



## Contents

Acronyms .....	4
Summary .....	8
Introduction .....	9
Methodology.....	9
DATIS Comprehensive Data Dictionary Version Progression.....	10
Brief History of DATIS.....	10
Organizations DATIS works with .....	12
Scope of DATIS .....	13
What's new: Version 1.1 changes, to be implemented in 2015 .....	14
Preferred Language of Service .....	14
Criminal Justice System Involvement.....	16
Youth Criminal Justice System Involvement .....	16
Gender.....	17
Mandatory Treatment required by.....	17
Unknown .....	18
DATIS amendment process .....	19
Recommendations for DATIS Data Element amendments Version 2.0 and the future rebuild of Catalyst .....	20
Mental Health Questions .....	20
Population Group.....	21
Catalyst questions around completion or involvement.....	23
The permissible value “Other” .....	24
Type of Service Requested Focus of Service Requested.....	24
Access to Healthcare.....	25
Sexual Orientation, Total Household Income, Number of people the household income supports. Measuring Health Equity: Collecting Socio-Demographic Client Data.....	26
Preferred Language of Service .....	27
Type of Residence .....	28
Smoking Status.....	30
Comparable Unique Service Recipient Identifier - OHIP #.....	31
Trauma .....	32
Recommendations for DATIS process and other changes.....	33
Data Dictionary .....	34
Overview .....	34
Ontario Substance Abuse and Problem Gambling Treatment Metadata (OSAPGTM) - Mandatory Data Elements.....	35
Collection procedures, data quality and validation checks .....	214

Collation of Ontario Data Set .....	214
Validation checks in the secure client-web-based application .....	214
Data quality .....	214
Data requests .....	215
Privacy and data principles .....	215
Data release guidelines .....	216
Appendices .....	220
Members of the Working Group .....	220
Ontario LHINs .....	220
Classification of Population Groups .....	221
Classification of Languages .....	221
Standard Classification of Drugs of Concern .....	222
DATIS guidelines for possible reasons and appropriate times to discharge admissions and terminate programs. ....	234
Guidelines to the maintenance of changes to DATIS data dictionary .....	240
DATIS key summary .....	242
From Ontario Healthcare Reporting Standards (OHRS) 2012/13 Updates for Community Mental Health & Addictions (CMH&A) Reporting. ....	242
Numbering system for DATIS object classes, data elements, permissible values and changes .....	243
References .....	244
Pathway of a client through treatment by administrative tracking database, distinctive by the client type. ....	245

## Acronyms

<b>A</b>	Addiction
<b>ADAT</b>	Admission and Discharge Assessment Tools
<b>ADG</b>	Alcohol/Drug/Gambling – (client type)
<b>AL</b>	Activity Log
<b>ASH</b>	Addiction Supportive Housing
<b>CAMH</b>	Centre for Addiction and Mental Health
<b>Catalyst</b>	DATIS Client Data System
<b>CCENDU</b>	Canadian Community Epidemiology Network on Drug Use
<b>CCSA</b>	Canadian Centre on Substance Abuse
<b>CEGEP</b>	Collège d'enseignement général et professionnel, (a general and vocational college) is regulated in Quebec by the General and Vocational Colleges Act
<b>CHIMA</b>	Canadian Health Information Management Association
<b>CIHI</b>	Canadian Institute of Health Information
<b>CIHR</b>	Canadian Institutes of Health Research
<b>CM</b>	Case Management
<b>CMH&amp;A</b>	Community Mental Health and Addictions
<b>CT</b>	Community Treatment
<b>CTO</b>	Community Treatment Order
<b>COM</b>	Part of Functional Centre number
<b>CONNEXOntario</b>	An organization that provides free and confidential health services information for persons experiencing problems with alcohol, drugs, mental health or gambling.
<b>DART</b>	Drug and Alcohol Helpline
<b>DATIS</b>	Drug and Alcohol Treatment Information System
<b>DCDD</b>	DATIS Comprehensive Data Dictionary
<b>DB</b>	Database
<b>Dx</b>	Diagnosis
<b>DBT</b>	Dialectical Behavior Therapy
<b>DD</b>	Data Dictionary
<b>DE</b>	Data Element
<b>DEC</b>	Data Element Concept
<b>DQT</b>	Data Quality Team (DATIS Staff)
<b>DRT</b>	Database and Reports Team (DATIS Staff)
<b>DS</b>	Direct Service
<b>DTFP</b>	Drug Treatment Funding Program
<b>EAP</b>	Employee Assistance Program
<b>EI</b>	Employment Insurance
<b>ES</b>	Entry Services
<b>FC</b>	Functional Centre
<b>FM/SO</b>	Family Member/Significant Other
<b>FNIM</b>	First Nation Inuit and Metis
<b>GAIN</b>	Global Appraisal of Individual Needs
<b>GAIN-I</b>	Global Appraisal of Individual Needs - Initial
<b>GAIN-Q3</b>	Global Appraisal of Individual Needs – Q3

<b>GAIN-SS</b>	Global Appraisal of Individual Needs – Short Screener
<b>GSC</b>	Guided Self-Change (Sobell and Sobell, 1993) (A brief structured process that may be provided individually or in groups)
<b>HIV/AIDS</b>	Human Immunodeficiency Virus infection/Acquired Immunodeficiency Syndrome
<b>IATP</b>	Initial Assessment Treatment Program
<b>ICES</b>	Institute for Clinical Evaluative Sciences
<b>ID</b>	Identifier (Name/number that identifies a unique object)
<b>IS</b>	Indirect Service
<b>ISO</b>	International Organization for Standardization
<b>LGBTTIQ</b>	Lesbian, Gay, Bisexual, Transsexual, Transgender, Intersex, and Queer
<b>LHIN</b>	Local Health Integration Network Erie St. Clair, South West, Waterloo Wellington, Hamilton Niagara Haldimand Brant, Central West, Mississauga Halton, Toronto Central, Central, Central East, South East, Champlain, North Simcoe Muskoka, North East, North West
<b>LOS</b>	Length of Stay/Length of Service
<b>MH</b>	Mental Health
<b>MHSIO</b>	Ontario Mental Health Helpline
<b>MIS</b>	Management Information System
<b>MoHLTC</b>	Ministry of Health and Long-Term Care
<b>MoHLTC AU</b>	Ministry of Health and Long Term Care Addiction Unit
<b>M-SAA</b>	Multi-Sector Service Accountability Agreement
<b>NA</b>	Not Applicable
<b>NFA</b>	No Fixed Address
<b>Non MoHLTC and A</b>	Programs funded by other than MoHLTC AU
<b>NTI</b>	National Treatment Indicators
<b>OCAN</b>	Ontario Common Assessment of Need
<b>ODSP</b>	Ontario Disability Support Program
<b>OHRS</b>	Ontario Health Reporting Standards
<b>ON</b>	Ontario
<b>OHIP</b>	Ontario Health Insurance Plan
<b>OPOC-MHA</b>	Ontario Perception of Care for Mental Health and Addictions
<b>OPGH</b>	Ontario Problem Gambling Helpline
<b>OPHID</b>	Ontario Population Health Index of Databases
<b>OSAB</b>	Ontario Substance Abuse Bureau
<b>PHIPA</b>	Personal Health Information Protection Act
<b>Prevention A</b>	Prevention Awareness (Applies to problem gambling agencies)
<b>PG</b>	Problem Gambling
<b>PSC</b>	Provincial Service Category
<b>PV(s)</b>	permissible value(s) – selection list for data elements
<b>RT</b>	Residential Treatment
<b>RWMS</b>	Residential Withdrawal Management Services
<b>SA</b>	Substance Abuse
<b>HSHER</b>	Health Systems & Equity Research Group
<b>SER</b>	Social and Epidemiological Research Department
<b>SRP</b>	Structured Relapse Prevention (SRP) (A cognitive-behavioural approach)

developed by Dr. Helen Annis to help clients learn how to cope with daily substance use triggers and risk situations.)

<b>Tx</b>	Treatment
<b>UNoDC</b>	United Nations Office on Drugs and Crime
<b>UNK</b>	Unknown
<b>USA</b>	United States of America
<b>VLT</b>	Video Lottery Terminal (A gaming machine that allows gamblers to bet on the outcome of a video game.)
<b>WMS</b>	Withdrawal Management Service
<b>WSIB</b>	Workplace Safety and Insurance Board
<b>YCJA</b>	Youth Criminal Justice Act

# ACKNOWLEDGEMENTS

DATIS staff would like to acknowledge the loss of Larry Corea in May 2013 and his enormous contribution to the Ontario substance abuse and problem gambling system. Larry provided much energy, passion and intelligence during his tenure as Director of DATIS and subsequently as the project lead for the DATIS DTFP project, leaving a legacy in both. Many thanks, Larry.

Subsequently, Research Analysts Olga Likhodi and Jackie McKenzie assumed authorship of the Data Dictionary with the hope of keeping Larry's fountain of knowledge flowing. A thank you goes to the DATIS staff for stepping up to provide much needed support and editing services, especially Dan, Claudio, Ella and Marie.

A review of the DATIS mandatory data elements was facilitated by the selfless contributions of the following individuals, and the many staff and analysts who work behind the scenes:

Dr. Brian Rush - Scientist Emeritus, Health Service and Health Equity Research, CAMH

Dr. Karen Urbanoski - Independent Scientist and Head, Health Service and Health Equity Research, CAMH

Scott Veldhuizen - Research Methods Specialist, Health Service and Health Equity Research, CAMH

Garth Martin - Project Lead DTFP - Assessment/Benchmark Addictions Treatment Costs

April Furlong – former Program Manager, Health Service and Health Equity Research, CAMH

Community Support and Research Unit (CSRU), CAMH

Uppala Chandrasekera – former Justice Collaborative Project Leader, Provincial Support Services Program, CAMH

Gloria Chiam – Deputy Clinical Director, Child, Youth and Family, CAMH

Janet Mawhinney – former Manager Diversity and Equity, Human Resources, CAMH

Claudio Rocca – Director, DATIS, CAMH

Daniel Elliot – Manager of Operations, DATIS, CAMH

Deborah Cain-Moroz - Agency Support Coordinator, DATIS Data Quality Team, CAMH

Vivian Shehadeh - IT Specialist, DATIS Data Report Team, CAMH

Anne Bowlby – Manager, Mental Health and Addictions, Ministry of Health and Long Term Care

Tamara Arenovich - Manager, Biostatistical Consulting Service Clinical Research Department, CAMH

Thank you also to the many agencies staff for sharing your passion and knowledge which guided the changes; we hope your concerns have been met and resolved.

The DATIS DTFP Ontario System Project acknowledges with gratitude the funding from Health Canada to enable this project.

## Summary

The field of addiction treatment funded by the MOHLTC assumes explicit accountability and performance monitoring. For such purpose, DATIS collects the data on addiction treatment in Ontario that is funded by the MOHLTC. The data dictionary for the data elements mandatory for collection through this information system is laid out on the following pages. This document provides definitions of the mandatory data elements and guidelines for the collection and reporting of data by substance abuse (SA) and problem gambling (PG) agencies, provincial departments, Local Health Integration Networks (LHINs), and others. DATIS currently collects data utilizing Catalyst, a software tool, that allows the capture of substance abuse and/or problem gambling treatment data from over a hundred and sixty SA and PG agencies across the province of Ontario; the data is stored in an Oracle database. The agencies access Catalyst via the internet and secure website, and can submit data through a secure interface.

The DATIS DTFP project was initiated in October 2011 with the review of the mandatory data elements. Currently funding continues until March 31<sup>st</sup>, 2015 with the implementation of recommendations from the comprehensive data element review. The exhaustive review addressed the desideratum of the provincial level database to be organized into a comprehensive metadata system to efficaciously accommodate various reporting requirements (OHRS, LHINs, financial reporting), adjacent assessment tools (OCAN, GAIN, outcomes, client needs and costing studies), sharing data with other Ontario databases (as a member of ICES), and to be congruent with Health Equity concepts and approaches (Toronto Central LHIN Tri-Hospital Health Equity study).



## Introduction

This document was prepared as a reference for all those involved in collection and supplying of data for the Drug and Alcohol Treatment Information System (DATIS) Minimum Data Set. It is anticipated the document would be useful to staff in the Ontario Government, LHINs, and specialized SA and PG treatment agency staff who are directly involved in the collection and reporting of the data set.

The Data Dictionary section comprises a big part of this document and offers detailed data item descriptions (aligned with other databases so that the same datum is employed in other data collection). Denotations of specific data elements are provided and speak to questions such as, “What is a closed admission?” and “How is ‘other’ defined when it’s recorded?”.

The comprehensive guide to DATIS data collection also includes:

- methodology of our work
- data dictionary versions progression
- brief history of the purpose and development of the collection
- changes and variations made to the data set over time
- data validation procedures undertaken by the DATIS Data Quality Team
- privacy and data principles that govern the collection
- data release guidelines.

## Methodology

The DATIS DTFP team at the start of the project needed more information: What information to collect to describe DATIS mandatory data set?, How to organize and structure the information?, How to store the data dictionary?, What standards exist for data dictionaries? , What would sharing the data elements knowledge look like?

Review of the literature revealed:

- sample data dictionaries and metadata documents from other jurisdictions including Australia, United States, United Kingdom, UNODC, and other Canadian provinces. A dynamic, live and comprehensive metadata document is essential for data quality, reliability and consistent use and is found with any sound data system.
- a well-developed dictionary of data elements contributes to organizing the addiction treatment field into a well-functioning system. Treatment data relies on the understanding of what to collect as well as entry compliance by agency staff. An understanding of the data elements is critical to all users of the SA & PG treatment data, for training agency staff and subsequent monitoring of data quality by researchers and policy analysts/planners. Integrity of the data collected by an information system depends heavily on the control process of maintenance and change to that information system.
- one standard for a data dictionary in a heterogeneous environment is keeping it as metadata registry according to ISO/IEC 11179 standard based on exact definitions and relations of data items.

DATIS requirements are:

- storage needed to be sortable, have selectable output, easy to learn and available
- easily shared with agency staff, researchers and various other users of the data
- flexible to allow future changes to the data collected

The DATIS DTFP team decided to use the following:

- The Australian Institute of Health and Welfare’s “Alcohol and Other Drug Treatment Services National Minimum Data Set” was used as a model for organizing DATIS data dictionary. This document and process has existed for a decade, was comprehensive and met the needs of DATIS.
- A modified ISO/IEC 11179 was used to define the data and give relationships to data items.
- Use of Access to store the core metadata database. It was available and suitable for keeping the data dictionary for DATIS.

### DATIS Comprehensive Data Dictionary Version Progression

Commencing November 2011, the DATIS - DTFP team collected, compiled and reformatted the existing versions of the mandatory data element definitions and descriptions, permissible responses and data formats created by previous and current DATIS team members. According to the ISO/IEC 11179, the data elements were classified as metadata and this document was labelled DATIS Comprehensive Data Dictionary (DCDD) Version .9.

Version .9 was reviewed by DATIS staff and updated to include their comments, leading to Version 1.0 of the DCDD.

The DATIS-DTFP project team then researched data elements, drug treatment and data dictionary best practices, compiled this information and labelling it DCDD Version 1.1.

Recommendations arising from the comprehensive review of the data elements were discussed with senior DATIS staff and revised. Modifications, upgrades and adjustments to Catalyst are limited by its software platform, which is over a decade old. Recommendations Version 1.1 were created to accommodate these technical constraints. Version 1.1 changes are to be implemented in the beginning of 2015 and are explained in further detail in a following section.

In the near future, DATIS plans to embark on a major upgrade to the software platform and technological foundation, with the intent to make deeper changes and adjustments to the data elements.

Recommendations with more difficult implementation requirements were incorporated with supportive research data for the future extensive upgrade to Catalyst and labelled Version 2.0. Recommendations Version 2.0 will also incorporate results from other DTFP pilots and projects (Outcome Monitoring, Case Costing and Best Practices in Screening and Assessment). Version 2.0 will also involve wider consultation.

### Brief History of DATIS

**Mission:** The Drug and Alcohol Treatment Information System contributes to the understanding and enhancement of problem gambling and substance abuse treatment in the Province of Ontario through the on-going development and maintenance of a comprehensive, province-wide client information system.

### THE EARLY DAYS

The Drug and Alcohol Treatment Information System began in 1994 as a project of the Addiction Research Foundation (ARF), now the Centre for Addiction and Mental Health (CAMH). The project, called the Client-based Information System (CBIS), was initially headed by Dr. Alan Ogborne, a scientist with the Community Social Evaluation Research Department in London, Ontario. In response to the Ministry of Health’s Substance Abuse Strategy, which called for a province-wide standardized reporting system for all addictions agencies, a working group of project staff, service providers and the Ontario Substance Abuse Bureau (OSAB) developed a standard set of demographic and utilization data. This was

successfully piloted with a number of agencies throughout the province and may now be used for programing, system level planning, evaluation, accountability and research.

### **IMPLEMENTING The CLIENT INFORMATION SYSTEM**

A proposal to secure funding from OSAB for the implementation of the client information system in approximately one hundred and sixty OSAB-funded addiction treatment agencies in Ontario was successful and resulted in a cost-sharing arrangement between OSAB and the ARF. Ministry funding was contingent on the addition of a data collection system that would also assess client outcomes and service delivery costs. Following the addition of these elements, the project was renamed the Drug and Alcohol Treatment Information System (DATIS).

A new DOS-based software program, CaseBASE, which adhered to DATIS technical specifications, was piloted in selected agencies with province-wide implementation well under way by January 1995.

Participation was deemed mandatory by OSAB so that by January of 1996, approximately seventy-five percent of all addiction agencies were submitting data on a quarterly basis either electronically CaseBASE or manually with paper forms.

### **FUNDING CHANGES AND RELOCATION**

In 1997, the funding for the Province's recovery homes shifted from the Ministry of Community and Social Services to the Ministry of Health and Long Term Care, raising the participation target to about two hundred agencies. During this period, DATIS moved its base from London to the ARF in Toronto under the leadership of Margaret Chan, Director of Information Services.

Upon Ms. Chan's departure from ARF, Dr. Brian Rush assumed project leadership within an organization-wide priority of research and development that focused on the planning, monitoring and evaluation of Ontario's addiction treatment system. From 1995 to 1999, DATIS continued to thrive with renewed funding from OSAB. In addition to providing support and other services to the participating agencies, DATIS also provided information for planning purposes to the District Health Councils, OSAB and other agencies and organizations as requested. During this time a software component was developed to include data from problem gambling treatment agencies. In 1999, DATIS became fully funded by OSAB and Information Technology and Decision Support Departments of CAMH. By the end of 1999, the overall participation rate had climbed to about ninety-five percent. The manual paper submission was replaced by a more sophisticated Teleform system that allowed agencies to fax registration and termination forms to DATIS.

### **STEPPING INTO THE NEW MILLENIUM WITH CATALYST AND ELECTRONIC INTERFACE**

By 1999, the CaseBASE data submission system and Teleform had become outdated. Implementing a fully electronic submission system with a central database was critical to the continuing success of DATIS and the on-going fulfillment of its mandate. After a rigorous process of research, vendor demonstrations and detailed investigation, a vendor was selected in July 2000. By the summer of 2000/2001, joint advisory design meetings were underway with representation from agencies, DATIS staff and external consultants which culminated in the development of a browser-based application system called Catalyst. DATIS staff worked with each agency to ensure adequate internet connectivity as the process of migrating agency data and training on Catalyst began. The new system became operational with the first agency going on-line in January 2002.

Today, DATIS remains as a program of the CAMH, and is an important source of information for substance abuse and problem gambling services in Ontario. A new development is the design and implementation of an electronic interface, capable of receiving and validating data exports from third

party software, commonly used in hospital environments. With a staff of thirteen, DATIS provides ongoing support and training to ensure quality provincial data; it also responds to ongoing requests from various stakeholders, including several branches of the MoHLTC and LHINs.

### **Organizations DATIS works with**

**ConnexOntario** is funded by the Government of Ontario. In addition to maintaining three help lines (Drug and Alcohol, Mental Health and Problem Gambling), it also provides free and confidential health services information for persons experiencing problems in these areas.

**Institute for Clinical Evaluative Sciences (ICES)** plays a key role in providing unique scientific insights to assist policymakers, managers, planners, practitioners and other researchers shape the future direction of the Ontario health care system. ICES's unbiased, evidence-based knowledge and recommendations, with are profiled in atlases, investigative reports and peer-reviewed journals, are used to guide decision-making and inform changes in health care delivery.

**Local Health Integrated Networks (LHINs)** are not-for-profit corporations (14) who work with local health providers and community members to determine the health service priorities of their regions. LHINs do not provide direct services; their mandate is to plan, integrate and fund health care services. They work with organizations such as hospitals, Community Care Access Centres, Community Support Services, Long-term Care, Mental Health and Addictions Services and Community Health Centres.

LHINs believe that a community's health needs and priorities are best understood by people familiar with the needs of their respective communities, that is, people who live within these communities and not those in offices hundreds of miles away.

**Ministry of Health and Long Term Care (MoHLTC)** is working to establish a patient-focused, results-oriented, integrated and sustainable publicly funded health system. Its plan is based on helping people stay healthy, delivering good care when people need it and protecting the health system for future generations.

MoHLTC will be less involved in actual delivery of health care and more engaged in:

- Establishing overall strategic direction and provincial priorities for the health system;
- Developing legislation, regulations, standards, policies, and directives to support those strategic directions;
- Monitoring and reporting on the performance of the health system and the health of Ontarians;
- Planning for and establishing funding models and levels of funding for the health care system;
- Ensuring that ministry and system strategic directions and expectations are fulfilled.

**Addictions & Mental Health Ontario** (formerly Ontario Federation of Mental Health and Addictions Programs (OFMHAP) and Addictions Ontario) brings together community mental health and addiction services in the province of Ontario to help members provide effective and high-quality services through information sharing, education, advocacy and unified effort.

**Centre for Addiction and Mental Health (CAMH)** is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centres in the area of addiction and mental health.

**Canadian Centre for Substance Abuse (CCSA)** – changes lives by bringing people and knowledge together to reduce the harm of alcohol and other drugs on society. For 25 years, CCSA has partnered with public, private and non-governmental organizations to improve the health and safety of Canadians. They have also developed a core set of data elements (National Treatment Indicators (NTI)) collected at the provincial and territorial level across Canada, and presented together to provide a national picture of substance use in Canada.

### Scope of DATIS

Mandatory reporting of DATIS does not extend to all substance and problem gambling agencies or services, for example, prison-based treatment services. However, for agencies that are required to report, it is critical they understand which service components must be included in their submission.

#### Agencies

##### Included:

- Provincially funded agencies that provide one or more specialty programs for Substance Abuse and/or Problem Gambling, including residential and non-residential programs.
- Agencies that have applied to use DATIS, for example, some agencies federally funded to provide SA and/or PG treatment services for First Nation, Inuit and Metis people.

##### Excluded:

- Private treatment agencies that do not receive provincial funding to provide specialty treatment for substance abuse and/or problem gambling services.
- Treatment services based in prison or other correctional institutions.
- Agencies that have not requested to use DATIS, for example, agencies federally funded to provide SA and/or PG treatment services for First Nation, Inuit and Metis people.
- Substance abuse and/or problem gambling treatment for services provided in acute care or psychiatric hospitals.

#### Clients

##### Included:

- All clients who are assessed and/or accepted for one or more types of treatment service for their own, or another person's, substance abuse and/or problem gambling issue.

##### Excluded:

- Clients receiving treatment from agencies that are excluded from the mandatory reporting.
- Admitted patients to acute care or psychiatric hospitals.

#### Activities

##### Included:

- All activities funded by the Ministry of Health and Long Term Care at agencies providing treatment services for substance abuse and/or problem gambling issues.

##### Excluded:

- All activities at agencies not funded by the Ministry of Health and Long Term Care to provide treatment services for substance abuse and/or problem gambling issues.

## What's new: Version 1.1 changes, to be implemented in 2015

### Preferred Language of Service

- Current Catalyst Permissible Values (PVs) will be amended to reflect the 2006 Census Canada's list of languages
  - Non First Nations, Inuit and Metis languages spoken in Ontario
    - Deactivate PV: Chinese
    - Activate PVs: Cantonese, Filipino, Urdu, Mandarin, Persian (Farsi), Gujarati, Romanian, Serbian
  - Top 3 First Nations, Metis, Inuit languages spoken in Ontario that will stay in Catalyst: Ojibwa, Cree, Ojicree
    - Deactivate First Nations, Metis, Inuit Languages PVs: Cayuga, Chippewa, Delaware, Menominee, Mohawk, Odawa, Oneida, Pottawatomi, Seneca, Tuscarora
- The PV "Other" and "Other Native Language" are to be superseded by
  - Other language
  - Other First Nations, Inuit, Metis language
  - Deactivate PV: Unknown
- Activate new PVs:
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible
  - Sign Language (any)

### Rationale

Statistics Canada data was used to reflect the Ontario population as the Tri-Hospital PVs are more reflective of the Toronto population; the difference is slight but distinctive.

Currently, Catalyst contains First Nations, Inuit and Metis languages that very few people speak. When a population is too small, those numbers will be combined with other populations to ensure privacy of the recipient(s).

For Version 2.0, Other language and Other First Nations/Aboriginal PVs should have a text box activated to enable for further explanation.

Sign Language, the American and other versions, is being used by more people.

The table below compares the 2006 Census Canada Ontario Population's top 25 languages spoken, plus the top 3 First Nations, Inuit and Metis languages compared to Tri Hospital Survey and Catalyst language Permissible Values.

Census Canada Language spoken	Ontario Population	Tri Hospital	Catalyst
<b>Total Population in Ontario</b>	<b>B 12,722,060</b>	<b>Language Permissible Values</b>	
<b>English</b>	8,677,040	English	01 - English
<b>French</b>	493,300	French	02 - French
<b>Italian</b>	251,330	Italian	26 - Italian
<b>Chinese</b>	195,120		19 - Chinese
<b>Cantonese</b>	186,870	Cantonese	

<b>Spanish</b>	178,335	Spanish	34 - Spanish
<b>Panjabi (Punjabi)</b>	173,975	Punjabi	35 – Punjabi
<b>Portuguese</b>	147,725	Portuguese	30 - Portuguese
<b>Tagalog (Pilipino, Filipino)</b>	140,805	Tagalog	
<b>German</b>	140,315		21 - German
<b>Arabic</b>	133,390	Arabic	18 - Arabic
<b>Urdu</b>	128,730	Urdu (East Indian)	
<b>Polish</b>	128,440	Polish	29 - Polish
<b>Mandarin</b>	118,390	Mandarin	
<b>Tamil</b>	111,060	Tamil	36 – Tamil
<b>Persian (Farsi)</b>	98,905	Farsi	
<b>Russian</b>	93,080	Russian	31 - Russian
<b>Gujarati (East Indian)</b>	68,105		
<b>Vietnamese</b>	65,915	Vietnamese	33 - Vietnamese
<b>Korean</b>	64,080	Korean	28 - Korean
<b>Dutch</b>	58,135		20 - Dutch
<b>Greek</b>	56,890	Greek	22 - Greek
<b>Hindi</b>	47,645	Hindi	24 - Hindi
<b>Romanian</b>	41,980		
<b>Serbian</b>	41,910	Serbian	
<b>Ojibway</b>	8,255		04 - Ojibwa
<b>Cree</b>	3,930		06 - Cree
<b>Oji-Cree</b>	3,030		05 – Ojicree

## Criminal Justice System Involvement

- The data element “Legal Status” is to be superseded with " Criminal Justice System Involvement"
- Activate new Permissible Values (PVs):
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible
  - Diversion/Drug Treatment Court
  - House arrest
  - Alternative Justice Program
- Supersede PV “No problem” with “No involvement”
- Deactivate PVs
  - Other
  - Unknown

### Rationale

The name change lends clarity to the data element. The interest in collecting this data is restricted to involvement with the criminal justice system; it excludes other legal involvement such as legal divorce proceedings or cases in small claims court.

Current Permissible Values (PVs) collected for Legal Status are:

No problems

Awaiting trial or sentencing

Probation

Parole

Incarcerated

Other

Unknown

## Youth Criminal Justice System Involvement

- The data element “Young Offender” is to be superseded by “Youth Criminal Justice System Involvement”.
- Deactivate PV
  - Unknown
- Activate new PVs
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible

The current Permissible Values collected for Young Offender:

Yes, No, Unknown and Not Applicable

### Rationale

The name change in the data element identifies if and how youth are involved with the Criminal Justice System at the time of initiation of treatment services.



## Gender

- Activate new Permissible Values:
  - Transgender and/or Transsexual
  - Does not identify with the values listed
  - Client is unable or unwilling to provide a response
  - Collection of a response was not possible
- Deactivate Permissible Value
  - Other

### Rationale

The activation of Transgender and/or Transsexual aligns with GAIN Q3 which includes Trans.

“Does not identify with the values listed” is inclusive of the client’s belief.

“Client is unable or unwilling to provide a response” and “Collection of a response was not possible” are response options that sharpen data collection.

The current Permissible Values collected for Gender:

Male, Female and Other

## Mandatory Treatment required by

- Activate new permissible values:
  - Community Treatment Order (CTO)
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible
- Deactivate permissible value:
  - Unknown

### Rationale

Pursuant to a recent request to include CTO as a PV for Legal Status, it was determined that CTOs were regulated by the Mental Health Act and not the Criminal Justice system. It was therefore considered logical to include it as a PV under this data element.

“Client unable or unwilling to provide a response” and “Collection of a response was not possible” are response options which sharpen data collection.

Current Permissible Values collected for “Mandatory Treatment Required By”:

None

Choice between treatment or jail

Condition of probation/parole

Child welfare authority

Condition of employment

Condition of school

Condition of family

Other

Unknown

## Unknown

- “Unknown” will be deactivated as a Permissible Value for the following data elements:
  - Employment Status
  - Education Status
  - Ethnicity
  - Frequency of use of presenting problem substances in prior 30 days
  - Hearing Problems
  - Income Source
  - Mobility Problems
  - Pregnancy Status
  - Prescribed Methadone or Other Opioid Substitute
  - Presenting Problem Substance N
  - Referral Source
  - Relationship Status
  - Status of Non-medical Intravenous Drug Use
  - Substances Used Within last 12 Months
  - Vision Problems
  - Gambling problem identified
  - Gambling Activities in the prior 12 months
- For the same data elements, listed above, activate the new Permissible Values:
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible
- “Unknown” to be deactivated as a permissible values (PVs) for the data elements
  - Reason for Termination
  - Reason for Discharge and
  - Service Type of Outgoing Referral
- Unchanged for Version 1.1 but to be reviewed for amendment in the rebuild of Catalyst:
  - Gambling form questions with “Unknown” as a radio button.
  - Mental health questions.

## Rationale

“Unknown” is a Permissible Value in many Catalyst pick lists and is currently monitored in the Data Quality Reports.

The absence of definitive parameters regarding use this value creates uncertainty in agency staff as to its application. The two new PVs being activated can be merged to become unknown if needed for analysis purposes. However, distinguishing between a “Client unable or unwilling to provide a response” and “Collection of a response was not possible” helps to identify areas of potential issues and thereby enhance the focus of education.

For data elements where “Unknown” is to be deactivated, the rationale for not replacing the PV is that this information is the sole responsibility of agency staff to provide. This data is important and should be collected.

Data elements where “Unknown” is to remain unchanged:

- In data elements where “Unknown” is a radio button there is much work to deactivate the PV and activate the two new PVs for version 1.1 amendments. Radio buttons are part of the software application programming making editing the list of permissible values a more time consuming endeavor. In the future upgrade of CATALYST the “Unknown” radio buttons will be reviewed for amendment.
- The mental health questions will be replaced with two GAIN mental health questions in Version 2.0. Options in the mental health questions will not include “Unknown” but will include the two new responses.

#### **DATIS amendment process**

- A data dictionary maintenance protocol has been provided. It describes the process of changes to data items within each item’s life cycle (see Appendix);

#### **Rationale**

- The DATIS Comprehensive Data Dictionary requires to be reviewed and published annually for the users of data set such as agencies, MoHLTC, LHINs and other stakeholders.

## Recommendations for DATIS Data Element amendments Version 2.0 and the future rebuild of Catalyst

### Mental Health Questions

The current Mental Health questions are to be deactivated.

#### Rationale

The Catalyst questions were not rigorously tested prior to implementation in 2002 nor have they been reviewed since. Many clinicians and clients have expressed difficulty answering these questions, queried their usefulness, and would welcome an update.

A clear distinction is needed between Mental Health and Mental Illness as defined by:

<http://www.mentalhealth.asn.au/home/item/111.html>

Mental illness refers to a diagnosed clinical condition. Commonly known examples are depression, anxiety, psychosis and eating disorders.

Mental health or mental wellbeing is a positive concept that goes beyond the absence of mental illness. It refers to resilience and good functioning, but also incorporates flourishing, happiness and getting the most out of life. An individual could simultaneously experience mental illness and mental wellbeing. A person could have a diagnosis of mental illness but still able to engage in positive activity such as work or volunteering, have a good network of support from family or friends, and able to get significant enjoyment out of life.

A person may not display symptoms of a mental disorder but still have poor mental health, trouble maintaining relationships and employment and achieving his/her goals.

The questions to ask prior to the rebuild would be:

“Is there need for Catalyst to have questions designed to assess or identify mental illness and to collect mental health data?” (Mental health questions would be similar to GAIN MH 1 & 2.); or would this be better left to the assessment tools designed to do this, and if so, should the information be imported to Catalyst?

Agencies should be consulted to determine their needs and requirements.

We believe the information about mental illness or mental health and the frequency among clients seeking treatment is needed or used by addiction treatment agencies, stakeholders, policy maker and researchers to enhance efficacy of treatment by determining care plans and providing appropriate services.

DATIS DTFP team should discuss this with the GAIN DTFP team, agencies and clinical experts.

The suggestion at present is to replace the ten current mental health Catalyst questions with those from the GAIN assessment. This may not be the best strategy as the GAIN questions are sequenced and weighted, integral to the generation of GAIN data.

- MH1 When was the **last** time that you had **significant** problems....
  - a. with feeling very trapped, lonely, sad, blue, depressed or hopeless about the future?
  - b. with sleep trouble, such as bad dreams, sleeping restlessly, or falling asleep during the day?
  - c. with feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?
  - d. becoming very distressed and upset when something reminded you of the past
  - e. thinking about ending your life or committing suicide?
  - f. seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?

- MH2 When was the **last** time you did the following things **two or more times**?
  - a. lied or conned to get things you wanted or to avoid having to do something
  - b. had a hard time paying attention at school, work, or home?
  - c. had a hard time listening to instructions at school, work or home?
  - d. had a hard time waiting for your turn?
  - e. were a bully or threatened other people?
  - f. started physical fights with other people?
  - g. tried to win back your gambling losses by going back another day?
  
- The GAIN Q3 Mental Health questions are scored:
  - 4 Past Month
  - 3 2 to 3 Months Ago
  - 2 4 to 12 Months Ago
  - 1 1+ Years Ago
  - 0 Never

### Rationale

The mental health data currently being collected by DATIS was implemented over a decade ago but was never rigorously tested or analyzed. Employing the GAIN Mental Health questions will:

- Provide continuity of services. By the time Version 2.0 is implemented the data from the GAIN pilot will have been analyzed and alignment with GAIN questions recommended and implemented;
- Permit comparison value. GAIN has been used extensively in the United States and there is a wealth of data for comparison;
- Reduce training time and costs. Agency clinical staff who collect DATIS information would already be using GAIN and require no training.

### Population Group

**There are 2 options for changing Population Group (Ethnicity) and it is recommended they be further reviewed when redesigning of Catalyst.**

- **Option 1:**
  - A large database of values inclusive of the worldwide language diversity to permit the client to enter/select the Population they most identify with. A background filter would allow alignment with the GAIN population grouping.
  
- **Option 2:**

Alignment with the GAIN population grouping:

  - The data element "Ethnicity" is to be superseded by "Population Group"
  - Deactivate current Permissible Values for Ethnicity
  - Activate GAIN Q3 Permissible Values
  - Activate new Permissible Values
    - White non-specified
    - Black non-specified
    - Asian non-specified
    - First Nations, Inuit, Metis non-specified

- Multiple or mixed population and cultural background groups
- Client unable or unwilling to provide a response
- Collection of a response was not possible
- Supersede First Nations/Aboriginal with First Nations

The table below compares Permissible Values from the GAIN “Population Group” and Catalyst “Ethnicity”.

<b>GAIN – modified by DATIS DTFP</b>	<b>Catalyst – current as of May 2013</b>
White - European	37 Scandinavian, 10 Dutch, 07 Irish, 05 German, 06 Scottish, 04 English, 08 Italian, 32 Spanish, 16 Portuguese, 26 Greek, 03 French, 09 Ukrainian, 14 Hungarian, 15 Polish, 25 East European
White - North American	20 American (USA), 01 Canadian, 35 French-Canadian
White Non-specified	
First Nations/Aboriginal - Status	02 Aboriginal - Status (N.A. Indian)
First Nations/Aboriginal - Non-Status	34 Aboriginal - Non Status
First Nations/Aboriginal - Metis	17 Métis
First Nations/Aboriginal - Inuit	18 Inuit
First Nations/Aboriginal - Non-specified	
East Asian (e.g., Chinese, Japanese, Korean, etc.)	11 Chinese, 27 Japanese, 28 Korean
South Asian (e.g., Indian, Pakistani, Afghani, Sri-Lankan, etc.)	13 East Indian, 36 Punjabi
South-East Asian (e.g., Filipino, Malaysian, Vietnamese, etc.)	29 Vietnamese, 30 Other South East Asia
Asian - Non-specified	
Black - African (e.g., Ghanaian, Somali, Kenyan, Ethiopian, etc.)	19 African
Black - Caribbean (e.g., Trinidadian, Jamaican, etc.)	23 Caribbean
Black - North American	22 Black
Black - Non-specified	
Middle Eastern (e.g., Saudi Arabian, Jordanian, Syrian, Lebanese, Iranian, Iraqi, Israeli, etc.)	21 Arab
Northern African (e.g., Egyptian, Libyan, etc.)	
South American (e.g., Argentinean, Chilean, Peruvian)	31 South American

Central American (e.g., Colombian)	24 Central American
Mexican	
Multiple or mixed population and cultural background groups	

**Rationale**

The DTFP Best Practice Screening and Assessment Procedures Project included a pilot of GAIN SS, and with some changes, DATIS will be aligned with their recommended Population Groupings.

