

Mental Health & Addictions Needs & Capacity Assessment

*For the Champlain Local Health Integration Region
March 22, 2012*

Prepared for the Royal Ottawa Health Care Group and its Steering Committee partners:

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- Canadian Mental Health Association Champlain East
- Canadian Mental Health Association Ottawa
- Champlain Local Health Integration Network
- Hôpital Montfort
- Lanark Community Mental Health Centre
- Lanark Health and Community Services
- Ministry of Child & Youth Services/Ministry of Community & Social Services
- Ministry of Education
- Ottawa Withdrawal Management Centre
- Ottawa Salus Corporation
- Réseau des services de santé en français de l'Est de l'Ontario
- The Ottawa Hospital
- Wabano Centre for Aboriginal Health
- Youth Services Bureau

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Forward

This report was prepared by RWS Advisory (RWS) for the Royal Ottawa Health Care Group (The Royal) and its partners. It is a population needs and capacity assessment examining:

- Population needs - the current and expected service demands for Mental Health and Addictions (MH&A) services in the Champlain LHIN and each of its sub-regions; and,
- Service capacity - the resources used to provide MH&A care to residents of Champlain LHIN along with the volume of services these resources deliver.

This report is intended as a ***practical base of facts and analysis for use by Champlain LHIN MH&A service providers and consumers, supporting future planning and action which will enhance access to MH&A care for residents of the Champlain LHIN*** (and where applicable, other clients of programs with broader geographical mandates). It is meant to support and foster greater collaboration across the MH&A continuum of care.

In the course of preparing this report, we were reminded that the science and literature concerning MH&A care is less mature than that for other domains of health care. Examples of unresolved areas in the literature include:

- The connection between prevalence and the appropriate level and structure of care;
- The relationship between MH&A care (the level of care provided and how it is structured and organized) and client outcomes; and
- The identification of jurisdictions representing comprehensive best practice.

Data limitations were also encountered while performing the analyses presented in the report. While these limitations are outlined in Section 2 (Methodology and Interpretation Considerations), it is important to acknowledge that the expenditure and activity data used in the report come exclusively from Ontario Ministry of Health and Long-Term Care (MOHLTC) sources. Because of this, organizations which provide MH&A services but receive no funding from the MOHLTC are excluded from the report's analyses and as a result the information presented in the report underestimates total MH&A-related expenditures and activity.

Notwithstanding these limitations, the MH&A agencies within the Champlain LHIN have a desire to advance the effectiveness, efficiency and integration of care for their served populations. These agencies acknowledge that this report provides a foundation upon which to build, based on the best available knowledge and understanding to date. RWS has used available data sets and analyzed them in accordance with the published literature, highlighting the limitations of these analyses where applicable. In some cases, further study may be needed to both better understand available data, and the specific methods and approaches to care delivery (which may not necessarily be reflected in enough detail in available data sets).

This report is similar to and builds upon work done for the Ontario Shores Centre for Mental Health Sciences in 2010 examining needs and capacity within the Central East LHIN. The methodology and approach used in the Champlain LHIN report differs from that of the Ontario Shores report primarily in the following ways:

- Expenditure and activity data in this report have been updated to include 2010/11 fiscal year data;
- Children's Treatment Centres and Community Support Services are included in this report;
- Ontario Health Insurance Plan (OHIP) Physician billing data and Emergency Department activity data are presented in this report;
- Prevalence calculations and estimates of affected individuals have been updated to reflect new MH&A

research studies published since the Ontario Shores report was produced, to reflect new Ontario Ministry of Finance population projections for the province, and to consider additional special populations (e.g. Francophones and dual diagnosis); and,

- The continuum of care used in this report is a modified version of the Champlain Mental Health Network's (CMHN) *Programs and Services Map* (December 2008), while the Ontario Shores report used a continuum of care based on the categories developed by the former Calgary Health Region in Alberta, Canada (Mental Health Services Three Year Plan 2005-2008, September 30, 2005, pgs II.7 - II.8).

The main body of this report sets out the results of key analyses, associated high-level conclusions, and the principal challenges and opportunities indicated by these analyses. Additional details about the methodologies used in the analyses are presented in the Appendices.

Special thanks and acknowledgements are extended to the following individuals for their advice and assistance in developing this report:

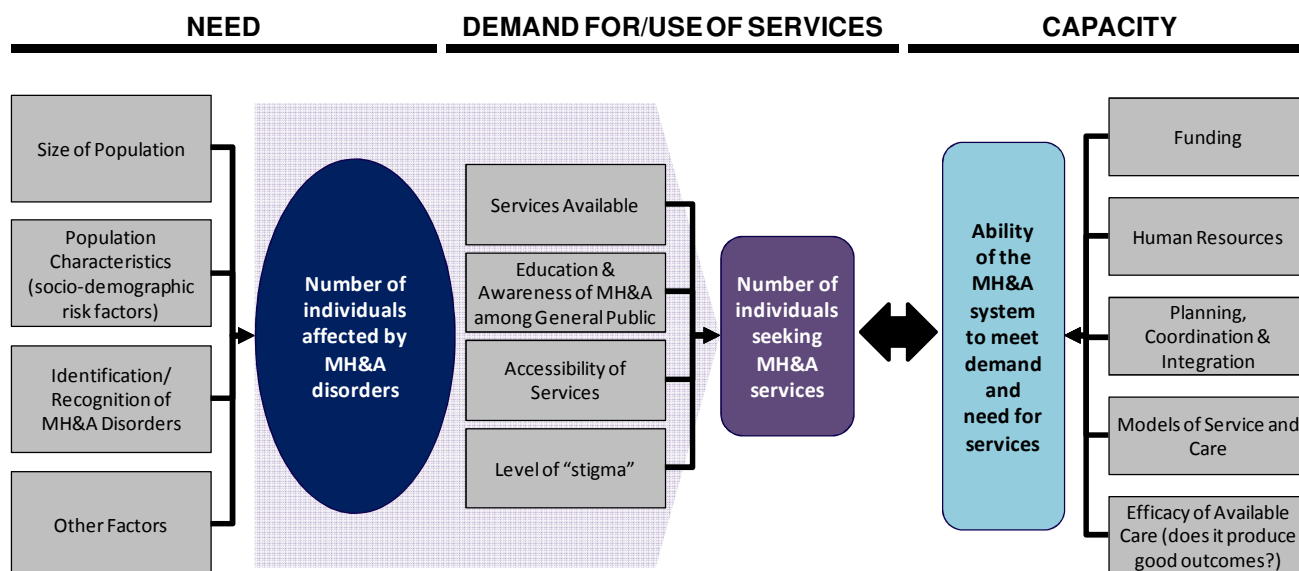
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Executive Summary

The *Mental Health & Addictions Needs & Capacity Assessment: For the Champlain Local Health Integration Region* (“the NCA” or “the report”) was commissioned by the Royal Ottawa Health Care Group (The Royal) on behalf of the Champlain Local Health Integration Network (LHIN) to look at the number of individuals affected by Mental Health & Addiction (MH&A) disorders, the MH&A-related services currently provided by different organizations within the LHIN and whether there are unmet needs for MH&A services (or more MH&A services than are needed). The report is meant to provide a common set of facts for all service providers in the LHIN to use while they are planning, improving or making decisions about MH&A services.

The relationship among need, demand for/use of services and capacity is complex (Exhibit ES-1). Focusing first on providing an overview of MH&A needs and capacity within the Champlain LHIN, the analyses in the report are a starting point. They begin to answer some questions about MH&A within the LHIN, but also generate new questions that need further analyses, review or need improvements in data collection to fully answer.

Exhibit ES-1. Factors affecting need, demand/use and capacity for MH&A services



Most of the information presented in the report comes from data collected by the Ontario Ministry of Health and Long Term Care (MOHLTC) or from research studies published in scientific and medical journals. While a lot of information is available, there is still information missing about MH&A services in Ontario and the Champlain LHIN. Information missing from the report includes dollars spent on MH&A services (and the number of services provided to patients/clients using those dollars) where the dollars are spent by service providers that do not get funding from the MOHLTC. This includes service providers receiving funding from the Ministries of Education, Community and Social Services, Children and Youth Services and the Attorney General (but don't get funding from MOHLTC). Information is also missing on the Champlain LHIN's aboriginal and francophone populations, in particular around the MH&A services provided to these populations. Some important things to remember while reading the report's findings or the report itself are outlined in Exhibit ES-1. Additional details on the methodology used in the report and implications for interpreting results can be found in Section 2 of the main report.

Exhibit ES-2. Methodology Notes, Assumptions and Implications for Interpreting Results

Methodology Notes & Assumptions	Implications for Interpreting Results
Prevalence Rates for MH&A Disorders and Numbers of Individuals Affected by MH&A	
<ul style="list-style-type: none"> Prevalence rates are calculated based on: <ul style="list-style-type: none"> Disorder prevalence rates from selected published literature Known, selected socio-demographic characteristics from selected published literature shown to be associated with increased risk of MH&A disorders Jurisdiction-specific population estimates (current and future projections) and socio-demographic characteristics 	
<ul style="list-style-type: none"> Affected individual estimates excludes those aged ≤ 10 (data unavailable) 	<ul style="list-style-type: none"> Understates number of individuals affected by MH&A
<ul style="list-style-type: none"> Not all disorders are included in total MH&A numbers (e.g. gambling, dual diagnosis) (data unavailable) 	<ul style="list-style-type: none"> Understates number of individuals affected by MH&A
<ul style="list-style-type: none"> Assumes the same number of people in each age year between ages 15-19 (detailed data unavailable) 	<ul style="list-style-type: none"> May over or understate number of individuals affected by MH&A
<ul style="list-style-type: none"> Population socio-demographic characteristics (e.g. education levels, marital status, etc.) are assumed to stay the same from the 2006 census through to 2020 (unable to reliably predict future population characteristics) 	<ul style="list-style-type: none"> May over or understate estimates of number affected in future years
MH&A Expenditures and Activity	
<ul style="list-style-type: none"> Agencies providing MH&A-related services but receiving no funding from the MOHLTC are excluded from the analyses; some expenditures & activity funded by non-MOHLTC sources are included where this funding is provided to agencies falling under MOHLTC jurisdiction 	<ul style="list-style-type: none"> Understates total expenditures and activity for MH&A
<ul style="list-style-type: none"> Language spoken by patients is not available within datasets used in the analyses (data unavailable) 	<ul style="list-style-type: none"> Unable to perform French-language specific analyses of expenditures and activity
By Geography <ul style="list-style-type: none"> Expenditures and activity are assigned to geographies (e.g. LHINs, CHLHIN sub-regions) based on the primary location of each institution and are not based on the residence of clients/patients 	<ul style="list-style-type: none"> Expenditures and activity may be over or understated in specific geographies if catchment areas span more than one geography
MH&A vs. non-MH&A <ul style="list-style-type: none"> Expenditures and activity in each functional centre (FC) within each institution type was assigned as MH&A only if it could clearly be identified as being associated with MH&A services 	<ul style="list-style-type: none"> Understates expenditures and activity for MH&A services reported in blended FCs (where MH&A and non-MH&A services may be reported together)

Methodology Notes & Assumptions	Implications for Interpreting Results
Continuum of care <ul style="list-style-type: none"> Expenditures and activity in each MH&A-related FC was assigned to one part (and only one part) of the MH&A continuum of care 	<ul style="list-style-type: none"> May over or understate expenditures and activity where FCs include services from other parts of the continuum
Organization Type <ul style="list-style-type: none"> Organizations are assigned to one of four organization types: Specialty Psychiatric, Hospital, Community and, Children’s Treatment Centre 	<ul style="list-style-type: none"> “Community” here refers to the type of organization providing services, and not the type of service provided Specialty Psychiatric and Hospital organizations may provide community MH&A services (e.g. Housing or Residential services, ACT Teams)
Human Resources Analyses	
<ul style="list-style-type: none"> Assumptions are the same as those for MH&A Expenditures and Activity, plus: <ul style="list-style-type: none"> Many organizations report MH&A & non-MH&A professionals in the same FC – these FCs are excluded from the analyses Where FC has ≤5 FTEs, the dataset suppresses values to comply with Privacy Legislation; when this occurs, a value of 0 is used to estimate minimum FTEs and a value of 5 is used to estimate maximum FTEs 	<ul style="list-style-type: none"> Understates FTE estimates Estimates are understated in for minimum FTEs and overstated for maximum FTEs
Physician Activity	
<ul style="list-style-type: none"> Billings for Physicians who do fee-for-service billings through OHIP are included in the Physician Activity analyses while activity and costs of salaried Physicians is excluded. Activity and costs of salaried Physicians are reflected in the Expenditure and Activity analyses. 	<ul style="list-style-type: none"> Physician Activity section understates total physician activity
<ul style="list-style-type: none"> OHIP data presented in this report reflects visits made to Champlain LHIN-based physicians, regardless of patient’s location of residence 	<ul style="list-style-type: none"> Results reflect physician activity in the CHLHIN. Results exclude visits to physicians that residents of the CHLHIN make to physicians located in other LHINs.
Emergency Department Activity	
<ul style="list-style-type: none"> Reflects all Emergency Department (ED) activity for the fiscal year 2010/11 for hospitals within the Champlain LHIN, regardless of patient’s location of residence 	<ul style="list-style-type: none"> Results reflect ED activity for facilities submitting NACRS data. The results exclude ED visits that CHLHIN residents make to EDs outside of the CHLHIN.

Key Findings

1) The Champlain LHIN has a large and growing population of individuals affected by MH&A disorders

- An estimated 195,413 individuals affected by MH&A disorders (excluding gambling and dual diagnosis) live within the LHIN, the 5th largest population of MH&A affected individuals in the province (Exhibit 4-1)
- The most common MH&A disorders among Champlain LHIN adults are Anxiety Disorders, Behavioural Disorders and Substance Use Disorders, with Disruptive Disorders, Anxiety Disorders and Substance Use Disorders the most common among adolescents (Exhibit 4-3). These are also the most common MH&A disorders for Francophone adults and adolescents (Exhibit 7-2)
- The Champlain LHIN population will grow at approximately the same rate as the Ontario population between 2010 and 2020 (12.9% for Champlain and 12.7% for Ontario) (Section 3.3)
- The seniors population (those aged 65+), although currently the smallest population in numbers within the Champlain LHIN, is forecast to grow the fastest between 2010 and 2020 (Exhibit 3-4)
- The three Ottawa sub-regions currently have the largest populations in numbers and are expected to grow the fastest between 2010 and 2020, increasing by 16-17% (Exhibit 3-6)
- The number individuals affected by MH&A disorders is expected to grow by 15.5% or approximately 30,000 individuals between 2010 and 2020 (Exhibit 4-19)
- The number of adults affected by specific MH&A disorders will grow 10-14% between 2010 and 2020, except for Dementia which will grow by 37.6%; the number of adolescents affected by MH&A disorders is expected to shrink by 3.2% (Exhibit 4-20)

2) The Champlain LHIN spends more than \$182.3 million annually on MH&A services, spending more per MH&A affected individual than the provincial average

- 7.4% (\$182.3 million) of health expenditures in the Champlain LHIN are spent on MH&A services (Exhibit 4-6), which excludes an estimated additional \$40.8 million spent on Physician billings (Section 8.2) and an unknown amount of dollars associated with 22,123 ED visits (Exhibit 8-10)
- More of these MH&A dollars are spent by hospitals (43.9%) and fewer dollars are spent by Community agencies (22.5%) than the Ontario average (33.9% for hospitals and 32.3% for Community agencies) (Exhibit 4-8)
- Per individual affected by an MH&A disorder, the Champlain LHIN spends \$933 - \$80 more per affected individual than the Ontario average of \$853 (Exhibit 4-13)

3) There is a lot of variation among LHINs in how and where they spend their MH&A dollars

- The proportion of MH&A spending along the continuum of care among LHIN ranges from 7.0% - 23.8% for “First Line – Supports, Treatment & Outreach”, 23.2% - 55.5% for “Intensive Level Services” and 25.8% - 59.3% for “Specialized” services (Exhibit 6-1)
- Within LHINs, hospitals account for anywhere from 22.0% - 51.9% of MH&A expenditures while community agencies account for 18.9% - 58% of expenditures (Exhibit 4-8)

4) There do appear to be service gaps in comparison to other LHINs or for certain populations

- A small number of individuals access the Champlain LHIN health system for MH&A-related conditions more often (or for longer) than others
 - 3,116 people saw 4 or more physicians for a MH&A-related issue in 2009/10, with 196 people seeing 11-25 physicians and 32 people seeing 26 or more physicians (Exhibit 8-9)

- 215 people had 6 or more MH&A-related ED visits in 2010/11, with 41 people having 11-20 ED visits and 19 people have 21 or more ED visits (Exhibit 8-17)
- The Champlain LHIN spends less per affected individual on Entry, Supports, First Line – Prevention & Capacity Building and Specialized services than the Ontario average (Exhibit 6-16)
 - MH&A-related ED visits tend to have longer average lengths of stays (6.6 hours for MH and 6.16 hours for Substance Use) in the ED than non-MH&A visits (4.44 hours) (Exhibit 8-13)

Summary

Given the findings described above, along with the limitations in available data and the Ontario government's fiscal direction and recently released *Action Plan For HealthCare*, a number of recommended next steps are identified. These next steps are grouped into four main strategies:

1) Begin filling known information gaps

- Develop accurate population profiles of selected sub-populations
- Assess existing MH&A service capacity for selected sub-populations
- Obtain comparator information for analyses where this information was not available for presentation in this report (e.g. physician activity and emergency department activity)
- Investigate the best ways to fill information gaps related to MH&A agencies which are not funded by the MOHLTC
- Perform additional analyses on selected priority or special populations

2) Act on information currently available

- Explore possible areas of service duplication, alternative modes of service delivery and other options to improve use of available resources
- Improve linkages with General Practitioners and Paediatricians
- Examine the need to increase investments in earlier parts of the continuum of care and in the "Specialized" part of the continuum
- Further understand the "high users" of the system (the small numbers of patients/clients with high levels of physician and emergency department use)

3) Understand the patient/client journey

- Map the patient/client journey (including developing a common language if needed)
- Understand how the system lets MH&A patients/clients/families know what steps to take, when and how when entering and navigating the MH&A system
- Use information gathered in mapping the patient/client journey to improve and re-design the MH&A system

4) Build the evidence base

- Develop and short and long term outcomes for evaluating system performance
- Develop and implement a research strategy focusing on delivery models and outcomes
- Develop a strategy and processes for spreading best practices through the MH&A system

Each of the recommended next steps under these strategies are aimed at building upon existing knowledge and data, and moving the MH&A system within the Champlain LHIN forward.

1. Background & Context

The Mental Health & Addictions Population Needs and Service Capacity Steering Committee (“the Steering Committee”) of the Champlain LHIN was established in 2011 to create a body of quantitative data that could:

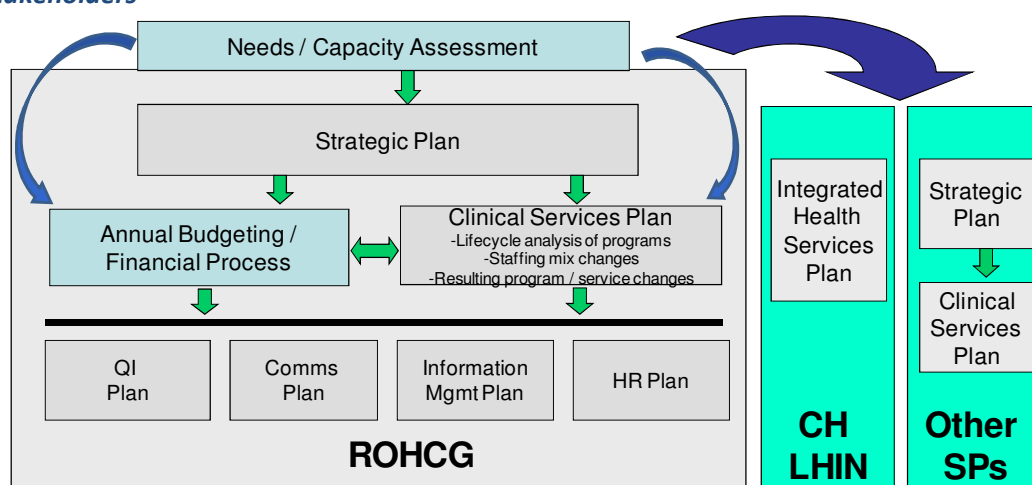
- Provide an epidemiological framework of need for Mental Health & Addictions (MH&A) services;
- Support development of new capacity;
- Drive evolution or reallocation of existing capacity;
- Identify integration and collaboration priorities;
- Provide a basis for requests for new funding for true capacity gaps;
- Inform current and future planning and funding activities; and,
- Begin to identify service providers’ changing human resources needs.

With these aims in mind, the Royal Ottawa Health Care Group (The Royal) commissioned and led a Needs and Capacity Assessment (NCA) on behalf of the Champlain LHIN to examine:

- The prevalence rates of MH&A disorders;
- The current capacity of funded service providers to meet the needs of those affected with MH&A disorders; and,
- Any service gaps or over-capacity within key demographic categories and LHIN sub-regions.

The Steering Committee guided the development of the NCA, providing input and advice on the methodology, development process and draft reports. The ***NCA is intended to provide a common, data-based foundation to inform strategic and clinical services planning processes within the LHIN and with which all stakeholders, service providers and the LHIN can make service capacity and other decisions*** (see Exhibit 1-1).

Exhibit 1-1: Mental Health & Addictions Needs & Capacity Assessment and the planning process for The Royal and other stakeholders

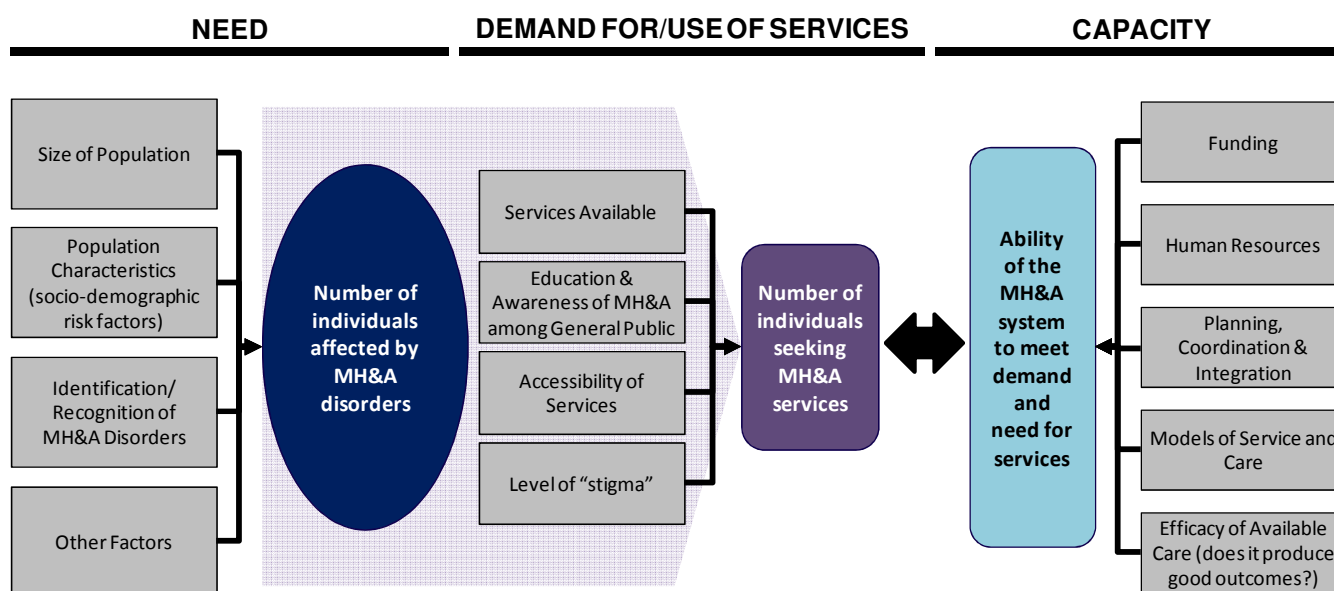


The Royal will use the NCA to inform its strategic planning process as well as clinical services and a number of other key internal planning processes. The Champlain LHIN will use the NCA to inform its health services planning and it is hoped that other service providers in the LHIN will also consult this data in planning and evolving their service delivery.

2. Methodology & Interpretation Considerations

Need and capacity for health services are influenced by a variety of factors. This is especially the case within MH&A as need and capacity can change over time as new disorders are identified, behaviours previously considered disorders are no longer considered as such, education increases awareness of MH&A and available services, population sizes and characteristics change, among other factors (Exhibit 2-1).

Exhibit 2-1. Factors affecting need, demand/use and capacity for MH&A services



The interrelationship between need, demand for/use of services and capacity is complex. The analyses presented in this report are a starting point for examining MH&A needs and capacity within the Champlain LHIN: they begin to answer some questions regarding MH&A within the LHIN, but also generate additional questions which require further analyses and review or need improvements in data collection in order to fully understand and answer.

This report uses two primary methodologies to look at needs and capacity: one for estimating the number individuals affected by MH&A conditions and one for assessing MH&A-related expenditures and activity. There are also three supplementary analyses included in the report which provide additional information on expenditures and/or activity. Each of these methodologies is described below along with items for consideration in interpreting the results of the analyses presented later in the report.

2.1 Estimating Individuals Affected by Mental Health & Addiction Disorders

Methodology Overview

The number of individuals affected by MH&A disorders is estimated for the province of Ontario, for each of Ontario's 14 LHINs and for each sub-region within the Champlain LHIN. For each of these geographies, the number of individuals affected by MH&A disorders is calculated by:

- 1) Identifying prevalence rates for different MH&A disorders from published studies;
- 2) Identifying population characteristics shown to be associated with increased/decreased risk of MH&A disorders (known as "correlates") from published studies; and,
- 3) Applying the prevalence rates and correlates found in published studies to the geography's population.

Identifying prevalence rates

Prevalence rates for different types of MH&A disorders were identified through an extensive search of literature published since January 1, 2001¹. The primary analyses on prevalence and number of MH&A affected individuals contained within this report include a variety of mood disorders, anxiety disorders, behavioural disorders, schizophrenia, dementia and substance use disorders. Where the current report refers to "All MH&A Disorders", prevalence rates or estimates of individuals affected refer to those suffering from these disorders only. Those suffering only from other disorders, most notably non-substance addictions (e.g. gambling) and dual diagnosis are not included in references to "All MH&A Disorders". Estimates of those affected by dual diagnosis are calculated separately, and results of these dual diagnosis calculations are presented in Section 7.3.

For many MH&A disorders, more than one published study with prevalence rates was found. When more than one study was found for a disorder, Ontario or Canada-specific prevalence data were used if they were available. Where Ontario or Canada-specific data were not available, a median (the middle value between the highest and lowest values) of the reported prevalence rates in developed nations² was used. For a list of disorders considered, and the prevalence rates identified and used to estimate the number of individuals affected by MH&A disorders, see Exhibit A-2 in Appendix A.

For the child and adolescent population, prevalence rates were found in the literature only for the 10-17 age group. As a result, the number of children under the age of 10 affected by MH&A disorders was not calculated.

Identifying population characteristics associated with MH&A disorders

Population characteristics associated with higher/lower risk of MH&A disorders (called "correlates") were identified primarily from two studies found during the prevalence rate literature search³. Using the data in this

¹ Additionally, a study conducted in Ontario (and published in 1998) was also included based on input obtained during the Ontario Shores Needs and Capacity Assessment

² Studies included were conducted in the United States, nations within Western Europe, Australia or New Zealand.

³ These studies were:

- Kessler, Ronald C., et al. "The Prevalence and Correlates of Nonaffective Psychosis in the National Comorbidity Survey Replication (NCS-R)." *Journal of Biological Psychiatry* 58 (2005): 668-676.

study, prevalence rates for adult MH&A disorders were adjusted for age, gender, marital status, education level, family income, employment status, and urbanicity^{4,5}. Other population characteristics were not factored into prevalence calculations (e.g. homelessness or housing status) as the literature search did not identify similar, useable correlation values that could be applied in the calculation methodology.

Useable correlates were not found in the literature for children and adolescents and as a result adjustments were not made to account for population characteristics in this population. Analyses for dementia and dual diagnosis also did not consider population characteristics. In these cases, the identified prevalence rates were applied directly to total population estimates for the appropriate age groups.

Applying prevalence rates and correlates to populations

Prevalence rates for each geography analysed in this report were calculated using the MH&A prevalence rates for each disorder found in the literature as a starting point. These prevalence rates were adjusted to reflect each geography's population characteristics related to the MH&A correlates identified in the literature (i.e. age, gender, marital status, education level, family income, employment status and urbanicity). This resulted in individual prevalence rates for each MH&A disorder for the province of Ontario as a whole, each LHIN, and each Champlain LHIN sub-region.

The estimated number of individuals affected by each MH&A disorder for each geography was calculated by multiplying the specific prevalence rate for a disorder for each geography by the expected total population within that same geography. Population numbers for each geography were obtained from Statistics Canada data for the 2006 year and from the Ontario Ministry of Finance for all years after 2006. For adults (those aged 18+), the expected total population used in this calculation was the total population aged 18+, with the exception of Dementia, for which the total population aged 55+ was used. For children and adolescents (those aged 10-17), the expected total population used in the calculations was the total population aged 10-17. Because the Statistics Canada and Ministry of Finance population information used in these calculations grouped populations into 5 year age groups, the population data for the 15-19 age group had to be split in order to match the age range for the prevalence rates (which focused on those aged 10-17). To do this, it was assumed that there was an even distribution of people across each year age in the 15-19 group (i.e. the number of people aged 15 was equal to the number of people aged 16, which was equal to the number of people aged 17, which was equal to the number of people aged 18, which was equal to the number of people aged 19).

The total number of individuals affected by MH&A is estimated as the sum of the estimates for adolescent disorders, dementia, schizophrenia, and the combined estimate of adult mood, anxiety and substance use disorders, with an adjustment factor to account for individuals who may suffer from more than one MH&A disorder at once. As a result, the total number of affected individuals is lower than the sum of the number of

-
- Kessler, Ronald C., Wai Tat Chiu, Olga Demler, and Ellen E. Walters. "Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry* 62 (2005): 617-627.

⁴See Appendix A.2 to A.3 for further methodology details on prevalence rate adjustments.

⁵ The proportion of the population in each socio-demographic category for all factors other than age were assumed to be the same as in the 2006 census for all years assessed. Prevalence rate adjustments based on age were conducted independently for each year assessed based on Ontario Ministry of Finance population estimates (<http://www.fin.gov.on.ca/en/economy/demographics/projections/>)

individuals affected by each specific disorder type. Furthermore, as estimates of affected individuals in each region and sub-region is estimated independently based on its own socio-demographic data, the estimated affected population for any MH&A disorder within a given region (e.g. Champlain LHIN) may differ slightly from the sum of the estimated affected populations of its component sub-regions (e.g. the sum of affected populations in Ottawa Central, Ottawa East, Ottawa West, Eastern Counties, North Lanark, North Grenville and Renfrew County) due to the effect of rounding. For a more detailed description of the methodology, see Appendix A.

Estimates of the number of individuals affected with MH&A disorders within the Francophone population

Within the report development timeframes and with the readily accessible data available, it was not possible to obtain all of the socio-economic measures for the Francophone population needed to calculate Francophone-specific MH&A prevalence rates and estimated numbers of individuals affected by MH&A disorders – at least not in the same way that prevalence and estimated numbers of MH&A-affected individuals was calculated for the general population. Instead, the number of individuals affected by MH&A disorders in the Champlain LHIN Francophone population was estimated by:

- 1) Taking the estimates of individuals affected by MH&A disorders for each Champlain LHIN sub-region
- 2) Multiplying the number of individuals affected in each sub-region by the percent of Francophones residing within that sub-region
- 3) Summing the number of Francophone individuals affected in each sub-region to estimate the total number of Francophones affected by MH&A disorders in the Champlain LHIN.

Estimates of the number of Francophones affected by MH&A disorders in other LHINs were calculated in a similar fashion (using LHIN total population and percent of Francophones for the LHIN as a whole instead of using LHIN sub-regions).

Estimates of the number of individuals affected with MH&A disorders within the Aboriginal population

Within the report development timeframes and with the readily accessible data available, it was not possible to calculate Aboriginal-specific MH&A prevalence rates and estimated numbers of individuals affected by MH&A disorders. In particular, accurate, accepted population information for Canadian Aboriginals from the Government of Canada census is limited due to non-participation and incomplete enumeration⁶. As a result, even with some information on MH&A prevalence within the Aboriginal population, the validity of the available Aboriginal population numbers was such that reasonable estimates of the number of Aboriginals affected by MH&A disorders could not be calculated.

Interpretation Considerations

In reviewing and interpreting the results of the calculations described above, which estimate the number of individuals affected by MH&A disorders, it is important to keep in mind the following considerations:

⁶ An estimated 54,000 aboriginal people were estimated to reside in Ontario communities that didn't take part or weren't completely enumerated in the 2006 Census. Ontario Ministry of Aboriginal Affairs
<http://www.aboriginalaffairs.gov.on.ca/english/services/datasheets/aboriginal.asp>.

- Estimated numbers of individuals affected by “All MH&A Disorders” are understated as they exclude individuals aged 10 and under suffering from MH&A disorders, and those suffering from disorders not included in the analyses (most notably gambling addictions and dual diagnosis);
- Estimates of the number of children and adolescents aged 10-17 affected by MH&A disorders may be over or understated as a result of the assumption that the population aged 15-19 identified in census and population project data is evenly spread among each of the age-years in that group;
- Estimated numbers of MH&A affected individuals in future years (e.g. 2010, 2013, 2020) are based on the assumption that population characteristics for correlates (e.g. family income, education level, etc.) reflect 2006 levels (i.e. if a geography has 30% of its population with a level of education below that of a college diploma in 2006, it is assumed that the geography will have 30% of its population with an education level below that of a college diploma in 2010, 2013, 2020)
 - This assumption may over/understate the number of affected individuals in a given geography depending on how these MH&A correlated population characteristics have changed since the 2006 Census or will change in the future
 - Attempts were not made to predict how these MH&A correlated population characteristics might change over time due to the complexity of such predictions and the difficulty in establishing reasonable and defensible assumptions regarding future changes (or not) in these characteristics.
- Estimates of the number of individuals affected by MH&A disorders within the Francophone population assume that the socio-demographic characteristics of this population are the same as those of the general population. This may over/understate the number of affected Francophone individuals depending on how different the Francophone population’s socio-demographic profile is from the general population.

2.2 Assessing Mental Health & Addictions Expenditures and Activity

Methodology Overview

MH&A expenditures and activity were examined using 2007/08 through 2010/11 fiscal year data from the Ontario Ministry of Health and Long-Term Care (MOHLTC) Health Data Branch’s Healthcare Indicator Tool (HIT). HIT data reflect aggregated results and calculations using the Ontario Healthcare Reporting Standards (OHRS) data submissions MOHLTC-funded provider organizations must provide to the MOHLTC. This means that the raw OHRS submission data was not used in the analyses discussed in this report; instead, the summary results of these data submission, as they are presented in HIT are used. HIT data from the following health sectors was used in the expenditure and activity analyses:

- Children’s Treatment Centres (CTCs);
- Community Care Access Centres (CCACs);
- Community Mental Health & Addictions (CM&A);
- Community Support Services (CSS); and,
- Hospitals (including Specialty Psychiatric Facilities).

The HIT data sets reflect expenditures and activities for:

- MOHLTC-funded organizations and programs; and,

- Programs funded by non-MOHLTC sources where the providing organization is also funded primarily by the MOHLTC.

It is important to note that ***agencies that provide MH&A-related services, but receive no funding from the MOHLTC are excluded from the expenditure and activity analyses.*** Standardized and consistently reported data sets containing both expenditure and associated activity information for non-MOHLTC funded agencies is difficult to obtain (if it exists at all) and as a result, the analyses contained within this report reflect a conservative estimate (i.e. lower bound) of total MH&A expenditure and activity. HIT data also excludes Ontario Health Insurance Plan (OHIP) -funded physician billings. OHIP-funded physician billing information presented in this report was obtained through a separate database, and is presented in a separate analysis.

In performing the expenditure and activity analyses presented in this report, HIT data was classified into a number of different categories. The three primary classifications used in the report are:

- Geography;
- MH&A/non-MH&A; and,
- Continuum of care.

Attempts were made to identify expenditures and activity related to MH&A services provided to the Francophone population. However several challenges combined together prevent the calculation of reasonable expenditure and activity estimates for French language MH&A services:

- Facilities deemed as “designated” under the Ontario French Language Services Act to provide services in French also provide services to non-Francophones;
- Francophones receive MH&A services from facilities other than those deemed “designated” under the French Language Services Act; and,
- Data sets used in preparing this report contain no information regarding the language spoken by patients receiving services.

As a result, it is not possible with currently available, standardized datasets to isolate the expenditures and activity associated with French language MH&A services.

Attempts were also made to identify expenditures and activity related to MH&A services provided to the Aboriginal population. As with the Francophone population, several challenges combined together prevent the calculation of reasonable expenditure and activity estimates for Aboriginal MH&A services:

- Aboriginal health organizations tend to view illness from a holistic perspective and may not differentiate MH&A services from other services in the way non-Aboriginal health organizations do in their reporting to the MOHLTC;
- Aboriginals receive MH&A services from non-Aboriginal health organizations as well as Aboriginal health organizations; and,
- Data sets used in preparing this report contain no information regarding the ethnicity or Aboriginal status of patients receiving services.

As a result, it is not possible with currently available, standardized datasets to isolate the expenditures and activity associated with Aboriginal MH&A services.

It is important to note that because of the lack of available information on MH&A-related outcomes, the relationship between outcomes and how and where care is provided, and “best practice” jurisdictions, a

“benchmarking” approach is used to compare the Champlain LHIN with other LHINs in Ontario. This approach compares expenditures and activity among LHINs on a “per affected individual basis” (i.e. expenditures and activity per individual affected by MH&A disorders), essentially dividing expenditures and activity for each LHIN by the number of individuals affected by MH&A disorders in each LHIN. It compares Champlain’s expenditures and activity per affected individual to that of other LHINs, providing a comparison of Champlain’s results relative to the results of other LHINs, without determining what the “best” or “right” level of results should be (since there is a lack of evidence to suggest what those “best” or “right” levels are).

Geography

HIT data used in this report is already assigned to LHINs based on the MOHLTC’s LHIN assignments. The MOHLTC generally assigns an organization to a LHIN based on where an organization’s head office is physically located, and it is this LHIN with which an organization enters into annual Service Accountability Agreements. For most organizations, the LHIN to which they are assigned in the HIT data reflects the LHIN in which the majority of their patients/clients reside.

There may however be some organizations which serve patients/clients residing in more than one LHIN as a result of their location, organizational mandate or service-specific mandates. Due to the lack of available information describing where patients/residents of each organization reside, an allocation of expenditures and volumes from the organization’s assigned LHIN to the LHIN in which patients/residents reside was not performed for this report.

Champlain LHIN classifications⁷ were used as the primary source of information to assign Champlain LHIN organizations to Champlain sub-regions (e.g. Renfrew County, Ottawa East, etc.), supplemented by cross-checks against individual organizations’ websites if necessary (e.g. when an organization was assigned to two different sub-regions in two different documents on the Champlain LHIN website). If an organization has a clear mandate to provide services for the entire LHIN, then that organization was designated as “LHIN-wide” (e.g. Champlain CCAC). Two organizations within the Champlain LHIN could not be assigned to a specific sub-region due to difficulties in matching the name of the organization, as shown in the HIT data, with available lists of organizations on the Champlain LHIN website or through a search for the organizations’ websites. These organizations were classified into a sub-region of “Unknown”, although there were no reported MH&A expenditures or activities for either of these organizations.

Because there are several organizations within the Ottawa sub-regions which likely provide services to more than one Ottawa sub-region because of the urban nature of these regions, some of the analyses presented in this report may collapse the three Ottawa sub-regions into a single region. Due to the lack of information available on where the patients/clients of these organizations reside, it was not possible to develop reasonable assumptions with which to allocate expenditures and activity for these organizations to individual Ottawa sub-regions.

MH&A/non-MH&A

Since HIT data contains expenditure and activity information for many different types of health services, it was

⁷ as identified on the Champlain LHIN’s website,
<http://www.champlainlhin.on.ca/WorkArea/linkit.aspx?LinkIdentifier=id&ItemID=2630> and
http://www.champlainlhin.on.ca/getconnectedwithcare.aspx?ekmensele2f22c9a_72_198_btnlink

necessary to isolate those expenditures and activity related specifically to MH&A services. This was done by reviewing each functional centre⁸ within HIT and determining whether the expenditures and activity reported for it could clearly be identified as being associated with MH&A services. In a few cases a functional centre was deemed to be MH&A-related in some types of organizations, but non-MH&A-related in other types of organizations (e.g. a Case Management functional centre in a Community Mental Health & Addictions agency is classified as MH&A-related, but is classified as non-MH&A-related in a Community Support Services agency since it is not possible to determine whether the Community Support Services agency is providing MH&A services only, non-MH&A services only, or a combination of MH&A and non-MH&A services).

In a similar vein, it is important to note that some provider organizations offer both MH&A and non-MH&A services and programs (e.g. acute care community hospitals). In the process of reporting expenditure and activity data to the MOHLTC, organizations may report (by choice or by virtue of reporting requirements and frameworks) MH&A and non-MH&A services information blended together in a single functional centre. It is not possible to reliably and consistently identify what portion of such blended functional centres is used to provide MH&A services, and as a result, functional centres which cannot be clearly identified as providing MH&A services are excluded from the analyses in this report. The list of functional centres used in the analyses and their associated designation as MH&A-related or non-MH&A is provided in Appendix C.

Continuum of care

To gain further understanding of how and where MH&A services are delivered, this report examines the types of MH&A services provided and where they fit within a continuum of MH&A care. The continuum of care used in this report, shown in Exhibit 2-2, is a modified version of the Champlain Mental Health Network's *Programs and Services System Map* (updated December 2008), and breaks down MH&A services into discrete categories. These discrete categories were used to classify MH&A-related expenditures and activity, so that initial data analyses could proceed at a high level, within a logical framework. In classifying the HIT expenditures and activity data into parts of the continuum of care, each MH&A-related MOHLTC HIT functional centre was reviewed and assigned to one part (and only one part) of the continuum. Exhibit 2-2 provides a brief summary of the functional centre names assigned to each part of the continuum; the full list of functional centre names and numbers and how they are mapped to the continuum of MH&A care is provided in Appendix C.

