="list-style-type: none"> • Used to accommodate the unique needs related to gender identity under the Ontario Human Rights Code. • Attention to socio-demographic factors such as gender identity can enhance evidence-based planning, policy and program development to address health inequities and improve care.
Guide for use	<p>Important points to consider: Prior to asking questions that may be considered sensitive, data collector should remind clients that the collection is voluntary. To promote higher response rates, they should make sure that all clients understand the purpose of the collection and how their information will be used and protected.</p> <p>Collect at assessment/intake: When feasible and appropriate, it is best to collect personal information at an individual's first interaction with the program, service, or function, such as at recruitment, registration, or enrolment. There may be circumstances when direct collection from the individual at the earliest opportunity is overly intrusive or could injure a person's privacy and dignity. For example, accident victims still at the scene of the accident or individuals being booked into a detention centre may be in crisis, which may make it an inappropriate time to collect personal information. In such cases, the earliest appropriate opportunity should be found. Source of these data is typically client self-report; however, it may also be obtained from referral documentation or from family members. All information collected is to be confirmed by the client or by the substitute decision maker.</p> <p>Does not identify with those values listed - selected when the client or substitute decision maker does not identify with the values listed. Client unable or unwilling to provide a response - selected when the client or substitute decision maker were asked to provide a response and refused, preferred not to respond or were unable to provide a response; Collection of a response was not possible - selected when a response may not have been requested or was not recorded and it is no longer possible to collect a response;</p>
	<p>Prior to asking questions that may be considered sensitive, data collector should remind clients that the collection is voluntary. To promote higher response rates, they should make sure that all clients understand the purpose of the collection and how their information will be used and protected</p>

PERMISSIBLE VALUES

Female	Identifies as female / woman / girl
Gender Non-binary	An umbrella term and is selected when the client identifies with neither/both female and male. For example, a client might identify as both female and male or neither.
Male	Identifies as man/boy
Trans Male	<p>"Trans" is an abbreviation, which includes but is not limited to, transgender, transsexual, gender non-conforming, and gender questioning persons. "Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It is an umbrella term used to describe individuals who, to varying degrees, do not conform to what society usually defines as a man or a woman.</p> <p>Trans Female to Male is a person who identifies as male but was born as a biological female.</p>
Trans Female	<p>"Trans" is an abbreviation, which includes but is not limited to, transgender, transsexual, gender non-conforming, and gender questioning persons. "Trans" can mean transcending beyond, existing between, or crossing over the gender spectrum. It is an umbrella term used to describe individuals who, to varying degrees, do not conform to what society usually defines as a man or a woman.</p> <p>Trans Male to Female is a person who identifies as female but was but was born as a biological male.</p>
Intersex	A person is born with a combination of male and female biological traits. There are several different intersex conditions.

Agender	Selected for individuals who identify as not having a gender. Some describe themselves as genderless, while others see themselves as gender neutral.
Gender non-conforming	Selected for clients who do not adhere to the traditional gender expectations for appearance and behavior of people of their assigned gender. For example, these individuals may not identify with being male or female at all.
Unknown	Client does not know
Other	Another gender identity
Asked But Declined	Asked but declined to answer

Sexual orientation

ID	DE04.008
Description	The sexual orientation that best represents the client.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • To understand the unique needs of clients who identify as lesbian, gay, bisexual, queer, two-spirit • Providing a welcoming environment improves access and client experiences and ensure that all clients are getting the best care possible.
Value for planning	<ul style="list-style-type: none"> • To address known health inequities facing clients that identify as lesbian, gay, bisexual, queer, two-spirit. • Used to monitor treatment service utilization for vulnerable groups to determine and assess equitable access and or utilization based on proportion of these groups in district / region population. • Attention to socio-demographic factors such as sexual orientation can enhance evidence-based planning, policy and program development to address health inequities and improve care.
	<p>Optional: May be difficult within some MH&A populations to collect this information. Some agencies have said they are not willing to collect this element</p> <p>Prior to asking questions that may be considered sensitive, data collector should remind clients that the collection is voluntary. To promote higher response rates, they should make sure that all clients understand the purpose of the collection and how their information will be used and protected.</p>

PERMISSIBLE VALUES

Asexual	Sexually attracted to neither male nor female sex (finding)
Bisexual	<p>Bisexual (finding)</p> <p>Bisexual: a person who is attracted to both men and women.</p>
Gay	<p>Homosexual (finding)</p> <p>Gay: a person who is mainly attracted to those of the same gender. This term is used by both men and women although many women prefer to be referred to as lesbian.</p>


Heterosexual	Heterosexual (finding) Heterosexual (“straight”): a person who is primarily attracted to members of the opposite gender. Heterosexual people are often referred to as “straight.”
Lesbian	Female homosexual (finding) Lesbian: a woman who is primarily or exclusively attracted to other women
Identifies as queer	Queer: formerly a term of disrespect, “queer” has been used recently by those who generally reject traditional sexual orientations and/or who find sexual identities such as gay, straight, lesbian or bisexual too restrictive. The term “queer” is often used by those who feel that mainstream culture is oppressive to those who reject heterosexual norms.
Asked But Declined	
Other	
Do not know	

Year Arrived in Canada

ID	DE04.009
Description	The year a client (born outside of Canada) first arrived in Canada, from another country, with the intention of staying in Canada for one year or more.
Usage	Conditional; field to be completed if "Born in Canada" is set to 'No'
Data Type	Number
Value to direct service delivery	<ul style="list-style-type: none"> • Learning that a person is a new comer to Canada will prompt a service provider to focus on addressing barriers, stress and potential trauma associated with migration and settlement • Improves access to care for newcomers to Canada. • Help service providers understand the health care experiences of newcomers to Canada (e.g., what types of supports would be helpful?). • New arrivals to Canada also qualify for services and supports based on how recently they have arrived which can be utilized by care providers to determine service eligibility.
Value for planning	<p>To understand the types of supports or services needed by immigrant population.</p> <p>Can be useful in understanding ‘healthy immigrant effect’: Immigrants arriving in Canada are in better health than the average Canadian. Within 10 years, that pattern reverses and immigrants suffer from poorer health than the average Canadian.</p>
Guide for use	<p>Recommended question: In what year did you/the person first arrive in Canada to live here for one year or more? (Write in the calendar year of arrival or mark the box if here less than one year)</p> <ul style="list-style-type: none"> • Calendar year of arrival • Will be here less than one year <p>It is anticipated that for the majority of people their response to the question will be the year of their only arrival in Canada. However, some respondents may have multiple arrivals in Canada. To deal with these cases in self-enumerated collections, an instruction such as 'Please indicate the year of first arrival only' should be included with the question.</p> <p>While agencies are encouraged to use the recommended question described above, it is acknowledged that this not always possible in practice. For example, where the data collection</p>

	is a by-product of the provision of a health or community service, the information may be ascertained using different means. However, the recommended question should be used wherever practically possible.
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Born in Canada