A literature search for the definition of “ethnicity” and examples of permissible values was fraught with confusion; no lists exclusively identified ethnicity, culture, religion and race.

The term “Population Group” was the best fit and least confusing descriptor.

Modifications to the GAIN SS Population Group permissible values by Brian Rush’s DTFP Best Practice Screening and Assessment Procedures Project and the Tri-Hospital Initiative reflect the best options, nonetheless there are gaps, overlaps and fusion of skin colour and geographic areas.

Permissible values have been added to augment inclusiveness of all populations groups without a lengthy option list. For example, White non-specified encompasses both white Australian and white African; black European and black Australian are embraced by Black non-specified. “First Nations, Inuit and Metis” will replace “Native” and “Aboriginal” to eliminate confusion around this population from other geographical areas. Inclusion of “Multiple or mixed population and cultural background groups” recognizes proliferation of various cultures, race and religion in Ontario and this PV mitigates any gaps.

**Catalyst questions around completion or involvement.**

For the rebuild of Catalyst, we recommend the initial question allow a response of YES, NO or Completed, Not Completed. If a reason is not required to support the response, proceed to the next question. If a reason is required, it would be requested the next question with a choice of permissible values from the current question.

For example, “Reason for Program Termination”:

If “Program Completed” is selected, proceed to next question as no reason is required.

If “Program Not Completed” is selected, the next question would request a reason from a list of permissible values (same as existing list with the exclusion of “Program Completed”).

**Rationale:**

Provides a clearer indication of the information to be collected and thereby reduces confusion among agency staff.

The cascade questions would apply to the following data elements:

- Reason for Termination
- Reason for Discharge
- Involvement with Criminal Justice System

Frequency of gambling

The permissible value “Other” be superseded by “Other please specify” and allow collection of an explanation for the selection of this value.

### Type of Service Requested

#### Focus of Service Requested

- Data element: Client Type. Deactivate the data element and all associated Permissible Values.
  - 01 - Client - Alcohol/Drug: Client seeking help for Alcohol or Drug problem
  - 02 - Client - Alcohol/Drug/Gambling (ADG): Client seeking services for Alcohol/Drug/Gambling problems
  - 03 - Client - Gambling: Client seeking help for gambling problem only
  - 04 - Family Member of Alcohol/Drug Client: Client seeking help due to a family member’s alcohol/drug problem
  - 05 - Family Member of Alcohol/Drug/Gambling Client: Client seeking help due to a family member’s alcohol/drug/gambling problems
  - 06 - Family Member of Gambling Client: Client seeking help due to a family member’s gambling problem
  - 07 - Non-MoHLTC and A - Client: Client seeking help but the program linked to the client activity is not a DATIS participating funded program.
  - 08 - Non-MoHLTC and A - Family Member: Client seeking help due to a family member’s issue; the program linked to the family member program is not a DATIS participating funded program.
  
- Activate two new data elements and their associated Permissible Values:
  - “Type of Service Requested” with Permissible Values:
    - Substance Abuse (SA)
    - Problem Gambling (PG)
    - Both SA and PG
  - “Focus of Service Requested” with Permissible Values:
    - Person with the substance abuse or gambling problem issue
    - Significant Other related to person with substance abuse or gambling problem issue

Focus of Service requested will have to be collected at each service initiation (program registration) and associated with a date.

### Rationale

Presently, there is much confusion over the process when a client requesting services for the addiction problem of someone else is later found to also have an issue with substance use or problem gambling. The current CATALYST does not allow a change in status without discharging the admission and generating a new admission, resulting in loss of information on continuity of services.

The data element “Client Type” currently asks for two separate pieces of information in one request, making it unclear what and when to collect or how to update the information. Dividing the data element into two, “Type of Service Requested” and “Focus of Service Requested”, would lend clarity to the information being collected.

“Type of Service Received” will be reflected in the Functional Centre of the program services.



The Focus of Service, whether for the client and/or significant other with a SA or PG problem, will be identified and updated by agency staff at the initiation of each program service.

When the Focus of Service Requested is identified as Significant Other related to person with substance abuse or gambling problem issue, there is a short list of mandatory data elements to be completed. But if during treatment this same significant other is identified as also having problems with substance use or gambling, additional mandatory data elements will require completion.

At initiation of program services, when a person identifies “Type of Service Requested” as “Substance Abuse” there is no requirement to complete the Gambling Problem Form data elements. But if during treatment this same person is identified as also having a problem with gambling, the Gambling Problem Form require completion and a treatment plan developed.

To ensure the integrity of the data collected, these new mandatory data elements must be clearly specified and completed.

While the Functional Centre of each service program identifies the type of service i.e. Substance Abuse or Problem Gambling treatment, it pertains only to the client.

In future, specific questions could be developed for family members or significant others.

### Access to Healthcare

- Deactivate the data elements “Vision”, “Mobility” and “Hearing” and their Permissible Values ‘Yes’, ‘No’, ‘Unknown’.
- Activate a new data element “Healthcare Accessibility” to monitor, at a high level, the existence of potential barrier(s) to treatment services.
- Activate new Permissible Values
  - No disability
  - Chronic illness
  - Developmental Disability
  - Learning disability
  - Physical disability
  - Sensory Disability
  - Other
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible.
- This data element will allow the collection of multiple responses
- The data elements for Mental Health and Substance Abuse and Problem Gambling issues will also be reported as potential barriers to treatment services.

### Rationale

There is little explanation why Catalyst requires collection of information on Mobility, Vision and Hearing which does not seem to be included in the reports to MoHLTC, LHINs or other stakeholders. Meanwhile, agencies may extract this information from the database in the AG07 Health Status/Problems by Age group and gender report.

Statistics generated from these data elements do not correspond with those from “Income Source” permissible value ‘Ontario Disability Support Program’ (ODSP); the DATIS data identifies far more recipients of ODSP than reflected in the data elements Mobility, Hearing and Visibility.

A clear definition of the information to be collected and a broader list of disabilities would more effectively monitor accessibility to treatment services and may also align more closely with the number of people on ODSP.

Permissible values (PVs) for the new data element should reflect or reference:

- potential reasons that prevent the client from participating in or attending their treatment
- difficulty with daily life skills
- the wider topic of Health Equity access and or potential barriers to treatment services

The list of permissible values could be lengthy or allow the client to enter their disabilities or life difficulties then filtered and grouped by disabilities.

### **Sexual Orientation, Total Household Income, Number of people the household income supports. Measuring Health Equity: Collecting Socio-Demographic Client Data**

Activate four new data elements:

- **Sexual Orientation** defined as, “A person's sexual identity in relation to the gender to which s/he is attracted’ with Permissible Values from GAIN assessment/Tri Hospital study:
  - Heterosexual
  - Homosexual
  - Bisexual
  - Does not identify with those values listed
  - Client unable or unwilling to provide a response.
  - Collection of a response was not possible
- **Total Household Income** - defined as “The combined annual income (before tax) of all household members from all sources, including wages, commissions, bonuses, social assistance and retirement income” with Permissible Values from Stats Canada/Tri Hospital study:
  - \$0-\$29,999
  - \$30,000-\$59,999
  - \$60,000-\$89,999
  - \$90,000-\$119,999
  - \$120,000-\$149,000
  - \$150,000 or more
  - Client unable or unwilling to provide a response
  - Collection of a response was not possible
- **Number of people the household income supports** - defined as “A positive integer indicating the number of people the household income supports in a household where a person is seeking treatment at an agency providing either substance abuse and/or problem gambling services”. The format of the data element is the entered number.
- New data elements should be piloted within a group of agencies and the data reviewed and evaluated before introduction as mandatory data elements for all participating agencies.

### **Rationale:**

Collecting standardized client socio-demographic data is a first step toward identifying and reducing disparities in care and health outcomes. In Canada, disparities in access and quality of care are most commonly associated with specific populations including, but not limited to, FNIM populations, immigrants, refugees, ethnic and radicalized groups, homeless persons and members of the LGBTTIQ community.

Information from eight key domains promote the identification and monitoring of disparities in access and quality of care:

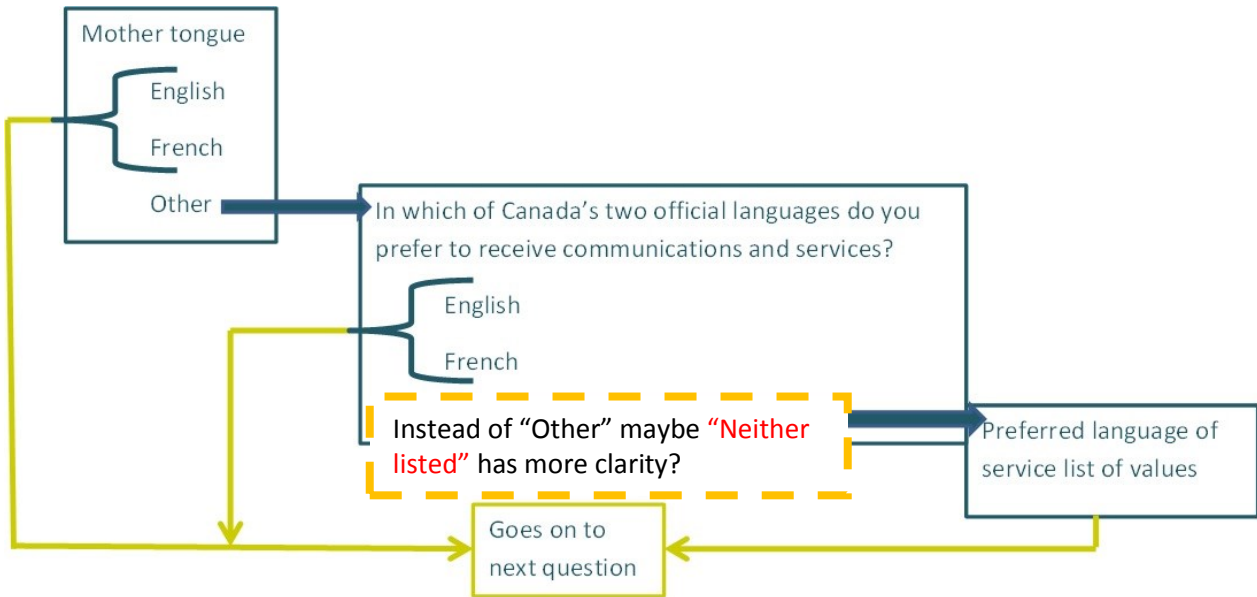
- Language
- Ethnicity
- Country of birth
- Gender
- Disability
- Sexual orientation
- Income
- Education

The DATIS Minimum Data Set is closely aligned with Health Equity research and projects with the exception of Country of Birth, Sexual Orientation, Income and the Number of People the Income Supports. The addition of these four new data elements would fill the gaps evident in DATIS in collecting health equity information.

Although “Mother Tongue” is not a perfect replacement for “Country of Birth,” it would provide a link between Population Grouping and Preferred Language of Service. Ethnicity is a very difficult data element to collect with any accuracy on account of the considerable overlap between culture, religion, ethnicity, geographic location and race. Immigrants who have lived in Canada for generations usually consider themselves Canadian and often have no ties to their parents’ country of birth, thus hindering collection of historical ethnic information. People tend to provide information that benefits them or their family rather than what needs to be collected. It is therefore advantageous to collect information on multiple points to help identify population groups that may be experiencing limited access to treatment services.

### **Preferred Language of Service**

Deactivated data element “Preferred Language of Service” and associated permissible values. Activate a cascade of questions to identify Mother Tongue, Canada’s two official languages or a preferred language of Service.



**Rationale:**

This change intends to promote the health equity needs of a diverse Ontario population, and to provide a safe space that encourages a client to provide truthful answers. This cascade of questions has already been implemented in OPOC-MHA questionnaire. This same approach is planned for the Catalyst rebuild and Data Dictionary’s Version 2.0.

**Type of Residence**

**Definition** - a simple identification of the primary type of housing, residence or physical accommodation, in which a person seeking substance abuse and or problem gambling treatment services primarily resided in, at initiation of service and the past ninety days.

- Deactivate NFA (no fixed address) and Unknown (postal code). These are checkboxes.
- Activate new data element “Type of Residence” reflective of primary type of housing used in the past 90 days. When the client has used a mix of housing in the past ninety days, select the type being used at initiation of treatment services.
- Activate Permissible Values aiming to convey the primary nature of the housing, residence or accommodation:
  - Permanent private residence  
**Definition:** Any house, townhouse, apartment, condo or room in the community, whether owned by the client or another person. It includes a private dwelling where support services are available as needed (e.g. independent housing for the elderly or disabled)
  - Permanent institutional residence  
**Definition:** A residence that provides 24-hour skilled or intermediate nursing care. Group or communal housing with non-related persons where housing is provided and supervised by a social agency or charity (e.g. nursing home, long-term care facility, facility for those with an intellectual disability, assisted living, group home, mental health residence, board and care, hospice, supported/supportive housing, group home, half-way house)
  - Short-term publicly provided residence  
**Definition:** residence where staff is available to assist clients with gaining skills to live on their own (e.g. transitional housing – length of stay is usually less than a year)

- Short-term or temporary privately provided residence  
**Definition:** staying with family or friends (Sleeping on sofa, in guest room, basement or couch surfing - may only sleep one night at family or friend's home)
- Short-term or temporary institutional setting  
**Definition:** receiving treatment services in a healthcare facility (e.g. hospital, psychiatric, rehabilitation) or held in custody in a correctional facility (e.g. jail)
- Homeless  
**Definition:** No fixed address. Includes living on the streets, in a homeless shelter or in a hostel.
- Client unable or unwilling to provide a response.
- Collection of a response was not possible
- This data element will be collected, dated and stored historically. It will be collected at the initiation of serviced and again at the discharge of the admission.
- At the initiation of service it will be client self-reported information; at the discharge of the admission, staff will enter updated information to the best of their knowledge.

### Rationale

Housing needs to be monitored to ensure efficacy of treatment services. The current collection of information, NFA (no fixed address), Unknown (postal code) and Address Effective Date does not reflect the stability or type of housing the client lives in. Type of residence in the past ninety days monitors the client's housing; notation of the date when the information was collected provides references in time as to the type of housing the client has been using; collecting this information at the cessation of treatment and at multiple service initiations monitors housing over the duration of treatment as well as stability of the housing the client is using.

Stable housing has been shown to play an integral part in the recovery from many health issues including addictions, and maintaining optimum health. Unstable housing usually indicates a system failure that leads to unhealthy decisions and less than optimal health. Stability is based on the apparent amount of control the person has over her or his continued residence in the housing or accommodation. Are they about to lose the home due to loss of money due to substance use/problem gambling or loss of income/employment?

The National Treatment Indicators collect the housing status of a client, specifically whether or not s/he has a fixed address. The Central Toronto LHIN Community Business Intelligence Project collected current residence type, level of residential support and current living arrangement. The Addiction Supportive Housing (ASH) study also looked at the housing of clients seeking services for substance abuse and problem gambling. The Community Support and Research Unit (CSRU) at CAMH authored a paper, Road to Recovery, which focused on housing issues for mental health clients.

**Stable Housing:** A permanent living space that meets basic health and safety standards, including protection from the elements; access to safe water and sanitation; security of tenure and personal safety; affordability; and the provision of minimum space to avoid overcrowding. Person can return to this permanent living space whenever s/he chooses.

**Homeless:** Those people living in accommodations that do not meet the basic health and safety standards, including protection from the elements; access to safe water and sanitation; security of tenure and personal safety. Accommodations may not be safe, affordable, appropriate and/or permanent to which they may return whenever they choose. It is also a person or family living on the streets with no physical shelter of their own, including those who spend nights in emergency shelters.

The people in this grouping could be living in any type of space, structure or shelter, for example, on the streets, under a bridge, in a vehicle or abandoned buildings.

### Smoking Status

**Definition:** A basic indication of a past involvement with smoking tobacco for a client seeking treatment at an agency providing either substance abuse and/or problem gambling services.

- Maintain Permissible Value Tobacco in data elements “Presenting Problem Substances”, “Substances Used in Prior 12 Months” and “Frequency of Use of Presenting Problem Substances in Prior 30 Days”.
- Activate new data element “Smoking Status”
- Activate Permissible Values:
  - Never smoked tobacco
  - Quit smoking over 1 year ago
  - Quit smoking less than 1 year ago
  - Smoke with a desire to quit/change
  - Smoke with no desire to quit/change
  - Smoke occasionally/socially (less than 4 cigarettes per week)
  - Client is unable or unwilling to provide a response.
  - Collection of a response was not possible

### Rationale

Research shows that initiation into the world of substance use usually involves smoking cigarettes. Currently, smoking cessation or tobacco use is monitored by Public Health. This limits the Substance Abuse and Problem Gambling agencies in their ability to collect informative data on tobacco use. The DATIS database reflects that after alcohol, tobacco is the second substance most often identified by clients as being a substance use problem.

Currently DATIS collects “Frequency of Use of Presenting Problem Substances in Prior 30 Days” with permissible value ‘Tobacco’; this information would be enhanced with this new data element.

In future versions of Catalyst, it might be beneficial to identify clients interested in smoking cessation treatment.

### Comparable Unique Service Recipient Identifier - OHIP #

- Creation of a comparable unique service recipient identifier that would allow database sharing and linkages. OHIP # would be a good candidate.
- To maintain client confidentiality and uninterrupted services to those clients without an Ontario health card, one of the following options may be selected in lieu of the health card number and version code:
  - Client unable or unwilling to provide a response – selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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.

### Rationale

The DATIS database was originally created as a province wide standardized reporting system for all addiction agencies funded by MoHLTC. A standard set of demographic and utilization data was developed for system-level planning, evaluation, accountability and research. The system was centered on identifying the number of cases accepted by an agency and hours spent by agency staff in providing services within ministry funded programs. The DATIS key was created to evaluate the number of unique individuals accessing substance abuse treatment services in the province. There was no intention of identifying any one individual; rather, the data was to be used for statistical purposes only.

Collecting longitudinal information on service recipients, who are probably being served through multiple agencies, would allow monitoring of treatment outcomes. Province-wide health care databases now permit sharing and linkage; there is also a trend towards the inclusion of the criminal justice database and other substance abuse and problem gambling databases, nationally and/or globally. However, to share data or collect longitudinal data, databases need a comparable unique identifier that may not be duplicated, which the DATIS key does not provide (see Appendix DATIS key summary). National treatment indicators collection calls for the reporting of the numbers of unique individuals; this would also facilitate reporting on families and family history of treatment.

An individual's OHIP number is recognized as an ideal comparable unique identifier.

Though not mandated, agencies that currently submit data to DATIS include 30% of clients' OHIP numbers.

Collection of OHIP numbers encounters two issues:

- Agencies being funded, by the LHIN, to provide substance abuse and/or problem gambling do not bill for their service; as such there is no need to collect an OHIP number
- There is also concern that people seeking treatment for substance abuse and/or problem gambling will be turned away if they do not provide or have an OHIP number.

Until these issues, along with privacy regulations, can be examined more closely and resolved, the OHIP number will not be a mandatory data element collected by DATIS; however agencies will be strongly encouraged to obtain it.

## Trauma

The DATIS DTFP team reviewed literature, listened to webinars and discussed trauma, making apparent its integral role in at least substance abuse and overall recovery. However the literature reviewed offered no concrete evidence on how or what concise information to collect to identify trauma in the life of a person suffering from addiction, or how to measure the effect of trauma on the individual. Further research is required on the collection of accurate and precise data on trauma in relation to substance use. The DTFP project, Trauma and Substance Use: Developing Guidelines for Informed Practices, managed by Project Lead, Nancy Bradley of the Jean Tweed Centre, explored this issue but their findings are pending. However, the publications by Dr. Gabor Mate, Dr. Bruce Alexander, Professor Emeritus of Psychology at Simon Fraser University and Dr. Ann Jennings on trauma and addictions may be reviewed to further this datum.

Collection of the data element Trauma could start with a simple “yes/no” question asked of the person seeking treatment, “Do you believe you were traumatized as a child or in your past?” as well as a “yes/no” question to be answered by the agency staff, “Does this person behave or demonstrate behaviours that that are consistent with or would suggest to you that they could have a history of trauma?” The permissible values of “Client unable or unwilling to provide a response” and “Collection of a response was not possible” would apply.

- **Trauma Through the Life cycle:**

- **Youth** - theory, research, homelessness, justice, transitioning to adult system
- **Families** - domestic violence, sexual abuse, prevention programs
- **Seniors** - The complex emotional burdens on professionals working with seniors, hospice, end of life.

Another suggestion as a way to identify and understand potential experiences of trauma in the person’s life is to employ a combination of questions from GAIN Q3.

Addiction Rounds 25 October, 2013

Treating Women with Complex Psychiatric Presentations: Using a Sanctuary Based Model with DBT Principles

**Presenter:** **Dr. Suvercha Pasricha, MBBS, FRCPC** - Lead Physician, Women’s Inpatient Unit, Women’s Services, CAMH

What is Trauma? Use a wide scope in assessing for trauma:

- Past or current physical, sexual and emotional abuse, violence or coercion
- Childhood experiences of invalidation, neglect and family instability
- Various forms of harassment and discrimination
- Economic stress
- Political violence and unrest



### Recommendations for DATIS process and other changes

- ✓ Future versions of the DATIS Comprehensive Data Dictionary should include collection of socio-economic/health equity data at service initiation and service cessation. This data could assist in the evaluation of treatment outcomes. The socioeconomic/health equity data collected should align with Provincial Government databases, Toronto Central LHIN and CAMH. The Tri-Hospital study collected this data and can be referenced when deciding on DATIS data elements and permissible values.
- ✓ Agencies be consulted as to when Mandatory Data Elements are collected. For example, collection of Ethnicity data would be better when a relationship is established between the client and the clinician during the first program.
- ✓ A governance group be struck to vet changes to the collection of data elements as well as the database. The group should include representation from agencies, MoHLTC, LHINs, researchers, DATIS and consumers of the system.

## Data Dictionary

### Overview

DATIS has contemplated various descriptions of the data it collects, particularly the mandatory data, but despite a number of prior attempts, a single, comprehensive description was not completed. The DATIS DTFP team sorted through various data descriptors, including those on substance by other jurisdictions and the standards they relied on. While ISO/IEC 11179 served as a reference point for describing the mandatory data, DATIS DTFP was able, with the assistance of many, to systematically and comprehensively describe the mandatory data elements captured by DATIS at the present time.

By using the metadata structure with ISO 11179 standards and an Access database, the DATIS DTFP team took the data dictionaries of mandatory data elements compiled by DATIS staff over the years and created a DATIS data dictionary and document. This entire document provides a more comprehensive description of the data elements and also how Ontario collects Substance Abuse and Problem Gambling treatment services data.

An object classes grouping for the data elements was implemented

- Admission (01) – data elements that describe the problem the client is seeking services for from the agency providing substance abuse and/or problem gambling services
- Agency (02) – data elements that describe and allow identification of the agency providing substance abuse and/or problem gambling services
- Client (03) – data elements that describe the client seeking treatment from the agency providing substance abuse and/or problem gambling services
- Service (04) – data elements that describe the types of services provided to the client seeking treatment at an agency providing substance abuse and/or problem gambling services

An unique accession numbering system for data elements was also initiated. Each mandatory data element has a unique accession number assigned to it; when the data element is dramatically changed or retired, the unique accession number is created and/or the old number is retired (see appendix Numbering System).

Also collected is change information on the data element. All changes to data elements or permissible values are recorded so that users of the database i.e. researchers, other databases, agency staff, MoHLTC, LHINs can recognize and take these into consideration (see appendix Numbering System).

# Ontario Substance Abuse and Problem Gambling Treatment Metadata (OSAPGTM) - Mandatory Data Elements



## DATA DICTIONARY

OBJECT CLASS: CLIENT
Client Data Elements
Client Site Number
DATS Key
First Name (first initial)
Last Name (first initial)
Last Name at Birth (first initial)
Date of Birth
Gender
City
County
Complete Postal Code
Address Effective Date
Preferred Language of Service
Ethnicity

OBJECT CLASS: AGENCY
Agency Data Elements
Agency Name
Agency Number
Agency Address

OBJECT CLASS: ADMISSION	
Admission Data Elements	
<b>Admission Information</b> Admission ID Admission Site Number Admission Status Admission Date Discharge Date Reason for Discharge Referral Date Referral Source Client Type Mandatory / Required Treatment Legal Status Young Offender Status Relationship Status Employment Status Educational Status Income Source <b>Substance Use</b> Presenting Problem Substances Frequency of Use of Presenting Problem Substances in Previous 30 Days Substances Used in Previous 12 Months Prescribed Methadone or Other Opioid Substitute	<b>Health Status/Problems</b> Vision Problems Hearing Problems Mobility Problems Pregnancy Status Status of Non-Medical Intravenous Drug Use Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime Hospitalized For a Mental Health Problem in Prior 12 months Hospitalized For a Mental Health Problem within Lifetime Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within Lifetime Currently Prescribed Medication for a Mental Health Problem Prescribed Medication for a Mental Health Problem in Prior 12 Months Prescribed Medication for a Mental Health Problem within Lifetime Gambling Problem Identified Gambling Treatment Plan Status Gambling Activities of Previous 12 Months Reason For Non-completion of Gambling Data Form
<b>Gambling Data Form</b>	
Reason for Seeking Help with Gambling Behaviour Number of Years Life Negatively Affected by Gambling Behaviour Length of Time Since Last Gambling Activity Sequence of Gambling Problem Identification	Frequency of Specified Gambling Activities in Previous 12 Months Top Three Specified Gambling Activities Frequency of Specified Locations of Gambling in Prior 12 Months Top Three Locations of Gambling Percentage of Time Spent Gambling by Jurisdiction

OBJECT CLASS: SERVICE
Service Data Elements
<b>Program</b>
Program Site Number
Program ID
Program Name
Functional center
Provincial Service Category
Program Start Date
Program Start Time
Program End Date
Reason for Program Termination
Direct Service Time
Indirect Service Time
Total Sessions
Length of Stay/Service
WAMS episode number
<b>Outgoing Referrals</b>
Provincial Service Category of Outgoing Referral
Service Type of Outgoing Referral
Date of Outgoing Referral

# Ontario Substance Abuse and Problem Gambling Treatment Metadata

---

**Data element** Admission ID

**Accession number** 2000\_001\_01

---

## Identifying and definitional attributes

**Definition** A positive integer sequentially assigned to each client's admission(s) within a particular agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Admission ID

## Representational attributes

**Guide for use** The number indicates a unique client admission to a particular agency providing substance abuse and or problem gambling treatment services. Each client admission will be assigned (auto-generated in the database) a unique number starting at one and is sequentially assigned after that.

Greater than or equal to one or less than or equal to 99.

For example: 1 is assigned to the first admission to an agency

Only one client admission can be active or open at any given time within an agency.

**Context** Used to uniquely identify a client's admission history to an agency for substance abuse and or problem gambling treatment.  
Links all programs created in an admission.  
Used for database queries and functions.

**Permissible values**

**Catalyst screen** Admission Information

**Catalyst screen text** Admission Number

**Knowledge Base article**

**Database field** admission\_no

**Dataform** Auto-generated sequentially

**Datatype** Number

**Datatype DB** VARCHAR2(15)

**Format** XX

**Maximum character length** 2

## Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Admission Status (Auto generated) Admission Site Number Admission Date Discharge Date

---

**Data element** Admission Site Number

**Accession number** 2000\_002\_01

---

**Identifying and definitional attributes**

**Definition** A representative number identifying the agency site at which a client was admitted for treatment at the agency providing either substance abuse or problem gambling services or both.

**Data element concept** Admission - Admission Site Number

**Representational attributes**

**Guide for use** Agencies with more than one site (location) establish the numeric coding of sites from which substance abuse and or problem gambling services are delivered. The number begins with 1 and moves positively in sequence until all agency sites have a unique numeric code, greater than or equal to one or less than or equal to 99.

Select the unique agency site number for the site where the client was admitted to the agency. For example, an agency has 3 locations where services are provided. Sites are numbered as 01, 02 and 03. A client can be admitted at site 01 and receive treatment/programing at site 03.

**Context** Permits the reporting of service utilization by treatment location or site within the agency.

**Permissible values**

**Catalyst screen** Admission information

**Catalyst screen text** Site No

**Knowledge Base article**

**Database field** SITE\_NO

**Dataform** Entry

**Datatype** Number

**Datatype DB**

**Format** XX

**Maximum character length** 2

**Developmental attributes**

**Implementation status** Active

Implementation  
start date

Implementation  
end date

Staging                      Collected once at initiation of treatment services

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata              Admission Status (Auto generated)  
Admission ID  
Admission Date  
Discharge Date  
Program site number  
Client site number

---

**Data element** Admission Status

**Accession number** 2000\_003\_01

---

**Identifying and definitional attributes**

**Definition** A categorical representation of whether a client, as of a given date, is actively being treated within the agency, is in the process of being treated or has been previously treated by an agency providing either substance abuse or problem gambling services or both.

**Data element concept** Admission - Admission Status

**Representational attributes**

**Guide for use** The admission status is generated and updated by the database as data is entered.

Blank Status: Only initial information has been collected.

Pending: Client is still in the intake/screening phase and not yet registered in a program. A chart/file number is generated. Entry Services are the only activities that can be linked to the client at this level. The Admission information is incomplete.

Open: an Admission date is entered; all required fields were completed; the client has been registered in at least one program linked to the "Open" admission; and there is no discharge date; the admission is "Open" or "Active".

Closed: an Admission date exists; all required fields were completed; the client was registered in at least one program linked to the admission; all programs have been terminated (closed); AND there is a discharge date.

Incomplete: All required fields may or may not be complete; a chart/file number was assigned to the client; however, there were No programs linked to the admission; the admission was DISCHARGED; the admission status is Incomplete.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context** Used to monitor active client caseloads.

**Permissible values** Blank  
Closed  
Incomplete  
Open  
Pending

**Catalyst screen** Client information

**Catalyst screen text** Admission status

**Knowledge Base article**



Database field	CASE_STATUS_ID
Dataform	Code
Datatype	String
Datatype DB	
Format	Nnnn
Maximum character length	

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected at cessation of service
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Admission ID Admission ID Admission Site Number Discharge Date Reason for Discharge

---

**Data element** Admission Date

**Accession number** 2000\_004\_01

---

### Identifying and definitional attributes

**Definition** Following agency policy, procedure and process this is a date the agency staff deems the client suitable for admission and subsequent treatment at the agency providing either substance abuse or problem gambling services or both.

**Data element concept** Admission - Admission Date

### Representational attributes

**Guide for use** Admission to the agency follows agency policy, procedure and process and signals that the agency has undertaken to provide or further assist a client with assessment and/or treatment services (registered in a service program) on an on-going basis. Usually the admission precedes the completion of the screening/intake process, the agency's decision that the client is suitable for the agency's services and the formal assessment phase in treatment is available.

Treatment services need to be available before entering an admission date. A client can have only one open admission to an agency at any one time.

Admission dates cannot overlap but can be sequential.

An Admission must have a discharge date before a second admission can be open.

The Admission date is less than or equal to the Discharge Date and the Program Start Date.

The date cannot be a future date from the date of input.

Day must be equal to or greater than 1 and equal to or less than 31 dependent on the month.

Month must be equal to or greater than 1 and equal to or less than 12.

Must be greater than the date of birth and less than the date of death.

Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY.

Day - nn

month - nn

year - nnnn

For example - 06112012 - is the 6th day of the month of November in the year 2012

The guidelines for the appropriate times and reasons for closure of admissions and programs are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge the Inactive admission or terminate the program and re admit the client when further service is required. Programs and admissions are flagged as inactive in a Catalyst report, if no service is reported for that client according to the flags set in the agency database.

**Context** Is used to

- indicate admission to an agency and allows program registration(s)
- identify the number of clients admitted to an agency during a reporting period and to establish active client caseloads

The admission date together with discharge date

- enable reporting of treatment received by clients in all service types within the 2 dates as one "episode" of treatment, or as a client admission at the agency level.

- are used to count the number of admissions within any reporting time period for those clients with multiple admissions to an agency.

**Permissible values**

Catalyst screen	Admission information
Catalyst screen text	Admission Date
Knowledge Base article	
Database field	ADMISSION_DATETIME
Dataform	Entry
Datatype	Date
Datatype DB	VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)
Format	DDMMYYYY
Maximum character length	8

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Admission ID Admission Status (Auto generated) Admission Site Number Discharge Date Reason for Discharge

---

**Data element** Discharge Date

**Accession number** 2000\_005\_01

---

### Identifying and definitional attributes

**Definition** Following agency policy, procedure and process this is the date the agency ceases providing services to the client and identifies closure of the client's admission to the agency providing either substance abuse or problem gambling services or both.

**Data element concept** Admission - Discharge Date

### Representational attributes

**Guide for use** Discharge from the agency follows agency policy, procedure and process. The discharging of a client's admission signals that the agency will no longer provide or further assist a client with assessment and or treatment services on an on-going basis.

The discharge date is a date after the completion of substance abuse and or problem gambling treatment services provided by the agency and or the agency's or client's decision that the client no longer requires the agency's services.

All Programs must be terminated prior to entering and saving the discharge date.

The Discharge Date is greater than or equal to the Admission Date and the latest Program End Date.

Day must be equal to or greater than 1 and equal to or less than 31 dependent on the month.

Month must be equal to or greater than 1 and equal to or less than 12.

Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY.

Day - nn

month - nn

year - nnnn

For example - 06112012 - is the 6th day of the month of November in the year 2012

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

### Context

Is used to

- Indicate a closed admission and that the client is no longer receiving program treatment from the agency.

The admission date together with discharge date

- enable reporting of treatment received by clients in all service types within the 2 dates as one "episode" of treatment, or as a client admission at the agency level.

- are used to count the number of admissions within any reporting time period for those clients with multiple admissions to an agency.

**Permissible values**

**Catalyst screen** Discharge Information

Catalyst screen text	Discharge date
Knowledge Base article	
Database field	DISCHARGE_DT_TM
Dataform	Entry
Datatype	Date
Datatype DB	VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)
Format	DDMMYYYY
Maximum character length	8

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected at cessation of service
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Admission ID Admission Site Number Admission Status Admission Date Reason for Discharge

---

**Data element** Reason for Discharge

**Accession number** 2000\_006\_01

---

**Identifying and definitional attributes**

**Definition** A set of values that indicate the primary reason agency staff cease to provide treatment and discharged the client's admission to the agency providing either substance abuse or problem gambling services or both.

**Data element concept** Admission - Reason for Discharge

**Representational attributes**

**Guide for use** Agency staff selects the primary and most appropriate reason for cessation of treatment services and the discharge of the client's admission.

Before the admission can be discharged, the programs within that admission must be terminated. If the client completed the program then "Completed the Program" is selected. If the client did not complete the program then agency staff select the most appropriate and primary reason the program was not completed. Other- selected when the reason for not completing the program is not listed.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context** Used to monitor the circumstances under which a client left substance abuse or problem gambling treatment at the agency. Assists in determining the number of clients who complete treatment and the clients who leave without completing treatment. This data element is an indicator for determining outcomes.

**Permissible values** Completed service plan  
Client Withdrew and Notified Staff  
Mutually Agreed Upon  
Discharged by Staff/Involuntary Discharge  
Transferred elsewhere - other than Hospitalized  
Other  
Incarcerated  
Deceased  
Drop Out/No Show  
Hospitalized  
Unknown

**Catalyst screen** Discharge Information

**Catalyst screen text** Reason for discharge

**Knowledge Base article**

**Database field** REASON\_TERMINATION\_ID

Dataform	Code	
Datatype	Number	
Datatype DB	VARCHAR2(3)	
Format	XX	
Maximum character length		2

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected at cessation of service
Short term changes (Version 1.2)	Deactivate Unknown without replacement
Long term changes (Version 2)	Future changes should allow a question of "Was the service plan complete?" YES or NO where YES will go to the next question and NO will request a reason for not completing the program. The permissible values for this question will be the current values listed.
Related metadata	Admission ID Admission Status Admission Date Discharge Date Admission Site Number

---

**Data element**      Date of Referral to the Agency

**Accession number**      2000\_007\_01

---

**Identifying and definitional attributes**

**Definition**      The date the client was referred to the agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Date of Referral to the Agency

**Representational attributes**

**Guide for use**      Refers to the date the client was referred to the agency.

   This date must be less than the Admission Date.  
   Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY.

   Day - nn  
   month - nn  
   year - nnnn

   Day is equal to or greater than 1 and less than or equal to 31 dependent on the month.  
   Month is equal to or greater than 1 and less than or equal to 12.  
   For example: 06112012 - 6th day of the month of November in the year 2012

**Context**      Used to monitor the length of time between the date of referral to the agency and admission to agency, initiation of assessment and treatment planning or other service delivery to the client. Used in conjunction with the data element Program Start Date to assess wait times for program service.

