

## Ontario Structured Psychotherapy Program (OSPP) Data Dictionary (V1.14) – Current State\*

- The elements highlighted in **YELLOW** indicate items that have been updated or changed from OSPP Data Dictionary (1.14), with items that are ~~crossed out~~ indicating that these options are no longer in use but are listed here for historical data.

### Notes:

- Notations: NLO = Network Lead Organization, LISP = Low Intensity Service Provider, BB = BounceBack, CAB = Clinician Assisted Bibliotherapy, iCBT = Internet-Based Cognitive Behavioural Therapy
- For an updated list of Site IDs, please refer to the current version of the OSP Data Specs (<https://confluence.camh.ca/x/aqDUAw>)

Item #	Element	Permissible Values	Definition	Guide for Use	Format
<b>ADMINISTRATIVE ITEMS</b>					
1	<b>Network Lead Organization/ Low Intensity Service Provider</b>	(100) CAMH (200) Ontario Shores (300) The Royal (400) Waypoint (500) CMHA-YSS (Bounceback & CAB) <del>(600) Morneau-Shepell (COVID-19)</del> (700) MindBeacon (iCBT) (800) Carepoint (900) Health Sciences North (1000) St Joseph's Care Group (1100) Ontario West (London/Hamilton) (1200) Tranquility (iCBT) (1300) CMHA-YSS (NLO)	Name of "NLO" or "LISP" receiving referral (or connected with delivery site who received the referral)	Indicate only one	Single value selected
2	<b>Date referral / Service Request <u>received</u></b>	Year(YYYY)/ Month(MM)/ Day(DD)	Date external referral or internal service request received by OSPP NLO or service	Indicate when client is referred to/between OSPP NLO or service	YYYYMMDD

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				Guide for use amended, field should not be left blank	
3	<b>Date referral/ Service Request <u>completed</u></b>	<i>Year(YYYY)/ Month(MM)/ Day(DD)</i>	Date external referral or internal service request is deemed completed by OSPP NLO or service	The date at which there is a complete referral dataset (may be same date as “Date referral /service request received”)  Guide for use amended, field should not be left blank	YYYYMMDD
4	<b>Referral Type</b>	<ul style="list-style-type: none"> <li>(1) Referral to OSPP</li> <li>(2) Service request within OSPP - Triage Assessment Decision</li> <li>(3) Service request within OSPP - Client Stepping Up</li> <li>(4) Service request within OSPP - Client Stepping Down</li> <li>(5) Service request within OSPP - Other reason</li> <li>(6) Referral to OSPP— client stepping up from COVID iCBT</li> </ul>	Type of referral or service request received by OSPP service	<p>Indicate only one.</p> <p>Select ‘(1) Referral to OSPP’ to indicate when a client is referred to the OSPP from a non-OSPP referral source.</p> <p>Select ‘(2) Service request within OSPP - Triage Assessment Decision’ to indicate when a client is referred to other OSPP service based on Triage Assessment.</p> <p>Select ‘(3) Service request within OSPP - Client Stepping Up’ to indicate</p>	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				<p>when a client is referred to other OSPP service because current level of treatment deemed insufficient and high level of care deemed more suitable.</p> <p>Select '(4) Service request within OSPP - Client Stepping Down' to indicate when a client is referred to other OSPP service because current level of treatment deemed inappropriate and lower level of care deemed more suitable.</p> <p>Select '(5) Service request within OSPP - Other reason' to indicate when a client is referred to other OSPP service due to catchment area, language needs, capacity issues, or reasons not otherwise defined.</p> <p>Select '(6) Self-referral: COVID-19' only for clients stepped up from government funded COVID-19 Program.</p>	

Item #	Element	Permissible Values	Definition	Guide for Use	Format
5	Screening for eligibility date	<i>Year(YYYY)/ Month(MM)/ Day(DD)</i>	Date of initial screening based on referral information.	The date at which a decision is made on whether client has been accepted into program based on referral information	YYYYMMDD
6	Outcome of eligibility screen	(1) Eligible for Clinical Intake and Triage Assessment or Mental Health Assessment (2) Ineligible (3) Eligible for Treatment (No Triage) (4) Other, none of the above	Decision whether client has been accepted into program based on referral information.	Indicate only one  Select '(3)' only if client is placed in a treatment/service directly after screening (i.e. bypasses Clinical Intake and Triage Assessment) or if client is participating in CMHA-YSS BounceBack interim model, in which client bypasses Clinical Intake and Triage Assessment and receives BounceBack screening.	Single value selected
<b>CLIENT INFORMATION</b>					
7	OHIP #	<i>OHIP number</i>	Ontario Health Insurance Plan number, as written on client's OHIP card	If no OHIP # available, <b>leave this field blank</b> and populate the "Unique Client ID" instead (next element)	<b>10 Numeric digits (no spaces or version code)</b>
8	Unique Client ID	<i>Unique agency level client ID</i>	Unique client identifier used by agency	<b>Complete only if "OHIP #" not available, or if client referral pending consent at end of reporting period</b>	<b>Alphanumeric</b>