ID	DE04.010
Description	Identifies whether the patient or client was born in Canada or has immigrated to Canada.
Usage	Optional
Data Type	Permissible values; exactly as defined: “Yes,” “No,” “Asked But Declined,” and “Asked but unknown.”
Value to direct service delivery	<ul style="list-style-type: none"> To address barriers and stress associated with access to care for immigrant population
Value for planning	<p>To understand the types of supports or services needed by immigrant population.</p> <ul style="list-style-type: none"> Can be useful in understanding ‘healthy immigrant effect’: Immigrants arriving in Canada are in better health than the average Canadian. Within 10 years, that pattern reverses and immigrants suffer from poorer health than the average Canadian.
	<p>Patients and clients might be reluctant to answer this question fearing that you are trying to identify their citizenship status. They may believe that the health-care system will communicate with Immigration Canada in order to locate people who are not in Canada legally. Ensure that the patient or client is aware of your organization’s practices around sharing this information with his/her/their health-care team.</p>

Citizenship Status

ID	DE04.012
Description	The citizenship status of the client within the Canadian Jurisdiction.
Usage	Conditional Mandatory; field to be completed if ‘Country of Birth’ not Canada
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> To address barriers and stress associated with migration and settlement. Improves access to care for newcomers to Canada. Help service providers understand the health care experiences of newcomers to Canada (e.g., what types of supports would be helpful?). New arrivals to Canada also qualify for services and supports based on how recently they have arrived which can be utilized by care providers to determine service eligibility.
Value for planning	<p>To understand the types of supports or services needed by immigrant population.</p> <ul style="list-style-type: none"> Can be useful in understanding ‘healthy immigrant effect’: Immigrants arriving in Canada are

	in better health than the average Canadian. Within 10 years, that pattern reverses and immigrants suffer from poorer health than the average Canadian.
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PERMISSIBLE VALUES

Citizen	Client is a legal citizen of Canada. Most people who were born in Canada are citizens. One may also be a Canadian citizen if born outside Canada to a Canadian parent. If one landed in Canada before 1947 he/she may have automatically become a Canadian citizen (for example, war brides automatically became Canadians on January 1, 1947).
Permanent resident	Client is a permanent resident of Canada. Permanent residence status gives a non-Canadian the right to live in Canada and most of the rights that Canadian citizens have under the Canadian Charter of Rights and Freedoms. Permanent residents cannot, however, run for political office or vote until after you have been granted Canadian citizenship.
Refugee (Refugee claimant)	Client is a refugee in Canada. Canada's refugee protection system consists of two main components: 1) The Refugee and Humanitarian Resettlement Program, for people seeking protection from outside Canada; and 2) Asylum in Canada, for persons making refugee protection claims from within Canada.
Temporary Resident	Client is a temporary resident in Canada - someone who is not a Canadian citizen but is legally in Canada for a temporary purpose. Temporary residents include international students, foreign workers, and tourists.
Unknown	A proper value is applicable, but not known. Usage Notes: This means the actual value is not known. If the only thing that is unknown is how to properly express the value in the necessary constraints (value set, datatype, etc.), then the OTH or UNC flavor should be used. No properties should be included for a datatype with this property unless:
Other	The actual value is not a member of the set of permitted data values in the constrained value domain of a variable. (e.g., concept not provided by required code system).
Asked But Declined	Asked but unknown: Information was sought but not found (e.g., patient was asked but didn't know).

Highest Level of Personal Education Attained


ID	DE04.013
Description	The highest level of education attained by the client.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • Ability to determine client's ability to comprehend complex treatment regimens and self-manage disease and affects health behaviour change. • Serve as a rough proxy for literacy/numeracy status.
Value for planning	Develop client typologies and or profiles for service planning and delivery for both client and or the province.

PERMISSIBLE VALUES

Primary school started but not finished	
Received elementary school education	Completed elementary school
Educated to secondary school level	

Educated to junior high school level	
Educated to senior high school level	
Educated to high school level	Person completed a high school (secondary school) diploma or high school equivalency certificate. Educated to high school level (finding)
Received education at technical college	Person completed a Registered Apprenticeship or other trades certificate or diploma Received education at technical college (finding)
Received graduate education	The person completed a master's degree or higher (MSc, PhD, MD, etc.). Received graduate education (finding)
Received postgraduate education	
Received higher education college education	Person completed a college, CEGEP or other non-university certificate or diploma Received higher education college education (finding)
Received university education	Person completed a university certificate, diploma or degree Received undergraduate education (finding)
Attending university	
Education interrupted	
No formal education	The person received no formal schooling at all. No formal education (finding)
Other	Other highest education level
Unknown	To be used only when the assessor has been unsuccessful in determining the person's educational level.
Asked But Declined	

Employment Status


ID	DE04.014
Description	The client's primary relation to the labour force. If the client has more than one source of employment, the employment status which client receives the highest income amount is to be considered the primary source.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • Understanding a client's relationship to the work force and associated economic resources / constraints. • Assessing resources available and the need to supplement the resources available to the person.
Value for planning	Develop client typologies and or profiles for service planning and delivery for both client and or the province.
	<p>Not in labour force is a status of being neither employed nor unemployed (e.g. the client is not looking for work). For example, students, the retired, and those who are not in work or seeking work. If the client is retired, select the retired option.</p>

Unemployed is selected when the client is not working but is looking for work. If they are looking for work, select this option rather than the **Not in labour force** option.

PERMISSIBLE VALUES

Self-employed	Client employed in a part-time or full-time position in alternative businesses developed and operated by consumer/survivor employees. (CDS Manual v 4.06)
Income support	Support was provided to the client to find position and/or continued support received by service recipient to help maintain employment. (CDS Manual v 4.06)
Permanently unable to perform work activities due to medical condition	Permanently unable to perform work activities due to medical condition (finding) Disability definition: A person with a disability is defined under the ODSP Act as a person who has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more; the direct and cumulative effect of the impairment results in a substantial restriction in one or more of the activities of daily living (i.e., the ability to attend to personal care, function in the community or function in a workplace); and the impairment, its likely duration and restrictions have been verified by a prescribed health care professional.
In paid employment	Employed full-time; In paid employment (finding) Selected when the client is paid to work 30 or more working hours/week and if the client is currently on sabbatical, or the program of 4 years of work paid over 5 years;
In paid casual work	Employed part-time (Casual/Sporadic) In paid casual work (finding)
Does voluntary work	Does voluntary work (finding) Client engaged in regular work activity without compensation, includes volunteer work. (CDS Manual v 4.06)
Not in labor force	A status of being neither employed nor unemployed for example students, the retired, careers and those who are not in work or seeking work.
Retired	Retired, life event (finding)
In sheltered work	Groups of clients who work together in isolated settings. These placements should pay minimum wage and are located within the HSP. (CDS Manual v 4.06)
Employment retraining	Student/Retraining
Unemployed	Unemployed (Looking for work) Unemployed (finding)
Other	The actual value is not a member of the set of permitted data values in the constrained value domain of a variable. (e.g., concept not provided by required code system).
Asked But Declined	Client does not want the data to be collected or declined to provide the information. (CDS Manual v 4.06)
Unknown	

Personal Income Source

ID	DE04.015
Description	The client's main or primary source of income. If the client has more than one source of income, the source from which client receives the highest income amount is to be considered the primary source.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • There are key social determinants of health that, if impacted are known to have serious effects on our mental health. Living in poverty is one of them. Service providers will support a client to get the disability benefits that they are entitled to • Monitored to ensure additional needs or considerations (if required) for this client are planned for and delivered.
Value for planning	<ul style="list-style-type: none"> • Understanding of the economic status and economic resources available to the treatment population admitted to mental health, problematic substance use or problem gambling treatment services. • Monitored to ensure additional needs or considerations (if required) for this client or population are planned for and delivered.
	<p>Multiple Sources: While clients may have multiple sources of income, report only the main or primary source of income.</p> <p>Timeline: Income source is reflective of the past 3 months of income prior to the initiation of treatment services and when the Income Source changes during the course of treatment income source require updating.</p>