Interpretation Considerations

In reviewing and assessing the results of the expenditure and activity analyses presented in this report is important to keep in mind the following considerations:

- The expenditures and activity presented in this report reflect those reported through the MOHLTC's OHRS and will exclude those organizations providing MH&A services but which receive no funding from the MOHLTC. This means that expenditures and associated activity funded by the Ministry of Community and Social Services, Ministry of Children and Youth Services, Ministry of Education, Ministry of the Attorney General or other sources are excluded from these analyses where the organizations

⁸ Functional centres are subdivisions of an organization which are used for recording and reporting expenses, revenues, and statistics. They tend to reflect the core functions or purposes which different departments in an organization perform (e.g. administrative functions like Finance, Health Records, Human Resources, etc. tend to have their own distinct functional centres, as do different types of patient/client care services like inpatient units, outpatient clinics and community programs). The MOHLTC has guidelines and frameworks defining different types of functional centres and what should be reported in them, providing some degree of consistency and comparability across organizations (although it is not perfect).

receiving this funding are not receiving funding from the MOHLTC. As a result, the information presented underestimates total MH&A related expenditures and activity.

- Provider organizations are assigned to LHINs based on current MOHLTC classifications and, in the case of Champlain LHIN providers, are assigned to Champlain LHIN sub-regions based on current LHIN classifications where available (exceptions to this rule are noted in the body of this report). This may result in overstating expenditures and activities for some LHINs or Champlain sub-regions and understating for other LHINs or Champlain sub-regions. The assignment of provider organizations to LHINs and/or LHIN sub-regions used in this report is provided in Appendix B.
- Provider organizations may temporarily or permanently transfer responsibility for the provision of specific services (and therefore associated funding, expenditures and activity) to another organization during the course of a year. Adjustments are not made in the data to account for these transfers. This may create instances where expenditures and activity for a service are reported in one LHIN or Champlain LHIN sub-region in one fiscal year, and in a different LHIN or Champlain LHIN sub-region in the next fiscal year (if the program transfer involves organizations in different LHINs or Champlain LHIN sub-regions).
- There are instances where organizations may report (by choice or by virtue of reporting requirements and frameworks) MH&A and non-MH&A services information blended together in a single functional centre. Where a functional centre cannot be clearly identified as providing MH&A services specifically, it is excluded from the analyses in this report. As a result, MH&A expenditures and activity are likely understated in this report. The list of functional centres used in the analyses and their associated designation as MH&A-related or non-MH&A is provided in Appendix C.
- Reported provider organization data may not reflect the nuances of MH&A service delivery structures and models. Although provider organizations report HIT data using a standard reporting structure and framework, the reported data does not always reflect the finer details about the types of programs and services an organization may provide and how it delivers services. An organization could offer several different MH&A services which end up being reported in a single MH&A functional centre. Although the MH&A-related expenditures and activity for that functional centre are accurate, it is possible that the different MH&A services reported in that functional centre may represent different parts of the Continuum of Care.

Additional methodology information, limitations, and inclusions/exclusions are outlined in the sections of the report describing analyses findings.

Exhibit 2-2. MH&A Continuum of Care

Continuum Category & Description	Entry	Supports	First Line: Prevention & Capacity Building	First Line: Supports, Treatment & Outreach	Intensive Level of Services	Specialized	Other Supports
	Entry, Assessm't & Referral	Self-Help, Advocacy & Leadership	Prevention & Capacity Building	Supports, Treatment & Outreach	Entry, Triage, Assessment, Referral, Treatment Coordination & Community Integration	Treatment, Rehabilitation, Support Services, High Level of Coordination, Multidisciplinary Team Approach	Other MH&A related supports not allocated to specific parts of the continuum and/or applicable to multiple parts of the continuum
Service Groupings & Services (based on OHRS Functional Centres)	Information & Referral	Consumer & Family Supports	Mental Health Promotion & Education	ER/Crisis Services	Scheduled Psychiatric Inpatient Services	Assertive Community Treatment	Unallocated Professional Support
	<ul style="list-style-type: none"> Information & Referral 	<ul style="list-style-type: none"> Consumer Survivor Initiatives: <ul style="list-style-type: none"> – Peer/Self Help – Family Initiatives – Alternative Businesses 	<ul style="list-style-type: none"> Community Health Promotion & Education: <ul style="list-style-type: none"> – General* – MH Awareness – MH Women* – Addictions Drug Awareness – Addictions Problem Gambling Awareness – General Geriatric* – Psycho Geriatric – Public Health General** 	<ul style="list-style-type: none"> Crisis Intervention Inpatient Psychiatric Crisis Unit Ambulatory Care Emergency Psychiatric Services/Crisis Intervention MH Home Care – Psychiatric Follow-Up Residential MH Short Term Crisis Support Beds 	<ul style="list-style-type: none"> Inpatient MH – Acute beds 	<ul style="list-style-type: none"> MH Assertive Community Treatment Teams (including Step-Down) 	<ul style="list-style-type: none"> Addictions Counselors Psychology & Psychometry Polysomnography (formerly Sleep Studies) Speech/Language Pathology Community Medical Resources: <ul style="list-style-type: none"> – Psychiatrists – Other Medical Staff*
			Community Development <ul style="list-style-type: none"> MH Community Development Addictions Community Development 	Outreach, Mental Health Counseling & Treatment <ul style="list-style-type: none"> MH Home Care Addictions Home Care Community Clinics/Programs*: <ul style="list-style-type: none"> – Practice – General Clinic – MH Community Clinic – MH Counseling & Treatment <ul style="list-style-type: none"> ▪ Including services related to Community Treatment Orders (except Case Management, which is included under “Intensive Level of Services – Case Management”) ▪ Psychiatric Outreach to the Homeless Community Day/Night Care MH 	Scheduled Ambulatory Outpatient Services <ul style="list-style-type: none"> Ambulatory Day/Night Care – MH&A Ambulatory Clinic – MH&A Ambulatory Clinic – Pediatric Growth & Development* 	Specialized Inpatient Services & Residential Rehabilitation Treatment <ul style="list-style-type: none"> Inpatient Addiction beds Inpatient MH beds for: <ul style="list-style-type: none"> – Child/Adolescent – Forensics – Longer Term Residential Addictions <ul style="list-style-type: none"> – Treatment Services <ul style="list-style-type: none"> ▪ Substance Abuse ▪ Problem Gambling – Supportive Treatment – Housing Bricks & Mortar – Withdrawal Management Centres – Rent Supplement Program 	Staff Education & Research <ul style="list-style-type: none"> Research <ul style="list-style-type: none"> – MH – Addictions <ul style="list-style-type: none"> ▪ Substance Abuse ▪ Problem Gambling – Diagnostic & Therapeutic (General)* – MH&A combined Education <ul style="list-style-type: none"> – Formal Education <ul style="list-style-type: none"> ▪ MH ▪ Addictions ▪ MH&A Combined – Admin & Support Services* – Medical* – Nursing* – In-Service Education
				Case Management <ul style="list-style-type: none"> Community Case Management: <ul style="list-style-type: none"> – General* – MH – Addictions General – Addictions Substance Abuse – Addictions Problem Gambling 	Psychosocial Rehab & Skills Development <ul style="list-style-type: none"> ABI Vocational Training & Education Services ABI Personal Support & Independence Training MH Occupational Therapy MH Vocational Workshops MH Clubhouses MH Social Rehab/Recreation MH Home Care – Psychiatric Rehab 	Specialized Ambulatory/ Outpatient & Community Services <ul style="list-style-type: none"> Community Day/Evening Addictions Treatment ABI Day and Assisted Living Services Community Clinics/Programs <ul style="list-style-type: none"> – Initial Assessment & Treatment Planning – MH <ul style="list-style-type: none"> ▪ Child/Adolescent ▪ Concurrent Disorders ▪ Early Intervention ▪ Forensic ▪ Abuse Services ▪ Eating Disorders ▪ Dual Diagnosis ▪ Psycho-geriatric – Addictions <ul style="list-style-type: none"> ▪ Treatment – Substance Abuse ▪ Treatment – Problem Gambling ▪ Withdrawal Management – Children’s Treatment Centres <ul style="list-style-type: none"> ▪ Child Behaviour Intervention ▪ Infant Development ▪ Head Injury/ABI MH Home Care – Geriatric Psychiatric Assessment Preschool Speech & Language 	
				Diversion & Court Support <ul style="list-style-type: none"> MH Diversion & Court Support 	Dedicated Housing for SMI & Long Term Care <ul style="list-style-type: none"> Residential MH: <ul style="list-style-type: none"> – Support Within Housing – Housing Bricks & Mortar – Rent Supplement Program – Homes for Special Care – Rent Supplement Program 		

LEGEND:

ABI = Acquired Brain Injury

ASD = Autism Spectrum Disorder

MH = Mental Health

MH&A = Mental Health & Addictions

* = when provided by Community MH&A agencies

** = when provided by Community MH&A or Community Support Services agencies

2.3 Additional Information and Analyses

Three additional types of MH&A expenditures and activity information are analysed and presented in this report:

- Human resource information assessing MH&A full time equivalents (FTEs) (i.e. staffing levels);
- Physician activity related to Ontario Health Insurance Plan (OHIP) billings; and,
- Emergency Department activity.

Human Resources

The human resources information presented in this report was obtained from the MOHLTC's HIT data for fiscal years 2007/08 through 2010/11 (the same source used to obtain expenditure and activity data). As a result, the classifications used in analysing human resources information are the same as those used in analysing MH&A expenditures and activity (described in Section 2.2) and the same limitations and interpretation considerations apply. Other interpretation considerations specific to the human resources information are outlined below.

The human resources analyses in this report focus on full time equivalents (FTEs). FTEs are calculated by dividing earned hours by 1950, the expected number of earned hours one full time employee incurs during one fiscal year. As a result, FTEs measure not the number of individuals working, but rather the equivalent number of full time positions an organization used during a year.

Human resources data used in this report primarily enabled an assessment of types and numbers of resources. More detailed information on human resource characteristics (e.g. skill levels, certifications, language(s) spoken, etc.) is either not captured in standardized data sets across the province or was not available through the MOHLTC HIT data set.

Interpretation Considerations

- The OHRS functional centre framework does allow identification of many specific position types (e.g. nurse, social work, etc.) within organizations. This is particularly so in hospitals where non-nursing positions are reported in profession-specific functional centres. However, these profession-specific functional centres are not always aligned with the types of services provided by these professionals (e.g. MH&A, surgical, medical, obstetrical, etc.). Many organizations will report (by choice or because of reporting requirements) MH&A and non-MH&A professionals blended together in the same functional centre. Where functional centres are clearly identified as MH&A-related, they are included in the analyses of this report. Where it is not clear that functional centres are specifically related to the provision of MH&A services, they are excluded from the analyses. As a result, the FTE estimates presented in this report underestimate the actual number of MH&A related human resources.
- HIT data suppresses full time equivalent (FTE) information where a functional centre reports less than 5 FTEs in order to comply with Ontario Freedom of Information directives and prevent individual employee salaries and wages from inadvertent public disclosure. In instances where less than 5 FTEs are reported in a functional centre, the FTE value is replaced with "F.O.I." As a result FTE values presented in this report are presented as estimated ranges of FTEs, with the low end of the range assuming a value of 0 FTEs for every instance that "F.O.I." appears in the data, and the high end of the range assuming a value of 5 FTEs for every instance that "F.O.I." appears in the data.

Physician Activity

Data regarding physician activity was obtained through the Champlain LHIN using the OHIP data tables in the Intellihealth database maintained by the MOHLTC. It reflects MH&A-related OHIP-billed activity for the fiscal year 2009/10 for Physicians located within the Champlain LHIN. The list of OHIP fee schedule codes used in this analysis to isolate MH&A-related activity is based on the list of codes developed by the Hospital Reports Research Collaborative and used in the Mental Health Hospital Reports of 2004 and 2007. This same list of codes was also used in the Physician Visits analysis presented in the 2008 report *Mental Health and Addictions in Ontario LHINs* prepared by the MOHLTC's Health System Intelligence Project. The complete list of MH&A-related codes included in this report's physician activity analyses is presented in Appendix D. Because of the size of the OHIP data set and the data extraction tools and resources available to the Champlain LHIN, comparator information for other LHINs and Ontario as a whole was not available for presentation in this report.

OHIP data used in this report primarily enabled an assessment of volumes and types of physician billings. More detailed information on OHIP-related physician activity (e.g. where service was provided, language of service, patient's language of service, etc.) is either not captured in the OHIP data set or was not available in the data set requested from the Champlain LHIN.

Interpretation Considerations

- Billings for Physicians who do fee-for-service billings through OHIP are included in the analyses while activity and costs of salaried Physicians is excluded (although some shadow billings are included for physicians covered by alternative payment plans). As a result, the analyses presented in this report underestimate physician activity and costs for MH&A-related conditions.
- OHIP data presented in this report reflects visits made to Champlain LHIN-based physicians. This means that visits to Champlain LHIN-based doctors by patients who are not residents of the Champlain LHIN are included in the analyses and while visits made by Champlain LHIN residents to physicians who are not based in the Champlain LHIN are excluded.

Emergency Department Activity

Emergency Department (ED) data was obtained through the Champlain LHIN using the National Ambulatory Care Reporting System (NACRS) data tables in the Intellihealth database maintained by the MOHLTC. The data reflects all Emergency Department activity for the fiscal year 2010/11 for hospitals within the Champlain LHIN, and so includes visits to Champlain LHIN EDs by patients who live in the Champlain LHIN and by patients who live outside the Champlain LHIN. It excludes visits made by Champlain LHIN residents to Emergency Departments in hospitals located outside of the Champlain LHIN.

A patient can have more than one diagnosis code associated with their Emergency Department visit, each one describing the types of injuries or conditions that the patient has. At the same time, each ED visit is assigned a Main Diagnosis which describes the primary reason the patient is in the ED. Because of this, ED visits are identified as being MH&A-related if the visit's Main Diagnosis is MH&A-related. The exception to this is when information is presented on ED visits related to intentional self-harm (suicide). Because of NACRS data classification rules, diagnosis codes for intentional self-harm never appear as a Main Diagnosis for a visit, but instead are used to describe special circumstances and conditions underlying the Main Diagnosis. A patient with

an intentional self-harm diagnosis code may have an MH&A-related Main Diagnosis or they may have a non-MH&A-related Main Diagnosis.

As with the Physician Activity data, the list of diagnosis codes used in this analysis to identify MH&A-related activity is based on the list of codes developed by the Hospital Reports Research Collaborative and used in the Mental Health Hospital Reports of 2004 and 2007. This same list of diagnostic codes was also used in the Emergency Department analysis presented in the 2008 report *Mental Health and Addictions in Ontario LHINs* prepared by the MOHLTC's Health System Intelligence Project . Diagnosis codes for identifying intentional self-harm were defined by the Association of Public Health Epidemiologists of Ontario⁹ and were also used in the *Mental Health and Addictions in Ontario LHINs* report. The complete list of diagnosis codes used to identify MH&A-related visits and intentional self-harm is presented in Appendix E.

Interpretation Considerations

- The majority of ED analyses presented in this report focus on visits with an MH&A-related Main Diagnosis, except when information on intentional self-harm is presented. This provides information on the use of ED services to treat patients for an MH&A-related reason. It does not provide complete information on ED use by individuals affected by an MH&A who visit an ED for any reason (e.g. someone with an MH&A illness who goes to the ED for treatment of a broken arm).

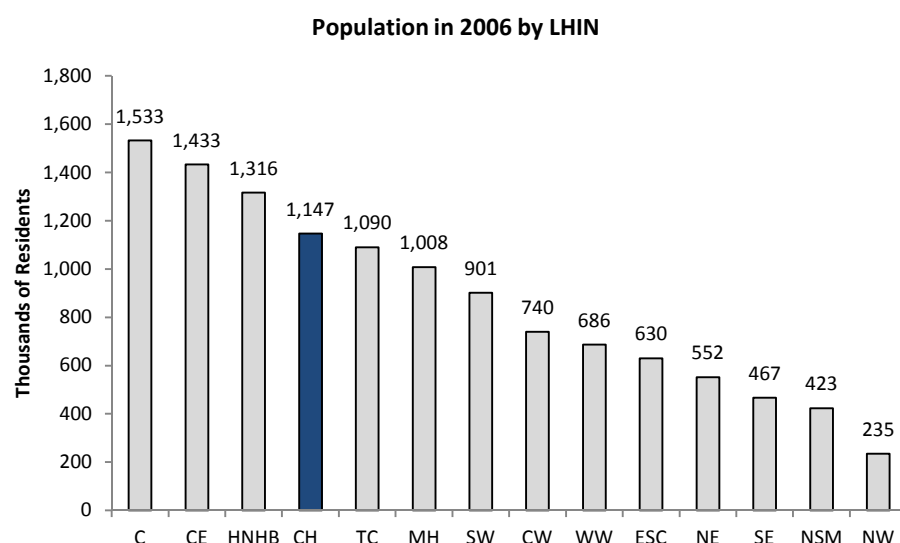
⁹ Health System Intelligence Project, MOHLTC. *Mental Health and Addictions in Ontario LHINs*. Page 38. 2008.

3. Population Profile

3.1 Overview

The Champlain LHIN is one of 14 LHINs in the province of Ontario responsible for planning, integrating and funding health services within defined geographic areas. It spans 17,631 km² and was home to 1.1 million people at the time of the 2006 census.

Exhibit 3-1: Champlain LHIN has the 4th largest population in the province



Located in eastern Ontario, the Champlain LHIN is comprised of six sub-regions for planning purposes:

- **Ottawa East, Ottawa Central, Ottawa West:** High-density, urban areas comprising the city of Ottawa;
- **Eastern Counties:** A set of rural counties in the eastern parts of the region with a significantly lower population density and a significantly higher proportion of Francophones than Ontario as a whole;
- **North Lanark/North Grenville:** Two non-contiguous areas to the south and south west of Ottawa with a significantly lower population density than Ontario as a whole; and
- **Renfrew County:** A set of rural counties in the western part of the region with a significantly lower population density, and significantly higher proportion of individuals with aboriginal identity than Ontario as a whole.

For the purposes of this report, the North Lanark/North Grenville sub-region has been split into two distinct sub-regions (North Lanark and North Grenville) since they are geographically separate areas and have distinct characteristics. Findings highlighted in this report are provided for both the Champlain LHIN as a whole and for each of these seven geographic sub-regions¹⁰.

It is important to note that that within each of these six sub-regions, populations may not be homogeneous. Some communities or geographic areas with a sub-region may have significantly different population profiles. Further analysis may be required to understand population differences within a specific sub-region.

¹⁰The exception to this is the Physician Activity analysis, in which North Lanark and North Grenville data are combined

3.2 Socio-Demographic Profiles

The Champlain LHIN's overall socio-demographic profile is similar to that of Ontario as a whole in many ways, including the number of females as a percent of the total population, the percent of the adult population that is married and the percent of low income families.

Champlain LHIN differs from the Ontario average in the proportion of the population which is a visible minority (14.9% vs 22.8% for Ontario), population density (65.1 people per km² vs 13.4 for Ontario) and percent of the population with a university degree (32.5% vs 26% for Ontario). One of the most striking differences between Champlain LHIN and Ontario as a whole is in the size of the Francophone¹¹ population - at 20.2% of residents, the Champlain LHIN has the second highest proportion of Francophone individuals among all LHINs, and the largest total Francophone population (estimated total of 231,400 in 2006)¹². It is also important to note that the Champlain LHIN does have a sizeable aboriginal¹³ population. While the 2006 census data suggests that 2% of the Champlain LHIN's population is of aboriginal identity¹⁴, it is known that this value underestimates the actual size of the aboriginal population due to incomplete enumeration of this population.

The Champlain LHIN's six sub-regions have different socio-demographic profiles which have potentially significant implications for health system planning (Exhibit 3-3):

- **Ottawa East, Ottawa Central, Ottawa West** all have higher population density, higher proportions of individuals who have never married, higher levels of educational attainment and higher levels of employment than Ontario as a whole. In addition, Ottawa East has a significantly higher proportion of Francophone residents than Ontario as a whole.
- **Eastern Counties** has a significantly lower population density, a higher proportion of seniors, lower levels of educational attainment, lower levels of employment, and a significantly higher proportion of Francophones than Ontario as a whole.
- **North Lanark and North Grenville** have significantly lower population densities and higher levels of employment than Ontario as a whole.
- **Renfrew County** has a significantly lower population density, higher proportion of seniors, lower levels of educational attainment, lower levels of employment, and significantly higher proportion of individuals with aboriginal identity than Ontario as a whole.

¹¹In 2009, the Government of Ontario introduced a new, broader definition of the Francophone population to better reflect the changing face and diversity of Ontario's Francophone community. Francophones were previously defined as those whose mother tongue is French. The new *Inclusive Definition of Francophone (IDF)* is based on three questions in the census concerning mother tongue, the language spoken at home, and knowledge of official languages¹. Throughout this report the terms "Francophone" or "Francophone population" refer to the population defined using the new IDF.

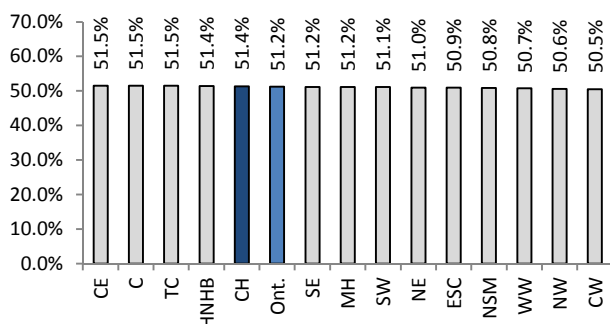
¹² Demographic Analysis of Ontario's Sub-LHIN Populations Supporting AOHC Research to Enhance Access for People Experiencing Barriers to Care, Association of Ontario Health Centres (AOHC), March 2010.
http://www.aohc.org/index.php?ci_id=3593&la_id=1

¹³ The Aboriginal community in Ontario is comprised of First Nations, Métis, and Inuit peoples – three distinct and diverse groups with unique heritages, languages, cultural practices and spiritual beliefs. Throughout this report, the terms "Aboriginal people" or "Aboriginal population" are used when referring to all people who identified at least one Aboriginal group as part of the 2006 census.

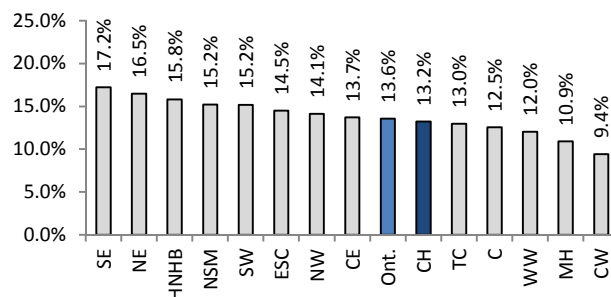
¹⁴ Profile of the Champlain Communities of Care: Focus on Ottawa Central. Champlain LHIN, June 2008. Pg 10.

Exhibit 3.2- The Champlain LHIN ranks near the Ontario average for most socio-demographic factors

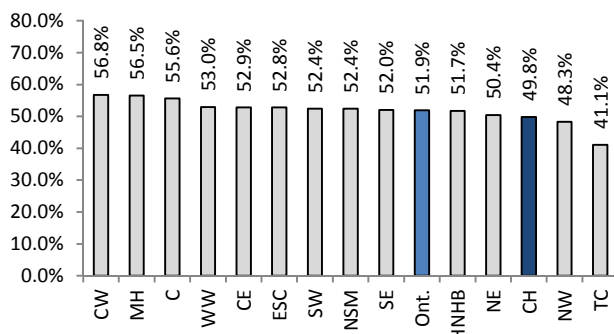
Female as % Total Population in 2006 by LHIN



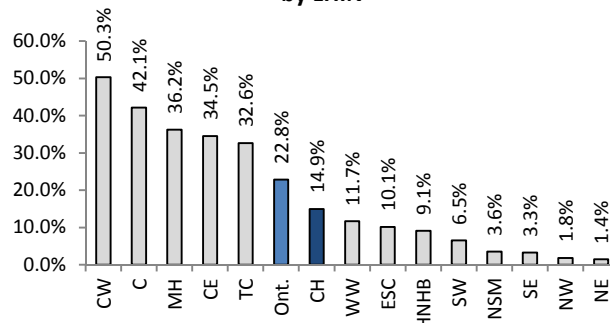
Seniors (65+) as % of Total Population in 2006 by LHIN



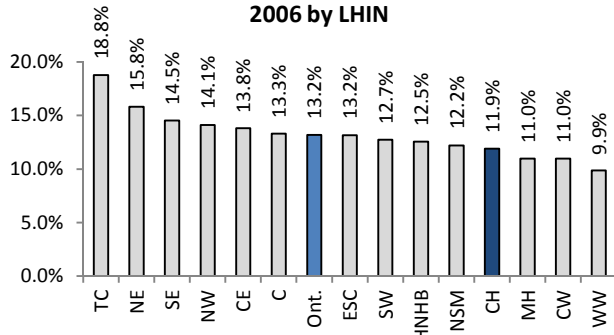
Married as % Adult Population in 2006 by LHIN



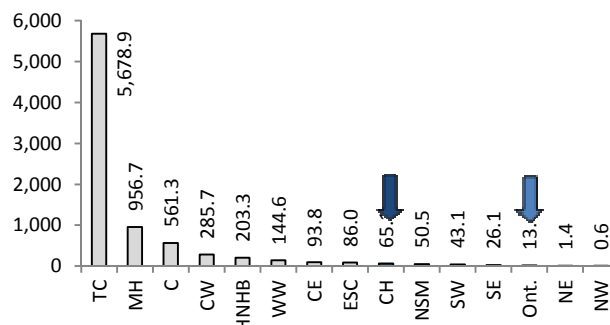
Visible Minority as % Total Population in 2006 by LHIN



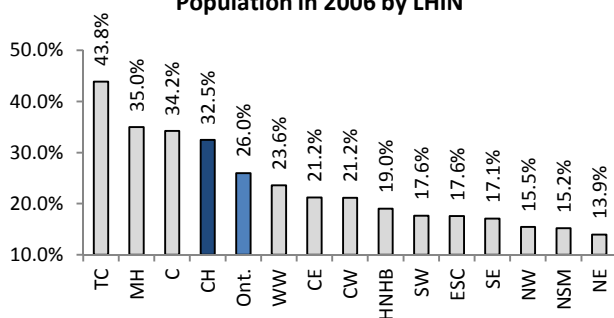
Low Income Families by % of Total Families in 2006 by LHIN



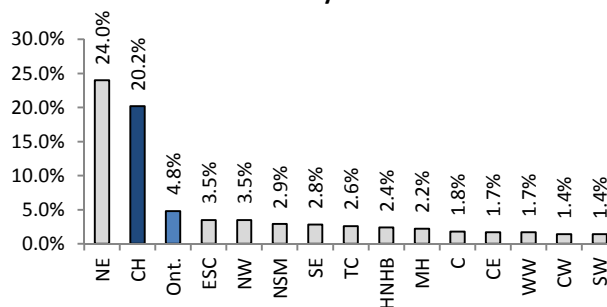
Population Density (per km²) in 2006 by LHIN



University Degree by % of Total Working Age Population in 2006 by LHIN



Francophone IDF as % of Total Population in 2006 by LHIN



Relative to Ontario as a whole, the Champlain LHIN's sub-regions have:

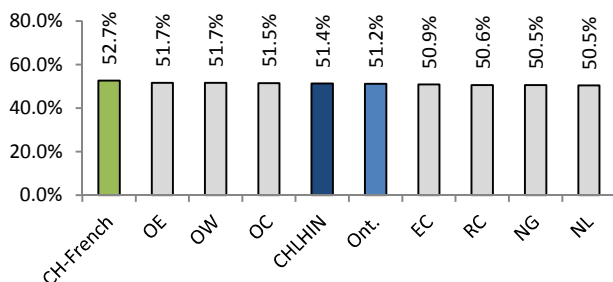
- **Similar ratios of males to females:** The percentage of sub-region residents that are female is within 1.5% of the Ontario average for all six sub-regions.
- **Varying proportions of married adults:** Eastern Counties and Ottawa West are close to the Ontario average, while more adults in Renfrew County, North Lanark, and North Grenville are currently married and fewer adults in Ottawa Central and Ottawa East are currently married.
- **Differences in the percent of visible minorities:** The three Ottawa sub-regions have a slightly lower proportion of visible minorities than the Ontario average while the three non-Ottawa sub-regions have a much lower proportion of visible minorities.
- **Different proportions of individuals with University degrees:** The population of the three Ottawa sub-regions is more educated than the Ontario average while the three non-Ottawa sub-regions are less so.
- **Differences in the percent of the adult population that is working:** The three Ottawa sub-regions, North Lanark, and North Grenville have a higher proportion of the adult population employed than the Ontario average while Eastern Counties and Renfrew County have less adults employed.
- **Very different population densities:** The three Ottawa sub-regions are more urban and have more people per km² than the non-Ottawa sub-regions.
- **Varying proportions of their population who are Francophone:** The proportion of Francophones within the Champlain LHIN ranges from a high of 42.5% in the Eastern Counties, down to a low of 5.3% in North Lanark. However, every Champlain LHIN sub-region has a greater proportion of Francophones than the province as a whole.

French-speakers¹⁵ within Champlain LHIN are more likely to be female and older than the general population within Champlain LHIN. However, they are also less likely to be married, be a visible minority, or possess a university degree than the general population within Champlain LHIN.

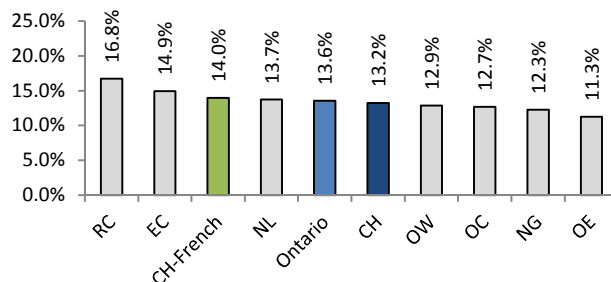
¹⁵ Socio-demographics for the French-speaking population of Champlain LHIN are presented based on the Census variable of "First Official Language Spoken" as data by Ontario's IDF was not available at the time this report was produced. This is a slightly more narrow definition than the IDF – based on this variable, the French-speaking population in Champlain LHIN would be estimated at 210,309. Throughout this report, we will use French-speaking to refer to this variable (as opposed to Francophone for the IDF definition).

Exhibit 3-3: Champlain LHIN's sub-regions vary in their socio-demographic factors compared to Champlain LHIN overall and Ontario as a whole

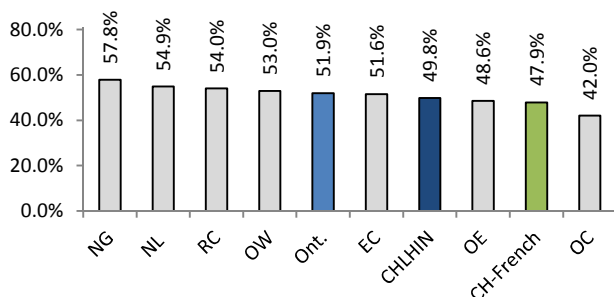
Female as % Total Population in 2006 by CHLHIN Sub-Region



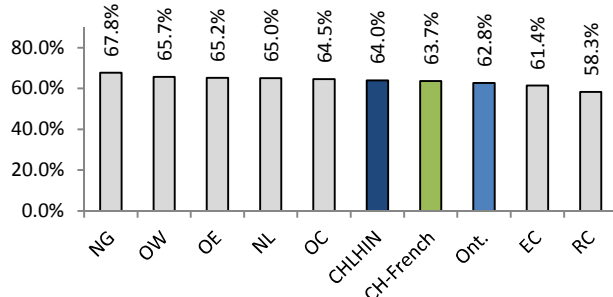
Seniors (65+) as % of Total Population in 2006 by CHLHIN Sub-Region



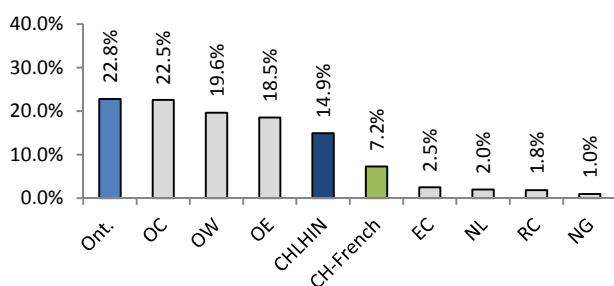
Married as % Adult Population in 2006 by CHLHIN Sub-Region



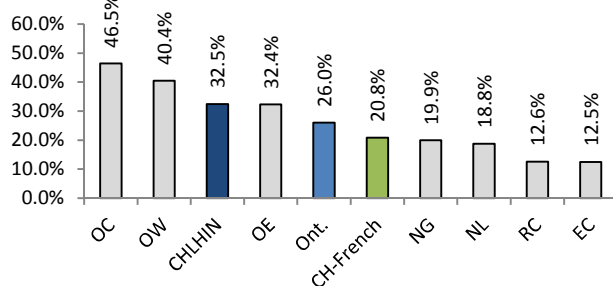
Working as % Adult Population in 2006 by CHLHIN Sub-Region



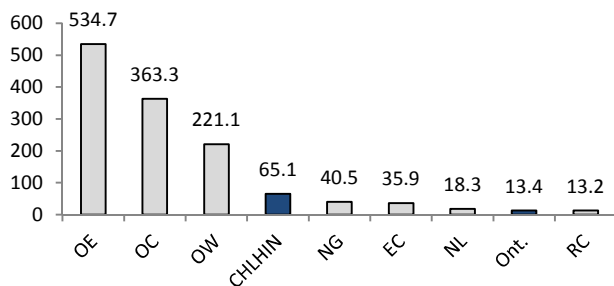
Visible Minority as % Total Population in 2006 by CHLHIN Sub-Region



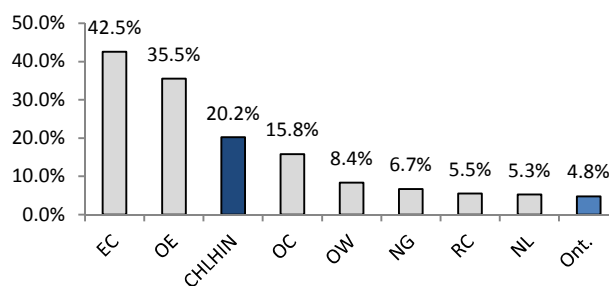
University Degree by % of Total Working Age Population in 2006 by CHLHIN Sub-Region



Population Density (per km²) in 2006 by CHLHIN Sub-Region



Francophone IDF as % of Total Population in 2006 by CHLHIN Sub-Region



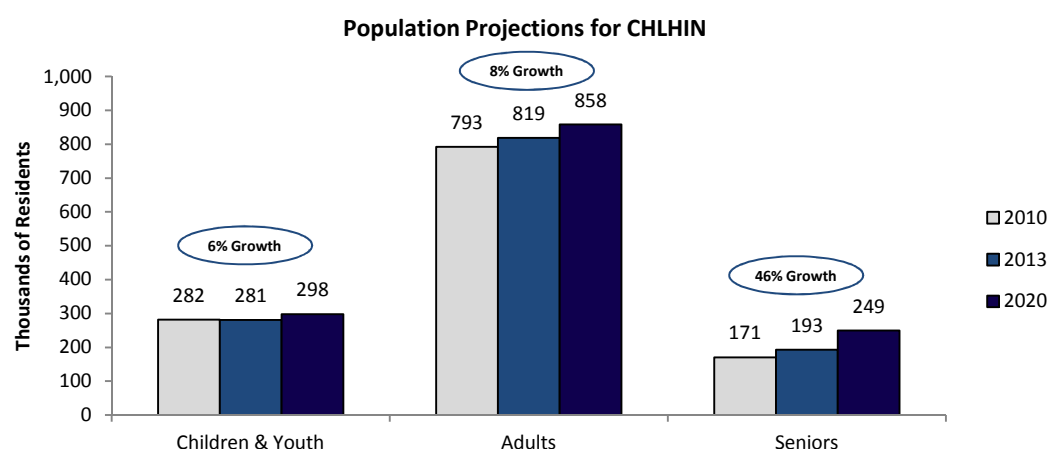
3.3 Outlook

The Champlain LHIN's population is forecast to grow 12.9% over the next decade to 1.4 million in 2020 (Exhibit 3-4). This growth rate is similar to that expected for Ontario as a whole, which is forecast to 12.7% between 2010 and 2020. While growth is anticipated in every age group within the Champlain LHIN, the rate of growth within each age group will vary:

- **The Population of Children & Youth (aged 0-19):** Forecast to decrease slightly through 2013, before increasingly slightly until 2020
- **The Population of Adults (aged 20-64):** Forecast to increase slightly throughout 2020
- **The Population of Seniors (aged 65+):** Forecast to increase steadily throughout 2020, increasing 46% between 2010 and 2020

Between 2010 and 2020, the number of children and youth within the Champlain LHIN is expected to grow slightly more than Ontario as whole (6% vs 5.4% for Ontario) and adults are expected to grow slightly less than Ontario (8% vs 8.9%). The Champlain LHIN seniors population is forecast to grow by 46% over the next ten years, faster than the estimated provincial rate of 42.4%.

Exhibit 3-4: Seniors will drive population growth in the Champlain LHIN between 2010 and 2020



Population aging will be a significant factor driving demographic change throughout the Champlain LHIN. In the next decade, the proportion of children and youth as a percentage of sub-region total population will decline slightly across all 6 sub-regions (Exhibit 3-5). However, the proportion of seniors will significantly increase, particularly in the three non-Ottawa sub-regions, while the proportion of adults will decrease across all six sub-regions.

Across the Champlain LHIN the three Ottawa sub-regions will grow the most, by approximately 16% between 2010 and 2020, 6.7 times more than Eastern Counties, 7.8 times more than North Lanark, 6.0 times more than North Grenville, and 3.2 times more than Renfrew County (Exhibit 3-6). Over the next ten years the three Ottawa sub-regions will account for 79.8% of all growth in the Champlain LHIN.

Exhibit 3-5: Seniors will drive population growth in the Champlain LHIN between 2010 and 2020

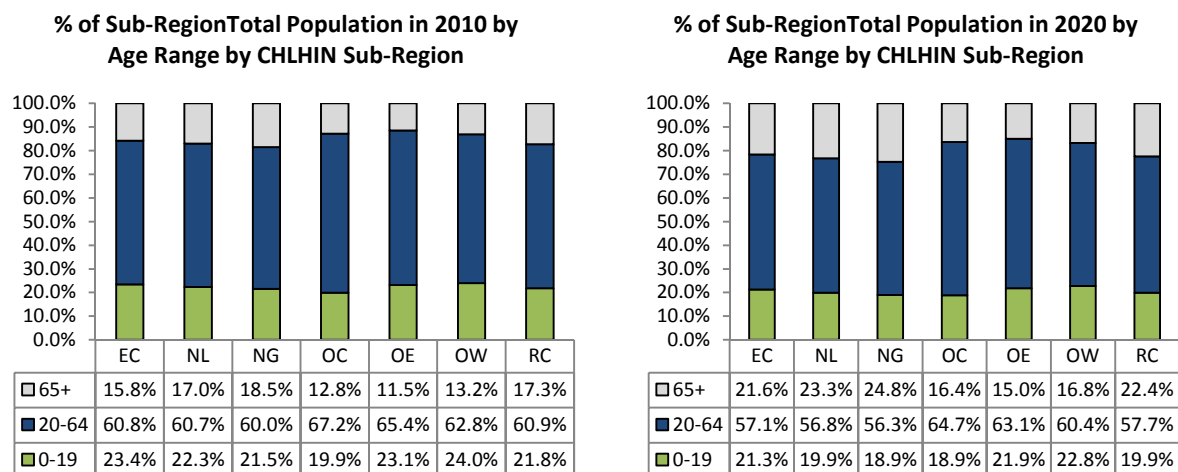
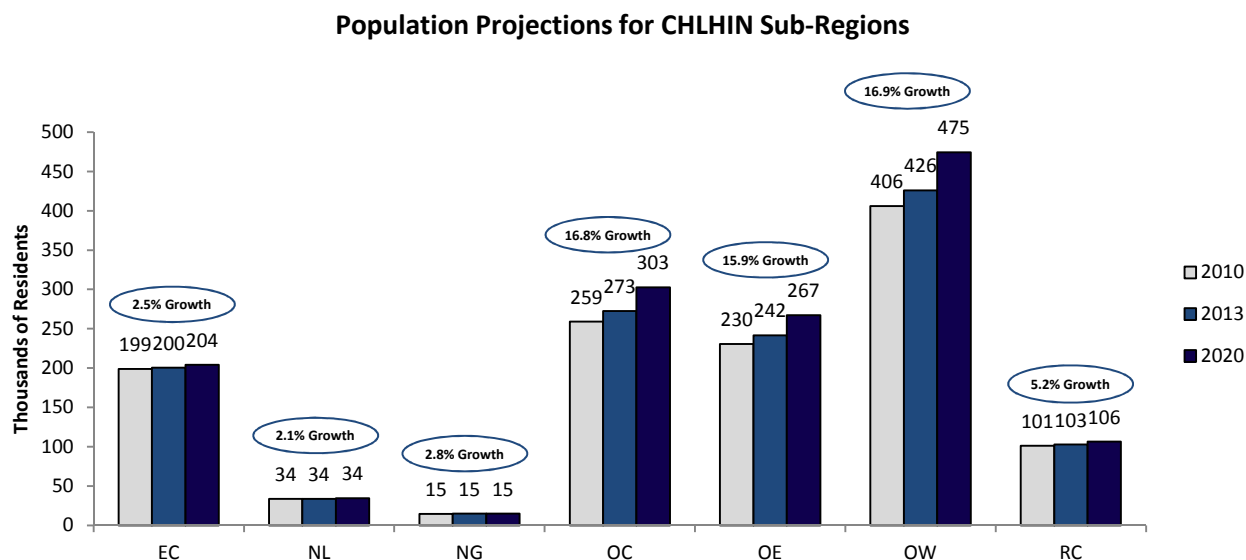


Exhibit 3-6: The three Ottawa sub-regions will drive the majority of population growth in the Champlain LHIN between 2010 and 2020



4. Mental Health and Addictions in Ontario LHINs

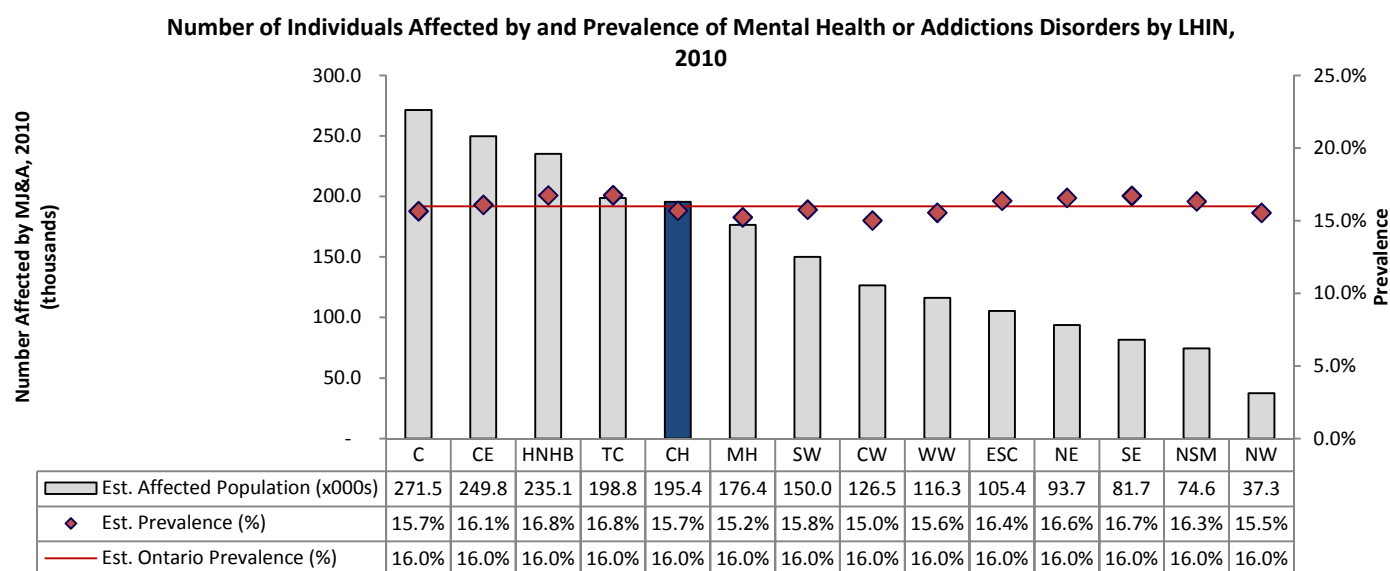
4.1 Individuals Affected by Mental Health and Addictions Disorders

At any given time, an estimated 16% of Ontarians have been affected by at least one MH&A condition within the past 12 months (see Appendix A for methodology details). MH&A disorders are therefore more prevalent than diabetes (6.9% of Ontarians affected), asthma (8.4% of Ontarians), chronic obstructive pulmonary disorder (COPD, 4.2% of Ontarians), heart disease and cancer (4.9% and 1.9% of Ontarians affected respectively)¹⁶.