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				(Unique Client ID should remain attached to client record even if OHIP # is populated in future)	
8a	<b>Unique Client ID 2 (iCBT ONLY)</b>		Unique client identifier used by iCBT Provider	This is a system-generated unique ID assigned to each client by the iCBT service provider. This field should be populated for the client irrespective of OHIP/ Client ID 1. (Note that Unique Client ID 2 should stay attached to the client, and should not be altered after it is assigned.)	Alphanumeric
9	<b>Client First Name</b>	<i>Open Text</i>	Client's first name	Enter as recorded on referral form or health card	Text
10	<b>Client Last Name</b>	<i>Open Text</i>	Client's last name	Enter as recorded on referral form or health card	Text
11	<b>Address</b>	<i>Open Text</i>	Client's residential address	Enter as recorded on referral form	Text
12	<b>City</b>	<i>Open Text</i>	Client's city of residence	Enter as recorded on referral form	Text
13	<b>Postal Code</b>	<i>Six digit postal code</i> NFA UNK	Client's residential postal code	Enter as recorded on referral form; Postal Code = NFA (no fixed address) if client does not have a fixed address; Postal Code = UNK (unknown) if address is unknown.	AnAnAn  (A - represents a letter, n - represents a number (0-9))

Item #	Element	Permissible Values	Definition	Guide for Use	Format
<b>REFERRAL DATA (Complete only for referrals into OSPP from external sources)</b>					
14	<b>Referral Source Type</b>	(1) Family physician (2) Nurse Practitioner (3) Psychiatrist (4) Other clinician (5) Self-referral (6) Psychologist (7) Social Worker (8) COVID-19 Program – Health Care Worker (77) Other, none of the above	Type of source referring client to OSPP	Indicate only one.  Select '(4) Other clinician' for regulated health care professionals not listed (i.e. occupational therapist, registered psychotherapist).	Single value selected
15	<b>OHIP billing number</b>	<i>Billing number</i>	Ontario billing number for source referring client to program (i.e. physician or nurse practitioner)	<b>Complete only if</b> available for referral source; Enter as recorded on referral.	Numeric
16	<b>PHQ-9 referral score</b>	<i>Score</i>	Score from completed PHQ9 assessment included with the original referral	If no referral score is provided by referral source, this field should remain blank (even if new score is collected as part of OSPP screening process)	Numeric
17	<b>GAD-7 referral score</b>	<i>Score</i>	Score from completed GAD7 assessment included with the original referral (not collected for referrals to BounceBack)	If no referral score is provided by referral source, this field should remain blank (even if new score is collected as part of OSPP screening process)	Numeric
<b>SERVICE REQUEST DATA (Complete only for service requests between OSPP service providers)</b>					

Item #	Element	Permissible Values	Definition	Guide for Use	Format
18	Referral Source NLO/ LISP-OSPP Service Requests	(100) CAMH (200) Ontario Shores (300) Royal (400) Waypoint (500) CMHA-YSS (BB and CAB) (600) Morneau-Shepell (700) MindBeacon (iCBT) (800) Carepoint (900) Health Sciences North (1000) St Joseph's Care Group (1100) Ontario West (London/Hamilton) (1200) Tranquility (iCBT) (1300) CMHA-YSS (NLO)	OSPP NLO service provider referring client to current site/service.	Indicate only one.  <b>Complete only if</b> Referral Type = (2)-(5) (i.e. client referred from another OSPP site/service)	Single value selected
19	Service Request ID- Incoming	<i>Service Request ID</i>	Unique ID number assigned by OSPP service provider making service request	Record Service Request ID number as written on OSPP service request form received from OSPP referring service  Data element format should indicate Org ID, Site ID, and unique service request ID number.	<b>Example:</b> Org ID_ Site ID_XXXXXX
<b>CLINICAL INTAKE &amp; TRIAGE ASSESSMENT: CLIENT DEMOGRAPHICS</b>					
20	Date of Birth	<i>Year(YYYY)/ Month(MM)/ Day(DD)</i>	Client's date of birth	May be temporarily recorded as 01/01/1900, if missing or incorrectly entered.	YYYYMMDD
21	Francophone	(1) Yes (2) No (88) Prefer not to answer	Does client identify as Francophone?	Indicate only one	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(99) Do not know			
22	<b>Requires French language services</b>	(1) Yes (2) No	Does client require French language services for treatment	Indicate only one	Single value selected
23	<b>Main spoken language</b>	(1) Amharic (2) Arabic (3) ASL (4) Bengali (5) Chinese -Cantonese (6) Chinese-Mandarin (7) Czech (8) Dari (9) English (10) Farsi (11) French (12) Greek (13) Hindi (14) Hungarian (15) Italian (16) Karen (17) Korean (18) Nepali (19) Polish (20) Portuguese (21) Punjabi (22) Russian (23) Serbian (24) Slovak (25) Somali (26) Spanish (27) Tagalog	Primary language spoken by client	Indicate only one	Single value selected



Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(28) Tamil (29) Tigrinya (30) Turkish (31) Twi (32) Ukrainian (33) Urdu (34) Vietnamese (35) Inuktitut (77) Other, none of the above (88) Prefer not to answer (99) Do not know			
24	<b>Main spoken language – Other</b>	<i>Open Text</i>	Primary language spoken by client	<b>Complete only if</b> Main Spoken Language = '(77) Other'	Text
25	<b>Interpreter required</b>	(1) Yes (2) No	Does client require interpreter?	Indicate only one	Single value selected
26	<b>Gender</b>	(1) Man (2) Woman (3) Trans Man (4) Trans Woman (5) Intersex (6) Two-Spirit (7) Non-binary (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Client's identified gender	Check all that apply	Multiple values selected
27	<b>Sexual Orientation</b>	(1) Bisexual (2) Gay (3) Heterosexual (4) Lesbian (5) Queer (6) Two-Spirit	Client's identified sexual orientation	Indicate only one	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(77) Other, none of the above (88) Prefer not to answer (99) Do not know			
28	<b>Racial/ethnic group</b>	(1) Asian – East (2) Asian – South (3) Asian – South East (4) Black – African (5) Black – Caribbean (6) Black – North American (7) First Nations (8) Indian – Caribbean (10) Inuit (11) Latin American (12) Métis (13) Middle Eastern (14) White – European (15) White – North American (16) Mixed heritage (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Client’s identified racial/ethnic group	Check all that apply  '(9) Indigenous/Aboriginal' is no longer a permissible value	Multiple values selected
29	<b>Work status</b>	(1) Employed full-time (2) Employed part-time (3) Unemployed (4) Retired (5) Full-time homemaker or carer (6) Employed- On Leave (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Current employment status of client	Indicate only one	Single value selected
30	<b>Student status</b>	(1) Full-time student (2) Part-time student	Current student status of client	Indicate only one	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(3) Not currently a student (77) Other, none of the above (88) Prefer not to answer (99) Do not know			
31	<b>Was client born in Canada?</b>	(1) Yes (2) No (88) Prefer not to answer (99) Do not know	Was the client born in Canada?	Indicate only one	Single value selected
32	<b>If no, what year did client arrive in Canada?</b>	<i>Year (YYYY)</i>	What year did client arrive in Canada?	<b>Complete only if</b> "Was client born in Canada" = (2) No.	<i>Year (YYYY)</i>
33	<b>Family income</b>	(1) \$0 - \$29,999 (2) \$30,000 – \$59,999 (3) \$60,000 – \$89,999 (4) \$90,000 – \$119,999 (5) \$120,000 – \$149,999 (6) \$150,000 or more (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Client's total family income before taxes in previous year	Indicate only one	Single value selected
34	<b>How many people does this income support?</b>	<i>Number</i>	Number of individuals supported by client's total family income	Record number of individuals supported by client's total family income: including client, partner, and any dependent children.  If client does not know the response, record "99".	Numeric