**Permissible values**

**Catalyst screen**      Admission information

**Catalyst screen text**      Referred on

**Knowledge Base article**

**Database field**      REFERRED\_ON

**Dataform**      Entry

**Datatype**      Date

**Datatype DB**      VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)

**Format**      DDMMYYYY

**Maximum character length**      8



## Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Referral Source Date of Outgoing Referral Service Type of Outgoing Referral

---

**Data element** Referral Source

**Accession number** 2000\_008\_01

---

**Identifying and definitional attributes**

**Definition** A set of values that indicate the approved classification of the agency, organization or individual that referred the client for treatment at the agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Referral Source

**Representational attributes**

**Guide for use** Agency staff can select up to two referral sources to the agency. They are entered into two separate text boxes (fields).  
Client unable or unwilling to provide a response – selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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;  
  
For example, the client indicated they had been seen in their local community health center; the center recommended specific substance use treatment services. Select 06 - Community Health Center.

**Context** Assists in  
Developing a typology of clients and in determining patterns of referrals.  
Tracking of client movement between agencies and programs.  
Identifying the patterns of interaction between agencies providing substance abuse and 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 substance abuse and problem gambling services.  
Agencies understanding their relationships with other service providers and identifying gaps that may exist in their local or regional networks.

**Permissible values** Self  
Family/Friends  
Education/Training Programs/Services  
Initial Assessment Treatment Planning Agency  
Residential Withdrawal Management Service Level 1, 2, 3  
Community Withdrawal Management Service Level 1, 2, 3  
Residential Treatment Services Agency  
Residential Supportive Housing Agency Level 1 & 2  
Community Treatment Agency  
Community Day/Evening Treatment Services Agency  
Residential Medical/Psychiatric Services Agency  
Community Medical/Psychiatric Services Agency  
Case Management Agency  
Psychiatric Services/Hospital  
Private Psychiatrist/Psychologist  
Medical Services - Hospital  
Medical Services - Private  
Community Health Centre  
Physician/Private Practitioner  
Public Health Unit/Nursing Services  
Community Mental Health Agency - Adult Program  
Community Mental Health Agency - Child Program

Social Service Agency - Adult Program  
 Social Service Agency - Child Program  
 Other Community Institution/Residential Program  
 Housing Programs/Services  
 Self-Help Groups (e.g. Alcoholics Anonymous)  
 EAP - Employee Assistance Program  
 Police  
 Other Legal System - Excluding Police  
 Connex  
 Other  
 Traditional Healer/Elders  
 Women's/Men's Shelters  
 Alternative Health Therapies  
 Native Treatment Services  
 Housing - Native/Non-Profit  
 Other Native Services  
 Toronto WMS Central Access (For Toronto WMS ONLY)  
 OPGH - Ontario Problem Gambling Helpline  
 MHSIO - Mental Health Services Information Ontario  
 Responsible Gaming Information Centres  
 Unknown

Catalyst screen	Admission information
Catalyst screen text	Referral source 1
Knowledge Base article	
Database field	REFERRAL_SRC_ID1
Dataform	Code
Datatype	Number
Datatype DB	VARCHAR2(3)
Format	XX
Maximum character length	2

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	Deactivate Unknown Add new permissible values: Client unable or unwilling to provide a response - selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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;

Long term changes  
(Version 2)

Related metadata

Referral Date  
Date of Outgoing Referral  
Service Type of Outgoing Referral

---

**Data element** Client Type

**Accession number** 2000\_009\_01

---

**Identifying and definitional attributes**

**Definition** The classification of a client by agency staff into one of eight categories based on the assessment of the client's problem area(s).

**Data element concept** Admission - Client Type

**Representational attributes**

**Guide for use** Client Type defines the client's problem area(s) as identified by client or agency staff during the screening/intake process, depending on family status and services received. Typically a client receives services consistent with his/her problem area(s) and or relationship to the problem area(s) of a family member or significant other.  
This field is used to identify clients as either Alcohol/Drug/Gambling [AD/G] client, Family Member/Significant Other [FM/SO] clients or non-MOHLTC and A client or family member. The formal definition of an Alcohol/Drug/Gambling client is any individual seeking treatment and/or information about his/her own substance use or gambling problem. Family member/significant other clients are individuals seeking treatment and/or information regarding ANOTHER person's substance use or gambling problems.  
For example: A person seeking help for their Substance use and Gambling problem - select 02 - Client - Alcohol / Drug / Gambling (ADG);  
A person in the DATIS DB as Mental Health only - select 07 - Non-MoHLTC and A Client.  
DATIS identifies a client as a service recipient who attends at least one face-to-face visit beyond the entry level at an agency providing substance abuse and problem gambling treatment services.

**Context** Used to  
- differentiate clients from family members.  
- group clients according to broad problem areas and associated needs.  
  
This data element is also the main mechanism for determining the number of family members or significant others receiving service from treatment agencies.

**Permissible values** Client - Alcohol/Drug: Client seeking services for Alcohol or Drug problem  
Client - Alcohol/Drug/Gambling (ADG): Client seeking services for Alcohol/Drug/Gambling problems  
Client - Gambling: Client seeking services for gambling problem only  
Family Member of Alcohol/Drug Client: Client seeking services due to a family member's alcohol/drug problem  
Family Member of Alcohol/Drug/Gambling Client: Client seeking services due to a family member's alcohol/drug/gambling problems  
Family Member of Gambling Client: Client seeking services due to a family member's gambling problem  
Non-MoHLTC and A - Client: Client seeking services but the program linked to the client activity is not a DATIS participating funded program.  
Non-MoHLTC and A - Family Member: Client seeking services due to a family member's issue; the program linked to the family member program is not a DATIS participating funded program

**Catalyst screen** Admission information

Catalyst screen text	Client type	
Knowledge Base article		
Database field	CLIENT_TYPE_ID	
Dataform	Code	
Datatype	Number	
Datatype DB	VARCHAR2(3)	
Format	XX	
Maximum character length		2

**Developmental attributes**

Implementation status	Pending to deactivate
Implementation start date	01/01/2002
Implementation end date	
Staging	
Short term changes (Version 1.2)	
Long term changes (Version 2)	To supersede with two new data elements: - Type of Service Requested with permissible values (PVs) of Substance Abuse (SA) Problem Gambling (PG) Both SA and PG - Focus of Service Requested with permissible values of Person with the substance abuse or gambling problem issue Significant Other related to person with substance abuse or gambling problem issue
Related metadata	Client Site Number DATIS Key Gender Preferred Language of Service Ethnicity Mandatory/Required Treatment Legal Status Young Offender Status Relationship Status Employment Status Educational Status Income Source

---

**Data element** Mandatory/Required Treatment

**Accession number** 2000\_010\_01

---

**Identifying and definitional attributes**

**Definition** A set of values to indicate, at the initiation of treatment, whether the client was mandated or ordered by a court or legal authority or an explicit condition of personal relationships, school or employment to seek treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Mandatory/Required Treatment

**Representational attributes**

**Guide for use** Source of these data are typically client self-reports, 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.

These data are collected reflective of the client's status at the initiation of treatment services. Select from the list of permissible values the primary reason the client reports seeking treatment. The primary reason is not necessarily correlated with the data element Criminal Justice System Involvement.

Client unable or unwilling to provide a response - selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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;

Other - selected when the information is not included in the list provided.

**Context** Assists in understanding the unique and potentially complex needs and service demands of clients accessing substance abuse and problem gambling treatment services.  
Used to observe, monitor and report the current prevalence of clients with Mandatory/Required Treatment within the substance abuse and problem gambling treatment population and to ensure additional needs or considerations for this populations are planned and delivered.  
Used to further understand client pathways to treatment and to develop client typologies.  
Potential for use as a case-mix weighting factor and for monitoring and evaluating treatment outcomes.  
For example, a student was caught using substance(s) in a school. The school has required that the student not return to school unless they are in substance abuse treatment.  
Select Condition of school.

**Permissible values** None  
Choice between treatment or jail  
Condition of probation/parole  
Child welfare authority  
Condition of employment  
Condition of school  
Condition of family  
Other  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Treatment Mandated/Required By

Knowledge Base article

Database field COND\_SURR\_CONTACT\_ID

Dataform Code

Datatype Number

Datatype DB VARCHAR2(3)

Format XX

Maximum character length 2

### Developmental attributes

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) To consider additional permissible value (PV) "Community Treatment Order" (CTO)  
A recent Ontario project requested CTO as a PV for Legal Status but on further research it was found that CTO it is not part of the Criminal Justice system/Act but is actual part of the Mental Health Act. It was more logical to include it as a PV in Mandatory Treatment Required By.  
Deactivate Unknown  
Add new PVs: Client unable or unwilling to provide a response - selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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;

Long term changes (Version 2)

Related metadata Client Type  
Client Site Number  
DATIS Key  
Gender  
Preferred Language of Service  
Ethnicity  
Legal Status  
Young Offender Status  
Relationship Status  
Employment Status  
Educational Status  
Income Source



---

**Data element**      Legal Status

**Accession number**      2000\_011\_01

---

**Identifying and definitional attributes**

**Definition**      A set of values to indicate the client's current involvement with the Criminal Justice or the Youth Justice Systems at the initiation of treatment at an agency providing either substance abuse or problem gambling services or both.

**Data element concept**      Admission - Legal Status

**Representational attributes**

**Guide for use**      Source of these data are typically client self-reports, 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.  
Data are collected reflective of the client's status at the initiation of treatment services. This element is not required to be updated if the client becomes involved with the Criminal Justice or the Youth Justice Systems during treatment. However if during treatment the client reveals that they were involved prior to admission please update the Criminal Justice System Involvement.

House arrest - selected when the client is under house arrest;  
Diversion/Drug Treatment Court - selected when the client is involved with the Diversion/Drug Treatment Court;  
Alternative Justice System - selected when the client is involved with Criminal Justice System and the client's response is not included in the list provided;  
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;  
No involvement - selected when there is no current involvement in the criminal justice system;

**Context**      Assists in understanding the unique and potentially complex needs and service demands of clients accessing substance abuse and problem gambling treatment services.  
Used to observe, monitor and report the current prevalence of clients with a Legal Status within the substance abuse and problem gambling treatment population and to ensure additional needs or considerations for this populations are planned and delivered. Used to further understand and to develop client typologies. Potential for use in monitoring and evaluating treatment outcomes.

**Permissible values**      No problem  
Awaiting trial or sentencing  
Probation  
Parole  
Incarcerated  
Other  
Unknown

**Catalyst screen**      Admission information

**Catalyst screen text**      Legal status

**Knowledge Base article**

Database field	LEGAL_STATUS_ID
Dataform	Code
Datatype	Number
Datatype DB	VARCHAR2(3)
Format	XX
Maximum character length	2

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	<p>Name change to "Criminal Justice System Involvement "</p> <p>Deactivate Unknown</p> <p>Add the following permissible values</p> <p>Client unable or unwilling to provide a response - selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was unable to provide a response;</p> <p>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>Add PV - Diversion/Drug Treatment Court; House arrest; Alternative Justice System</p> <p>Change PV No problem to No involvement</p>
Long term changes (Version 2)	<p>For the Catalyst rebuild it would be beneficial to first have a question of Involvement or No Involvement where No Involvement would go to the next question. Involvement would request a reason why and use the list of values currently being used.</p>
Related metadata	<p>Client Type</p> <p>DATIS key</p> <p>Mandatory/Required Treatment</p> <p>Young Offender Status</p> <p>Relationship Status</p> <p>Employment Status</p> <p>Educational Status</p>

---

**Data element**      Young Offender Status

**Accession number**      2000\_012\_01

---

**Identifying and definitional attributes**

**Definition**      A basic indication of involvement with the Youth Criminal Justice System at the initiation of treatment at an agency providing either substance abuse or problem gambling services or both when the client is between the ages of 12 and 17 and less than 18 years of age.

**Data element concept**      Admission - Young Offender Status

**Representational attributes**

**Guide for use**      Source of these data are typically client self-reports, 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.

Youth Criminal Justice Act (YCJA) governs the application of criminal and correctional law to those 12 years old or older, but younger than 18 at the time of committing the offence (Section 2 of the YCJA).

Yes - selected if the client is currently involved with the youth criminal justice system at initiation of substance abuse and/or problem gambling treatment services. The data element is not required to be updated if the client becomes involved with the Youth Criminal Justice System during treatment. However if, later in treatment, the client reveals that they were involved with the system prior to admission to treatment please update the data element. The youth may be convicted of or pleaded guilty to a criminal offence in the youth criminal justice system and is currently serving a sentence. If the client is not currently involved with the Youth Criminal Justice System select No.

Client is 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 – is selected when a response may not have been requested or was not recorded and it is no longer possible to collect a response;

Not Applicable - selected if client is 18 years or older and involved with the judicial system.

For example: The client indicates they are not currently involved with the youth criminal justice system. Select No.

**Context**      Assists in understanding the unique and potentially complex needs and service demands of clients accessing substance abuse and problem gambling treatment services.

Used to observe, monitor and report the current prevalence of youth clients involved with the Criminal Justice System within the substance abuse and problem gambling treatment population. Once the youth population is identified then there is a requirement to ensure additional needs or considerations for this populations are planned and delivered.

Used to further understand client pathways to treatment and to develop client typologies.

**Permissible values**      Yes  
No  
Unknown  
Not applicable

**Catalyst screen**      Admission information

**Catalyst screen text**      Young offender

Knowledge Base article

Database field YOUNG\_OFFENDER

Dataform Code

Datatype Character

Datatype DB VARCHAR2(1)

Format N

Maximum character length 1

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) The data element name Young Offender is to be superseded by name Involved with Youth Involvement with Criminal Justice System.  
Replace Unknown with:  
Client unable or unwilling to provide a response - selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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;

Long term changes (Version 2) Would it make sense to eliminate the Young Offender/Youth Involved with the Criminal Justice System and have the Date of Birth indicate whether there is youth involved with the Youth Criminal Justice system  
Legal Status / Involvement with Criminal Justice System would indicate the type of involvement.

Related metadata Date of birth  
Mandatory / Required Treatment  
Legal Status  
Relationship Status  
Employment Status  
Educational Status  
Income Source

---

**Data element** Relationship Status

**Accession number** 2000\_013\_01

---

### Identifying and definitional attributes

**Definition** A set of values that indicate the client's relationship and or marital status at the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Relationship Status

### Representational attributes

**Guide for use** Source of these data are typically client self-reports, 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.  
These data are collected reflective of the client's status at the initiation of treatment and is not required to be updated when the situation changes during the course of treatment.  
Select the value that most appropriately describes the current relationship status of the client at the initiation of substance abuse and or problem gambling treatment service by the agency.

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;

Married/partnered/common-law - includes same sex couples. A common law relationship in Ontario requires that you and your partner have lived together continuously for three years.

Single – is selected to indicate someone who has never legally married and is not currently living in a common-law relationship.

**Context** Assists in the development of profiles for the client and the substance abuse and or problem gambling treatment population.  
Assists in understanding a client's personal and family relationships to their family.

**Permissible values** Married / partnered / common-law (includes same sex couples)  
Single (Never married)  
Widow or widower  
Separated or divorced  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Relationship status

**Knowledge Base article**

**Database field** REL\_STS\_ID

**Dataform** Code

**Datatype** Number

**Datatype DB** VARCHAR2(3)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2)

Related metadata

---

**Data element**      Employment Status

**Accession number**      2000\_014\_01

---

### Identifying and definitional attributes

**Definition**      A set of values that indicate the client's primary relation to the labour force in the past three months prior to the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Employment Status

### Representational attributes

**Guide for use**      Source of these data are typically client self-reports, however it may also be obtained from referral documentation or from family members. All data collected are to be confirmed by the client or by the substitute decision maker.

The data gathered should represent the client's primary employment status over the past three months prior to the initiation of treatment services and no update is required when during the course of treatment the employment status changes.

Permissible values contain:

Employed full-time, includes self-employed - 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;

Employed part-time - selected when the primary paid job is less than 30 hours worked/week;

Unemployed - selected when actively Seeking Employment;

Student/Retraining - selected when there is no payment to the client for his or her time, including apprenticeship programs;

Disabled - selected when client unable to participate in the working labour force due to a permanent or temporary disabled i.e. on WSIB or employer sick leave;

Not in labour force - selected when the client is not in the workforce and not actively seeking employment - i.e. a homemaker, someone without a job and not in a training/educational program or a full or part time volunteer;

Retired - selected when the client is retired and is not in the labour force;

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 – is selected when a response may not have been requested or was not recorded and it is no longer possible to collect a response.

There is strong correlation between Employment Status and Income Source.

Examples.

A person with employment will most likely have a primary Income Source of employment.

A person with a primary income source of disability insurance or retired could also supplement their income with employment (full or part time). Select Employment status of part-time or full-time employment.

Brenda Smith is employed as a part time pharmacist. Select 02 Employed part-time.

Philip Windsor has multiple part-time jobs that have him working 75 hours a week. If there is no paid job that is more than 30 hours select employed part-time.

For a client who is not working due to a recent birth and is not receiving EI. How is Employment Status selected?

If the client was employed before the birth and the employer is holding their position for them on their return, even if they are not being paid, select Employed.

If there is no position to return to and they are not currently and actively seeking employment

select Not in Labour Force.

If there is no position to return to and they are currently and actively seeking employment  
select Unemployed (Actively Seeking employment).

Definition of DISABILITY

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 restrictions 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.

Context

Assists in

- Understanding a client's relationship to the work force and associated economic resources / constraints.
- Developing profiles of clients accessing the substance abuse and or problem gambling service system.
- Assessing resources available and the need to supplement the resources available to the person.
- Monitoring and evaluating treatment outcomes at a high level.
- Addressing disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities.  
These data can be used to alone and or in conjunction with other social determinants of health to:
- Monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Develop recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values

- Employed full-time, includes self employed
- Employed part-time
- Unemployed (Looking for work)
- Student/Retraining
- Disabled (not working)
- Not in labour force (e.g. Homemaker)
- Retired
- Unknown

Catalyst screen

Admission information

Catalyst screen text

Employment status

Knowledge Base article

Database field

EMP\_STS\_ID

Dataform

Code

Datatype

Number

Datatype DB

VARCHAR2(3)

Format

XX



**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
 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 – is selected when a response may not have been requested or was not recorded and it is no longer possible to collect a response.  
 PV 03 Unemployed (Not working) be changed to 03 Unemployed (actively seeking employment) so as to distinguish between this permissible value and 06 Not in labour force.

Long term changes (Version 2)

Related metadata  
 Legal Status  
 Young Offender Status  
 Relationship Status  
 Employment Status  
 Educational Status

---

**Data element** Educational Status

**Accession number** 2000\_015\_01

---

### Identifying and definitional attributes

**Definition** A set of values that indicate the highest level of education attained by the client prior to the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Educational Status

### Representational attributes

**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.

Record only the highest level of education completed. When a client has attended some of the next level of education but not completed or graduated from that level select the level as not complete. Clients who have attended school outside of Canada, record the grade level in Canadian equivalency.

Primary School - selected when the client completed primary school (grade 8) and but did not attend secondary or post-secondary school;  
Completed community college, technical college, CEGEP – selected when client completed a diploma or certificate at the post-secondary level;  
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 may not have been requested or was not recorded and it is no longer possible to collect a response.

**Context** Used to develop client typologies and or profiles for service planning and delivery for both client and or the province.

May serve as a rough proxy for literacy/numeracy status.

Potential use in monitoring treatment outcomes for both the client and the province.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used alone and or in conjunction with other social determinants of health to:

- Monitor service utilization by vulnerable or marginalized groups within a general population -
- Identify barriers to service for vulnerable or marginalized groups within a general population -
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Develop recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values  
 No formal schooling  
 Some primary school  
 Primary School  
 Some secondary or high school  
 Completed secondary or high school  
 Some community college, technical college, CEGEP  
 Completed community college, technical college, CEGEP  
 Some university (not completed)  
 University degree (completed): Bachelors, Masters  
 Unknown

Catalyst screen Admission information

Catalyst screen text Education

Knowledge Base article

Database field EDUCATION\_ID

Dataform Code

Datatype Number

Datatype DB VARCHAR2(3)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Active

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)  
 Deactivate Unknown  
 Client unable or unwilling to provide a response - selected when the client or substitute decision maker was asked to provide a response and refused, preferred not to respond or was 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;

Long term changes (Version 2)

Related metadata  
 Legal Status  
 Young Offender Status  
 Relationship Status  
 Employment Status

Income Source

---

**Data element**      Income Source

**Accession number**      2000\_016\_01

---

### Identifying and definitional attributes

**Definition**      A set of values that indicate the client's main or primary source of income for the past 3 months at the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Income Source

### Representational attributes

**Guide for use**      Source of these data are typically client self-reports, 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.

While clients may have multiple sources of income, report only the main or primary source of income. 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 it does not require updating.

There is a strong correlation between Income Source and Employment Status. If a person's main income source is employment they would not have an Employment status of Disabled. If the person's main income source is disability insurance they would not have an Employment status of Unemployed.

Employment - selected when income earned from working any amount of time for a salary; include those persons who have participated in a program of 4 years of work and payment over 5 years;

Employment Insurance (EI) - selected when receiving EI, and including those people on maternity and paternity leave;

ODSP (Ontario Disability Support Program) – selected when a person is receiving financial support from a government program supporting people with disabilities ;

Disability Insurance - selected if person is receiving employer short or long term insurance or WSIB (workman's safety and insurance board) income;

Other Insurance - selected for personal insurance payments to cover injury or disability, excluding Employment Insurance and Disability Insurance;

Ontario Works Government Fund - selected for those who receive social support;

Retirement Income - selected for people receiving Canadian pension and or employer pension Plans or other forms of retirement income where this is their primary income;

Other - selected when the primary income source is not listed. i.e. personal savings, student loans/grants, lottery winnings, illegal sources i.e. trafficking drugs;

None - selected when no income source is in place;

Family Support - selected when people are receiving financial support from other family members including: students living at home, stay at home parents, no personal income and use income generated by another family member;

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 may not have been requested or was not recorded and it is no longer possible to collect a response.

For example, if student living at home not working or in the labour force select Financial Support from other family members and does not have a primary sources of income. A student living on their own and working at a paid job that is their primary source of income select Employment.

**Definition of DISABILITY**

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 restrictions 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, it is likely duration and restrictions have been verified by a prescribed health care professional.

**Context** Used to enhance understanding of the economic status and economic resources available to the specific client and the treatment population admitted to substance abuse and or problem gambling treatment / services.  
Monitored to ensure additional needs or considerations (if required) for this client or population are planned for and delivered.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used to alone and or in conjunction with other social determinants of health to:

- monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

**Permissible values**

- Disability Insurance
- Employment
- Employment Insurance
- Family Support
- None
- ODSP (Ontario Disability Support Program)
- Ontario Works
- Other
- Other Insurance (excluding Employment Insurance)
- Retirement Income
- Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Income source

**Knowledge Base article**

**Database field** INCOME\_SRC\_ID

**Dataform** Code

**Datatype** Number

**Datatype DB** VARCHAR2(3)

**Format** XX

**Maximum character length** 2

## Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	<p>Deactivate Unknown</p> <p>Activate new permissible values: 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;</p> <p>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>Changes to Staging of collection: Mandatory collection of Employment Status and Income Source at the cessation of service (discharge of the admission). The collection of the information will be the responsibility of agency staff and be updated to the best of staff's knowledge</p>
Long term changes (Version 2)	
Related metadata	<p>Legal Status</p> <p>Young Offender Status</p> <p>Relationship Status</p> <p>Employment Status</p> <p>Educational Status</p>

---

**Data element** Presenting Problem Substances

**Accession number** 2000\_017\_01

---

### Identifying and definitional attributes

**Definition** A set of values that indicate the substance(s) that led the client to seek substance abuse treatment from the agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Presenting Problem Substances

### Representational attributes

**Guide for use** Source of these data are typically client self-reports, 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.

The identified presenting problem(s) will be the focus of the client's treatment plan. These data are not collected for clients whose treatment episode concerns the substance abuse of another person.

If the client has been referred into treatment and does not identify a Presenting Problem Substance, then the substance involved in the client's referral should be selected.

None

Alcohol - Includes: Alcohol; Alcohol-based flavorings and extracts, vanilla and other alcohol-based flavorings; Bitters; Ethanol; Extracts, Vanilla and other alcohol-based flavorings; Hair Tonic; Lysol; Methyl alcohol; Shaving lotion; Shoe polish; Tonic; Vanilla and other alcohol-based flavorings; Wood alcohol

Cocaine - Includes: Cocaine; Coke

Amphetamines & Other Stimulants - Includes: Actifed; Alert; amphetamines; Antitussin Syrup; Benlyn DM-D; Branch Eze Syrup; Caffedrine; Chlor-Tripolon N.D.; Co-Actifed; Corcidin D; dextroamphetamine/d-amphetamine; diethylpropion; Dimetan Expectorant; Dimetapp; Dristan; Dristan Nasal Spray/Mist; Dristan ND; Dristan LA Caps; Drixoral; Drixtab; ephedrine; Fastin; fenfluramine; Formula 44-D; Ionamin; Maxenal; mazindol; Neo-Citran; Neo-Synephrine; Novahistex; Novahistine DM; Nyquil; Ornade; phentermine; phenylephrine; phenylpropanolamine; Ponderal; Pondimin; psuedoephedrine; Ritalin; Robidrine; Sanorex; Sinutab; Sinutab ES; Sinutab ND; Sinutab SA; Speed; Stay Alert; Screts Cold Decongestant; Tenuate; Triaminic; Triaminic DM Night; Tylenol Cold/Allergy/Sinus Products; Vicks Cough Syrup; Wake-ups

Cannabis - Includes: Cannabis; Grass; Hashish; Marijuana; Pot; THC; Hashish Oil

Benzodiazepines - Includes: alprazolam; Ativan; Benzodiazepines; bromazepam; clobazam; clorazepate; chlordiazepoxide; clonazepam; Dalmane; diazepam; estazolam; flurazepam; Halcion; ketazolam; Lectopam; Librium; Loftram; lorazepam; Mogadon; nitrazepam; oxazepam; restoril; Rivotril; Serax; Solium; temazepam; Tranxene; triazolam; Valium; Vivol; Xanax

Barbiturates - Includes: amobarbital; Amytal; Barbiturates; butabarbital; butalbital;

Fiorinal; Nembutal; pentobarbital; phenobarbital/ phenobarbitone; secobarbital;

Seconal; Tuinal

Heroin/Opium - Includes: Heroin; Opioids (other than those prescribed); Opium

Prescription Opioids - Includes: 282; 292; 282 MEP; 642; Alfenta; alfentanil; anileridine;

butorphanol; codeine; Codeine Syrup; Coristex-DH; Coristine-DH; Cophylac; Darvon-N;

Demerol; Dilaudid; Dilaudid HP; Dimetane Expectorant DC; Dimetapp-C; Endocet;

Endondan; fentanyl citrate; fentanyl base; Hycodan; Hycomine; Hycomine-S-Pediatric;

hydrocodone; hydromorphone; Leritine; Levo-Dromoran; levorphanol; Lomotil liquid;

Lomotil tabs; meperidine; meprobamate; Methadone; methocarbamol; morphine;

Morphone HP; MOS; MS Contin; nalbuphine; Narcotics; normethadone; Novahistex-C;

Novahistex DH; Novahistine DH; Nubain; Numorphan; Opiates; Opiods; Oxycet; Oxycodan;

oxycodone; Pamergan; pentazocine; Percocet; Percocet-Demi; Percodan; Percodan-Demi;

Phenaphen with Codeine #2,3,4; propoxyphene; Robaxial-C1/4, C1/2; Robidone; Roxicet;

Stadol; Statex; sufentanil; Sufenta; Supeudol; Tussionex; Tylenol with Codeine #2,3,4



Over-the-counter codeine preparations - Includes: 222's; Anacin with Codeine; AC&C; Atasol-8; Benylin with Codeine; C2 with Codeine; Calmylin with Codeine; Cotabs; Dimetapp with Codeine; Exdol-8; Lenoltec #1; Novo-Gesic C8; Parafon Forte C8; Robaxacetl-8; Robaxisal-C1/8; Robitussin with Codeine; Sinutab with Codeine; Triatec-8; Tylenol with Codeine (#1)

Hallucinogens - Includes: Acid Microdots; Angel Dust; DMT; Ecstasy; Hallucinogens; LSD; Lysergic Acid Diethylamide; Magic Mushrooms; MDA; MDMA; Mescaline; methylenedioxyamphetamine; methylenedioxyamphetamine; Microdot Acid; Morning Glory (seeds); Nutmeg; PCP-Phencyclidine; Peyote; Phencyclidine; Psilocybin; STP

Glue & other inhalants - Includes: Contact Cement Cleaner; Ether; Furniture Polish; Gasoline; Glue; Household Cements; Lacquer Thinner; Lighter Fluid; Nail Polish Remover; Paint Thinner; Solvents; Spot Remover; Toluene

Tobacco - Includes: Tobacco; Nicotine

Other psychoactive drugs - Includes: Allerdyl; amitriptyline; amoxapine; Amyl Nitrate; Anafranil; Antabuse; Antagonists (Narcotic); Anticonvulsants; Antidepressants; Artane; Ascendin; Atarax; atropine; Atropisol; Aventyl; Benadryl; Benylin for Allergies; benzotropine mesylate; Cafergot; Carbolith; calcium carbimide; carbamazepine; chloral hydrate; chlorpromazine; cinnamedrine; clomipramine; Cognetin; desipramine; dexchlorpheniramine; DHE; dihydroergotamine mesylate; Dilantin; dimenhydrinate; diphenhydramine; diphenhydramine/pseudoephedrine; disulfiram; doxepin; Duralith; Elavil; Elavil Plus; Equanil; Ergomar Medihaler; ergotamine maleate; ergotamine tartrate; Ergotrate; ethchlorvynol; Etrafon; fluoxetine; Fluanxol; Fluanxol Depot; fluphenazine; fluphenazine enathate; fluphenazine decanoate; flupenthixol decanoate; fluspirilene; fluvoxamine; Gravol; Haldol; haloperidol; Histantil; hydroxyzine; Imap; imipramine; Imovane; Ketalor; ketamine; Largactil; Lithane; lithium carbonate; Lithizine; Loxapac; Loxapine; Ludimol; Luvox; Majepitil; maprotiline; Mellaril; meprobamate; Mepron; mesoridazine; methotrimeprazine; methysergide maleate; Midol; Modecate; Moditen; Moditen Enathate; Multipax; naloxone; Narcan; Nardil; Navane; Neuleptil; Neuleptic Agents; Norpramin; nortriptyline; Nozinan; Noctec; Nytol; Orap; Other Analgesics; Other Antidepressants; Other Sedative-Hypnotics; Other Tranquillizers; paroxetine; Parnate; Parsitan; Paxil; pericyazine; perphenazine; Pertofrane; phenelzine; Phenergan; pheniramine maleate; phenytoin; pimozide; Piportil; pipotiazine; pizotyline; Placidyl; Polaramine; prochlorperazine; promazine; promethazine; protriptyline; Prozac; Pyribenzamine; pyrilamine maleate; Sandromigran; Sansert; Sedative-Hypnotics; Serentil; Sertaline; Sinequan; Sleep-Eze; Sleeping Pills; Sparine; Stelabid; Stelazine; Stemetil; Surmontil; Tegretol; Temposil; thioproperazine; thioridazine; thiothixene; Tofranil; tranlycypromine; trazodone; Triavil; trifluoperazine; trihexyphenidyl; Trilafon; trimipramine; Triptil; Unisom-2; Zolof; zopiclone

Steroids

Crack

Ecstasy

Methamphetamines (crystal meth.)

Unknown

Context

Used in conjunction with the data elements Frequency in the Last 30 Days and Substance Used in the Past 12 Months to identify, monitor, determine and evaluate the patterns, severity and complexity of the substance use in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.

Used to monitor and evaluate substance abuse treatment processes and outcomes for clients in substance abuse services.

Used in conjunction with other data elements to describe and group the treatment population for reporting and analysis.

Types of Substance Used is regularly reported to the Ministry of Health and Long Term Care (MoHLTC), Local Health Integrated Networks (LHIN) and agencies.

Permissible values

Alcohol  
 Amphet. & other stimulants exc. methamphetamines  
 Barbiturates  
 Benzodiazepines  
 Cannabis  
 Cocaine  
 Crack  
 Ecstasy  
 Glue & other inhalants  
 Hallucinogens

Heroin/Opium  
Methamphetamines (crystal meth.)  
None  
Other psychoactive drugs  
Over-the-counter codeine preparations  
Prescription opioids  
Steroids  
Tobacco  
Unknown

Catalyst screen	Admission information
Catalyst screen text	Presenting Problem Substances
Knowledge Base article	
Database field	PPS1
Dataform	Code
Datatype	Number
Datatype DB	VARCHAR2(3)
Format	XX
Maximum character length	2

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	Deactivate Unknown Activate new permissible values: 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;
Long term changes (Version 2)	
Related metadata	Frequency of Use of Presenting Problem Substances in Previous 30 Days Substances Used in Previous 12 Months Prescribed Methadone or Other Opioid Substitute

---

**Data element**      Frequency of Use of Presenting Problem Substances in Prior 30 Days

**Accession number**      2000\_018\_01

---

**Identifying and definitional attributes**

**Definition**      A set of values that indicate the frequency of using the previously identified presenting problem substance(s), as reported by a client, in the 30 days prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Frequency of Use of Presenting Problem Substances in Prior 30 Days

**Representational attributes**

**Guide for use**      Source of these data are typically client self-reports, 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.  
For each presenting problem substance identified by the client as being a problem for him/her, select the client's frequency of use for each Presenting Problem substance in the 30 days prior to the initiation of treatment services.  
  
Did not use - selected when the client has had no substance usage in the last 30 days  
Daily - selected when client has used every day in the last 30 days  
Binge - selected when the client periodically and excessively consumes a substance.  
Binge drinking - more than 2 standard drinks in any 3-hour period and more than 3 drinks per day.  
Client unable or unwilling to provide the 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.

**Context**      Used in conjunction with the data elements Substances Used in Prior 12 Months and Presenting Problem Substances to identify, monitor, determine and evaluate the patterns, severity and complexity of the substance use in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.  
Used to monitor and evaluate substance abuse treatment processes and outcomes for clients in substance abuse services.  
Used in conjunction with other data elements to describe and group the treatment population for reporting and analysis.  
Types of Substance Used is regularly reported to the Ministry of Health and Long Term Care (MoHLTC), Local Health Integrated Networks (LHIN) and agencies.

**Permissible values**      Did not use  
1-3 times monthly  
1-2 times weekly  
3-6 times weekly  
Daily  
Binge  
Unknown

**Catalyst screen**      Admission information

**Catalyst screen text**      Presenting Problem Substances Frequency in Last 30 days

Knowledge Base article

Database field PPSN\_FREQ\_ID

Dataform Code

Datatype Number

Datatype DB VARCHAR2(3)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Active

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2) Reviewers pointed out that Binge is not a frequency and should be reviewed. It may need to be another data element, or it could be a secondary question when selecting one of the frequency

Related metadata Presenting Problem Substances  
Substances Used in Previous 12 Months  
Prescribed Methadone or Other Opioid Substitute

---

**Data element** Substances Used in Prior 12 Months

**Accession number** 2000\_019\_01

---

### Identifying and definitional attributes

**Definition** A set of values that indicate the substances that the client has used in the past 12 months prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Substances Used in Prior 12 Months

### Representational attributes

**Guide for use** Source of these data are typically client self-reports, 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.

Substance Used data are to be collected reflecting the client's usage status at the initiation of services at the agency.

Select each substance used by the client in the last year. These substances may not be causing a problem but have been used in the past year. Multiple values can be submitted - select all that apply.

This information is not collected for clients whose treatment episode concerns the alcohol/drug use of another person.

The field does not default to a particular code and can be left blank.

For example, the client indicated that they had used alcohol, and LSD in the past year as well as the Presenting Problem of cocaine. Select 02 Alcohol, 11 Hallucinogens and 03 cocaine.

None – selected when there have been no substance(s) used in the last 12 months ;

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.

**Context** Used in conjunction with the data elements Frequency in the Last 30 Days and Presenting Problem Substances to identify, monitor, determine and evaluate the patterns, severity and complexity of the substance use in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.

Used to monitor and evaluate substance abuse treatment processes and outcomes for clients in substance abuse services.

Used in conjunction with other data elements to describe and group the treatment population for reporting and analysis.

Types of Substance Used is regularly reported to the Ministry of Health and Long Term Care (MoHLTC), Local Health Integrated Networks (LHIN) and agencies.

**Permissible values** Alcohol  
Amphet. & other stimulants exc. methamphetamines  
Barbiturates  
Benzodiazepines  
Cannabis  
Cocaine  
Crack  
Ecstasy  
Glue & other inhalants  
Hallucinogens

Heroin/Opium  
 Methamphetamines (crystal meth.)  
 None  
 Other psychoactive drugs  
 Over-the-counter codeine preparations  
 Prescription opioids  
 Steroids  
 Tobacco  
 Unknown

Catalyst screen Admission information  
 Catalyst screen text Substances Used in the past 12 Months

Knowledge Base article

Database field SUBSTANCE\_ID

Dataform Code

Datatype Number

Datatype DB

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
 Activate new permissible values: 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;

Long term changes (Version 2)

Related metadata Presenting Problem Substances  
 Frequency of Use of Presenting Problem Substances in Previous 30 Days  
 Prescribed Methadone or Other Opioid Substitute

---

**Data element** Prescribed Methadone or Other Opioid Substitute

**Accession number** 2000\_020\_01

---

**Identifying and definitional attributes**

**Definition** A basic indication of whether a client is being prescribed methadone or another opioid substitute at the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Prescribed Methadone or Other Opioid Substitute

**Representational attributes**

**Guide for use** Source of these data are typically client self-reports, 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.  
Opioid substitute examples: methadone, buprenorphine, suboxone.  
  