Compared to the province as a whole, the Champlain LHIN region has a slightly lower estimated prevalence rate for MH&A disorders (excluding gambling addictions and dual diagnosis), at 15.7% compared to the Ontario rate of 16.0%.

When combined with the overall size of the population, Champlain LHIN's prevalence rate translates into an estimated 195,413 individuals affected by MH&A disorders in 2010, the 5th largest population of MH&A affected individuals in the province (Exhibit 4-1).

Exhibit 4-1: Champlain LHIN has a slightly lower overall prevalence rate for MH&A disorders than the province as a whole but the 5th largest population of MH&A affected individuals in the province



When combined with the overall size of the population, Champlain LHIN's prevalence rate translates into an estimated 195,413 individuals affected by MH&A disorders in 2010, the 5th largest population of MH&A affected individuals in the province (Exhibit 4-1).

The prevalence rates for the specific adult MH&A disorder types considered in this report are slightly lower in Champlain LHIN than the province overall with the exception of dementias¹⁷ (Exhibit 4-2). The prevalence rates

¹⁶ Self-reported current prevalence in Ontario from the Canadian Community Health Survey 2009/10. Accessed from Chronic Disease Infobase Datacubes, Public Health Agency of Ontario, December 16, 2011

for individual MH&A disorders in adolescents within the aged 10-17 population (and considered in this report) are also shown in Exhibit 4-2.

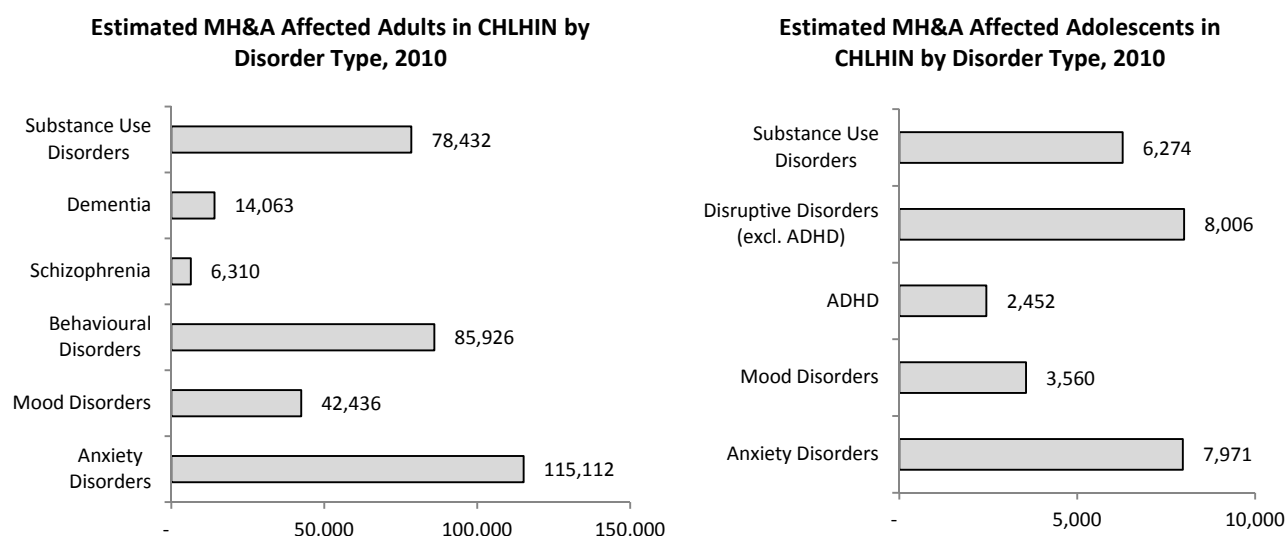
Exhibit 4-2: Champlain LHIN prevalence rates for MH&A disorders are lower than that of Ontario as a whole

Disorder	Estimated Region-specific Population Prevalence Rates (2010)			
	Champlain LHIN	Ontario	Lowest LHIN	Highest LHIN
All MH&A Disorders (incl. Adolescents)	15.69%	15.98%	15.02%	16.77%
All Adult Disorders	17.58%	18.08%	17.55%	18.87%
Adult Anxiety Disorders	11.56%	11.85%	11.52%	12.28%
Panic Disorder	1.04%	1.07%	1.03%	1.11%
Agoraphobia	1.47%	1.55%	1.47%	1.67%
Specific Phobia	6.11%	6.22%	6.04%	6.38%
Social Phobia	6.35%	6.51%	6.33%	6.75%
Generalized Anxiety Disorder	1.04%	1.07%	1.03%	1.12%
Posttraumatic Stress Disorder	2.28%	2.33%	2.27%	2.40%
Adult Mood Disorders	4.26%	4.46%	4.26%	4.78%
Major Depressive Episode	3.94%	4.02%	3.93%	4.27%
Dysthymia	0.69%	0.79%	0.69%	0.95%
Mania/Hypomania	0.58%	0.60%	0.58%	0.62%
Adult Behavioural Disorders	8.63%	8.84%	8.57%	9.19%
Oppositional Defiant Disorder	0.96%	0.99%	0.95%	1.04%
Conduct Disorder	0.98%	0.99%	0.97%	1.03%
Attention-Deficit/Hyperactivity Disorder	3.98%	4.07%	3.91%	4.25%
Intermittent Explosive Disorder	2.51%	2.59%	2.51%	2.71%
Schizophrenia	0.51%	0.52%	0.47%	0.61%
Dementia	1.13%	1.12%	0.93%	1.39%
Adult Substance Use Disorders	7.88%	7.93%	7.65%	8.16%
Alcohol Use Disorders	4.36%	4.39%	4.23%	4.51%
Drug Use Disorders	1.88%	1.90%	1.83%	1.96%
All Adolescent Disorders	1.43%	1.48%	1.25%	1.60%
Adolescent Anxiety Disorders	0.64%	0.66%	0.56%	0.71%
Panic Disorder	0.062%	0.064%	0.054%	0.069%
Agoraphobia	0.43%	0.44%	0.37%	0.48%
Social Phobia	0.16%	0.16%	0.14%	0.17%
Generalized Anxiety Disorder	0.039%	0.040%	0.034%	0.044%
Posttraumatic Stress Disorder	0.056%	0.058%	0.049%	0.063%
Obsessive Compulsive Disorder	0.019%	0.020%	0.017%	0.021%
Adolescent Mood Disorders	0.29%	0.29%	0.25%	0.32%
Any Depressive Disorder	0.21%	0.21%	0.18%	0.23%
Mania/Hypomania	0.010%	0.010%	0.008%	0.011%
Attention-Deficit/Hyperactivity Disorder	0.20%	0.20%	0.17%	0.22%
Adolescent Disruptive Disorders (excl. ADHD)	0.64%	0.66%	0.56%	0.72%
Oppositional Defiant Disorder	0.26%	0.27%	0.23%	0.29%
Conduct Disorder	0.32%	0.32%	0.27%	0.35%
Adolescent Substance Use Disorders	0.50%	0.52%	0.44%	0.56%
Alcohol Abuse or Dependence	0.28%	0.29%	0.24%	0.31%
Marijuana Abuse or Dependence	0.32%	0.33%	0.28%	0.36%
Other Substances Abuse or Dependence	0.09%	0.09%	0.07%	0.10%

¹⁷Prevalence rates shown for dementia are the expected rate within the entire population, and any variation between LHINs is due solely to differences in the relative proportion of the population aged 55+.

Within the Champlain LHIN, the most common disorders in adults are Anxiety Disorders, followed by Behavioural Disorders and Substance use Disorders (Exhibit 4-3). In adolescents, anxiety disorders and disruptive disorders (excluding ADHD) are the most common types of disorders (Exhibit 4-3). Note that the sum of the affected individuals in each disorder type does not equal the total number of affected individuals in the LHIN. This is because some individuals are affected with multiple disorders at the same time. These individuals are included in the numbers affected for each individual type of disorder, but are counted only once in the overall number of individuals affected by any disorder.

Exhibit 4-3: Estimated MH&A Affected Adults and Adolescents in Champlain LHIN by Disorder Type, 2010



4.2 Mental Health and Addictions Expenditures and Activity

Overview of Expenditures and Activity

Approximately \$23 billion in health-related expenditures were reported through the MOHLTC's OHRS in fiscal year 2010/11 for Hospitals (including Specialty Psychiatric Hospitals), Community Mental Health & Addictions Agencies, Community Support Services, Community Care Access Centres and Children's Treatment Centres. Of this \$23 billion in health-related expenditures, approximately \$1.8 billion was spent directly on MH&A services¹⁸ (Exhibit 4-4).

Ontario health provider organizations used these expenditures to deliver over 5.8 million inpatient/resident days and 6.2 million face-to-face visits to MH&A clients in fiscal year 2010/11. This represents 31.6% of total inpatient/resident days and 21% of total face-to-face visits in Ontario (Exhibit 4-5).

¹⁸ MH&A expenditures include those services specifically identified as MH&A-related and exclude expenses reported in Administrative and Overhead functional centres (e.g. Finance, Health Records, etc.) and any MH&A-related expenses which are reported in combination with non-MH&A related expenses (e.g. Social Work expenses in Hospitals). See Appendix C for the list of functional centres identified as MH&A- or non-MH&A-related.

Exhibit 4-4: Approximately 8.0% of Ontario health expenditures are used to directly provide MH&A care

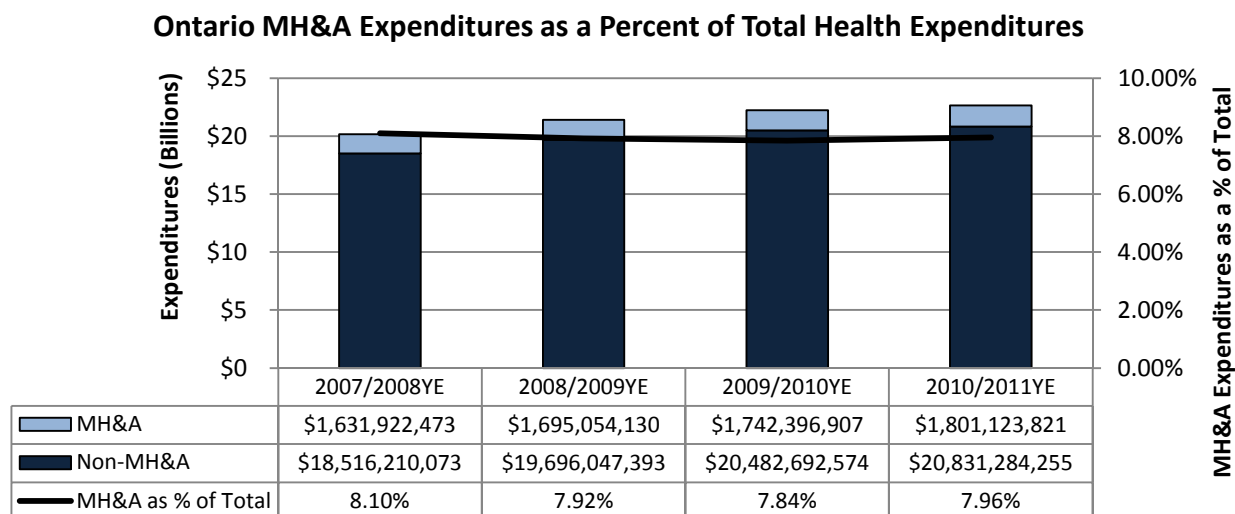
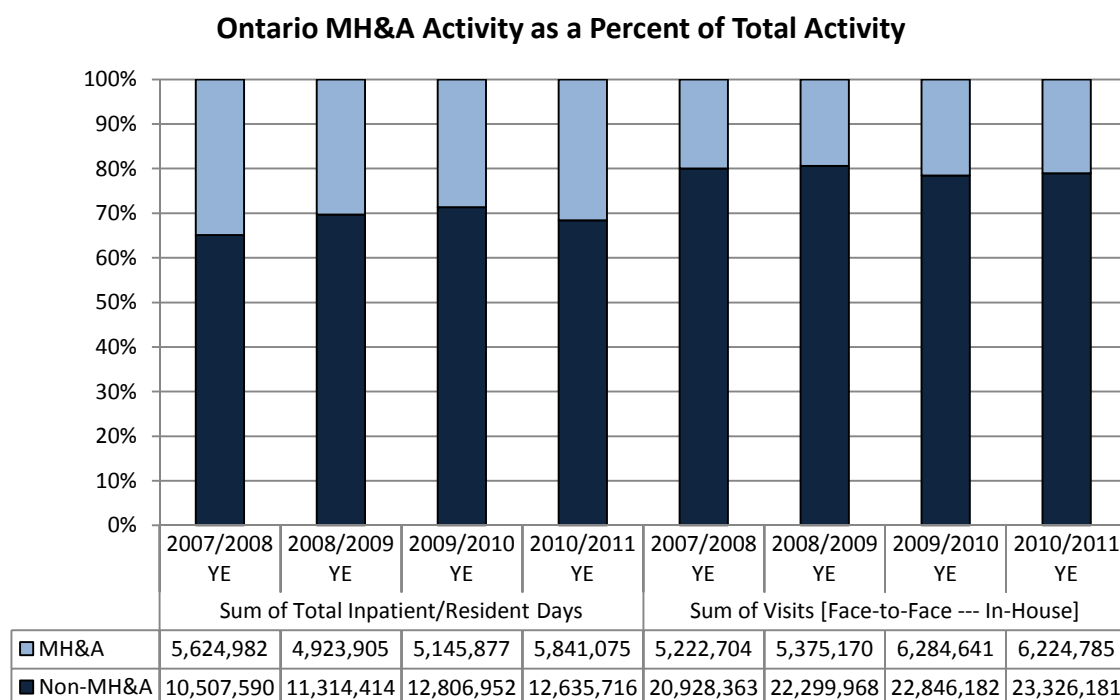


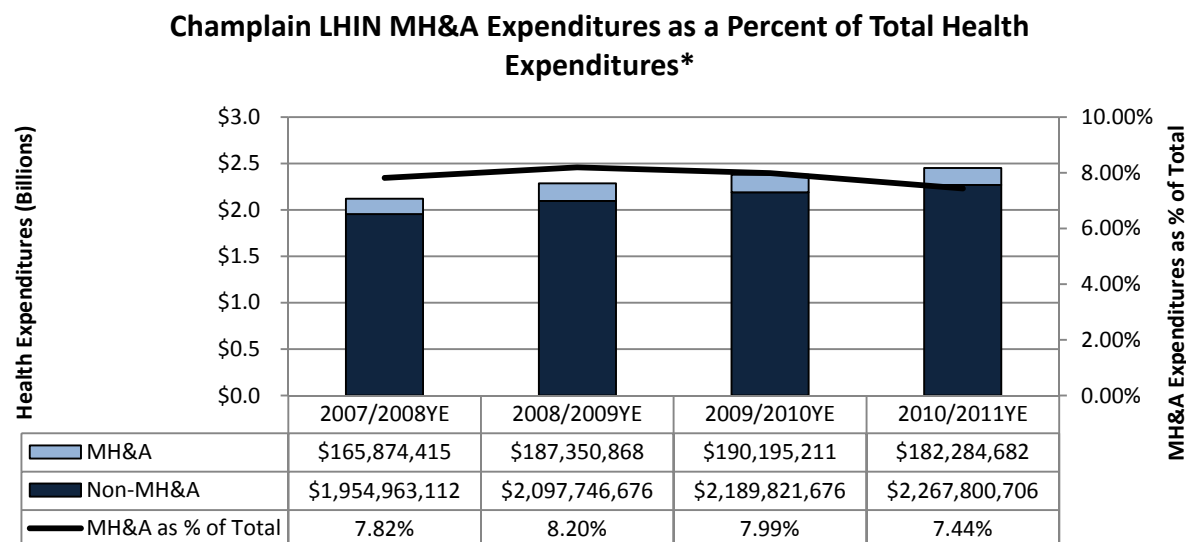
Exhibit 4-5: Almost one-third of Ontario's total inpatient/resident days and 21% of total face-to-face visits are related to MH&A activity



Within the Champlain LHIN, \$2.5 billion was spent on health care during the 2010/11 fiscal year, with 7.4% of that spending (\$182 million) attributable to the provision of MH&A services (

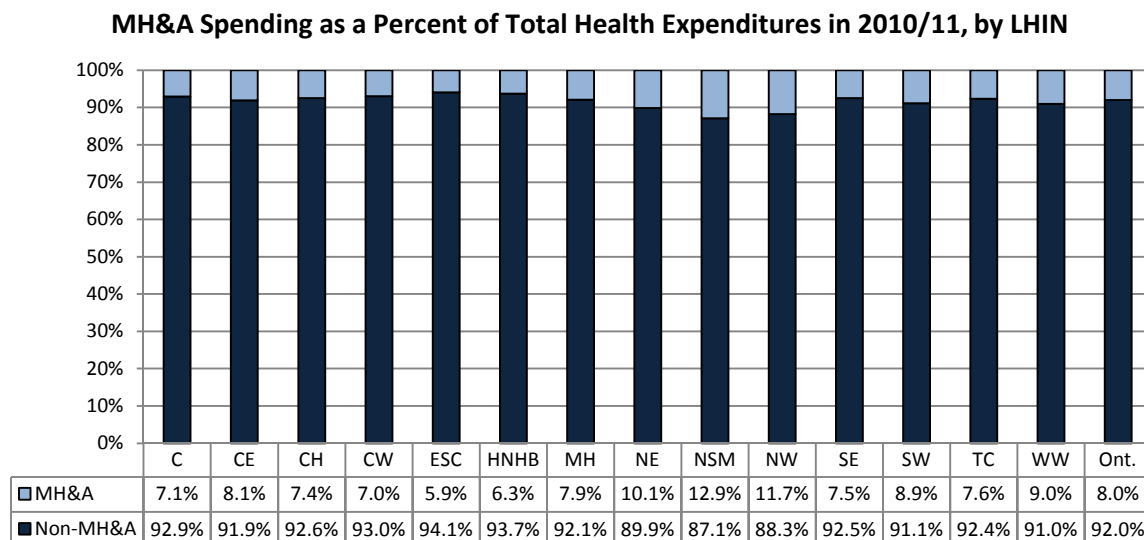
Exhibit 4-6). This is in line with the Ontario average, and the proportions most other LHINs expend on MH&A services (Exhibit 4-7).

Exhibit 4-6: 7.4% of total health expenditures within the Champlain LHIN are related to the direct provision of MH&A services



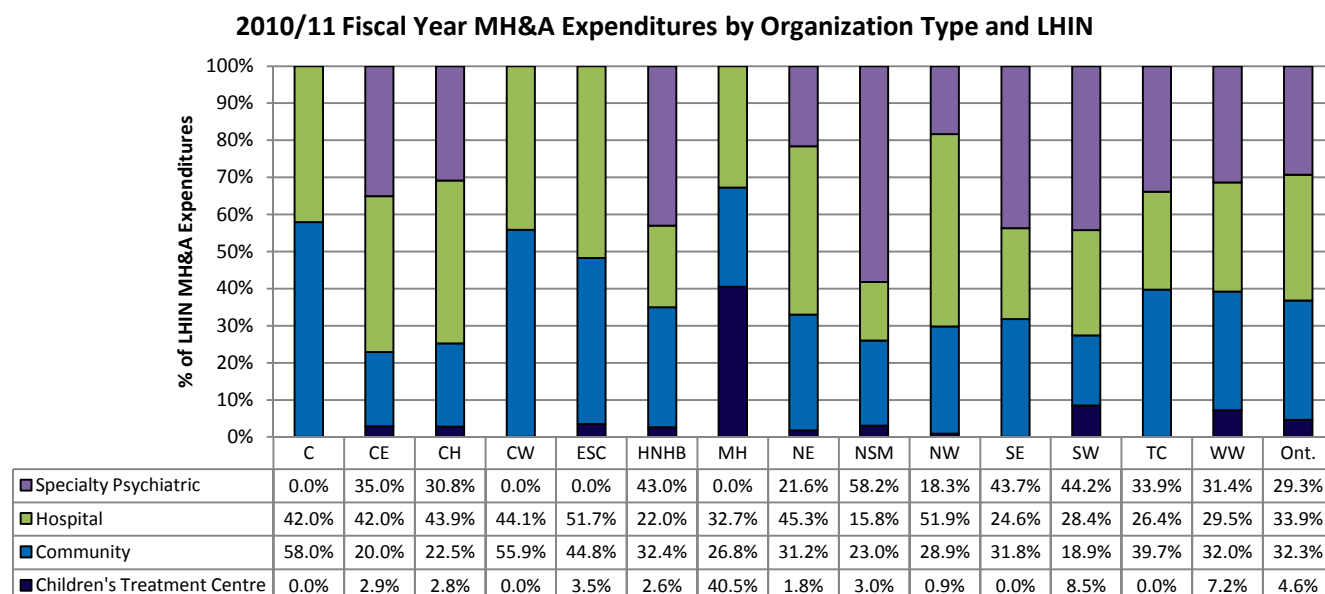
*May include transfers of dollars to/from other LHINs

Exhibit 4-7: Champlain LHIN spends 7.4% of health care dollars on MH&A services compared to the Ontario average of 8%



Of the \$182 million in Champlain LHIN MH&A expenditures, 43.9% of these dollars were spent by hospitals, 30.8% by specialty psychiatric facilities and 22.5% by community agencies (Exhibit 4-8). This spending mix by organization type is different from the Ontario average, where 32.3% of MH&A expenditures occur within community agencies (10 percentage points higher than Champlain LHIN) and 33.9% occur within hospitals (10 percentage points lower than Champlain LHIN).

Exhibit 4-8: The spending mix by organization type delivering MH&A services differs among LHINs¹⁹



The proportion of MH&A dollars spent by different organization types varies greatly from LHIN to LHIN (Exhibit 4-8). This suggests that there may be:

- Variation in the models of MH&A service delivery across LHINs;
- Geographic considerations at play in the types of organizations providing MH&A services;
- Organizations playing different roles in MH&A care to lesser/greater extents in different LHINs (e.g. hospitals in some LHINs may play a larger role in delivering community-based programming than in others); and,
- All of the above and/or other factors contributing to the types of organizations providing MH&A care.

Results may also be affected by the assignment of expenditures to a particular LHIN which is based on the geographical location of an organization's headquarters instead of the catchment area of the organization or specific MH&A programs (e.g. The Royal's Forensic Program has a provincial mandate but all costs associated with this program are allocated to the Champlain LHIN).

The types of organizations in which MH&A activity occurs also varies from LHIN to LHIN. Inpatient/resident²⁰ days and face-to-face visits (the primary activity measures for healthcare in Ontario) both occur within different organization types to varying degrees across LHINs:

- The proportion of total MH&A inpatient/resident days provided by community agencies ranges from

¹⁹ It is important to note that this chart describes the type of organization providing MH&A services and not the type of MH&A service provided. This chart should not be used to determine whether LHINs are achieving the 60%/40% split between community and inpatient services as recommended on page 7 of the Ontario MOHLTC's *Making It Happen: Implementation Plan for Health Reform* report, as Hospitals and Specialty Psychiatric facilities both provide outpatient and community MH&A services in addition to inpatient services.

²⁰ Inpatient/resident days includes both MH&A hospital inpatient activity as well as MH&A housing and residential treatment program activity

28.5% in Waterloo Wellington LHIN to 90.34% in Central West LHIN in 2010/11 (Exhibit 4-9); and,

- The proportion of total MH&A face-to-face visits provided by community agencies ranges from 31.2% in Mississauga Halton LHIN to 77.6% in South East LHIN in 2010/11 (Exhibit 4-10).

In the Champlain LHIN, community agencies were responsible for 51.0% of all MH&A inpatient/resident days and 45.3% of all MH&A face-to-face visits in 2010/11.

Exhibit 4-9: Different LHINs have different organization types providing the bulk of inpatient/resident activity

2010/11 MH&A Inpatient/Resident Days by Organization Type and LHIN

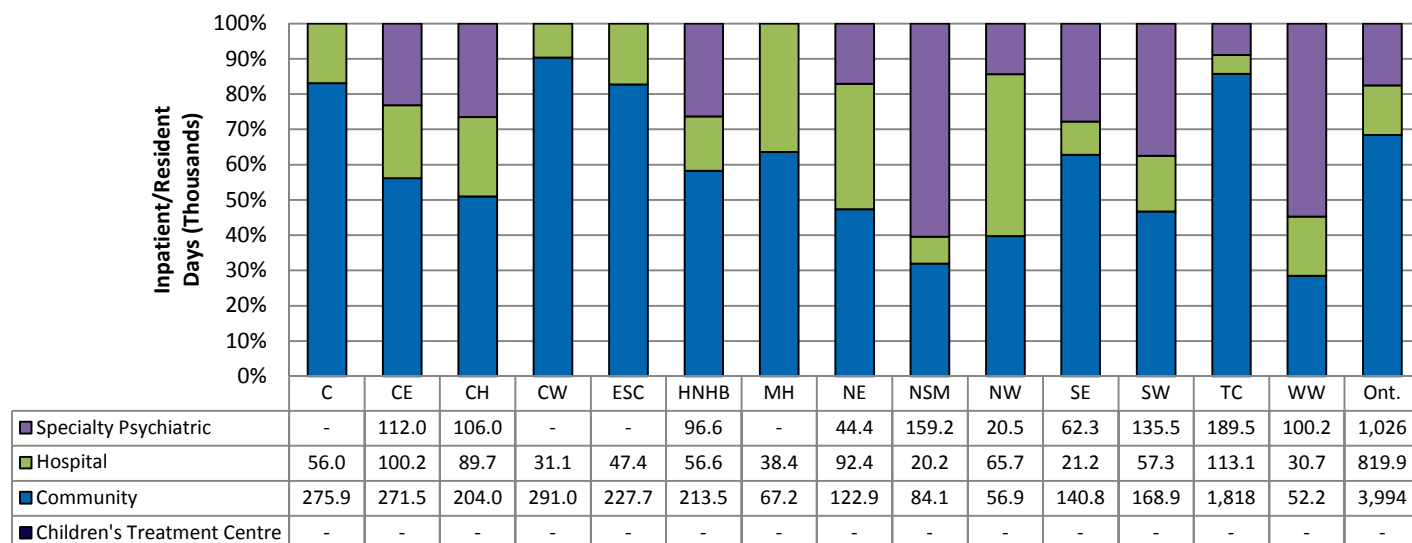
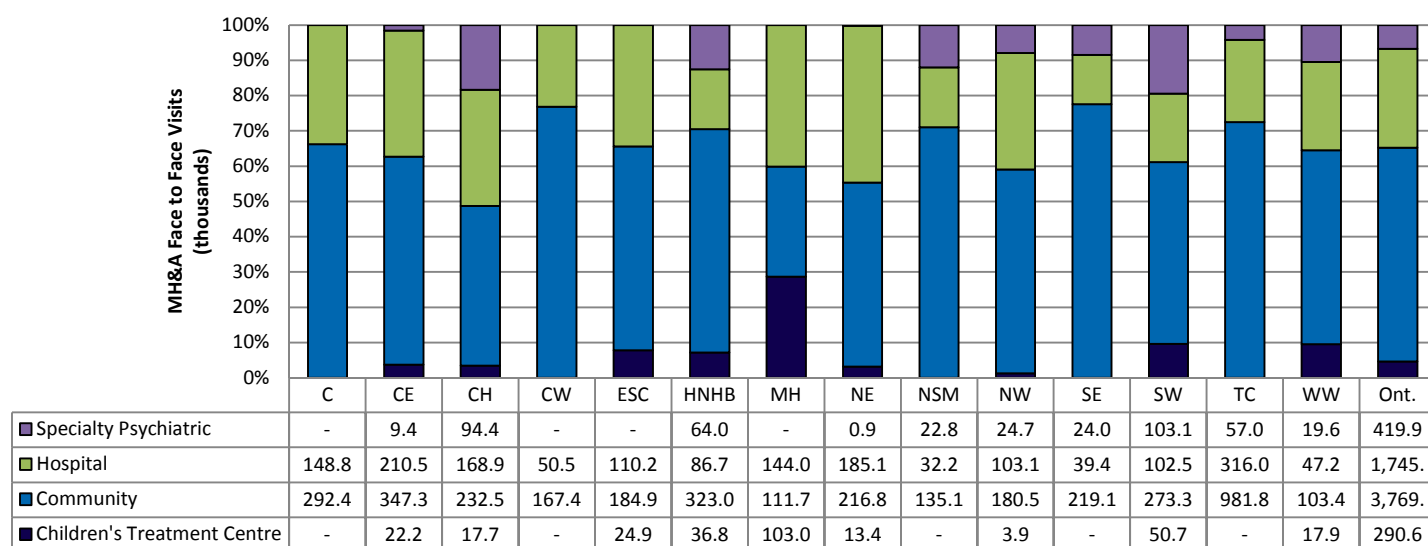


Exhibit 4-10: The percent of total MH&A Face-to-Face visits delivered by Community agencies within a LHIN ranges from 31.2% to 77.6%

2010/11 MH&A Face-to-Face Visits by Organization Type and LHIN

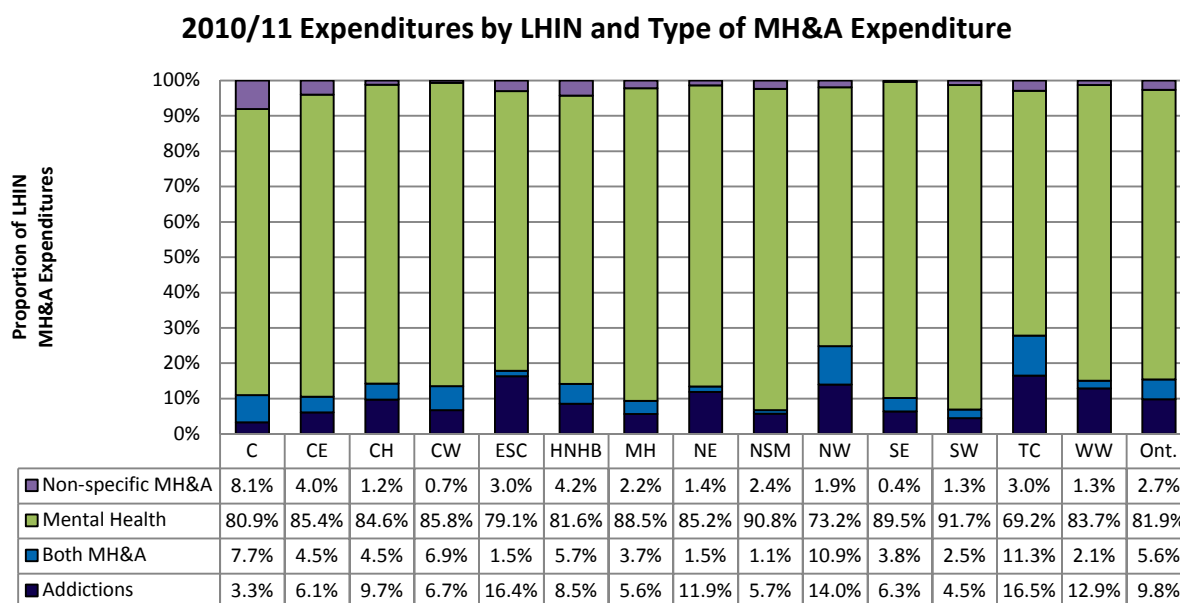


Separating Mental Health from Addictions: Expenditures & Activity

In examining the percent of MH&A expenditures within LHINs spent on mental health services compared to addiction services, the largest proportion of MH&A expenditures is used to provide services focused solely on mental health (ranging from 69% in the Toronto Central LHIN to 91.7% in the South West LHIN). 3% to 16.5% of individual LHIN expenditures are used for services focused solely on addictions (Exhibit 4-11). The Champlain LHIN spends:

- A slightly higher proportion of total MH&A expenditures on services focused solely on mental health (84.6%) than the provincial average (81.9%); and,
- Roughly the same proportion on services focused solely on addictions as the provincial average (9.7% vs 9.8% for Ontario).

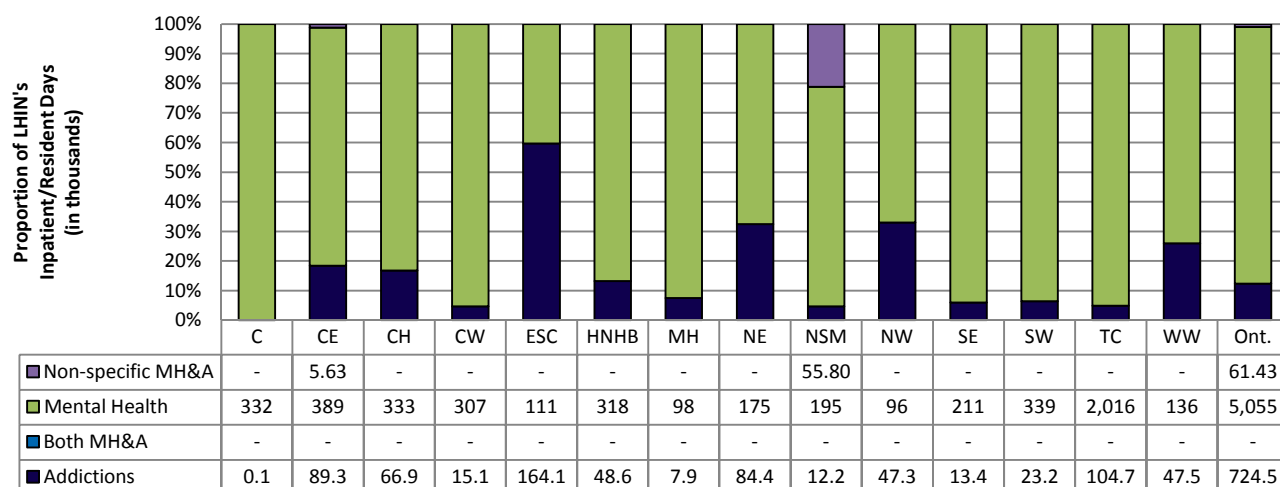
Exhibit 4-11: The majority of 2010/11 MH&A-related expenditures within LHINs are specifically mental health related



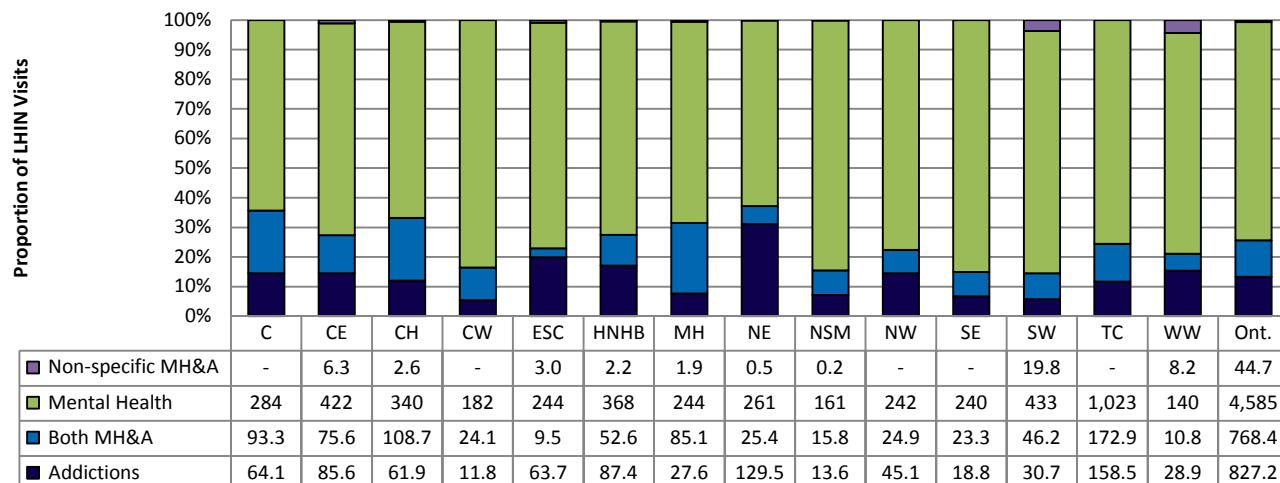
This same pattern is observed in inpatient/resident days and face-to-face visits, with the majority of each LHIN's MH&A related activity focused solely on mental health (Exhibit 4-12), though there is still variation among LHINs in the degree to which there is focus on mental health activity. The primary exception to this pattern is the Erie St. Clair LHIN where 60% of inpatient/resident days are focused solely on addictions (Exhibit 4-12).

Exhibit 4-12: The majority of 2010/11 MH&A-related activity within LHINs is specifically mental health related²¹

2010/11 Inpatient/Resident Days by LHIN and Type of Activity



2010/11 Face-to-Face Visits by LHIN and Type of Activity

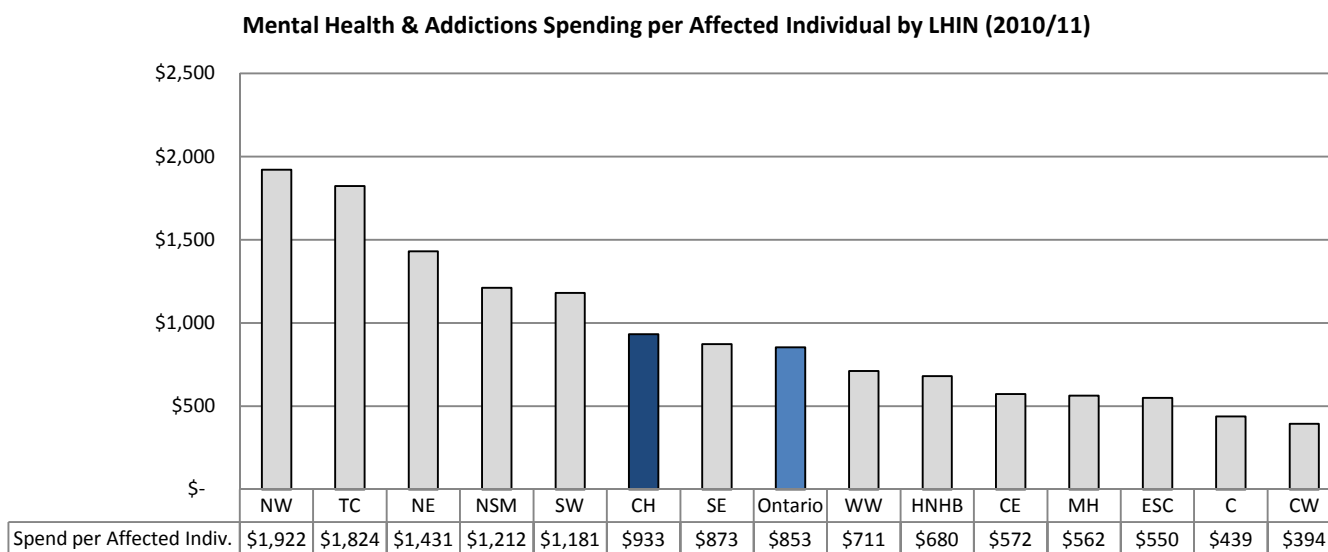


²¹ Note that the absence of any reported inpatient/resident days for services classified as “Both MH&A” does not mean that there are no inpatient/resident days for clients with both mental health and addictions problems. What it does reflect, is that for functional centres which have been clearly identified as providing both mental health and addictions services, there are no inpatient/resident days reported.

Expenditures and Activity per Affected Individual

To this point, the examination of overall MH&A expenditures and activity by LHIN provides one picture of MH&A service delivery which is focused on comparing proportions of expenditures and activity among LHINs. What this type of examination does not address is how dollars and activity relate back to the population of individuals within each LHIN who are affected by MH&A disorders – in essence, looking at the question of how the needs of those affected by MH&A illness are being met by the MH&A services currently being provided. Because of the lack of available information on outcomes, the relationship between outcomes and how and where care is provided, and “best practice” jurisdictions, a “benchmarking” approach is used to compare the Champlain LHIN with other LHINs in Ontario. This approach compares expenditures and activity among LHINs on a “per affected individual basis” (i.e. expenditures and activity per individual affected by MH&A disorders), essentially dividing expenditures and activity for each LHIN by the number of individuals affected by MH&A disorders in each LHIN.

Exhibit 4-13: 2010/11 MH&A Spending per Affected Individual by LHIN



In comparing MH&A expenditures per affected individual, the Champlain LHIN spent 9.4% more on MH&A services in 2010/11 than Ontario as a whole (Exhibit 4-13). With this level of spending, the Champlain LHIN provided 22% fewer MH&A inpatient/resident days and 11% fewer face-to-face visits (Exhibit 4-14 and Exhibit 4-15) per affected individual than in Ontario overall. This may be because:

- The mix of MH&A services in the Champlain LHIN are of a more cost-intensive nature than in other LHINs (e.g. more specialty services or services in rural areas);
- There may be fewer or greater expenditures on activities that do not contribute to direct MH&A activity such as research or non-patient/client educational activities;
- The Champlain LHIN delivers its MH&A services in a less cost efficient way than other LHINs;
- The Champlain LHIN has a different service delivery model than other LHINs, affecting length of stay or the number and duration of face-to-face visits (e.g. more intensive services which shorten length of stay or longer/differently structured face-to-face visits which reduce the number of visits required); and
- Some combination of the above and other, unknown factors.