Item #	Element	Permissible Values	Definition	Guide for Use	Format
<b>CLINICAL INTAKE &amp; TRIAGE ASSESSMENT</b>					
35	<b>Health status</b>	(1) Chronic Illness (2) Developmental Disability (3) Drug or Alcohol Dependence (4) Learning Disability (5) Mental Illness (6) Physical Disability (7) Sensory Disability (8) None (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Any conditions reported by client	Check all that apply	Multiple values selected
36	<b>Prior mental health counselling</b>	(1) Yes (2) No (88) Prefer not to answer (99) Do not know	Has client previously received any mental health counselling?	Indicate only one	Single value selected
37	<b>Session date</b>	<i>Year(YYYY)/ Month(MM)/ Day(DD)</i>	Date of treatment or assessment session	Record date for <u>each</u> session attended by client	YYYYMMDD
38	<b>Session type</b>	(1) Triage or Mental Health Assessment (2) Treatment (3) Planned final treatment session (4) Joint Meeting (ESSP) (5) CMHA-YSS BounceBack Screening 2.0 Assessment (6) NLO Screening Triage Assessment (Pilot only) (7) Synchronous Session (iCBT) (8) 0-24% of playlists/modules completed (iCBT) (9) 25-49% of playlists/modules completed (iCBT) (10) 50-74% of playlists/modules completed (iCBT) (11) 75-99% of playlists/modules completed (iCBT) (12) 100% of playlists/modules completed (iCBT)	Identify type of OSPP session	Indicate only one  Record type for <u>each</u> session attended by client. Select '(4) Joint Meeting (ESSP)' for sessions with both Ontario Works/Ontario Disability Support Program Employment Support staff and OSPP clinician present.	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(77) Other, none of the above		Note that 7-12 are only applicable to iCBT providers	
39	<b>Session attendance</b>	(1) Held- Session was held (2) Not Held- Missed (no notice) (3) Not Held- Client Cancelled (less than 24 hour noticed) (4) Not Held- Client Cancelled (more than 24 hour notice) (5) Not Held- Clinician Cancelled	Client attendance at scheduled for Triage/Mental Health Assessment or Treatment session.	Select most appropriate response option for client attendance, per NLO or Site attendance policies.	Single value selected
40	<b>Duration of session</b>	<i>Number</i>	Duration of the direct clinical contact at a Triage/Mental Health Assessment or Treatment session in minutes.	Record in minutes.  Duration excludes any administration time prior to or after the contact and excludes the clinician's travelling time to a session.  "Duration of Session" is calculated from the Start Time and End Time of the clinical contact at a session but can be calculated using common intervals (e.g. 5 min)	Numeric
41	<b>Provider ID</b>	<i>ID Number</i>	Unique identifier for clinician or service provider delivering assessment or treatment	Record clinician or service provider ID for <u>each</u> session attended by client, and for each provider.  If there is more than one provider delivering a	Text

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				session, record both IDs and separate each ID with a semicolon.	
42	<b>Triage Assessment -service recommendation</b>	(1) Higher intensity service (2) Lower intensity service (3) Lower intensity service – iCBT COVID-19 (4) Lower intensity service – BounceBack (5) Lower intensity service - CAB (6) Lower intensity service - iCBT (MindBeacon) (7) Lower intensity service - iCBT (Tranquility)	Identify which OSPP treatment type is recommended by clinician or health service provider following Triage Assessment	Indicate only one  <b>Complete only if</b> a client has received a Triage Assessment and been/will be transferred to a different OSPP service  Select '(3) Lower intensity service – iCBT COVID-19' for clients recommended for triaged to iCBT through the government funded COVID-19 Program. For clients recommended for triage to post-secondary pilot iCBT, select '(2) Lower intensity service'	Single value selected
43	<b>Triage Assessment - Reason for decision</b>	(1) Severity of symptoms (2) History of suicide attempts (3) Language preferences (4) Client ability (5) Service availability in region (6) Client availability (7) Main problem descriptor alignment (8) Client preference (9) Client education/ reading level	Indicate which factors were the most important considerations when making OSPP service decision at triage (based on OSPP Interim Clinical Intake and Triage Assessment Guide, v1.0)	Check all that apply.  <b>Complete only if</b> a client has received Triage Assessment and has been/will be transferred to a different OSPP service.	Multiple values selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(10) Appropriateness of service (11) Transportation needs (12) Child care needs (13) Technology considerations (77) Other, none of the above	OSPP Clinical Model and Guidelines)	For further information on response options, please refer to OSPP Clinical Model and Guidelines OSPP Interim Clinical Intake and Triage Assessment Guide, v1.0.	
44	<b>PHQ-9 score (ASSESSMENT)</b>	Score	Score from completed PHQ-9 (Depression and low mood) scale	Record PHQ-9 score for each Triage/Mental Health Assessment where scale was completed	Numeric
45	<b>GAD-7 score (ASSESSMENT)</b>	Score	Score from completed GAD-7 (Anxiety) scale	Record GAD-7 score for each Triage/Mental Health Assessment where scale was completed	Numeric
46	<b>WHODAS score (ASSESSMENT)</b>	Score	Score from completed WHODAS (Functioning) scale	Record WHODAS score for each Triage/Mental Health Assessment where scale was completed	Numeric
47	<b>SHAI scale score (ASSESSMENT)</b>	Score	Score from completed SHAI (Short Health Anxiety Inventory) scale, if relevant	<b>Complete only if</b> relevant for client. Record SHAI score for each Triage/Mental Health Assessment where scale was completed	Numeric
48	<b>OCI-R scale score (ASSESSMENT)</b>	Score	Score from completed Obsessive Compulsive Inventory Revised (OCI-R) scale, if relevant	<b>Complete only if</b> relevant for client. Record Obsessive Compulsive Inventory Revised score for each Triage/Mental Health Assessment where scale was completed	Numeric