PERMISSIBLE VALUES

Disability Assistance (Insurance)	Private (including employer sponsored) insurance to cover disabilities. Disability definition A person with a disability is defined under the ODSP Act as a person who has a substantial physical or mental impairment that is continuous or recurrent and expected to last one year or more; the direct and cumulative effect of the impairment results in a substantial restriction in one or more of the activities of daily living (i.e., the ability to attend to personal care, function in the community or function in a workplace); and the impairment, its likely duration and restrictions have been verified by a prescribed health care professional.
Employment	Includes full-time or part-time paid employment, either self-employed or as an employee. Earned Income (i.e., employment income)
Employment Insurance	Government sponsored temporary insurance during unemployment. Unemployment Insurance
Family	Receiving benefits from family or inherited income
No source of income	The person is receiving no benefits or assistance and is unemployed. No income (finding)
ODSP (Ontario Disability Support Program)	Ontario Disability Support Program
Other Insurance (excluding Employment Insurance)	Other Insurance (excluding Employment Insurance)

Pension (Retirement Income)	Includes disability, old age, Canada Pension Plan (CPP), Ontario Disability Support Program (ODSP) and workplace pensions.
Social assistance (Ontario Works)	Government sponsored assistance such as Ontario Works. Not including ODSP. Includes welfare, the Guaranteed Annual Income System Source (G.A.I.N.S.), a training program and public insurance. e. Disability insurance — Private insurance to cover disabilities.
Asked But Declined	Service recipient declined to answer
Other Income Sources	Includes investment income, inheritance income, workplace safety and insurance benefits, student loans and sheltered workshops. Include here income from illicit sources (e.g., dealing in street drugs, prostitution).
Do not know	

Marital Status

ID	DE04.016
Description	The client's relationship and or marital status.
Usage	Optional
Data Type	Permissible value (see below); code mapping only.
Value to direct service delivery	Assists in understanding a client's personal and family relationships. This is important information to understand if the client is going through a divorce or is single and socially isolated.
Value for planning	Develop client typologies and or profiles for service planning and delivery for both client and or the province.

PERMISSIBLE VALUES

Unknown	
Annulled	Marriage contract has been declared null and to not have existed
Divorced	Marriage contract has been declared dissolved and inactive
Interlocutory	Subject to an Interlocutory Decree.
Legally Separated	Legally Separated
Married	A current marriage contract is active
Polygamous	More than 1 current spouse
Never Married	No marriage contract has ever been entered
Domestic partner	Person declares that a domestic partner relationship exists.
Unmarried	Currently not in a marriage contract.
Widowed	The spouse has died

Housing Status

ID	DE04.017
Description	The type of residential setting and arrangement where the client normally lives.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	Housing needs to be monitored to ensure efficacy of treatment services and stability of housing.

Value for planning	Develop client typologies and or profiles for service planning and delivery for both client and or the province.
Guide for use	This data item determines whether the person was admitted from his or her normal place of residence or if he or she was admitted from a residence/facility that was temporary/transitional in nature.

PERMISSIBLE VALUES

Lives in own home	Client lives in a dwelling which they currently own.
Lives in rented accommodation	Client lives in a rented dwelling.
Boarding House	Typically a house in which one or more rooms are rented for a short or extended period of time. Maintenance services may be supplied.
Correctional Facility	Client is currently residing in a correctional facility such as a prison.
Homeless	Client does not have a home, or fixed address.
Group Living	Client resides in a group setting where they receive support services.
Sheltered Housing	Short or long term housing for individuals experiencing homelessness, or abuse. Counselling services may or may not be provided in this type of living arrangement.
Hostel	Client resides in a low cost, short term, dormitory style living arrangement.
Supportive living	Independent living arrangements with health and personal supports on site.
Hospital	Currently residing in a health care institution receiving medical care.
Asked But Declined	Client prefers not to answer.
Other	Any other type of setting not listed above.
Do not know	Client does not know their current residence type.

Total Household Income


ID	DE04.018
Description	The combined annual income (before tax) of client's household from all sources, including wages, commissions, bonuses, social assistance and retirement income.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • There are key social determinants of health that, if impacted are known to have serious effects on our mental health. Living in poverty is one of them. Service providers will support a client to get the disability benefits that they are entitled to • Used in combination with "Number of People Household Income Supports" to enhance understanding of the economic status and economic resources available to the specific client. • Relevant for discharge planning. • Relevant for medical prescriptions.

Value for planning	<ul style="list-style-type: none"> • To identify the levels of need among client populations and ensure that low income households have the same access and opportunities to excellent and quality care as high-income households. • To improve low income client’s access to primary and preventative health-care. • Monitored to ensure additional needs or considerations (if required) for this client or population are planned for and delivered.
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PERMISSIBLE VALUES

\$0-\$19,999	\$120,000-\$149,999
\$20,000-\$29,999	\$150,000 or more
\$30,000-\$59,999	Asked But Declined
\$60,000-\$89,999	Do not know
\$90,000-\$119,999	

Number of People Household Income Supports

ID	DE04.019
Description	The number of people the total combined annual income (before tax) of client’s household from all sources, including wages, commissions, bonuses, social assistance, and retirement income supports.
Usage	Optional
Data Type	Number
Value to direct service delivery	<ul style="list-style-type: none"> • There are key social determinants of health that, if impacted are known to have serious effects on our mental health. Living in poverty is one of them. Service providers will support a client to get the disability benefits that they are entitled to • Used in combination with "Total Household Income" to enhance understanding of the economic status and economic resources available to the specific client. • Relevant for discharge planning. • Relevant for medical prescriptions.
Value for planning	<ul style="list-style-type: none"> • To identify the levels of need among client populations and ensure that low income households have the same access and opportunities to excellent and quality care as high-income households. • To improve low income client’s access to primary and preventative health-care. • Monitored to ensure additional needs or considerations (if required) for this client or population are planned for and delivered.
	<p>Question: How many people does this income support?</p> <p>Enter the number of people supported by household income. Code as "88" when client prefers not to answer Code as "99" when client does not know number of people supported. Code as "100" when Organization does not collect.</p>

Legal Status

ID	DE04.020
Description	The client's involvement with the criminal justice or the youth justice systems.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	Assists in understanding the unique and potentially complex needs and service demands of clients with criminal justice system involvement
Value for planning	<ul style="list-style-type: none"> •Observe, monitor and report the current prevalence of clients with criminal justice system involvement within the mental health, problematic substance use or problem gambling treatment population. •Ensure additional needs or considerations for this population are planned and delivered and to understand and develop client typologies. •Potential for use in monitoring and evaluating treatment outcomes.