Exhibit 4-14: Inpatient/resident days and visits (face-to-face in house) per affected resident by LHIN (2010/11)

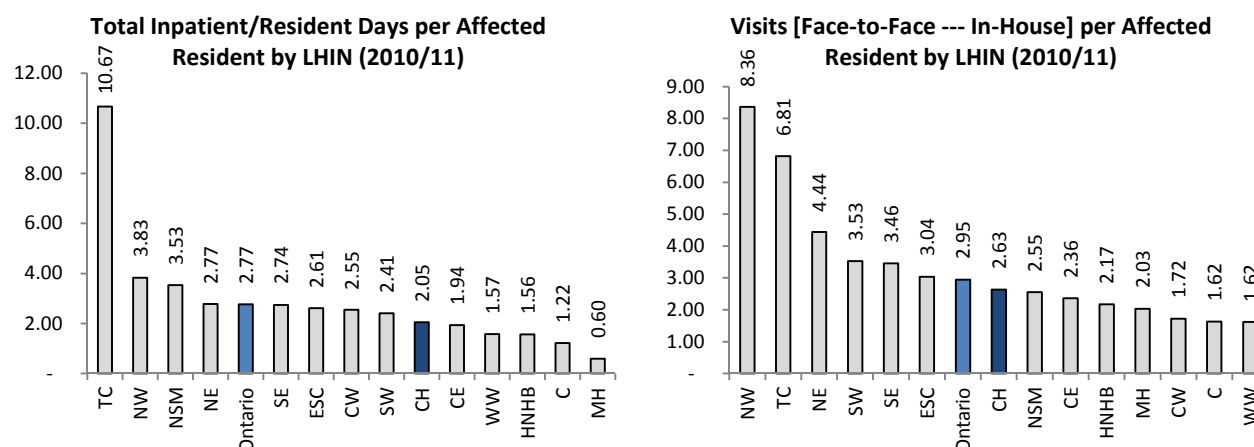


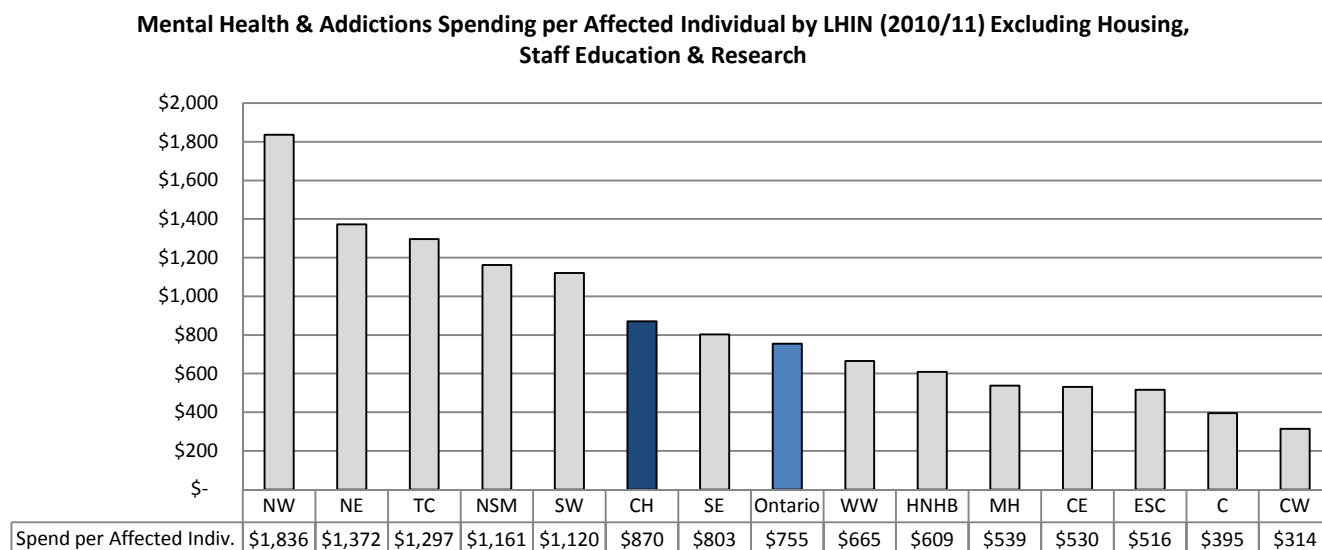
Exhibit 4-15: MH&A spending and activity per affected individual in Champlain LHIN relative to Ontario average

	Champlain LHIN	Ontario	Difference
Expenditures per affected individual	\$933	\$853	9%
Inpatient/Resident Days per affected individual	2.06	2.77	-26%
Face-to-Face Visits (in house) per affected individual	2.63	2.95	-11%

To remove some of the variation among LHINs which may be attributable to these factors, expenditures and activity per affected individual was recalculated with expenditures related to housing, staff education and research removed from the MH&A expenditure total and activity related to housing removed from the activity totals (staff education and research have no activity associated with them in OHRS reporting). These excluded expenditures account for between 4.1% (North East LHIN) to 29% (Toronto Central LHIN) of total MH&A spend among LHINs. With these expenditures for housing, staff education and research excluded, the Champlain LHIN spent \$870 per affected individuals on direct MH&A services (Exhibit 4-16) compared to \$755 per affected individual on average for Ontario as a whole (a difference of 15.2% over the Ontario average).

Housing also had an impact on the reported MH&A activity within many LHINs. Excluding housing-related activity, the average inpatient/resident day activity in the province fell significantly to 1.13 days per affected individual (down from 2.77 when all activity is included as shown in Exhibit 4-18). Face-to-face visit activity also fell, to 2.54 visits per affected individual (down from 2.95 visits per individual when all activity is included, also as shown in Exhibit 4-17). Removing housing-related activity also lowers Champlain LHIN's MH&A inpatient/resident day activity per affected individual from 2.05 days per affected individual (shown in Exhibit 4-17) to 1.19, and shifts Champlain from being below the Ontario average when all inpatient/resident activity is included, to being slightly above the Ontario average when housing-related activity is excluded (Exhibit 4-19). Face-to-face visit activity per affected individual in Champlain fell from 2.63 to 2.32 visits when housing-related activity is excluded, shifting Champlain further below the Ontario average (Exhibit 4-19).

Exhibit 4-16: MH&A expenditures per affected resident by LHIN (2010/11), excluding housing, staff education and research



However, despite accounting for differences in housing and other indirect costs (i.e. research and staff education), MH&A expenditures in the Champlain LHIN appear disproportionate to the MH&A activity provided in comparison to the Ontario average (Exhibit 4-18): MH&A expenditures in Champlain are 15% higher than the Ontario average, while only 5% more inpatient/resident days and 8.8% fewer face-to-face visits (in house) are provided per affected individual.

Exhibit 4-17: 2010/11 MH&A Activity per Affected Individual by LHIN Excluding Housing

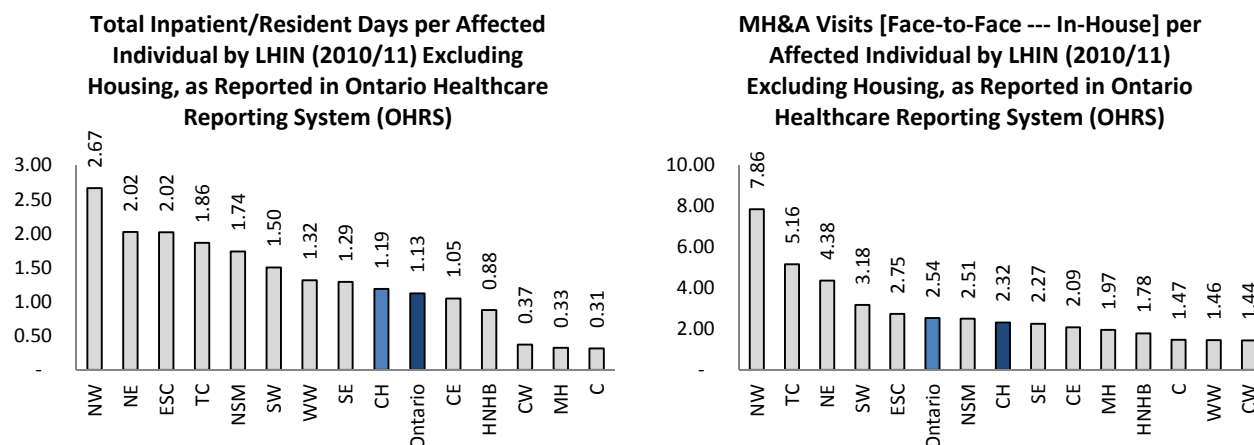


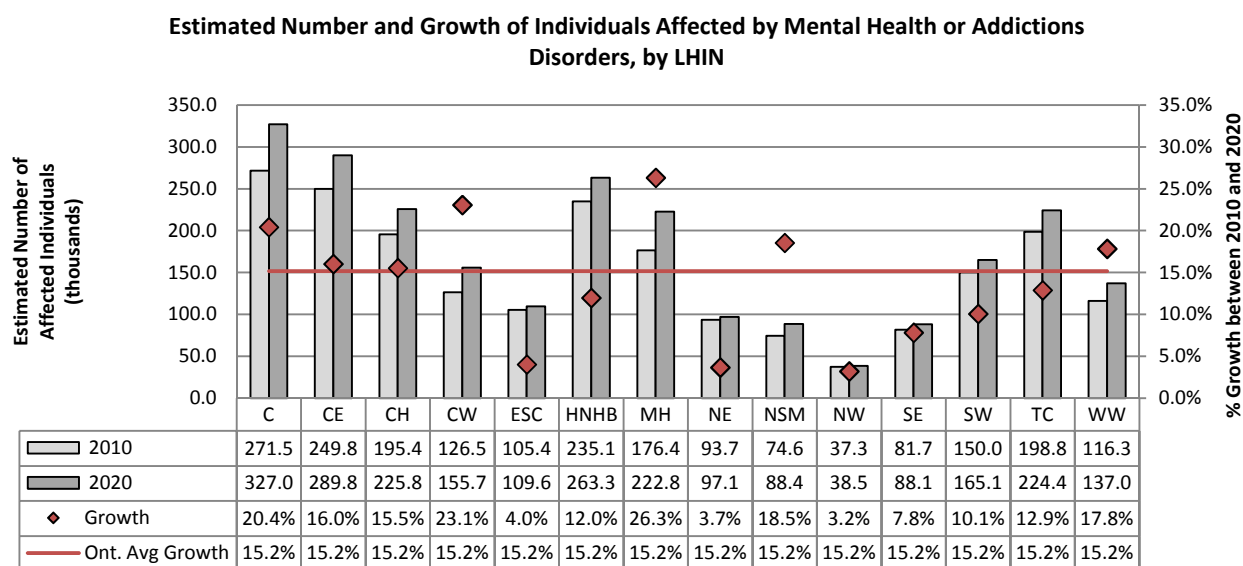
Exhibit 4-18: MH&A spending and activity per affected individual in Champlain LHIN relative to Ontario

Results Excluding Research, Staff Education & Housing	Champlain LHIN	Ontario	Difference
Expenditures per affected individual	\$870	\$755	15%
Inpatient/Resident Days per affected individual	1.19	1.13	5.5%
Face-to-Face Visits (in house) per affected individual	2.32	2.54	-8.8%

4.3 Outlook

Overall, the anticipated growth in the total number of affected individuals in the Champlain LHIN over the next ten years parallels that of the province (Exhibit 4-19), reaching 225,771 individuals by 2020.

Exhibit 4-19: Expected Growth in the Number Affected by Mental Health or Addictions Disorders between 2010 and 2020, by LHIN



Between 2010 and 2020, dementias are expected to be the fastest growing disorder in the Champlain LHIN, while adolescent disorders are expected to decrease by 3.2% (Exhibit 4-20). For specific estimates of the sizes of affected populations in 2013 and 2020 for specific disorders, see Exhibit 4-21.

Exhibit 4-20: Expected growth in affected population in the Champlain LHIN by disorder type between 2010 and 2020

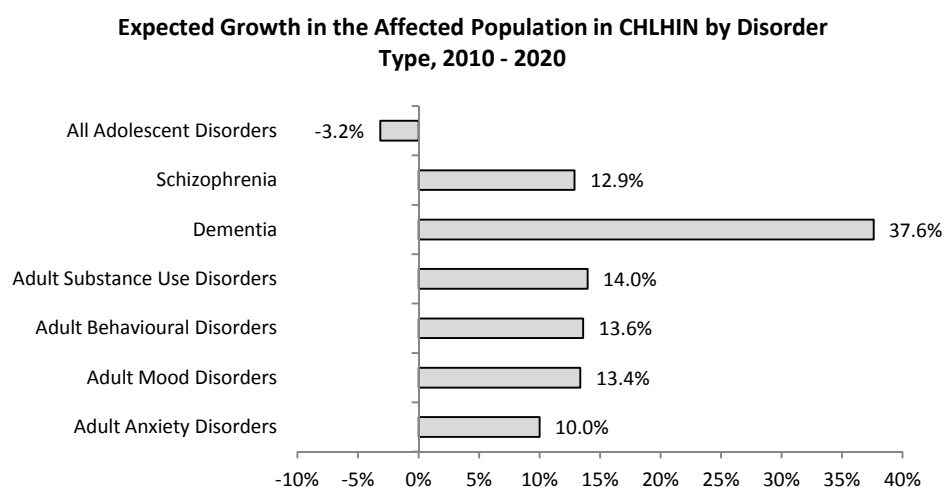


Exhibit 4-21: Estimated Affected Population in Champlain LHIN by Disorder Type for 2006, 2010, 2013, and 2020

Disorder	2006	2010	2013	2020
All MH&A Disorders (incl. Adolescents)	181,233	195,413	204,660	225,771
All Adult Disorders	163,113	175,040	182,572	199,297
Adult Anxiety Disorders	106,971	115,112	117,990	126,620
Panic Disorder	9,650	10,382	10,640	11,418
Agoraphobia	13,579	14,600	14,957	16,049
Specific Phobia	56,537	60,833	62,348	66,907
Social Phobia	58,710	63,199	64,795	69,536
Generalized Anxiety Disorder	9,610	10,339	10,596	11,370
Posttraumatic Stress Disorder	21,138	22,751	23,322	25,029
Adult Mood Disorders	38,648	42,436	44,226	48,111
Major Depressive Episode	35,724	39,228	40,886	44,477
Dysthymia	6,248	6,848	7,128	7,753
Mania/Hypomania	5,264	5,790	6,041	6,572
Adult Behavioural Disorders	78,063	85,926	89,710	97,612
Oppositional Defiant Disorder	8,723	9,603	10,028	10,911
Conduct Disorder	8,842	9,740	10,175	11,072
Attention-Deficit/Hyperactivity Disorder	36,039	39,623	41,334	44,971
Intermittent Explosive Disorder	22,705	25,029	26,158	28,465
Schizophrenia	5,814	6,310	6,553	7,124
Dementia	12,306	14,063	15,536	19,350
Adult Substance Use Disorders	70,968	78,432	82,122	89,387
Alcohol Use Disorders	39,279	43,397	45,429	49,447
Drug Use Disorders	16,960	18,757	19,650	21,390
All Adolescent Disorders	18,488	17,858	17,152	17,291
Adolescent Anxiety Disorders	8,252	7,971	7,656	7,718
Panic Disorder	801	774	743	749
Agoraphobia	5,546	5,357	5,146	5,187
Social Phobia	2,021	1,952	1,875	1,890
Generalized Anxiety Disorder	505	488	469	473
Posttraumatic Stress Disorder	727	702	675	680
Obsessive Compulsive Disorder	247	238	229	231
Adolescent Mood Disorders	3,685	3,560	3,419	3,447
Any Depressive Disorder	2,650	2,560	2,459	2,478
Mania/Hypomania	123	119	114	115
Attention-Deficit/Hyperactivity Disorder	2,539	2,452	2,356	2,375
Adolescent Disruptive Disorders (excl. ADHD)	8,289	8,006	7,690	7,752
Oppositional Defiant Disorder	3,371	3,256	3,127	3,153
Conduct Disorder	4,067	3,929	3,774	3,804
Adolescent Substance Use Disorders	6,495	6,274	6,026	6,075
Alcohol Abuse or Dependence	3,599	3,476	3,339	3,366
Marijuana Abuse or Dependence	4,166	4,024	3,865	3,896
Other Substances Abuse or Dependence	1,109	1,071	1,029	1,037

Scenarios

The impact of this expected growth in the numbers of individuals affected by MH&A disorder will take different forms depending on the circumstances surrounding future funding levels, future service levels and other factors. To assess the potential impact of expected growth in the number of affected individuals in the years 2013 and 2020, three scenarios were examined:

- 1) Total MH&A expenditures and activity remain at 2010/11 fiscal year levels (i.e. total dollars spent, total

number of inpatient/resident days and total number of face-to-face visits stay the same while the population grows);

- 2) Total MH&A expenditures and activity increase at the average rate of increase experienced over the past four fiscal years (2007/08 through 2010/11) (i.e. spending and activity change at the average rate experienced over the past four years while the population grows); and,
- 3) MH&A expenditures and activity per affected individual remain at 2010/11 fiscal year levels (i.e. spending and activity per affected individual stay the same while the population grows).

In each scenario, the population of affected individuals is expected to grow at the levels outlined in Exhibit 4-19 and Exhibit 4-20.

Scenario 1: No Change in Total MH&A Expenditures or Activity

Assuming that total MH&A expenditures and activity in the Champlain LHIN remain at 2010/11 fiscal year levels over the next ten years, population growth and aging will result in a reduction in expenditures and activity per affected individual by 4.5% over the next three years, and 13.4% over the next 10 years (Exhibit 4-22)

Exhibit 4-22: Current (2010) and Projected MH&A Expenses and Activity per Affected Individual Assuming No Changes in Expenditures or Capacity

	2010	2013	2020	Growth Between	
				2010 & 2013	2010 & 2020
MH&A Expenses	\$933	\$891	\$807	-4.5%	-13.4%
Total Inpatient/Resident Days	2.05	1.95	1.77	-4.5%	-13.4%
Visits [Face-to-Face --- In-House]	2.63	2.51	2.27	-4.5%	-13.4%

Scenario 2: Total Expenditures and Activity Increase at the Average Rate Experienced Between 2007/08 and 2010/11

Between fiscal years 2007/08 and 2010/11, MH&A expenditures in the Champlain LHIN have increased at an average annual rate of 3.4% (with significant variation from year to year), while inpatient/resident activity has increased by an average of 4.4% annually and visit activity has increased by an average of 10%²² annually (Exhibit 4-23).

Exhibit 4-23: Year over Year Growth Rates in MH&A Expenditures and Activity in Champlain LHIN

	2007/2008 to 2008/2009	2008/2009 to 2009/2010	2009/2010 to 2010/2011	Average Annual Increase/Decrease
Expenditures	12.9%	1.5%	-4.2%	3.4%
Inpatient/Resident Days	20.1%	-10.0%	3.0%	4.4%
Face-to-Face Visits	15.8%	13.1%	1.2%	10.0%

²² Only 3-year average rates could be obtained due to lack of community sector reporting in 2006/7 and earlier. Note that this rate varied significantly from year to year, including decreased for expenditures from 2009/10 to 2010/11, and for inpatient activity from 2008/09 to 2009/10.

Assuming that these average annual growth rates continue over the next ten years, the Champlain LHIN will spend 21% more per affected individual in 2020 than it did in 2010/11. Activity would increase even more, with a 33% increase in inpatient/resident activity and a 126% increase in visit activity per affected individual (Exhibit 4-24).

Exhibit 4-24: Current (2010) and Projected MH&A Expenses and Activity per Affected Individual Assuming Growth at Average 3-Year Historical Rates

	2010	2013	2020	Growth Between	
				2010 & 2013	2010 & 2020
MH&A Expenses	\$933	\$986	\$1,132	5.7%	21%
Total Inpatient/Resident Days	2.05	2.22	2.71	8.5%	33%
Visits [Face-to-Face --- In-House]	2.63	3.34	5.93	27.3%	126%

Scenario 3: Maintaining Current Expenditure and Activity Levels per Affected Individual

Maintaining MH&A expenditures and activity per affected individual at 2010/11 fiscal year levels within the Champlain LHIN requires a 4.7% increase in expenditures (and therefore associated funding and/or other revenue) in 2013 over 2010, and a 15.5% increase in expenditures in 2020 over 2010. Estimated expenditures and activity levels required in 2013 and 2020 to maintain 2010/11 expenditures and activity per affected individual are outlined in Exhibit 4-25.

Exhibit 4-25: Current (2010) and Projected MH&A Expenses and Activity to Maintain Current Expenses and Levels of Service per Affected Individual

	2010	2013	2020	Growth Between	
				2010 & 2013	2010 & 2020
MH&A Expenses	\$182,284,682	\$190,910,717	\$210,603,528	4.7%	15.5%
Total Inpatient/Resident Days	399,664	418,577	461,754	4.7%	15.5%
Visits [Face-to-Face --- In-House]	513,551	537,853	593,334	4.7%	15.5%

Implications

It is difficult to predict what the future will actually look like when it comes to dollars available for MH&A care and they types and means of MH&A service provision. What is known is that several factors will likely come into play:

- The current fiscal environment within Ontario will likely result in significantly smaller increases in available health care dollars, with those dollars more likely to flow to primary and community care²³;
- As part of the Ontario government's Action Plan for Health Care the MOHLTC will begin implementing its

²³ Leading Healthcare Quality Summit & Innovations Expo, Closing Remarks by the Honourable Deb Matthews Minister of Health and Long-Term Care. November 9, 2011. http://www.health.gov.on.ca/en/news/speech/2011/sp_20111109.aspx

MH&A strategy starting with children and youth²⁴; and

- Healthcare is increasingly focusing on quality, cost, value for money, integration and patient experience.

Given these factors, significant amounts of new dollars will likely not be flowing into the healthcare system, although primary care, community care and child and youth related MH&A services will be better positioned than other areas of healthcare to receive the new amounts that become available. This financial constraint on the system and on MH&A services in particular will require the MH&A system to re-assess:

- How and where it spends available dollars;
- The outcomes achieved by investing in different services, programs or parts of the MH&A continuum of care; and,
- The client/patient experience in accessing and using the MH&A system (which in itself is a growing impetus on the MH&A system to re-assess how services are provided and accessed).

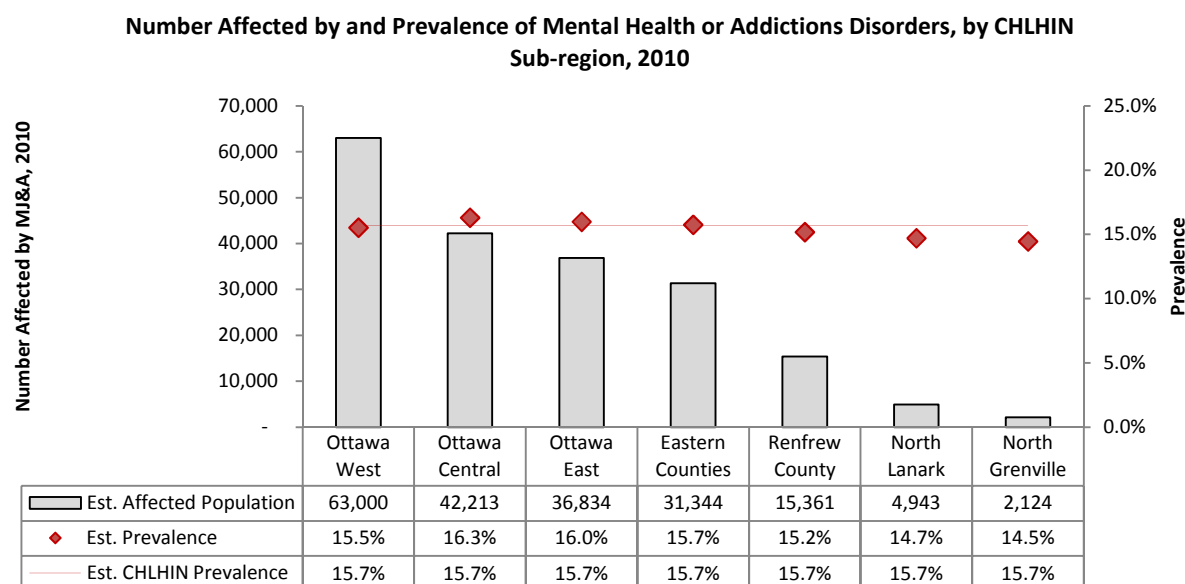
²⁴ Government of Ontario. *Ontario's Action Plan for Health Care*. Queen's Printer for Ontario, 2012. Page 11.

5. Mental Health & Addictions in the Champlain LHIN

5.1 Individuals Affected by Mental Health & Addictions Disorders

Overall, the prevalence of mental health and addictions (excluding gambling addictions and dual diagnosis) within the Champlain LHIN sub-regions is highest in Ottawa Central and lowest in North Grenville (Exhibit 5-1). Due to its larger overall population, however, 72.5% of all MH&A affected individuals within the Champlain LHIN reside within the Ottawa sub-regions.

Exhibit 5-1: Central and Eastern Champlain LHIN sub-regions have a higher prevalence of MH&A disorders

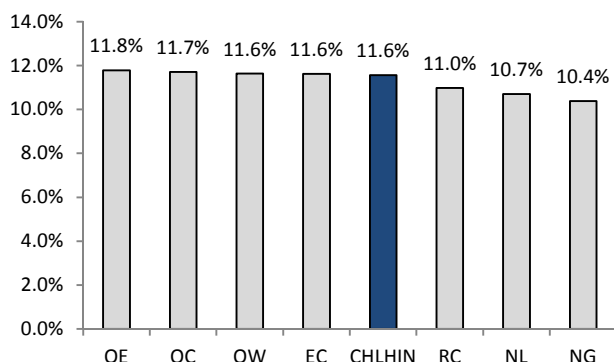


The mix of adult mental health disorders is different between each of the sub-regions (Exhibit 5-2). In adults, anxiety disorders, mood disorders, and behavioural disorders were most common in the Ottawa sub-regions. In contrast, substance use disorders and schizophrenia are most prevalent in Renfrew County and the Eastern Counties. Dementia is most prevalent in North Grenville, and least prevalent in the younger Ottawa sub-regions.

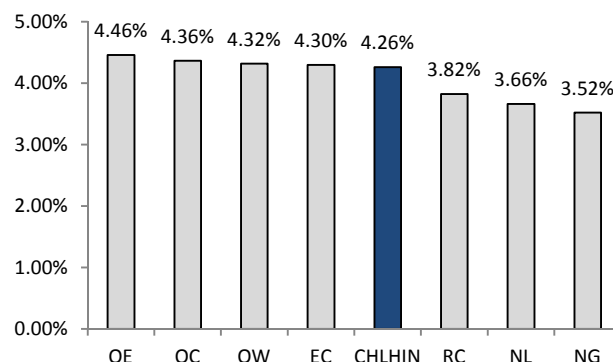
When the population prevalence rates are combined with the size of the total population within each region, estimates of the total affected population by disorder are generated for each of the Champlain LHIN sub-regions as shown in Exhibit 5-3.

Exhibit 5-2: Prevalence of Adult Mental Health Disorders in Champlain LHIN Sub-regions

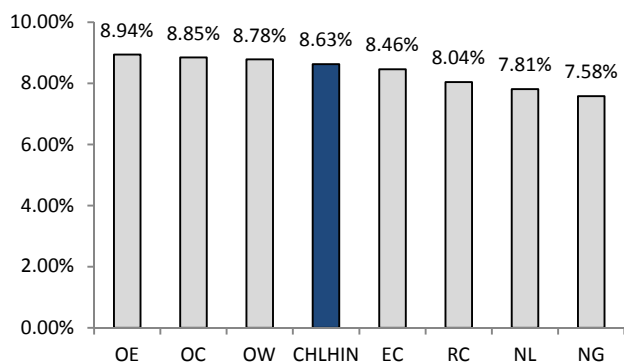
Prevalence of Adult Anxiety Disorders by Champlain LHIN Sub-Region, 2010



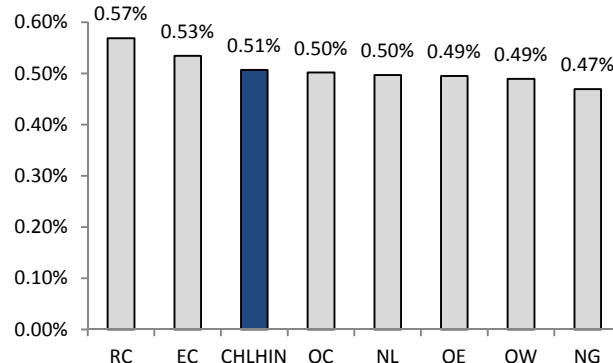
Prevalence of Adult Mood Disorders by Champlain LHIN Sub-Region, 2010



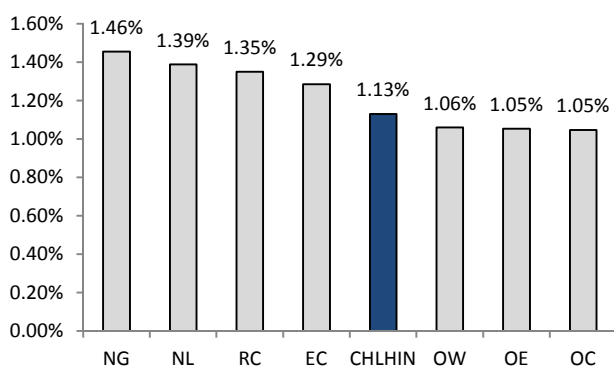
Prevalence of Adult Behavioural Disorders by Champlain LHIN Sub-Region, 2010



Prevalence of Schizophrenia by Champlain LHIN Sub-region, 2010



Prevalence of Dementia by Champlain LHIN Sub-Region, 2010



Prevalence of Adult Substance Use Disorders by Champlain LHIN Sub-Region, 2010

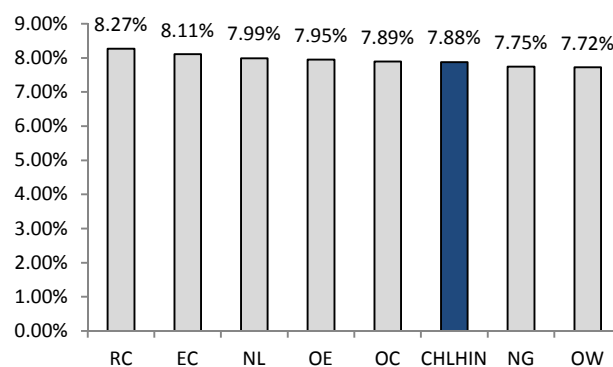


Exhibit 5-3: Estimated Number of Affected Individuals by Disorder Champlain LHIN Sub-Region, 2010

Disorder	Ottawa West	Ottawa Central	Ottawa East	Eastern Counties	Renfrew County	North Lanark	North Grenville
All MH&A Disorders	63,000	42,213	36,834	31,344	15,361	4,943	2,124
All Adult Disorders	56,714	38,202	33,266	27,722	13,418	4,309	1,841
Adult Anxiety Disorders	37,120	24,965	21,651	18,388	8,966	2,893	1,238
Panic Disorder	3,321	2,239	1,939	1,682	823	265	113
Agoraphobia	4,662	3,162	2,760	2,435	1,100	349	148
Specific Phobia	19,604	13,162	11,384	9,680	4,799	1,555	667
Social Phobia	20,448	13,742	11,926	10,035	4,889	1,577	675
Generalized Anxiety Disorder	3,332	2,246	1,957	1,657	799	256	109
Posttraumatic Stress Disorder	7,355	4,944	4,285	3,601	1,774	573	246
Adult Mood Disorders	13,772	9,302	8,190	6,794	3,123	989	420
Major Depressive Episode	12,682	8,538	7,458	6,264	2,994	959	409
Dysthymia	2,284	1,565	1,447	1,123	374	106	43
Mania/Hypomania	1,867	1,266	1,106	917	449	143	61
Adult Behavioural Disorders	28,002	18,873	16,433	13,375	6,568	2,111	903
Oppositional Defiant Disorder	3,171	2,133	1,859	1,459	708	227	97
Conduct Disorder	3,178	2,135	1,850	1,503	757	245	105
Attention-Deficit/Hyperactivity Disorder	12,997	8,740	7,600	6,096	2,969	958	410
Intermittent Explosive Disorder	8,027	5,440	4,755	4,017	1,987	633	270
Schizophrenia	1,987	1,299	1,141	1,064	576	167	69
Dementia	4,299	2,712	2,427	2,558	1,367	467	214
Adult Substance Use Disorders	24,625	16,825	14,611	12,816	6,753	2,159	923
Alcohol Use Disorders	13,587	9,277	8,048	7,133	3,759	1,203	514
Drug Use Disorders	5,929	4,058	3,533	3,021	1,592	507	217
All Adolescent Disorders	6,014	3,153	3,553	3,052	1,376	494	208
Adolescent Anxiety Disorders	2,684	1,407	1,586	1,362	614	220	93
Panic Disorder	261	137	154	132	60	21	9
Agoraphobia	1,804	946	1,066	916	413	148	62
Social Phobia	658	345	388	334	150	54	23
Generalized Anxiety Disorder	164	86	97	83	38	13	6
Posttraumatic Stress Disorder	237	124	140	120	54	19	8
Obsessive Compulsive Disorder	80	42	47	41	18	7	3
Adolescent Mood Disorders	1,199	629	708	608	274	98	42
Any Depressive Disorder	862	452	509	437	197	71	30
Mania/Hypomania	40	21	24	20	9	3	1
Attention-Deficit/Hyperactivity Disorder	826	433	488	419	189	68	29
Adolescent Disruptive Disorders (excl. ADHD)	2,696	1,414	1,593	1,368	617	221	93
Oppositional Defiant Disorder	1,097	575	648	557	251	90	38
Conduct Disorder	1,323	694	782	671	303	109	46
Adolescent Substance Use Disorders	2,113	1,108	1,248	1,072	483	173	73
Alcohol Abuse or Dependence	1,171	614	692	594	268	96	41
Marijuana Abuse or Dependence	1,355	710	800	688	310	111	47
Other Substances Abuse or Dependence	361	189	213	183	83	30	12

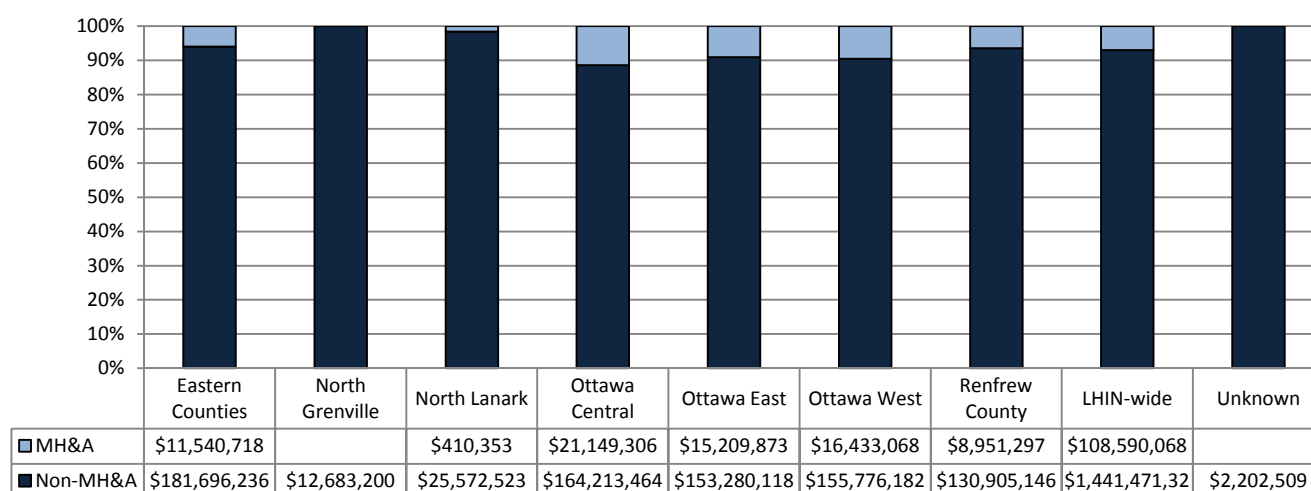
5.2 Mental Health & Addictions Expenditures & Activity

Overview of Expenditures & Activity

Within the Champlain LHIN, MH&A expenditures vary from sub-region to sub-region, both in terms of the types of organizations providing services as well as where the expenditures fall within the continuum of care.

*Exhibit 5-4: Spending on MH&A within Champlain sub-regions**

2010/11 MH&A Expenditures by Champlain LHIN Sub-Regions as a Proportion of Total Sub-Region Health Expenditures (as reported in the Ontario Healthcare Reporting System)

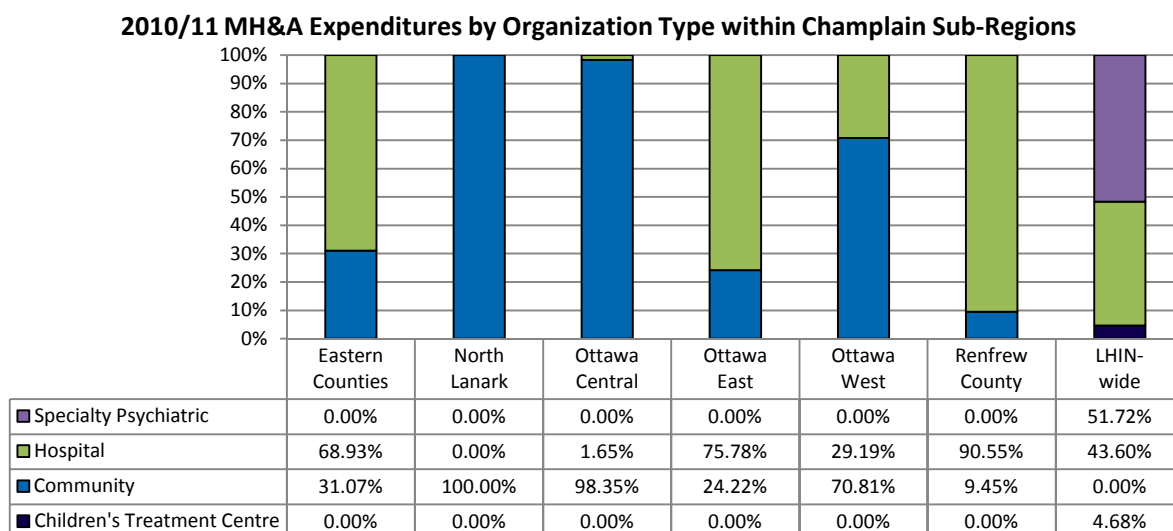


*North Grenville does not appear in this chart as there are no identified MH&A-specific expenditures reported in the OHRS.

As outlined in Exhibit 5-4, no MH&A-related expenditures were identified in the OHRS data for North Grenville. This is likely due to a combination of blended reporting within the OHRS (i.e. MH&A related expenditures and activity reported in the same functional centres as non-MH&A expenditures and activity), the provision of MH&A services by organization receiving no funding from the MOHLTC and/or limited availability of MH&A services within the region. The proportion of a sub-region's total health-related expenditures allocated to MH&A services is highest in the three Ottawa sub-regions and lowest in North Lanark.

Within the sub-regions of Eastern Counties, Ottawa East and Renfrew County, Hospitals spend the largest portions of MH&A expenditures, while in North Lanark, Ottawa Central and Ottawa West, Community organizations spend the greatest proportion of MH&A dollars (Exhibit 5-5).

Exhibit 5-5: MH&A expenditures by organization type within Champlain sub-regions^{*25}

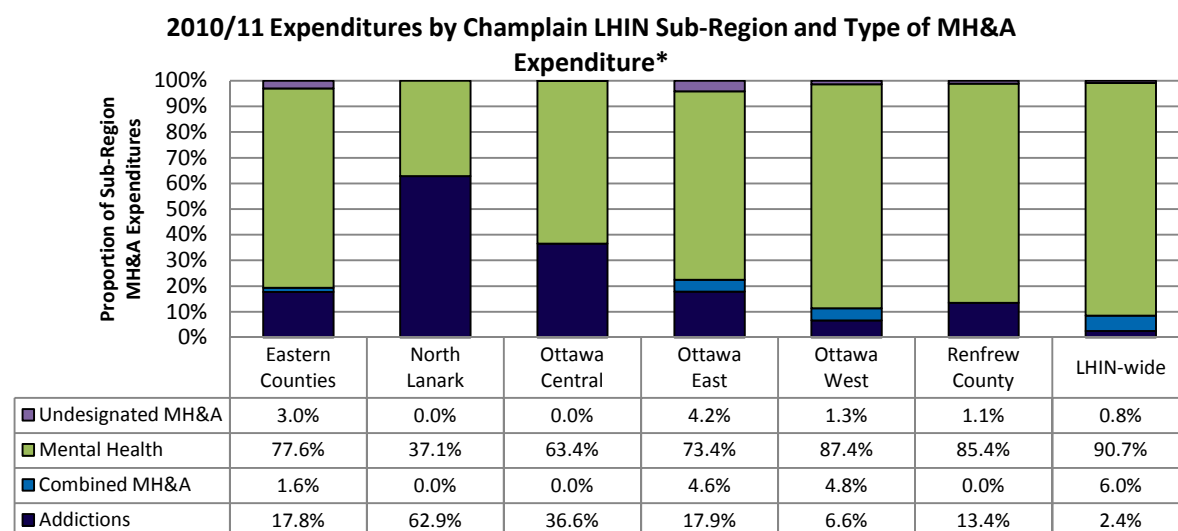


**North Grenville does not appear in this chart as there are no identified MH&A-specific expenditures reported in the OHS.*

Separating Mental Health from Addictions: Expenditures & Activity

The majority of MH&A expenditures in each of the Champlain LHIN's sub-regions were spent on services focused solely on mental health (Exhibit 5-6). Likewise, the majority of MH&A activity (both inpatient/resident days and face-to-face visits) are related to services focused solely on mental health (Exhibit 5-7). The one exception is North Lanark, where 62.9% of 2010/11 MH&A expenditures were focused on addictions services, all of which were related to inpatient/resident activity.