Item #	Element	Permissible Values	Definition	Guide for Use	Format
49	<b>PDSS-SR scale score (ASSESSMENT)</b>	<i>Score</i>	Score from completed PDSS-SR (unexpected panic attacks and agoraphobic fears) scale, if relevant	<b>Complete only if</b> relevant for client. Record PDSS-SR score for each Triage/Mental Health Assessment where scale was completed	Numeric
50	<b>PCL-5 scale score (ASSESSMENT)</b>	<i>Score</i>	Score from completed PCL-5 (posttraumatic stress) scale, if relevant	<b>Complete only if</b> relevant for client. Record PCL-5 score for each Triage/Mental Health Assessment where scale was completed	Numeric
51	<b>SPIN scale score (ASSESSMENT)</b>	<i>Score</i>	Score from SPIN (social anxiety and performance fears) scale, if relevant	<b>Complete only if</b> relevant for client. Record SPIN score for each Triage/Mental Health Assessment where scale was completed	Numeric
52	<b>AUDIT-C score (ASSESSMENT)</b>	<i>Score</i>	Score from AUDIT-C (Substance Use), if relevant	<b>Complete only if</b> relevant for client. Record AUDIT-C score for each Triage/Mental Health Assessment where scale was completed	Numeric
53	<b>DUDIT score (ASSESSMENT)</b>	<i>Score</i>	Score from Drug Use Disorders Identification Test (DUDIT), if relevant	<b>Complete only if</b> relevant for client. Record DUDIT score for each Triage/Mental Health Assessment where scale was completed *Replaced DAST-10 (v3.6)	Numeric



Item #	Element	Permissible Values	Definition	Guide for Use	Format
54	PSWQ scale score (ASSESSMENT)	Score	Score from Penn State Worry Questionnaire (generalized anxiety and worry), if relevant	<b>Complete only if</b> relevant for client. Record PSWQ score for each Triage/Mental Health Assessment where scale was completed	Numeric
55	Main Problem descriptor (ASSESSMENT)	(1) Agoraphobia (2) Depression and low mood (3) Generalized anxiety and worry (4) Health Anxiety (5) Obsessive-compulsive concerns (6) Panic disorder (7) Posttraumatic Stress (8) Social anxiety and performance fears (9) Specific fears (10) Other anxiety and stress related problems (11) Unexpected panic attacks and agoraphobic fears	Client's <u>main</u> problem descriptor based on screening tools	Indicate only one  '(1) Agoraphobia' and '(6) Panic Disorder' are no longer permissible values	Single value selected
56	OSPP enrollment date	Year(YYYY)/ Month(MM)/ Day(DD)	The date a client has been accepted to start OSPP treatment	<b>Complete only if</b> a client has received a Triage/Mental Health Assessment and accepted into OSPP service (i.e. will be or have been scheduled for treatment)	YYYYMMDD
<b>TREATMENT SESSION(S)</b>					
<i>Data elements to be collected for each session</i>					
57	Service Delivery Site	<b>*Refer to assigned Site ID list in OSP Data Specs*</b>	Site where treatment is provided	Indicate only one	Single value selected
58	Treatment start date	Year(YYYY)/ Month(MM)/ Day(DD)	Date client started receiving treatment	<b>Complete only if</b> client has attended treatment session	YYYYMMDD

Item #	Element	Permissible Values	Definition	Guide for Use	Format
37	Session date	Year(YYYY)/ Month(MM)/ Day(DD)	Date of treatment or assessment session	Record date for <u>each</u> session attended by client	YYYYMMDD
38	Session type	(1) Triage or Mental Health Assessment (2) Treatment (3) Planned final treatment session (4) Joint Meeting (ESSP) (5) CMHA-YSS BounceBack Screening 2.0 Assessment (6) NLO Screening Triage Assessment (Pilot only) (7) Synchronous Session (iCBT) (8) 0-24% of playlists/modules completed (iCBT) (9) 25-49% of playlists/modules completed (iCBT) (10) 50-74% of playlists/modules completed (iCBT) (11) 75-99% of playlists/modules completed (iCBT) (12) 100% of playlists/modules completed (iCBT) (77) Other, none of the above	Identify type of OSPP session	Indicate only one  Record type for <u>each</u> session attended by client. Select '(4) Joint Meeting (ESSP)' for sessions with both Ontario Works/Ontario Disability Support Program-Employment Support staff and OSPP clinician present.  Note that 7-12 are only applicable to iCBT providers	Single value selected
39	Session attendance	(1) Held- Session was held (2) Not Held- Missed (no notice) (3) Not Held- Client Cancelled (less than 24 hour noticed) (4) Not Held- Client Cancelled (more than 24 hour notice) (5) Not Held- Clinician Cancelled	Client attendance at scheduled Triage/Mental Health Assessment or Treatment session.	Select most appropriate response option for client attendance, per NLO or Site attendance policies.	Single value selected
40	Duration of session	Number	Duration of the direct clinical contact at a Triage/Mental Health Assessment or Treatment session in minutes.	Record in minutes. Duration excludes any administration time prior to or after the contact and excludes the clinician's travelling time to a session. "Duration of Session" is calculated from the Start	Numeric

