Ontario Structured Psychotherapy Program (OSPP) Data Dictionary (V1.13)

*The elements highlighted in **ORANGE** indicate items that are considered priority additions/updates to be implemented as soon as possible.*

*The elements highlighted in **GREEN** indicate elements that have been updated or changed from OSPP Data Dictionary (1.0), with specific change highlighted in **YELLOW***

Please refer to document, Appendix B: OSPP Data Dictionary (V1.12) - Change Log, for detailed list of revisions from IASP MDS (V3.72).

In V1.13, only the Delivery Site List has been updated.

Priority Elements:

- OSPP Data Dictionary (V1.0): #1, #4, #6, #14, #19, #38, #42,#43,#55,#57,#38, #82, #83, #86, #87
- OSPP Data Dictionary (V1.1): updated to include #59

Notes:

1. *Services participating in Stepped Care will transition to administering a Triage Assessment, instead of the previously used Mental Health Assessment.*
2. *OSPP has transitioned from using the term, Hub, to the term, Network Lead Organization(NLO).*
3. *Service requests is a Stepped Care process, in which clients may move between OSPP services or NLOs.*
4. *In June 2020, Mindability was officially changed to Ontario Structured Psychotherapy Program. All elements have been updated to reflect change in Program name.*

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
ADMINISTRATIVE ITEMS						
1	1	**Network Lead Organization**	(100) CAMH (200) Ontario Shores (300) The Royal (400) Waypoint (500) CMHA-YSS	Name of "NLO" receiving referral (or connected with delivery site who received the referral)	Indicate only one	Single value selected
2	3	**Date referral / Service Request <u>received</u>**	*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 #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					Guide for use amended, field should not be left blank	
3	4	**Date referral/ Service Request completed**	*Year(YYYY)/ Month(MM)/ Day(DD)*	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	--	**Referral Type**	(1) Referral to OSPP (2) Service request within OSPP – Triage Assessment Decision (3) Service request within OSPP – Client Stepping Up (4) Service request within OSPP- Client Stepping Down (5) Service request within OSPP- Other reason (6) Referral to OSPP – client stepping up from COVID iCBT	Type of referral or service request received by OSPP service	Indicate only one. Select '(1) Referral to OSPP' to indicate when a client is referred to the OSPP from a non-OSPP referral source. Select '(2) Service request within OSPP - Triage Assessment Decision' to indicate when a client is referred to other OSPP service based on Triage Assessment. Select '(3) Service request within OSPP –Client Stepping Up' to indicate when a client is referred to other OSPP	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					service because current level of treatment deemed insufficient and high level of care deemed more suitable. 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. Select '(6) Self-referral: COVID-19' only for clients stepped up from government-funded COVID-19 Program.	
5	5	**Screening for eligibility date**	*Year(YYYY)/ Month(MM)/ Day(DD)*	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	6	**Outcome of eligibility screen**	(1) Eligible for Clinical Intake and Triage Assessment or Mental Health Assessment (2) Ineligible	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.	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(3) Eligible for Treatment (No Triage) 4) Other, none of the above		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.	
CLIENT INFORMATION						
7	7	**OHIP #**	*OHIP number*	Ontario Health Insurance Plan number, as written on client's OHIP card	If no OHIP # available, enter the unique client ID number instead (next element)	Numeric
8	8	**Unique Client ID**	*Unique agency level client ID*	Unique client identifier used by agency	**Complete only if** "OHIP #" not available, or if client referral pending consent at end of reporting period (Unique ID should remain attached to client record even if OHIP # is populated in future)	Numeric
9	9	**Client First Name**	*Open Text*	Client's first name	Enter as recorded on referral form or health card	Text
10	10	**Client Last Name**	*Open Text*	Client's last name	Enter as recorded on referral form or health card	Text
11	11	**Address**	*Open Text*	Client's residential address	Enter as recorded on referral form	Text
12	12	**City**	*Open Text*	Client's city of residence	Enter as recorded on referral form	Text