PERMISSIBLE VALUES

Awaiting Criminal Responsibility Assessment (NCR)	Pre-trial
Awaiting fitness assessment	Pre-trial
Awaiting sentence	Outcomes
Awaiting trial (with or without bail)	Pre-trial
Charges withdrawn	Outcomes
Conditional discharge	Outcomes
Conditional sentence	Outcomes
Court Diversion Program	
Forensic Psychiatric	
In community on own recognizance	Pre-trial
Incarceration	
Mandatory Supervision	
Mentally Disordered	
No legal problems (includes absolute discharge and end of sentence)	
Not Criminally Responsible	Outcomes
On parole	Custody Status
On probation	Custody Status
ORB conditional discharge	Custody Status
ORB detained - community access	Custody Status
Peace bond	Outcomes
Pre-charge Diversion	Court Diversion Program
Restraining order	Outcomes
Stay of proceedings	Outcomes
suspended sentence	Outcomes
Unfit to stand trial	Pre-trial
Do not know	
Other	Other
Asked But Declined	

Pre-existing Conditions

ID	DE04.021
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Description	Pre-existing conditions covers a broad range and degree of conditions, some visible and some not visible.
Usage	Optional
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	Assists in understanding the unique and potentially complex needs and service demands of clients with pre-existing conditions, some visible and some not visible.
Value for planning	To identify the levels of need among client populations and ensure that people with disabilities have the same access and opportunities to excellent and quality care. <ul style="list-style-type: none"> •Ensure additional needs or considerations for this populations are planned and delivered and to understand and develop client typologies. •Potential for use in monitoring and evaluating treatment outcomes.
Guide for use	Patients and clients should select the relevant boxes for the conditions that they self-identify with. They may have more than one condition. Again, there may be some reluctance to divulge information on disabilities, or alcohol or drug dependencies. Patients and clients should be reassured that their information will only be shared with members of their health-care team and that they can respond “prefer not to answer” to any of the questions. Disability is often described as the social oppression faced by people with impairments living in an in environment that is not organized to accommodate their needs. While many people with disabilities are in good health, the vast majority faces barriers in utilizing the health-care system. Most of us will develop some sort of disability during our lifetimes, with the risk increasing as we age.

PERMISSIBLE VALUES

Neurodevelopmental Disorder	Sexual Dysfunction
Schizophrenia Spectrum and Other Psychotic Disorders	Gender Dysphoria
Bipolar and Related Disorder	Disruptive, Impulse-Control, and Conduct Disorders
Depressive Disorder	Substance-Related and Addictive Disorders
Anxiety Disorder	Neurocognitive Disorder
Obsessive-Compulsive and Related Disorders	Personality Disorder
Trauma- and Stressor-Related Disorder	Paraphilic Disorder
Dissociative Disorder	Other Mental Disorder
Somatic Symptom and Related Disorder	Medication-Induced Movement Disorder and Other Adverse Effects of Medication
Feeding and Eating Disorder	not applicable
Elimination Disorder	unknown
Sleep-Wake Disorder	Asked But Declined

Referral

Referrals are an essential component for most wait time indicators.

Referral ID

ID	DE05.001
Description	Referral ID. A unique Referral ID should be established within the CMS to associate with each client referral. Each referral to a program should be submitted uniquely. Multiple referrals may exist for a client, each of which would create a unique episode of Care. A distinct identifier utilized within the HSP.
Usage	Optional
Data Type	System Generated Number
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element, service initiation date to assess wait times for program service. For CIHI wait times for counselling reporting, used in conjunction with the data element Scheduled Appointment Date to assess wait times
Guide for use	Referral is not always captured when an episode of care is created (e.g in some scenarios, the client is just enrollend, and no "referral" is created/filled in the CMS system)

Referral Received Date

ID	DE05.002
Description	The date when the referral was received by the organization for a specific program / service.
Usage	Optional
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element, service initiation date to assess wait times for program service.

	<ul style="list-style-type: none"> For CIHI wait times for counselling reporting, used in conjunction with the data element Scheduled Appointment Date to assess wait times
Guide for use	<p>Wait Time Reporting: referral date represents the date the initial referral is received for ongoing counselling, regardless of the referral source (e.g. self-referral, doctor’s office, walk-in clinic, emergency department, crisis services, etc.).</p> <p>Central Intake: The referral date refers to the date that the initial referral is received by the organization coordinating the services. In jurisdictions with central intake, this is the date when the referral is received by a central intake or single-entry office.</p> <p>Electronic referrals: Record the date the referral was received (time-stamped).</p> <p>Written referral requests: Letters must be opened and date-stamped on the day of receipt.</p> <p>Phone call: Record the date of the phone call. (In some cases, this phone call is made by the client, and is complementary to a written or electronic referral).</p>

Referral Source

ID	DE05.003
Description	The agency, organization or individual (including self-referral) that referred the client for treatment to the agency providing the services .
Usage	Optional
Data Type	Text
Value to direct service delivery	Tracking of client movement between agencies and programs and present consolidated clinical journey.
Value for planning	<p>Assists in developing a typology of clients and in determining patterns of referrals.</p> <ul style="list-style-type: none"> Identifying the patterns of interaction between agencies providing mental health, problematic substance use or problem gambling services and other related services in the health and community care fields. Improving understanding of the pathways followed by clients entering agencies providing mental health, problematic substance use or problem gambling services. Agencies understanding their relationships with other service providers and identifying gaps that may exist in their local or regional networks.
Guide for use	Referral source is intended to help address following key question: Who refers service recipients to the mental health and addiction programs?

Referral Source Type

ID	DE05.004
Description	The type agency, organization or individual that referred the client for treatment to the agency providing the services.
Usage	Optional
Data Type	Permissible value (see below); code mapping only.
Value to direct service delivery	Tracking of client movement between agencies and programs and present consolidated clinical journey.
Value for planning	<p>Assists in developing a typology of clients and in determining patterns of referrals.</p> <ul style="list-style-type: none"> Identifying the patterns of interaction between agencies providing mental health, problematic substance use or problem gambling services and other related services in the health and

	<p>community care fields.</p> <ul style="list-style-type: none"> • Improving understanding of the pathways followed by clients entering agencies providing mental health, problematic substance use or problem gambling services. • Agencies understanding their relationships with other service providers and identifying gaps that may exist in their local or regional networks.
Guide for use	Referral source type is intended to help address following key question: What type of organizations refer service recipients to the mental health and addiction programs

PERMISSIBLE VALUES

Abuse Services	Alternative Businesses
Alternative Health Therapies	
Assertive Community Treatment Teams	Includes organizations providing community based mental health and addiction functions including Assertive Community Treatment Teams
Case Management	Includes organizations providing community based mental health and addiction functions including Case Management Agency
Clubhouses	Community Development
Community Health Centre	Community Mental Health Clinic
Community Org - Adult Mental Health Program	Community Org - Day/Evening Treatment Services
Community Org - Medical/Psychiatric Services	Community Org - Mental Health and Addictions
Community Org - Other	Includes organizations providing community based mental health and addiction functions. Examples are social services, educational, shelters/hostels.
Community Org - Treatment	Community Service Information and Referral
Community Withdrawal Management Service Level 1, 2, 3	Connex
Counselling and Treatment	Includes organizations providing community based mental health and addiction functions. Including Counselling & Treatment
Criminal Justice System (CJS) - Correctional Facilities	Includes Court Support & Diversion Programs
Criminal Justice System (CJS) - Other	Use this category if above detailed breakdown is not available
Criminal Justice System (CJS) - Police	Criminal Justice System (CJS) - Probation/Parole Officers
Criminal Justice System (CJS) - Short Term Residential Safe Beds	Includes organizations providing community based mental health and addiction functions.
Crisis Intervention	Includes organizations providing community based mental health and addiction functions. CDS Crisis Intervention OCAN Mental Health Crisis Intervention
Diversion and Court Support	Includes organizations providing community based mental health and addiction functions.
Cultural Healing Services	EAP - Employee Assistance Program
Early Intervention	Eating Disorder
Education/Training Programs/Services	Family Initiatives
Family/Friends	Forensic
Health Promotion/Education – Awareness	Health Promotion/Education – Women's Health (MH)
Homes for Special Care	