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				Time and End Time of the clinical contact at a session but can be calculated using common intervals (e.g. 5 min)	
41	<b>Provider ID</b>	<i>ID Number</i>	Unique identifier for clinician or service provider delivering assessment or treatment	Record clinician or service provider ID for <u>each</u> session attended by client, and for each provider.  If there is more than one provider delivering a session, record both IDs and separate each ID with a semicolon.	Text
59	<b>OSPP Service</b>	(1) Higher intensity: Individual or Group Psychotherapy (2) BounceBack (3) iCBT (4) Clinician-guided bibliotherapy (5) ESSP (6) GBV (7) Psychoeducation (77) Other OSPP service, none of the above	OSPP service client is receiving treatment sessions	Record OSPP service for <u>each</u> treatment session attended by client	Single value selected
60	<b>Service Delivery Type</b>	(1) Group (in person) (2) Individual (in person) (3) Group (OTN) (4) Individual (OTN) (5) iCBT	Type of service provided in treatment session	<b>Complete only if</b> client is receiving OSPP service.	Multiple values selected

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		(6) Individual Videoconference - Non-OTN (7) Telephone (8) Internet-based therapy (9) Group Videoconference - Non-OTN (77) Other, none of the above		Record service delivery type for <u>each</u> treatment session attended by client  '(5) iCBT' is no longer a permissible value	
61	<b>Linguistic/ culturally specific service</b>	(1) French language service (2) Spanish language service (3) First Nations specific service (4) Inuit specific service (5) Métis specific service (77) Other, none of the above	Did the client receive linguistic or culturally specific services?	<b>Complete only if</b> client is receiving a linguistic/culturally specific service; Record for <u>each</u> session attended by client	Single value selected
62	<b>PHQ-9 score (TREATMENT)</b>	<i>Score</i>	Score from completed PHQ-9 (Depression) scale	Record PHQ-9 score for <u>each</u> session where scale was completed	Numeric
63	<b>GAD-7 score (TREATMENT)</b>	<i>Score</i>	Score from completed GAD-7 (Anxiety) scale	Record GAD-7 score for <u>each</u> session where scale was completed	Numeric
64	<b>WSAS score (TREATMENT)</b>	<i>Score</i>	Score from completed WSAS (Functioning) scale, if relevant	Record WSAS score for <u>each</u> session where scale was completed	Numeric
65	<b>SHAI scale score (TREATMENT)</b>	<i>Score</i>	Score from completed SHAI (Short Health Anxiety Inventory) scale, if relevant	<b>Complete only if</b> relevant for client. Record SHAI score for <u>each</u> session where scale was completed	Numeric
66	<b>OCI-R (modified) scale score (TREATMENT)</b>	<i>Score</i>	Score from completed Obsessive Compulsive Inventory Revised (OCI-R) scale (modified), if relevant	<b>Complete only if</b> relevant for client. Record Obsessive Compulsive Inventory Revised (modified) score for <u>each</u> session where scale was completed	Numeric

Item #	Element	Permissible Values	Definition	Guide for Use	Format
67	PDSS-SR scale score (TREATMENT)	Score	Score from completed PDSS-SR (unexpected panic attacks and agoraphobic fears) scale, if relevant	<b>Complete only if</b> relevant for client. Record PDSS-SR score for <u>each</u> session where scale was completed	Numeric
68	PCL-5 (modified) scale score (TREATMENT)	Score	Score from completed PCL-5 (Posttraumatic stress) scale (modified), if relevant	<b>Complete only if</b> relevant for client. Record PCL-5 (modified) score for <u>each</u> session where scale was completed	Numeric
69	SPIN scale score (TREATMENT)	Score	Score from SPIN (Social anxiety and performance fears) scale, if relevant	<b>Complete only if</b> relevant for client. Record SPIN score for <u>each</u> session where scale was completed	Numeric
70	AUDIT-C score (TREATMENT)	Score	Score from AUDIT-C (Substance Use), if relevant	<b>Complete only if</b> relevant for client. Record AUDIT-C score for <u>each</u> session where scale was completed	Numeric
71	DUDIT score (TREATMENT)	Score	Score from Drug Use Disorders Identification Test (DUDIT), if relevant	<b>Complete only if</b> relevant for client. Record DUDIT score for <u>each</u> session where scale was completed *Replaced DAST-10 (v3.6)	Numeric
72	PSWQ scale score (Treatment)	Score	Score from Penn State Worry Questionnaire (generalized anxiety and worry), if relevant	<b>Complete only if</b> relevant for client. Record PSWQ score <u>each</u> session where scale was completed  Only one of element '(72)' and '(73)' should be	Numeric