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
13	13	**Postal Code**	*Six digit postal code* NFA UNK ~~FSA~~	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. ~~FSA = First three digits of postal code (ONLY for client referrals pending consent)~~	AnAnAn (A - represents a letter, n - represents a number (0-9))
REFERRAL DATA (Complete only for referrals into OSPP from external sources)						
14	14	**Referral Source Type**	(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	15	**OHIP billing number**	*Billing number*	Ontario billing number for source referring client to program (i.e. physician or nurse practitioner	**Complete only if** available for referral source; Enter as recorded on referral.	Numeric
16	16	**PHQ-9 referral score**	*Score*	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	Numeric

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					collected as part of OSPP screening process)	
17	17	**GAD-7 referral score**	*Score*	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
SERVICE REQUEST DATA (Complete only for service requests between OSPP service providers)						
18	--	**Referral Source NLO- OSPP Service Requests**	(100) CAMH (200) Ontario Shores (300) Royal (400) Waypoint (500) CMHA-YSS (600) Morneau-Shepell (700) BEACON	OSPP NLO referring client to current NLO.	Indicate only one. **Complete only if** Referral Type = (2)-(5) (i.e. client referred from another OSPP site/service)	Single value selected
19	--	**Service Request ID- Incoming**	*Service Request ID*	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 unqiue service request ID number.	Org ID_ Site ID_XXXXXX
CLINICAL INTAKE & TRIAGE ASSESSMENT: CLIENT DEMOGRAPHICS						

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
20	18	**Date of Birth**	*Year(YYYY)/ Month(MM)/ Day(DD)*	Client's date of birth	May be temporarily recorded as 01/01/ YYYY, if required.	YYYYMMDD
21	19	**Francophone**	(1) Yes (2) No (88) Prefer not to answer (99) Do not know	Does client identify as Francophone?	Indicate only one	Single value selected
22	20	**Requires French language services**	(1) Yes (2) No	Does client require French language services for treatment	Indicate only one	Single value selected
23	21	**Main spoken language**	(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	Primary language spoken by client	Indicate only one	~~Text~~ Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(23) Serbian (24) Slovak (25) Somali (26) Spanish (27) Tagalog (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	--	**Main spoken language – Other**	*Open Text*	Primary language spoken by client	**Complete only if** Main Spoken Language = '(77) Other"	Text
25	22	**Interpreter required**	(1) Yes (2) No	Does client require interpreter?	Indicate only one	Single value selected
26	23	**Gender**	(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

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
27	24	**Sexual Orientation**	(1) Bisexual (2) Gay (3) Heterosexual (4) Lesbian (5) Queer (6) Two-Spirit (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Client's identified sexual orientation	Indicate only one	Single value selected
28	25	**Racial/ethnic group**	(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 (9) Indigenous / Aboriginal (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) Indigenious/Aboriginal' is no longer a permissible value	Multiple values selected
29	26	**Work status**	(1) Employed full-time (2) Employed part-time (3) Unemployed	Current employment status of client	Indicate only one	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(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			
30	27	**Student status**	(1) Full-time student (2) Part-time student (3) Not currently a student (77) Other, none of the above (88) Prefer not to answer (99) Do not know	Current student status of client	Indicate only one	Single value selected
31	--	**Was client born in Canada?**	(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	--	**If no, what year did client arrive in Canada?**	*Year (YYYY)*	What year did client arrive in Canada?	**Complete only if** "Was client born in Canada" = (2) No.	*Year (YYYY)*
33	29	**Family income**	(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	30	**How many people does this income support?**	*Number*	Number of individuals supported by client's total family income	Record number of individuals supported by client's total family income: including	Numeric

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					client, partner, and any dependent children. If client does not know the response, record "99".	
CLINICAL INTAKE & TRIAGE ASSESSMENT						
35	31	**Health status**	(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	32	**Prior mental health counselling**	(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	33	**Session date**	*Year(YYYY)/ Month(MM)/ Day(DD)*	Date of treatment or assessment session	Record date for each session attended by client	YYYYMMDD
38	34	**Session type**	(1) Triage or Mental Health Assessment (2) Treatment (3) Planned final treatment session	Identify type of OSPP session	Indicate only one Record type for each session attended by client. Select '(4)	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(4) Joint Meeting (ESSP) (5) CMHA-YSS BounceBack Screening 2.0 Assessment (77) Other, none of the above		Joint Meeting (ESSP)' for sessions with both Ontario Works/Ontario Disability Support Program- Employment Support staff and OSPP clinician present.	
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- Clinican 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	--	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 Time and End Time of the clinical contact at a session but can be calculated using common intervals (e.g. 5 min)	Numeric
41	36	Provider ID	*ID Number*	Unique identifier for clinician or service	Record clinician or service provider ID for each session	Text