Yes - selected when at the time of admission requires the client is being prescribed methadone or another opioid substitute.  
No - selected when at the time of admission requires the client is not being prescribed methadone or an opioid substitute.  
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.

**Context** Assists in understanding the  
- use of specialized substance abuse treatment / services by clients with opioid dependency.  
- unique and potentially complex needs and service demands of opioid dependent clients admitted to substance abuse and problem gambling treatment services.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Methadone/opioid substitute

**Knowledge Base article**

**Database field** METHADONE

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

**Format** N

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2)

Related metadata Presenting Problem Substances  
Frequency of Use of Presenting Problem Substances in Previous 30 Days  
Substances Used in Previous 12 Months



---

**Data element**      Vision Problems

**Accession number**      2000\_021\_01

---

**Identifying and definitional attributes**

**Definition**      A basic indication of whether a permanent vision disability interferes with the client's daily functioning and may need to be taken into consideration during treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Vision Problems

**Representational attributes**

**Guide for use**      Source of data are typically client self-reports, however may also be from documentation provided by the referring agent/organization or from family members. All information not collected directly from the client must be confirmed by the client or by the substitute decision maker.

Vision data are collected reflecting the client's vision status at the initiation of treatment services at an agency providing substance abuse and or problem gambling services.

Yes - selected when the client's vision problem cannot be corrected or has not been corrected by surgery, glasses or contact lenses, interferes with daily living and is a potential barrier to access and receiving treatment at an agency providing substance abuse and or problem gambling services;

No – selected when the client either has no problem with their vision or it has been corrected and does not interfere with daily living;

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.

For example, a person with a legal blind status is considered visually impaired. Select Yes. A person recovering from a medical intervention of the eye is not considered to have a permanent visual impairment. Select No.

**Context**      Used to observe, monitor and report the current prevalence of issue/special needs within the substance abuse and problem gambling client treatment population.

Used to identify, determine, evaluate and eliminate barriers to substance use and or problem gambling treatment services and to provide for planning and delivery of treatment services specifically for the client with special needs and non-specifically for the special needs population across the province.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used to alone and or in conjunction with other social determinants of health to:

- Monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system

- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values Yes  
No  
Unknown

Catalyst screen Admission information

Catalyst screen text Vision

Knowledge Base article

Database field VISUAL

Dataform Code

Datatype Number

Datatype DB VARCHAR2(1)

Format X

Maximum character length 1

#### Developmental attributes

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2) Deactivate this data element and combine all accessibility items Hearing, Vision, Mobility Problems, into one data element Access to Healthcare.

Related metadata Hearing Problems  
Mobility Problems  
Pregnancy Status  
Status of Non-Medical Intravenous Drug Use

---

**Data element**      Hearing Problems

**Accession number**      2000\_022\_01

---

**Identifying and definitional attributes**

**Definition**      A basic indication of whether the client has permanent hearing loss that interferes with his/her daily functioning and may need to be taken into consideration during treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Hearing Problems

**Representational attributes**

**Guide for use**      Source of these data are typically client self-reports, 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.

Individuals with hearing impairment are those who are unable to function without the use of hearing aids or those who are still not able to function with hearing aids.

Yes - selected when there is a hearing problem that cannot be corrected or has not been corrected with the use of hearing aids or surgery and interferes with activities of daily living. For example, the person wears a hearing aid and hears well one on one but in large venues with multiple people speaking the person experiences difficulty in following conversations - Yes is selected.

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;

**Context**      Used to observe, monitor and report the current prevalence of issue/special needs within the substance abuse and problem gambling client treatment population.

Used to identify, determine, evaluate and eliminate barriers to substance use and or problem gambling treatment services and to provide for planning and delivery of treatment services specifically for the client with special needs and non-specifically for the special needs population across the province.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used to alone and or in conjunction with other social determinants of health to:

- Monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values	Yes No Unknown	
Catalyst screen	Admission information	
Catalyst screen text	Hearing	
Knowledge Base article		
Database field	HEARING	
Dataform	Code	
Datatype	Number	
Datatype DB	VARCHAR2(1)	
Format	X	
Maximum character length		1

**Developmental attributes**

Implementation status	Pending to change	
Implementation start date	01/01/2002	
Implementation end date		
Staging	Collected once at initiation of treatment services	
Short term changes (Version 1.2)	Deactivate Unknown Activate new permissible values: 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;	
Long term changes (Version 2)	Deactivate this data element and combine all accessibility items Hearing, Vision, Mobility Problems, into one data element Access to Healthcare.	
Related metadata	Vision Problems Hearing Problems Mobility Problems Pregnancy Status Status of Non-Medical Intravenous Drug Use	

---

**Data element**      Mobility Problems

**Accession number**      2000\_023\_01

---

### Identifying and definitional attributes

**Definition**      A simple indication of whether a client has a permanent impairment that causes a differential loss of motor or sensory functioning (in the nerves and/or muscles) which can prevent ambulation from place to place, adjustment of one's posture and coordinated movement which may need to be taken into consideration when seeking treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Mobility Problems

### Representational attributes

**Guide for use**      Source of these data are typically client self-reports, 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. Mobility data are collected reflecting the client's status at the initiation of treatment service at an agency providing substance abuse and problem gambling services.  
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;  
Yes - selected when a client is unable to walk without assistance and the condition or injury is permanent.

For example, when the client is confined to a wheel chair and has a diagnosis of Multiple Sclerosis - select Yes.

When the client has sprained his or her ankle or broken his or her leg and is unable to walk without the assistance of crutches should be considered to be temporarily impaired - select No.

**Context**      Used to observe, monitor and report the current prevalence of issue/special needs within the substance abuse and problem gambling client treatment population.  
Used to identify, determine, evaluate and eliminate barriers to substance use and or problem gambling treatment services and to provide for planning and delivery of treatment services specifically for the client with special needs and non-specifically for the special needs population across the province.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used to alone and or in conjunction with other social determinants of health to:

- Monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values Yes  
No  
Unknown

Catalyst screen Admission information

Catalyst screen text Mobility

Knowledge Base article

Database field MOBILITY

Dataform Code

Datatype Number

Datatype DB VARCHAR2(1)

Format X

Maximum character length 1

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2) Deactivate these data element and combine all accessibility items Hearing, Vision, Mobility Problems, into one data element Access to Healthcare.

Related metadata Vision Problems  
Hearing Problems  
Pregnancy Status  
Status of Non-Medical Intravenous Drug Use

---

**Data element**      Pregnancy Status

**Accession number**      2000\_024\_01

---

**Identifying and definitional attributes**

**Definition**      A basic indication, based on client self- report, of whether the female client is pregnant at initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Pregnancy Status

**Representational attributes**

**Guide for use**      This data element is typically client self-reported (females only) and is collected reflective of the client's status at the initiation of treatment services at an agency providing substance abuse and or problem gambling services.

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 or does not know at this time;  
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;  
NA - Not applicable - selected when the client selected a Gender of Male or Other.

For example, when the female client states she is not pregnant - Select No.

**Context**      Used to identify and monitor the prevalence of clients with special needs.  
Assists in assessing treatment/service access and availability and identifying additional needs or enhance treatment considerations for the specific client and all female clients.  
Assists in the planning and provision of specialized addiction services for the specific client and all female clients.

**Permissible values**      When gender female is entered  
Yes  
No  
Possibly  
Unknown  
  
When Gender is male or other enter  
Not Applicable

**Catalyst screen**      Admission information

**Catalyst screen text**      Pregnant

**Knowledge Base article**

**Database field**      PREGNANT

**Dataform**      Code

**Datatype**      Character

**Datatype DB**      VARCHAR2(1)

Format N

Maximum character length 1

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2) This question should be skipped if the client is male.

Related metadata Vision Problems  
Hearing Problems  
Mobility Problems  
Status of Non-Medical Intravenous Drug Use



---

**Data element**      Status of Non-medical Intravenous Drug Use

**Accession number**      2000\_025\_01

---

**Identifying and definitional attributes**

**Definition**      A set of values that indicate the client's use of non-medical drugs via intravenous injection at the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Status of Non-medical Intravenous Drug Use

**Representational attributes**

**Guide for use**      These data are typically client self-reported at treatment initiation and identifies the client's administering non-medical drugs by injection method. Injections prescribed by a healthcare professional are not included, i.e. for the control Diabetes or B12 shots or inoculations.

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;  
Never injected - selected when the client never administers drugs via injection or does so only for medical use.

For example  
The person indicated that they had injected cocaine, 3 years ago. Select - Injected prior to one year ago.

**Context**      Assists in determining the proportion of the treatment population with potential exposure to infections such as HIV/AIDS, Hepatitis C. Assists in monitoring and planning for the special needs specifically for the client and not specifically for the treatment population.

**Permissible values**      Never injected  
Injected prior to one year ago  
Injected in the last 12 months  
Unknown

**Catalyst screen**      Admission information

**Catalyst screen text**      Non-Medical Intravenous Drug Use

**Knowledge Base article**

**Database field**      NON\_MEDICAL\_IDU\_ID

**Dataform**      Code

**Datatype**      Number

**Datatype DB**      VARCHAR2(3)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Unknown  
Activate new permissible values: 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;

Long term changes (Version 2)

Related metadata Vision Problems  
Hearing Problems  
Mobility Problems  
Pregnancy Status

---

**Data element**      Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems

**Accession number**      2000\_026\_01

---

**Identifying and definitional attributes**

**Definition**      A positive integer that indicates the number of hospital admissions with a minimum of an overnight stay the client has had for medical and or physical problems in the 12 months prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Admission - Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems

**Representational attributes**

**Guide for use**      Source of these data are typically client self-reports, 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.

These data are collected reflective of the client's status in the prior 12 months to the initiation of treatment.

Treatment for the medical and or physical problems should entail admission to a hospital for an overnight stay and not treatment in a hospital emergency department that required them to remain in there during the night for treatment.

Greater than or equal to zero and less than or equal to 999.

For example,

Enter "0" if there has been no hospital admission,

Enter "999" when the answer is unknown or

Click "Unknown" when this information is unknown

Enter 1 if the client was admitted to a hospital for surgery and spent 4 nights in the hospital. This was their only admission in the past 12 months.

**Context**      Used to identify a client's physical health problems and plan for additional needs and considerations in their treatment plan.  
Used to observe, monitor and report the current prevalence of physical health problems and comorbidity within the substance abuse and gambling population to ensure additional needs or considerations for this populations are planned and delivered.

**Permissible values**

**Catalyst screen**      Admission information

**Catalyst screen text**      Number of overnight hospitalizations in last 12 months for physical problems

**Knowledge Base article**

**Database field**      OVERNIGHT\_HOSP

**Dataform**      Entry

**Datatype**      Number

Datatype DB            NUMBER(22)

Format                    XXX

Maximum character length

**Developmental attributes**

Implementation status            Pending to deactivate

Implementation start date            01/01/2002

Implementation end date

Staging                    Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2)

Related metadata            Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months  
Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime  
Hospitalized For a Mental Health Problem in Prior 12 months  
Hospitalized For a Mental Health Problem within Lifetime  
Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional  
Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months  
Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime  
Currently Prescribed Medication For a Mental Health Problem  
Prescribed Medication For a Mental Health Problem in Prior 12 Months  
Prescribed Medication For a Mental Health Problem within Lifetime

---

**Data element** Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months

**Accession number** 2000\_027\_01

---

### Identifying and definitional attributes

**Definition** A basic indication of whether a client was diagnosed with a mental health problem by a qualified mental health professional (psychiatrist, psychologist, medical doctor) in the 12 months prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months

### Representational attributes

**Guide for use** Source of these data are typically client self-reports, 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.  
The data are collected at initiation of treatment services reflecting back to the previous 12 months.  
The diagnosis will have been a formal diagnosis, typically delivered after suitable testing and interviewing of the client, by a professional qualified (i.e. Certified Psychologists and Medical doctors (Psychiatrists)) to provide such diagnoses by the scope of practice for that profession outlined by the profession's Ontario regulatory body.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Diagnosed with a mental health problem by a qualified mental health professional

**Knowledge Base article**

**Database field** DIAG\_MH\_12\_MONTHS

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

Format N

Maximum character length 1

**Developmental attributes**

Implementation status Pending to deactivate

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2) The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN.

Related metadata

- Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems
- Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime
- Hospitalized For a Mental Health Problem in Prior 12 months
- Hospitalized For a Mental Health Problem within Lifetime
- Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional
- Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months
- Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime
- Currently Prescribed Medication For a Mental Health Problem
- Prescribed Medication For a Mental Health Problem in Prior 12 Months

---

**Data element** Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime

**Accession number** 2000\_028\_01

---

### Identifying and definitional attributes

**Definition** A basic indication of whether a client was diagnosed with a mental health problem by a qualified mental health professional in his/her lifetime prior to the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime

### Representational attributes

**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.  
The data are collected at the initiation of treatment and reflecting back over the lifetime. The diagnosis should have been a formal diagnosis, typically delivered after suitable testing and interviewing of the client, by a professional qualified (i.e. Certified Psychologists and Medical doctors (Psychiatrists)) to provide such diagnoses by the scope of practice for that profession outlined by the profession's Ontario regulatory body.  
Logically, clients who report diagnosis for a mental health problem in the 12 months prior to admission to treatment for a substance abuse and or problem gambling problem have been diagnosed for a mental health problem in their lifetime.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Diagnosed with a mental health problem by a qualified mental health professional

**Knowledge Base article**

**Database field** DIAG\_MH\_LIFETIME

**Dataform** Code

**Datatype** Character

Datatype DB	VARCHAR2(1)
Format	N
Maximum character length	1

**Developmental attributes**

Implementation status	Pending to deactivate
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN
Related metadata	<p>Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems</p> <p>Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months</p> <p>Hospitalized For a Mental Health Problem in Prior 12 months</p> <p>Hospitalized For a Mental Health Problem within Lifetime</p> <p>Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime</p> <p>Currently Prescribed Medication For a Mental Health Problem</p> <p>Prescribed Medication For a Mental Health Problem in Prior 12 Months</p>



---

**Data element** Hospitalized for a Mental Health Problem in prior 12 Months

**Accession number** 2000\_029\_01

---

**Identifying and definitional attributes**

**Definition** A basic indication of whether a client was hospitalized with a mental health problem in the 12 months prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Hospitalized for a Mental Health Problem in prior 12 Months

**Representational attributes**

**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.  
These data are collected at the initiation of services.  
For example, the person says they have not been hospitalized for a mental health problem in prior 12 months - No is selected.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Hospitalized for a mental health problem

**Knowledge Base article**

**Database field** HOSP\_MH\_12\_MONTHS

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

**Format** N

**Maximum character length** 1

## Developmental attributes

Implementation status	Pending to deactivate
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN
Related metadata	<p>Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime Hospitalized For a Mental Health Problem in Prior 12 months Hospitalized For a Mental Health Problem within Lifetime Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime</p> <p>Currently Prescribed Medication For a Mental Health Problem Prescribed Medication For a Mental Health Problem in Prior 12 Months Prescribed Medication For a Mental Health Problem within Lifetime</p>

---

**Data element** Hospitalized for a Mental Health Problem within Lifetime

**Accession number** 2000\_030\_01

---

### Identifying and definitional attributes

**Definition** A basic indication of whether a client was hospitalized with a mental health problem in his/her lifetime prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Hospitalized for a Mental Health Problem within Lifetime

### Representational attributes

**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. These data are typically client self-reported.

These data are collected at the initiation of treatment.

Logically, clients who report hospitalization for a mental health problem in the 12 months prior to admission to treatment for a substance abuse and/or problem gambling problem have been hospitalized for a mental health problem in their lifetime.

For example, the person says they have not been hospitalized for a mental health problem in prior 12 months or in their lifetime - No is selected.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Hospitalized for a mental health problem

**Knowledge Base article**

**Database field** HOSP\_MH\_LIFETIME

**Dataform** Code

**Datatype** Character

Datatype DB	VARCHAR2(1)
Format	N
Maximum character length	1

**Developmental attributes**

Implementation status	Pending to deactivate
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN
Related metadata	<p>Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems</p> <p>Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months</p> <p>Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime</p> <p>Hospitalized For a Mental Health Problem in Prior 12 months</p> <p>Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime</p> <p>Currently Prescribed Medication For a Mental Health Problem</p> <p>Prescribed Medication For a Mental Health Problem in Prior 12 Months</p> <p>Prescribed Medication For a Mental Health Problem within Lifetime</p>

---

**Data element** Currently Receiving Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional

**Accession number** 2000\_031\_01

---

### Identifying and definitional attributes

**Definition** A basic indication whether a client is receiving counseling/support/treatment for a mental health, emotional, behavioral or psychological problem from a program or professional (Psychiatrist, Psychologist or qualified professional) in the mental health field at the time of initiation of the treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Currently Receiving Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional

### Representational attributes

**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.  
This datum is collected at the initiation of treatment at an agency providing substance abuse and or problem gambling. This datum is not required to be updated if the client initiates treatment during the course of the admission.

For example, the client indicated that they have never received treatment for a mental health, emotional, behavioural or psychological Problem from a Community Mental Health Program or Professional. Select No.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional

**Knowledge Base article**

**Database field** RCV\_MH\_CURRENT

**Dataform** Code

**Datatype** Character

Datatype DB	VARCHAR2(1)
Format	N
Maximum character length	1

**Developmental attributes**

Implementation status	Pending to deactivate
-----------------------	-----------------------

Implementation start date	01/01/2002
---------------------------	------------

Implementation end date	
-------------------------	--

Staging	Collected once at initiation of treatment services
---------	--

Short term changes  
(Version 1.2)

Long term changes (Version 2)	The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN
----------------------------------	--

Related metadata	<p>Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months</p> <p>Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime</p> <p>Hospitalized For a Mental Health Problem in Prior 12 months</p> <p>Hospitalized For a Mental Health Problem within Lifetime</p> <p>Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months</p> <p>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime</p> <p>Currently Prescribed Medication For a Mental Health Problem</p> <p>Prescribed Medication For a Mental Health Problem in Prior 12 Months</p> <p>Prescribed Medication For a Mental Health Problem within Lifetime</p>
------------------	---

---

**Data element** Received Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional in Prior 12 Months

**Accession number** 2000\_032\_01

---

### Identifying and definitional attributes

**Definition** A basic indication of whether a client has received counseling/support/treatment for a mental health, emotional, behavioral or psychological problem from a community mental health program or professional in prior 12 months to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Received Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional in Prior 12 Months

### Representational attributes

**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.  
These data are collected at the initiation of treatment services.  
For example, the client indicated that they have never received treatment for a mental health, emotional, behavioural or psychological Problem from a Community Mental Health Program or Professional. Select No.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional

**Knowledge Base article**

**Database field** RCV\_MH\_12\_MONTHS

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

Format N

Maximum character length 1

**Developmental attributes**

Implementation status Pending to deactivate

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2) The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN

Related metadata  
Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems  
Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months  
Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime  
Hospitalized For a Mental Health Problem in Prior 12 months  
Hospitalized For a Mental Health Problem within Lifetime  
Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional  
Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime  
Currently Prescribed Medication For a Mental Health Problem  
Prescribed Medication For a Mental Health Problem in Prior 12 Months  
Prescribed Medication For a Mental Health Problem within Lifetime



---

**Data element** Received Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional within Lifetime

**Accession number** 2000\_033\_01

---

### Identifying and definitional attributes

**Definition** A basic indication of whether a client has received counseling/support/treatment for a mental health, emotional, behavioral or psychological problem from a community mental health program or professional in his/her lifetime prior to the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Received Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional within Lifetime

### Representational attributes

**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.

These data are collected at the initiation of treatment services.

For example, the client indicated they received treatment for an emotional problem from a Community Mental Health Program after her divorce three years ago. Select Yes.

Logically, clients who report receiving counseling/support/ treatment for a mental health, emotional, behavioral or psychological problem currently or in the 12 months prior to admission to treatment for a substance abuse and or problem gambling problem have received treatment in their lifetime.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional

**Knowledge Base article**

**Database field** RCV\_MH\_LIFETIME

**Dataform** Code

Datatype	Character
Datatype DB	VARCHAR2(1)
Format	N
Maximum character length	1

**Developmental attributes**

Implementation status	Pending to deactivate
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN
Related metadata	<ul style="list-style-type: none"> <li>Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems</li> <li>Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months</li> <li>Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime</li> <li>Hospitalized For a Mental Health Problem in Prior 12 months</li> <li>Hospitalized For a Mental Health Problem within Lifetime</li> <li>Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional</li> <li>Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months</li> <li>Currently Prescribed Medication For a Mental Health Problem</li> <li>Prescribed Medication For a Mental Health Problem in Prior 12 Months</li> <li>Prescribed Medication For a Mental Health Problem within Lifetime</li> </ul>

---

**Data element** Currently Prescribed Medication for a Mental Health Problem

**Accession number** 2000\_034\_01

---

**Identifying and definitional attributes**

**Definition** A basic indication of whether a client is being prescribed medication for a mental health problem at the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Currently Prescribed Medication for a Mental Health Problem

**Representational attributes**

**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.  
These data are collected at the initiation of treatment and is not updated with the information when a client starts medication during the admission/treatment at the agency.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Prescribed medication for a mental health problem

**Knowledge Base article**

**Database field** MED\_MH\_CURRENT

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

**Format** N

**Maximum character length** 1

## Developmental attributes

Implementation status	Pending to deactivate
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN
Related metadata	Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime Hospitalized For a Mental Health Problem in Prior 12 months Hospitalized For a Mental Health Problem within Lifetime Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime Prescribed Medication For a Mental Health Problem in Prior 12 Months Prescribed Medication For a Mental Health Problem within Lifetime

---

**Data element** Prescribed Medication for a Mental Health Problem in Prior 12 Months

**Accession number** 2000\_035\_01

---

**Identifying and definitional attributes**

**Definition** A basic indication of whether a client was prescribed medication for a mental health problem in the 12 months prior to the initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Prescribed Medication for a Mental Health Problem in Prior 12 Months

**Representational attributes**

**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.

The data is collected at the initiation of services.

For example, the client states they have not been prescribed medication for a mental health problem in the prior 12 months. Select No.

Unknown is selected when the information is not available or the person declines to answer.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Prescribed medication for a mental health problem

**Knowledge Base article**

**Database field** MED\_MH\_12\_MONTHS

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

Format N

Maximum character length 1

**Developmental attributes**

Implementation status Pending to deactivate

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2) The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN

Related metadata  
Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems  
Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months  
Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime  
Hospitalized For a Mental Health Problem in Prior 12 months  
Hospitalized For a Mental Health Problem within Lifetime  
Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional  
Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months  
Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime  
Currently Prescribed Medication For a Mental Health Problem  
Prescribed Medication For a Mental Health Problem within Lifetime

---

**Data element** Prescribed Medication for a Mental Health Problem within Lifetime

**Accession number** 2000\_036\_01

---

**Identifying and definitional attributes**

**Definition** A basic indication of whether a client was prescribed medication for a mental health problem in his/her life prior to initiation of treatment at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Admission - Prescribed Medication for a Mental Health Problem within Lifetime

**Representational attributes**

**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.

These data are collected at the initiation of treatment services at the agency.

For example, the client was prescribed medication for a mental health problem a decade ago. Select Yes.

**Context** Used in conjunction with other mental health data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of mental health and substance use and or problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the population across the province.  
Used in conjunction with other mental health data elements to observe, monitor and report the current prevalence of mental health problems within the substance abuse and problem gambling client population.  
Assists in developing a client profile to determine treatment service access and availability and identifying additional needs or considerations for this population.  
Used to monitor and evaluate substance abuse and problem gambling treatment processes and outcomes for clients experiencing concurrent disorder.

**Permissible values** Yes  
No  
Unknown

**Catalyst screen** Admission information

**Catalyst screen text** Prescribed medication for a mental health problem

**Knowledge Base article**

**Database field** MED\_MH\_LIFETIME

**Dataform** Code

**Datatype** Character

**Datatype DB** VARCHAR2(1)

**Format** N

**Developmental attributes**

Implementation status Pending to deactivate

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2) The current Mental Health questions will be deactivated in Version 2.0. The question then becomes are these needed in Catalyst or can a mental illness or mental health issue be determined in the GAIN. Another possibility is to use the mental health questions from GAIN

Related metadata

- Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems
- Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months
- Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional within Lifetime
- Hospitalized For a Mental Health Problem in Prior 12 months
- Hospitalized For a Mental Health Problem within Lifetime
- Currently Receiving treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional
- Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional in prior 12 months
- Received treatment for a mental health, emotional, behavioural or psychological problem from a community mental health program or professional within lifetime
- Currently Prescribed Medication For a Mental Health Problem
- Prescribed Medication For a Mental Health Problem in Prior 12 Months



---

**Data element**      Gambling Problem Identified

**Accession number**      2000\_037\_01

---

**Identifying and definitional attributes**

**Definition**      A basic indication that the client has self-identified a problem with her/his gambling behaviours at the initiation of treatment at an agency providing either problem gambling treatment services.

**Data element concept**      Admission - Gambling Problem Identified

**Representational attributes**

**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.  
These data are collected at the initiation of treatment services at the agency.

Yes - selected to indicate that the client has a self-identified problem with gambling;  
No - selected to indicate that the client does not have a self-identified gambling problem although there may be every indication that there is a gambling problem;  
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.

The value in this field will be YES when the Client Type is one of the following values:  
Client - Alcohol/Drug/Gambling (ADG): Client seeking services for Alcohol/Drug/Gambling problems  
Client - Gambling: Client seeking services for gambling problem only  
Family Member of Alcohol/Drug/Gambling Client: Client seeking services due to a family member's alcohol/drug/gambling problems  
Family Member of Gambling Client: Client seeking services due to a family member's gambling problem  
When gambling has been identified as a problem (YES), then proceed to the next field (Treatment Plan).  
When the answer is No skip the next Field (automatically defaults to - Not Applicable).

For example  
the client has stated that they are at risk of being evicted because they recently spent their entire pay cheque gambling at a casino - select Yes and proceed to creating a Treatment Plan for the client.

**Context**      Used in conjunction with other Gambling data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.  
Assists in developing a client and treatment population profile to determine treatment service access and availability and identifying additional or enhanced needs or considerations for this specific client and non-specifically for the treatment population.  
Used in conjunction with other Gambling data elements to observe, monitor and report the current prevalence of gambling problems within the treatment population.

**Permissible values**      Yes  
No  
Unknown

Catalyst screen	Admission information
Catalyst screen text	Gambling Identified as a Problem
Knowledge Base article	
Database field	GAMBLING
Dataform	Code
Datatype	Character
Datatype DB	VARCHAR2(1)
Format	N
Maximum character length	

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	Deactivate Unknown Activate new permissible values: 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;
Long term changes (Version 2)	When Client Type is replaced there needs to be awareness that these data element uses Client Type to determine if the field is mandatory or not.
Related metadata	Gambling Treatment Plan Status Gambling Activities of Previous 12 Months Reason For Non-completion of Gambling Data Form Client Type

---

**Data element**      Gambling Treatment Plan Status

**Accession number**      2000\_038\_01

---

**Identifying and definitional attributes**

**Definition**      These data are an indication that a client identified with a gambling problem will have a treatment plan or a reason for not having the treatment plan when receiving treatment at an agency providing problem gambling treatment services.

**Data element concept**      Admission - Gambling Treatment Plan Status

**Representational attributes**

**Guide for use**      An indication of a treatment plan or a reason for no treatment plan is required for clients and/or family members who are admitted for gambling treatment service for their or someone else's gambling problem.  
When the data field Gambling Problem equals "Yes" a treatment plan will be created or a reason for not having the treatment plan will be selected.  
When a treatment plan has been established select "Treated within this agency".  
When no treatment plan has been established select the primary reason this task has not been completed.

**Context**      A treatment plan will hold the client's goals and objectives for their recovery. This treatment plan will allow all clinicians involved with treatment of the client to share the story of the client's successes and relapses in working toward recovery.

**Permissible values**      Treated within this agency  
Referred to designated gambling agency  
Declined treatment  
Treatment plan not established  
Not applicable

**Catalyst screen**      Admission information

**Catalyst screen text**      Treatment plan

**Knowledge Base article**

**Database field**      TREATMENT\_PLAN\_ID

**Dataform**      Code

**Datatype**      Number

**Datatype DB**      VARCHAR2(3)

**Format**      XX

**Maximum character length**      2

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Gambling Problem Identified Gambling Activities of Previous 12 Months Reason For Non-completion of Gambling Data Form

---

**Data element**      Gambling Activities in Prior 12 Months

**Accession number**      2000\_039\_01

---

**Identifying and definitional attributes**

**Definition**      A set of values that indicate the client's involvement with gambling activities in the 12 months prior to initiation of treatment at an agency providing problem gambling treatment services.

**Data element concept**      Admission - Gambling Activities in Prior 12 Months

**Representational attributes**

**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.

These data are collected at the initiation of services and reflective of the client's gambling activity engaged in, in the prior 12 months before initiation of treatment. This information is required regardless of whether or not the client has indicated or been identified as having a gambling problem.

Each gambling activity the client has participated in is to be identified.

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.

For example

a person plays bingo once a month and weekly purchases a Lottery ticket -select Bingo and Lottery tickets.

**Context**      Provides an indication of the type of gambling activities specifically for the client and also non-specifically among those seeking treatment from Ontario's specialized substance abuse and problem gambling treatment providers.

Assists in understanding the overlap of substance abuse and problem gambling treatment.

Used in conjunction with other Gambling data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.

Assists in developing a client and treatment population profile to determine treatment service access and availability and identifying additional or enhanced needs or considerations for this specific client and non-specifically for the treatment population.

Used in conjunction with other Gambling data elements to observe, monitor and report the current prevalence of gambling problems within the treatment population.

**Permissible values**      Bingo  
Slot machines  
Gaming machines (other than slots)  
Casino card/table games  
Non-Casino card/table games  
Horse races  
Sports betting  
Lottery tickets

Instant win/scratch tickets  
 Internet gambling  
 Gambling with stock market/real-estate  
 Betting on games of skill  
 Betting on outcome of events  
 Other  
 None  
 Unknown

Catalyst screen Admission information

Catalyst screen text Gambling Activities engaged in the past 12 months

Knowledge Base article

Database field Q5B

Dataform Code

Datatype Number

Datatype DB VARCHAR2(3)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected at cessation of service

Short term changes (Version 1.2) Deactivate Unknown  
 Activate new permissible values: 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;

Long term changes (Version 2)

Related metadata Gambling Problem Identified  
 Gambling Treatment Plan Status  
 Reason For Non-completion of Gambling Data Form

---

**Data element** Reason for Non-completion of Gambling Data Form

**Accession number** 2000\_040\_01

---

**Identifying and definitional attributes**

**Definition** A set of values that indicates the reason why the gambling data form was not completed for a client receiving treatment for problem gambling from an agency providing problem gambling services.

**Data element concept** Admission - Reason for Non-completion of Gambling Data Form

**Representational attributes**

**Guide for use** The reason only becomes required at the time of the admission's discharge and when the form is not completed at the agency providing problem gambling treatment.

It is the responsibility of the agency staff to provide this information.

For example, the client identified that they had a gambling problem as well as a substance abuse problem. The client received substance abuse treatment services but declined problem gambling treatment services - select Client declined treatment.

**Context** Used to establish compliance with funding requirements.

Assists in understanding the unique and potentially complex needs and service demands of clients admitted to substance abuse and problem gambling services.

Used to develop client typologies/profiles for service planning and delivery.

**Permissible values** Client declined treatment  
Client dropped out / withdrew  
Client refused  
Clinically inappropriate  
Deceased  
Form filled out incorrectly by client  
Literacy issue / language barrier

**Catalyst screen** Admission information

**Catalyst screen text** Reason for not completing the gambling form

**Knowledge Base article**

**Database field** REASON\_GAMBLING\_ID

**Dataform** Code

**Datatype** Number

**Datatype DB** VARCHAR2(3)

**Format** XX

**Maximum character length** 2

## Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Gambling Problem Identified Gambling Treatment Plan Status Gambling Activities of Previous 12 Months



---

**Data element** Reason for Seeking Help With Gambling Behaviour

**Accession number** 2000\_041\_01

---

### Identifying and definitional attributes

**Definition** A set of values that indicate whether the person seeking treatment from an agency providing problem gambling services has a gambling problem or the problem is another person's.

**Data element concept** Admission - Reason for Seeking Help With Gambling Behaviour

### Representational attributes

**Guide for use** These data can be self-reported or identified by agency staff. Select the reason for seeking problem gambling treatment services.

If the client does not have a gambling problem but is seeking help for someone else's problem gambling select: 0 Own difficulties related to another person's gambling. When "Own difficulties related to another person's gambling" is selected, the remaining questions on the gambling form are not required to be completed.

If the client has a gambling problem select: 1 Own gambling problem and complete the remaining questions on the gambling form. If the client has the gambling problem and has difficulty related to another person's gambling problem select: 2 Both. When "Own gambling problem" or "Both" is selected, all the remaining questions on the gambling form should be completed or a reason for not completing the Gambling Form will be selected.

**Context** Used to monitor comparative service utilization patterns by residence in district and region and to flag inequities across districts and regions.  
Assists in understanding the unique and potentially complex needs and service demands of a client admitted to problem gambling treatment/services.  
Used to develop client typologies/profiles for service planning and delivery for both the client and the treatment population.  
Used to provide an indication of the type of gambling activities clients have when seeking treatment at an agency providing Substance Use and Problem Gambling treatment.  
Assists in understanding the overlap of substance abuse and problem gambling treatment.  
Used in conjunction with other Gambling data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.  
Assists in developing client and treatment population profiles to determine treatment service access and availability and identifying additional or enhanced needs or considerations for this specific client and non-specifically for the treatment population.

**Permissible values** Your own difficulties related to a family member/significant other's gambling  
Your own gambling problem  
Both

**Catalyst screen** Admission information

**Catalyst screen text** Are you seeking help for

**Knowledge Base article**

**Database field** Q1

Dataform	Code	
Datatype	Number	
Datatype DB	NUMBER(22)	
Format	X	
Maximum character length		1

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Number of Years Life Negatively Affected by Gambling Behaviour Length of Time Since Last Gambling Activity Sequence of Gambling Problem Identification

---

**Data element**      Number of Years Life Negatively Affected by Gambling Behaviour

**Accession number**      2000\_042\_01

---

### Identifying and definitional attributes

**Definition**      A positive integer that is a simple and self-reported estimate, by the client, about the number of years gambling activity has negatively affected his/her life and is collected at the initiation of treatment at an agency providing problem gambling services.

**Data element concept**      Admission - Number of Years Life Negatively Affected by Gambling Behaviour

### Representational attributes

**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.

These data are collected at the initiation of treatment services.

There are 2 data fields to collect the number of years and months. Both fields need to be complete.

For example, when the client's estimate is less than one year a numeric value is entered for months only and the number of years is recorded as 0. When the client reports that they have been gambling for the past 10 years, 10 is entered for the year. Both numbers are greater than or equal to zero or less than or equal to 999.

"999" is entered in the "Years" field to identify the information is unknown.

This data element is part of the Gambling Data Form used by treatment staff in agencies designated to provide problem gambling treatment. The Gambling Data Form should be completed as close as possible to the time of initiation of treatment services by the agency to the client.

**Context**      Used to monitor comparative service utilization patterns by residents in district and region and to flag inequities across districts and regions.

Assists in understanding the unique and potentially complex needs and service demands of a client admitted to problem gambling treatment/services.

Used to develop client typologies/profiles for service planning and delivery for both the client and the treatment population.

Used to provide an indication of the number of years the client's life has been affected as well as among those seeking treatment from Ontario's specialized substance abuse and problem gambling treatment providers.

Assists in understanding the overlap of substance abuse and problem gambling treatment. Used in conjunction with other Gambling data elements to identify, monitor, determine and evaluate the patterns, severity and complexity of problem gambling in order to provide for planning and delivery of treatment services specifically for the client and non-specifically for the treatment population across the province.

Assists in developing client and treatment population profiles to determine treatment service access and availability and identifying additional or enhanced needs or considerations for this specific client and non-specifically for the treatment population.

Permissible values

Catalyst screen Admission information

Catalyst screen text Looking back now, for how many years has your gambling affected your life in negative ways?

Knowledge Base article

Database field Q2

Dataform Entry

Datatype Number

Datatype DB NUMBER(22)

Format XXX

Maximum character length 2

**Developmental attributes**

Implementation status Active

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2)

Related metadata Reason for Seeking Help with Gambling Behaviour  
Length of Time Since Last Gambling Activity  
Sequence of Gambling Problem Identification

---

**Data element** Length of Time Since Last Gambling Activity

**Accession number** 2000\_043\_01

---

### Identifying and definitional attributes

**Definition** A positive integer that indicates a simple self-reported estimate by the client about the length of time since the last gambling activity and collected at the initiation of treatment at an agency providing problem gambling services.

**Data element concept** Admission - Length of Time Since Last Gambling Activity

### Representational attributes

**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.

These data are collected at the initiation of treatment services.

Enter the number of years, months, weeks or days since the client reports that he or she participated in any form of gambling activity.

These data element should be collected as close as possible to the initiation of treatment services to the client by the agency providing problem gambling services.

The number is greater than or equal to zero or less than or equal to 999.

999 is entered when the client is unwilling or unable to provide a response and/or if the agency is unable to collect a response.

For example, the client reports the last time they gambled was 14 months ago. Enter 14 in the data field and select the month's button.

**Context** Is used in conjunction with gambling form data elements to  
- determine the severity and identify complexity, patterns and forms of the gambling issue and the types of treatment required.  
- construct a profile, describing the complexity, patterns and forms of gambling issues from the population seeking problem gambling treatment.

Used to develop client typologies / profiles for service planning and delivery.