Hospital - General	Includes inpatient and outpatient programs of general public hospitals that may or may not have designated mental health beds. Medical Services - Hospital General Hospital
Hospital - Psychiatric	Includes inpatient and outpatient specialty mental health hospital; Psychiatric Services/Hospital
Housing - Non-Profit	DATIS-MDS Housing - Native/Non-Profit; CDS-MH Municipal Non-Profit Housing; OCAN Non-Profit Housing
Housing - Programs/Services	Supports within Housing
Information and Referral	Includes organizations providing community based mental health and addiction functions.
Medical Services - Private	
Mental Health Worker	Includes mental health workers (regulated and unregulated) who specialize in provision of mental health services. If the mental health worker is referring from one of the types of organizations listed in other categories, do not include the referral in this category. Report the referral in the valid category based on the referring organization.
Mental Health Worker - Nurse Practitioner	Mental Health Worker - Registered Nurse
MHSIO - Mental Health Services Information Ontario	Native Treatment Services
OPGH - Ontario Problem Gambling Helpline	Other Addiction Services
Other Institution	Includes chronic care, rehab or long-term care facilities.
Other Legal System - Excluding Police	Other Legal System - Excluding Police
Other Mental Health Services	Other Native Services
Peer/Self-help Initiatives	Physician/Private Practitioner
Primary Day/Night Care	
Psychiatrist	If the psychiatrist is referring from one of the types of organizations listed in other categories, do not include the referral in this category. Report such a referral in the valid category based on the referring organization
Psycho-Geriatric	Public Health Unit/Nursing Services
Residential Medical/Psychiatric Services Org	Residential Supportive Housing Org Level 1 & 2
Residential Treatment Services Org	Residential Withdrawal Management Service Level 1, 2, 3
Responsible Gaming Information Centres	
Self, Family or Friend	Includes service recipient, relative or friend
Short Term Residential Crisis Support Beds	Social Rehabilitation/Recreation
Social Service Org - Adult Program	Traditional Healer/Elders
Vocational/Employment	Women's/Men's Shelters
Other Community Institution/Residential Program	Other Referral Source
Toronto WMS Central Access	For Toronto WMS ONLY

Referral Type


ID	DE05.005
Description	Indicates the type of referral (e.g., external or internal).
Usage	Optional
Data Type	Permissible value, as defined; “Internal referral” (referral initiated internally within the same organization to which the client was referred), “External referral” (referral initiated from an external organization.)

Value to direct service delivery	Tracking of client movement between agencies and programs and present consolidated clinical journey.
Value for planning	<ul style="list-style-type: none"> • Used to differentiate client referrals between initial (external) referrals and internal referrals (i.e., client completed initial treatment and referred internally within HSP for additional services). • Identifying the patterns of interaction between agencies providing mental health, problematic substance use or problem gambling services and other related services in the health and community care fields. • Improving understanding of the pathways followed by clients entering agencies providing mental health, problematic substance use or problem gambling services. • Agencies understanding their relationships with other service providers and identifying gaps that may exist in their local or regional networks.
Guide for use	Referral source is intended to help address following key question: Who refers service recipients to the mental health and addiction programs

Episode of Care

The episode of care is the most common unit of measurement for the healthcare system reporting. The client can be associated with multiple episodes of care simultaneously, as needed.

Episode of Care Identifier

ID	DE06.001
Description	Uniquely groups a client's service- level interactions within an HSP/Agency at which time encounters may occur. A unique identifier associated with the Episode of Care for a specific program/service which begins at the point of referral. A distinct identifier utilized within the HSP.
Usage	Mandatory
Data Type	System Generated Number
Value to direct service delivery	<ul style="list-style-type: none"> • Uniquely groups client interactions associated with a health service • An essential component of the service characteristics, greatly enhances the ability to uniquely identify the client's service use across the MHA sector in order to present care providers with the client's clinical journey in clinical viewer(s). • Notify care providers when client service encounters (visits) occur.
Value for planning	Permits the reporting of service utilization by treatment location or site within the agency.
	<p>If a client is utilizing multiple services or programs at your HSP, then the Episode of Care and corresponding "Episode of Care Identifier" would be different for each service or program.</p> <p>A single value per episode of care. Multiple Episodes can be sent.</p>

Episode of Care Status

ID	DE06.002
Description	Refers to the status of the episode of care. An episode of care is an association between a client and an organization / healthcare provider(s) during which time encounters may occur. The managing organization assumes a level of responsibility for the client during this time. EOC Status is required to enforce some conditional data validation rules for the MHA PDS. The Episode of care status data element will be derived by the CMS system based on the status of a referral or an Admission to a service/program.
Usage	Mandatory
Data Type	Permissible values, at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> • Track the service progression for client and present consolidated clinical journey. • Can be used to monitor active client caseloads. • Notify care providers when client service status changes.
Value for planning	Promotes better data quality of service utilization data and a better understanding of clients' statuses at the time of data submission.
Guide for use	EOC Status is required to enforce some conditional data validation rules for the MHA PDS. The Service Termination Date and the Service Termination Reason is dependent upon the Episode of

Care Status.
Vendors have built in logic to map the Episode of Care status
Planned: this is the “starting” status for many Episodes of Care. When a referral is first received, but before a client is enrolled in the Program, the EoC status should be PLANNED.
Logic that vendors have implemented is that there is a Referral (with a Referral date), but not yet an enrollment date, and the client is not on a Waitlist.
Waitlist: this status applies when a client is formally placed on a Waitlist for a program. This occurs after a Referral has been received, eligibility has been confirmed, but the client is not yet enrolled.
On Hold: This status is not supported by most vendor systems, and we indicated that it was not required to add functionality to support it at this time.

PERMISSIBLE VALUES

Active	This episode of care is current.
Cancelled	The episode of care was cancelled, or withdrawn from service, often selected during the planned stage as the patient may have gone elsewhere, or the circumstances have changed and the organization is unable to provide the care. It indicates that services terminated outside the planned/expected workflow.
Entered in Error	This instance should not have been part of this patient's medical record.
Finished	This episode of care is finished and the organization is not expecting to be providing further care to the patient. Can also be known as "closed", "completed" or other similar terms.
On Hold	This episode of care is on hold, the organization has limited responsibility for the patient (such as while on respite).
Planned	This episode of care is planned to start at the date specified in the period start date. During this status, an organization may perform assessments to determine if the patient is eligible to receive services, or be organizing to make resources available to provide care services.
Waitlist	This episode has been placed on a waitlist, pending the episode being made active (or cancelled).