Exhibit 5-6: 2010/11 MH&A expenditures by Champlain LHIN sub-region and type of MH&A expenditures

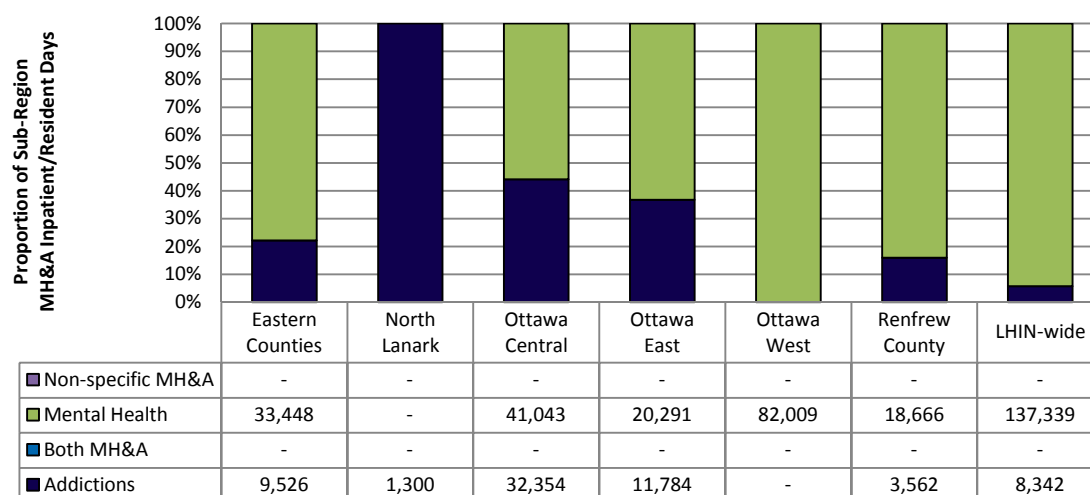


**North Grenville does not appear in this chart as there are no identified MH&A-specific expenditures reported in the OHS.*

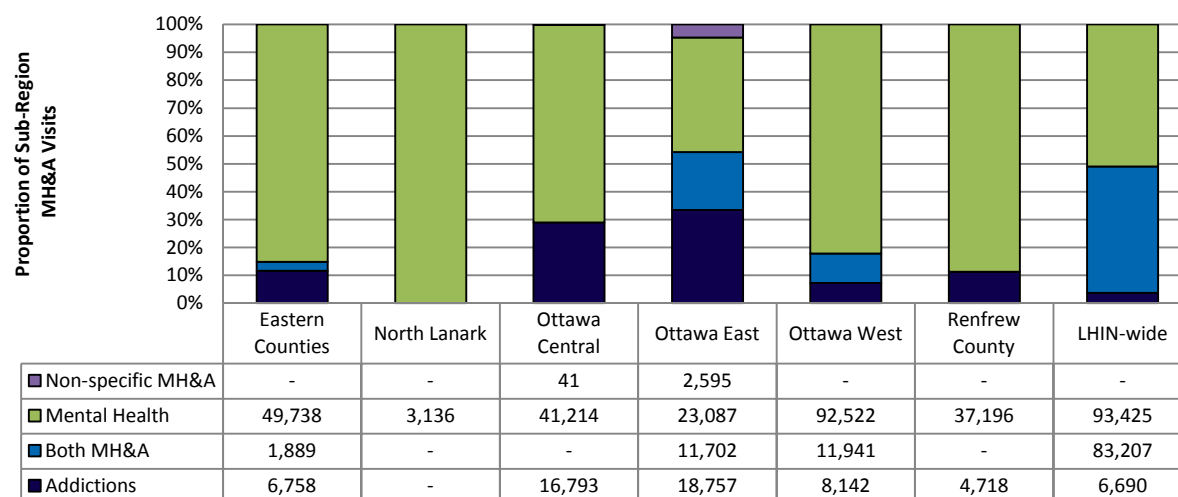
²⁵ Note that this chart describes the type of organization providing MH&A services and not the type of service provided. It should not be used to determine whether the 60/40 split between community and inpatient services, as recommended on page 7 of the Ontario MOHLTC's *Making It Happen: Implementation Plan for Health Reform* report, is achieved as Hospitals and Specialty Psychiatric facilities both provide outpatient and community MH&A services in addition to inpatient services.

Exhibit 5-7: 2010/11 MH&A activity by Champlain LHIN sub-region and type of MH&A activity

2010/11 MH&A Inpatient/Resident Days by Champlain Sub-Region and Type of MH&A Activity*



2010/11 MH&A Face-to-Face Visits by Champlain Sub-Region and Type of MH&A Activity*



*North Grenville does not appear in these charts as there are no identified MH&A-specific expenditures reported in the OHRIS

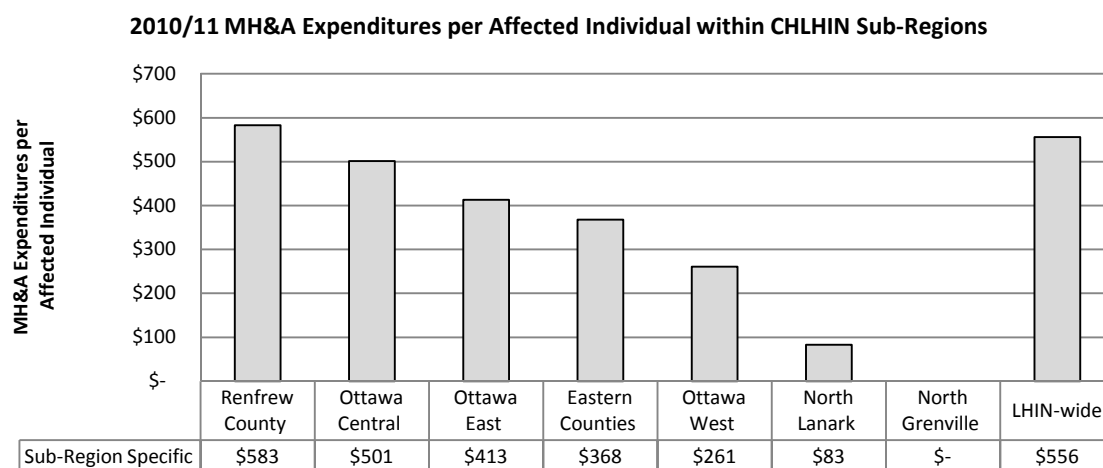
Expenditures & Activity per Affected Individual

Organizations within Renfrew County spend the most on MH&A services per affected individual. The majority (60%) of MH&A expenditures occur within Champlain LHIN in organizations with a LHIN-wide mandate²⁶, for an average spend per affected resident of \$556 (

Exhibit 5-8).

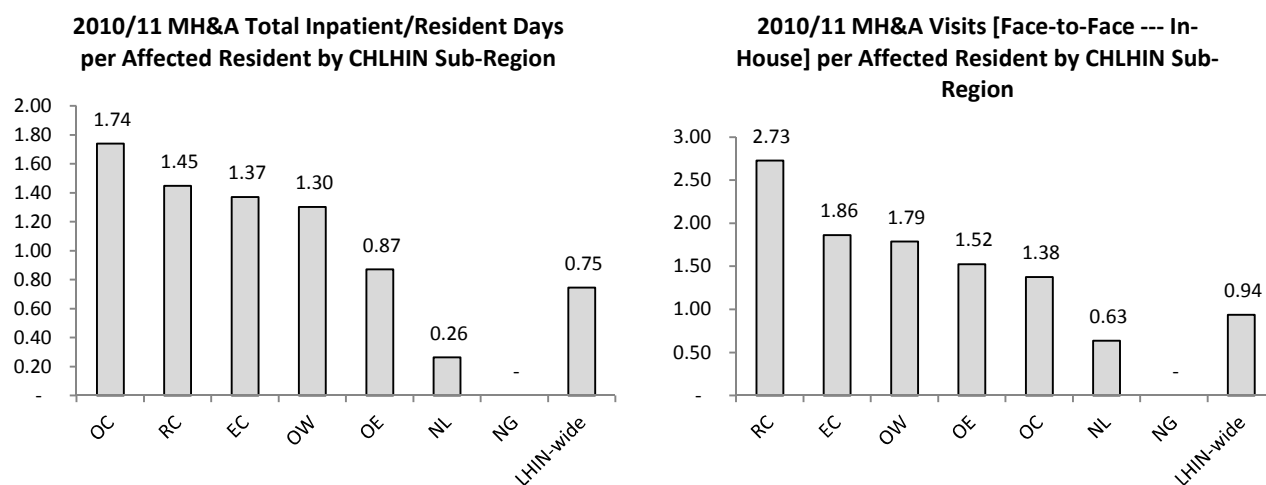
²⁶ LHIN-wide expenditures per affected individual were calculated based on total affected individuals within Champlain LHIN

Exhibit 5-8: 2010/11 MH&A Expenditures per Affected Individual within Champlain sub-regions



Correspondingly, Renfrew County has the second most MH&A inpatient/resident activity and the most MH&A visits of all sub-regions within the LHIN. MH&A activity in Ottawa Central is relatively more focused on inpatient/resident activity, with the most per resident of all sub-regions in Champlain LHIN (Exhibit 5-9). Organizations with a LHIN-wide mandate account for 36.5% of MH&A inpatient/resident days and 35.7% of MH&A outpatient activity²⁷.

Exhibit 5-9: 2010/11 MH&A Activity per Affected Individual within Champlain sub-regions



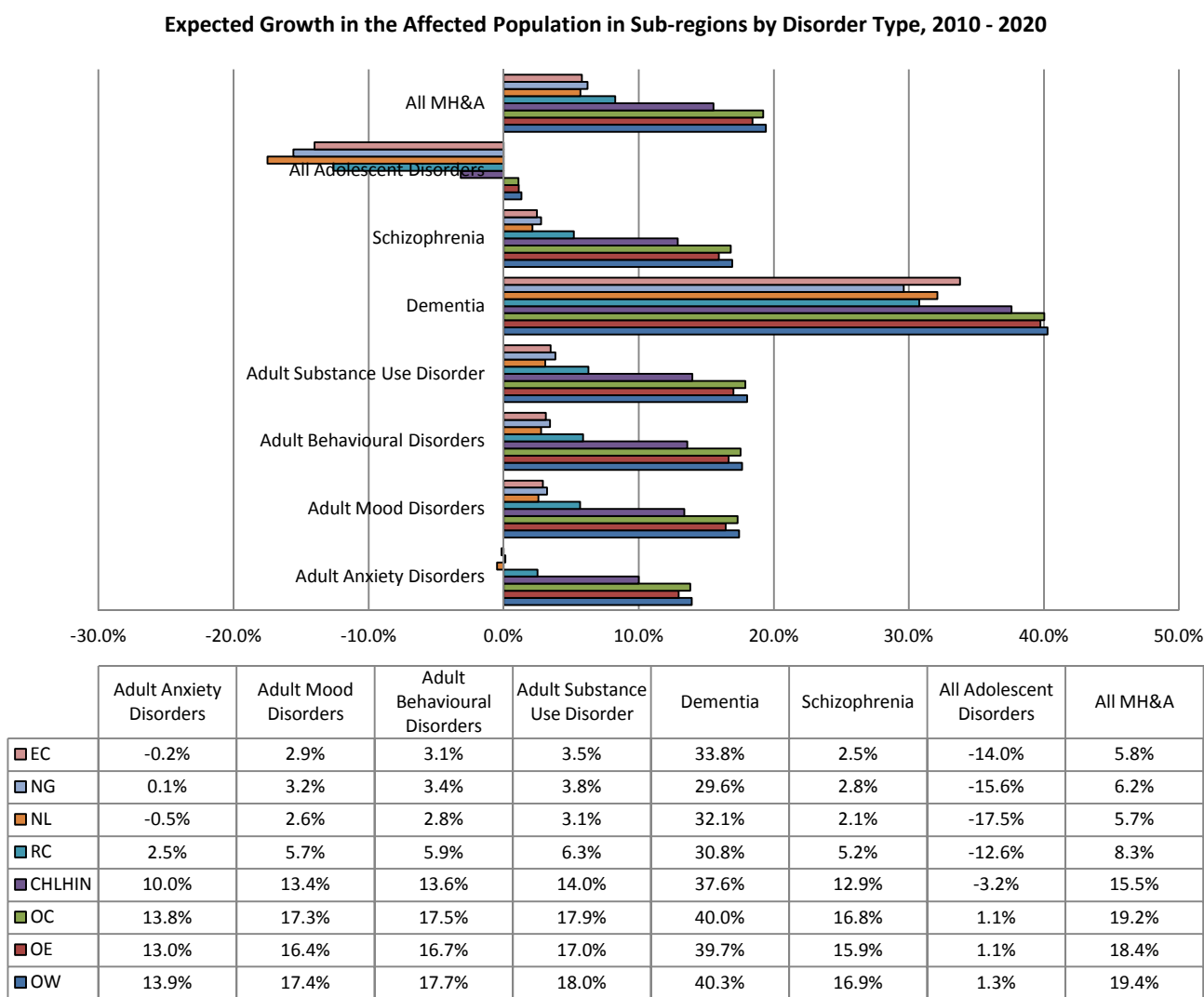
²⁷ LHIN-wide inpatient/resident and visit activity per affected individual were calculated based on total affected individuals within Champlain LHIN

5.3 Outlook

Over the next ten years, estimates suggest the population affected by dementia will grow the fastest across all Champlain LHIN sub-regions (Exhibit 5-10). In contrast, the population of adolescents affected with MH&A disorders will shrink by 3.2% overall in Champlain LHIN due to the shrinking adolescent population within non-Ottawa sub-regions. The population affected by other adult MH&A disorders will grow faster in the Ottawa sub-regions over the next ten years (13-18% compared to -0.5% to 6.3% in non-Ottawa sub-regions).

Considering all MH&A disorders, the total affected population within the Ottawa sub-regions will grow more than 18.5% (OE) to 25% (OW) more than Champlain LHIN region overall and more than twice as much as any other non-Ottawa sub-region. As a consequence, individuals affected by MH&A disorders will increasingly reside within the Ottawa sub-regions; by 2020, these three regions will account for 76% of the Champlain LHIN total, up from 71% in 2006.

Exhibit 5-10: Expected Growth in the Affected Population in Sub-regions by Disorder Type, 2010 - 2020



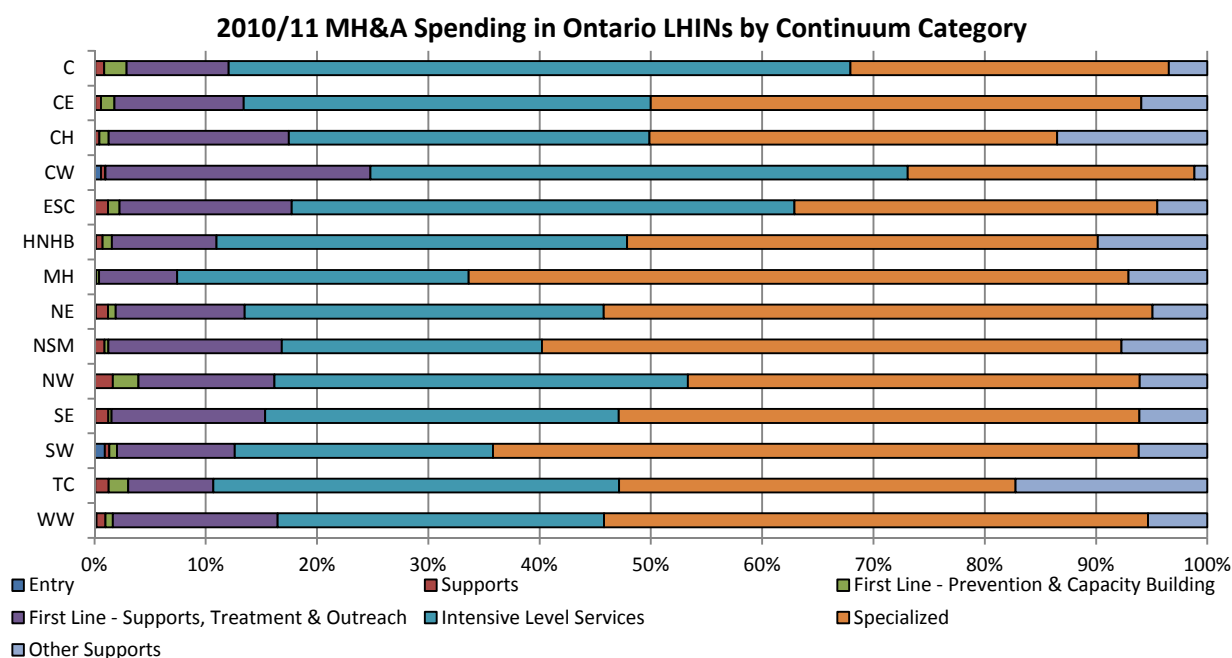
6. Mental Health & Addictions Across the Continuum of Care

6.1 The Continuum of Care within Ontario LHINs

Variation across LHINs is again observed in comparing MH&A expenditures per affected individual. Champlain LHIN spent 9.4% more on MH&A services in 2010/11 than Ontario as a whole (Exhibit 4-13). As seen in Exhibit 6-1, different LHINs spend different portions of their MH&A-related expenditures in different parts of the continuum of care (see Exhibit 2-2 for the description and definitions of the continuum). Despite this variation, there are some consistent patterns observed across LHINs when it comes to expenditures:

- Most LHINs (10 of 14, including Champlain) spend the greatest proportion of their MH&A dollars in the “Specialized” Continuum category; and,
- All but 2 LHINs (South West and Central West) spend the smallest proportion of their MH&A dollars in the “Entry” Continuum category.

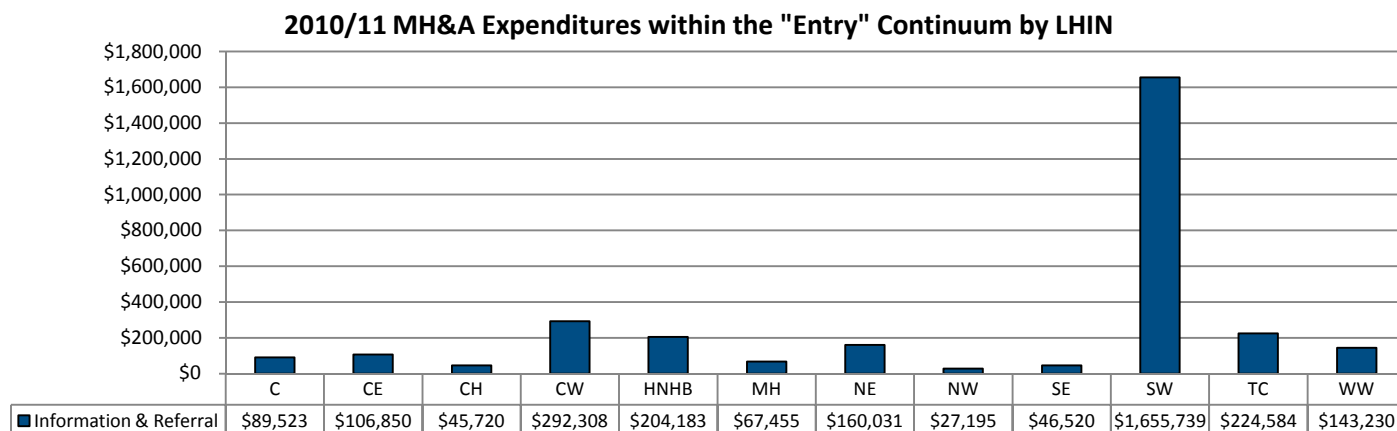
Exhibit 6-1: 2010/11 MH&A expenditures across the continuum of care by LHIN



MH&A Continuum of Care: Entry

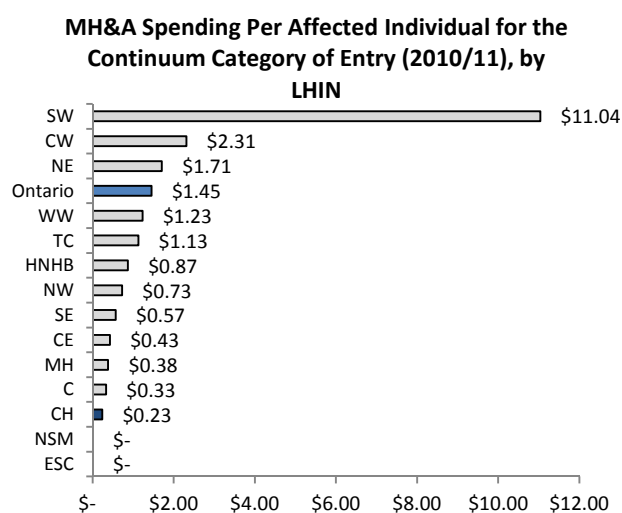
The “Entry” Continuum category consists solely of Information and Referral services. Just under \$3.6 million was spent on these services in 2010/11 throughout the province of Ontario, with only \$45,720 spent in the Champlain LHIN (Exhibit 6-2).

Exhibit 6-2: 2010/11 MH&A expenditures within the “Entry” continuum category



For the Champlain LHIN, this translates into \$0.23 per affected individual in 2010/11 (Exhibit 6-3), compared to the Ontario average of \$1.45. It is important to note that some LHINs have reported their identified Information and Referral expenditures and activity in functional centres used for provincial services, which likely explains the expenditures and expenditures per affected individual observed within the South West LHIN (an obvious outlier in both measures). Reporting provincial Information and Referral services, however doesn't explain all variation among LHINs, as Champlain does report provincial services yet had the third lowest expenditures per affected individual in 2010/11.

Exhibit 6-3: 2010/11 MH&A expenditures and activity per affected individual within the “Entry” continuum category



MH&A Continuum of Care: Supports

Ontario spent approximately \$14.5 million in 2010/11 on services within the “Supports” Continuum category; of this just under \$779,000 was spent in the Champlain LHIN. This Continuum category is comprised of services which are focused on self-help, advocacy and leadership, and it is broken down into three main categories of consumer survivor initiatives:

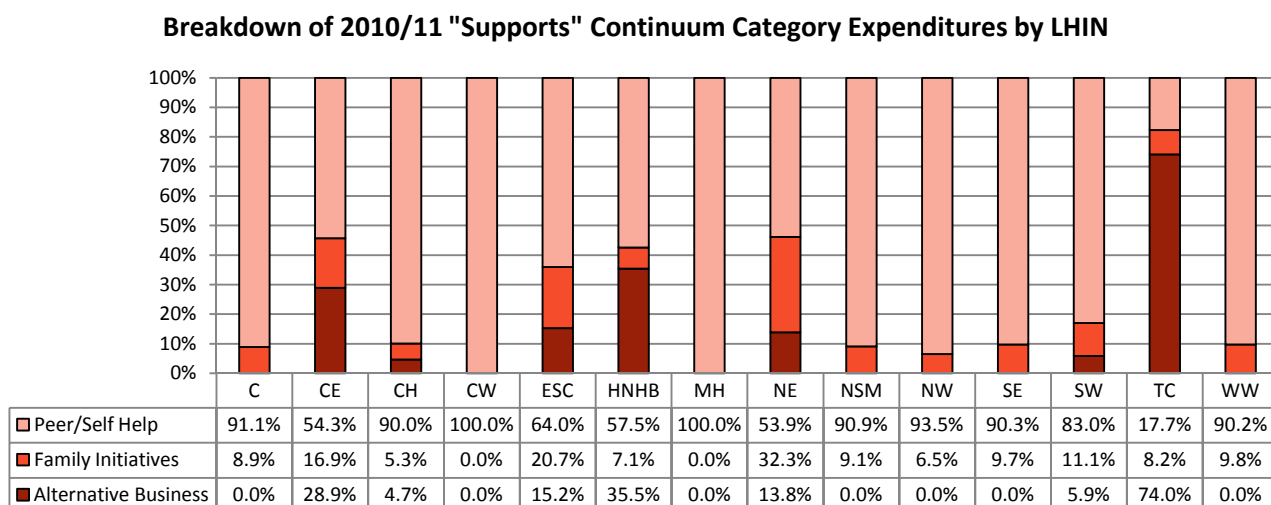
- 1) **Peer/Self Help** services including drop-in centres, peer support, and public and provider education

about self-help;

- 2) **Family Initiatives** including the participation of family groups in planning and evaluation of care delivery and in providing self-help, peer support, education and advocacy services; and,
- 3) **Alternative Business** which offer full and part time employment at market rate or higher and provide a combination of job development, job placement and supported education.

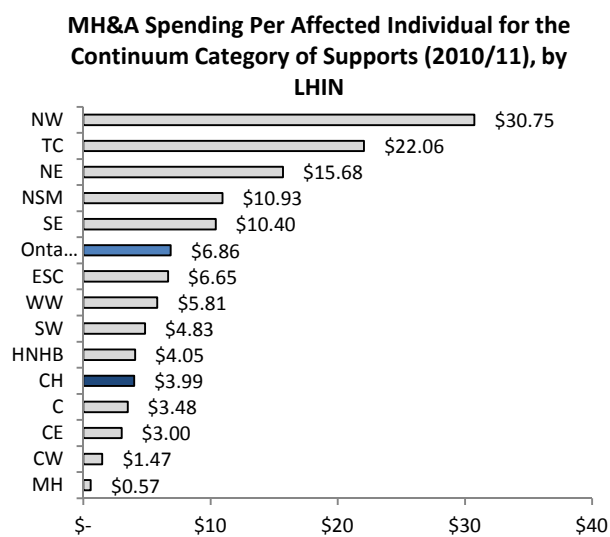
Most LHINs spent the majority of their “Supports” Continuum category dollars on Peer/Self Help services in 2010/11, with the exception of Toronto Central which spent the majority of “Supports” dollars on Alternative Business services (Exhibit 6-4).

Exhibit 6-4: 2010/11 MH&A expenditures within the “Supports” continuum category



On average, expenditures on these services in 2010/11 translated into \$6.86 per affected individual in Ontario. This is \$3.87 more per affected individual than expenditure levels in the Champlain LHIN during the same period (Exhibit 6-5).

Exhibit 6-5: 2010/11 MH&A expenditures per affected individual within the “Supports” continuum category



MH&A Continuum of Care: First Line – Prevention & Capacity Building

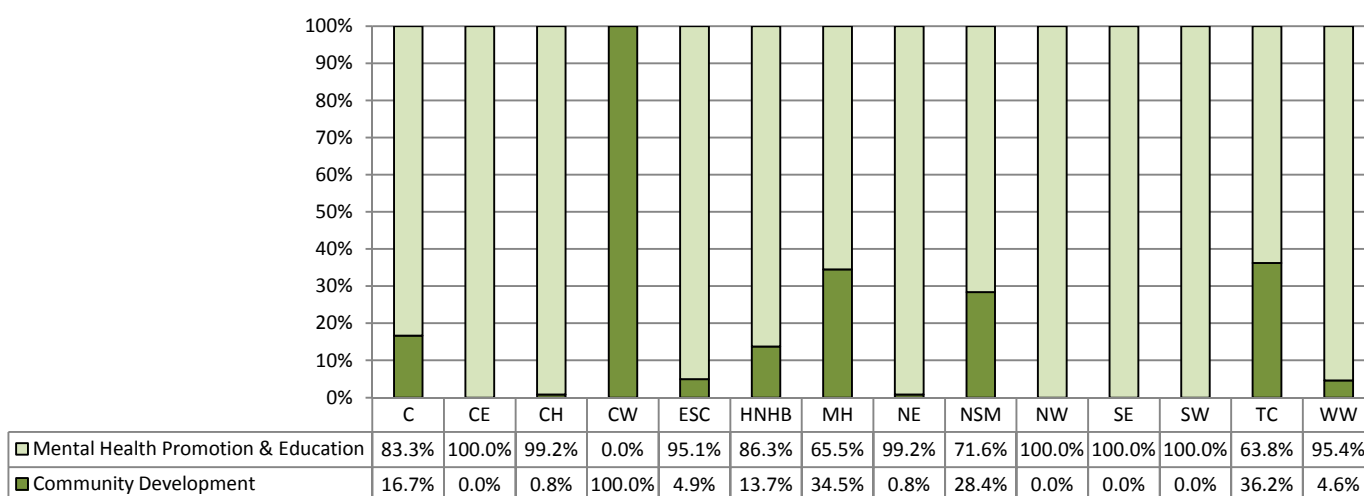
The Continuum category of “First Line – Prevention & Capacity Building” focuses on two main elements:

- 1) **Mental Health Promotion & Education** activities aimed at promoting health and educating communities (including the public, professionals and other sectors), where there are dedicated staff performing these activities²⁸; and,
- 2) **Community Development** activities focused on providing guidance and assistance to a community in identifying its mental health and substance abuse issues and in developing the capacity to address those issues. Only those organizations which are specifically funded to provide this service can report expenditures and activities in the functional centres included in this Continuum sub-category.

\$19.1 million was spent in Ontario in 2010/11 for “First Line – Prevention & Capacity Building” Continuum category services, with \$15.9 million of that amount focused on health promotion and prevention activities. Just under \$1.5 million was spent in this Continuum in Champlain LHIN, with all but approximately \$12,600 spent on Promotion and Education activities (Exhibit 6-6).

Exhibit 6-6: 2010/11 MH&A expenditures within the “First Line – Prevention & Capacity Building” continuum category by LHIN

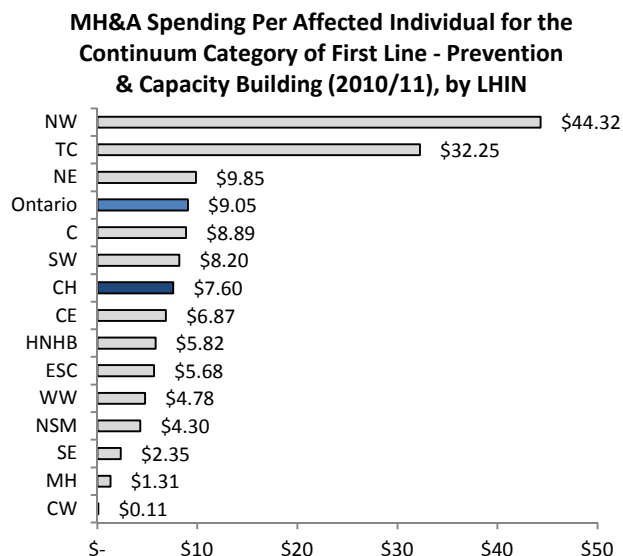
Breakdown of 2010/11 "First Line - Prevention & Capacity Building" Continuum Category Expenditures by LHIN



This level of spending within the Champlain LHIN works out to \$7.60 spent per individual affected by an MH&A disorder, \$1.45 less per affected individual than the Ontario average (Exhibit 6-7). All but two LHINs spend less than \$10 per affected individual on services within the “First Line – Prevention & Capacity Building” Continuum category. North West and Toronto Central LHINs spend substantially more per affected individual (at \$44.32 and \$32.25 respectively).

²⁸ Health Promotion and Education activities performed by staff members who also perform other functions may be reported in other functional centres which are classified under Continuum categories other than “First Line – Prevention & Capacity Building.”

Exhibit 6-7: 2010/11 MH&A expenditures per affected individual within the “First Line – Prevention & Capacity Building” continuum category



MH&A Continuum of Care: First Line – Supports, Treatment & Outreach

In 2010/11 almost \$206.9 million was spent in Ontario on services within the “First Line – Supports, Treatments & Outreach” Continuum category. The services within this Continuum category fall into three primary sub-categories:

- 1) Diversion and Court Support** services aimed at assisting clients, their families and the judiciary with the legal process, linking clients to needed services or providing needed services, as well as linking individuals to community or institutional MH&A services pre and post charge;
- 2) Emergency Room (ER) & Crisis Services** consisting of hospital based emergency psychiatric and crisis intervention services, inpatient psychiatric crisis beds, short term crisis support beds, community based crisis intervention services, and mental health home care for psychiatric follow-up; and,
- 3) Outreach, Mental Health Counselling & Treatment** services comprised primarily of general mental health clinics, counselling and treatment services, and MH&A home care services.

Most LHINs spend less than 12% of their “First Line – Support, Treatment & Outreach” expenditures on Diversion and Court Support services, with the exception of the Central LHIN (at almost 17%) (Exhibit 6-8). In Champlain LHIN, just under \$29.6 million was spent on “First Line – Support, Treatment & Outreach” services in 2010/11, with approximately \$17.3 million of this spent on Outreach, Mental Health Counselling & Treatment, \$11.1 million on ER/Crisis Services and just under \$1.2 million spent on Diversion and Court Support Services.

Overall, \$151.23 was spent per affected individual within this Continuum category in the Champlain LHIN in 2010/11, \$53.27 more per affected individual than the Ontario average (Exhibit 6-9).

Exhibit 6-8: 2010/11 MH&A expenditures within the “First Line – Supports, Treatment & Outreach” continuum category by LHIN

Breakdown of 2010/11 “First Line - Supports, Treatment & Outreach” Continuum Category Expenditures by LHIN

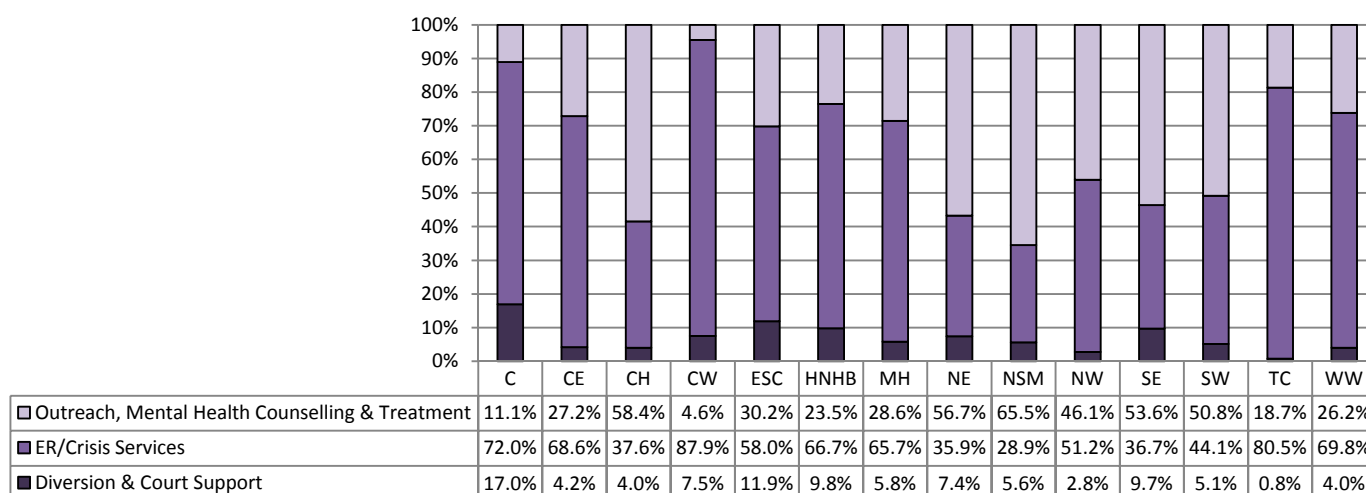
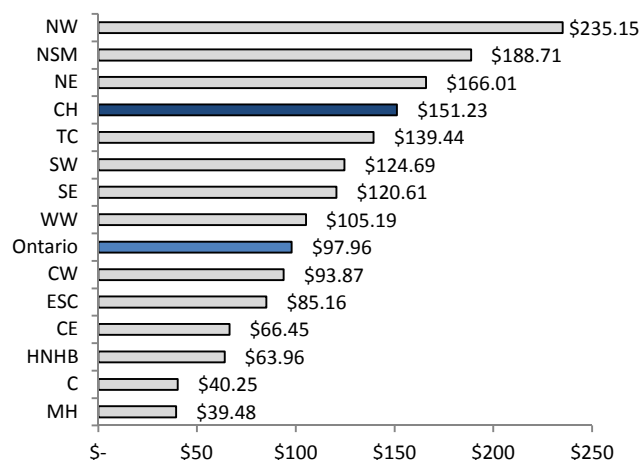


Exhibit 6-9: 2010/11 expenditures per affected individual within the “First Line – Supports, Treatment & Outreach” continuum category

MH&A Spending Per Affected Individual for the Continuum Category of First Line - Supports, Treatment & Outreach (2010/11), by LHIN



MH&A Continuum of Care: Intensive Level Services

The “Intensive Level Services” Continuum category consists of several types of services intended to provide focused treatment and case management for MH&A affected individuals. Services within this category are broken down into the following five sub-groups:

- 1) **Scheduled Psychiatric Inpatient Services** providing inpatient care within hospitals required to provide

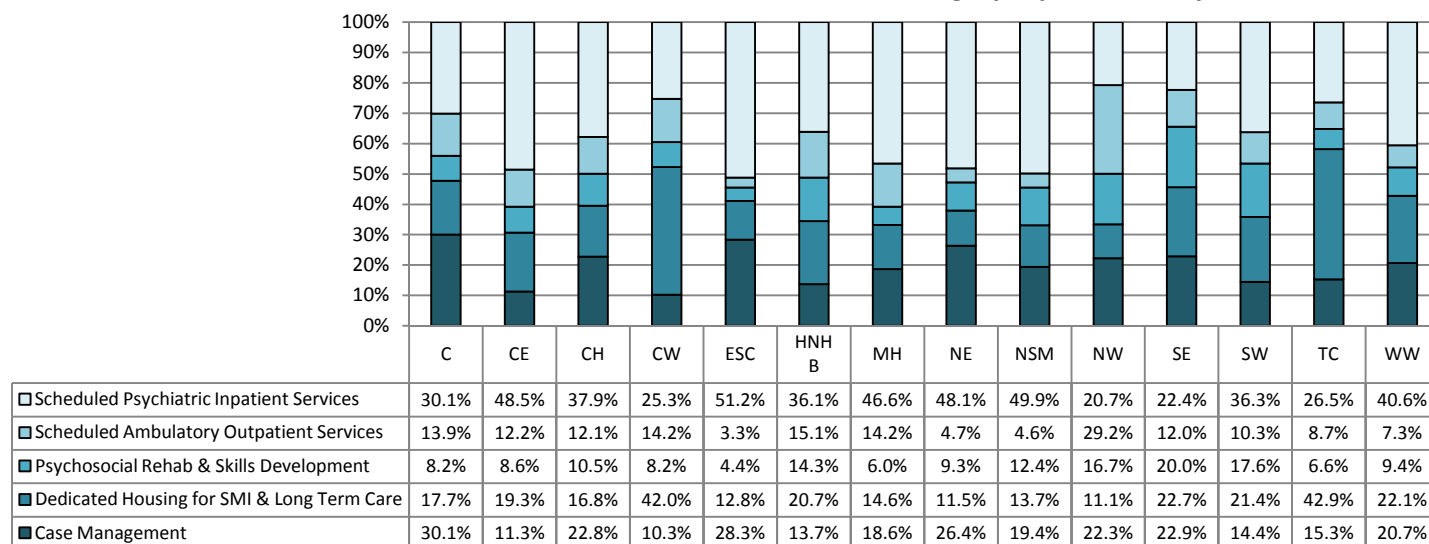
mental health services under Ontario's Mental Health Act;

- 2) **Scheduled Ambulatory Outpatient Services** providing outpatient care within hospitals required to provide mental health services under Ontario's Mental Health Act;
- 3) **Psychosocial Rehabilitation & Skills Development**, comprised of Occupational Therapy services, Clubhouses, social rehabilitation and recreation services, vocational and employment supports, home care focused on psychiatric rehabilitation and personal support and independence training for those with Acquired Brain Injury (ABI);
- 4) **Dedicated Housing for those with Serious Mental Illness & Long Term Care**, including rent supplement programs, special care homes, supports provided within housing (only where organizations are specifically funded to provide this service), and including expenditures related to operating and maintaining housing facilities (e.g. utilities, mortgages, property taxes, etc.); and,
- 5) **Case Management** services which provide individualized assessment and planning, service co-ordination, supportive counselling (although no clinical counselling), advocacy and resource co-ordination for clients, and may also include co-ordination of Community Treatment Orders.

Approximately \$624.3 million was spent in Ontario in 2010/11 on "Intensive Level Services", representing 34.7% of total provincial expenditures on MH&A services. 10 of 14 LHINs spent the largest proportion of their 2010/11 "Intensive Level Services" expenditures on Scheduled Psychiatric Inpatient Services (Exhibit 6-10).

Exhibit 6-10: 2010/11 MH&A expenditures within the "Intensive Level Services" continuum category by LHIN

Breakdown of 2010/11 "Intensive Level Services" Continuum Category Expenditures by LHIN

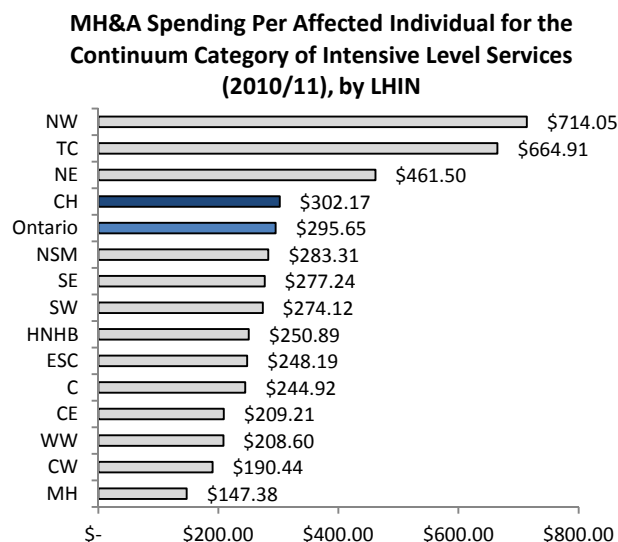


Within the Champlain LHIN in 2010/11 just over \$59 million was spent on services within the "Intensive Level Services" Continuum category, including approximately:

- \$22.4 million on Scheduled Psychiatric Inpatient Services;
- \$7.1 million on Scheduled Ambulatory Outpatient Services;
- \$6.2 million on Psychosocial Rehab & Skills Development;
- \$9.9 million on Dedicated Housing for SMI & Long Term Care; and,
- \$13.5 million on Case Management.

This works out to \$302.17 per affected individual, slightly higher than the Ontario average of \$295.65 and the fourth highest amount among LHINs in the province (Exhibit 6-11).