**Permissible values**

**Catalyst screen** Admission information

**Catalyst screen text** Please indicate how long it has been since you last gambled:

**Knowledge Base article**

**Database field** Q3\_1

**Dataform** Entry

**Datatype** Number

Datatype DB	NUMBER(22)	
Format	XXX	
Maximum character length		3

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Reason for Seeking Help with Gambling Behaviour Number of Years Life Negatively Affected by Gambling Behaviour Sequence of Gambling Problem Identification

---

**Data element**      Sequence of Gambling Problem Identification

**Accession number**      2000\_044\_01

---

**Identifying and definitional attributes**

**Definition**      A basic indication of when the client's gambling problem was identified, in relation to the initiation of treatment by the agency providing problem gambling services.

**Data element concept**      Admission - Sequence of Gambling Problem Identification

**Representational attributes**

**Guide for use**      Information collected for this data element is on the Gambling form. A judgment of treatment agency staff based on information provided by the client at the initiation or during the course of treatment for substance abuse and or problem gambling.

For example, the client indicated that they came to the agency specifically for problem gambling treatment. Select 00 - Came to this agency specifically for gambling treatment.

**Context**      Is used in conjunction with gambling form data elements to  
- determine the severity and identify complexity, patterns and forms of the gambling issue and the types of treatment required.  
- construct a profile, describing the complexity, patterns and forms of gambling issues from the population seeking problem gambling treatment.

Used to develop client typologies / profiles for service planning and delivery.

**Permissible values**      You came to this agency specifically for gambling treatment  
Your gambling problem surfaced in the course of other treatment

**Catalyst screen**      Admission information

**Catalyst screen text**      Please indicate whether:

**Knowledge Base article**

**Database field**      Q4

**Dataform**      Code

**Datatype**      Number

**Datatype DB**      NUMBER(22)

**Format**      X

**Maximum character length**      1

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Reason for Seeking Help with Gambling Behaviour Number of Years Life Negatively Affected by Gambling Behaviour Length of Time Since Last Gambling Activity



---

**Data element**      Frequency of Specified Gambling Activities in Prior 12 Months

**Accession number**      2000\_045\_01

---

**Identifying and definitional attributes**

**Definition**      A set of values that indicate the frequency the client engages in selected gambling activities, in the 12 months prior to initiation of treatment at the agency providing problem gambling services.

**Data element concept**      Admission - Frequency of Specified Gambling Activities in Prior 12 Months

**Representational attributes**

**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.

The Gambling Data Form should be completed as close as possible to the initiation of treatment services for problem gambling issues.

This data element is a key part of the Gambling Data Form used by treatment staff in agencies designated to provide problem gambling treatment.

A permissible response is required for each of the listed gambling activities when "did not gamble in the last 12 months" is not selected.

**Context**      Is used in conjunction with gambling form data elements to  
- determine the severity and identify complexity, patterns and forms of the gambling problem and the types of treatment required.  
- construct a profile, describing the complexity, patterns and forms of gambling issues from the population seeking problem gambling treatment.

Used to develop client typologies / profiles for service planning and delivery.

**Permissible values**      Did not gamble in the past 12 months

- List of Gambling activities
- (1). Played Cards for money
  - (2). Played Mahjong for money
  - (3). Played "live" KENO for money
  - (4). Played roulette for money
  - (5). Bets on horses, dogs or other animals
  - (6). Bets on sports(e.g., Sports Select, with a bookie)
  - (7). Bets on dice games(e.g., craps)
  - (8). Bought lottery tickets(e.g., Pick 3, 6/49)
  - (9). Bought scratch tickets
  - (10). Bought tear-open tickets(e.g., Nevada)
  - (11). Played Bingo for money
  - (12). Played the stock options and/or commodities market
  - (13). Played VLTs
  - (14). Played slots or other non-VLT machines
  - (15). Internet Gambling
  - (16). Played pool, golf or some other game of skill for money
  - (17). Participated in Sports Pools
  - (18). Betting spontaneously on random events/Informal bets
  - (19). Some other type of gambling (Specify)

Frequency values

Did not gamble  
 Less than once a month  
 1-3 times a month  
 1-2 times weekly  
 3-6 times weekly  
 Daily  
 Unknown

Catalyst screen Admission information

Catalyst screen text Please indicate how often you engaged in each of the following gambling activities in the past 12 months

Knowledge Base article

Database field Q5A

Dataform Code

Datatype Number

Datatype DB NUMBER(22)

Format X

Maximum character length

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2) Deactivate Unknown  
 Activate new permissible values: 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;

Related metadata Top Three Specified Gambling Activities  
 Frequency of Specified Locations of Gambling in Prior 12 Months  
 Top Three Locations of Gambling

---

**Data element** Top Three Specified Gambling Activities

**Accession number** 2000\_046\_01

---

### Identifying and definitional attributes

**Definition** A set of values that indicate the client's top three gambling activities as indicated in the question "gambling activities in the past 12 months".

**Data element concept** Admission - Top Three Specified Gambling Activities

### Representational attributes

**Guide for use** These data are typically client self-reported but may also be provided by the family or the referring agent or organization. All information collected is confirmed by the client or by the substitute decision maker.  
This data element is part of the Gambling Data Form used by treatment staff in agencies designated to provide problem gambling treatment.  
The Gambling Data Form should be completed as close as possible to the initiation of treatment services at the agency.  
If the answer to this question is unknown please enter '999' in the 'Major' field.  
If client did not gamble in the past 12 months please enter '888' in the 'Major' field.

For example, Referencing the question "Gambling activities in the past 12 months" the client indicates that their top 3 gambling activities are betting on race track and Sports events and buying Lottery tickets. Select 05 Horses, Dogs, Other Animals, 06 Sports and 08 Lottery Tickets.

**Context** Is used in conjunction with gambling form data elements to  
- determine the severity and identify complexity, patterns and forms of the gambling issue and the types of treatment required for both the client and the treatment population.  
- construct a profile, describing the complexity, patterns and forms of gambling issues from the population seeking problem gambling treatment.  
  
Used to develop client typologies / profiles for service planning and delivery to both the client and the treatment population.

**Permissible values**

- (1). Played Cards for money
- (2). Played Mahjong for money
- (3). Played "live" KENO for money
- (4). Played roulette for money
- (5). Bets on horses, dogs or other animals
- (6). Bets on sports(e.g., Sports Select, with a bookie)
- (7). Bets on dice games(e.g., craps)
- (8). Bought lottery tickets(e.g., Pick 3, 6/49)
- (9). Bought scratch tickets
- (10). Bought tear-open tickets(e.g., Nevada)
- (11). Played Bingo for money
- (12). Played the stock options and/or commodities market
- (13). Played VLTs
- (14). Played slots or other non-VLT machines
- (15). Internet Gambling
- (16). Played pool, golf or some other game of skill for money
- (17). Participated in Sports Pools
- (18). Betting spontaneously on random events/Informal bets
- (19). Some other type of gambling (Specify)

999 Unknown  
888 No gambling

Catalyst screen	Admission information
Catalyst screen text	Please indicate the top three types of gambling problems, using the activity numbers in 5(a).
Knowledge Base article	
Database field	Q5B
Dataform	Code
Datatype	Number
Datatype DB	NUMBER(22)
Format	XX
Maximum character length	3

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	Deactivate Unknown Activate new permissible values: 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;
Related metadata	Frequency of Specified Gambling Activities in Previous 12 Months Frequency of Specified Locations of Gambling in Prior 12 Months Top Three Locations of Gambling Percentage of Time Spent Gambling by Jurisdiction

---

**Data element**      Frequency of client gambling activity at specific gambling locations in Prior 12 Months

**Accession number**      2000\_047\_01

---

**Identifying and definitional attributes**

**Definition**      A set of values identifying the client's frequency of gambling activity at each specific location in the 12 months prior to initiation of treatment at an agency providing problem gambling services.

**Data element concept**      Admission - Frequency of client gambling activity at specific gambling locations in Prior 12 Months

**Representational attributes**

**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.

This information is collected at the initiation of treatment services. Select the frequency of use for EACH location.

This data element is part of the Gambling Data Form used by treatment staff in agencies designated to provide problem gambling treatment. The Gambling Data Form should be completed as close as possible to the initiation of treatment services for problem gambling issues. A permissible response is required for each of the listed gambling activities.

For example, if a client daily gambled in a social club - for 11) Social Club select frequency 5 Daily

**Context**      Is used in conjunction with gambling form data elements to  
- determine the severity and identify complexity, patterns and forms of the gambling issue and the types of treatment required for both the specific client and non-specifically for the treatment population seeking treatment at an agency providing problem gambling services.  
- construct a profile describing the complexity, patterns and forms of gambling issues identified in a specific client and in the treatment population seeking problem gambling treatment.

Used to develop client typologies / profiles for service planning and delivery.

**Permissible values**      List of Gambling Locations  
1) In a commercial Casino  
2) In a charity gaming club  
3) In a bingo hall  
4) At the race track  
5) At an off-track betting location  
6) On the Internet  
7) On the television (e.g. bingo at home)  
8) On the telephone (e.g. stocks, sports betting)  
9) Lottery kiosk/outlet  
10) In a family/friends setting  
11) In a social club  
12) In a restaurant/bar  
13) In a school setting  
14) In a work setting  
15) In a senior's centre/home  
16) In a custody/correctional facility  
17) Somewhere else in the community

Frequency values:  
0 Did not gamble

- 1 Less than once a month
- 2 1-3 times a month
- 3 1-2 times weekly
- 4 3-6 times weekly
- 5 Daily
- 6 Unknown

Catalyst screen Admission information

Catalyst screen text Please indicate how often you gambled in each of the following locations in the last 12 months

Knowledge Base article

Database field Q6A

Dataform Code

Datatype Number

Datatype DB NUMBER(22)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2) Deactivate Unknown  
 Activate new permissible values: 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;

Related metadata Frequency of Specified Gambling Activities in Previous 12 Months:  
 Top Three Specified Gambling Activities  
 Top Three Locations of Gambling

---

**Data element** Top Three Specified Locations of Gambling

**Accession number** 2000\_048\_01

---

**Identifying and definitional attributes**

**Definition** A set of values that indicate the locations of the client's top three places to gamble as indicated in the question "gambling locations in the past 12 months".

**Data element concept** Admission - Top Three Specified Locations of Gambling

**Representational attributes**

**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.  
This information is collected as close as possible to the initiation treatment services at an agency providing problem gambling services.

These data are part of the Gambling Data Form used by agency treatment staff designated to provide problem gambling treatment.

The Gambling Data Form should be completed as close as possible to the initiation of problem gambling treatment services.

Questions on the Gambling form are client self-reported at the initiation treatment services at an agency providing problem gambling services.

For example, Referencing the question "Gambling locations in the past 12 months" enter the numbers for the top three gambling locations: 4 for the Race Track, 7 for Television, and 9 for Lottery Kiosk/Outlet.

**Context** Used in conjunction with gambling form data elements to  
- determine the severity and identify complexity, patterns and forms of the gambling issue and service planning and delivery required specifically for the client and non-specifically for the treatment population.

- construct a profile, describing the complexity, patterns and forms of gambling issues from the client and the population seeking problem gambling treatment services in order to assist in developing client and treatment population profiles to determine treatment service access and availability and identifying additional or enhanced needs or considerations for this specific client and non-specifically for the treatment population.

**Permissible values**

- 1) In a commercial Casino
- 2) In a charity gaming club
- 3) In a bingo hall
- 4) At the race track
- 5) At an off-track betting location
- 6) On the Internet
- 7) On the television (e.g. bingo at home)
- 8) On the telephone (e.g. stocks, sports betting)
- 9) Lottery kiosk/outlet
- 10) In a family/friends setting
- 11) In a social club
- 12) In a restaurant/bar
- 13) In a school setting
- 14) In a work setting
- 15) In a senior's centre/home

- 16) In a custody/correctional facility
- 17) Somewhere else in the community

Catalyst screen	Admission information	
Catalyst screen text	Please indicate the top three locations for gambling, using the numbers in 6(a)	
Knowledge Base article		
Database field	Q6B	
Dataform	Code	
Datatype	Number	
Datatype DB	NUMBER(22)	
Format	XX	
Maximum character length		2

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Frequency of Specified Gambling Activities in Previous 12 Months: Top Three Specified Gambling Activities Frequency of Specified Locations of Gambling in Prior 12 Months Percentage of Time Spent Gambling by Jurisdiction



---

**Data element**      Percentage of Time Spent Gambling by Jurisdiction

**Accession number**      2000\_049\_01

---

**Identifying and definitional attributes**

**Definition**      A client self-reported percentage estimate of the number of times he/she has gambled in selected jurisdictions (Ontario, another province and outside Canada) collected at the initiation of treatment at an agency providing problem gambling services.

**Data element concept**      Admission - Percentage of Time Spent Gambling by Jurisdiction

**Representational attributes**

**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

This information is collected as close as possible to the initiation of treatment as it should be the basis for services being provided.

This numerical data field should be completed with the following instructions or directions: Thinking about your gambling activities in the past 12 months, what percent were in Ontario, in another province and/or outside Canada. Agency staff should ensure that a numeric value is inserted for each of the three jurisdictions and that the percentages across all 3 jurisdictions total 100%. There are 3 data fields to complete. Greater than or equal to zero or less than or equal to 100.

For example, the client reported their gambling activities were 50% in Ontario, 50% outside of Canada. Enter 50 for Ontario, 0 for Canada and 50 for Outside Canada. If the answer to this question is unknown please enter '999'. If client did not gamble in the past 12 months please enter '888'.

**Context**      Used to understand the severity and complexity of gambling behaviour of a client or a treatment population identified with gambling problems.

Assists with the development of treatment programing for the client or the treatment population identified with a gambling problem.

**Permissible values**      In Ontario  
In another province  
Outside of Canada

**Catalyst screen**      Admission information

**Catalyst screen text**      Thinking about the times you gambled in the past 12 months, what percent were:

**Knowledge Base article**

**Database field**      Q7

**Dataform**      Entry

**Datatype**      Number

Datatype DB	NUMBER(22)
Format	XXX
Maximum character length	3

**Developmental attributes**

Implementation status	Active
-----------------------	--------

Implementation start date	01/01/2002
---------------------------	------------

Implementation end date	
-------------------------	--

Staging	Collected once at initiation of treatment services
---------	--

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata	Frequency of Specified Gambling Activities in Previous 12 Months: Top Three Specified Gambling Activities Frequency of Specified Locations of Gambling in Prior 12 Months Top Three Locations of Gambling
------------------	--

---

**Data element**      Agency Name

**Accession number**      2000\_001\_02

---

**Identifying and definitional attributes**

**Definition**      The legal name of the agency contracted and funded by the Ministry of Health and Long Term Care to provide either substance abuse or problem gambling services or both.

**Data element concept**      Agency - Agency Name

**Representational attributes**

**Guide for use**      The name of the agency is provided on registration with CATALYST. For example, Centre for Addiction and Mental Health (CAMH).

**Context**      Used to identify the agency.

**Permissible values**

**Catalyst screen**      Agency information

**Catalyst screen text**

**Knowledge Base article**

**Database field**

**Dataform**

**Datatype**

**Datatype DB**

**Format**      Nnnnnnn

**Maximum character length**

**Developmental attributes**

**Implementation status**      Active

**Implementation start date**      01/01/2002

Implementation  
end date

Staging                      Collected once at initiation of treatment services

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata              Agency Address  
   Connex Number

---

**Data element** Connex Number

**Accession number** 2000\_002\_02

---

### Identifying and definitional attributes

**Definition** A unique number created by Connex Ontario to identify an Agency providing Substance Abuse or Problem Gambling or Mental Health treatment services and registered with Connex Ontario.

**Data element concept** Agency - Connex Number

### Representational attributes

**Guide for use** Used to identify a specific Agency that provides Mental Health and or Substance Abuse and or Problem Gambling Treatment Services in Ontario.

The Connex # is used as part of the logging on to the various databases along with the agency staff User ID and the Password.

For example: 11111A

**Context** Used as an Agency identifier in databases.

**Permissible values**

**Catalyst screen** Agency information

**Catalyst screen text**

**Knowledge Base article**

**Database field** DART

**Dataform** Entry

**Datatype** Number

**Datatype DB**

**Format** XXXXX

**Maximum character length** 5

### Developmental attributes

**Implementation status** Active

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2)

Related metadata Agency Name  
Agency Address

---

**Data element**      Agency Address

**Accession number**      2000\_003\_02

---

**Identifying and definitional attributes**

**Definition**      The address of the agency location that is contracted and funded by the LHIN to provide either substance abuse or problem gambling treatment services or both.

**Data element concept**      Agency - Agency Address

**Representational attributes**

**Guide for use**      The address of the agency is provided on registration with DATIS.  
For example, 250 College Street, Toronto ON M6G 2A1.

**Context**

**Permissible values**

**Catalyst screen**      Agency information

**Catalyst screen text**

**Knowledge Base article**

**Database field**

**Dataform**

**Datatype**

**Datatype DB**      VARCHAR2(50)

**Format**

**Maximum character length**

**Developmental attributes**

**Implementation status**      Active

**Implementation start date**      01/01/2002





---

**Data element**      Client Site Number

**Accession number**      2000\_001\_03

---

**Identifying and definitional attributes**

**Definition**      A representative number that identifies the agency site at which the client received either substance abuse or problem gambling treatment services or both.

**Data element concept**      Client - Client Site Number

**Representational attributes**

**Guide for use**      Select the unique agency site number for the location where the client received treatment services.

Agencies with more than one site (location) establish the numeric coding of sites from which substance abuse and or problem gambling services are delivered beginning with 1 and moving in sequence until all agency sites have a unique numeric code.

For example: When an agency has multiple sites a client could be admitted at one site location (admission # = 1) and receive a treatment/service at another (client site # = 2).  
If the client is admitted at one site location (admission site # = 1) and receives treatment/service at the same site (client site # =1).

**Context**      Permits reporting agency site where client received services.

**Permissible values**

**Catalyst screen**      Client information

**Catalyst screen text**      Site No

**Knowledge Base article**

**Database field**      SITE\_NO

**Dataform**

**Datatype**      Number

**Datatype DB**      VARCHAR2(5)

**Format**      NNN

**Maximum character length**

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	DATIS Key First Name (First Initial) Last Name (First Initial) Last Name at Birth (First Initial) Date of Birth Gender City County Complete Postal Code Address Effective Date Preferred Language of Service Ethnicity Admission site number Program site number

---

**Data element**      DATIS Key

**Accession number**      2000\_002\_03

---

**Identifying and definitional attributes**

**Definition**      A semi-unique identification number used in the DATIS database to individuate clients.

**Data element concept**      Client - DATIS Key

**Representational attributes**

**Guide for use**      Each client admitted to a DATIS participating agency will be assigned (by the database) a client identifier used at the centralized database to calculate the number of unique individuals accessing treatment.  
The code is derived from: First Name; Last Name at Birth; Date of Birth; gender  
First name data field - 1st letter in the field used  
Last name at birth data field - 1st letter in the field used  
Date of Birth (DOB) data field uses format of dd/mm/yyyy - DATIS key uses the format yyyymmdd  
Gender defined and coded as follows:  
Male coded as 1 and refers to service recipients of male gender  
Female coded as 2 and refers to service recipients of female gender  
Other coded as 3 and refers the gender of Other Service recipients including transsexuals and hermaphrodites.  
  
For example: Brenda Jenkins (Maiden name Smith), born April 17, 1966 , Female has a unique DATIS key of : BS196604172

**Context**      The DATIS Key is a proxy for a unique identifier to permit the individuation and manipulation of treatment data.

**Permissible values**

**Catalyst screen**      Client information

**Catalyst screen text**      DATIS key

**Knowledge Base article**

**Database field**      DATIS\_KEY

**Dataform**      Generated

**Datatype**      Text

**Datatype DB**

**Format**      XXNNNNNNNNNN

**Maximum character length**      11

## Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Client Site Number First Name (First Initial) Last Name (First Initial) Last Name at Birth (First Initial) Date of Birth Gender City County Complete Postal Code Address Effective Date Preferred Language of Service Ethnicity

---

**Data element**      First Name

**Accession number**      2000\_003\_03

---

**Identifying and definitional attributes**

**Definition**      The first or given name of the client seeking treatment from an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept**      Client - First Name

**Representational attributes**

**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.

Enter the client's given name as reported by the client.

The first letter in the First Name data field is required for the DATIS key but it is recommended that the complete first name of the person is entered in the First Name data field.

Only valid characters are allowed plus a hyphen, a period, and apostrophe.

DATIS key example, Brenda Jenkins (Maiden name Smith), Female, born April 17, 1966 has a client identifier of : BS196604172

**Context**      An essential component of the DATIS Key, which forms a semi-unique identifier that greatly enhances the ability to individuate and manipulate treatment data.

**Permissible values**

**Catalyst screen**      Client information

**Catalyst screen text**      First name

**Knowledge Base article**

**Database field**      FIRSTNAME

**Dataform**      Entry

**Datatype**      String

**Datatype DB**      VARCHAR2(30)

**Format**      Nnnnnn

**Maximum character length**      30

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Client Site Number</li> <li>DATIS Key</li> <li>Last Name (First Initial)</li> <li>Last Name at Birth (First Initial)</li> <li>Date of Birth</li> <li>Gender</li> <li>City</li> <li>County</li> <li>Complete Postal Code</li> <li>Address Effective Date</li> <li>Preferred Language of Service</li> </ul>

---

**Data element** Last Name

**Accession number** 2000\_004\_03

---

**Identifying and definitional attributes**

**Definition** The last name, family name or surname of the client seeking treatment from an agency providing either substance abuse or problem gambling services or both.

**Data element concept** Client - Last Name

**Representational attributes**

**Guide for use** Source of these data is typically client self-reported, 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.

Enter the client's last/Family/surname name as reported by the client.

The first letter in the Last Name data field is required but it is recommended that the complete last name of the person is entered in the Last Name data field.

Only valid characters are allowed plus a hyphen, a period, and apostrophe.

For example, Tomas LaChance, LaChance is the last name at birth, male, born April 4, 1968 has a client identifier of TL196804041.

**Context** An essential component of the DATIS Key which is a semi-unique identifier that greatly enhances the ability to individuate and manipulate treatment data.

**Permissible values**

**Catalyst screen** Client information

**Catalyst screen text** Last name

**Knowledge Base article**

**Database field** LASTNAME

**Dataform** Entry

**Datatype** String

**Datatype DB** VARCHAR2(30)

**Format** Nnnnnnnnnn

**Maximum character length** 30

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Client Site Number</li> <li>DATIS Key</li> <li>First Name (First Initial)</li> <li>Last Name at Birth (First Initial)</li> <li>Date of Birth</li> <li>Gender</li> <li>City</li> <li>County</li> <li>Complete Postal Code</li> <li>Address Effective Date</li> <li>Preferred Language of Service</li> <li>Ethnicity</li> </ul>



---

**Data element** Last Name at Birth

**Accession number** 2000\_005\_03

---

### Identifying and definitional attributes

**Definition** The last name, family name or surname at birth of the client seeking treatment from an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Client - Last Name at Birth

### Representational attributes

**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.

Enter the client's last/family/surname name at the birth of the client as reported by the client. Only the first letter of the name is required in the field but the entire name is recommended for the field. Only valid characters are allowed plus a hyphen, a period, and apostrophe. The Last Name at Birth overrides the Last Name only when they are different.

For example, Brenda Jenkins (Maiden name Smith), Female, born April 17, 1966 has a client identifier of : BS196604172.

**Context** An essential component of the DATIS Key if the Last Name at Birth and the Last Name are different. The DATIS key forms a semi-unique identifier that greatly enhances the ability to individuate and manipulate treatment data.

**Permissible values**

**Catalyst screen** Client information

**Catalyst screen text** Last name at birth

**Knowledge Base article**

**Database field** LASTNAME\_AT\_BIRTH

**Dataform** Entry

**Datatype** String

**Datatype DB** VARCHAR2(30)

**Format** Nnnnnnnn

**Maximum character length** 30

### Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Client Site Number</li> <li>DATIS Key</li> <li>First Name (First Initial)</li> <li>Last Name (First Initial)</li> <li>Date of Birth</li> <li>Gender</li> <li>City</li> <li>County</li> <li>Complete Postal Code</li> <li>Address Effective Date</li> <li>Preferred Language of Service</li> <li>Ethnicity</li> </ul>

---

**Data element**      Date of Birth

**Accession number**      2000\_006\_03

---

**Identifying and definitional attributes**

**Definition**      Identifies, numerically, the day, month and year the client, seeking treatment from an agency providing either substance abuse or problem gambling treatment services or both, was born.

**Data element concept**      Client - Date of Birth

**Representational attributes**

**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.  
This information is collected at the initiation of treatment services.

The Date of Birth is less than all other dates.

Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY.

Day - nn

Month - nn

Year - nnnn

Day is equal to or greater than 1 and less than or equal to 31 dependent on the month.

Month is equal to or greater than 1 and less than or equal to 12.

For example: 05021964 - DoB is the fifth day of the month of February in the year 1964

**Context**      An essential component of the DATIS key (a semi-unique identifier for DATIS data manipulation purposes).

Used to determine the validity of Young offender.

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.

**Permissible values**

**Catalyst screen**      Client information

**Catalyst screen text**      Date of birth

**Knowledge Base article**

**Database field**      DOB

**Dataform**      Entry

**Datatype**      Date

Datatype DB	VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)
Format	DDMMYYYY
Maximum character length	8

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Client Site Number</li> <li>DATIS Key</li> <li>First Name (First Initial)</li> <li>Last Name (First Initial)</li> <li>Last Name at Birth (First Initial)</li> <li>Gender</li> <li>City</li> <li>County</li> <li>Complete Postal Code</li> <li>Address Effective Date</li> <li>Preferred Language of Service</li> <li>Ethnicity</li> <li>Young offender status</li> </ul>

---

**Data element**      Gender

**Accession number**      2000\_007\_03

---

**Identifying and definitional attributes**

**Definition**      A set of values that identify the socially prescribed roles, attributes and behaviours, typically but not always reflective of a client's biological sex.

**Data element concept**      Client - Gender

**Representational attributes**

**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. These data are collected at the initiation of treatment services.

Transsexual/Transgender - selected when the client's gender expression does not match a commonly assigned sex.  
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;

For example, Brenda Jenkins considers herself a woman and Female is selected. 2 is now added as the gender to her DATIS key information, born April 17, 1966 the DATIS key = BS196604172.

**Context**      An essential component of the DATIS key which forms a semi-unique identifier for data manipulation purposes.  
Used as a basic grouping variable in descriptions of the treatment population and for analysis of treatment trends and gaps.

Used to accommodate the unique needs related to gender identity under the Ontario Human Rights Code.  
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

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used to alone and or in conjunction with other social determinants of health to:

- monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design

- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values Male  
Female  
Other

Catalyst screen Client information

Catalyst screen text Gender

Knowledge Base article

Database field GENDER\_ID

Dataform Code

Datatype Number

Datatype DB VARCHAR2(2)

Format X

Maximum character length 2

#### Developmental attributes

Implementation status Pending to change

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2) Deactivate Other  
Activate new permissible values: "Transgender and/or Transsexual"  
This would give alignment with GAIN Q3 which included Trans, plus need to accommodate Trans - Male to Female and Trans-Female to Male.  
(Trans appears disrespectful and the complete word gives a more professional feel.)  
Activate a PV 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;

Long term changes (Version 2)

Related metadata Client Site Number

DATIS Key  
First Name (First Initial)  
Last Name (First Initial)  
Last Name at Birth (First Initial)  
Date of Birth  
City  
County  
Complete Postal Code  
Address Effective Date  
Preferred Language of Service  
Ethnicity

---

**Data element** City

**Accession number** 2000\_008\_03

---

**Identifying and definitional attributes**

**Definition** The City, Town or Village where the client resides or lives without a permanent residence autonomously of the location of the agency providing either substance abuse or problem gambling services or both.

**Data element concept** Client - City

**Representational attributes**

**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. These data are collected at the initiation of treatment services.

Record the city, town or village where the client resides or is living without a permanent residence and plans to return to after treatment.

For example:

The client resides in Kingston or lives on the streets of Kingston and plans to return to Kingston after treatment; but is seeking treatment at an agency in Toronto. Enter Kingston.

DO NOT record the city, town or village where the client is currently residing for treatment if different from location of permanent residence.

**Context** Used to monitor comparative service utilization patterns by residence in district and region and to flag inequities across districts and regions.

**Permissible values**

**Catalyst screen** Client information

**Catalyst screen text** City

**Knowledge Base article**

**Database field** CITY\_ID

**Dataform** Entry

**Datatype**

**Datatype DB** VARCHAR2(4)

**Format** Nnnnnn

**Maximum character length** 25



## Developmental attributes

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Client Site Number DATIS Key First Name (First Initial) Last Name (First Initial) Last Name at Birth (First Initial) Date of Birth Gender County Complete Postal Code Address Effective Date Preferred Language of Service Ethnicity

---

**Data element** County

**Accession number** 2000\_009\_03

---

**Identifying and definitional attributes**

**Definition** The county where the permanent residence of the client, seeking treatment at an agency providing either substance abuse or problem gambling treatment services or both, is located.

**Data element concept** Client - County

**Representational attributes**

**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.

These data are collected at the initiation of treatment services.  
County - derived by the City, Town or Village entry; is used to arrive at client's LHIN if the postal code is unknown or NFA or cannot be mapped to LHIN. However, there is no one to one correspondence of county and LHIN and some counties are in more than 1 LHIN.

For example: Sandbanks

**Context** Used to monitor comparative service utilization patterns by residence in district and region and to flag inequities across districts and regions.

**Permissible values**

**Catalyst screen** Client information

**Catalyst screen text** County

**Knowledge Base article**

**Database field** COUNTY\_ID

**Dataform** Auto-generated

**Datatype** Text

**Datatype DB** VARCHAR2(4)

**Format** Nnnnnn

**Maximum character length** 25

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Client Site Number</li> <li>DATIS Key</li> <li>First Name (First Initial)</li> <li>Last Name (First Initial)</li> <li>Last Name at Birth (First Initial)</li> <li>Date of Birth</li> <li>Gender</li> <li>City</li> <li>Complete Postal Code</li> <li>Address Effective Date</li> <li>Preferred Language of Service</li> <li>Ethnicity</li> </ul>

---

**Data element** Complete Postal Code

**Accession number** 2000\_010\_03

---

### Identifying and definitional attributes

**Definition** Postal code of the client's permanent residence.

**Data element concept** Client - Complete Postal Code

### Representational attributes

**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.

This data element is collected at the initiation of treatment services.

6-digit postal code is required for the client's residence.

A - represents a letter

n - represents a number (0-9)

NFA (No Fixed Address) is checked when it is a known fact that a client has no fixed address.

UNK (Unknown) is considered reasonable to check when a client's postal code is unknown and there is absolutely no possibility of collecting this information at any time during the admission or there are exceptional circumstances.

A link is readily available on the Client Information screen to the Canada Post website for searching Postal Code information.

For example, M6H 1J4 is a postal code.

NFA - no fixed address. Selecting NFA would usually indicate a client using shelters, living on the street, using a bed/chesterfield of friends/family.

**Context** Used to

- 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.
- identify potential health impacts of the client or the treatment population.

**Permissible values**

**Catalyst screen** Client information

**Catalyst screen text** Postal code

**Knowledge Base article**

**Database field** POSTAL\_CODE

**Dataform** Entry

**Datatype** String

Datatype DB	VARCHAR2(6)	
Format	AnA nAn	
Maximum character length		6

**Developmental attributes**

Implementation status	Pending to change
-----------------------	-------------------

Implementation start date	01/01/2002
---------------------------	------------

Implementation end date	
-------------------------	--

Staging

Short term changes  
(Version 1.2)

Long term changes (Version 2)	Deactivate checkboxes NFA (no fixed address) and Unknown (postal code). The relevant information will be collected in a new element Type of residence.
----------------------------------	---

Related metadata	Client Site Number DATIS Key First Name (First Initial) Last Name (First Initial) Last Name at Birth (First Initial) Date of Birth Gender City County Address Effective Date Preferred Language of Service Ethnicity
------------------	---

---

**Data element**      Address Effective Date

**Accession number**      2000\_011\_03

---

**Identifying and definitional attributes**

**Definition**      The date the client's permanent address information was last established or confirmed by the client.

**Data element concept**      Client - Address Effective Date

**Representational attributes**

**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.  
These data are collected at the initiation of treatment services and needs to be updated when the address changes.  
Refers to the date the current address was entered or last confirmed with the client. When the address changes this date needs to be updated.

Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY. For example - 06112012 - is the 6th day of the month of November in the year 2012

day - nn  
month - nn  
year - nnnn

Day must be equal to or greater than 1 and equal to or less than 31 dependent on the month.  
Month must be equal to or greater than 1 and equal to or less than 12.

**Context**      Assists, at a high level, in monitoring client housing issues and address permanence over time.  
Enables a historical record of client's addresses for service planning purposes.  
Potential use as a proxy for client housing instability measure.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health

outcomes and may suggest powerful approaches to address identified health inequities.

This data can be used to alone and or in conjunction with other social determinants of health to:

- monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

**Permissible values**

Catalyst screen	Client information
Catalyst screen text	Address Effective Date
Knowledge Base article	
Database field	EFFECTIVE_DATE
Dataform	Entry
Datatype	Date
Datatype DB	VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)
Format	DDMMYYYY
Maximum character length	8

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	
Short term changes (Version 1.2)	
Long term changes (Version 2)	Will be saved historically with the collection of the address over time, to determine the stability of housing.
Related metadata	<ul style="list-style-type: none"> <li>Client Site Number</li> <li>DATIS Key (Auto generated)</li> <li>First Name (First Initial)</li> <li>Last Name (First Initial)</li> <li>Last Name at Birth (First Initial)</li> <li>Date of Birth</li> <li>Gender</li> <li>City</li> <li>County</li> <li>Complete Postal Code</li> <li>Preferred Language of Service</li> <li>Ethnicity</li> </ul>

---

**Data element** Preferred Language of Service

**Accession number** 2000\_012\_03

---

### Identifying and definitional attributes

**Definition** A set of values that indicate the language most preferred by the client for treatment related communication from an agency providing treatment services for substance use or gambling problems or both.

**Data element concept** Client - Preferred Language of Service

### Representational attributes

**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. These data are collected at the initiation of treatment services.  
The client's preferred language of communication is collected regardless of whether or not service can be offered in the preferred language.

Client is 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.

For example

Even though the client speaks English they would like their communication in Arabic in order to share with their Arabic speaking parents/family. Arabic is entered.

**Context** Used in care to provide appropriate care delivery as required by the Charter of Rights and Freedoms ([http://en.wikipedia.org/wiki/Eldridge\\_v.\\_British\\_Columbia\\_\(Attorney\\_General\)](http://en.wikipedia.org/wiki/Eldridge_v._British_Columbia_(Attorney_General))). To acquire informed consent (requires understanding).  
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.  
Use of interpreters and translation improve the quality and safety of care.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. These data can be used alone and or in conjunction with other social determinants of health to:

- monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted.
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system
- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s).



Permissible values	Arabic Cayuga Chinese Chippewa Cree Delaware Dutch English French German Greek Hebrew Hindi Hungarian Italian Japanese Korean Menominee Mohawk Odawa Ojibwa Ojicree Oneida Other Other Native Language Polish Portuguese Pottawatami Punjabi Russian Seneca Spanish Tamil Tuscarora Ukrainian Unknown Vietnamese
--------------------	--

Catalyst screen	Client information
-----------------	--------------------

Catalyst screen text	Preferred language of service
----------------------	-------------------------------

Knowledge Base article

Database field	PREFERRED_LANG_ID
----------------	-------------------

Dataform	Code
----------	------

Datatype	Number
----------	--------

Datatype DB	VARCHAR2(2)
-------------	-------------

Format	XX
--------	----

Maximum character length	2
--------------------------	---

**Developmental attributes**

Implementation status	Pending to change
-----------------------	-------------------

Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	<p>Replacement of the old CATALYST permissible values (PV) with the 2006 Stats Canada top 25 languages from Ontario</p> <p>3 First Nations Inuit Metis Languages - Ojibwa, Cree, Ojicree</p> <p>Other language</p> <p>Other First Nations, Inuit, Metis Language</p> <p>Deactivate Unknown</p> <p>Activate new permissible values: 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;</p> <p>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>Add Sign Language (any)</p> <p>Currently CATALYST has First Nation, Inuit Metis languages that very few people speak, they are to be deleted: 07 Mohawk, 08 Cayuga, 09 Seneca, 10 Oneida, 11 Odawa, 12 Chippewa, 13 Tuscarora, 14 Delaware, 15 Pottawatami, 16 Menominee.</p> <p>Additions to the listed values:</p> <p>Cantonese, Filipino, Urdu, Mandarin, Persian (Farsi), Gujarati, Romanian, Serbian.</p>
Long term changes (Version 2)	<p>For Version 2 there will be a cascade of questions, starting with Mother tongue, then asking for language comfort and preference for service. Need to align with two separate questions on OPOC-MHA, first for language comfort, then for preference, and then Other with the inclusive list and the ability to group languages into larger groups to align with the GAIN population groupings.</p>
Related metadata	<p>Client Site Number</p> <p>DATIS Key</p> <p>First Name (First Initial)</p> <p>Last Name (First Initial)</p> <p>Last Name at Birth (First Initial)</p> <p>Date of Birth</p> <p>Gender</p> <p>City</p> <p>County</p> <p>Complete Postal Code</p> <p>Address Effective Date</p> <p>Ethnicity</p>

---

**Data element**      Ethnicity

**Accession number**      2000\_013\_03

---

### Identifying and definitional attributes

**Definition**      A set of values that best represents the primary ethno-cultural-racial origins of a client seeking treatment at an agency providing either substance abuse or problem gambling services or both.

**Data element concept**      Client - Ethnicity

### Representational attributes

**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. These data are collected at the initiation of treatment services.