First Contact Date

ID	DE06.003
Description	The date the client first experienced successful contact with an HSP regarding a specific program. This date should not include unsuccessful contact attempts. Note: this date may be derived by the CMS system based on the first documented contact (encounter/visit/interaction) on or after the Referral Received Date. This date can be on or after the Referral Received date, but not before.
Usage	Optional
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	Tracking of client movement between agencies




“First contact” represents first successful contact with client (does not include unsuccessful contact attempts). Generally considered to be the first successful contact after referral is received.

Eligibility Screening Date


ID	DE06.004
Description	The date at which an eligibility determination is done by the HSP and client is deemed accepted (eligible) or not accepted (ineligible) into program/service. After being deemed eligible, a client may be placed on a Waitlist, or they may be Enrolled/Admitted to a program. Note: this date may be derived by the CMS system based on other dates and information captured in the system (e.g. Referral status, Service Enrollment date/status, Waitlist date/status, etc.). This date can be on or after the Referral Received Date, but not before.
Usage	Optional
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element, service initiation date to assess wait times for program service.
Guide for use	<p>This date represents when the decision was made to determine the client’s eligibility (yes or no) to the program.</p> <p>Eligibility Screening Date and Initial Assessment Date are conditional on them being performed by the HSP and dependent on the HSPs workflow, this will vary by program</p> <p>Some programs do not require an eligibility screening or initial assessment.</p>

Initial Assessment Date

ID	DE06.005
Description	<p>The date the client completed an “initial assessment” for service. The “initial assessment” is a process involving mutual investigation or exploration that provides the clinician with more detailed information for the purpose of determining specific client needs, goals, characteristics, problems and/or stage of change.</p> <p>Note: this may occur during the “Planned” Episode of Care status, where eligibility is being determined, or it may occur after Service Enrollment into an Intake program, if such a program exists at the HSP. Depending on the CMS system’s functionality, this date may be derived based on the date a specific assessment was completed, or it may be a date that is entered directly into the system. If a formal Initial Assessment has not occurred, this date may be left blank.</p>
Usage	Optional
Data Type	Date


Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element, service initiation date to assess wait times for program service.
	<p>Initial assessment can occur before or after Service Initiation.</p> <p>Only recommended for those programs/services that conduct initial assessments.</p> <p>Not all vendors support the Initial Assessment Date.</p>

Scheduled Appointment Date

ID	DE06.006
Description	<p>The date of the first appointment offered by the HSP and accepted by the client following Service Enrollment. This date can be on or after the Service Enrollment Date, but not before. If the client attends this appointment, the Scheduled Appointment Date will be the same as the Service Initiation Date and submission of this date to the repository is not required.</p> <p>It may occur that the client no-shows or the client or HSP reschedule this appointment; in this scenario, the Scheduled Appointment Date would be the original first offered and accepted date; this date would be submitted to the repository and a Reschedule Reason would be submitted.</p>
Usage	Conditional mandatory
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element, service initiation date to assess wait times for program service. Used in conjunction with the data element Referral Received Date to assess wait times for program service, to report on counselling wait times to the Canadian Institute for Health Information (CIHI)
	<p>Scheduled appointment date must be provided if the appointment rescheduled reason is provided. Vendors are only to submit if the client missed their first appointment.</p> <p>This Scheduled Appointment Date Group will only be submitted once, if at all, for each unique Episode of Care where the original Scheduled Appointment Date is rescheduled or cancelled. Even if subsequent appointments are missed or cancelled, only the earliest Scheduled Appointment Date is sent. Rescheduled appointment dates are not required to be sent to the repository.</p> <p>The Scheduled Appointment Date should reflect the first offered and accepted appointment date for the client following enrollment. It should be submitted only if this appointment is later</p>

	rescheduled (by the client or the HSP) or the client does not attend (i.e., “no-shows”), and the reason why the appointment was not attended should be submitted to the Repository as the Appointment Rescheduled Reason.
	This data element is only relevant for health programs that actually schedule appointments.

Appointment Rescheduled Reason


ID	DE06.007
Description	If the first initial scheduled appointment following Service Enrollment has a status of “no show” , "rescheduled", or “cancelled,” a reason is required.
Usage	Conditional mandatory
Data Type	Permissible value
Value for planning	<p>The combination of “Schedule Appointment Date” and “Appointment Reschedule Reason” contribute to CIHI Wait Time Reporting.</p> <p>The reschedule reason (client vs. system delay) is required to determine the appropriate stop time for the wait time indicator.</p> <p>The CIHI wait time indicator uses the data element “Scheduled Appointment Date” as the stop time. If the client reschedules, the stop time remains the first scheduled appointment date. If the appointment must be rescheduled due to a system delay, the new scheduled appointment date is used as the stop time.</p> <p>The CIHI wait time indicator includes ‘client unavailable’ days, as the ability to identify and exclude days when the client is unavailable is not available across jurisdictions.</p>
	<p>Field cannot be null if Scheduled Appointment Date is provided.</p> <p>If the first initial scheduled appointment following Service Enrollment has an appointment status of "no show" or "cancelled" a reason is required.</p> <p>If the Scheduled Appointment Date is updated because the first offered and accepted appointment status is cancelled or no-show. The Vendor's CMS should record the value of the Scheduled Appointment Date or the updated value of this data element</p> <p>A single value is submitted for the episode of care, even if subsequent appointments are rescheduled.</p>

PERMISSIBLE VALUES

Client Rescheduled	Client Unavailable – client was offered and accepted appointment however was not able to attend.
Client Did Not Show	Client Unavailable – client was offered and accepted appointment however was not able to attend.
System Delay	Client was offered and accepted appointment however system could not provide scheduled session (e.g., counsellor double booked)

Service Initiation Date

ID	DE06.008
Description	The date the client started receiving direct service(s) after being accepted into a service. For greater clarity, Service Initiation Date refers to the date of the actual first visit by the service

	(meaning any contact with the client for providing service, including one-to-one support or attendance in group programs) and the client is no longer waiting. In some CMSs, this date may be entered directly, in others it may be derived based on the first contact/encounter date following the Service Enrollment date.
Usage	Optional
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> • Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. • Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> • Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client. • Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client.
	<p>Direct service means any contact with the client (e.g., one-to-one support, attendance in group programs).</p> <ul style="list-style-type: none"> • Once service is available, HSP books client into 1st offered and accepted appointment • This date varies by HSP and program: Service Initiation Date may be submitted as the same date as Service Enrollment date based on the HSPs program slot. The first attended appointment is the Service Initiation Date.