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
				provider delivering assessment or treatment	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.	
42	--	**Triage Assessment -service recommendation**	(1) Higher intensity service (2) Lower intensity service (3) Lower intensity service – iCBT COVID-19	Identify which OSPP treatment type is recommended by clinician or health service provider following Triage Assessment	Indicate only one **Complete only if** 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	--	**Triage Assessment - Reason for decision**	(1) Severity of symptoms (2) History of suicide attempts (3) Language preferences (4) Client ability (5) Service availability in region	Indicate which factors were the most important considerations when making OSPP service decision at triage (based	Check all that apply. **Complete only if** a client has received Triage Assessment and has been/will be	Multiple values selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(6) Client availability (7) Main problem descriptor alignment (8) Client preference (9) Client education/ reading level (10) Appropriateness of service (11) Transportation needs (12) Child care needs (13) Technology considerations (77) Other, none of the above	on OSPP Interim Clinical Intake and Triage Assessment Guide, v1.0)	transferred to a different OSPP service. For further information on response options, please refer to OSPP Interim Clinical Intake and Triage Assessment Guide, v1.0.	
44	39	**PHQ-9 score (ASSESSMENT)**	*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	40	**GAD-7 score (ASSESSMENT)**	*Score*	Score from completed GAD-7 (Anxiety) scale	Record GAD-7 score for each Triage/Mental Health Assessment where scale was completed	Numeric
46	41	**WHODAS score (ASSESSMENT)**	*Score*	Score from completed WHODAS (Functioning) scale	Record WHODAS score for each Triage/Mental Health Assessment where scale was completed	Numeric
47	43	**SHAI scale score (ASSESSMENT)**	*Score*	Score from completed SHAI (Short Health Anxiety Inventory) scale, if relevant	**Complete only if** relevant for client. Record SHAI score for each Triage/Mental Health Assessment where scale was completed	Numeric
48	44	**OCI-R scale score (ASSESSMENT)**	*Score*	Score from completed Obsessive Compulsive Inventory Revised (OCI-R) scale, if relevant	**Complete only if** relevant for client. Record Obsessive Compulsive Inventory Revised score for each	Numeric

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					Triage/Mental Health Assessment where scale was completed	
49	45	**PDSS-SR scale score (ASSESSMENT)**	*Score*	Score from completed PDSS-SR (unexpected panic attacks and agoraphobic fears) scale, if relevant	**Complete only if** relevant for client. Record PDSS-SR score for each Triage/Mental Health Assessment where scale was completed	Numeric
50	46	**PCL-5 scale score (ASSESSMENT)**	*Score*	Score from completed PCL-5 (posttraumatic stress) scale, if relevant	**Complete only if** relevant for client. Record PCL-5 score for each Triage/Mental Health Assessment where scale was completed	Numeric
51	47	**SPIN scale score (ASSESSMENT)**	*Score*	Score from SPIN (social anxiety and performance fears) scale, if relevant	**Complete only if** relevant for client. Record SPIN score for each Triage/Mental Health Assessment where scale was completed	Numeric
52	49	**AUDIT-C score (ASSESSMENT)**	*Score*	Score from AUDIT-C (Substance Use), if relevant	**Complete only if** relevant for client. Record AUDIT-C score for each Triage/Mental Health Assessment where scale was completed	Numeric
53	50	**DUDIT score (ASSESSMENT)**	*Score*	Score from Drug Use Disorders Identification Test (DUDIT), if relevant	**Complete only if** relevant for client. Record DUDIT score for each Triage/Mental Health Assessment where scale was completed *Replaced DAST-10 (v3.6)	Numeric
54	51	**PSWQ scale score (ASSESSMENT)**	*Score*	Score from Penn State Worry Questionnaire	**Complete only if** relevant for client. Record PSWQ score	Numeric

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
				(generalized anxiety and worry), if relevant	for each Triage/Mental Health Assessment where scale was completed	
55	52	**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	**Complete only if** 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
TREATMENT SESSION(S) *Data elements to be collected for each session*						
57	2	**Service Delivery Site**	****Refer to SITE LIST in Appendix A****	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	**Complete only if** client has attended treatment session	YYYYMMDD
37	33	**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