Only one descriptor of the client's ethno-cultural-racial status is permitted; this descriptor should be the one that the client identifies as her or his primary ethno-cultural-racial status.

Other - selected when the self-identified group is not available on the list;  
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.

For example

The client is black, was born in France and raised in the Caribbean but identifies his/her ethnicity as African. Select African from the list.

**Context**      Used to

- monitor service utilization by cultural and ethnic groups
- assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- assess whether programs are appropriately available and targeted for various linguistic or cultural groups
- ensure that ethnic groups vulnerable to certain conditions are provided with targeted care
- plan improvement for outreach to vulnerable groups that do not access care at the same level as other groups
- address access challenges particular to these vulnerable groups
- to monitor improvement to preventative care and readmissions.

To address disparities in health service delivery and planning requires a solid understanding of key barriers to equitable access to high quality care and of the specific needs of health-disadvantaged populations; and this requires an array of effective data. The Public Health Agency of Canada has identified social determinants of health as having the potential to clarify important pathways to health outcomes and may suggest powerful approaches to address identified health inequities. This data element can be used to alone and or in conjunction with other social determinants of health to:

- monitor service utilization by vulnerable or marginalized groups within a general population
- Identify barriers to service for vulnerable or marginalized groups within a general population
- Assess issues of access equity among the population seeking and being admitted to SA and/or PG treatment
- Assess whether programs are appropriately available and targeted
- Developing recommendations for adjustments to mitigate negative impacts as well as maximize positive impacts on the health of vulnerable and marginalized groups
- Embed equity across the organization and the system

- Support equity-based improvement in program/service and system design
- Raise awareness about health equity as a catalyst for change throughout the organization and the system
- The creation of a specific care plan for the client to meet their personal need(s)

Permissible values	Aboriginal - Non Status Aboriginal - Status (N.A. Indian) African American (USA) Arab Black Canadian Caribbean Central American Chinese Dutch East European East Indian English French French-Canadian German Greek Hungarian Inuit Irish Italian Japanese Jewish Korean Métis Other Other South East Asia Polish Portuguese Punjabi Scandinavian Scottish South American Spanish Ukrainian Unknown Vietnamese
--------------------	---

Catalyst screen	Client information
-----------------	--------------------

Catalyst screen text	Ethnicity
----------------------	-----------

Knowledge Base article

Database field	ETHNICITY_ID
----------------	--------------

Dataform	Code
----------	------

Datatype	Number
----------	--------

Datatype DB	VARCHAR2(3)
-------------	-------------

Format	XX
--------	----

Maximum character length	2
--------------------------	---

## Developmental attributes

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	Deactivate Unknown Activate new permissible values: 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;
Long term changes (Version 2)	The data element name "Ethnicity" is to be superseded by "Population Group" The list of new, larger more inclusive list of permissible values that can be grouped to align with the DTFP latest GAIN version.
Related metadata	Client Site Number DATIS Key First Name (First Initial) Last Name (First Initial) Last Name at Birth (First Initial) Date of Birth Gender City County Complete Postal Code Address Effective Date Preferred Language of Service

---

**Data element**      Program Site Number

**Accession number**      2000\_001\_04

---

**Identifying and definitional attributes**

**Definition**      A representative number identifying the site at which an agency provides treatment services for either substance abuse or problem gambling or both.

**Data element concept**      Service - Program Site Number

**Representational attributes**

**Guide for use**      Agencies with more than one site (location) establish, ahead of time, the numeric coding of sites to reflect the different locations that offer substance abuse and or problem gambling treatment services are offered and delivered. The number begins with 1 and moves positively in sequence until all agency sites have a unique numeric code.  
Select the unique agency site number for the location where the program is located or provided.

1, 2, 3, 4, 5, ..99  
A number equal to or greater than 1 and less than or equal to 99

For example, an agency has 3 locations where services are provided. Sites are numbered as 01, 02 and 03. A client can be admitted at site 01 and receive treatment programming at site 03. Since the program is at site 03 enter 03.

**Context**      Program Site Number, Admission Site Number and Client Site Number are the number of agency site where the program is located or where the client was admitted or received services.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      Site no

**Knowledge Base article**

**Database field**      SITE\_NO

**Dataform**      Entry

**Datatype**      Number

**Datatype DB**      VARCHAR2(5)

**Format**      XX

**Maximum character length**      2

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Program ID</li> <li>Program Name</li> <li>Provincial Service Category (Auto generated)</li> <li>Program Start Date</li> <li>Program Start Time</li> <li>Program End Time</li> <li>Program End Date</li> </ul>

---

**Data element**      Program ID

**Accession number**      2000\_002\_04

---

**Identifying and definitional attributes**

Definition      Within an agency the program number is a unique identifier per program registration per admission per

Data element concept      Service - Program ID

**Representational attributes**

Guide for use      This is generated by database when an agency creates and registers a new program with DATIS .  
The number will be sequential.

Program ID and name are the identifiers streaming the program towards the corresponding PSC or FC. Connex database is set up based on the Catalyst programs and the program id is the unique identifier between the two.

Context      Programs are set up based on the agency's M-SAA contracts between the LHIN and the agency which lists the PSC/FC that particular agency is funded (through the LHIN) to provide.

Programs are set up within the database and then mapped back to their corresponding functional center (FC). For example, if an agency was funded to provide Initial Assessment and Treatment Planning Services, Community Treatment Services, Residential Treatment Services.

If a client is registered in two or more programs in the same PSC/FC during the same admission, those program registrations will be counted as one registration for this PSC/FC. If a client has one or more program registrations in this PSC/FC in two or more admissions during the reporting period, one registration to this PSC/FC will be counted for each admission.

When counting the number of terminations, all program registrations in a PSC must be terminated for a registration to be considered terminated. The last program registration in a PSC must be terminated during the report period for a registration to be considered terminated within the report period, i.e. if there is a program registration in a PSC that is open after the report period, then we count 0 termination from this PSC/FC. If there is a program registration in a PSC/FC that is terminated after the report period, then we also count 0 termination from this PSC/FC.

For programs in a WMS Residential and Initial Assessment PSC/FC, calculations are based on the number of WMS episodes within an admission to the agency. WMS episodes are captured in the special custom field "WMS Registration #" that was created for multi-service agencies in the Program

Information screen. All programs with the same WMS Registration # comprise one episode. E.g., an admission with 2 open episodes within the reporting period will count as 2 open registrations/episodes in the PSC/FC. For WMS agencies that do not use the custom field "WMS Registration #", an episode comprises all of the WMS programs within an admission to the agency. Unique sequential number per program registration per admission per client.

Permissible values

Catalyst screen      Program information

Catalyst screen text      Program #

Knowledge Base article



Database field

Dataform           Generated sequential

Datatype           Number

Datatype DB        VARCHAR2(15)

Format             N

Maximum character length

**Developmental attributes**

Implementation     Active  
status

Implementation     01/01/2002  
start date

Implementation  
end date

Staging            Collected once at initiation of treatment services

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata    Program Site Number  
                      Program Name  
                      Provincial Service Category (Auto generated)  
                      Program Start Date  
                      Program Start Time  
                      Program End Time  
                      Program End Date

---

**Data element**      Program Name

**Accession number**      2000\_003\_04

---

**Identifying and definitional attributes**

**Definition**      Within an agency the name or means of identifying the collection of components and or clinical modalities designed to assist clients in meeting their treatment needs and goals.

**Data element concept**      Service - Program Name

**Representational attributes**

**Guide for use**      Programs are set up based on the agency's M-SAA contracts between the LHIN and the agency which lists the PSC/FC that particular agency is funded (through the LHIN) to provide.  
Excerpt from Admission and Discharge Criteria:  
A program consists of a collection of components (specific activities (e.g., individual counseling, group counseling, SRP, GSC) and/or clinical modalities (e.g., cognitive behavioural, solution-focused therapy)), designed to assist clients in meeting their needs and reaching their goals.  
Excerpt from Terminology and Structure of Addiction Treatment Services In Ontario:  
A program is provided within a service.  
A program must include the following issues in its program manual:  
Clinical Framework, Principles, Policies and Procedures  
Statement of Purpose, Goals and Objectives  
Description of People Attending the Program  
Description of Program Content and Schedule of Events  
Based on Best Practices  
Statement of Program Evaluation Plan and Implementation  
--Substance abuse and problem gambling programs provided by an agency are based on the PSC/FC (categories of treatment services) for which it is funded by the Ministry of Health and Long Term Care.  
--PSCs/FCs are stipulated in the Transfer Payment Agreement between the agency and MoHLTC.  
--Programs are mapped to a FC. This must be done in consultation with DATIS staff to ensure consistent with agreement.

**Context**      The linking of program names to PSCs and FCs:  
- provides information about the broad types of services received by clients;  
- permits the generation of utilization and costing statistics for management, planning and accountability purposes; and  
- contributes to the monitoring and evaluation of treatment outcomes.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      Program Name

**Knowledge Base article**

**Database field**      PROGRAM\_ID

**Dataform**      Entry

Datatype	String
Datatype DB	VARCHAR2(3)
Format	Nnnnnnnn
Maximum character length	

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Program Site Number</li> <li>Program ID</li> <li>Provincial Service Category (Auto generated)</li> <li>Program Start Date</li> <li>Program Start Time</li> <li>Program End Time</li> <li>Program End Date</li> </ul>

---

**Data element**      Functional Centre (FC)

**Accession number**      2000\_004\_04

---

### Identifying and definitional attributes

**Definition**      Functional centres (FC) are OHRS designated groupings of treatment services based on the characteristics of the service. (Autogenerated)

**Data element concept**      Service - Functional Centre (FC)

### Representational attributes

**Guide for use**      Each Substance Abuse (SA) and Problem Gambling (PG) program is assigned an FC at the time the agency registers the program with DATIS. The FC assignment takes into consideration the characteristics of the treatment services being provided according to OHRS designations.

Agency staff are not required to assign or select the FC of a program. This function is completed in the background of the computer.

For example: When an agency registers a residential withdrawal treatment program, with DATIS, the FC assigned to the program in the database would be "725407845 COM Residential Addictions Withdrawal Management Centres".

Pre-Entry services should be reported in the treatment functional centre of the staff providing the service: Information request, Intake, Screening, Outreach and Crisis, with no forced validated mapping of the Entry Service to a particular FC. When selecting the Activity Type of Pre-Entry Services, Catalyst populates the functional centre field with MOH functional centres that each agency is funded for if the MOH button is selected. If the non-MOH button is selected, the non-MOH functional centres will be populated for selection.

Information requests are not to be reported as SPI or SPGI, will not be mapped to a functional centre, regardless if the entry service provider staff members are Administrative or Clinical and regardless if the client is anonymous or not. Even though Information Request is not reported in OHRS reports, DATIS continues to collect this information and report in the PR 07/PR 07S and other Catalyst reports.

**Context**      Substance Abuse and Problem Gambling treatment functional centres (FC) are a way of classifying individuals utilizing substance abuse and problem gambling services that forms the basis for Agency funding from the MoHLTC.

One way to report on client activities is by the type of services the clients receives. Another way to report is by the functional centre assigned to the staff person who provides the services. OHRS is concerned with the latter while DATIS' mandate is to report by the former employing the provincial service categories. The FC reporting is concerned with funding and expense distribution, while the PSC reporting is concerned with the types of services that are needed and provided to clients.

Since the functional centre of the staff is not currently collected in Catalyst (but will be added to the new design of Catalyst), we have been relying mostly on the provincial service categories to determine the FC for OHRS reporting purposes. This practice has not always been accurate; a number of agencies have told us that for some programs, the type of service does not correspond to the functional centre of the staff. DATIS has been able to manage this distinction and has been able to accommodate those requests on the program level.

Recently, the Health Data Branch dropped the Initial Assessment and Treatment Planning (IATP) functional centre from its reporting requirements following the recommendation of a costing project that came up with several reasons for the recommendation, including the fact that initial assessment is largely considered part of treatment. DATIS had 2 options to deal with this change in regards to the IATP PSC: maintain it, or drop it. DATIS did due diligence in consulting with different agencies to help with the decision; after several conversations, there seemed to be an

agreement that clinically, it is often hard to separate out assessment services from the mainstream treatment of the client. As a result we decided to remove the IATP PSC. This decision is in no way a departure from DATIS' commitment to reporting by client services, but is a fine tuning of the IATP service. DATIS also continues to meet its mandate of providing sound data on the use of provincial assessments and for this reason we have made available to each agency four assessment activities to distinguish between the types of assessments conducted.

Now that IATP PSC and FC have been removed, we need to clarify that DATIS' mandate to report by provincial service categories remains unchanged and our commitment to provide good data quality reports to our stake holders is at the forefront of our work.

Permissible values

- FC 7250710/20\_Community Medical /Psychiatric Treatment Services
- FC 7250710/20\_Residential Medical /Psychiatric Treatment Services
- FC 72508\_CMH/A Centralized Access
- FC 7250976\_Case Management Mental Health
- FC 725097810\_Case Management/Supportive Counselling and Services - Addictions Supportive Housing
- FC 725097811\_COM Case Management Addictions - Substance Abuse
- FC 725097811\_COM Case Management Addictions - Substance Abuse (PSC - CT)
- FC 725097812\_COM Case Management Addictions - Problem Gambling
- FC 7251015\_COM Clinics/Programs - Nursing Clinic
- FC 7251030\_COM Clinics/Program -Combined Clinic.
- FC 725107612\_Primary Care - MH Counseling and Treatment
- FC 725107620\_Primary Care - MH Assertive Community Treatment
- FC 725107630\_Primary Care - MH Community Clinic
- FC 725107640\_Primary Care - MH Vocational /Employment
- FC 725107641\_Primary Care - MH Clubhouses
- FC 725107645\_Primary Care - MH Concurrent Disorders
- FC 725107645\_Primary Care - MH Concurrent Disorders (PSC - CT)
- FC 725107650\_Primary Care - MH Child/Adolescent
- FC 725107651\_Primary Care - MH Early Intervention
- FC 725107655\_Primary Care - MH Forensic
- FC 725107656\_Primary Care - MH Diversion and Court Support
- FC 725107660\_Primary Care - MH Abuse Services
- FC 725107670\_Primary Care - MH Eating Disorders
- FC 725107681\_Primary Care - MH Social Rehab./Recreation
- FC 725107695\_Primary Care - MH Dual Diagnosis
- FC 725107696\_Primary Care - MH Psycho-geriatric
- FC 725107699\_Primary Care - Other MH Services not elsewhere identified
- FC 725107811\_COM Clinics/Programs - Addictions Treatment - Substance Abuse
- FC 725107811\_COM Clinics/Programs - Addictions Treatment - Substance Abuse (PSC - CM)
- FC 725107811\_COM Clinics/Programs - Addictions Treatment - Substance Abuse (PSC - NULL)
- FC 725107812\_COM Clinics/Programs - Addictions Treatment - Problem Gambling
- FC 725107820\_COM Clinics/Programs - Addictions Withdrawal Mgmt.
- FC 725107820\_COM Clinics/Programs - Addictions Withdrawal Mgmt. (PSC - CM)
- FC 725107820\_COM Clinics/Programs - Addictions Withdrawal Mgmt. (PSC - CT DAY/EVE)
- FC 7251576\_Crisis Intervention - Mental Health Excludes Crisis Support Beds
- FC 7252076\_Day/Night Care - Mental Health
- FC 725207810\_COM Day/Evening Addictions Treatment
- FC 725307811\_COM Addictions Home Care - Substance Abuse - Support Within Housing
- FC 725407610\_Res. Mental Health - Homes for Special Care
- FC 725407620\_Res. Mental Health - Approved Homes
- FC 725407630\_Res. Mental Health - Supportive Housing
- FC 725407640\_Res. Mental Health - Housing Bricks & Mortar
- FC 725407650\_Res. Mental Health - Homelessness
- FC 725407660\_Res. Mental Health - Short Term Crisis Support Beds
- FC 725407811\_COM - Residential Addiction - Treatment Services - Substance Abuse
- FC 725407811\_COM - Residential Addiction - Treatment Services - Substance Abuse (PSC - CM)
- FC 725407811\_COM - Residential Addiction - Treatment Services - Substance Abuse (PSC - CT DAY/EVE)
- FC 725407811\_COM - Residential Addiction - Treatment Services - Substance Abuse (PSC - CT)
- FC 725407812\_COM - Residential Addiction - Treatment Services - Problem Gambling
- FC 725407830\_COM - Residential Addiction - Supportive Treatment
- FC 725407830\_COM - Residential Addiction - Supportive Treatment (PSC - CT)
- FC 725407845\_COM - Residential Addiction - Withdrawal Management Centres
- FC 725407845\_COM - Residential Addiction - Withdrawal Management Centres (PSC - CT DAY/EVE)
- FC 725407845\_COM - Residential Addiction - Withdrawal Management Centres (PSC - CT)
- FC 725507610\_Health Prom. /Education MH - Awareness
- FC 725507630\_Health Promo. /Education MH - Women

FC 725507640\_Health Promo./Education MH - Community Development Includes Justice Committees  
 FC 725507810\_Health Prom./Educ. Addictions - Drug Awareness  
 FC 725507820\_Health Prom./Educ. Addictions - Problem Gambling Awareness (Non-SA/PG MOH Funded)  
 FC 725507820\_Health Prom./Educ. Addictions - Problem Gambling Awareness  
 FC 725507840\_Health Prom./Educ. Addictions - Community Development - Substance Abuse  
 FC 725517611\_Consumer/Survivor/Family Initiatives - Peer/Self Help  
 FC 725517612\_Consumer/Survivor/Family Initiatives - Alternative Business  
 FC 725517620\_Consumer/Survivor/Family Initiatives - Family  
 FC 7257010\_Information and Referral Services General  
 FC 7257076\_Information and Referral Service - Provincial - Mental Health

Catalyst screen            Program information

Catalyst screen text      Functional centre

Knowledge Base article

Database field            FC\_ID

Dataform                 Selection

Datatype                 String

Datatype DB

Format                    Nnnnnnnnnnnnnnn

Maximum character length

**Developmental attributes**

Implementation status    Active

Implementation start date    01/01/2002

Implementation end date

Staging                    Collected once at initiation of treatment services

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata            Provincial Service Category of Outgoing Referral  
                                       Service Type of Outgoing Referral

---

**Data element**      Program Start Date

**Accession number**      2000\_005\_04

---

**Identifying and definitional attributes**

**Definition**      The date of the first day an agency staff provides direct either substance abuse or problem gambling treatment services or both to a client attending and registered in an agency program.

**Data element concept**      Service - Program Start Date

**Representational attributes**

**Guide for use**      Enter the date of the first day the agency staff provided direct substance abuse and or problem gambling treatment services to a client attending and registered in an agency program.

The Program Start Date must be equal to or greater than the Admission Date; and less than or equal to the Program End Date and the Discharge Date.

Day must be equal to or greater than 1 and equal to or less than 31 dependent on the month.

Month must be equal to or greater than 1 and equal to or less than 12.

Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY. For example - 06112012 - is the 6th day of the month of November in the year 2012

Each program is linked to a Functional Centre used to account for program groupings at a provincial level.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context**      Is used in conjunction with the data elements Program Start Time, Program End Date and Program End Time to determine the length of stay/service of clients in a program.  
Is used to identify the number of clients receiving service in a program (FC) during a reporting period.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      Start Date

**Knowledge Base article**

**Database field**      PRG\_START\_DATE

**Dataform**      Entry

**Datatype**      Date

Datatype DB	VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)
Format	DDMMYYYY
Maximum character length	8

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Program Site Number</li> <li>Program ID</li> <li>Program Name</li> <li>Provincial Service Category (Auto generated)</li> <li>Program Start Time</li> <li>Program End Time</li> <li>Program End Date</li> </ul>



---

**Data element**      Program Start Time

**Accession number**      2000\_006\_04

---

**Identifying and definitional attributes**

**Definition**      The time of day a registered client in a residential withdrawal management service program begins to receive treatment services from agency staff in the program.

**Data element concept**      Service - Program Start Time

**Representational attributes**

**Guide for use**      Refers to the time of day the registered client starts to receive treatment services from agency staff in the residential withdrawal management service program. The reporting of this data element is only required for a client receiving residential withdrawal management services.

The Program Start time must be less than the Program End time when the Program Start Date and Program End Date are the same.  
Hours (HH) and Minutes (MM) are collected in separate fields and are to be in the format of HH:MM.

Hours (HH) must be equal to or greater than 00 and equal to or less than 24.  
Minutes (MM) must be equal to or greater than 00 and equal to or less than 60.

Each program is linked to a Functional Centre used to account for program groupings at a provincial level.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context**      Is used in conjunction with the data elements Program Start Date, Program End Date and Program End Time to determine the client's length of stay/service in a residential withdrawal management program.  
Used to identify the number of clients receiving residential withdrawal management services during a reporting period.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      Start Time

**Knowledge Base article**

**Database field**      PRG\_START\_DATE

**Dataform**      Entry

Datatype	Time	
Datatype DB	VARCHAR2(2),VARCHAR2(2)	
Format	HH:MM 24 hours	
Maximum character length		5

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	<ul style="list-style-type: none"> <li>Program Site Number</li> <li>Program ID</li> <li>Program Name</li> <li>Provincial Service Category (Auto generated)</li> <li>Program Start Date</li> <li>Program End Time</li> <li>Program End Date</li> </ul>

---

**Data element**      Program End Time

**Accession number**      2000\_007\_04

---

**Identifying and definitional attributes**

**Definition**      The time of day the client ceases to receive treatment services from agency staff in the residential withdrawal management service program.

**Data element concept**      Service - Program End Time

**Representational attributes**

**Guide for use**      Refers to the time of day the client ceases to receive treatment services from agency staff in the residential withdrawal management service program. The reporting of this data element is only required for a client receiving residential withdrawal management services.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

The Program End time must be greater than the Program Start time when the Program Start Date and Program End Date are the same.

The Program End Time must be less than the Discharge Time when the Program End Date and Discharge Date are the same.

Hours (HH) and Minutes (MM) must be in the format of HH:MM, Catalyst uses different fields to collect Hours and Minutes.

Hours (HH) must be equal to or greater than 00 and equal to or less than 24.  
Minutes (MM) must be equal to or greater than 00 and equal to or less than 60.

**Context**      Is used in conjunction with the data elements Program Start Date, Program End Date and Program Start Time to determine the client's length of stay/service in a residential withdrawal management program.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      End Time

**Knowledge Base article**

**Database field**      PRG\_END\_DATE

**Dataform**      Entry

**Datatype**      Time

**Datatype DB**      VARCHAR2(2),VARCHAR2(2)

Format HH:MM 24 hours

Maximum character length 5

**Developmental attributes**

Implementation status Active

Implementation start date 01/01/2002

Implementation end date

Staging Collected at cessation of service

Short term changes (Version 1.2)

Long term changes (Version 2)

Related metadata Program Site Number  
Program ID  
Program Name  
Provincial Service Category (Auto generated)  
Program Start Date  
Program Start Time  
Program End Date

---

**Data element**      Program End Date

**Accession number**      2000\_008\_04

---

**Identifying and definitional attributes**

**Definition**      The date of the day agency staff cease providing substance abuse and or problem gambling treatment services to a client attending and registered in a treatment program at an agency.

**Data element concept**      Service - Program End Date

**Representational attributes**

**Guide for use**      Enter the date of the day agency staff cease providing substance abuse and or problem gambling treatment services to a client registered in an agency program.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

The Program End Date must be equal to or greater than the Admission and Program Start Date; and less than or equal to the Discharge Date.

Day must be equal to or greater than 1 and equal to or less than 31 dependent on the month.

Month must be equal to or greater than 1 and equal to or less than 12.

Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY. For example - 06112012 - is the 6th day of the month of November in the year 2012

Each program is linked to a Functional Centre used to account for program groupings at a provincial level.

**Context**      Is used in conjunction with the data elements Program Start Date, Program Start Time and Program End Time to determine the length of stay/service of clients in a program and provides an indication of the intensity of service provision.  
It is also used to identify the number of clients receiving service in a program during a reporting period.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      End Date

**Knowledge Base article**

**Database field**      PRG\_END\_DATE

**Dataform**      Entry

**Datatype**      Date



---

**Data element** Reason for Program Termination

**Accession number** 2000\_009\_04

---

### Identifying and definitional attributes

**Definition** A set values that indicate the primary reason a client, receiving treatment from a program at an agency providing either substance abuse or problem gambling services or both, ceases to receive treatment services from the program and the program registration was terminated.

**Data element concept** Service - Reason for Program Termination

### Representational attributes

**Guide for use** Agency staff select the most appropriate and primary reason for program termination. If the client completed the program then completed the program is selected. If the client did not complete the program then agency staff select the most appropriate and primary reason the program was not completed and then terminated.  
Other - selected when the reason for not completing a program is not listed in the values provided.

**For example**

The client attended all scheduled sessions and benefitted from the program. Select Completed program.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context** Provides information regarding circumstances of a client's treatment services ceased and the program registration was terminated. At an individual level, such information is relevant for planning and adjusting a client's course of treatment.  
At a program level, such information can be useful for program monitoring, evaluation and adjustment.

**Permissible values** Completed Program  
Client Withdrew and Notified Staff:Not Complete  
Deceased:Not Complete  
Drop Out/No Show:Not Complete  
External Transfer- Other Than Hospitalized:NC  
Hospitalized:Not Complete  
Incarcerated:Not Complete  
Internal Program Transfer:Not Complete  
Mutually Agreed Upon Termination:Not Complete  
Other:Not Complete  
Terminated by Staff/Involuntary Discharge:NC  
Unknown:Not Complete

**Catalyst screen** Program information

**Catalyst screen text** Reason For Termination

Knowledge Base article	KB 368
Database field	REASON_DISCHARGE_ID
Dataform	Code
Datatype	Number
Datatype DB	VARCHAR2(3)
Format	XX
Maximum character length	

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected at cessation of service
Short term changes (Version 1.2)	Deactivate Unknown with no replacement
Long term changes (Version 2)	Future changes should allow a question of "Was the program complete?" YES or NO where YES will go to the next question and NO will request a reason for not completing the program. The permissible values for this question will be the current values listed.
Related metadata	<ul style="list-style-type: none"> <li>Program Site Number</li> <li>Program ID</li> <li>Program Name</li> <li>Provincial Service Category (Auto generated)</li> <li>Program Start Date</li> <li>Program Start Time</li> <li>Program End Time</li> <li>Program End Date</li> <li>Direct Service Time</li> <li>Indirect Service Time</li> <li>Total Sessions</li> <li>Length of Stay/Service</li> </ul>



---

**Data element** Direct Service Time (Total Hours)

**Accession number** 2000\_010\_04

---

### Identifying and definitional attributes

**Definition** The time taken by agency staff to provide a treatment orientated service activity that directly involves a client, or on behalf of the client a significant other(s) or Substitute Decision Maker at an agency providing either substance abuse or problem gambling services or both.

**Data element concept** Service - Direct Service Time (Total Hours)

### Representational attributes

**Guide for use** The service activity must be:  
- treatment/clinically orientated,  
- documented in the client file  
- take longer than five minutes  
- can be face-to-face or non-face-to-face (video conferencing, phone, email) on an individual or group basis.

Enter the amount of time in hours that it took to complete the activity.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context** Provides a measure of service utilization within a program registration. Is used in conjunction with the data element Total Indirect Service Time to calculate the total amount of service time received by clients. In conjunction with the data elements Length of Stay/Service, Total Indirect Service Time and Total Sessions, it gives an indication of the intensity of service provided by agencies. Used for treatment costing, as well as monitoring and evaluating treatment outcomes.

**Permissible values**

**Catalyst screen** Program information

**Catalyst screen text** Direct Service Time (Total Hours)

**Knowledge Base article**

**Database field** TOTAL\_HOURS\_DS\_MANUAL

**Dataform** Derived

**Datatype** Number

**Datatype DB** NUMBER(22)

Format                   XXX

Maximum character length

**Developmental attributes**

Implementation        Active  
status

Implementation        01/01/2002  
start date

Implementation  
end date

Staging                Collected at cessation of service

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata        Program Name  
                              Program Start Time  
                              Program End Time

---

**Data element** Indirect Service Time (Total Hours)

**Accession number** 2000\_011\_04

---

### Identifying and definitional attributes

**Definition** The time taken by an agency staff to complete an activity, relating to or supporting client treatment and does not directly involve the client and or significant other(s) at an agency providing either substance abuse or problem gambling treatment services or both.

**Data element concept** Service - Indirect Service Time (Total Hours)

### Representational attributes

**Guide for use** Enter the amount of time in hours that the agency staff took to complete the activity.

Indirect services are divided into seven general areas: participation in case conferences, client-centred consultation, staff-centred consultation, program centred consultation, program direction, provision of educational services and system coordination.

For example, an agency staff spent 20 minutes charting an interaction or collaboration with a team member regarding the client. 20 minutes would be documented under Indirect Service Time.

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context** Provides a measure of service utilization within a program registration. Is used in conjunction with the data element Total Direct Service Time to calculate the total amount of service time received by clients. In conjunction with the data elements Length of Stay/Service, Total Direct Service Time and Total Sessions, it gives an indication of the intensity of service provided by agencies. Is also used for treatment and or service costing, as well as monitoring and evaluating treatment outcomes.

**Permissible values**

**Catalyst screen** Program information

**Catalyst screen text** Indirect Service Time (Total Hours)

**Knowledge Base article**

**Database field** TOTAL\_HOURS\_IS\_MANUAL

**Dataform** Derived

**Datatype** Number

Datatype DB           NUMBER(22)

Format                 XXX

Maximum character length

**Developmental attributes**

Implementation        Active  
status

Implementation        01/01/2002  
start date

Implementation  
end date

Staging                Collected at cessation of service

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata        Program Name  
                          Program Start Time

---

**Data element**      Total Sessions

**Accession number**      2000\_012\_04

---

**Identifying and definitional attributes**

**Definition**      A positive integer indicating the total number of treatment sessions attended by the client in a program to which he/she was registered and terminated.

**Data element concept**      Service - Total Sessions

**Representational attributes**

**Guide for use**      Not applicable for Withdrawal Management Services or Residential Treatment Services.

An Agency NOT using the Activity Log feature will be required, at the termination of a program, to calculate and manually record the total number of program sessions attended by the client.

Agencies using the Activity Log to track their activities will have the total sessions as well as hours of direct and indirect service auto calculated and entered by CATALYST.

Must be a value greater than zero and less than or equal to 99

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

**Context**      Provides a measure of the frequency of client contact and service utilization within a treatment program and an associated Functional Center.

In conjunction with the data elements Length of Stay/Service, Total Direct Service Time and Total Indirect Service Time, it gives an indication of the intensity of service provided to a client. Used for treatment costing as well as monitoring and evaluating treatment outcomes.

**Permissible values**

**Catalyst screen**      Program information

**Catalyst screen text**      Total sessions

**Knowledge Base article**

**Database field**      TOTAL\_SESSIONS

**Dataform**      Derived

**Datatype**      Number

**Datatype DB**      NUMBER(22)

**Format**      XX

Maximum character length

2

**Developmental attributes**

Implementation status      Active

Implementation start date      01/01/2002

Implementation end date

Staging      Collected at cessation of service

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata      Program Site Number  
Program ID  
Program Name  
Provincial Service Category (Auto generated)  
Program Start Date  
Program Start Time  
Program End Time  
Program End Date  
Reason for Program Termination  
Direct Service Time  
Indirect Service Time  
Length of Stay/Service  
WMS episode number

---

**Data element**      Length of Stay (Service)

**Accession number**      2000\_013\_04

---

**Identifying and definitional attributes**

Definition      The client's length of stay/treatment/service in a substance abuse or problem gambling program.

Data element concept      Service - Length of Stay (Service)

**Representational attributes**

Guide for use      Formulae:  
LOS (length of stay/service) in Days = Program Start Date - Program End Date + 1

The guidelines for the appropriate times and reasons for a program termination and an admission discharge are saved in the DATIS guidelines appendix to this Data Dictionary (tables 1, 2 and 3). It is best practice to discharge an inactive admission then re admit the client when further service is required. Programs and admissions flagged as inactive in the database [no service is reported for the client according to the flags set by the agency in the database] are listed in a DATIS report. Before an admission can be discharged all programs must be terminated [database business rule].

Context      Is used in conjunction with the data elements Total Direct Service Time, Total Indirect Service Time and Total Sessions, to give an indication of the intensity of service provided by agencies. Used for treatment costing as well as monitoring and evaluating treatment outcomes.

Permissible values

Catalyst screen      Program information

Catalyst screen text      LOS (Total Days in program)

Knowledge Base article

Database field

Dataform      Derived

Datatype      Number

Datatype DB

Format      XX

Maximum character length

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected at cessation of service
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Program Start Date Program Start Time Program End Time Program End Date Direct Service Time Indirect Service Time Total Sessions



---

**Data element**      WMS Episode Number

**Accession number**      2000\_014\_04

---

**Identifying and definitional attributes**

**Definition**      A positive integer used to differentiate between episodes of Residential Withdrawal Management Service (RWMS) treatment within one admission where the client may also be engaged in other longer-term treatment services for substance use and problem gambling at an agency that provides both RWMS and other non RWMS treatment services.

**Data element concept**      Service - WMS Episode Number

**Representational attributes**

**Guide for use**      This field appears on the program screen only of multi services agencies that offer RWMS services as well as other service types such as Community Treatment and is not available for all agencies. Staff at multi-service agencies, that provide both Residential Withdrawal Management Service (RWMS) and non RWMS substance abuse or problem gambling treatment services, will use this custom field to count a unique RWMS episode within an admission. Enter the same integer number in each of the 2 RWMS programs (Withdrawal/Crisis and Program/House) for each unique RWMS episode in an admission attended by the client.

The WMS Episode number defines an admission to RWMS services equivalent of an admission in an agency that provide only RWMS treatment services.

For example, a client is admitted to a multi-service agency on May 1st, 2012. The client is also registered in a community treatment program on May 1st, but on May 3rd is referred internally to Residential Withdrawal/Crisis program and terminated on May 5th, registered in a WMS Program/House program on May 5th and terminated on May 8th. Each of these WMS program registrations will have a WMS Registration # of 1. The client then goes back to continue treatment in the community program. On May 15th the client is again referred internally to RWMS and is terminated on June 1st. Each of the RWMS program registrations now will have a WMS registration # of 2. This numbering will continue until all programs are terminated and the admission is discharged. On a readmission the WMS registration Number counting will start back at 1.

**Context**      WMS registration # data element was created to enable the correct calculation and reporting of the number of RWMS admissions for multi-service agencies that provide RWMS along with other substance abuse and/or problem gambling treatment services.

RWMS clients typically receive services for Withdrawal/crisis and then in House services; the length of stay is usually a few days.

A client may be admitted to receive RWMS services multiple times within a short period of time. For an agency that offers only RWMS services, those multiple re-admissions are counted as separate admissions, where each admission is discharged and then a new admission is created then discharged and so forth.

In an agency that offers multiple services, recording several RWMS admissions and discharges within a short period of time may not be possible if the client receives services from a community treatment service (as an example) for a longer time period, while going in and out of RWMS. The limitation is imposed by a Catalyst business rules that allows only 1 open admission at a time.

To circumvent this limitation and to ensure that RWMS admissions for multi-service agencies are not under-reported, those agencies are instructed to enter the same integer number in each of the 2 RWMS programs attended by the client, for every unique admission to RWMS, also referred to as RWMS episode of treatment.

**Permissible values**

Catalyst screen	Program information
Catalyst screen text	WMS Registration #
Knowledge Base article	<a href="http://datishelpdesk.issuetrak.com/Kb_ListByCategory.asp#117">http://datishelpdesk.issuetrak.com/Kb_ListByCategory.asp#117</a> (WMS Program Registration Procedure for Multi-Service Agencies)

Database field

Dataform	Entry
Datatype	Number
Datatype DB	
Format	XXXX
Maximum character length	

**Developmental attributes**

Implementation status	Active
Implementation start date	01/01/2005
Implementation end date	
Staging	Collected once at initiation of treatment services
Short term changes (Version 1.2)	
Long term changes (Version 2)	
Related metadata	Direct Service Time Indirect Service Time Total Sessions Length of Stay/Service WMS episode number

---

**Data element** Provincial Service Category of Outgoing Referral

**Accession number** 2000\_015\_04

---

### Identifying and definitional attributes

**Definition** A classification by provincial service category (PSC) of the client's referral to a program and or service at an external agency that is funded by the Ministry of Health and Long Term Care to provide that service.

**Data element concept** Service - Provincial Service Category of Outgoing Referral

### Representational attributes

**Guide for use** The information being sought is each client referral your agency has made to external agencies over the course of the client's admission to your agency prior to discharge. In this instance the external agency is funded by the MoHLTC (Ministry of Health and Long Term Care) to provide that services and or program.  
Agency staff select the PSC of each external agency's program/service the client is being referred to.  
Referral involves directing the client to another source for service, guidance or assistance.

Substance abuse and problem gambling treatment functional centers (FC) are the groupings of services based on their characteristics, and are a way of classifying individuals utilizing services that forms the basis for Agency funding from the MoHLTC.

For example:

When you referred a client for Residential Withdrawal Management Services and contacted the agency setting up an appointment and giving this information to the client then this would be considered a referral to Residential Withdrawal Management Services and thus a Referral to Participating Agency.

However if you simply mentioned that the client should seek admission to a Residential Withdrawal Services and did not provide them with the appropriate information, then this would not be considered the type of formal referral being requested.

This data element should be recorded in conjunction with the data element Date of Outgoing Referral.

99 if no referral made, is collected into a separate text box by the database. If the field is left blank it creates problems for agencies who wanted to distinguish those cases in which no referrals were actually made versus those instances where staff just didn't record referrals. If Referral Type = 1 (agency is DATIS-participating) then this field is required; Otherwise if Referral Type = 0 (agency is not DATIS-participating) then the value in this field should be null (blank).