Service Enrollment Date

ID	DE06.009
Description	<p>The date the HSP deems the client eligible and enrolls the client in service. Also known as Admission date.</p> <p>Note: if a client had been deemed eligible and placed on a waitlist, this is the date the client was removed from the waitlist and enrolled in the service. This date can be on or after the Eligibility Screening Date, but not before.</p>
Usage	Conditional mandatory
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> • Identifies enrollment/registration into a MHA program. • Identifies the number of clients enrolled/registered into a program during a reporting period and to establish active client caseloads.
Value for planning	<ul style="list-style-type: none"> • Determine length of stay and used to reflect different programs in which client has been enrolled • Used to count the number of enrollments within any reporting time period for those clients with multiple enrollments in a program.
Guide for use	<p>Conditional Mandatory – field cannot be null if Episode of Care Status = "Active"</p> <ul style="list-style-type: none"> • Active is dependent on the client being enrolled in service <p>If a client is waitlisted they have been deemed eligible for service but they are not enrolled until they are removed from the waitlist</p>

Service Termination Date

ID	DE06.010
Description	The date when the client's need for service has ended or as part of the HSP service termination criteria. Also known as Discharge date or End Date. Note: this date refers to the service termination of the specific program, not necessarily the overall discharge from the HSP.
Usage	Conditional mandatory
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to monitor the length of time between the date of referral into program, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element, service initiation date to a) assess wait times for program service b) monitor duration of the program service.
Guide for use	Conditional Mandatory – field cannot be null if Episode of Care Status = "Finished" If the Episode of Care Status is "Finished," the client who was actively enrolled in the program is now discharged/finished

Service Termination Reason

ID	DE06.011
Description	The reason the client is terminated from the service. The termination could occur at different stages of service provision (first contact, intake, screening and waitlist, service delivery or service completion).
Usage	Conditional mandatory
Data Type	Permissible value (see below); at minimum.
Value to direct service delivery	<ul style="list-style-type: none"> Used to monitor the circumstances under which a client left the service/treatment program. This data element is an indicator for determining outcomes.
Value for planning	<ul style="list-style-type: none"> Assists in determining the number of clients who complete treatment and the clients who leave without completing treatment.
Guide for use	Conditional Mandatory – field cannot be null if 'Episode of Care Status' = 'Finished'

PERMISSIBLE VALUES

Entered in error	Agency made an error when they added the client to the wait list, usually error in the date client was put on the wait list.
Referral to service declined by subject	
Did not attend	Client did not show up for the appointment scheduled and communicated by the agency to access the program/service. Client was offered the service the first time but did not show up. Includes scenarios where HSP was unable to contact client, incomplete referrals, client dropping out/no-shows.
Patient self-discharge against medical advice	The patient self-discharged against medical advice.
Discharge from service	Mutually agreed upon discharge from program, per client request.

Did not wait for treatment	Client has indicated that the wait is too long, or client did not want to wait any longer to access the service.
Rescheduled	
Client Relocation	Discontinuation of service due to client having moved outside service catchment area, or client was previously exempted from catchment area restrictions and this over-ride exception is removed.
Completion - Referral Unknown	
Completion - With Referral	Service recipients have completed planned program/services and have been referred to another function, and client has completed current service plan.
Completion - Without Referral	Service recipient has completed planned program/services without referral to a different service/function, and client has completed service plan
Dead	Deceased, excluding suicide.
Suicide	Discontinuation of service due to service recipient suicide.
Discharged by Staff/Involuntary Discharge	Discharged by Staff/Involuntary Discharge.
Duplicate of services	Client is receiving services (or is on a wait list to receive services) from a different program, or service provider. Includes client transitioning to a different service.
In prison	Incarcerated
Not suitable - Client needs a higher level of support	Another level of care is indicated. Psychiatric/behavioral problem is the direct result of a medical condition or illness. Referral to another level of care may be indicator. HSP or program does not provide the appropriate services for the presenting issue.
Not suitable - Does not meet intensity level / no expressed goals	Does not meet the intensity level / no expressed goals. Service/program no longer meets individual's needs.
Patient discharge	
Threatening behavior	There have been documented threats or actions made against agency or agency personnel, or if there is reason to believe the threats are still current.
At risk for violence	There is a history of aggression or violence that is determined to be a present risk to personnel or other clients.
Patient transfer, to another health care facility	The patient was transferred to another healthcare facility.
Patient transfer, in hospital	Hospitalized
Transferred - Other than Hospitalized	Transferred Elsewhere - Other than Hospitalized
Other	Service termination reason other has not otherwise defined.
Re-enrolled	Original enrollment ended; patient now re-enrolled

Health Service Provider Organization

The Health Service Provider (HSP) is the agency providing care for a client.

HSP Organization Number

ID	DE07.001
Description	The unique number that identifies the legal entity providing the adult or child and youth mental health (note: CYMH data will not be collected for this release), problematic substance use or problem gambling service. The HPS ConnexOntario number as assigned by Connex.
Usage	Mandatory
Data Type	Number
Value to direct service delivery	Uniquely identify service events and associated encounters and display in consolidated clinical journey.
Value for planning	Permits the reporting of service utilization by treatment location or site within the agency.
Guide for use	As part of their Multi-Service Accountability Agreement (M-SAA) with their LHIN, HSP organizations are required to register with ConnexOntario and to make sure that their HSP organization, site, LHIN, functional centre and program information is available and up-to-date in the ConnexOntario provincial database

MOH Organization ID

ID	DE07.002
Description	The Ontario Healthcare Financial and Statistical (OHFS) Facility ID.
Usage	Mandatory
Data Type	Setup in the Back-End System (Assigned by the MOH)

HSP Organization Name

ID	DE07.003
Description	The name of the HSP organization providing the adult or child and youth mental health (CYMH data will not be collected for this release), problematic substance use or problem gambling service.
Usage	Mandatory
Data Type	Text
Value to direct service delivery	Uniquely identify service events and associated encounters and display in consolidated clinical journey.
Value for planning	Permits the reporting of service utilization by treatment location or site within the agency.

Health Service Provider Site

A health service provider (HSP) may operate various sites where clients receive services.

HSP Site Number

ID	DE08.001
Description	The Connex Ontario Site number associated with the Program's location(s). (Note, this is the Site # not the Site ID.)
Usage	Mandatory
Data Type	Vendors set-up/link in the Back-End to the programs/locations
Value to direct service delivery	Uniquely identify service events and associated encounters and display in consolidated clinical journey.
Value for planning	Permits the reporting of service utilization by treatment location or site within the agency.
Guide for use	Enter "UNK" if delivery site is not known or not applicable (e.g. home care). A single value is submitted per episode of care.

HSP Site Name

ID	DE08.002
Description	The name of the HSP site providing adult or child and youth mental health (CYMH data will not be collected for this release), problematic substance use or problem gambling services
Usage	Mandatory
Data Type	Vendors set-up/link in the Back-End
Value to direct service delivery	The name of the HSP site providing the service
Guide for use	Single value per Episode of Care. May also be Unknown

Health Program

Every episode of care has one health program associated with it. The health program can be populated at the point of referral, or enrollment. As a client can be referred or enrolled to multiple health programs as multiple episodes of care.

Health Program Number

ID	DE09.001
Description	The HSP program number that uniquely identifies the service offering. (From the ConnexOntario Program Number, not the Program ID). As part of their Multi-Service Accountability Agreement (M-SAA) with their LHIN, HSP organizations are required to register with ConnexOntario and to make sure that their HSP organization, site, LHIN, functional centre and program information is available and up-to-date in the ConnexOntario provincial database.
Usage	Mandatory
Data Type	Vendors set-up/link in the Back-End
Value to direct service delivery	Uniquely identify a health service offering to be associated with a client's unique episode of care for a health service offering and display in consolidated clinical journey.
Value for planning	<ul style="list-style-type: none"> • Required to uniquely identify program • Permits the generation of utilization and costing statistics for management, planning and accountability purposes. • Contributes to the monitoring and evaluation of treatment outcomes.
Guide for use	Single Value per Episode of Care will also be sent with each Health Service Event. 'Unknown' value may be submitted.