Exhibit 6-11: 2010/11 expenditures per affected individual within the “Intensive Level Services” continuum category



MH&A Continuum of Care: Specialized

Within the “Specialized” Continuum category where the majority of LHINs are spending the greatest portion of their MH&A dollars, expenditures fall into three main groups:

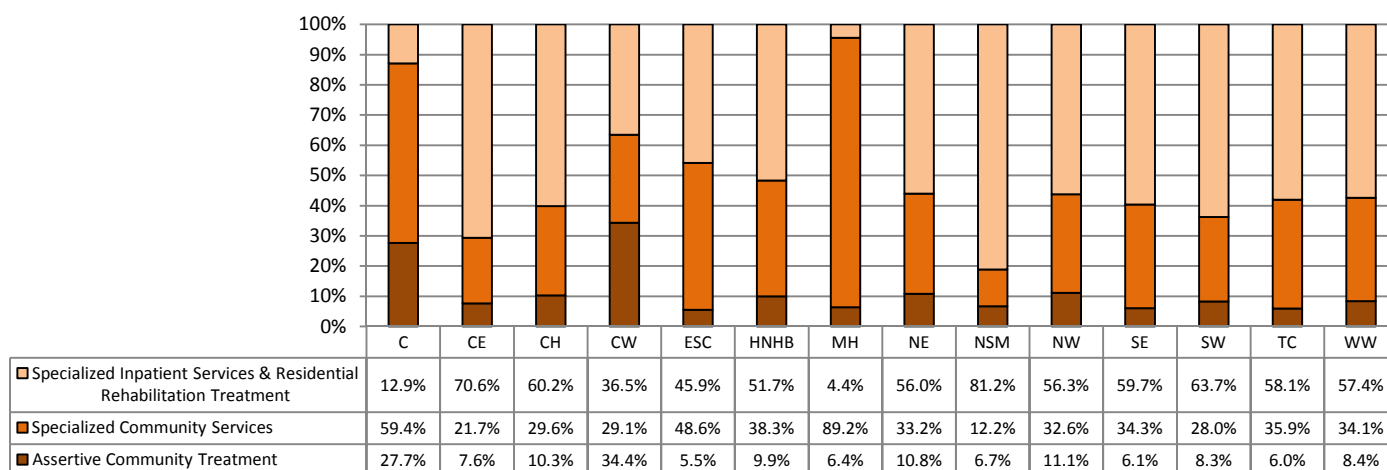
- 1) **Assertive Community Treatment (ACT) Teams** which are multidisciplinary teams providing comprehensive community-based treatment, rehabilitation and support to people with serious mental illness;
 - 2) **Specialized Community Services**²⁹ comprised of a mix of community based programs targeted at specific populations, including Children & Adolescents, those with acquired brain injury (ABI), concurrent disorders, dual diagnosis, eating disorders, and other specific programming related to forensics and geriatrics (see Appendix C for a complete list of functional centres included in this group); and,
 - 3) **Specialized Inpatient Services & Residential Rehabilitation Treatment** comprised of inpatient units targeted at specific populations (Addictions, Children & Adolescents, Forensic, and Longer Term) along with residential addiction services (including treatment services, supportive treatment and withdrawal management centres).
- Again, across these three main groups of “Specialized” services, there is variation from LHIN to LHIN on the proportions of dollars being spent in each group (
 - Exhibit 6-12):

²⁹ Note that the expenditures and activity identified for the “Specialized Community Services” are tied to specific functional centres which capture information on programs offered to these targeted populations. The accuracy/specificity of the information presented in this report is dependent on how individual organizations choose to use these specific functional centres in reporting to the MOHLTC. Some organizations may offer specialized community services to these targeted populations, and choose to report expenditures and activities related to these services together with other types of MH&A services in “general” MH&A functional centres.

- Central and Central West LHINs spend a larger proportion of “Specialized” Continuum category expenditures on ACT Teams than other LHINs (27.7% and 34.4% respectively);
- Central and Mississauga Halton LHINs spend larger proportions on Specialized Community Services than other LHINs (59.4% and 89.2% respectively) (note that a large percent of Mississauga Halton expenditures for Specialized Community Services are related to the Children’s Treatment Centre in that LHIN and are funded by non-MOHLTC sources); and,
- Central East and North Simcoe Muskoka LHINs spend the largest proportions on Specialized Inpatient Services & Residential Rehabilitation Treatment (70.6% and 81.2% respectively).

Exhibit 6-12: 2010/11 MH&A expenditures within the “Specialized” continuum category by LHIN

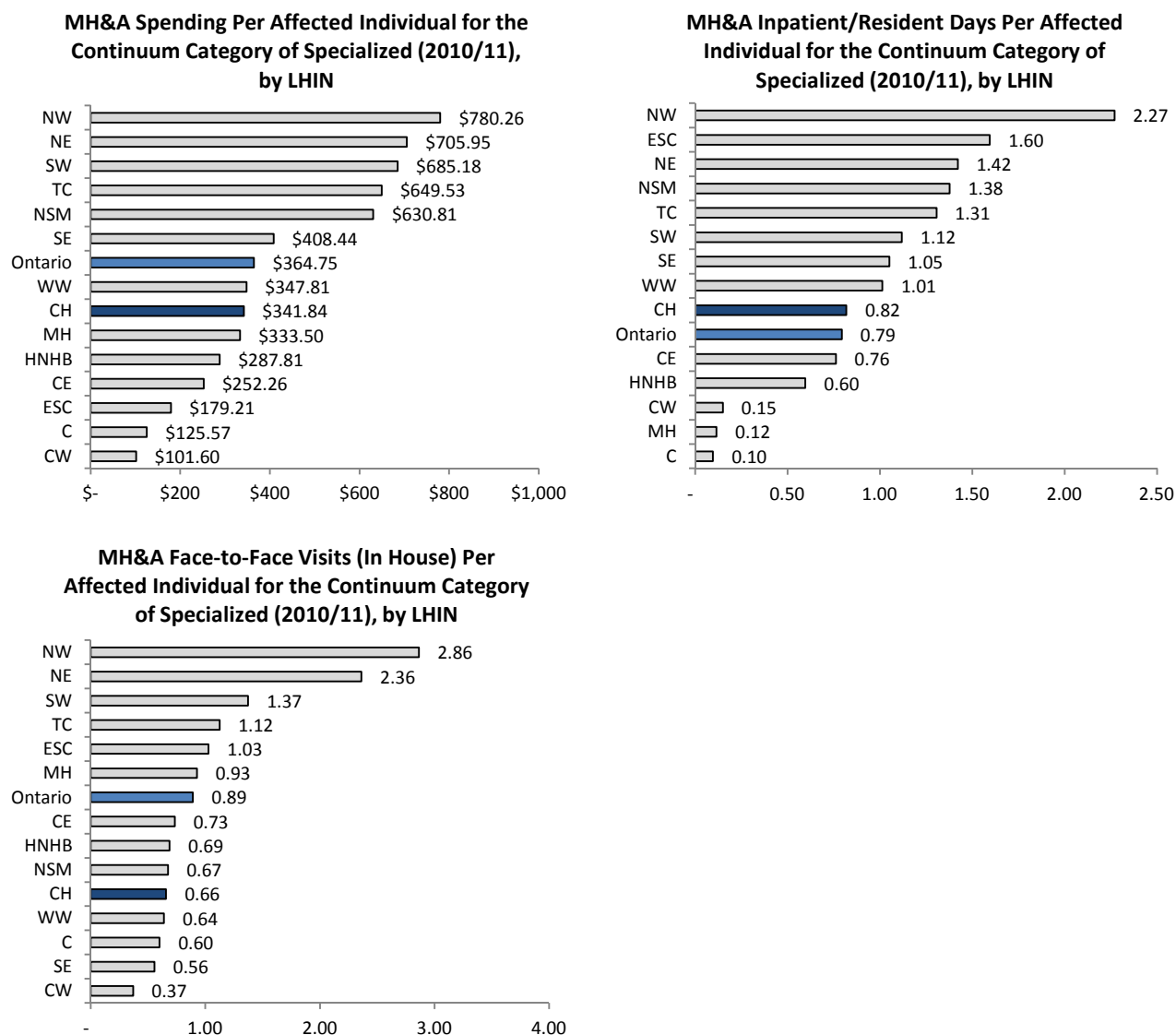
Breakdown of 2010/11 “Specialized” Continuum Category Expenditures by LHIN



Per affected individual, Champlain LHIN spends approximately \$23 less per person than the Ontario average on “Specialized” continuum category services. At the same time, Champlain provided slightly more inpatient/resident days and fewer face-to-face visits than the Ontario average per affected individual in 2010/11 (

Exhibit 6-13).

Exhibit 6-13: 2010/11 expenditures and activity per affected individual for the “Specialized” continuum category



MH&A Continuum of Care: Other Supports

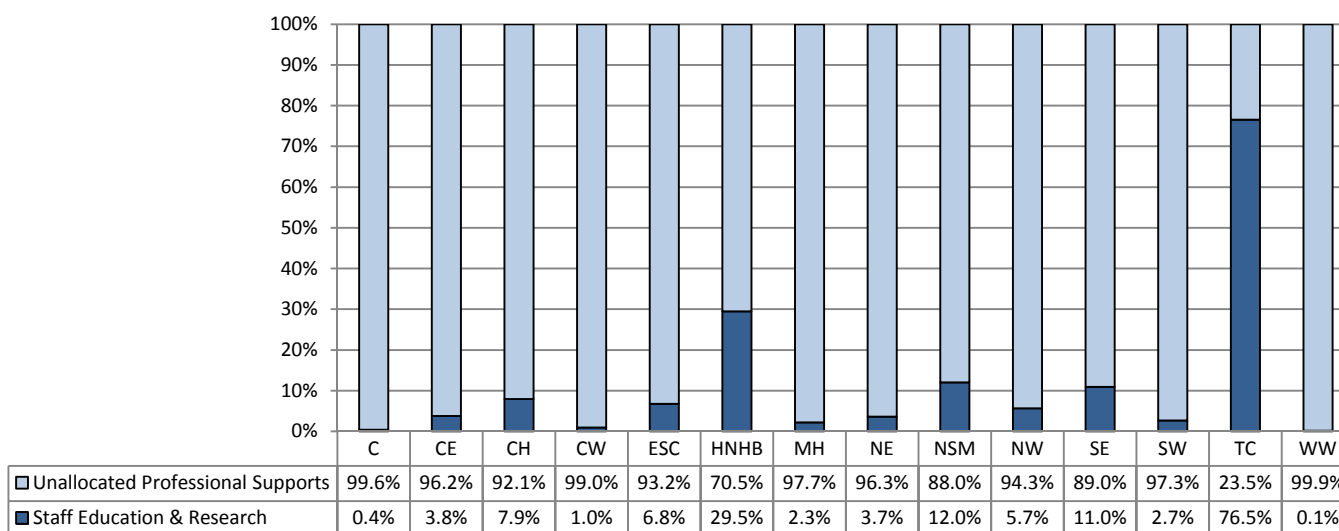
In 2010/11, just over \$163 million was spent in Ontario within the “Other Supports” Continuum category. This category is comprised of two main elements:

- 1) **Staff Education & Research** which includes expenditures related to the dedicated educational resources for staff providing MH&A services, and expenditures related to MH&A research activities; and,
- 2) **Unallocated Professional Supports** which includes expenditures related to clinical professionals within provider organizations such as Psychology, Psychometry, Speech Language Pathology, and Addiction Counsellors. Expenditures related to these clinical professionals cannot be attributed to specific parts of the Continuum of care or allocated among different parts of the Continuum because of the way they are reported in the OHRS. Some Psychiatrist and Other Physician expenditures are included here related to stipends or payments made to physicians who are paid to provide services to Community Mental Health and Addictions organizations (but excluding OHIP billing). Also included in this category are organizational expenditures related to Polysomnography (Sleep Studies).

All LHINs spent the majority of their 2010/11 “Other Supports” dollars on Unallocated Professional Supports, with the exception of Toronto Central (Exhibit 6-14). The majority of Toronto Central expenditures on Staff Education & Research is related to research activities at the Centre for Mental Health and Addictions (CAMH) in Toronto.

Exhibit 6-14: 2010/11 MH&A expenditures within the “Other Supports” continuum category by LHIN

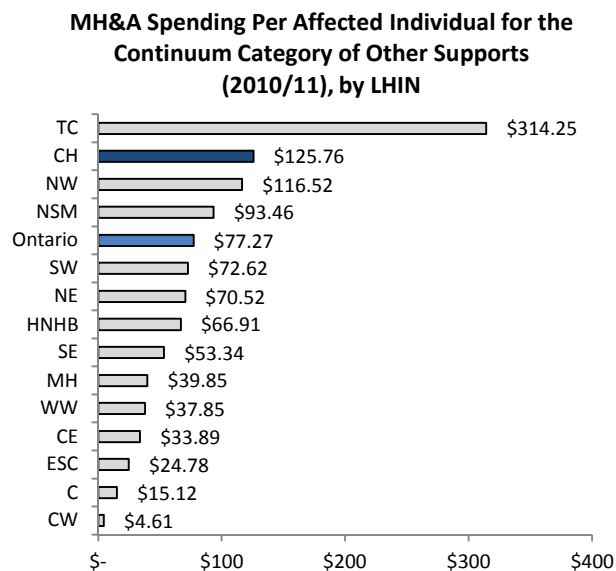
Breakdown of 2010/11 "Other Supports" Continuum Category Expenditures by LHIN



In 2010/11, the Champlain LHIN spent almost \$24.6 million on “Other Supports”, the second largest dollar amount among LHINs in the province (exceeded only by expenditures in Toronto Central). Of this amount, \$22.6 million is attributable to Unallocated Professional Supports. Within Unallocated Professional Supports, the Champlain LHIN spent \$13.0 million on Psychology and Psychometry, and \$5.8 million on Sleep Studies, the largest dollar amounts for both of these sub-categories of any LHIN in the province.

Overall, the Champlain LHIN spent \$125.76 per affected individual on “Other Supports”, \$48.49 more than the Ontario average, and second only to the Toronto Central LHIN (Exhibit 6-15).

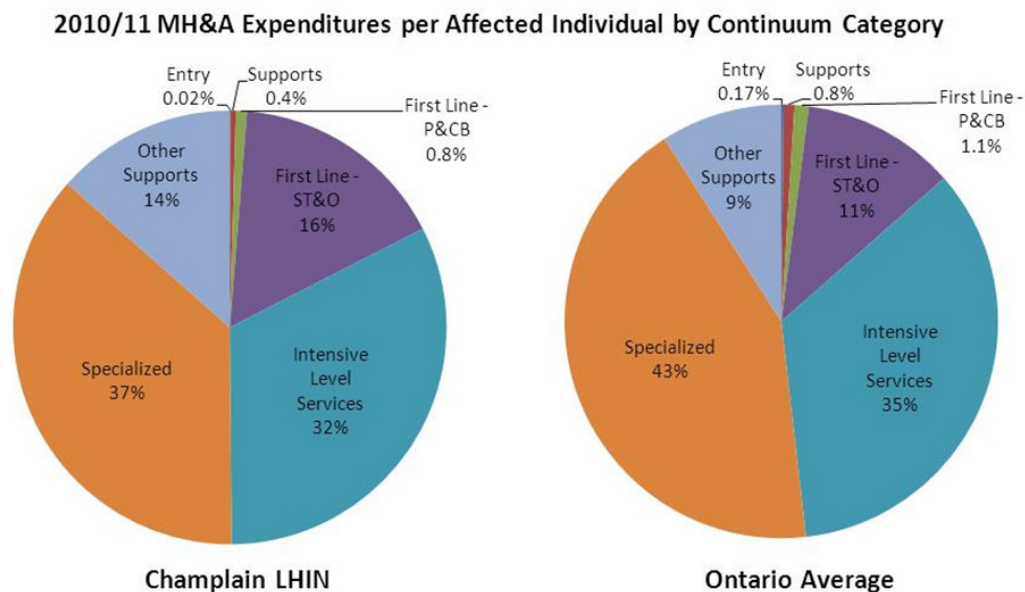
Exhibit 6-15: 2010/11 expenditures per affected individual within the “Other Supports” continuum category



Continuum of Care: Summary

Overall, the Champlain LHIN spent more per individual affected by an MH&A disorder than the Ontario average (Exhibit 6-16). Within the Continuum of Care, the Champlain LHIN spent more per affected individual than the Ontario average on “First Line – Supports, Treatment & Outreach”, “Intensive Level Services” and “Other Supports.” Less was spent per affected individual on “Entry”, “Supports”, “First Line – Prevention & Capacity Building” and “Specialized” Continuum categories.

Exhibit 6-16: 2010/11 expenditures per affected individual for Champlain LHIN and Ontario average by continuum category



7. Special Focus

This section focuses on specific populations and additional types of MH&A services or activity. These populations and MH&A services or activity warrant particular focus because of unique population characteristics or their role within MH&A care delivery.

7.1 Francophone Population

Few studies exist to compare the relative likelihood of being affected by MH&A disorders for Francophones relative to the overall Canadian population³⁰. Within the province of Ontario and within the Champlain LHIN, Francophones do differ from Anglophones and the general population in a number of the socio-demographic measures which are correlated to increased risk of MH&A disorders, including age, sex, employment, income, education levels and rurality. In general, Francophones are older, more female, less educated and more rural³¹ than the general population. Within Champlain LHIN specifically, Francophones are slightly less likely to be employed, and they have comparable incomes to the overall population³² (see also Exhibit 3-3 for charts comparing Champlain LHIN Francophone socio-demographic characteristics with the general population of the Champlain LHIN).

While these sociodemographic differences are expected to affect the prevalence of MH&A disorders in Francophones, it was not possible to obtain all of the socio-economic measures for the Francophone population needed to calculate Francophone MH&A prevalence rates and estimated numbers of individuals affected by MH&A disorders – at least not in the same way that prevalence and estimated numbers of MH&A-affected individuals was calculated for the general population. Instead, the number of individuals affected by MH&A disorders in the Champlain LHIN Francophone population was estimated by:

- 1) Taking the estimates of individuals affected by MH&A disorders for each Champlain LHIN sub-region
- 2) Multiplying the number of individuals affected in each sub-region by the percent of Francophones residing within that sub-region
- 3) Summing the number of Francophone individuals affected in each sub-region to estimate the total number of Francophones affected by MH&A disorders in the Champlain LHIN.

Estimates of the number of Francophones affected by MH&A disorders in other LHINs were calculated in a similar fashion (using LHIN total population and percent of Francophones for the LHIN as a whole instead of using LHIN sub-regions).

This approach may account for some differences between Francophones and the general population within the

³⁰ A study by the Réseau de recherche appliqué sur la santé de francophones de l'Ontario (Chomienne M-H, et al. Analyses secondaires de l'ESCC, Sept 2010) of data from the Canadian Community Health Survey (Cycle 1.2) found that lifetime prevalence for Major Depressive Episodes and Mania are higher in Francophones residing outside Quebec than for Anglophones from the same areas. However, the 12-month prevalence rate for both these disorders was slightly lower in Francophones. It is unclear the extent to which these differences reflect the socio-demographics of the Francophone vs. the Anglophone population, or whether language/culture is affecting the underlying prevalence for MH&A disorders.

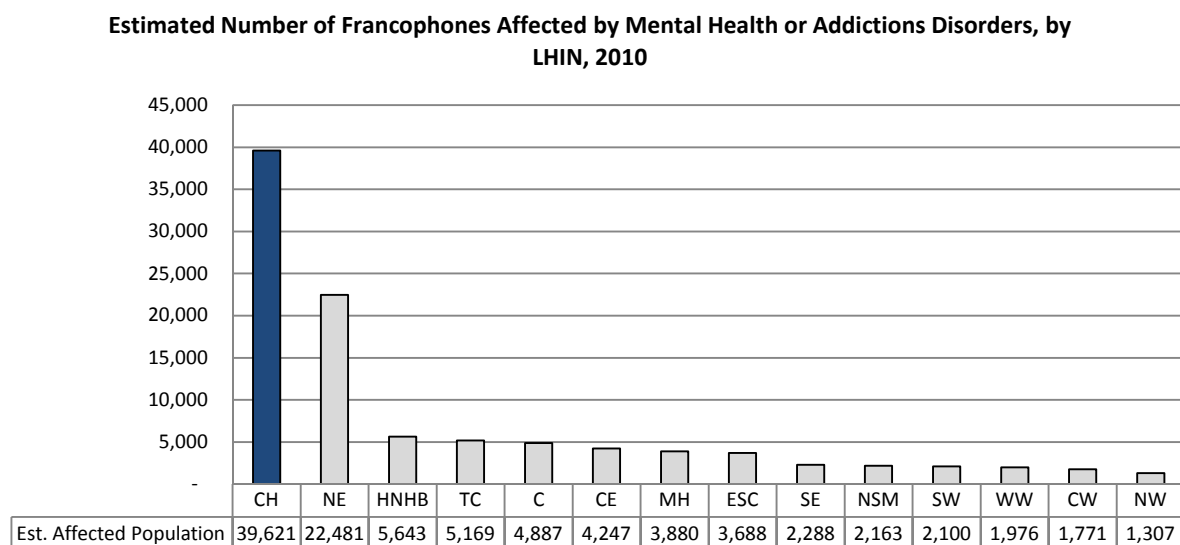
³¹ Gaboury, I. et al. (2008) "Un aperçu de la santé et de ses déterminants en Ontario: d'après les données des Enquêtes sur la santé dans les collectivités canadiennes (ESCC) 2001-2003-2005; and Profil de la communauté francophone de Champlain 2010, The Ontario Trillium Foundation.

³² Profil de la communauté francophone de Champlain 2010, The Ontario Trillium Foundation.

Champlain LHIN, as there are definite differences among sub-regions in some of the key socio-demographic measures related to increased risk of MH&A disorders (see Exhibit 3-3 for a comparison of the socio-demographics of Champlain LHIN sub-regions, French-speakers and the general population in Champlain LHIN), however it may not account for all differences.

Using this approach, Champlain LHIN is estimated to have been home to 39, 621 MH&A affected Francophones in 2010 (Exhibit 7-1)³³.

Exhibit 7-1: Estimated Number of Francophones Affected by Mental Health or Addictions Disorders by LHIN, 2010



Within Champlain LHIN, the Eastern Counties and Ottawa East sub-regions each account for approximately a third of all Francophones with MH&A disorders at over 13,000 affected individuals each (Exhibit 7-2). The remainder of affected Francophones reside in the remaining Ottawa regions; Renfrew County and North Lanark/North Grenville together are home to only 3.4% of the total Francophone population.

As outlined in Section 2.2 (Assessing Mental Health & Addictions Expenditures and Activity), attempts were made to identify expenditures and activity related to MH&A services provided to the Francophone population. However several challenges combined together prevent the calculation of reasonable expenditure and activity estimates for French language MH&A services:

- Facilities deemed as “designated” under the Ontario French Language Services Act to provide services in French also provide services to non-Francophones;
- Francophones receive MH&A services from facilities other than those deemed “designated” under the French Language Services Act; and,
- Data sets used in preparing this report contain no information regarding the language spoken by patients receiving services.

³³ Assumes that the Francophone population within each region has the same socio-demographic profile and mental health prevalence rates as the overall population within the same region, as a complete set of Francophone-specific socio-demographic data for each LHIN and Champlain LHIN sub-region was not available.

As a result, it is not possible with currently available, standardized datasets to isolate the expenditures and activity associated with French language MH&A services. Further work on a provincial basis to incorporate language of service delivery into standardized MOHLTC reporting would provide much needed information to support planning and assessment of French-language MH&A services, as well as French language healthcare services in general.

Exhibit 7-2: Estimated Number of Francophones Affected by Mental Health or Addictions Disorders by Champlain LHIN Sub-region, 2010

Disorder	Ottawa West	Ottawa Central	Ottawa East	Eastern Counties	Renfrew County	North Lanark	North Grenville	Champlain LHIN
% Francophone (IDF)	8.4%	15.8%	35.5%	42.5%	5.5%	5.3%	6.7%	20.2%
All MH&A Disorders	5,274	6,670	13,092	13,336	845	261	142	39,621
All Adult Disorders	4,748	6,036	11,824	11,795	738	228	123	35,493
Adult Anxiety Disorders	3,108	3,945	7,696	7,824	493	153	83	23,300
Panic Disorder	278	354	689	716	45	14	8	2,103
Agoraphobia	390	500	981	1,036	61	18	10	2,996
Specific Phobia	1,641	2,080	4,046	4,119	264	82	45	12,276
Social Phobia	1,712	2,171	4,239	4,270	269	83	45	12,789
Generalized Anxiety Disorder	279	355	696	705	44	14	7	2,099
Posttraumatic Stress Disorder	616	781	1,523	1,532	98	30	16	4,596
Adult Mood Disorders	1,153	1,470	2,911	2,891	172	52	28	8,677
Major Depressive Episode	1,062	1,349	2,651	2,665	165	51	27	7,970
Dysthymia	191	247	514	478	21	6	3	1,459
Mania/Hypomania	156	200	393	390	25	8	4	1,176
Adult Behavioural Disorders	2,344	2,982	5,841	5,691	361	111	61	17,391
Oppositional Defiant Disorder	265	337	661	621	39	12	7	1,941
Conduct Disorder	266	337	658	640	42	13	7	1,962
Attention-Deficit/Hyperactivity Disorder	1,088	1,381	2,701	2,594	163	51	27	8,006
Intermittent Explosive Disorder	672	860	1,690	1,709	109	33	18	5,092
Schizophrenia	166	205	405	453	32	9	5	1,275
Dementia	360	428	863	1,088	75	25	14	2,854
Adult Substance Use Disorder	2,062	2,659	5,193	5,453	371	114	62	15,914
Alcohol Use Disorder	1,138	1,466	2,860	3,035	207	64	34	8,804
Drug Use Disorder	496	641	1,256	1,285	88	27	15	3,807
All Adolescent Disorders	504	498	1,263	1,299	76	26	14	3,679
Adolescent Anxiety Disorders	225	222	564	580	34	12	6	1,642
Panic Disorder	22	22	55	56	3	1	1	159
Agoraphobia	151	149	379	390	23	8	4	1,104
Social Phobia	55	54	138	142	8	3	2	402
Generalized Anxiety Disorder	14	14	35	35	2	1	0	101
Posttraumatic Stress Disorder	20	20	50	51	3	1	1	145
Obsessive Compulsive Disorder	7	7	17	17	1	0	0	49
Adolescent Mood Disorders	100	99	252	259	15	5	3	733
Any Depressive Disorder	72	71	181	186	11	4	2	527
Mania/Hypomania	3	3	8	9	1	0	0	25
Attention-Deficit/Hyperactivity Disorder	69	68	173	178	10	4	2	505
Adolescent Disruptive Disorders (excl. ADHD)	226	223	566	582	34	12	6	1,649
Oppositional Defiant Disorder	92	91	230	237	14	5	3	671
Conduct Disorder	111	110	278	286	17	6	3	809
Adolescent Substance Use Disorder	177	175	444	456	27	9	5	1,292
Alcohol Abuse or Dependence	98	97	246	253	15	5	3	716
Marijuana Abuse or Dependence	113	112	285	293	17	6	3	829
Other Substances Abuse	30	30	76	78	5	2	1	221

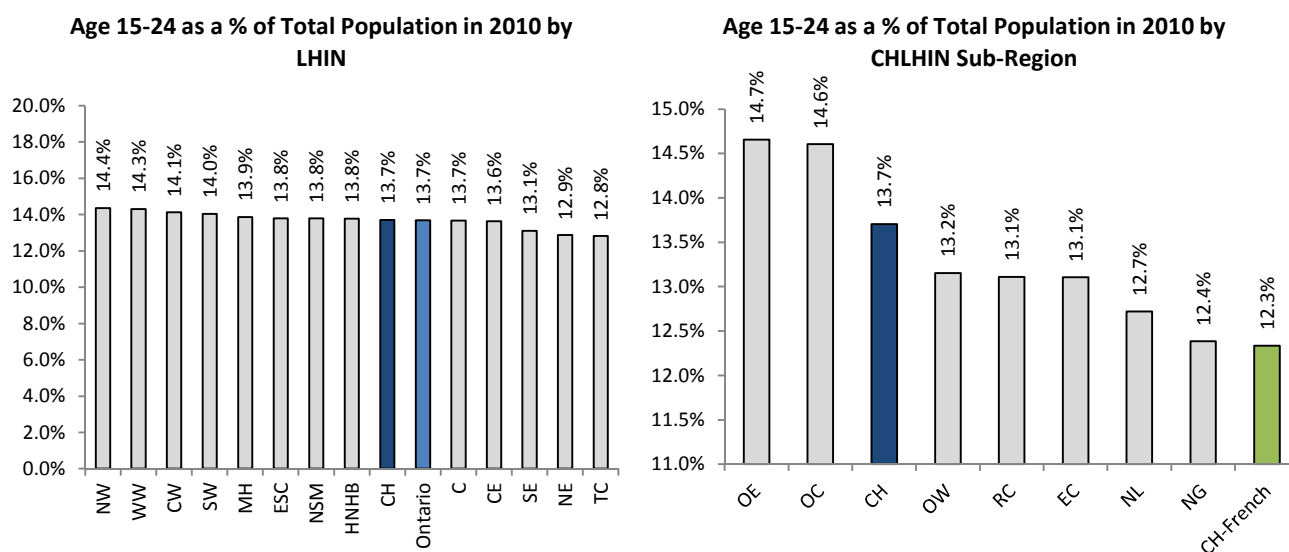
7.2 Transitional Youth

Transitional Youth³⁴ with mental health issues face particular navigation challenges within the Mental Health system as they transition from child and youth oriented programs to adult services. The methodology used to estimate the population affected by MH&A disorders in Section 5 (and as described in Appendix A) did not enable us to specifically estimate the number of individuals affected by MH&A within this age group in particular. However, data on the general population within the ages of 15-24 was available and is presented below.

Within Champlain LHIN, 13.7% of the population (or an estimated 170,638 individuals) is between the ages of 15-24; this proportion is similar to that of the province overall (Exhibit 7-3). Within the sub-regions of Champlain LHIN, the Ottawa sub-regions have a greater proportion of their population within the ages 15-24 than the other sub-regions. Within the French-speaking population, this age group represents a smaller proportion of the population within Champlain LHIN (at 12.3% of the French-speakers within the region), compared with the LHIN as a whole or each of the LHIN's sub-regions (Exhibit 7-3).

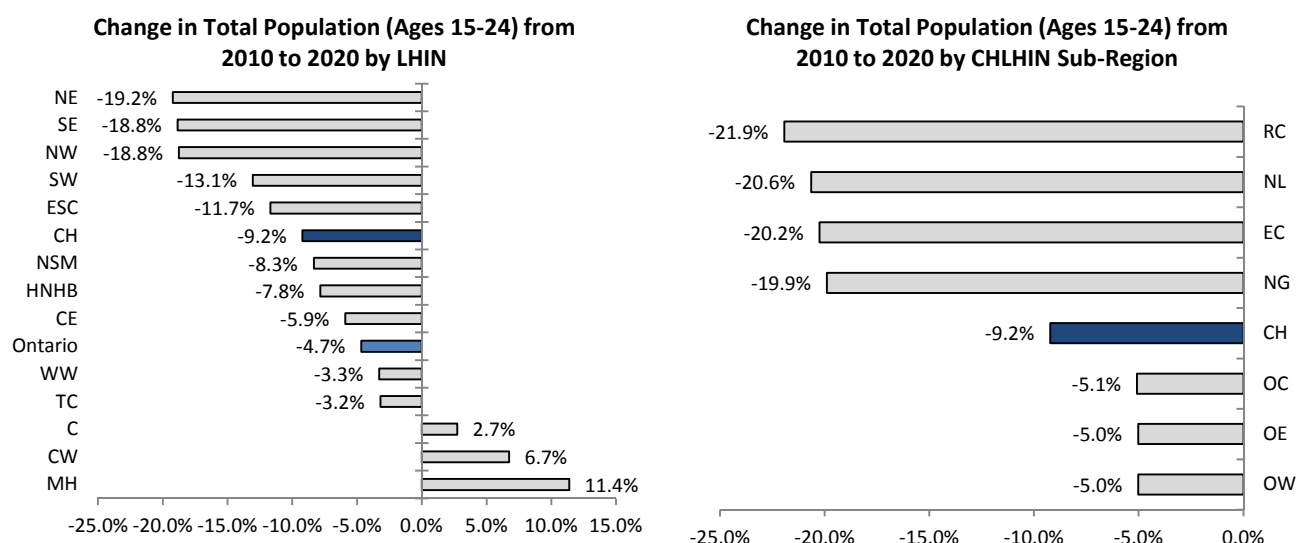
Between 2010 and 2020, the overall size of the population between the ages of 15-24 is expected to shrink more in Champlain LHIN than the province overall (Exhibit 7-4). By 2020, the population aged 15-24 in Champlain LHIN is expected to decline to 154,893 individuals. Within the LHIN, the decline in the population within this age group will occur disproportionately within the non-Ottawa sub-regions (Exhibit 7-4).

Exhibit 7-3: Ages 15-24 as Percentage of Total Population in 2010, by LHIN and by Champlain LHIN Sub-Region



³⁴ Defined as those ages 16-24. As population data and forecasts was available only in 5-year age groups, analysis was conducted on those aged 15-24.

Exhibit 7-4: Expected Change in Total Population Ages 15-24 between 2010 and 2020 by LHIN and Champlain LHIN Sub-Region



7.3 Dual Diagnosis

While some jurisdictions use the term “dual diagnosis” to refer to individuals with both mental health and substance use disorders, in Ontario the term has been defined jointly by the MOHLTC and MCSS as those with both a developmental disability and mental health needs³⁵. Estimates of the number of individuals with dual diagnosis are not included in the previously outlined estimates of those affected by MH&A disorders, primarily due to a lack of published literature which could provide the information necessary to calculate dual diagnosis prevalence using the methodology established (and described in Appendix A) for other MH&A conditions. Instead, an alternative approach was used to estimate the numbers of individuals with dual diagnosis within the Champlain LHIN by taking information from published literature and:

- Estimating the number of individuals within the LHIN with developmental disabilities; and,
- Applying prevalence rates for MH&A conditions within the developmentally disabled population to the estimated number of individuals affected with a developmental disability in the Champlain LHIN.

Estimates of the prevalence of developmental disability include two distinct types of prevalence: “administrative prevalence” based on the number of individuals receiving relevant services or benefits, and “true prevalence” based on general population studies. A review of literature on the prevalence estimates of mental retardation in children aged 5-19 found that prevalence of severe mental retardation was similar across developed countries at between 0.3 and 0.4%; however, estimates of the prevalence of mild mental retardation varied across studies, and administrative data underestimated the true prevalence in this population³⁶. Overall, this review estimated

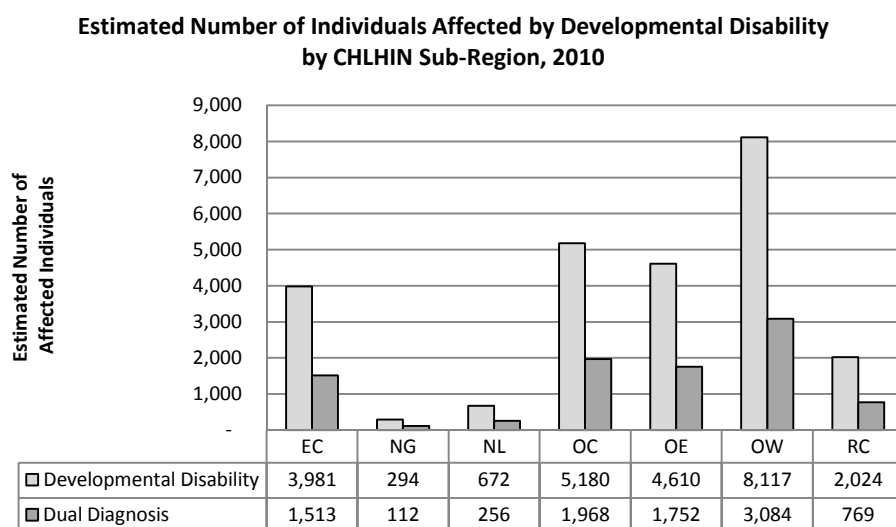
³⁵ Joint Policy Guideline for the Provision of Community Mental Health and Developmental Services for Adults with a Dual Diagnosis. Ministry of Health and Long-Term Care and Ministry of Community and Social Services, December 2008.

³⁶ Roeleveld, Zielhuis & Gabreels (1997) *Developmental Medicine & Child Neurology* 39: 125-132.

the true total prevalence of mental retardation at approximately 3%. In 2001, a study conducted in Lanark County estimated that administrative prevalence of developmental disabilities across all age groups was between 0.8% and 0.9%³⁷. Assuming a prevalence rate in between the estimates identified in these two different studies (i.e. estimating 2% of the general population has a developmental disability), Champlain LHIN would be expected to be home to 24,900 individuals with a developmental disability (estimates for Champlain LHIN sub-regions are shown in Exhibit 7-5).

Looking at the prevalence of mental health disorders among those with a developmental disability, the literature search identified that in Ontario, 38% of individuals with a developmental disability also have an MH&A disorder³⁸. Applying this 38% value to the estimated population size of those in the Champlain LHIN with a developmental disability, there are approximately 9,460 with dual diagnosis in the LHIN, with the majority of these individuals living within the Ottawa sub-regions (Exhibit 7-5).

Exhibit 7-5: Estimated Number of Individuals Affected by Developmental Disability and Dual Diagnosis by Champlain LHIN Sub-Region in 2010



³⁷ Ouellette-Kuntz, H. and Paquette, D. (2001) The Prevalence of Developmental Disabilities in Lanark County, Ontario. *Journal of Developmental Disabilities* 8(1), 1-16.

³⁸ Yu D., Atkinson L. (1993) Developmental disability with and without psychiatric involvement: Prevalence estimates for Ontario. *Journal on Developmental Disabilities* 2(1): 92-99

8. Additional Information and Analyses

8.1 Human Resources

The number of MH&A-related full time equivalents (FTEs) in Ontario Children's Treatment Centres, Community Care Access Centres, Community Support Services agencies, Community Mental Health & Addictions Agencies and in Hospital (including Specialty Psychiatric Hospitals) is estimated to be between 15,000 and just over 22,000 in 2010/11 (Exhibit 8-1). As noted in the Methodology & Interpretation Considerations section above, FTE values presented are estimated using the MOHLTC HIT data, which suppresses FTE values in functional centres where fewer than 5 FTEs are reported. As a result, minimum FTE numbers assume that there are 0 FTEs in functional centres with suppressed FTE values, and maximum FTE numbers assume that there are 5 FTEs in functional centres with suppressed FTE values.