**Context**

This information:

Is used to identify the patterns of client referral/movement between substance abuse and or problem gambling treatment agencies funded by MoHLTC to provide substance abuse and or problem gambling treatment services.

Assists agencies to gain an understanding of the relationships that they have with other MoHLTC funded treatment providers and any gaps that may exist in their district or regional networks.

Creates a picture of treatment services pathway that may be required so that the client can meet their goals and objectives in the recovery process.

One way to report on client activities is by the type of services the clients receives. Another way to report is by the functional centre assigned to the staff person who provides the services. OHRS is concerned with the latter while DATIS' mandate is to report by the former employing the provincial service categories. The FC reporting is concerned with funding and expense distribution, while the PSC reporting is concerned with the types of services that are needed and provided to clients.

Since the functional centre of the staff is not currently collected in Catalyst (but will be added to

the new design of Catalyst), we have been relying mostly on the provincial service categories to determine the FC for OHRS reporting purposes. This practice has not always been accurate; a number of agencies have told us that for some programs, the type of service does not correspond to the functional centre of the staff. DATIS has been able to manage this distinction and has been able to accommodate those requests on the program level.

Recently, the Health Data Branch dropped the Initial Assessment and Treatment Planning (IATP) functional centre from its reporting requirements following the recommendation of a costing project that came up with several reasons for the recommendation, including the fact that initial assessment is largely considered part of treatment. DATIS had 2 options to deal with this change in regards to the IATP PSC: maintain it, or drop it. DATIS did due diligence in consulting with different agencies to help with the decision; after several conversations, there seemed to be an agreement that clinically, it is often hard to separate out assessment services from the mainstream treatment of the client. As a result we decided to remove the IATP PSC. This decision is in no way a departure from DATIS' commitment to reporting by client services, but is a fine tuning of the IATP service. DATIS also continues to meet its mandate of providing sound data on the use of provincial assessments and for this reason we have made available to each agency four assessment activities to distinguish between the types of assessments conducted.

Now that IATP PSC and FC have been removed, we need to clarify that DATIS' mandate to report by provincial service categories remains unchanged and our commitment to provide good data quality reports to our stake holders is at the forefront of our work.

Permissible values	Case Management Community Treatment Community Medical/Psychiatric Treatment Services Community Day/Evening Treatment Services Residential Treatment Services Residential Medical/Psychiatric Treatment Services Residential Support Treatment Services Community Withdrawal Management Services Residential Withdrawal Management Services
--------------------	--

Catalyst screen	Outgoing referral information
-----------------	-------------------------------

Catalyst screen text	Refer to Provincial Service Category
----------------------	--------------------------------------

Knowledge Base article	88, 136
------------------------	---------

Database field	REFER_TO_PSC_ID
----------------	-----------------

Dataform	Code
----------	------

Datatype	Number
----------	--------

Datatype DB	VARCHAR2(3)
-------------	-------------

Format	XX
--------	----

Maximum character length

**Developmental attributes**

Implementation status	Active
-----------------------	--------

Implementation start date	01/01/2002
---------------------------	------------

Implementation  
end date

Staging                      Collected as needed during treatment

Short term changes  
(Version 1.2)

Long term changes  
(Version 2)

Related metadata                      Provincial Service Category (Auto generated)  
Service Type of Outgoing Referral  
Date of Outgoing Referral

---

**Data element**      Service Type of Outgoing Referral

**Accession number**      2000\_016\_04

---

**Identifying and definitional attributes**

**Definition**      A classification by the type of service of an external agency's program the client has been referred to, where the agency is NOT funded by the Ministry Health and Long Term Care to provide the service.

**Data element concept**      Service - Service Type of Outgoing Referral

**Representational attributes**

**Guide for use**      The information being sought is the service type of each client referral your agency has made to an external non-provincially funded agency over the course of the client's admission (prior to, during or at completion) to your agency prior to discharge. In this instance the external agency is not funded by the MoHLTC (Ministry of Health and Long Term Care) to provide that referral services and or program.  
Referral involves directing the client to another source for service, guidance or assistance and in the case of this data element the source of service will be not be funded by the MoHLTC to provide substance abuse and or problem gambling.

For example:

If you send a client to an AA meeting in the community by providing a contact name and telephone number or supplying information such as location, date and time or the meeting then this would be considered a referral to AA and thus a Referral to Non-Participating Agency. However if you simply mentioned that the client should attend AA and did not provide them with the appropriate information, then this would not be considered the type of formal referral required.

Referral to Service Type should be recorded in conjunction with the data element Date of Outgoing Referral.

99, if no referral made, is collected into a separate text box.

Leaving a blank field creates problems for agencies who wanted to distinguish those cases in which no referrals were actually made versus those instances where staff just didn't record referrals.

If Referral Type = 1 (agency is DATIS-participating) then this field should be blank;

Otherwise if Referral Type = 0 (agency is not DATIS-participating) then this field is required.

**Context**      Used to identify the patterns of interaction between substance abuse and or problem gambling treatment agencies funded by MoHLTC to provide substance abuse and or problem gambling treatment services and other related services in the health and community care fields. This information assists agencies to gain an understanding of the relationships that they have with other MoHLTC funded treatment providers and any gaps that may exist in their district or regional networks. This information creates a picture of the treatment services pathways followed by clients that may be required so that the client may meet their goals and objectives in the recovery process.

**Permissible values**      Non-Participating Hospital Addiction Services  
Non-Participating Community Addiction Services  
Non-Participating Residential Programs  
Psychiatric Services/Hospital  
Private Psychiatrist/Psychologist  
Medical Services - Hospital  
Medical Services - Private  
Community Health Centre  
Physician/Private Practitioner  
Public Health Unit/Nursing Services  
Community Mental Health Agency - Adult Program

Community Mental Health Agency - Child Program  
 Social Service Agency - Adult Program  
 Social Service Agency - Child Program  
 Other Community Institution/Residential Program  
 Housing Programs/Services  
 Self-Help Groups (e.g. Alcoholics Anonymous)  
 EAP - Employee Assistance Program  
 Police  
 Other Legal System - Excluding Police  
 Connex  
 Other  
 Traditional Healer/Elders  
 Women's/Men's Shelters  
 Alternative Health Therapies  
 Native Treatment Services  
 Housing - Native/Non-Profit  
 Other Native Services  
 Unknown

Catalyst screen	Outgoing referral information
Catalyst screen text	Refer to Service Type
Knowledge Base article	88, 136
Database field	REFER_TO_ST_ID
Dataform	Code
Datatype	Number
Datatype DB	VARCHAR2(3)
Format	XX
Maximum character length	2

**Developmental attributes**

Implementation status	Pending to change
Implementation start date	01/01/2002
Implementation end date	
Staging	Collected as needed during treatment
Short term changes (Version 1.2)	Deactivate Unknown with no replacement
Long term changes (Version 2)	

Related metadata

Provincial Service Category of Outgoing Referral  
Date of Outgoing Referral  
Functional Centre



---

**Data element**      Date of Outgoing Referral

**Accession number**      2000\_017\_04

---

**Identifying and definitional attributes**

**Definition**      The date the program staff, at an agency providing substance abuse and or problem gambling treatment services, referred a client to another program or agency for services.

**Data element concept**      Service - Date of Outgoing Referral

**Representational attributes**

**Guide for use**      This date is mandatory when selecting a referral on the Outgoing Referral Screen be it "PSC of Outgoing Referral", "Service Type of Outgoing Referral" or "Internal Referral".  
This is the date the agency staff provided the client with a referral to a program outside the current program (could be an internal referral to another program at the agency or an external referral).  
This date is required in conjunction with the data element Refer to Service Type, Refer to PSC/FC or Internal Referral.  
This date will be less or equal to the discharge date and greater than or equal to the admission date.  
Day (DD), Month (MM) and Year (YYYY) are collected in separate fields and formatted DDMMYYYY.  
Day - nn  
month - nn  
year - nnnn  
For example: 06112012 - 6th day of the month of November in the year 2012  
Day must be equal to or greater than 1 and equal to or less than 31 dependent on the month.  
Month must be equal to or greater than 1 and equal to or less than 12.

**Context**      Used to monitor the length of time (waitlist) between the date of the initial referral and the date of the first contact with the referral program.  
Used to identify the point of time in the treatment cycle the client was referred to an alternate program.

**Permissible values**

**Catalyst screen**      Outgoing referral information

**Catalyst screen text**      Referred On

**Knowledge Base article**      88, 136

**Database field**      REFERRED\_ON

**Dataform**      Entry

**Datatype**      Date

**Datatype DB**      VARCHAR2(2),VARCHAR2(2),VARCHAR2(4)

**Format**      DDMMYYYY

Maximum character length

8

**Developmental attributes**

Implementation status      Active

Implementation start date      01/01/2002

Implementation end date

Staging      Collected as needed during treatment

Short term changes  
(Version 1.2)

Long term changes      Recommend changing the name to Date of Referral as this date is required for all referrals  
(Version 2)      whether the referral is internal or external.

Related metadata      Provincial Service Category/Functional center of Outgoing Referral  
Service Type of Outgoing Referral

---

**Data element** Provincial Service Category

**Accession number** 2000\_018\_04

---

### Identifying and definitional attributes

**Definition** A classification by provincial service category (PSC) of the program servicing the client at an agency that is funded by the Ministry of Health and Long Term Care to provide that service. (Autogenerated)

**Data element concept** Service - Provincial Service Category

### Representational attributes

**Guide for use** Provides information about the types of services received by clients. This information is used to determine the costs and utilization patterns of treatment services. It is of fundamental importance to the management and planning of treatment service provision and to accountability. In conjunction with information about the client's characteristics and circumstances and the total amount of service they receive, it contributes to an understanding of the ways in which addition treatment agencies have responded to their clients' needs.

Case Management - A process which includes the designation of a primary worker whose responsibilities include the ongoing assessment of the client and his/her problems, ongoing adjustment of the treatment plan, linking to and coordination of required services, monitoring and support, developing and implementing a discharge plan, and advocating for the client. Case Management services are offered regardless where the individual is in the system.

Community Treatment 1-2 hour sessions in-group or individual format, typically once a week or less often, while the client resides elsewhere in the community. Community Counseling /treatment includes brief intervention, lifestyle and personal counseling to assist the individual to develop skills to manage substance abuse / gambling related problems, and/or maintain and enhance treatment goals. Such activities as relapse prevention, guided self-change, family intervention, follow-up and aftercare are included here. Care may be provided with or without medical/ psychiatric treatment. Frequency and length of sessions may vary depending on client need and program format. May be offered in a variety of settings, including outreach to the client's home, school an addiction agency or other service. Outreach includes activities such as early intervention but not prevention, education or public relations activities.

Community Medical/Psychiatric Treatment Services - A specific non-residential service to meet the needs of individuals with concurrent disorders. This service may be offered either through structured day/evening program or community treatment. These services are usually part of broader hospital services and employ physicians, nurses and staff specializing in the treatment of concurrent disorders.

Community Day/Evening Treatment Services - A structured, scheduled program of treatment activities typically provided five days or evenings per week (e.g. 3-4 hours per day) while the client resides at home or in another setting, including residential support services, to assist the individual to develop skills to manage substance abuse / gambling related problems.

Residential Treatment Services - A structured, scheduled program of treatment and/or rehabilitation activities provided while the client resides in-house, to assist clients to develop and practice the skills to manage substance use and related problems. In addition to the scheduled program activities there is 24hour access to support and the residential treatment milieu.

Residential Medical/Psychiatric Treatment Services - A structured, scheduled program of addictions treatment and/or rehabilitation activities provided for clients whose biomedical, emotional and/or behavioural problems are severe enough to require individualized medical/psychiatric care while the client resides inhouse. The treatment and/or rehabilitation is intended to assist the individual in stabilizing and managing his/her medical/ Psychiatric problems while also addressing the addiction problem per se, or to allow for referral to appropriate substance abuse / gambling treatment. In addition to the scheduled program of addictions treatment and rehabilitation activities there is a 24-hour access to support and the residential treatment milieu.

Residential Support Treatment Services Level 1 - Housing and related recovery / support services such as lifestyle counseling, coaching for activities of daily living, community reintegration, vocational counseling and mutual aid, provided to clients who require a stable, supportive environment prior to, during, or following treatment which is accessed elsewhere.

Residential Support Treatment Services Level 2 - Housing/ Accommodation in alcohol/ drug free setting. Addiction Services are not offered on-site or as part of the housing service.

Community Withdrawal Management Services Level 1- Assistance with voluntary withdrawal from alcohol and/or other drugs to clients who are under the influence of these substances and/or in withdrawal or otherwise in crisis directly related to these substances. Clients may be simultaneously accessing residential support services, or they may be residing in their home, the home of a significant other, or in another community setting, supervised or unsupervised. Care may be provided with or without the aid of drug therapy and/or other medical interventions. Additional support such as discharge planning and early recovery education is provided. Service is provided according to three Levels: Level I, Level II and Level III. Clients at all levels who are not taking any medication are considered. Assessed for admission. Following are tile criteria for Level I: Client symptoms can be safely monitored by staff who are not medically trained. Intensity/severity of symptoms can be managed, as required, with medical consultation being provided by a physician/after hours clinic/health centre/hospital emergency department. Client/staff ratios do not permit high intensity symptom monitoring. In consultation with a physician, if necessary, consider/assess individuals for admission who are taking the following types of medication:

- oMedications for medical problems
- oMedications for diagnosed psychiatric problems
- oPain medications only for acute injuries or recent surgery

**Context**

Permissible values Case Management  
 Community Treatment  
 Community Medical/Psychiatric Treatment Services  
 Community Day/Evening Treatment Services  
 Residential Treatment Services  
 Residential Medical/Psychiatric Treatment Services  
 Residential Support Treatment Services  
 Community Withdrawal Management Services  
 Residential Withdrawal Management Services  
 Support within Housing  
 Coordinated Access

Catalyst screen Program Information

Catalyst screen text Provincial Service Category

**Knowledge Base article**

Database field PROV\_SRV\_CATGRY

Dataform Code

Datatype Number

Datatype DB VARCHAR2(3)

Format XX

Maximum character length 2

**Developmental attributes**

Implementation status Active

Implementation start date 01/01/2002

Implementation end date

Staging Collected once at initiation of treatment services

Short term changes (Version 1.2)

Long term changes (Version 2)

Related metadata Provincial Service Category of outgoing referral  
Service Type of Outgoing Referral  
Date of Outgoing Referral

## Collection procedures, data quality and validation checks

This section provides information on data collection and the transfer process and includes data quality and validation checks, for the purpose of editing and fine tuning the data and to inform agencies of the type and use of appropriate codes when collecting and collating data.

### Collation of Ontario Data Set

The Catalyst application was created over a decade ago and intended to be relatively easy to learn and use. For those staff members who require beginner training or a refresher, DATIS has a number of materials available. All learning material may be revisited indefinitely to refresh user's knowledge in order to maintain a good understanding of the data being requested, which in turn will ensure high data quality and compliance in the DATIS database.

- A knowledge base
- elearning tutorials
- Helpdesk
- DATIS staff is available to provide live on-line training via Go to Meeting (an on-line application)
- Service desk control module to assist staff with getting up to speed in using Catalyst (Live on-line contact with DATIS Service Desk staff to walk through the application and answer questions)
- Each agency maintains 1-3 staff (in house trainer, power users CSA (Catalyst System Administrator)) experienced in using Catalyst and knowledgeable about the requirements of agencies.

[http://datishelpdesk.issuetrak.com/Kb\\_ListByCategory.asp](http://datishelpdesk.issuetrak.com/Kb_ListByCategory.asp)

Catalyst Basic Business Rules and Terminology in Catalyst and Reports appear in Article # 206.

[http://datishelpdesk.issuetrak.com/Kb\\_ArticleView.asp?ArticleNbr=206](http://datishelpdesk.issuetrak.com/Kb_ArticleView.asp?ArticleNbr=206)

### Validation checks in the secure client-web-based application

DATIS provides validation checks in Catalyst at the data entry level. Many of the checks are based on the business rules and logical data entry rules to ensure data quality. Much of the data is selected from pick lists, minimizing the requirement to type in data. Exceptions include personal client information, dates and numbers which have specific requirements when entering information in the text boxes.

### Data quality

DATIS' goal is to achieve and maintain a high standard, quality database and to support stakeholders by providing sound substance abuse and problem gambling statistical data. To this end DATIS completes an annual data quality review to the reporting agencies as well as supports a 'self-serve' reporting system that is based on the SAP Business Objects Web Intelligence and provides full flexibility and control on data analysis and interactivity. This extensible platform serves as a dynamic foundation for projects that are a part of the Data Quality process revamp efforts and provides the foundation for other types of reporting including Dashboards, creating a harmonized data access layer across all interfaces both Agencies and DATIS staff will use.

All data entered into the DATIS database by May 4<sup>th</sup>, 2013 for the fiscal year 2012-2013 was used to create the DQT data quality report. The DQT data quality report specific to each agency is mailed to the agency, with areas of major concern highlighted.

Agencies are reminded and expected to run reports at the end of each quarter (June, September, December and March) to validate their data, prior to DRT following similar process for MoHLTC and LHINS.

For further information on data quality reports review the entire document at:

[http://datishelpdesk.issuetrak.com/Kb\\_ArticleView.asp?ArticleNbr=155](http://datishelpdesk.issuetrak.com/Kb_ArticleView.asp?ArticleNbr=155)

[http://datishelpdesk.issuetrak.com/Kb\\_ArticleView.asp?ArticleNbr=289](http://datishelpdesk.issuetrak.com/Kb_ArticleView.asp?ArticleNbr=289)

[http://datishelpdesk.issuetrak.com/Kb\\_ArticleView.asp?ArticleNbr=262](http://datishelpdesk.issuetrak.com/Kb_ArticleView.asp?ArticleNbr=262)

All identified data quality and compliance gaps are expected to be resolved by the agency in a timely manner.

At the end of the first three quarters, DQT reviews non-compliance (data not reported) and places reports on the private log for the LHINs on the DATIS website.

#### **Data requests**

DATIS often receives 'one off' requests for information. Before responding to the requester, the report is reviewed to eliminate any identifiable groups and data errors or gaps.

#### **Privacy and data principles**

DATIS, in applying its principles of information privacy, follows the Personal Health Information Protection Act (PHIPA) and all the privacy policies from the Centre for Addiction and Mental Health. In turn, agencies, their staff and the collective system have a responsibility to maintain the privacy of clients PHI and adhere to PHIPA, as well as the agency's own privacy policies and procedures.

DATIS is currently employing an external contractor to review a privacy assessment, which will provide the foundation for a privacy policy to protect the client personal health information (PHI) collected by DATIS. The obvious and basic security measures currently employed determine how the passwords are shared, and how the sensitive information is accessed, stored and transferred. Another applied measure to mention is the way to treat categories that are so low in numbers that there is a potential to erode the privacy of information. In that case, the numbers are summed up for several categories of the sort, or are spread equally over other categories when the data is reported.

As a program of the Centre for Addiction and Mental Health (CAMH), DATIS also abides by the privacy policies of this organization.

The sources of information on PHIPA and CAMH:

[http://www.e-laws.gov.on.ca/html/statutes/english/elaws\\_statutes\\_04p03\\_e.htm](http://www.e-laws.gov.on.ca/html/statutes/english/elaws_statutes_04p03_e.htm)

[http://insite.camh.net/Staff\\_Handbook/Privacy/camh\\_privacy\\_office10044.html](http://insite.camh.net/Staff_Handbook/Privacy/camh_privacy_office10044.html)

[http://insite.camh.net/policies/AIMG\\_4\\_1\\_1\\_health\\_privacy-7210.pdf](http://insite.camh.net/policies/AIMG_4_1_1_health_privacy-7210.pdf)

<http://www.privacysense.net/privacy-legislation/canadian/ontario/>

[http://www.priv.gc.ca/information/guide\\_e.pdf](http://www.priv.gc.ca/information/guide_e.pdf)

## Data release guidelines

### Purpose

This chapter outlines the process to make a request to DATIS and by DATIS upon receipt of data requests.

### Background

Under the Personal Health Information Protection Act (PHIPA), 2004 agencies providing substance abuse and/or problem gambling treatment services are custodians of the health information. Under the same Act DATIS is identified as a Healthcare Information Network Provider (person who provides to the custodian section 6 of the Act).

### Options to access published data

Public reports may be on the DATIS website.

At the end of each quarter and fiscal year DATIS runs and submits statistical reports to the MoHLTC and to the LHINs, utilizing data extracted from the DATIS Central Database. The calculations for these statistical reports differ from the OHRS statistical reports where indirect and direct services are reported on, but only for terminated program registrations.

### Regular reporting by DATIS

MoHLTC/Data Health Branch – quarterly with a final yearly report

LHINs

There are a number of reports agencies can run, a number of which can be found in the Data Checking Reports and the Suite of Reports folder in the reports module.

OHRS – DATIS does not report to OHRS but assists agencies who do in collecting and reporting the data.

### Options for access to unpublished data

DATIS accepts requests for reports on unpublished data. The requester completes a form posted on the website and submits it to DATIS. All reports disallow identification of individuals. To date, only DATIS staff is allowed to access the entire database and agency staff may only access the information of clients who are or were in treatment at the agency.

### Other alcohol and drug data

Below is a table with the DATIS mandatory data elements used to create reports, the demographics of both the client and the issue and the data elements used to create the DATIS Key as well as the organization that receives the information.

Mandatory Data Elements	Reports			Demographics		DATIS Key
	MOHLTC	OHRS	LHIN	Client	Issue	
Date of Birth	x	x	x	x		x
Connex Number	x	x				
Functional Centre (FC)	x	x				
Provincial Service Category (PSC)	x	x				
Indirect Service Time (Total Hours)	x	x				
Program End Date	x	x	x			
Program Start Date	x	x	x			



DATIS Key	x	x	x			
Gender	x		x	x		x
Agency Name	x					
Client Type	x		x			
Discharge Date	x	x				
WMS Episode Number	x					
Program End Time	x					
Program Start Time	x					
Length of Stay (Service)	x					
Direct Service Time (Total Hours)		x				
Program ID		x				
Program Site Number		x				
Reason for Discharge		x				
Reason for Program Termination		x				
Total Sessions		x				
Address Effective Date				x		
City				x		
Complete Postal Code			x	x		
County			x	x		
Currently Prescribed Medication for a Mental Health Problem				x		
Currently Receiving Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional				x		
Diagnosed With a Mental Health Problem by a Qualified Mental Health Professional in Prior 12 Months				x		
Diagnosed with a Mental Health Problem by a Qualified Mental Health Professional within Lifetime			x	x		
Educational Status			x	x		
Employment Status			x	x		
Ethnicity				x		
First Name				x		x
Hearing Problems				x		
Hospitalized for a Mental Health Problem in prior 12 Months			x	x		
Hospitalized for a Mental Health Problem within Lifetime				x		
Income Source			x	x		
Last Name				x		
Last Name at Birth				x		x
Legal Status			x	x		
Mandatory/Required Treatment			x	x		
Mobility Problems				x		

Number of Overnight Hospitalizations in Prior 12 Months for Physical Problems			X	X		
Preferred Language of Service				X		
Pregnancy Status			X	X		
Prescribed Medication for a Mental Health Problem in Prior 12 Months				X		
Prescribed Medication for a Mental Health Problem within Lifetime			X	X		
Received Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional in Prior 12 Months			X	X		
Received Treatment for a Mental Health, Emotional, Behavioural or Psychological Problem from a Community Mental Health Program or Professional within Lifetime				X		
Relationship Status			X	X		
Vision Problems				X		
Young Offender Status			X	X		
Frequency of Specified Gambling Activities in Prior 12 Months					X	
Frequency of Specified Locations of Gambling in Prior 12 Months					X	
Frequency of Use of Presenting Problem Substances in Prior 30 Days					X	
Gambling Activities in Prior 12 Months					X	
Gambling Problem Identified					X	
Gambling Treatment Plan Status					X	
Length of Time Since Last Gambling Activity					X	
Number of Years Life Negatively Affected by Gambling Behaviour					X	
Percentage of Time Spent Gambling by Jurisdiction					X	
Prescribed Methadone or Other Opioid Substitute			X		X	
Presenting Problem Substances			X		X	
Reason for Non-completion of Gambling Data Form					X	
Reason for Seeking Help with Gambling Behaviour					X	
Sequence of Gambling Problem Identification					X	
Status of Non-medical Intravenous Drug Use			X		X	
Substances Used in Prior 12 Months			X		X	
Top Three Specified Gambling Activities					X	
Top Three Specified Locations of Gambling					X	
Admission Date						

Admission ID						
Admission Status						
Admission Site Number						
Client Site Number						
Agency Address						
Program Name						
Referral Source			x			
Service Type of Outgoing Referral						
Date of Outgoing Referral						
Date of Referral to the Agency						
Provincial Service Category (PSC) / Functional Centre (FC) of Outgoing Referral			x			

## Appendices

### Members of the Working Group

DATIS staff representatives, Dr. Karen Urbanoski (SER and HSHER), CAMH, MoHLTC, LHIN and agencies funded by MoHLTC.

Members of this committee review all changes to the data requested and collected by DATIS.

### Ontario LHINs

#### [Local Health System Integration Act, 2006](#)

In March 2006, the [Local Health System Integration Act, 2006](#) transformed the management of the Ontario health care system. The Ontario Ministry of Health and Long-Term Care divided the Province into 14 regions or Local Health Integration Networks (more succinctly known as LHINs) on the premise that people living locally were better able to plan, fund and integrate health services in their own communities. By April 1, 2007, LHINs took on full responsibility for health services in their communities.

LHINs are not-for-profit organizations who work with local health providers and community members in their respective communities to determine the health service priorities of the region. LHINs plan, integrate and fund local health services, including:

- Hospitals
- Community Care Access Centres
- Community Support Services
- Long-term Care
- Mental Health and Addictions Services
- Community Health Centres.

While the LHIN does not provide direct services, its mandate is to plan, integrate and fund health care services with a budget approximately \$20.3 billion health care dollars.

The 14 Ontario LHIN

[Central](#)

[Erie St. Clair](#)

[North Simcoe Muskoka](#)

[South West](#)

[Central East](#)

[Hamilton Niagara Haldimand Brant](#)

[North West](#)

[Toronto Central](#)

[Central West](#)

[Mississauga Halton](#)

[South East](#)

[Waterloo Wellington](#)

[Champlain](#)

[North East](#)

### **Classification of Population Groups**

[http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&Item\\_Id=114641&lang=en&db=imdb&adm=8&dis=2#qb116120](http://www23.statcan.gc.ca/imdb/p3Instr.pl?Function=assembleInstr&Item_Id=114641&lang=en&db=imdb&adm=8&dis=2#qb116120)

Ontario Health Study uses Census 2006

Toronto District School Board -

[http://www.tdsb.on.ca/wwwdocuments/about\\_us/external\\_research\\_application/docs/2008ParentCensusK-6SystemOverviewAndDetailedFindingsExecSummary.pdf](http://www.tdsb.on.ca/wwwdocuments/about_us/external_research_application/docs/2008ParentCensusK-6SystemOverviewAndDetailedFindingsExecSummary.pdf)

### **Classification of Languages**

The languages recommended for use were from the 2006 Canadian Census top 25 languages spoken in Ontario and the top 3 First Nations/Aboriginal languages spoken in Ontario. This should maintain large groups of people to ensure privacy of the individual health information.

## Standard Classification of Drugs of Concern

The Australian Standard Classification of Drugs of Concern 2011 was employed as a reference list for DATIS and agency staff for substances of abuse not on the current DATIS list those that need to be entered into a larger category. The Australian codes are not currently used at this time in DATIS collection fields. The DATIS drugs are grouped at the start of each category of drugs of concern. When a substance of abuse is not on the DATIS list but appears on the Australian list, the most appropriate substance of abuse or the group that corresponds to the item on the DATIS list in Catalyst is selected.

There may be times when a client admits to having used a substance but is unable to specify what (i.e. started off with alcohol, got out of control and sampled whatever was around; or tends to use whatever is available and cannot remember everything they have taken). In such instances it is advisable to select either “Client unable or unwilling to provide a response” or enter only what they can identify.

Health Canada Website – drugs - <http://www.hc-sc.gc.ca/dhp-mps/index-eng.php>

Australian – Substances SUPPLEMENTARY CODES			DATIS – substances & supplementary code
	0000	Inadequately Described	
	0001	Not Stated	01 None 88 Unknown
<b>1</b>	<b>ANALGESICS</b>		
	<b>11</b>	<b>Organic Opiate Analgesics</b>	
	1101	Codeine	
	1102	Morphine	
	1199	Organic Opiate Analgesics, n.e.c.	10 Over-the-counter codeine preparations - Includes: 222's; Anacin with Codeine; AC&C; Atasol-8; Benylin with Codeine; C2 with Codeine; Calmylin with Codeine; Cotabs; Dimetapp with Codeine; Exdol-8; Lenoltec #1; Novo-Gesic C8; Parafon Forte C8; Robaxacetyl-8; Robaxisal-C1/8; Robitussin with Codeine; Sinutab with Codeine; Triatec-8; Tylenol with Codeine (#1)
	<b>12</b>	<b>Semisynthetic Opioid Analgesics</b>	
	1201	Buprenorphine	
	1202	Heroin	08 Heroin/Opioids - Includes: Heroin; Opioids (other than those prescribed); Opium
	1203	Oxycodone	
	1299	Semisynthetic Opioid Analgesics, n.e.c.	09 Prescription opioids - Includes: 282; 292; 282 MEP; 642; Alfenta; alfentanil; anileridine; butorphanol; codeine; Codeine Syrup; Coristex-DH; Coristine-DH; Cophylac; Darvon-N; Demerol; Dilaudid; Dilaudid HP; Dimetane Expectorant DC; Dimetapp-C; Endocet; Endondan; fentanyl citrate; fentanyl base; Hycodan; Hycomine; Hycomine-S-Pediatric; hydrocodone; hydromorphone; Leritine; Levo-Dromoran; levorphanol; Lomotil liquid; Lomotil tabs; meperidine; meprobamate; Methadone; methocarbamol; morphine; Morphone HP; MOS; MS Contin; nalbuphine; Narcotics; normethadone; Novahistex-C; Novahistex DH; Novahistine DH; Nubain; Numorphan; Opiates; Opioids; Oxycet; Oxycodan; oxycodone; Pamergan; pentazocine; Percocet; Percocet-Demi; Percodan; Percodan-Demi; Phenaphen with Codeine #2,3,4; propoxyphene; Robaxisal-C1/4, C1/2; Robidone; Roxicet; Stadol; Statex; sufentanil; Sufenta; Supeudol; Tussionex; Tylenol with Codeine #2,3,4
	<b>13</b>	<b>Synthetic Opioid Analgesics</b>	

		1301	Fentanyl	
		1302	Fentanyl analogues	
		1303	Levomethadyl acetate hydrochloride	
		1304	Meperidine analogues	
		1305	Methadone	
		1306	Pethidine	
		1307	Tramadol	
		1399	Synthetic Opioid Analgesics, n.e.c.	
	<b>14</b>	<b>Non Opioid Analgesics</b>		
		1401	Acetylsalicylic acid	
		1402	Paracetamol	
		1403	Ibuprofen	
		1499	Non Opioid Analgesics, n.e.c.	
<b>2</b>	<b>SEDATIVES AND HYPNOTICS</b>			
	<b>21</b>	<b>Alcohols</b>		
		2101	Ethanol	
		2102	Methanol	
		2199	Alcohols, n.e.c.	<b>02 Alcohol</b> Includes: Alcohol; Alcohol-based flavorings and extracts, vanilla and other alcohol-based flavorings; Bitters; Ethanol; Extracts, Vanilla and other alcohol-based flavorings; Hair Tonic; Lysol; Methyl alcohol; Shaving lotion; Shoe polish; Tonic; Vanilla and other alcohol-based flavorings; Wood alcohol
	<b>22</b>	<b>Anaesthetics</b>		
		2202	Ketamine	
		2203	Nitrous oxide	
		2204	Phencyclidine	
		2205	Propofol	
		2299	Anaesthetics, n.e.c.	
	<b>23</b>	<b>Barbiturates</b>		<b>Barbiturates</b> act as central nervous system depressants, and can therefore produce a wide spectrum of effects, from mild sedation to total anesthesia. They are also effective as anxiolytics, hypnotics, and anticonvulsants but a somewhat weaker analgesic.

		2301	Amylobarbitone	
		2302	Methylphenobarbitone	
		2303	Phenobarbitone	
		2399	Barbiturates, n.e.c.	<b>07 Barbiturates</b> - Includes: amobarbital; Amytal; Barbiturates; butabarbital; butalbital; Fiorinal; Nembutal; pentobarbital; phenobarbital/ phenobarbitone; secobarbital; Seconal; Tuinal
	<b>24</b>	<b>Benzodiazepines</b>		<b>Benzodiazepines</b> are psychoactive drugs that enhance the effect of the neurotransmitter gamma-aminobutyric acid (GABA-A), resulting in sedative, hypnotic (sleep-inducing), anxiolytic (anti-anxiety), anticonvulsant, and muscle relaxant properties; also seen in the applied pharmacology of high doses of many shorter-acting benzodiazepines are amnesic-dissociative actions.
		2401	Alprazolam	
		2402	Clonazepam	
		2403	Diazepam	
		2404	Flunitrazepam	
		2405	Lorazepam	
		2406	Nitrazepam	
		2407	Oxazepam	
		2408	Temazepam	
		2499	Benzodiazepines, n.e.c.	<b>06 Benzodiazepines</b> - Includes: alprazolam; Ativan; Benzodiazepines; bromazepam; clobazam; clorazepate; chlordiazepoxide; clonazepam; Dalmane; diazepam; estazolam; flurazepam; Halcion; ketazolam; Lectopam; Librium; Loftram; lorazepam; Mogadon; nitrazepam; oxazepam; restoril; Rivotril; Serax; Solium; tempazepam; Tranxene; triazolam; Valium; Vivol; Xanax
	<b>25</b>	<b>GHB-Type Drugs and Analogues</b>		GHB is a CNS depressant used as an intoxicant and is categorized as an illegal drug in many countries. Small doses of GHB can act as a stimulant and aphrodisiac. It is a naturally occurring substance found in the human central nervous system, as well as in wine, beef, small citrus fruits, and almost all animals in small amounts.
		2501	Gamma-hydroxybutyrate	
		2502	Gamma-butyrolactone	
		2503	1,4-butanediol	
		2599	GHB Type Drugs and Analogues, n.e.c.	
	<b>29</b>	<b>Other Sedatives and Hypnotics</b>		



		2901	Chlormethiazole	
		2902	Kava lactones	
		2903	Zopiclone	
		2904	Doxylamine	
		2905	Promethazine	
		2906	Zolpidem	
		2999	Other Sedatives and Hypnotics, n.e.c.	
<b>3</b>	<b>STIMULANTS AND HALLUCINOGENS</b>			<p><b>Stimulants:</b> drugs that stimulate the brain and central nervous system, speeding up communication between the two usually causing increase alertness and physical activity.</p> <p><b>Hallucinogens:</b> Hallucinogens interfere with the brain and central nervous system in a way that results in radical distortions of a user's perception of reality.</p>
	<b>31</b>	<b>Amphetamines</b>		<p><b>Amphetamines</b> produce increased wakefulness and focus in association with decreased fatigue and appetite. The drug is also used recreationally and as a performance enhancer. Important side effects of therapeutic amphetamine include stunted growth in young people and occasionally a psychosis can occur at therapeutic doses during chronic therapy as a treatment emergent side effect. When used at high doses the risk of experiencing side effects and their severity increases.</p>
		3101	Amphetamine	
		3102	Dexamphetamine	
		3103	Methamphetamine	<b>20 – Undifferentiated Methamphetamines (crystal meth.)</b>
		3104	Amphetamine analogues	
		3199	Amphetamines, n.e.c.	<p><b>04 Amphet. &amp; other stimulants exc. Methamphetamines</b>  Includes: Actifed; Alert; amphetamines; Antitussin Syrup; Benylin DM-D; Branch Eze Syrup; Caffeine; Chlor-Tripolon N.D.; Co-Actifed; Corcidin D; dextroamphetamine/d-amphetamine; diethylpropion; Dimetan Expectorant; Dimetapp; Dristan; Dristan Nasal Spray/Mist; Dristan ND; Dristan LA Caps; Drixoral; Drixtab; ephedrine; Fastin; fenfluramine; Formula 44-D; Ionamin; Maxenal; mazindol; methamphetamine; Neo-Citran; Neo-Synephrine; Novahistex; Novahistine DM; Nyquil; Ornade; phentermine; phenylephrine; phenylpropanolamine; Ponderal; Pondimin; psuedoephedrine; Ritalin; Robidrine; Sanorex; Sinutab; Sinutab ES; Sinutab ND; Sinutab SA; Speed; Stay Alert; Sucrets Cold Decongestant; Tenuate; Triaminic; Triaminic DM Night; Tylenol Cold/Allergy/Sinus Products; Vicks Cough Syrup; Wake-ups</p>

	<b>33</b>	<b>Ephedra Alkaloids</b>	<b>Ephedra Alkaloids</b> stimulate the brain, increase heart rate, constrict blood vessels (increasing blood pressure), and expand bronchial tubes (making breathing easier). Their thermogenic properties cause an increase in metabolism, evidenced by an increase in body heat. Ephedra is used by athletes as a performance-enhancing drug despite a lack of evidence that it improves athletic performance. Ephedra may also be used as a precursor in the illicit manufacture of methamphetamine.	
		3301	Ephedrine	
		3302	Norephedrine	
		3303	Pseudoephedrine	
		3399	Ephedra Alkaloids,n.e.c.	
	<b>34</b>	<b>Phenethylamines</b>	<b>Phenethylamines</b> are well known for psychoactive drug and stimulant effects.	
		3401	DOB	
		3402	DOM	
		3403	MDA	
		3404	MDEA	
		3405	MDMA	19 Ecstasy
		3406	Mescaline	
		3407	PMA	
		3408	TMA	
		3411	DOI	
		3412	PMMA	
		3413	2C-B	
		3414	Phenethylamine analogues	
		3499	Phenethylamines, n.e.c.	
	<b>35</b>	<b>Tryptamines</b>	<b>Tryptamines</b> are monoamine alkaloid found in plants, fungi, and animals. It is believed to play a role as a neuromodulator or neurotransmitter. Tryptamines are also considered psychedelic drugs.	
		3501	Atropinic alkaloids	
		3502	Diethyltryptamine	
		3503	Dimethyltryptamine	
		3504	Lysergic acid diethylamide	

		3505	Psilocybin or Psilocin	
		3506	Tryptamine analogues	
		3599	Tryptamines, n.e.c.	
	<b>36</b>	<b>Volatile Nitrates</b>		Nitrites (poppers, as amyl, butyl, or isobutyl nitrite, sold with street names such as Locker Room and Rush) may be inhaled to enhance sexual pleasure.
		3601	Amyl nitrate	
		3602	Butyl nitrate	
		3699	Volatile Nitrates, n.e.c.	
	<b>37</b>	<b>Cathinones</b>		Synthetic stimulants that are marketed as bath salts and are synthetic derivatives of cathinone, a central nervous system stimulant, which is an active chemical found naturally in the khat plant. Many of these products are sold over the Internet, in convenience stores, and in head shops. •
		3701	Cathinone	
		3702	Methcathinone	
		3703	Cathinone analogues	
		3799	Cathinones, n.e.c.	
	<b>38</b>	<b>Piperazines</b>		Piperazines are common adulterants in the club and rave scene, often being passed off as MDMA, although they do not share many similarities in their effects. The piperazines are a broad class of chemical compounds, many with important pharmacological properties.
		3801	1-Benzylpiperazine (BZP)	
		3802	1-(3-Trifluoromethylphenyl)-piperazine	
		3803	1-(3-Chlorophenyl)-piperazine	
		3804	Phenylpiperazine analogues	
		3899	Piperazines, n.e.c.	
	<b>39</b>	<b>Other Stimulants and Hallucinogens</b>		
		3901	Caffeine	
		3903	Cocaine	<b>03 Cocaine 18 Crack</b> Includes: Cocaine; Coke
		3905	Methylphenidate	
		3906	Nicotine	<b>13 Tobacco</b> - Includes: Tobacco; Nicotine
		3999	Other Stimulants and	<b>11 Hallucinogens</b> - Includes: Acid Microdots; Angel Dust; DMT;

			Hallucinogens, n.e.c.	Ecstasy; Hallucinogens; LSD; Lysergic Acid Diethylamide; Magic Mushrooms; MDA; MDMA; Mescaline; methylenedioxy-amphetamine; methylenedioxymethamphetamine; Microdot Acid; Morning Glory (seeds); Nutmeg; PCP-Phencyclidine; Peyote; Phencyclidine; Psilocybin; STP
<b>4</b>	<b>ANABOLIC AGENTS AND SELECTED HORMONES</b>			
	<b>41</b>	<b>Anabolic Androgenic Steroids</b>		<p>“anabolic” referring to muscle-building and “androgenic” referring to increased male sexual characteristics.</p> <p>Anabolic steroids can be legally prescribed to treat conditions resulting from steroid hormone deficiency. Some athletes, bodybuilders, and others abuse these drugs in an attempt to enhance performance and/or improve their physical appearance.</p>
		4101	Boldenone	
		4102	Dehydroepiandrosterone	
		4103	Fluoxymesterone	
		4104	Mesterolone	
		4105	Methandriol	
		4106	Methenolone	
		4107	Nandrolone	
		4108	Oxandrolone	
		4111	Stanozolol	
		4112	Testosterone	
		4199	Anabolic Androgenic Steroids, n.e.c.	<b>15 Steroids</b>
	<b>42</b>	<b>Beta2 Agonists</b>		<p>Inhaled forms used for the treatment of Asthma and EIB have no performance-enhancing effect and so are permitted for use by WADA (world anti-doping agency).</p> <p>When administered by injection or tablet form they are thought to have anabolic effects (increased muscle mass, reduced body fat percentage and faster recovery rates) and so their use is prohibited.</p>
		4201	Eformoterol	
		4202	Fenoterol	
		4203	Salbutamol	
		4299	Beta2 Agonists, n.e.c.	