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				recorded for client, if relevant, but not both	
73	PSWQ-PW scale score (TREATMENT)	Score	Score from Penn State Worry Questionnaire – Past Week (Generalized Anxiety and worry), if relevant	Complete only if relevant for client. Record PSWQ-PW score for each session where scale was completed  Only one of element '(72)' and '(73)' should be recorded for client, if relevant, but not both	Numeric
74	Main Problem descriptor (TREATMENT)	(2) Depression and low mood (3) Generalized anxiety and worry (4) Health Anxiety (5) Obsessive-compulsive concerns (7) Posttraumatic Stress (8) Social anxiety and performance fears (9) Specific fears (10) Other anxiety and stress related problems (11) Unexpected panic attacks and agoraphobic fears	Client's main problem descriptor based on screening tools	Indicate only one  '(1) Agoraphobia' and '(6) Panic Disorder' are no longer permissible values	Single value selected
75	Type of Treatment Model	(1) Treatment-specific (2) Transdiagnostic model: Unified Protocol (3) Transdiagnostic model: Norton Model (4) Transdiagnostic model: Other, none of the above	Type of treatment model used in treatment session	Indicate only one	Single value selected
76	Treatment completion date	Year(YYYY)/ Month(MM)/ Day(DD)	Date client completed treatment or reached recovery as determined by clinician and client.	Complete only if client has been discharged from service due to completing treatment or reached recovery as determined by clinician and client. May be	YYYYMMDD

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				<p>the same date as Last Session Attended or Client Exit Date.</p> <p>Treatment completion does not include follow-up assessment and/or booster sessions. Treatment completion <b>occurs before</b> follow-up and booster sessions</p>	
<p><b>CLIENT HOLD</b>  <i>Items to be completed ONLY if client is placed on hold during participation in OSPP</i></p>					
77	<b>Type of client hold</b>	<p>(1) On Hold – Client choice                      (2) On Hold – Psychiatric Assessment                      (3) On Hold- Psychological Assessment                      (4) On Hold- COVID-19                      (77) Other, none of the above</p>	What was the reason for the client hold?	<b>Complete only if</b> client has started or has been scheduled for Triage/Mental Health Assessment or Treatment and client record was put on hold (i.e. client has not exited or proceeded within service)	Single value selected
78	<b>Stage of client hold</b>	<p>(1) Triage or Mental Health Assessment                      (2) After start of treatment</p>	At what stage during the intake or treatment process was the client placed on hold	<b>Complete only if</b> client has started or has been scheduled for Triage/Mental Health Assessment or Treatment and client record was put on hold (i.e. client has not exited or proceeded within service)	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
79	<b>Client hold start date</b>	<i>Year(YYYY)/ Month(MM)/ Day(DD)</i>	The date client record was put on hold	<b>Complete only if</b> client has started or has been scheduled for Triage/Mental Health Assessment or Treatment and client record was put on hold (i.e. client has not exited or proceeded within service)	YYYYMMDD
80	<b>Client hold end date</b>	<i>Year(YYYY)/ Month(MM)/ Day(DD)</i>	The date client record hold ended	<b>Complete only if</b> client has started or has been scheduled for Triage/Mental Health Assessment or Treatment and client record was put on hold (i.e. client has not exited or proceeded within service)	YYYYMMDD
<p><b>CLIENT EXIT /NOT ACCEPTED TO PROGRAM</b>  <i>Complete only when client exits OSPP service</i></p>					
81	<b>Exit date</b>	<i>Year(YYYY)/Month(MM)/ Day(DD)</i>	Date client deemed ineligible or discharged/ left program (may be the same as the screening date)	<b>Complete only</b> when client exits OSPP service  If client disengages from OSPP or never attends Triage/Mental Health Assessment, an exit date should be selected based on program criteria for determining when a client is removed from the	YYYYMMDD