Exhibit 8-1: The estimated number of MH&A-related full time equivalents in Ontario, 2007/08 – 2010/11

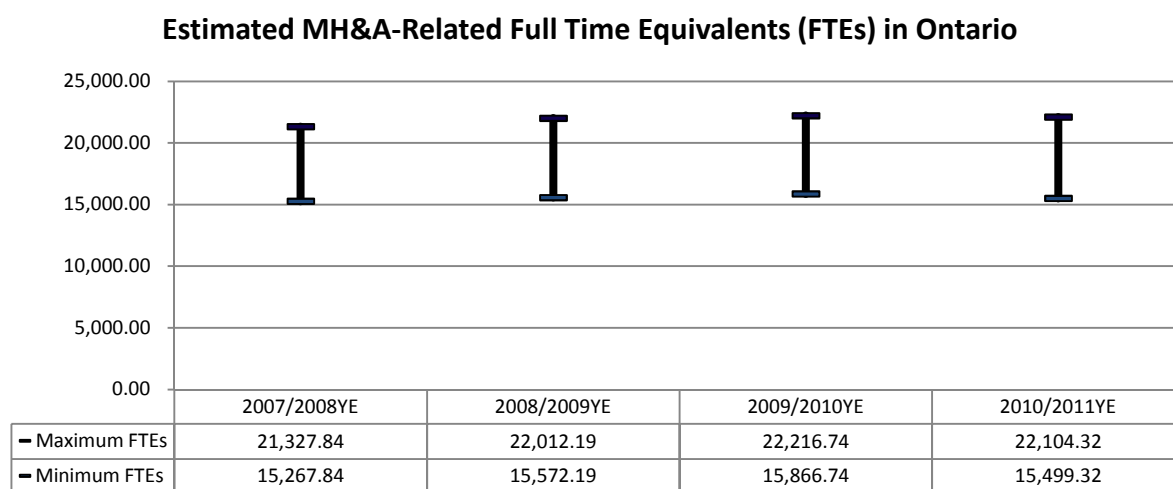
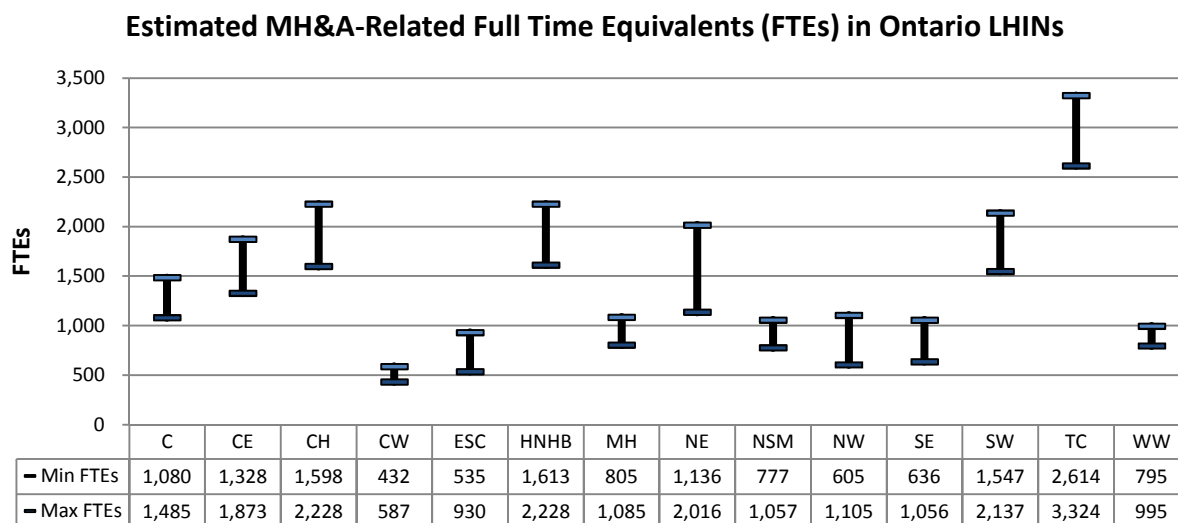


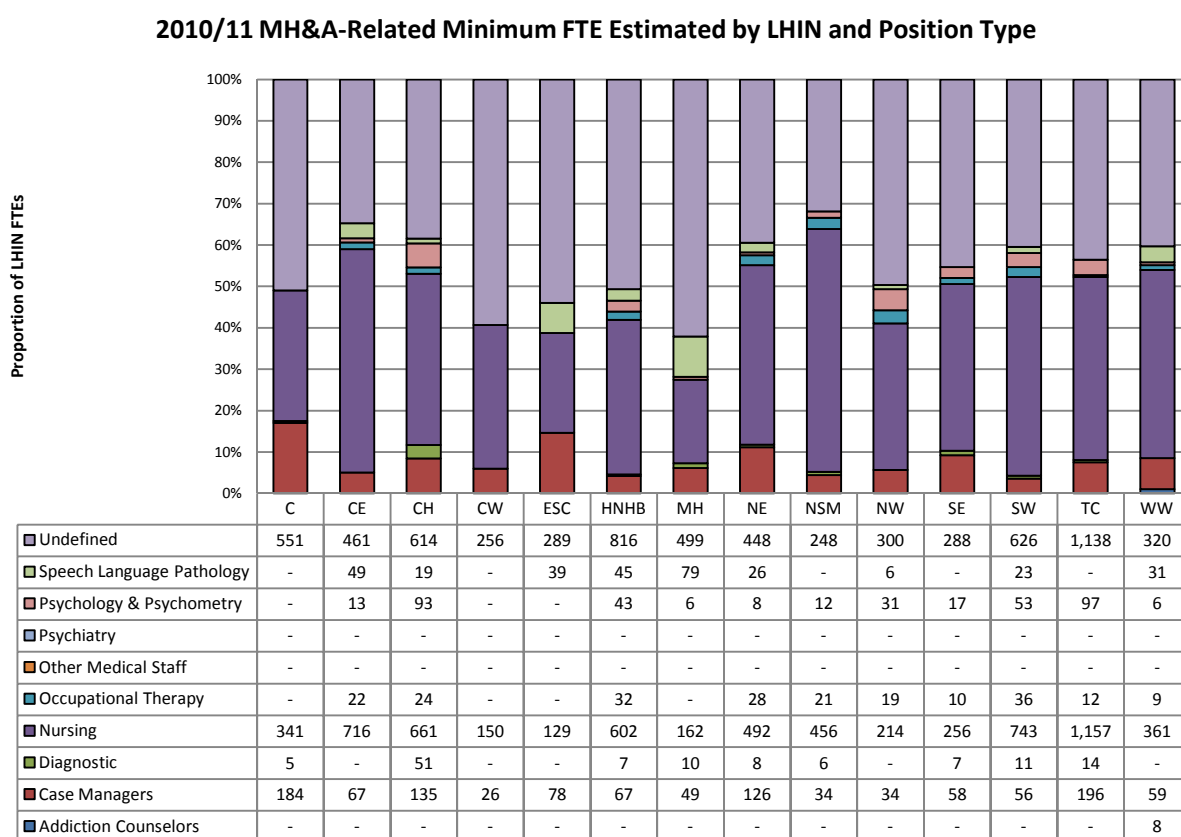
Exhibit 8-2: Estimated minimum and maximum FTEs in Ontario by LHIN in 2010/11



Within the Champlain LHIN, there were between 1,598 and 2,228 MH&A-related FTEs in 2010/11 ranking Champlain among the top three LHINs with the greatest number of MH&-related FTEs (Exhibit 8-2). A large proportion of MH&A-related FTEs in each LHIN are Nursing positions in hospital inpatient units (

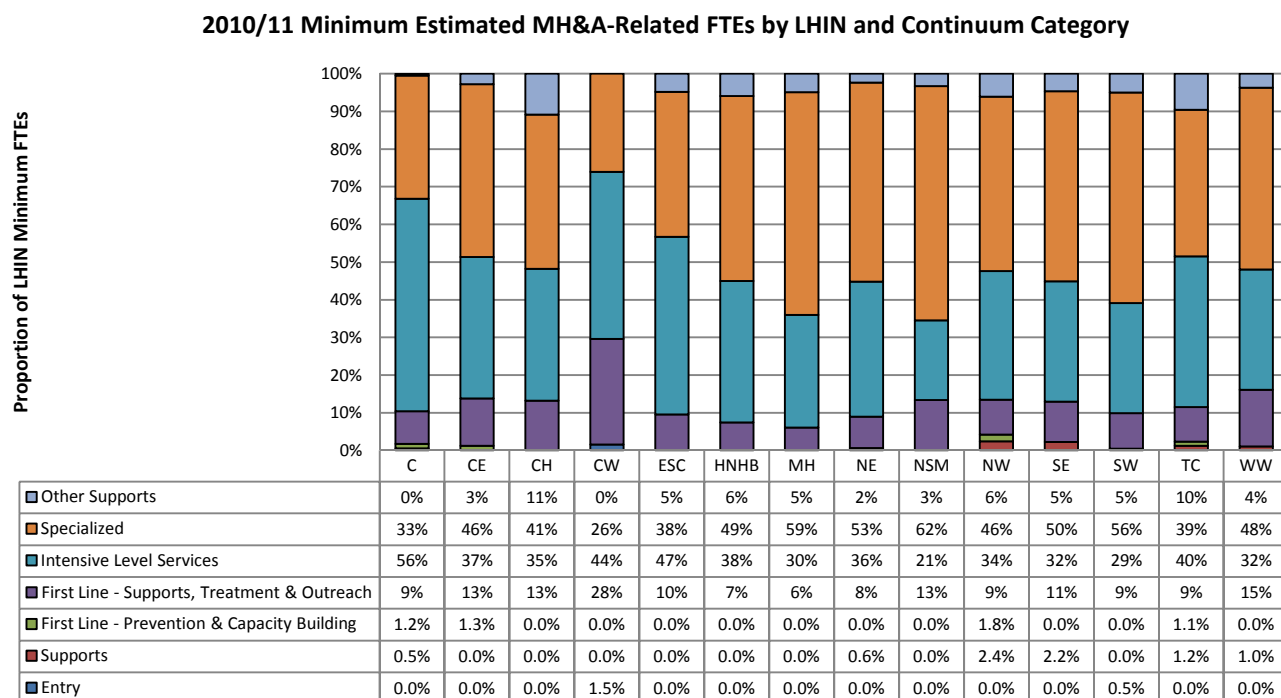
Exhibit 8-3). There are also a large proportion of positions in each LHIN which are classified as “undefined” position types, as it was not possible to determine the specific professional designation of the position from the functional centre name in which the positions were reported. The majority of each LHIN’s FTEs are accounted for within the “Specialized” and “Intensive” Continuum of Care categories (Exhibit 8-4) as a result of the inpatient and residential beds included in these parts of the Continuum (both of which require around-the-clock staffing which can rapidly increase the number of FTEs required to deliver such services).

Exhibit 8-3: Minimum estimated number of FTEs by LHIN and position type for 2010/11³⁹



³⁹ Note that FTEs classified as “Diagnostics” relate to positions reported in HIT under the “Electro Diagnostic Laboratories – Polysomnography (formerly Sleep Studies)” functional centre

Exhibit 8-4: Estimated minimum MH&A-related FTEs by continuum category for each LHIN in 2010/11



8.2 Physician Activity

In 2009/10, Champlain LHIN physicians reported 617,200 MH&A-related fee codes (billings) for total estimated billings of \$40.8 million. This includes approximately \$2.6 million in “shadow billings”⁴⁰. It is important to note that there could be more than one fee code related to a single visit by a patient. A larger proportion of billings are related to females (59.9%) than males (40.1%) and most billings are for patients in the 20-44 and 45-64 age groups (Exhibit 8-5).

Overall within the Champlain LHIN, the largest proportion of billings are related to Psychiatrists (62.3%), followed by General and Family Practitioners (32.3%) (Exhibit 8-6). However, General and Family Practitioners accounted for a larger proportion of OHIP billings in Eastern Counties (56.5%), North Lanark/North Grenville (76%) and Renfrew County (48.7%).

⁴⁰ Shadow billings are billings submitted to the Ontario Health Insurance Plan (OHIP) by physicians who are on alternative payment arrangements, but for which no payment is made. Physicians submitting shadow billings are reimbursed in ways other than through the OHIP fee-for-service mechanism, however billings are still submitted to OHIP for tracking and analysis purposes.

Exhibit 8-5: 2009/10 OHIP billings by patient sex and age group

**2009/10 OHIP Billings by Patient Sex and Age Group
(Including Shadow Billings)**

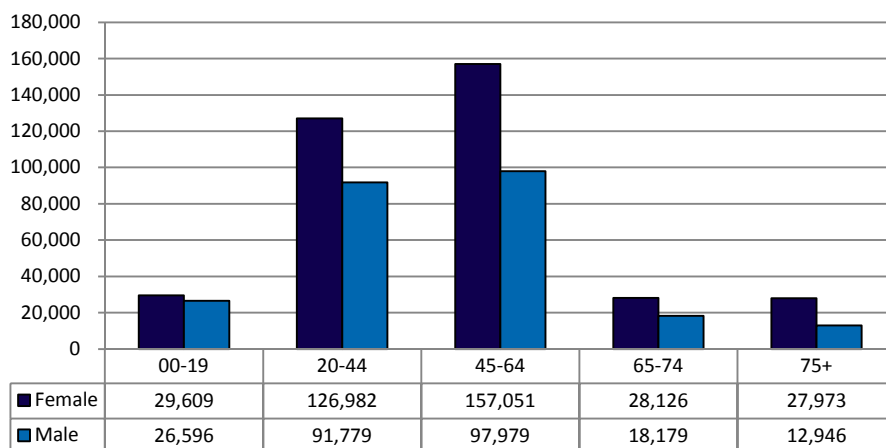


Exhibit 8-6: 2009/10 OHIP billing by physician specialty and location

2009/10 OHIP Billings by Physician Specialty and Location (Including Shadow Billings)

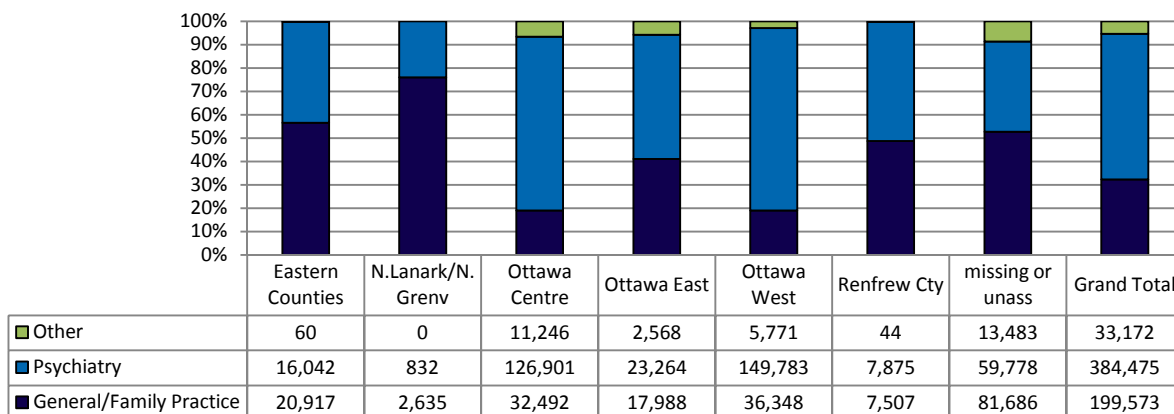
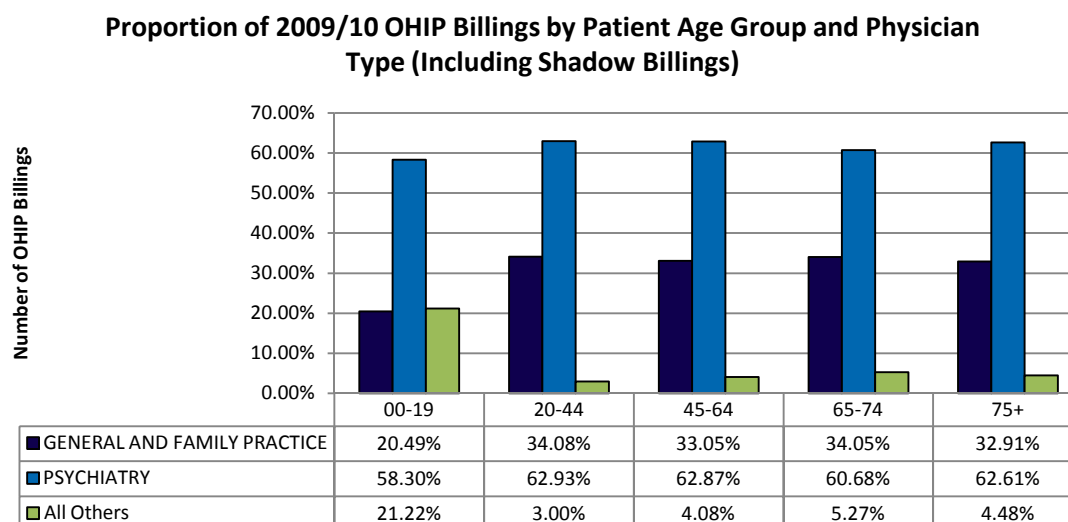


Exhibit 8-7: Proportion of 2009/10 OHIP billings by patient age group and physician type



Psychiatrists accounted for the greatest proportion of billings across all patient age groups. In general, Psychiatrists accounted for 60-63% of MH&A billings in each age group while General and Family Practitioners accounted for 32-34% of all billings in each age group (

Exhibit 8-7). The exception is the 0-19 age group, where Psychiatrists and General and Family Practitioners accounted for 58.3% and 20.5% of billings respectively. A much larger proportion of the 0-19 age group billings (21.2%) was accounted for by other types of Physicians, primarily as a result of Paediatrician billings (which accounted for the vast majority of billings from “all other” physician types).

From the patient perspective, 45% of patients had one MH&A-related visit to a physician in 2009/10⁴¹, while 8% of patients had 13 or more visits (

⁴¹ A visit is defined as having one or more OHIP fee schedule codes in one day. One visit is counted for each day in 2009/10 where a patient has a fee schedule code from a unique physician. One visit is counted if one patient has one or more billings with the same physician in a given day. Two visits are counted if one patient has one or more billings with two different physicians in the same day.

Exhibit 8-8). The majority of patients (82%) also saw only one physician in 2009/10 (Exhibit 8-9). There were a small number of patients (32) who saw more than 26 physicians during the course of the year. Most of these 32 patients appeared to have had inpatient hospitalizations of 6 weeks duration or more and had electroconvulsive therapy (ECT) during 2009/10.

Exhibit 8-8: Frequency of OHIP billed visits to Champlain LHIN physicians for MH&A fee schedule codes in 2009/10

**Frequency of OHIP Billed Visits to Champlain Physicians
for MH&A Fee Schedule Codes in 2009/10**

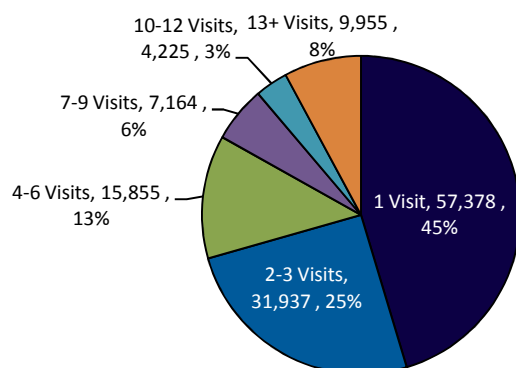
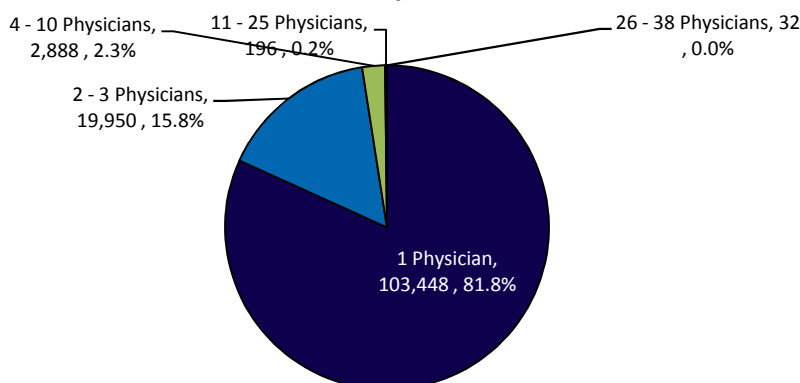


Exhibit 8-9: Number of patients seeing multiple Champlain LHIN physicians during 2009/10

Number of Patients Seeing Multiple Physicians During 2009/10



8.3 Emergency Department Activity

Because of the way data is captured and classified within the National Ambulatory Care Reporting System (NACRS), for each Emergency Department (ED) visit it is possible for a patient to have more than one diagnosis code associated with their visit, each one describing the types of diagnoses, injuries and/or conditions that the patient has or presents with. At the same time, each ED visit is assigned a Main Diagnosis which describes the primary reason the patient is in the ED. As a result, in the following analyses ED visits are identified as being MH&A-related if the visit's Main Diagnosis is MH&A-related. The exception to this is when information is presented on ED visits related to intentional self-harm (suicide or attempted suicide). Because of NACRS data classification rules, diagnosis codes for intentional self-harm never appear as a Main Diagnosis for a visit, but instead are used to describe special circumstances and conditions underlying the Main Diagnosis. A patient with an intentional self-harm diagnosis code may have an MH&A-related Main Diagnosis or they may have a non-MH&A-related Main Diagnosis.

In 2010/11, hospital Emergency Departments in the Champlain LHIN saw a total of 604,829 visits. Of these visits, 16,427 had a Mental Health-related Main Diagnosis and 5,696 had a substance use-related Main Diagnosis. This represents a total of 22,123 Emergency Department visits with a MH&A-related Main Diagnosis, or 3.7% of all Champlain LHIN ED activity (Exhibit 8-10). Patients aged 20-44 tend to have a higher proportion of ED visits with an MH&A-related Main Diagnosis (5.5%).

Exhibit 8-10. 2010/11 Emergency visits to Champlain LHIN hospitals by Main Diagnosis and patient age group

		Patient Age Group						Total
Main Diagnosis Group		00-19	20-44	45-64	65-74	75+	Unknown	
Emergency Department Visits	Non MH&A	149,740	177,313	141,748	48,012	65,892	1	582,706
	Mental Health	2,809	7,494	4,212	780	1,132	0	16,427
	Substance Use	826	2,872	1,702	216	80		5,696

	Total	153,375	187,679	147,662	49,008	67,104	1	604,829
% of Total Age Group Emergency Department Visits	Non MH&A	97.6%	94.5%	96.0%	98.0%	98.2%	100.0%	96.3%
	Mental Health	1.8%	4.0%	2.9%	1.6%	1.7%	0.0%	2.7%
	Substance Use	0.5%	1.5%	1.2%	0.4%	0.1%	0.0%	0.9%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 8-11. Number of times other diagnoses were associated with Emergency visits to Champlain LHIN hospitals, 2010/11

Other Diagnoses Associated with ED Visits Identified for Patient*				
ED Visit Main Diagnosis Category	Mental Health	Substance Use	Intentional Self Harm	Non MH&A
Non MH&A	5,672	1,150	845	243,810
Mental Health	2,359	512	582	3,141
Substance Use	436	266	47	1,009

* Note: Emergency Department visits have one Main Diagnosis identified, and can have other diagnoses captured at the same time. This table shows how many times at least one other type of diagnosis appears in the ED visit record.

As seen in

		Patient Age Group						
	Main Diagnosis Group	00-19	20-44	45-64	65-74	75+	Unknown	Total
Emergency Department Visits	Non MH&A	149,740	177,313	141,748	48,012	65,892	1	582,706
	Mental Health	2,809	7,494	4,212	780	1,132	0	16,427
	Substance Use	826	2,872	1,702	216	80		5,696
	Total	153,375	187,679	147,662	49,008	67,104	1	604,829
% of Total Age Group Emergency Department Visits	Non MH&A	97.6%	94.5%	96.0%	98.0%	98.2%	100.0%	96.3%
	Mental Health	1.8%	4.0%	2.9%	1.6%	1.7%	0.0%	2.7%
	Substance Use	0.5%	1.5%	1.2%	0.4%	0.1%	0.0%	0.9%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 8-11, during 2010/11 there were 5,672 ED visits with a non-MH&A-related Main Diagnosis that also had a Mental Health diagnosis captured as another associated diagnosis and 1,150 visits with a non-MH&A-related Main Diagnosis that also had a Substance Use diagnosis captured. 1,474 visits within the Champlain LHIN had an intentional self-harm diagnosis code.

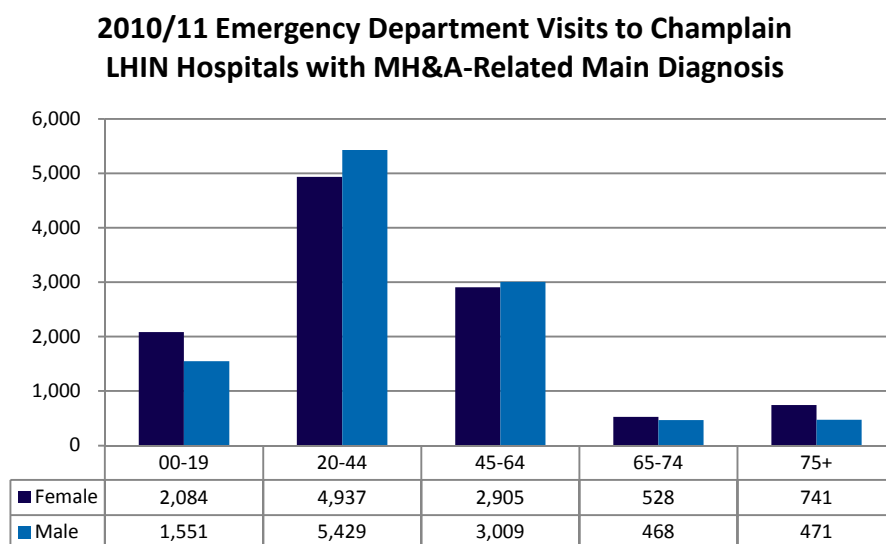
This is important to note, as identifying MH&A-related ED activity by using the Main Diagnosis alone, may not provide an entire picture of ED use by those with MH&A disorders (e.g.

		Patient Age Group						
	Main Diagnosis Group	00-19	20-44	45-64	65-74	75+	Unknown	Total
Emergency	Non MH&A	149,740	177,313	141,748	48,012	65,892	1	582,706

Department Visits	Mental Health	2,809	7,494	4,212	780	1,132	0	16,427
	Substance Use	826	2,872	1,702	216	80		5,696
	Total	153,375	187,679	147,662	49,008	67,104	1	604,829
% of Total Age Group Emergency Department Visits	Non MH&A	97.6%	94.5%	96.0%	98.0%	98.2%	100.0%	96.3%
	Mental Health	1.8%	4.0%	2.9%	1.6%	1.7%	0.0%	2.7%
	Substance Use	0.5%	1.5%	1.2%	0.4%	0.1%	0.0%	0.9%
	Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Exhibit 8-11 identifies 845 ED visits with an associated diagnosis code of Intentional Self Harm and a non-MH&A Main Diagnosis). At the same time, identifying MH&A-related ED activity by assessing all Diagnosis codes may overstate MH&A-related activity, since a visit to an ED by a person with a MH&A disorder may be completely unrelated to their MH&A condition (e.g. an individual with an MH&A disorder involved in a motor vehicle collision completely unrelated to their MH&A condition).

Exhibit 8-12. 2010/11 MH&A-related Emergency Department visits by age and sex within Champlain LHIN



Most ED visits with an MH&A-related Main Diagnosis are for patients aged 20-44 (46.9%) and overall there is a fairly even sex split, with females comprising 50.6% of all MH&A-related ED visits and males comprising 49.4%. There is a sex difference however when looking at MH&A-related ED visits within each age group. Visits by females comprise the largest portion of visits for those aged 0-19 (57.3%), 65 – 74 (53.0%) and 75+ (61.1%). Visits by males comprise the largest portion of visits for those aged 20-44 (52.4%). The age group 45 – 64 has a fairly even sex split, with females comprising 49.1% of visits and males 50.9% of visits (Exhibit 8-12).

The majority of ED visits with a MH&A-related Main Diagnosis were in the Urgent triage level (CTAS 3 – Urgent). These are cases which are deemed as potentially serious (compared to CTAS 1 – Resuscitation which is life threatening and CTAS 2 – Emergent which is potentially life threatening). 47.0% of Mental Health related ED visits 45.1% of Substance Use related visits are triaged as Urgent. Mental Health and Substance Use related ED

visits tend to have a larger proportion fall into the CTAS 2 – Emergent (potentially life threatening) triage level than non-MH&A related ED visits (26.2% for Mental Health, 38.0% for Substance Use and 13.5% for non-MH&A) (Exhibit 8-13).

MH&A-related ED visits also tend to have longer average lengths of stays in the ED than non-MH&A visits (Exhibit 8-13). Non-MH&A visits stay in the ED an average of 4.44 hours, while Mental Health related visits stay 6.64 hours on average and Substance Use visits an average of 6.16 hours. Mental Health related visits have longer average lengths of stays across all triage levels, while Substance Use related visits have longer lengths of stay on average for CTAS 3 – Urgent, CTAS 4 – Less Urgent and CTAS 5 – Non Urgent. The MOHLTC has established ED average length of stay targets (also referred to as “wait time” targets) based on triage levels for hospitals, with CTAS 1, CTAS 2 and CTAS 3 having a target length of stay of 8 hours or less, and CTAS 4 and CTAS 5 having a target length of stay of 4 hours or less. Compared to non-MH&A ED visits, there are a smaller percentage of Mental Health and Substance Use ED visits across all CTAS levels with lengths of stays within the established provincial targets. The lone exception is CTAS 2 for Substance Use visits, which has only a slightly higher percent of visits within the provincial target compared to non-MH&A visits.

Exhibit 8-13. 2010/11 Emergency department visits to Champlain LHIN hospitals by Main Diagnosis and triage level

Main Diagnosis Group	Triage Level	Visits	Average Length of Stay (Hours)	% of Total Visits	LOS Target	No. Visits Under Target	% Visits Under Target
Non MH&A	CTAS 1 – Resuscitation	3,342	8.55	0.6%	<=8 Hours	2,389	71.5%
	CTAS 2 – Emergent	78,692	8.04	13.5%	<=8 Hours	55,668	70.7%
	CTAS 3 – Urgent	224,959	5.37	38.6%	<=8 Hours	189,622	84.3%
	CTAS 4 – Less Urgent	219,265	2.80	37.6%	<=4 Hours	174,127	79.4%
	CTAS 5 – Non Urgent	51,916	1.97	8.9%	<=4 Hours	45,829	88.3%
	Not Known	4,532	1.09	0.8%	n/a	n/a	n/a
	Total	582,706	4.44	100.0%		467,635	80.3%
Mental Health	CTAS 1 – Resuscitation	123	11.05	0.7%	<=8 Hours	69	56.1%
	CTAS 2 – Emergent	4,299	9.50	26.2%	<=8 Hours	2,862	66.6%
	CTAS 3 – Urgent	7,719	6.55	47.0%	<=8 Hours	6,250	81.0%
	CTAS 4 – Less Urgent	3,383	4.10	20.6%	<=4 Hours	2,249	66.5%
	CTAS 5 – Non Urgent	864	2.70	5.3%	<=4 Hours	701	81.1%
	Not Known	39	1.70	0.2%	n/a	n/a	n/a
	Total	16,427	6.64	100.0%		12,131	73.8%
Substance Use	CTAS 1 – Resuscitation	135	7.81	2.4%	<=8 Hours	84	62.2%
	CTAS 2 – Emergent	2,166	7.31	38.0%	<=8 Hours	1,539	71.1%
	CTAS 3 – Urgent	2,568	5.81	45.1%	<=8 Hours	2,040	79.4%
	CTAS 4 – Less Urgent	654	4.26	11.5%	<=4 Hours	407	62.2%
	CTAS 5 – Non Urgent	165	3.14	2.9%	<=4 Hours	119	72.1%
	Not Known	8	1.81	0.1%	n/a	n/a	n/a
	Total	5,696	6.16	100.0%		4,189	73.5%

Total	604,829	4.52	483,955	80.0%
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CTAS = Canadian Triage Acuity Scale

The majority of MH&A-related ED visits (74.8%) have Main Diagnoses falling into one of three categories (Exhibit 8-14):

- 1) Neurotic, stress-related and somatoform disorders (31.9% of all MH&A-related visits)
- 2) Mental and behavioural disorders due to psychoactive substance abuse (25.7%)
- 3) Mood (affective) disorders (17.2%).

Exhibit 8-14. 2010/11 MH&A-related Emergency Department visits to Champlain LHIN hospitals by type of main diagnosis

Diagnostic Block	Visits	% of MH&A Visits
Neurotic, stress-related & somatoform disorders	7,060	31.9%
Mental & behavioural disorders due to psychoactive substance use	5,687	25.7%
Mood (affective) disorders	3,800	17.2%
Schizophrenia, schizotypal & delusional disorders	2,161	9.8%
Organic including symptomatic mental disorders	976	4.4%
Factors influencing health status & contact with health services	636	2.9%
Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances	551	2.5%
Disorders of adult personality & behaviour	492	2.2%
Behavioural & emotional disorders with onset usually occurring in childhood & adolescence	357	1.6%
Behavioural syndromes associated with physiological disturbances & physical factors	172	0.8%
Other diseases of the nervous system	85	0.4%
Alzheimer's disease	59	0.3%
Disorders of psychological development	34	0.2%
Other	53	0.2%
Total	22,123	100.0%

After leaving the Emergency Department, most patients with Mental Health or Substance Use-related Main Diagnoses go home (private dwelling) with no support services after leaving the ED (70.0% and 78.5% respectively) (

Exhibit 8-15). This is a lower proportion of patients than for non-MH&A ED visits, where 83.6% of patients go home after leaving the ED. More patients with Mental Health-related Main Diagnoses end up getting admitted as an inpatient (to the same facility housing the ED) from the ED than for non-MH&A and Substance Use-related visits (20.5%, 7.0% and 7.4% respectively). Substance-Use related visits are more likely to end with patients leaving the ED without being seen by a physician, but after being triaged and registered in the department.

ED visits with an associated Intentional Self Harm diagnosis code show yet a different pattern from MH&A and non-MH&A visits (

Exhibit 8-15). Only half of ED visits with an Intentional Self Harm diagnosis code end up going home (private dwelling) with no supports. In addition, when compared to Non-MH&A, Mental Health and Substance Use-related visits, ED visits with an Intentional Self Harm diagnosis code are more likely to end with:

- Admission to an inpatient unit located in the same facility as the ED (28.3%);
- Transfer to another acute care facility (6.0%); and,
- Admission to a critical care unit or operating room located in the same facility as the ED (6.0%).

Exhibit 8-15. 2010/11 Emergency Department visits to Champlain LHIN hospitals by discharge disposition (where patients went after leaving the ED)

Discharge Disposition	Non-MH&A	Mental Health	Substance Use	Intentional Self Harm
DISCHARGED HOME (PRIVATE DWELLING ONLY,NO SUPPORT SERVICES)	83.6%	70.0%	78.5%	54.5%
CLIENT ADMITTED AS INPATIENT TO OTHER UNITS IN REPORTING FACILITY DIRECT FROM AMB. CARE VISIT FUNCTIONAL CENTRE	7.0%	20.5%	7.4%	28.3%
CLIENT TRIAGED BUT LEFT WITHOUT BEING SEEN (PATIENT REGISTERED)	4.1%	2.8%	6.1%	0.9%
DISCHARGED TO PLACE OF RESIDENCE/INSTITUTION (I.E NURSING HOME; CHRONIC CARE, PRIVATE DWELLING WITH HOME CARE, VON, JAIL)	2.3%	2.5%	2.1%	2.8%
TRANSFERRED TO ANOTHER ACUTE CARE FACILITY DIRECTLY FROM AN AMBULATORY CARE VISIT FUNCTIONAL CENTRE	1.3%	2.9%	0.7%	6.0%
CLIENT ADMITTED AS INPATIENT TO CRITICAL CARE UNIT/OPERATING ROOM IN REPORTING FACILITY DIRECT FROM AMB. CARE VISIT FUNCTIONAL CENTRE	0.8%	0.4%	0.3%	6.0%
CLIENT TRIAGED, REGISTERED, AND ASSESSED BUT LEFT BEFORE TREATMENT COMPLETED	0.4%	0.5%	2.1%	0.7%
INTRA FACILITY TRANSFER TO DAY SURGERY	0.2%	0.0%	0.0%	0.0%

CLIENT TRIAGED, REGISTERED AND ASSESSED BUT LEFT WITHOUT TREATMENT	0.2%	0.2%	0.7%	0.1%
TRANSFERRED TO ANOTHER NON-ACUTE CARE FACILITY DIRECTLY FROM AN AMB. CARE VISIT FUNCTIONAL CENTRE	0.0%	0.2%	2.0%	0.4%
CLIENT REGISTERED BUT LEFT WITHOUT BEING SEEN OR TREATED BY SERVICE PROVIDER	0.1%	0.0%	0.0%	0.0%
DEATH AFTER ARRIVAL (DAA)/DEATH IN EMERGENCY (DIE)	0.1%	0.0%	0.0%	0.2%
INTRA FACILITY TRANSFER TO CLINIC	0.0%	0.0%	0.0%	0.0%
DEATH ON ARRIVAL (DOA)	0.0%	0.0%	0.0%	0.1%
INTRA FACILITY TRANSFER TO THE EMERGENCY DEPARTMENT	0.0%	0.0%	0.0%	0.0%
Total	100.0%	100.0%	100.0%	100.0%

Among ED visits with an MH&-related Main Diagnosis, there are differences between age groups in where patients end up going after leaving the ED (

Exhibit 8-16). The older patients are, the less likely they will be discharged home (private dwelling) with no supports, and the more likely they will be admitted to an inpatient unit located in the same facility as the ED. Seniors (aged 65+) are less likely to leave the ED before being seen by a physician than other age groups (2.2% or less for Seniors, compared to 4.0% or more for other age groups).

Exhibit 8-16. 2010/11 MH&A-related Emergency Department visits to Champlain LHIN hospitals by discharge disposition and age group

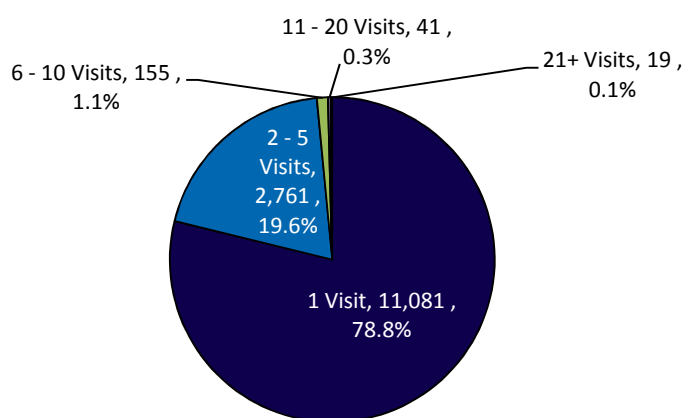
Discharge Disposition for ED Visits with an MH&A-related Main Diagnosis	Age Group					Total
	00-19	20-44	45-64	65-74	75+	
DISCHARGED HOME (PRIVATE DWELLING ONLY, NO SUPPORT SERVICES)	82.3%	76.0%	72.1%	66.6%	48.5%	74.3%
CLIENT ADMITTED AS INPATIENT TO OTHER UNITS IN REPORTING FACILITY DIRECT FROM AMB. CARE VISIT FUNCTIONAL CENTRE	9.9%	13.5%	17.1%	24.1%	33.9%	15.3%
CLIENT TRIAGED BUT LEFT WITHOUT BEING SEEN (PATIENT REGISTERED)	4.5%	4.7%	4.0%	2.2%	0.9%	4.2%
DISCHARGED TO PLACE OF RESIDENCE/INSTITUTION (I.E NURSING HOME; CHRONIC CARE, PRIVATE DWELLING WITH HOME CARE, VON, JAIL)	1.2%	1.7%	2.2%	3.4%	13.8%	2.4%

TRANSFERRED TO ANOTHER ACUTE CARE FACILITY DIRECTLY FROM AN AMBULATORY CARE VISIT FUNCTIONAL CENTRE	1.3%	2.1%	2.3%	2.2%	1.7%	2.0%
All Others	0.8%	2.1%	2.3%	1.5%	1.2%	1.9%
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%

Similar to the findings in the Physician Activity analysis, the majority of patients visiting a Champlain LHIN ED with a MH&A-related Main Diagnosis had only 1 MH&A-related ED visit in 2010/11 (Exhibit 8-17). 215 patients had 6 or more MH&A-related ED visits during the same period, with 19 patients having 21 or more ED visits with an MH&A related Main Diagnosis. These patient numbers, and those presented in Exhibit 8-17, likely underestimate the number of patients with multiple MH&A related ED visits as patients with no recorded Ontario Health Card Number who visited Champlain LHIN EDs, are excluded from this analysis.

Exhibit 8-17. The number of patients with one or more MH&A-related ED visits to Champlain LHIN hospitals in 2010/11

Number of Patients with Multiple MH&A-Related Emergency Department Visits to Champlain LHIN Hospitals in 2010/11



9. Summary

Despite the limitations in data available described in Section 2 (Methodology & Interpretation Considerations), the data sets that are available yield informative insights:

- **The Champlain LHIN has a large and growing population of individuals affected by MH&A disorders**
 - An estimated 195,413 individuals affected by MH&A disorders (excluding gambling and dual diagnosis) live within the LHIN, the 5th largest population of MH&A affected individuals in the province (Exhibit 4-1)
 - The most common MH&A disorders among Champlain LHIN adults are Anxiety Disorders, Behavioural Disorders and Substance Use Disorders, with Disruptive Disorders, Anxiety Disorders and Substance Use Disorders the most common among adolescents (Exhibit 4-3). These are also the most common MH&A disorders for Francophone adults and adolescents (Exhibit 7-2)
 - The Champlain LHIN population will grow at approximately the same rate as the Ontario population between 2010 and 2020 (12.9% for Champlain and 12.7% for Ontario) (Section 3.3)
 - The seniors population (those aged 65+), although currently the smallest population in numbers within the Champlain LHIN, is forecast to grow the fastest between 2010 and 2020 (Exhibit 3-4)
 - The three Ottawa sub-regions currently have the largest populations in numbers and are expected to grow the fastest between 2010 and 2020, increasing by 16-17% (Exhibit 3-6)
 - The number individuals affected by MH&A disorders is expected to grow by 15.5% or approximately 30,000 individuals between 2010 and 2020 (Exhibit 4-19)
 - The number of adults affected by specific MH&A disorders will grow 10-14% between 2010 and 2020, except for Dementia which will grow by 37.6%; the number of adolescents affected by MH&A disorders is expected to shrink by 3.2% (Exhibit 4-20)
- **The Champlain LHIN spends more than \$182.3 million annually on MH&A services, spending more per MH&A affected individual than the provincial average**
 - 7.4% (\$182.3 million) of health expenditures in the Champlain LHIN are spent on MH&A services (Exhibit 4-6), which excludes an estimated additional \$40.8 million spent on Physician billings (Section 8.2) and an unknown amount of dollars associated with 22,123 ED visits (Exhibit 8-10)
 - More of these MH&A dollars are spent by hospitals (43.9%) and fewer dollars are spent by Community agencies (22.5%) than the Ontario average (33.9% for hospitals and 32.3% for Community agencies) (Exhibit 4-8)
 - Per individual affected by an MH&A disorder, the Champlain LHIN spends \$933 - \$80 more per affected individual than the Ontario average of \$853 (Exhibit 4-13)
- **There is a lot of variation among LHINs in how and where they spend their MH&A dollars**
 - The proportion of MH&A spending along the continuum of care among LHIN ranges from 7.0% - 23.8% for “First Line – Supports, Treatment & Outreach”, 23.2% - 55.5% for “Intensive Level Services” and 25.8% - 59.3% for “Specialized” services (Exhibit 6-1)
 - Within LHINs, hospitals account for anywhere from 22.0% - 51.9% of MH&A expenditures while community agencies account for 18.9% - 58% of expenditures (Exhibit 4-8)

- **There do appear to be service gaps in comparison to other LHINs or for certain populations**
 - A small number of individuals access the Champlain LHIN health system for MH&A-related conditions more often (or for longer) than others
 - 3,116 people saw 4 or more physicians for a MH&A-related issue in 2009/10, with 196 people seeing 11-25 physicians and 32 people seeing 26 or more physicians (Exhibit 8-9)
 - 215 people had 6 or more MH&A-related ED visits in 2010/11, with 41 people having 11-20 ED visits and 19 people have 21 or more ED visits (Exhibit 8-17)
 - The Champlain LHIN spends less per affected individual on Entry, Supports, First Line – Prevention & Capacity Building and Specialized services than the Ontario average (Exhibit 6-16)
 - MH&A-related ED visits tend to have longer average lengths of stays (6.6 hours for MH and 6.16 hours for Substance Use) in the ED than non-MH&A visits (4.44 hours) (Exhibit 8-13)

We also know that that the current health care environment is changing and will continue to change. The Ontario government is projecting a \$16 billion deficit for the 2011/12 fiscal year⁴² and is planning on reducing that deficit to \$0 in 2017/18⁴³. Health spending uses 42 cents of each dollar spent by the government on provincial programs⁴⁴ and will not be unaffected by deficit reduction plans. In *Ontario's Action Plan For Health Care: Better patient care through better value from out health care dollars*, released on January 30, 2012, the government set out its priorities for the health system, including (but not limited to):

- 1) Keeping Ontario healthy
- 2) Faster access and a stronger link to family health care by
 - a. Putting family health care at the centre of the system to help patients navigate the system (especially those with multiple complex conditions)
 - b. Local integration of family health care where LHINs are accountable and can plan for the full patient journey
 - c. Focusing on quality in family health care through quality improvement and integrating evidence-based care into practice
- 3) Right care, right time, right place by providing
 - a. High quality care using evidence to drive decisions
 - b. Timely access to care and timely preventative care including implementing the province's mental health strategy
 - c. Care in the most appropriate setting, including building capacity in the community

Additional elements which support the government's priorities and enable the necessary changes to the system include:

- Patient-centredness, focusing on what patients should expect from the health system; and,
- Funding reform, where funding follows the patient and where health care providers are rewarded for ensuring better patient outcomes.

⁴² Government of Ontario. *2011 Ontario Economic Outlook and Fiscal Review*. Queen's Printer for Ontario, 2011. Page xiv.

⁴³ Government of Ontario. *2011 Ontario Economic Outlook and Fiscal Review*. Queen's Printer for Ontario, 2011. Page 59.

⁴⁴ Government of Ontario. *Ontario's Action Plan for Health Care*. Queen's Printer for Ontario, 2012. Page 5.

There are also a number of key elements in the MH&A picture which remain unknown at this time. These include:

- The contribution (in dollars and activity) of organizations and agencies which do not receive funding from the MOHLTC (and are therefore excluded from this reports analyses) and how that does or doesn't change the picture for the Champlain LHIN and the province as a whole;
- How Champlain Physician activity and ED activity compare to other LHINs (information that has been requested but not yet received at the time of this report's release);
- Detailed and accurate information on aboriginal and francophone populations residing within the Champlain LHIN, the MH&A services they receive and how that compares to the population of the LHIN as a whole;
- The outcomes for those currently receiving care within the system or individual LHINs and how those outcomes compare to reported activity levels and expenditures (i.e. what results are LHINs getting for the dollars spent and inpatient/resident days and visits provided?); and,
- What does "best practice" look like when it comes to how care and supports are provided and the types of care and supports provided, either for the system as a whole or for parts of the continuum of care (i.e. where is the evidence-base that demonstrates what gets the best results?).