Health Program Name

ID	DE09.002
Description	The name of program, as assigned by the HSP/Agency, provides information about the broad types of services received by clients.
Usage	Mandatory
Data Type	Program names set up in Back-End. User selects which program client is enrolled in
Value to direct service delivery	Means of identifying the collection of components and or clinical modalities designed to assist clients in meeting their needs and goals.
Value for planning	<ul style="list-style-type: none"> • Required to uniquely identify program (names change over time) • Permits the generation of utilization and costing statistics for management, planning and accountability purposes. • Contributes to the monitoring and evaluation of treatment outcomes.
Guide for use	Single Value per Episode of Care will also be sent with each Health Service Event

Functional Centre Code

ID	DE09.003
Description	<p>The cost center identifier associated with the program/services supports provided to the client. Functional Centres are maintained by the MOH Ontario Health Reporting Standards (OHRS) and facilitate the submission of financial information required to generate the healthcare organization's Statement of Operations.</p> <p>Functional Centres are subdivisions of an organization for the purpose of recording revenues, expenses, and statistics pertaining to the function or activity being carried out (e.g. Case Management). They are used to capture the costs of labour, supplies and equipment required to perform specific functions.</p>
Usage	Mandatory
Data Type	Permissible values, as defined on page 5.
Value to direct service delivery	Link the data collected in MHA PDS and statistical data for the service organization collected by Connex Ontario and OHFS.
Value for planning	<ul style="list-style-type: none">• Permits the generation of utilization and costing statistics for management, planning and accountability purposes.• Contributes to the monitoring and evaluation of treatment outcomes.
Guide for use	Single Value per Episode of Care will also be sent with each Health Service Event. FCCs are linked to the health programs in the back-end. Automatically sends based on Program selected.

Health Service Event

A health service event, i.e. “encounter” or “visit,” an instance where the service provider provided direct services to a client. This might have been in the form of virtual communication, drop-ins, group settings, or one-on-one visits.

Health Service Event ID

ID	DE10.001
Description	The unique identifier assigned to each health service event/interaction.
Usage	Mandatory
Data Type	System Generated Number
Value to direct service delivery	Uniquely identify service events associated with a client's unique episode of care for a health service offerings and display in consolidated clinical journey.
Value for planning	<ul style="list-style-type: none"> Permits the generation of utilization and costing statistics for management, planning and accountability purposes. Contributes to the monitoring and evaluation of treatment outcomes.
Notes for data verification	<p>The unique identifier assigned to each health service event/interaction. Each Health Service Event should be linked to an Episode of Care ID. Vendor system will automatically generate a unique ID for each encounter (Health Service Event).</p> <p>Single value per Health Service Event. Multiple health service events will be sent.</p> <p>System URI will distinguish if it is an individual or group encounter.</p>

Service Modality

ID	DE10.002
Description	The service modality of the health service event (e.g. in-person, phone virtual).
Usage	Optional
Data Type	Permissible value, at minimum: “In-person” or “virtual”
Value to direct service delivery	Better understand linkages between services and outcomes, as well as the complexity and intensity of service categories, as key insights to better understand the episode of care
Value for planning	As more care is provided by virtual means, we should be aware that for some this is a phenomenal step forward for ease of access, while for others this may be significant barrier to care or the outcomes may suggest some modalities are better than others.
Guide for use	<p>Required - must be provided during intake once known.</p> <p>Single value per health service event.</p> <p>Usually a drop down is selected but options vary by HSP. Vendors will map their options to align with the codes provided</p>

Service Modality Type

ID	DE10.003
Description	The Service Modality type of the health service event.
Usage	Optional

Data Type	Permissible values, at minimum: "Individual encounter," "Group encounter," "Text message," "Email," and "Phone."
Value to direct service delivery	Better understand linkages between services and outcomes, as well as the complexity and intensity of service categories, as key insights to better understand the episode of care
Value for planning	As more care is provided by virtual means, we should be aware that for some this is a phenomenal step forward for ease of access, while for others this may be significant barrier to care or the outcomes may suggest some modalities are better than others.
Guide for use	Required - must be provided during intake once known. Single value per health service event. Usually a drop down is selected but options vary by HSP. Vendors will map their options to align with the codes provided.


Encounter Date

ID	DE10.004
Description	The date that the health service event occurred.
Usage	Optional
Data Type	Date
Value to direct service delivery	<ul style="list-style-type: none"> Tracking of client movement between agencies providing mental health, problematic substance use or problem gambling services. Uniquely identify service event(s) and associated encounters and display to service providers in clinical viewer(s).
Value for planning	<ul style="list-style-type: none"> Used to determine and validate service discharge date and calculate accurate length of service. Used to monitor the length of time between the date of admission to agency, initiation of assessment and treatment planning or other service delivery to the client.
Guide for use	<ul style="list-style-type: none"> Last encounter date may be different from the Service Discharge Date. Direct service means any contact with the client (e.g., one-to-one support, attendance in group programs). The date that the health service event occurred <p>Required: must be provided for those services that collect this information. Single value per Health Service Event.</p>

Health Service Group ID

ID	DE10.005
Description	The unique identifier assigned to a group session. Every service event that was delivered in the same group session would share the same Group ID.
Usage	Optional
Data Type	System Generated
Value to direct service delivery	<ul style="list-style-type: none"> Unique Identifier for group programs
Value for planning	<ul style="list-style-type: none"> Used to identify programs taking place in a group format as opposed to individually
Guide for use	<ul style="list-style-type: none"> To be sent only if the program is taking place in a group setting Not to be sent for individual programs

Direct Minutes

ID	DE10.006
Description	Time spent providing service to a client, with direct client interaction. The number of minutes spent in direct service interaction with the client, associated with the health service event.
Usage	Optional
Data Type	Number
	<ul style="list-style-type: none"> For reporting calculations: The total number of minutes of the session is divided by the number of clients who attend <p>For ex. 3 people who attend the 90 minute session, the direct time for each client shows as 30 minutes</p>

Indirect Minutes

ID	DE10.007
Description	Time spent providing service to a client, without direct client interaction. The number of minutes spent in indirect service for a client associated with the health service event.
Usage	Optional
Data Type	Number

Encounter Status

ID	DE10.008
Description	The Status of the encounter
Usage	Mandatory
Data Type	Permissible values, at minimum.
Guide for use	<ul style="list-style-type: none"> For reporting calculations do not include cancelled <p>The encounter status allows for the indication of the validity of a Health Service Event that has been submitted. Only those Health Service Events that have Occurred should be Submitted. Health Service Events that were cancelled or no-showed should not be submitted. As such, a status of "finished" should be used for most submissions. (Implementation Guide P.32)</p>

PERMISSIBLE VALUES

Unknown	The encounter status is unknown. Note that "unknown" is a value of last resort and every attempt should be made to provide a meaningful value other than "unknown".
Planned	The Encounter has not yet started
Arrived	The Patient is present for the encounter, however is not currently meeting with a practitioner
Triaged	The patient has been assessed for the priority of their treatment based on the severity of their condition
In Progress	The Encounter has begun and the patient is present/ the practitioner and the patient are meeting
On Leave	The Encounter has begun, but the patient is temporarily on leave
Finished	The Encounter has ended
Cancelled	The Encounter has ended before it has begun

Entered in
Error

The instance should not have been part of this patient's medical record