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
38	34	**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 (77) Other, none of the above	Identify type of OSPP session	Indicate only one Record type for each 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
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- Clinican 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	N	**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 Time and End Time of the clinical contact at a session but can be calculated using common intervals (e.g. 5 min)	Numeric

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
41	36	**Provider ID**	*ID Number*	Unique identifier for clinician or service provider delivering assessment or treatment	Record clinician or service provider ID for each 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	--	**OSPP Service**	(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 each treatment session attended by client	Single value selected
60	37	**Service Delivery Type**	(1) Group (in person) (2) Individual (in person) (3) Group (OTN) (4) Individual (OTN) (5) iCBT (6) Individual Videoconference - Non-OTN (7) Telephone (8) Internet-based therapy	Type of service provided in treatment session	**Complete only if** client is receiving OSPP service. Record service delivery type for each treatment session attended by client '(5) iCBT' is no longer a permissible value	Multiple values selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			Group Videoconference - Non-OTN (77) Other, none of the above			
61	38	**Linguistic/ culturally specific service**	(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?	**Complete only if** client is receiving a linguistic/culturally specific service; Record for each session attended by client	Single value selected
62	39	**PHQ-9 score (TREATMENT)**	*Score*	Score from completed PHQ-9 (Depression) scale	Record PHQ-9 score for each session where scale was completed	Numeric
63	40	**GAD-7 score (TREATMENT)**	*Score*	Score from completed GAD-7 (Anxiety) scale	Record GAD-7 score for each session where scale was completed	Numeric
64	41 (b)	**WSAS score (TREATMENT)**	*Score*	Score from completed WSAS (Functioning) scale, if relevant	Record WSAS score for each session where scale was completed	Numeric
65	43	**SHAI scale score (TREATMENT)**	*Score*	Score from completed SHAI (Short Health Anxiety Inventory) scale, if relevant	**Complete only if** relevant for client. Record SHAI score for each session where scale was completed	Numeric
66	44	**OCI-R (modified) scale score (TREATMENT)**	*Score*	Score from completed Obsessive Compulsive Inventory Revised (OCI-R) scale (modified), if relevant	**Complete only if** relevant for client. Record Obsessive Compulsive Inventory Revised (modified) score for each session where scale was completed	Numeric
67	45	**PDSS-SR scale score (TREATMENT)**	*Score*	Score from completed PDSS-SR (unexpected panic attacks and	**Complete only if** relevant for client. Record PDSS-SR score	Numeric

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
				agoraphobic fears) scale, if relevant	for each session where scale was completed	
68	46	**PCL-5 (modified) scale score (TREATMENT)**	*Score*	Score from completed PCL-5 (Posttraumatic stress) scale (modified), if relevant	**Complete only if** relevant for client. Record PCL-5 (modified) score for each session where scale was completed	Numeric
69	47	**SPIN scale score (TREATMENT)**	*Score*	Score from SPIN (Social anxiety and performance fears) scale, if relevant	**Complete only if** relevant for client. Record SPIN score for each session where scale was completed	Numeric
70	49	**AUDIT-C score (TREATMENT)**	*Score*	Score from AUDIT-C (Substance Use), if relevant	**Complete only if** relevant for client. Record AUDIT-C score for each session where scale was completed	Numeric
71	50	**DUDIT score (TREATMENT)**	*Score*	Score from Drug Use Disorders Identification Test (DUDIT), if relevant	**Complete only if** relevant for client. Record DUDIT score for each session where scale was completed *Replaced DAST-10 (v3.6)	Numeric
72	51	**PSWQ scale score (Treatment)**	*Score*	Score from Penn State Worry Questionnaire (generalized anxiety and worry), if relevant	**Complete only if** relevant for client. Record PSWQ score each session where scale was completed

Only one of element '(73)' and '(74)' should be recorded for client, if relevant, but not both | Numeric |

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
73	51	**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 '(73)' and '(74)' should be recorded for client, if relevant, but not both	Numeric
74	52	**Main Problem descriptor (TREATMENT)**	(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 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