Item #	Element	Permissible Values	Definition	Guide for Use	Format
				program roster/ wait list (i.e., for clients where “Exit disposition”= “(4) not completed- withdrawal’)	
82	<b>Stage of client exit or referral</b>	(3) After start of treatment (4) Before initial eligibility screen (5) After initial eligibility screen and before Triage or Mental Health Assessment (6) At Triage or Mental Health Assessment and before enrollment (7) After enrollment and before start of treatment	At what stage during the screening, Triage/Mental Health Assessment, or treatment process was the client discharged, deemed ineligible or decided to leave OSPP or service	Select ‘(4) Before initial eligibility screen’ if a client has exited OSPP before an the initial eligibility screen (i.e. client was referred but exited before review of referral information was completed)  Select ‘(5) After initial eligibility screen and before Triage or Mental health Assessment’ if a client has exited OSPP before a Triage/Mental Health Assessment was administered (i.e. client was referred and scheduled for Assessment but never attended)  Select ‘(6) At Triage or Mental Health Assessment and before enrollment’ if a client has exited OSPP after a Triage/Mental Health Assessment was administered, but before a	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				<p>client was enrolled. (i.e. client attended Assessment, required addition Assessment sessions but did not return)</p> <p>Select '(7) After enrollment and before start of treatment' if a client has exited OSPP after a client was enrolled, but before a client attended a treatment session (i.e. client attended Assessments, was enrolled and scheduled for a treatment session that they did not attend)</p> <p>'(1) At referral' and '(2) At initial assessment' are no longer permissible values</p>	
83	<b>Exit disposition</b>	<p>(1) Completed- no referral                      (2) Completed- with referral                      (3) Not completed- Ineligible                      (4) Not completed- Withdrawal                      (5) Not completed- Relocation                      (6) Not completed- Hospitalized                      (7) Not completed- Suicide                      (8) Not completed- Death                      (9) Not completed- Could not contact client</p>	Status of client upon leaving OSPP service	<p>Select "(8) Not completed-death" if client dies by any cause other than suicide.</p> <p>If client not accepted into program due to ineligibility, select "(3) Not completed – ineligible."</p>	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
		(10) Not completed – Referral/Service Request made to more appropriate service (11) Not completed – Treatment terminated by program/service provider			
84	<b>Ineligible due to:</b>	(2) Suicidal (3) Risk to self/others (4) Psychosis (5) Personality disorder (6) Requested only medication management (7) Intellectual or developmental disability (8) Dementia (9) Substance use (10) Eating disorder (11) Does not meet severity cutoffs for services (12) Mania/Hypomania (77) Other, none of the above	The reason/s a client is deemed ineligible to participate in the program. The items listed are not necessarily exclusion criteria but may be grounds for exclusion if they impact ability to participate in OSPP	<b>Complete only if</b> “Exit disposition”= “ (3) Not completed- ineligible”; Check all that apply  ‘(1) Does not meet cut off scores on GAD-7 or PHQ-9’ is no longer a permissible value	Multiple values selected
85	<b>Where was referral/service request made?</b>	(0) Non- OSPP service (100) CAMH (200) Ontario Shores (300) The Royal (400) Waypoint (500) CMHA-YSS (BB and CAB) (600) Morneau-Shepell (COVID-19) (700) MindBeacon (iCBT) (800) Carepoint (900) Health Sciences North (1000) St Joseph’s Care Group (1100) Ontario West (London/Hamilton) (1200) Tranquility (iCBT) (1300) CMHA-YSS (NLO)	If client referred to another service, indicate where	<b>Complete only if</b> “Exit Disposition = (2) Completed – with referral, (10) Not completed – Referral/Service request made to more appropriate service”  Select current NLO If service request is being made to the same NLO but different service  Select ‘(600) Morneau-Shepell (COVID iCBT)’ and ‘(700) BEACON (COVID	Single value selected

Item #	Element	Permissible Values	Definition	Guide for Use	Format
				iCBT) only for clients who are receiving services through government-funded COVID-19 Program.  '(1) Yes' and '(2) No' are no longer permissible values	
86	<b>Date referral/ service request was made</b>	Year(YYYY)/ Month(MM)/ Day(DD)	Date outgoing referral/service request was made	<b>Complete only if</b> "Exit Disposition = (2) Completed – with referral, (10) Not completed - Eligible and referred to more appropriate OSPP service"  May be same date as "Exit Date"	YYYYMMDD
87	<b>Service Request ID- Outgoing</b>	<i>Service Request ID</i>	Unique ID number assigned by OSPP service provider making service request	Record Service Request ID number as generated for outgoing OSPP service request  Data element format should indicate Org ID, Site ID, and unique service request ID number.	Org ID_ Site ID_XXXXXX

\*\*\*NOTES: This is a minimum dataset. The above items cannot be removed or modified but local sites can add additional items to meet their local needs.  
All elements are subject to change based on revisions to the clinical protocol or other changes to the project.