	<b>43</b>	<b>Peptide Hormones, Mimetics and Analogues</b>	Peptide hormones act as messengers from one organ to another to stimulate various functions of the body such as growth, sex drive, behaviour and sensitivity to pain. Mimetics are substances that imitate the action of other related drugs. Analogues are chemically produced drugs designed to have similar effects to the naturally produced compounds in the body.
		4301	Chorionic gonadotrophin
		4302	Corticotrophin
		4303	Erythropoietin
		4304	Growth hormone
		4305	Insulin
		4399	Peptide Hormones, Mimetics and Analogues, n.e.c.
	<b>49</b>	<b>Other Anabolic Agents and Selected Hormones</b>	
		4901	Sulfonylurea hypoglycaemic agents
		4902	Tamoxifen
		4903	Thyroxine
		4999	Other Anabolic Agents and Selected Hormones, n.e.c.
<b>5</b>	<b>ANTIDEPRESSANTS AND ANTIPSYCHOTICS</b>		Used to treat mental health issues (depression, psychosis...)
	<b>51</b>	<b>Monoamine Oxidase Inhibitors (MAOI)</b>	MAOIs act by inhibiting the activity of monoamine oxidase, thus preventing the breakdown of monoamine neurotransmitters and thereby increasing their availability.
		5101	Moclobemide
		5102	Phenelzine
		5103	Tranlycypromine
		5199	Monoamine Oxidase Inhibitors, n.e.c.
	<b>52</b>	<b>Phenothiazines</b>	Occurs in various neuroleptic drugs and antihistaminic drugs. It is the largest of the five main classes of neuroleptic antipsychotic drugs.
		5201	Chlorpromazine

		5202	Fluphenazine	
		5203	Pericyazine	
		5204	Thioridazine	
		5205	Trifluoperazin	
		5299	Phenothiazines, n.e.c.	
	<b>53</b>	<b>Serotonin Reuptake Inhibitors</b>		Typically used as antidepressant and believed to increase the extracellular level of serotonin.
		5301	Citalopram	
		5302	Fluoxetine	
		5303	Paroxetine	
		5304	Sertraline	
		5399	Serotonin Reuptake Inhibitors, n.e.c.	
	<b>54</b>	<b>Thioxanthenes</b>		Typical antipsychotic with the ability to antagonize the D2 receptors in the brain.
		5401	Flupenthixol	
		5402	Thiothixene	
		5499	Thioxanthenes, n.e.c.	
	<b>55</b>	<b>Tricyclic Antidepressants</b>		Are heterocyclic chemical compounds discovered in the early 1950s and are predominantly serotonin and/or norepinephrine reuptake inhibitors.
		5501	Amitriptyline	
		5502	Clomipramine	
		5503	Dothiepin	
		5504	Doxepin	
		5505	Nortriptyline	
		5599	Tricyclic Antidepressants, n.e.c.	
	<b>56</b>	<b>Atypical Antipsychotics</b>		Also known as second generation antipsychotics. This group of antipsychotic tranquilizing drugs are used to treat psychiatric conditions. These differ from typical antipsychotics in that they are less likely to cause extrapyramidal motor control disabilities.
		5601	Amisulpride	
		5602	Aripiprazole	

		5603	Clozapine	
		5604	Olanzapine	
		5605	Quetiapine	
		5606	Risperidone	
		5607	Ziprasidone	
		5699	Atypical Antipsychotics, n.e.c.	
	<b>59</b>	<b>Other Antidepressants and Antipsychotics</b>		
		5901	Butyrophenones	
		5902	Lithium	
		5903	Mianserin	
		5999	Other Antidepressants and Antipsychotics, n.e.c.	
<b>6</b>	<b>VOLATILE SOLVENTS</b>			The deliberate inhalation of volatile solvents and aerosols is an increasing problem worldwide. The ready availability, minimal cost and rapid mood-altering features of volatile solvents make these psychoactive substances particularly attractive to young people. Yet, there are clear dangers: Volatile solvents produce effects similar to anaesthetics, and can result in death following acute intoxication. Some volatile solvent users become dependent and develop chronic and disabling problems. Contrary to popular belief, the use of volatile solvents is not solely a problem of deviant groups.
	<b>61</b>	<b>Aliphatic Hydrocarbons</b>		
		6101	Butane	
		6102	Petroleum	
		6103	Propane	
		6199	Aliphatic Hydrocarbons, n.e.c.	
	<b>62</b>	<b>Aromatic Hydrocarbons</b>		
		6201	Toluene	
		6202	Xylene	
		6299	Aromatic Hydrocarbons, n.e.c.	
	<b>63</b>	<b>Halogenated Hydrocarbons</b>		

		6301	Bromochlorodifluoromethane	
		6302	Chloroform	
		6303	Tetrachloroethylene	
		6304	Trichloroethane	
		6305	Trichloroethylene	
		6399	Halogenated Hydrocarbons, n.e.c.	
	<b>69</b>	<b>Other Volatile Solvents</b>		
		6901	Acetone	
		6902	Ethyl acetate	
		6999	Other Volatile Solvents, n.e.c.	<b>12 Glue &amp; other inhalants</b> - Includes: Contact Cement Cleaner; Ether; Furniture Polish; Gasoline; Glue; Household Cements; Lacquer Thinner; Lighter Fluid; Nail Polish Remover; Paint Thinner; Solvents; Spot Remover; Toluene
<b>7</b>	<b>CANNABINOIDS AND RELATED DRUGS</b>			A group of terpenophenolic compounds present in Cannabis and occur naturally in the nervous and immune systems of animals.
	<b>71</b>	<b>Cannabinoids and Related Drugs</b>		
		7101	Cannabinoids	<b>05 Cannabis</b> - Includes: Cannabis; Grass; Hashish; Marijuana; Pot; THC; Hashish Oil
		7102	Cannabinoid agonists	
		7199	Cannabinoids and Related Drugs, n.e.c.	
<b>9</b>	<b>MISCELLANEOUS DRUGS OF CONCERN</b>			
	<b>91</b>	<b>Diuretics</b>		Elevates the rate of urination. Used by athletes and body builders to quickly rid the body of banned substances.
		9101	Antikaliuretics	
		9102	Loop diuretics	
		9103	Thiazides	
		9199	Diuretics, n.e.c	
	<b>92</b>	<b>Opioid Antagonists</b>		Bind to the opioid receptors with higher affinity than agonists but do not activate the receptors.
		9201	Naloxone	
		9202	Naltrexone	
		9299	Opioid Antagonists, n.e.c.	



	93	Laxatives		
		9301	Laxatives	
	99	Other Drugs of Concern		
		9999	Other Drugs of Concern	<p><b>14 Other psychoactive drugs</b> - Includes: Allerdyl; amitriptyline; amoxapine; Amyl Nitrate; Anafranil; Antabuse; Antagonists (Narcotic); Anticonvulsants; Antidepressants; Artane; Ascendin; Atarax; atropine; Atropisol; Aventyl; Benadryl; Benylin for Allergies; benztropine mesylate; Cafergot; Carbolith; calcium carbimide; carbamazepine; chloral hydrate; chlorpromazine; cinnamedrine; clomipramine; Cognetin; desipramine; dexchlorpheniramine; DHE; dihydroergotamine mesylate; Dilantin; dimenhydrinate; diphenhydramine; diphenhydramine/pseudoephedrine; disulfiram; doxepin; Duralith; Elavil; Elavil Plus; Equanil; Ergomar Medihaler; ergotamine maleate; ergotamine tartrate; Ergotrate; ethchlorvynol; Etrafon; fluoxetine; Fluanxol; Fluanxol Depot; fluphenazine; fluphenazine enathate; fluphenazine decanoate; flupenthixol decanoate; fluspirilene; fluvoxamine; Gravol; Haldol; haloperidol; Histantil; hydroxyzine; Imap; imipramine; Imovane; Ketalar; ketamine; Largactil; Lithane; lithium carbonate; Lithizine; Loxapac; Loxapine; Ludimol; Luvox; Majeptil; maprotiline; Mellaril; meprobamate; Mepron; mesoridazine; methotrimeprazine; methysergide maleate; Midol; Modecate; Moditen; Moditen Enathate; Multipax; naloxone; Narcan; Nardil; Navane; Neuleptil; Neuleptic Agents; Norpramin; nortriptyline; Nozinan; Noctec; Nytol; Orap; Other Analgesics; Other Antidepressants; Other Sedative-Hypnotics; Other Tranquillizers; paroxetine; Parnate; Parsitan; Paxil; pericyazine; perphenazine; Pertofrane; phenelzine; Phenergan; pheniramine maleate; phenytoin; pimozide; Piportil; pipotiazine; pizotyline; Placidyl; Polaramine; prochlorperazine; promazine; promethazine; protriptyline; Prozac; Pyribenzamine; pyrilamine maleate; Sandromigran; Sansert; Sedative-Hypnotics; Serentil; Sertaline; Sinequan; Sleep-Eze; Sleeping Pills; Sparine; Stelabid; Stelazine; Stemetil; Surmontil; Tegretol; Temposil; thioproperazine; thioridazine; thiothixene; Tofranil; tranlycypromine; trazodone; Triavil; trifluoperazine; trihexyphenidyl; Trilafon; trimipramine; Triptil; Unisom-2; Zoloft; zopiclone</p>

## DATIS guidelines for possible reasons and appropriate times to discharge admissions and terminate programs.

The need for timely termination of programs and discharge of admissions arises from two reasons. First, the agencies need to be aware that while the client is registered with a program or his admission is not yet been discharged, there exists a legal and ethical responsibility of the agency in the event of a serious incident with a client. Second, the caseload of program registrations and the LOS times that are reported by DATIS depend on the admissions and programs having dates of discharge and termination. LOS is reported quarterly to the MoHLTC.

Consequently, DATIS provides guidelines for possible reasons and appropriate times to discharge admissions and terminate programs. The clients whose admissions or programs are listed as inactive can be seen flagged through the Data Quality report.

At the admission level, a client is considered inactive when:

1) The client's admission is open but all the program registrations within this admission are closed; AND

2) The last program registration has been terminated for 30 days or more

(see Admission Termination and Discharge, Table 3), depending on the reason for termination of the program (see Reason for termination, Table 2).

At the program level, i.e. when the report is run for a specific program (or all programs), the inactivity of a program registration is determined according to a set of business rules for Programs flagged inactive (Table 1).

Table 1. Programs flagged inactive.

Provincial Service Category	Use Activity Log to calculate time (autocalc)?*	Program-level Flag1 (days)	Program-level Flag2 (days)	Notes
Initial Assessment Treatment Planning	Yes	15	30	<p>The two program-level flags are standardized by DATIS.</p> <p>The date of the last occurred Direct/Indirect Service is used to determine the inactivity of a program registration. If a program registration is not linked to any occurred Direct Service, then its program start date is used to determine the inactivity of the program.</p> <p>A program registration in this PSC will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>• <b>Current Date - Date of Last Occurred DS/IS</b> is greater than or equal to <b>15</b> days and less than <b>30</b> days.</li> <li>• <b>Current Date - Date of Last Occurred DS/IS</b> is greater than or equal to <b>30</b> days.</li> </ul>

Initial Assessment Treatment Planning	No	15	30	<p>The two program-level flags are standardized by DATIS.</p> <p>The program start date is used to determine the inactivity of a program registration.</p> <p>A program registration in this PSC will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>15</b> days and less than <b>30</b> days.</li> <li>•Current Date - Program Start Date is greater than or equal to 30 days.</li> </ul>
<ul style="list-style-type: none"> <li>•Case Management</li> <li>•Community Treatment</li> <li>•Community Medical/Psychiatric Treatment Services</li> <li>•Community Day/Evening Treatment Services</li> <li>•Community Withdrawal Management Services Level 1-3</li> <li>•Non-MoH funded programs</li> </ul>	Yes	Set by agency	Set by agency	<p>The two program-level flags should be set according to the average number of days that a program registration in these PSC will remain open after the last Direct/Indirect Service is delivered to the client.</p> <p>The date of the last occurred Direct/Indirect Service is used to determine the inactivity of a program registration. If a program registration is not linked to any occurred Direct/Indirect Service, then its program start date is used to determine the inactivity of the program. A program registration in any of these PSC will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>•<b>Current Date - Date of Last Occurred DS/IS</b> is greater than or equal to <b>Flag1</b> days and less than <b>Flag2</b> days.</li> <li>•<b>Current Date - Date of Last Occurred DS/IS</b> is greater than or equal to <b>Flag2</b> days.</li> </ul> <p>If a program registration is not linked to any occurred Direct Service, then it will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>Flag1</b> days and less than <b>Flag2</b> days.</li> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>Flag2</b> days.</li> </ul> <p>Please note that if the autocalc flag is changed without updating the two program-level flags accordingly, the CL-08 report may not provide an accurate list of inactive program registrations, as the two flags have different meanings.</p> <p>When autocalc is Yes, the inactivity is determined based on the date of the last occurred Direct/Indirect Service and when autocalc is No, the inactivity is determined based on the</p>

				<p>program start date.</p> <p>Please note that if the two inactivity flags have not been set up for a program in these PSC, then the agency-level inactivity flags will be used.</p>
<ul style="list-style-type: none"> <li>•Case Management</li> <li>•Community Treatment Community</li> <li>•Medical/Psychiatric Treatment Services Community</li> <li>•Day/Evening Treatment Services</li> <li>•Community Withdrawal Management Services Level 1-3</li> <li>•Non-MoH funded programs</li> </ul>	No	Set by agency	Set by agency	<p>The two program-level flags should be set according to the average number of days of treatment.</p> <p>The program start date is used to determine the inactivity of a program registration.</p> <p>A program registration in any of these PSC will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>Flag1</b> days and less than <b>Flag2</b> days.</li> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>Flag2</b> days.</li> </ul> <p>Please note that if the two inactivity flags have not been set up for a program in these PSC, then the agency-level inactivity flags will be used.</p>
<ul style="list-style-type: none"> <li>•Residential Treatment Services</li> <li>•Residential Medical/Psychiatric Treatment Services</li> <li>•Residential Support Services Level 1-2</li> <li>•Non-MoH funded programs</li> </ul>	Yes/No	Set by agency	Set by agency	<p>The two program-level flags should be set according to the average length of stay.</p> <p>The program start date is used to determine the inactivity of a program registration, regardless of the value of the autocalc flag.</p> <p>A program registration in any of these PSC will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>Flag1</b> days and less than <b>Flag2</b> days.</li> <li>•<b>Current Date - Program Start Date</b> is greater than or equal to <b>Flag2</b> days. Please note that if the two inactivity flags have not been set up for a program in these PSC, then the agency-level inactivity flags will be used.</li> </ul>

<p>•Residential Withdrawal Management Services Level 1-3</p>	<p>Yes/No</p>	<p>10</p>	<p>15</p>	<p>The two program-level flags are standardized by DATIS.</p> <p>The episode start date is used to determine the inactivity of a program registration, regardless of the value of the autocalc flag.</p> <p>A program registration in any of these PSC will appear in CL-08 when:</p> <ul style="list-style-type: none"> <li>•<b>Current Date - Episode Start Date</b> is greater than or equal to <b>10</b> days and less than <b>15</b> days.</li> <li>•<b>Current Date - Episode Start Date</b> is greater than or equal to <b>15</b> days.</li> </ul>
--	---------------	-----------	-----------	---

Table 2. Reason for Termination from Program – Definitions.

Selection List Item	Definition
Completed Program	<b>Program Completed</b> - client completed the full service plan and/or program requirements as set out by their clinician/program staff. The clinician is in full agreement with program termination and termination is clinically appropriate.
External Transfer- Other Than Hospitalized:NC	<b>Program not completed</b> - treatment within existing program discontinued - client transferred to another addiction treatment agency or external service provider other than a hospital.
Internal Program Transfer:Not Complete	<b>Program not completed</b> - treatment within existing program interrupted before program completed due to client being transferred to another program within the <b>agency</b> .
Drop Out/No Show:Not Complete	<b>Program not completed</b> - client left the Program without completing program requirements / service plan AND left without notifying agency/clinician. (E.g. No contact, unable to reach client therefore program terminated.)
Client Withdrew and Notified Staff:Not Complete	<b>Program not completed</b> – client notified agency and/or clinician that s/he would not continue to attend the program and withdrew <b>against the advice</b> of his/her clinician(s)/caseworker.
Terminated by Staff/Involuntary Discharge:NC	<b>Program not completed</b> – client was asked to leave the program and/or services were terminated before the service plan/program was completed. This may be the result of the client not adhering to program guidelines or rules (E.g. Client used while in treatment, inappropriate behaviour, possession of alcohol/drugs, etc.)
Incarcerated:Not Complete	<b>Program was not completed</b> - client was incarcerated while in program, and was therefore unable to continue to participate in program and unable to and complete service plan and/or program. (E.g. client was required to fulfill judicial requirements of serving jail sentence.)
Deceased:Not Complete	<b>Program not completed</b> - client died before completing program.
Hospitalized:Not Complete	<b>Program not completed</b> - client was hospitalized <b>due to medical or psychiatric problems</b> . Treatment was interrupted for too long a period to keep client registered in program.

Mutually Agreed Upon Termination: Not Complete	<b>Program not completed</b> - BOTH client and clinician agree that although the treatment plan or program was not complete and all goals/objectives have not been met it is still in the best interest of the client to discontinue treatment AND the client will no longer be receiving treatment within any program offered at the agency. Note: if the client is being transferred to another program within the agency without completing the current program then select "Internal Program Transfer".
Other:Not Complete	Other – does not fit into categories 01 through 10.
Unknown:Not Complete	Unknown

Table 3. Admission Termination / Discharge Guidelines.

<b>Selection List Item</b>	<b>Definition</b>	<b>Recommended Termination/Discharge Dates</b>
Completed Service Plan	Service Plan Completed – client completed the full service plan requirements as set out by their clinician/program staff. Clinician and Client are in full agreement with the admission discharge and the discharge is clinically appropriate.	Date of program completion or no more than 30 days thereafter. *Exception to this would be programs with short duration such as Residential Withdrawal Management whereby inactivity flags are set to 15 & 30 days
Client Withdrew and Notified Staff	Service Plan not completed – client notified agency and/or clinician that s/he would not continue to attend sessions at the agency and withdrew against the advice of his/her clinician(s)/caseworker.	Date of notification to staff or no more than 30 days thereafter.
Mutually Agreed Upon Discharge	Service Plan not completed – BOTH client and clinician agree that although the service plan was not complete and all goals/objectives have not been met it is still in the best interest of the client to discontinue treatment AND the client will no longer be receiving treatment within the agency.	Date of mutually agreed upon discharge date.
Discharge by Staff/Involuntary Discharge	Service Plan not completed – client was asked to leave the agency and/or services were terminated before the service plan/program was completed. This may be the result of the client not adhering to program guidelines or rules (e.g. Client used while in treatment, inappropriate behaviour, possession of alcohol/drugs, etc.)	Date of discharge by staff
Transfer Elsewhere– Other Than Hospitalized	Service Plan not completed – treatment within agency discontinued - client transferred to another addiction treatment agency or	Date of transfer to another agency.

	external service provider other than a hospital.	
Incarcerated	Service Plan not completed – client was incarcerated while admitted to the agency, and was therefore unable to continue to participate and unable to complete service plan and/or program. (e.g. client was required to fulfill judicial requirements of serving jail sentence.)	Date of incarceration or no more than 30 days after last client contact.
Deceased	Service Plan not completed – client died; service plan not completed.	Date of death or no more than 30 days after last client contact.
Drop Out/No Show	Service Plan not completed – client left the agency without completing service plan AND left without notifying agency/clinician. (e.g. No contact, unable to reach client therefore discharged.)	No more than 90 days after the last client contact.
Hospitalized	Service Plan not completed – client was hospitalized due to medical or psychiatric problems. Treatment was interrupted for too long a period to keep client’s admission open.	No more than 90 days after the last client contact
Unknown	Reason unknown	No more than 90 days after the last client contact
Other	Other – the reason is known but does not fit into any of the given categories.	No more than 90 days after the last client contact

## Guidelines to the maintenance of changes to DATIS data dictionary

### Rationale

Integrity of the data collected by an information system depends heavily on the control process of maintenance and change to that information system. This appendix describes such a process for adding new values, elements, and enactment dates, or making changes to the existing data items in Catalyst and corresponding DATIS Data Dictionary.

### Related Documents

1. DATIS comprehensive data dictionary 2014-2015 (DATIS DTFP minimum data set)
2. Data dictionary in Access

### Procedure

1. Change review: The priority and validity of the request needs to be reviewed.
  - 1.1. Is this request from
    - 1.1.1. MoHLTC or LHIN?
    - 1.1.2. a project identified in the DATIS database
    - 1.1.3. a single agency or a small group of agencies?
  - 1.2. What is the priority of the request? What is the power of the requester?
  - 1.3. Are there alternatives to collecting this information? Is it better to collect in a custom field or a supplementary form?
  - 1.4. What is the evidence that this information should be collected?
  - 1.5. How many agencies would be collecting this data?
2. If the change is made to the permissible values list of an active data element:
  - 2.1. Review the data element definition and assess the new value for consistency with that definition.
  - 2.2. Review the scope of the data item and the scope of the other permissible values of that item; assess the new value for consistency.
  - 2.3. During the review process, consult with DATIS teams, relevant projects at CAMH, other relevant datasets (CDC-MH) and indicator lists (NTI).
  - 2.4. If the value is not consistent with 2.1 or 2.2, consider adding it to a permissible values list of a different data item or creating a new data item for it.
  - 2.5. Make simultaneous changes to Catalyst and Data Dictionary.
  - 2.6. Record the correspondence of the old and new lists and the date of change in the Modification history field.
  - 2.7. Record the change in the Modifications to the Data Dictionary Table of the Access database for the corresponding version of the Data Dictionary. (See Related documents section for reference).
3. If the change is made to a data element:
  - 3.1. Review the data element definition and assess the change for consistency with that definition.
  - 3.2. Review the scope of the data element and its linkage to the other data items; assess the change for consistency.
  - 3.3. During the review process, consult with DATIS teams, relevant projects at CAMH, other relevant datasets (CDC-MH) and indicator lists (NTI).



- 3.4. Depending on the outcome of 3.1-3.3, consider whether the data element has to be deactivated, superseded by a new data element or redefined.
- 3.5. Make simultaneous changes to Catalyst and Data Dictionary.
- 3.6. Record the changes of the Implementation Status for the old and new data elements. (Refer to the Implementation Status section).
- 3.7. Record the change that has been made for the data element and the date of change in the Modification history field.
- 3.8. Record the change in the Modifications to the Data Dictionary Table of the Access database for the corresponding version of the Data Dictionary. (Refer to the Related documents section).

#### Troubleshooting

1. Always strive for data element permanence. Never reuse a data element. When the data element becomes obsolete, set its Implementation status to Deactivated. The deactivated elements with their PVs, numbering and descriptors are kept in the Access Data Dictionary.
2. Always follow the defined numbering practices (see Numbering system appendix). This becomes particularly important in data comparison. The accession number will always remain with the data item when it is superseded or deactivated. A new number is assigned to every new data element, every permissible value and every change made to the Data Dictionary, reflecting every change made to Catalyst.

#### Implementation status

Each data element goes through a life cycle in the Data Dictionary that is reflected in that data element's Implementation Status. The data element can exist in one of the following stages:

Candidate

Pending to change

Pending to deactivate

Standardization pending

Active

Superseded

Deactivated

## DATIS key summary

DATIS key is a proxy for a unique client identifier that was developed and used from the beginning of DATIS database. Initially, it was robust enough to permit the individuation and manipulation of treatment data. DATIS key is made up of initials, date of birth, and gender. An example used in the data dictionary is of Brenda Jenkins (Maiden name Smith), Female, born April 17, 1966 that has a client identifier (DATIS key) of: BS196604172.

Admittedly, the permutation analysis of this data element reflects a probability of it being duplicated. This probability depends on the number of DATIS keys in the database and the distributions of initials and birth dates. Analysis and write-up performed by Scott Veldhuizen, with input from Karen Urbanoski, CAMH, determined the number of expected DATIS keys collisions in a database of 100,000 keys to be 1.5%. This number is low at this point and is still acceptable when using the data for statistical purposes. However, the growth of probability of duplications with the number of points in the database is not linear but exponential. Just to name one point, with 10,000,000 keys, over 75% are expected to be non-unique, even though the realistic growth of the DATIS database is way below those numbers.

To meet a variety of needs, an identifier that is not possible to duplicate and also suitable for linking with other databases is required. A client's OHIP number could serve as a unique identifier. It could be collected during treatment at a time the client is comfortable providing it and when s/he is sufficiently high functioning to obtain it if lost or misplaced. A professional responsibility could be given to agencies as a mandate to assist a client to obtain a health card. However, the service cannot be refused because the card is not presented. Furthermore to the controversy of the topic, collection of a client's OHIP number as a mandatory Catalyst data element would need to be reviewed for its impact on privacy issues. Agencies are collecting the number now but at this time it is not mandatory.

## From Ontario Healthcare Reporting Standards (OHRS) 2012/13 Updates for Community Mental Health & Addictions (CMH&A) Reporting.

At the start of April 1 2012, OHRS calculating and reporting of visits was revised. Only one visit is counted per client per day per Functional Centre. For agencies not using the Activity Log, the number of visits are recorded at program termination. Group participation is also calculated and separated from the count on visits. For OHRS purposes, the Service Provider Interactions and Service Provider Group interactions are calculated each time a direct service is provided to a registered client (service recipient) or a substitute decision maker or family member/spouse who is not a registered client. Each activity is considered as one interaction. Time intervals are reported for users of the activity log but not for non-users.

The guidelines for possible reasons and appropriate times for a program termination and an admission discharge are in the DATIS guidelines appendix (Tables 1, 2 and 3). It is best practice to discharge an inactive admission and readmit the client when further service is required. Programs and admissions are flagged as Inactive in a Catalyst report if no service is reported for the client according to the flags set by the agency in the database. Before an admission can be discharged, all programs must be terminated [database business rule].

## Numbering system for DATIS object classes, data elements, permissible values and changes

An accession number is assigned to each

- object class
- data element
- permissible value and
- change to a data dictionary, reflecting changes to Catalyst.
- 

An accession number is assigned only once.

When the object class, data element or permissible value is no longer being used (deactivated), that accession number is also deactivated and not used again. Changes to the data collection are stored in the data dictionary Changes table. For the deactivated data elements the Implementation status is set to Deactivated.

When a data element is changed (deactivated, renamed etc), a new accession number is assigned.

When the descriptor attributes (permissible values list, or technical representation) of the data change, the changes are recorded in the Data Dictionary in the Changes table but the data element with all the other descriptors and the corresponding data element accession number remains unchanged.

### *Forming an accession number for a data element*

Each accession number will contain:

- The year of the Data Dictionary (DD) version when the data element was introduced,
- The identifier/main reference number for the data element, and
- The identifier/main reference number for the object class.

Components of the accession number are separated by underscores.

For example, the data element Admission ID has an accession number 2000\_001\_01:

**2000** – The data element was introduced in the DD version in the year 2000;

**001** – The identifier assigned to the data element;

**01** – The identifier assigned to the object class Admission 2000\_01.

If the consensus is to change the data element "Ethnicity" to "Population Group," the accession number (2000\_013\_03) and the identifier (013) for "Ethnicity" will be deactivated; "Population Group" will be assigned an identifier (22) and the accession number (2015\_022\_03) will be built. All changes will be recorded in the table for Changes.

When an object class is changed, the modified object class is given a new number. All data elements that are transferred to the new object class will have a new accession number to reflect the change to the object class. For example: the object class Admission 2000\_01 is changed to Service Initiation; the object class number for Service Initiation will be newly assigned 05, the accession number of each data element in the object class will change to 2015\_(data element identifier)\_05 and all old accession numbers will be recorded in the table Changes.

### *Forming an accession number for a permissible value for a data element*




Each permissible value for a data element is numbered simply by giving each a consecutive integer number starting with 1. Then the permissible value accession number is formed by adding the permissible value number into the data element's accession number.

For example, data element Admission Status has the accession number 2000\_003\_01. The permissible value, Blank, is assigned the Identifier/main reference number of 001. The accession number for Blank is 2000\_001\_003\_01.

### *Forming an accession number for a change to a data element*

The accession number of a data element is used as a base for the changed accession number. Changes to each data element are numbered by giving each change a consecutive integer number starting with 1. The changed accession number is formed by adding this consecutive number to the data element's accession number. For example, the data element Educational Status has the accession number 2000\_003\_01. If the change of replacing the permissible value Unknown with two different permissible values is recommended, and later agreed to and implemented, the change will be numbered 001. The accession number for the change of replacing Unknown will be 2000\_003\_01\_001\_1.

## References

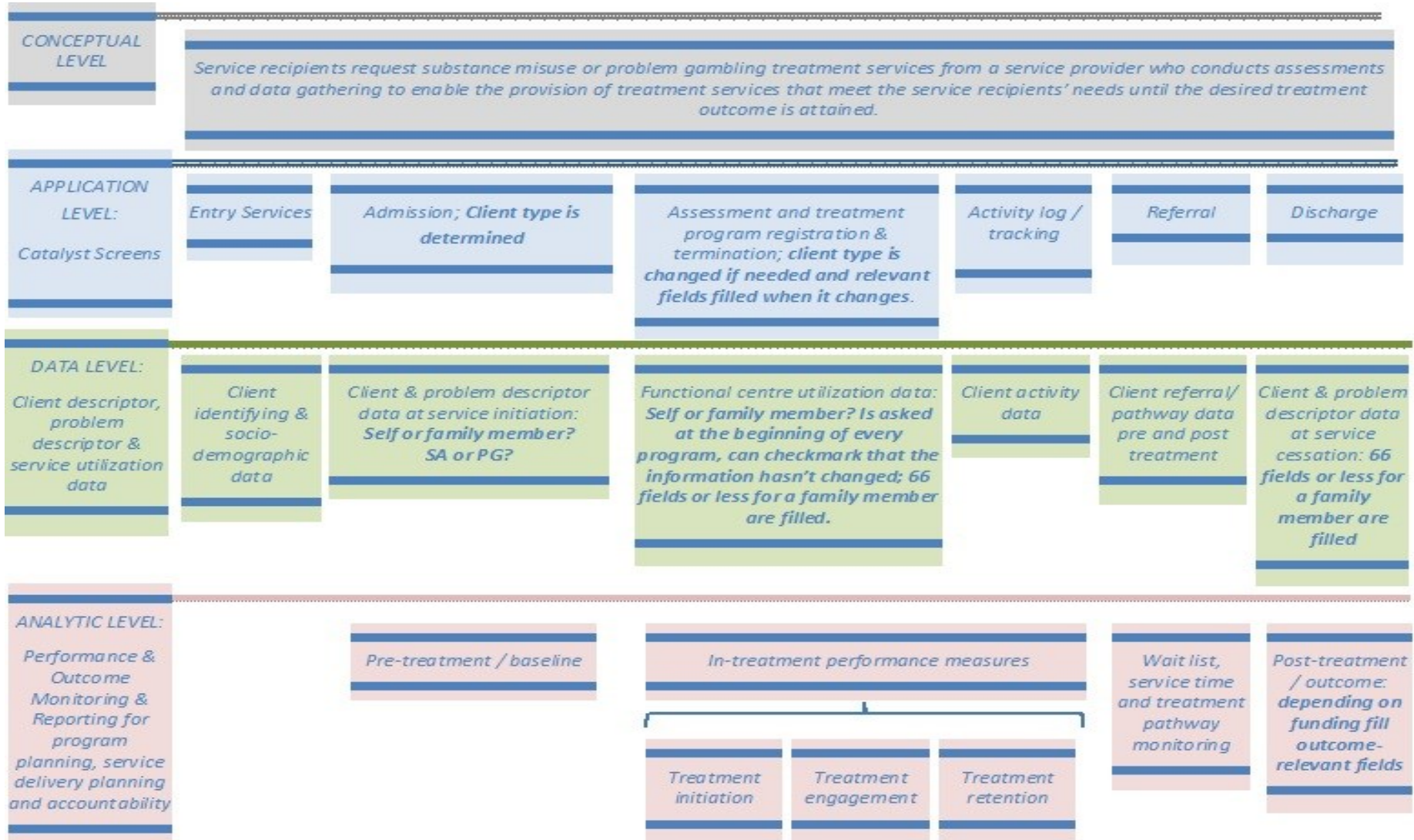
Basis for document summary	 Dec 03, 2012 - 321 a.m..pdf
GAIN Q3 training manual	 Q3 Standard Training Manual.pdf
TRI-Hospital Collaborative on Health Equity data collection	 TheTri-HospitalHealth EquityDataCollectionPr

Youth Criminal Justice Act:

<http://www.justice.gc.ca/eng/cj-jp/yj-ij/ycja-lsipa/back-hist.html>

OAC – is a sector-chosen tool designed to share comprehensive individual client information across Ontario's community mental health services. At the individual level, it enables mental health consumers to be active participants in a recovery-oriented assessment process and eliminates the need for them to tell their story multiple times.

Pathway of a client through treatment by administrative tracking database, distinctive by the client type.



A link to the Mandatory DATIS data elements diagram.  
<http://www.datis.ca/pub/reports/Required%20fields.pdf>