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
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 the same date as Last Session Attended or Client Exit Date. Treatment completion does not include follow-up assessment and/or booster sessions. Treatment completion **occurs before** follow-up and booster sessions	YYYYMMDD
CLIENT HOLD *Items to be completed ONLY if client is placed on hold during participation in OSPP*						
77	--	**Type of client hold**	(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	What was the reason for the client hold?	**Complete only if** 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	--	**Stage of client hold**	(1) Triage or Mental Health Assessment (2) After start of treatment	At what stage during the intake or treatment process was the client placed on hold	**Complete only if** client has started or has been scheduled for Triage/Mental Health Assessment or Treatment and client record	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					was put on hold (i.e. client has not exited or proceeded within service)	
79	--	**Client hold start date**	*Year(YYYY)/ Month(MM)/ Day(DD)*	The date client record was put on hold	**Complete only if** 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	--	**Client hold end date**	*Year(YYYY)/ Month(MM)/ Day(DD)*	The date client record hold ended	**Complete only if** 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
CLIENT EXIT /NOT ACCEPTED TO PROGRAM Complete only when client exits OSPP service						
81	53	**Exit date**	*Year(YYYY)/Month(MM)/ Day(DD)*	Date client deemed ineligible or discharged/ left program (may be the same as the screening date)	**Complete only** 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	YYYYMMDD

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					removed from the program roster/ wait list (i.e., for clients where "Exit disposition"= "(4) not completed- withdrawal')	
82	54	**Stage of client exit or referral**	(1) At referral (2) At Clinical Intake and Triage Assessment/ Mental Health Assessment (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	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					Assessment was administered, but before a client was enrolled. (i.e. client attended Assessment, required addition Assessment sessions but did not return) 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) ==='(1) At referral' and '(2) At initial assessment' are no longer permissible values===	
83	55	**Exit disposition**	(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	Status of client upon leaving OSPP service	Select "(8) Not completed- death" if client dies by any cause other than suicide. If client not accepted into program due to ineligibility, select "(3) Not completed – ineligible."	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(9) Not completed- Could not contact client <mark>(10) Not completed – Referral/Service Request made to more appropriate service</mark> (11) Not completed – Treatment terminated by program/service provider			
84	56	**Ineligible due to:**	~~(1) Does not meet cut off scores on GAD 7 or PHQ9~~ (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	**Complete only if** "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	57	**Where was referral/service request made?**	~~(1) Yes~~ ~~(2) No~~ (0) Non- OSPP service (100) CAMH (200) Ontario Shores (300) The Royal	If client referred to another service, indicate where	**Complete only if** "Exit Disposition = (2) Completed – with referral, <mark>(10) Not completed – Referral/Service request made to more appropriate service"</mark>	Single value selected

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
			(400) Waypoint (500) CMHA-YSS (600) Morneau-Shepell (COVID-19) (700) BEACON (COVID-19)		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 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	--	**Date referral/ service request was made**	Year(YYYY)/ Month(MM)/ Day(DD)	Date outgoing referral/service request was made	**Complete only if** "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	--	**Service Request ID- Outgoing**	*Service Request ID*	Unique ID number assigned by OSPP service provider making service request	Record Service Request ID number as generated for outgoing OSPP service request	Org ID_ Site ID_XXXXXX

Item #	Associated IASP MDS # (if applicable)	Element	Permissible Values	Definition	Guide for Use	Format
					Data element format should indicate Org ID, Site ID, and unqiue service request ID number.	

***NOTES:** This is a <u>minimum</u> dataset. The above items cannot be removed or modified but <u>local sites can add additional items</u> to meet their local needs.

        <u>All elements are subject to change</u> based on revisions to the clinical protocol or other changes to the project.

Appendix A: OSP Delivery Site List

100)   CAMH

    101)   CAMH Mood and Anxiety Ambulatory Services

    102)   Taddle Creek Family Health Team

    ~~103)   Davenport Perth Community Health Centre~~

    ~~104)   Waasegiizhig Health Access Centre~~

    ~~105)   North Bay Practitioner Led Clinic~~

    106)   Women's Health in Women's Hands

    ~~107)   LOFT~~

    ~~108)   Woodgreen~~

    109)   ---

    ~~110)   University of Toronto~~

    111)   Village Family Health Team

    ~~112)   COTA~~

    113)   CAMH - Child & Youth

    114)   CAMH - IDT

    115)   CAMH – COMPASS

    ~~116)   LOFT - 416 Community Support~~

117)   LOFT - Transitional Aged Youth

118)   U of T - Scarborough

119)   U of T - St. George

120)   U of T - Mississauga

121)   Four Villages - Bloor

122)   Four Villages - Dundas

123)   Holland Bloorview

200)   Ontario Shores

201)   Durham College

202)   Brooklin Medical Centre

203)   North Oshawa Medical Centre

204)   CMHA NP Led Clinic

205)   North Durham FHT

206)   Peterborough FHT

207)   Humber River FHT

208)   Vaughan CHC

209)   Emery Keelesdale NP Led Clinic

210)   Brock CHC

211)   TAIBU CHC

212)   Nogojiwanong Friendship Centre

213)   Curve Lake

214)   Alderville First Nation

215)   Seneca College - Newham Campus

216)   York University

217)   Fleming College

218)   Trent University

219)   Ontario Tech University (OTU)- North

220)   Across Boundaries

221)   CMHA York and South Simcoe

222)   CMHA Toronto

223)   Toronto North Support Services

224)   ~~York Support Services Network/ASYR~~

225)   Loft Community Services

226)   ~~Catholic Family Services~~

227)   ~~Northumberland Community Counselling~~

228)   ~~Matthews House Hospice~~

229)   Carefirst Seniors and Community Services

230)   Agincourt Community Services Assoc.

231)   Grandview Children's Centre

232)   Community Care Durham

233)   Prompt Care Clinic

234)   ~~N/A~~

235)   Not a Partner Site

236)   Centre for Complex Diabetes Care at North York General Hospital

237)   Circle of Care

238)   Welcome Centre Immigrant Services – Richmond Hill

239)   ~~Trent University- Durham~~

240)   Ontario Tech University- Downtown

241)   Alderville First Nation

242)   Hiawatha First Nation

300)   The Royal

301)   Family Services Ottawa

302)   Hawkesbury and District General Hospital

303)   Sandy Hill Community Health Centre

304)   CMHA-Ottawa

305)   Royal Ottawa Health Care Group

306)   Pembroke Regional Hospital

307)   Cornwall Community Hospital

308) ~~Montfort Academic Family Health Team~~

309) Monfort Hospital

310) Lanark Renfrew Health and Community Services

311) Jewish Family Services

312) City of Ottawa Social Service Centre (Central, East, West, South)- ESSP

313) Causeway Work Centre- ESSP

314) Performance Plus Rehabilitative Care- ESSP

400)   Waypoint

401) Chigamik Community Health Centre

402) ~~North Simcoe Family Health Team~~

403) ~~Enaahtig Healing Lodge and Learning Centre~~

404) Waypoint's Outpatient Services

405) ~~Couchiching Family Health Team~~

406) Huronia NP-Led Clinic

407) Catholic Family Services of Simcoe County

408) ~~CMHA Muskoka Parry Sound~~

409) ~~Algonquin Family Health Team~~

410) Cottage Country Family Health Team

411) ~~North Muskoka NP-Led Clinic~~

412) ~~South Georgian Bay Community Health Centre~~

413) Georgian Bay Family Health Team

414) ~~CMHA Simcoe County~~

415) Barrie Community Health Centre

416) Barrie and Area Family Health Team

417) ~~Georgian NP-Led Clinic~~

418) Mamaway Wiidokdaadwin Inter-Professional Primary Care Team

419) Barrie- Catholic Family Services of Simcoe County

420) …

421) Couchiching Family Health Team

422) Georgian College – Orillia
423) Lakehead University – Orillia
424) CMHA Muskoka Parry Sound – Bracebridge
425) CMHA Muskoka Parry Sound – Huntsville
426) CMHA Muskoka Parry Sound – B'saanibamaadsiwin
427) CMHA Muskoka Parry Sound – Sundridge
428) South Georgian Bay Community Health Centre – Wasaga Beach
429) South Georgian Bay Community Health Centre – Elmvale
430) CMHA Simcoe County – Innisfil
431) CMHA Simcoe County – Bradford
432) Georgian NP-Led Clinic
433) Georgian Student Access Centre
434) Mamaway – Beausoleil First Nation

500) CMHA-YSS

501) BounceBack

600) Morneau-Shepell/AbilitiCBT

(700) BEACON/ mindBEACON