9.1 Next Steps

Given what is known about MH&A needs and services within the Champlain LHIN and the current Ontario health care environment, along with what remains unknown, there are some logical next steps in moving the MH&A forward within the Champlain LHIN:

- 1) Begin filling known information gaps;
- 2) Act on information currently available;
- 3) Understand the patient/client journey; and,
- 4) Build the evidence base.

1) Begin filling known information gaps

As outlined in Section 2 (Methodology & Interpretation Consideration) and throughout other sections, the analyses contained within this report are based primarily on MOHLTC data sources and present an incomplete picture of MH&A expenditures and activity. In addition, information gaps were encountered with respect to two significant sub-populations within the LHIN: aboriginal and francophone populations and their associated MH&A services. In some cases, these information gaps could be filled given additional time, in other cases accurate source data may not currently exist to fill those gaps and work may be needed to develop appropriate and accurate data sources. Recommended next steps include:

- a) Develop an accurate population profile of the aboriginal population within the Champlain LHIN that supports the development of estimates of the number of individuals affected with an MH&A disorder.
- b) Develop an accurate population profile of the francophone population within the Champlain LHIN that supports the development of estimates of the number of individuals affected with an MH&A disorder.

- c) Assess existing MH&A service capacity for the aboriginal population within the Champlain LHIN, including developing estimates of the extent to which the aboriginal population receives services from non-Aboriginal organizations (e.g. hospitals).
- d) Assess existing MH&A service capacity for the francophone population within the Champlain LHIN, including developing estimates of the extent to which the francophone population receives services from non-francophone or non-designated services (e.g. from both hospitals that are designated under the French Language Services Act and those that are not designated under the French Language Services Act).
- e) Obtain comparator information for other LHINs and/or Ontario on OHIP billings for MH&A-related conditions to assess similarities and differences from the Champlain LHIN.
- f) Obtain comparator information for other LHINs and/or Ontario on MH&A-related ED visits to assess similarities and differences from the Champlain LHIN.
- g) Investigate whether:
 - i) Other data sets containing both expenditures and activity related to MH&A activity funded by non-MOHLTC sources exist, and can be used to supplement HIT data (e.g. data sets housed and collected by the Ministries of Education, Children & Youth Services, Community & Social Services, Attorney General, etc.); and/or
 - ii) Other agencies can begin collecting and reporting data in a way and format similar to that of the MOHLTC-funded agencies to enable the collection of data comparable to that used in this report and provide a more complete picture of MH&A services within the Champlain LHIN.
- h) Perform additional investigation and analysis on selected priority or special populations (e.g. dual diagnosis, homeless) to more fully understand the need for MH&A services and/or the MH&A services currently available to these populations.

2) Act on information currently available

Although incomplete, the current information available from MOHLTC sources does provide some insight into the current system of MH&A service provision, particularly with respect to expenditures per affected individual. In light of the provincial government's need for deficit reduction between now and 2017/18 and the MOHLTC's *Action Plan For Health Care*, ensuring value for money, exploring alternative models of care and creating a "seamless system" of care will be important steps for the Champlain LHIN to take in the short and long terms. Recommended next steps include:

- a) Further explore how Champlain LHIN MH&A expenditures differ from other LHINs to identify potential areas of service duplication, alternative methods of service delivery, other possible underlying causes or potentially improved outcomes per investment.
- b) Improve linkages and supports for General Practitioners and Paediatricians in order to ensure these physicians are well informed and able to quickly appropriately diagnose, treat, support or refer patients with MH&A disorders.
- c) Examine the need for increased investment in the Entry, Supports, First Line – Prevention & Capacity Building and Specialized parts of the continuum of care, and in particular whether resources could be shifted from other parts of the continuum.
- d) Further understand the "high users" of the system (i.e. those with frequent MH&A-related physician and ED visits and/or those with frequent hospitalization) and investigate alternative service models to

support them (e.g. intensive case management like that used in ACT Teams or being considered for implementation in some LHINs for complex-need patients).

3) Understand the patient journey

Without the patient/client, the health system would not need to exist, despite the fact that the current health care system is generally perceived to be “provider-centric” instead of “patient-centric”. The growing focus within the health system on the patient/client experience and ensuring seamless care across the continuum are beginning to cause health care providers to examine more closely how care is delivered from the patient’s/client’s point of view. In addition, during the course of developing this report, the Steering Committee identified and discussed the need for the health system to respond to meet the needs of patients/clients from diverse communities (whether those communities are based on geography, language, ethnicity, age or other factors).

To better understand the patient/client experience in their journey through the Champlain MH&A “system”, recommended next steps include:

- a) Continue with “Phase 2” of the needs and capacity assessment work, focusing on examining and mapping the patient/client journey from the perspective of patients/clients within diverse communities (whether those communities are based on geography, language, ethnicity, age or other factors) and from the provider perspective.
 - i) As part of this mapping, a common language may need to be developed for use across the MH&A system to help patients/clients and professionals understand the journey and work to improve it.
- b) As part of mapping the patient/client journey, understand how the MH&A system lets patients/clients/families know what steps to take when and how when it comes to entering and navigating within the system of MH&A care. Continuity of service is important in MH&A care, especially given the long term nature of many illness and the resulting transitions which occur when children become adolescents, when adolescents become adults and when adults become elderly.
- c) Use the information gathered in mapping the patient/client journey to change and redesign the system of care to meet the needs of those affected by MH&A disorders.

4) Build the evidence base

The link between investments and results is becoming more and more important in the public sector and in health care in particular. The provincial government has emphasized the importance of this link in its *Action Plan For Health Care* by focusing on using evidence to drive decision making and funding and signalling that care providers should be rewarded for ensuring better outcomes. Unlike other parts of the health system (e.g. acute care) where there is a relatively large body of research and evidence regarding outcomes and care practices for many conditions, MH&A does not have such a body of research and knowledge from which to draw. It is imperative then for MH&A services to compete with other health needs and priorities in the current health care environment, that this body of research and knowledge be developed, established, grown and spread throughout the MH&A system. In order to do so, recommended next steps include:

- a) Develop and evaluate short and long term outcomes for MH&A care at the organizational and system level to begin to assess the impact of existing investments and activity levels.

- b) Develop and implement a research strategy focused on evaluating the relationship between MH&A delivery models and structures and patient/client outcomes.
- c) Develop a strategy and process for spreading known best practices in MH&A care throughout the Champlain LHIN health system.

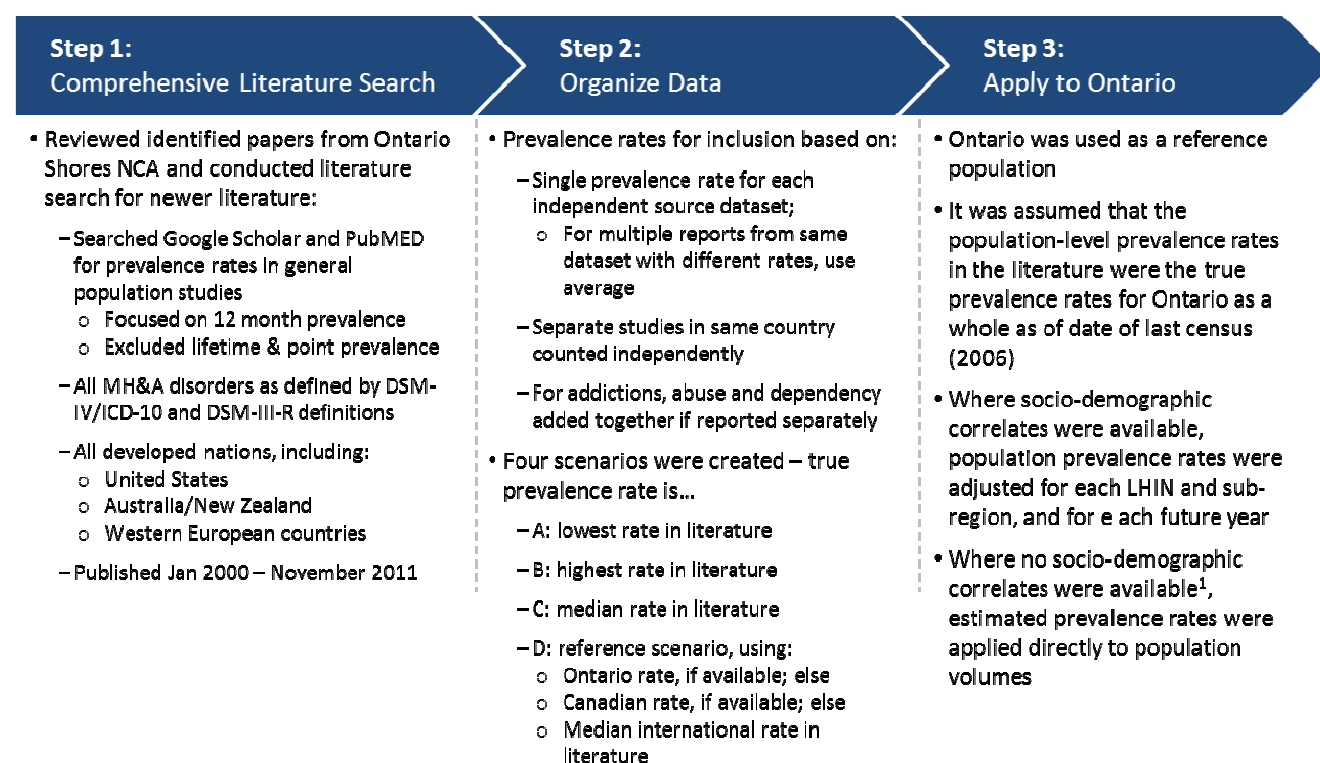
Appendix A – Methodology for Calculating Estimates of Individuals Affected by MH&A Disorders

Population-adjusted prevalence rates for Champlain LHIN, its six sub-regions and all other LHINs were estimated by combining three data sets: prevalence rates, socio-demographic correlates and population profiles. This approach results in a prevalence rate that describes how many people in a sub-population suffer from a MH&A disorder after taking into account relevant socio-demographic variables (referred to as “correlates”).

Appendix A.1 – Population-level MH&A Prevalence Rates

The prevalence rates for all MH&A disorders assessed within this report were identified based on a literature review process as outlined in Exhibit A-1.

Exhibit A-1: Literature Review Process for Prevalence Rate Data



The prevalence rates that were identified for each of the four scenarios in Step 2 are outlined in Exhibit A-2 for MH&A disorders in adults, and in Exhibit A-3 for MH&A disorders in adolescents.

Exhibit A-2: Estimated 12-month Prevalence Rates for Adult MH&A Disorders

Disorder	Range (A-B)	Median (C)	Reference (D)	Sources ⁴⁵
Mood & Behavioural Disorders				
Major Depressive Disorder	3.0% - 8.3%	5.4%	4.1 % (Ontario)	2, 3, 5, 10, 12
Dysthymia	0.8% - 2.3%	1.4%	0.8% (Ontario)	2, 8, 10
Bipolar Disorder	0.5% - 3.3%	1.05%	0.6% (Ontario)	1, 2, 8, 10, 12
Oppositional Defiant Disorder	1.0%	1.0%	1.0% (Median)	7
Conduct Disorder	1.0%	1.0%	1.0% (Median)	7
Attention-Deficit/ Hyperactivity Disorder	4.1%	4.1%	4.1% (Median)	7
Intermittent Explosive Disorder	2.6%	2.6%	2.6% (Median)	7
Any Mood Disorder	2.5% - 9.5%	6.6%	4.5% (Ontario)	2, 5, 8, 10, 12
Any Behavioural Disorder	8.9%	8.9%	8.9% (Median)	7
Substance Use Disorders				
Alcohol Use Disorder	0.7% - 9.7%	4.4%	4.4% (Ontario)	2, 5, 7, 8, 10, 12
Drug Use Disorder	0.7% - 3.0%	1.2%	1.9% (Canada)	2, 7, 12
Any Substance Use Disorder	3.8% - 8.9%	7.95%	5.2% (Ontario)	2, 5, 7, 10, 12
Anxiety Disorders				
Panic Disorder	1.1% - 3.2%	2.25%	1.1% (Ontario)	2, 5, 8, 10, 12
Agoraphobia	0.5% - 1.8%	1.2%	1.6% (Ontario)	2, 5, 10,12
Social Phobia	1.3% - 6.8%	3.9%	6.7% (Ontario)	2, 8, 10, 12
Specific Phobia	6.4% - 8.7%	7.35%	6.4% (Ontario)	2, 8, 10
Generalized Anxiety Disorder	1.1% - 3.1%	2.2%	1.1% (Ontario)	2, 5, 8, 10
Posttraumatic Stress Disorder	1.3% - 3.5%	2.4%	2.4% (Median)	2
Any Anxiety Disorder	4.6 – 18.1%	12.0%	12.2% (Ontario)	2, 5, 8, 10, 12
Other Disorders				
Dementia	0.9% - 1.2%	1.0%	1.07% (Canadian)	9, 15
Schizophrenia	0.19% - 1.5%	0.52%	0.52% (median)	2, 13
Any Disorder				
Any Disorder	15.5% - 33.1%	23.2%	18.6% (Ontario)	2, 7, 10

⁴⁵ Numbers correspond to those used in the list of source literature references provided in Exhibit A-4

Exhibit A-3: Estimated 12-month Prevalence Rates for MH&A Disorders in Adolescents

Disorder	Range (A-B)	Median (C)	Reference (D)	Sources ⁴⁶
Mood & Behavioural Disorders				
Any Depressive Disorder	2.1% - 2.2%	2.15%	2.15% (Median)	14
Bipolar Disorder	0.1%	0.1%	0.1% (Median)	11
Any Mood Disorder	2.99%	2.99%	2.99% (Median)	4
Oppositional Defiant Disorder	2.7-2.8%	2.75%	2.75% (Median)	4, 11
Conduct Disorder	2.7 – 3.32%	3.30%	3.30% (Median)	4, 11, 14
Attention-Deficit/Hyperactivity Disorder (ADHD)	0.9 – 3.3%	2.06%	2.06% (Median)	4, 11, 14
Any Disruptive Disorder (excl. ADHD)	6.45% - 7.0%	6.73%	6.73% (Median)	11
Anxiety Disorders				
Panic Disorder	0.65%	0.65%	0.65% (Median)	11
Agoraphobia	4.5%	4.5%	4.5% (Median)	11
Social Phobia	1.64%	1.64%	1.64% (Median)	11
Generalized Anxiety Disorder	0.41%	0.41%	0.41% (Median)	11
Posttraumatic Stress Disorder	0.59%	0.59%	0.59% (Median)	11
Obsessive Compulsive Disorder	0.2%	0.2%	0.2% (Median)	14
Any Anxiety Disorder	6.5-6.89%	6.7%	6.7% (Median)	11
Substance Use Disorders				
Alcohol Abuse/Dependence	2.92%	2.92%	2.92% (Median)	11
Marijuana Abuse/Dependence	3.38%	3.38%	3.38% (Median)	11
Other Drug Abuse/Dependence	0.9%	0.9%	0.9% (Median)	11
Any Substance Use Disorder	5.27%	5.27%	5.27% (Median)	11
Any Disorder				
Any Disorder	13.3% – 17.06%	15.0%	15.0% (Median)	11

⁴⁶ Numbers correspond to those used in the list of source literature references provided following Exhibit A-4

Exhibit A-4: References for Prevalence Rate Source Literature

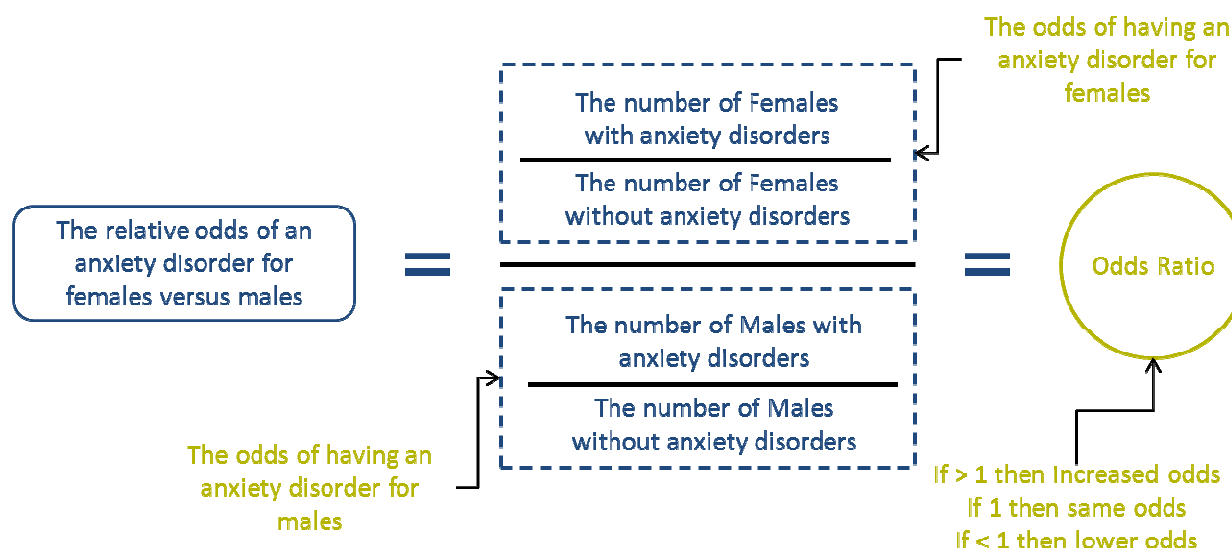
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- 7) Kessler, Ronald C., Wai Tat Chiu, Olga Demler, and Ellen E. Walters. "Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication." *Archives of General Psychiatry* 62 (2005): 617-627.
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- 9) Nabalamba A, Patten SB. "Prevalence of mental disorders in a Canadian household population with dementia" *Can J Neurol Sci.* (2010): 37(2):186-94.
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- 11) Roberts, Robert E., Catherine R. Roberts, and Yun Xing. "Rates of DSM-IV Psychiatric Disorders Among Adolescents in a Large Metropolitan Area." *Journal of Psychiatric Research* 41 (2007): 959-967.
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The literature review failed to generate solid statistics on: the prevalence of MH&A disorders among the developmentally-challenged and in correctional inmates; and, the impact of some population characteristics like homelessness or housing status on prevalence rates.

Appendix A.2 – Identifying Socio-demographic Correlates for MH&A Prevalence

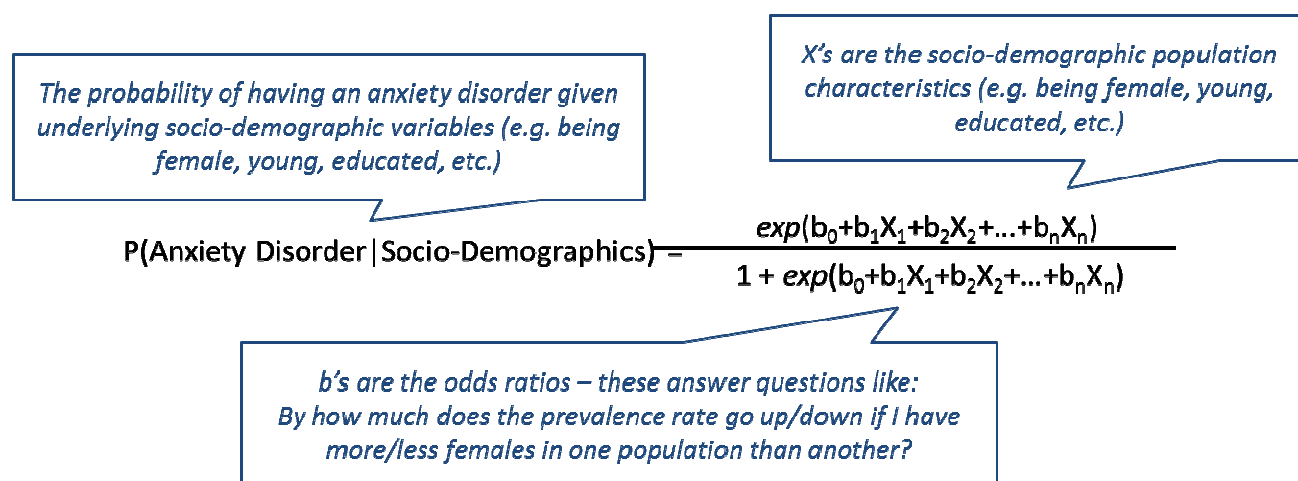
Socio-demographic correlates are expressed in odds ratios – these describe how one group is at an increased or decreased odds of a MH&A disorder relative to another. An example of the relative odds of having a MH&A disorder if an individual is female is shown in Exhibit A-5.

Exhibit A-5: Socio-demographic Correlates: Odds Ratio Example



These odds ratios are used to generate the probability of a given MH&A disorder through a multiple logistic regression analysis – these are statistical models that estimate what the prevalence rate for a specific population given a certain set of socio-demographics characteristics (Exhibit A-6)

Exhibit A-6: Multiple Logistic Regression Formula as Applied to MH&A Prevalence



The socio-demographic correlates for MH&A prevalence were also identified through a literature review, as outlined in Exhibit A-7.

Exhibit A-7: Literature Review Process for Socio-demographic Correlates for MH&A Prevalence Rates

Step 1: Comprehensive Literature Search	Step 2: Organize Data	Step 3: Apply to Ontario
<ul style="list-style-type: none"> • Searched peer-reviewed literature for socio-demographic correlates: <ul style="list-style-type: none"> – Searched Google Scholar and PubMed – Correlates of 12-Month, Lifetime and Incidence Rates – All MH&A disorders – All developed nations – Published post Jan. 1, 2010 • Found 5 articles <ul style="list-style-type: none"> – 2 were directly relevant 	<ul style="list-style-type: none"> • Data only available for: <ul style="list-style-type: none"> – Mood disorders – Behavioural disorders – Anxiety disorders – Substance use disorders – Non-affective psychosis 	<ul style="list-style-type: none"> • Ontario was used as a reference population <ul style="list-style-type: none"> – This means that the b's from the regression equation will answer questions like <i>by how much will the prevalence rate go up/down if the sub-population has more/less females than Ontario</i>

The statistically significant socio-demographic correlates⁴⁷ identified within the two studies found were used to adjust the prevalence rates in Appendix A.1 for each LHIN and sub-region. For non-affective psychosis (schizophrenia), only employment status was found to be of significance (Exhibit A-8).

Exhibit A-8: Identified Socio-demographic Correlates For Non-Affective Psychosis⁴⁸

	Odds Ratio	Sig at 95% CI		Odds Ratio	Sig at 95% CI
Age			Marital Status		
18-29	5.0	N	Married	<i>referent</i>	
30-44	5.8	N	Previously Married	2.9	N
45-59	3.6	N	Single	2.6	N
60+	<i>referent</i>		Employment Status		
Sex			Retired	0.0	N
Female	1.2	N	Other	7.7	Y
Male	<i>referent</i>		Student	2.6	N
Race			Homemaker	1.0	N
White	<i>referent</i>		Working	<i>referent</i>	
Black	0.8	N			
Hispanic	0.7	N			
Other	0.7	N			
Education					
No HS	5.6	N			
HS	5.9	N			
College	5.3	N			
University	<i>referent</i>				

Socio-demographic correlates for anxiety, affective & substance use disorders were presented for seven latent classes⁴⁹ rather than MH&A disorders specifically (Exhibit A-9). Each of the latent classes carried a prevalence rate and conditional probabilities – these represent the probability of having a specific MH&A disorder for individuals in each latent class (Exhibit A-10). For these disorders, the regression analysis was used to calculate

⁴⁷ Highlighted in blue in Exhibits A-8 and A-9

⁴⁸ Kessler, Ronald C., et al. "The Prevalence and Correlates of Nonaffective Psychosis in the National Comorbidity Survey Replication (NCS-R)." *Journal of Biological Psychiatry* 58 (2005): 668-676.

the prevalence of a given latent class within each region. These latent class prevalence rates were then used to determine the prevalence for a given MH&A disorder.

Exhibit A-9: Identified Socio-demographic Correlates For Anxiety, Affective & Substance Use Disorders by Latent Class⁵⁰

	Odds Ratio						
	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7
Age							
18-29	0.9	0.9	1.4	0.8	1.4	1.1	1.0
30-44				referent			
Sex							
Female	0.7	1.6	0.6	1.9	0.6	1.4	1.1
Male				referent			
Race							
White				referent			
Black	2.1	1.2	0.9	0.9	1.2	0.5	1.1
Hispanic	2.0	1.0	1.3	0.9	1.1	0.5	0.9
Other	0.9	1.0	0.8	0.9	1.4	1.1	1.2
Education							
0-11 Years	0.3	0.7	1.0	1.2	1.0	2.6	1.1
12	0.5	0.8	1.0	1.0	1.0	1.6	1.2
13-15	0.6	0.9	1.0	1.2	1.0	1.4	1.0
16+				referent			
Marital Status							
Married				referent			
Previously Married	0.2	0.9	0.8	1.7	0.6	3.0	1.2
Single	0.6	0.8	1.2	1.1	0.7	1.5	1.0
Family Income							
Low	0.7	1.0	0.7	1.2	1.0	1.4	1.2
Low-Medium	0.6	1.0	0.9	1.2	0.9	1.4	1.1
Medium-High	0.7	1.0	1.0	1.2	1.0	1.4	1.0
High				referent			
Urbanicity							
Large Urban Centre	0.6	1.0	0.7	1.0	1.6	2.0	1.2
Urban Centre	0.6	1.1	0.7	1.1	1.6	1.6	1.3
Large Suburban Centre	0.6	1.1	0.7	1.3	1.6	1.7	1.2
Suburban Centre	0.5	1.3	0.6	1.4	1.6	2.1	1.2
Adjacent Area	0.6	1.1	0.7	1.2	1.6	1.7	1.1
Rural				referent			

⁴⁹The seven latent classes are defined as follows: class 1 = no disorder/non-affected, class 2 = pure internalizing disorders, class 3 = pure externalizing disorders, class 4 = comorbid internalizing disorders, class 5 = comorbid internalizing disorders and/or externalizing disorders dominated by comorbid social phobia and attention-deficit/hyperactivity disorder, class 6 = highly comorbid major depressive episodes, class 7 = highly comorbid bipolar disorder. Odds ratios identified as statistically significant (highlighted in purple) were used to adjust the estimated prevalence rates based on the corresponding sociodemographic data for each geography.

⁵⁰ Kessler, Ronald C., Wai Tat Chiu, Olga Demler, and Ellen E. Walters. "Prevalence, Severity, and Comorbidity of 12-Month DSM-IV Disorders in the National Comorbidity Survey Replication." Archives of General Psychiatry 62 (2005): 617-627

Exhibit A-10: Conditional Probabilities for Specific MH&A Disorders Within Each Latent Class and Associated Latent Class Prevalences⁵⁰

Probability of Disorder Conditional on Latent Class							
	Class 1	Class 2	Class 3	Class 4	Class 5	Class 6	Class 7
Panic Disorder	0.90%	1.50%	2.50%	32.80%	0.00%	10.90%	72.00%
Agoraphobia	0.00%	0.00%	0.00%	23.70%	1.50%	3.00%	45.80%
Specific Phobia	4.80%	15.60%	2.00%	53.00%	25.40%	36.00%	83.90%
Social Phobia	2.10%	15.90%	3.60%	51.30%	40.20%	41.00%	88.40%
Generalized Anxiety Disorder	0.10%	13.20%	3.50%	23.20%	0.00%	38.60%	50.50%
Posttraumatic Stress Disorder	1.00%	5.80%	1.50%	19.50%	14.10%	22.80%	54.80%
Major Depressive Episode/Dysthymia ¹	0.00%	40.70%	5.30%	40.70%	0.00%	94.60%	89.30%
Oppositional Defiant Disorder	0.00%	6.50%	11.10%	10.20%	0.00%	54.10%	93.80%
Conduct Disorder	0.00%	1.10%	1.30%	0.70%	15.90%	11.70%	39.30%
Attention-Deficit/Hyperactivity Disorder	0.30%	0.30%	3.00%	0.00%	15.00%	6.70%	11.90%
Intermittent Explosive Disorder	1.40%	12.70%	22.10%	14.60%	21.80%	40.50%	45.10%
Alcohol Abuse or Dependence	0.20%	0.00%	43.60%	13.20%	14.40%	42.50%	5.60%
Drug Abuse or Dependence	0.00%	0.00%	21.50%	0.00%	11.90%	31.20%	5.20%
Class Prevalence	68.50%	14.50%	7.40%	5.00%	2.30%	1.60%	0.70%

¹ The same conditional probabilities were applied to prevalence rates of major depressive episode and dysthymia separately.

For populations where correlates were unavailable (i.e. adolescents, dementia and dual diagnosis), prevalence rates were assumed to be equal across all LHINs and sub-regions.

Appendix A.3 – Calculating LHIN/Sub-Region Specific Prevalence Rates

Population-adjusted prevalence rates were calculated by inputting the population profile data for each of CH LHIN, its six sub-regions and all other LHINs into the multi-variate regression equations as outlined in Exhibit AX-11.

Exhibit A-11: Sample Application of Population Profile to Calculate the Probability (Prevalence) of Anxiety Disorders in Champlain LHIN

The probability of having an anxiety disorder for residents in CHLHIN

X's are the socio-demographic population characteristics of CHLHIN

$$P(\text{Anxiety Disorder} | \text{Socio-Demographics}) = \frac{\exp(b_0 + b_1X_1 + b_2X_2 + \dots + b_nX_n)}{1 + \exp(b_0 + b_1X_1 + b_2X_2 + \dots + b_nX_n)}$$

b's are the odds ratios

Appendix B – Assignment of Provider Organizations to LHIN and Champlain LHIN Sub-Regions

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
184	NORTH BAY CTC	CTC	NE		
185	PETERBOROUGH Five Counties CC	CTC	CE		
186	OSHAWA Grandview CC	CTC	CE		
187	OTTAWA CTC	CTC	CH	LHIN-wide	
188	WINDSOR John McGivney CC	CTC	ESC		
189	SARNIA Pathways Health CC	CTC	ESC		
190	CHATHAM Prism Centre Kent CTC	CTC	ESC		
191	LONDON Thames Valley CC	CTC	SW		
192	BRANTFORD Landsdowne CC	CTC	HNHB		
193	ST CATHARINES Niagara Peninsula CC	CTC	HNHB		
194	MISSISSAUGA Erinoak	CTC	MH		
195	WATERLOO Kids Ability	CTC	WW		
196	TIMMINS Cochrane/Temiskaming CTC	CTC	NE		
197	THUNDER BAY George Jeffrey CTC	CTC	NW		
198	SAULT STE MARIE CRC Algoma	CTC	NE		
199	RICHMOND HILL Simcoe York CTN	CTC	NSM		
692	KINGSTON Hotel Dieu	Hospital	SE		
939	TORONTO Holland Bloorview Kids	Hospital	TC		
942	HAMILTON Health Sciences Corp	Hospital	HNHB		
957	BELLEVILLE Quinte Health Care	Hospital	SE		
959	SUDBURY Regional De Sudbury	Hospital	NE		
247	BELLEVILLE MH Services Hastings PE	Community	SE		
248	BELLEVILLE MHSN South East Ont Corp	Community	SE		
249	OTTAWA Montfort Renaissance Inc	Community	CH	OC	
250	OTTAWA University Of Ottawa	Community	CH	OC	
251	TORONTO City of Toronto	Community	TC		
252	OAKVILLE Grace House Incorporated	Community	MH		
253	TORONTO George Herman Memorial Fdn	Community	TC		
254	RICHMOND HILL Lance Krasman Memorial	Community	C		
255	BROCKVILLE Cntr for Develop	Community	SE		
256	ST THOMAS Violence Against Women	Community	SW		
257	PEEL Supportive Housing	Community	CW		
259	LONDON Can-Voice Consumer/Survivor	Community	SW		
260	TIMMINS Consumer Survivors	Community	NE		
261	ST THOMAS Elgin Psych Survivors	Community	SW		
263	OSHAWA United Survivors Support	Community	CE		
264	OTTAWA Psychiatric Survivors	Community	CH	OC	
265	COLLINGWOOD Simcoe MH CS Project	Community	NSM		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
266	LINDSAY S.P.A.N.	Community	CE		
267	WOODSTOCK Oxford Self-Help Network	Community	SW		
268	STRATFORD Phoenix Survivors	Community	SW		
269	TORONTO Cross Comm/Fresh Start	Community	TC		
270	WINDSOR Mental Health Cnsmr/Survivor	Community	ESC		
271	KENORA First Nation - Mental Health	Community	NW		Aboriginal
272	KITCHENER Regional Self-Help for Psy	Community	WW		
273	NORTH BAY People For Equal	Community	NE		
274	SUDBURY Peer Support of Sudbury Inc	Community	NE		
275	HAMILTON MH Rights Coalition	Community	HNHB		
276	KENORA Sunset Country Psych Surv	Community	NW		
277	THUNDER BAY PACE People Advocating	Community	NW		
280	GUELPH Family Counselling/Support	Community	WW		
281	OTTAWA Catholic Family Services	Community	CH	OE	
282	SARNIA The Social Service Bureau	Community	ESC		
283	SIMCOE Sexual Assault Counselling	Community	HNHB		
284	CORNWALL Maison Baldwin House	Community	CH	EC	
285	ORANGEVILLE Family Transition Place	Community	CW		
286	KITCHENER Mosaic Couns & Fam Serv	Community	WW		
287	TORONTO East York-MH Counselling	Community	TC		
288	NORTH BAY Comm Couns Centre	Community	NE		
289	WOODSTOCK CMHA/Oxford	Community	SW		
290	TIMMINS Family Counselling Centre	Community	NE		
291	HAILEYBURY Support for Adult Surv	Community	NE		
292	OTTAWA Shepherds Of Good Hope	Community	CH	OC	
293	GODERICH Women's Shelter Huron	Community	SW		
294	MINDEMOYA Survivors-Sexual Assault	Community	NE		
295	ELLIOT LAKE Counselling Centre	Community	NE		
296	KINGSTON Sexual Assault Crisis Cntr	Community	SE		
297	THUNDER BAY Sexual Assault/Abuse	Community	NW		
298	KENORA Sexual Assault Centre	Community	NW		
299	SAULT STE. MARIE Women in Crisis	Community	NE		
300	BELLEVILLE Sexual Assault Centre	Community	SE		
301	WINDSOR Sexual Assault Crisis Centre	Community	ESC		
302	TORONTO Lakeshore Multi-Service	Community	TC		
303	PARRY SOUND Sexual Assault Inter	Community	NE		
304	WINDSOR Bulimia/Anorexia Association	Community	ESC		
305	THUNDER BAY Dilico Anishinabek	Community	NW		Aboriginal

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
307	CARLETON PLACE Lanark Interval House	Community	CH	NL	
308	NEWMARKET York Region Abuse Program	Community	C		
309	PARRY SOUND Sexual Assault Program	Community	NE		
310	TORONTO Street Health Comm Nursing	Community	TC		
312	OSHAWA Victorian Order of Nurses	Community	CE		
313	GUELPH Torchlight Services	Community	WW		
314	TORONTO St. Christopher House	Community	TC		
315	TORONTO 416 Drop In Centre	Community	TC		
317	ELLIOT LAKE North Shore Comm Supp	Community	NE		
319	WHITBY Durham MH Services	Community	CE		
320	TORONTO Applause Community Dvl Corp	Community	TC		
321	TORONTO The Street Haven	Community	TC		
322	KENORA New Directions Counselling	Community	NW		
323	TORONTO Loft Community Services	Community	TC		
324	TORONTO Across Boundaries	Community	C		
325	SAULT STE. MARIE Non-Profit Homes	Community	NE		
326	WINDSOR Hospice Of Windsor & Essex	Community	ESC		
327	OTTAWA Project Upstream	Community	CH	OC	
328	PETERBOROUGH CMHA	Community	CE		
329	TORONTO Gerstein Crisis Centre	Community	TC		
331	TORONTO Barbra Schifer Clinic	Community	TC		
332	FORT FRANCES Community Counselling	Community	NW		
334	KAWARTHA LAKES CMHA Kawartha	Community	CE		
335	BELLEVILLE Youth Habilitation Quinte	Community	SE		
336	FORT FRANCES CMHA-Fort Frances	Community	NW		
337	TORONTO Boundless Adventures Ass	Community	TC		
338	TORONTO The Mood Disorder Ass	Community	TC		
339	SIMCOE CMHA Haldimand-Norfolk	Community	HNHB		
340	NORTH BAY Rehabilitation Resources	Community	NE		
341	TORONTO Schizophrenia Society Of Ont	Community	TC		
342	TORONTO Homeward Mental Health	Community	TC		
343	STRATFORD CMHA-Huron Perth	Community	SW		
344	KAPUSKASING HK and SRF Counselling	Community	NE		
345	THUNDER BAY Alpha Court NP Housing	Community	NW		
346	NORTH BAY Nipissing MH Hous & Supp	Community	NE		
347	CALEDON Peace Ranch	Community	CW		
348	TORONTO St Jude Community Homes	Community	TC		
349	MIDLAND Wendat Community Program	Community	NSM		
350	LONDON CMHA London-Middlesex	Community	SW		
352	AURORA CMHA-York	Community	C		
353	KENORA Kenora Association for CL	Community	NW		
354	COCHRANE Minto Counselling Centre	Community	NE		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
355	BROCKVILLE CMHA Leeds-Grenville	Community	SE		
356	OTTAWA Horizons Renaissance Inc	Community	CH	OE	
357	LUCAN The Crest Centre	Community	SW		
359	HAMILTON Community Support	Community	HNHB		
360	SAULT STE MARIE CMHA	Community	NE		
361	TORONTO CMHA	Community	C		
362	BROCKVILLE Leeds, Grenville Rehab	Community	SE		
363	SUDBURY CMHA Sudbury Branch	Community	NE		
364	TIMMINS CMHA-Cochrane Timiskaming	Community	NE		
365	OTTAWA Carlington CHC	Community	CH	OW	
366	OSHAWA Alzheimer Society	Community	CE		
367	NAPANEE Lennox Addington CMH	Community	SE		
368	GUELPH Dunara Homes for Recovery	Community	WW		
369	BRANTFORD CMHA - Brant County	Community	HNHB		
370	PEEL Friends and Advocates Peel	Community	CW		
371	OTTAWA Geriatric Psychiatry CS	Community	CH	OC	
372	WELLAND Gateway Res & CSS Niagara	Community	HNHB		
373	TORONTO Accommodation Info & Supp	Community	TC		
374	TORONTO The Canadian Hearing Society	Community	TC		
376	TORONTO Youth Services	Community	TC		
377	OWEN SOUND HopeGreyBruce MH&A Serv	Community	SW		
379	NEWMARKET York Supp Serv Net	Community	C		
380	CHATHAM CMHA Chatham-Kent	Community	ESC		
381	MIDLAND Huronia Transition Homes	Community	NSM		
382	MILTON CMHA Halton Region	Community	MH		
383	TORONTO Ontario MH Foundation	Community	TC		
385	TORONTO Reconnect MH	Community	CW		
386	TORONTO MHPS-Metropolitan Toronto	Community	TC		
388	SARNIA CMHA/Lambton	Community	ESC		
389	NORTH BAY CMHA Nipissing Regional	Community	NE		
390	BRACEBRIDGE Muskoka-Parry Sound MH	Community	NSM		
391	OTTAWA Post Psychiatric Leisure	Community	CH	OC	
392	TORONTO My Brother's Place	Community	TC		
393	TORONTO Progress Place Rehab	Community	TC		
394	TORONTO Sistering - A Women's Place	Community	TC		
395	TORONTO Trinity Square Café Inc	Community	TC		
396	BARRIE CMHA/Simcoe County	Community	NSM		
398	TORONTO Sherbourne Health Centre	Community	TC		
399	SIMCOE Abel Enterprises	Community	HNHB		
400	LANARK County Health	Community	CH	NL	
401	KENORA Kenora Chiefs Advisory Inc.	Community	NW		Aboriginal
402	ST. CATHARINES CMHA Niagara Branch	Community	HNHB		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
403	WINDSOR CMHA Windsor-Essex County	Community	ESC		
405	OAKVILLE Support & Housing-Halton	Community	MH		
406	THUNDER BAY Wesway Inc	Community	NW		
407	OWEN SOUND Grey Bruce CMHA	Community	SW		
408	MILTON Supported Training & Rehab	Community	MH		
409	TORONTO Community&Family Centre	Community	C		
410	TORONTO Madison Community Services	Community	TC		
411	TORONTO Bayview Comm Services Inc	Community	C		
412	TORONTO Eden Community House	Community	TC		
413	TORONTO Women's Mental Health	Community	TC		
414	TORONTO CHSS Toronto	Community	TC		
415	TORONTO Ont Association Of Distress	Community	TC		
416	VAUGHAN Chai-Tikvah Foundation	Community	C		
418	TORONTO Ont Council Alternative Bus	Community	TC		
419	TORONTO Mainstay Housing	Community	TC		
420	TORONTO Women's Counselling Referral	Community	TC		
421	KINGSTON Frontenac Community MH	Community	SE		
422	TORONTO Hong Fook MHAssociation	Community	CE		
423	LONDON Mission Services Of London	Community	SW		
424	DUNNVILLE True Experience Supp Hous	Community	HNHB		
425	TORONTO Family Assoc-Mental Health	Community	TC		
426	BURLINGTON Summit Housing & Outreach	Community	MH		
427	OTTAWA Causeway Work Centre Inc.	Community	CH	OW	
428	TORONTO Pilot Place Society	Community	TC		
429	TORONTO Ont Council Alternative Bus	Community	TC		
430	TORONTO Woodgreen Community Services	Community	TC		
431	KITCHENER Waterloo Reg Homes for MH	Community	WW		
432	NEW LISKEARD Timiskaming Health	Community	NE		
433	TORONTO Seneca College	Community	C		
434	BRAMPTON CMHA Peel	Community	CW		
435	TORONTO YWCA	Community	TC		
436	OTTAWA Family Service Centre Of Ott	Community	CH	OW	
437	TORONTO Ont Peer Devel Initiative	Community	CE		
438	TORONTO Parkdale Activity Rec	Community	TC		
439	TORONTO Regeneration House Inc.	Community	TC		
440	WELLAND CSI	Community	HNHB		
441	TORONTO Opp For Advancement	Community	TC		
442	TORONTO Friends&Advocates Centre	Community	TC		
443	STRATHROY-CARADOC Community MH	Community	SW		
444	Cornwall CMHA Champlain East	Community	CH	EC	
445	OTTAWA Salus Corporation	Community	CH	OW	
446	HAMILTON Non-Profit Homes	Community	HNHB		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
447	WINDSOR Mental Health Connections	Community	ESC		
449	SIMCOE Comm A&MH Services of H-N	Community	HNHB		
450	LONDON Family Service Thames Valley	Community	SW		
451	TORONTO Houselink Community Homes	Community	TC		
452	WELLAND Oak Centre Alternative CS	Community	HNHB		
453	WOODSTOCK Women's Emerg Centre	Community	SW		
454	OTTAWA MH Community Support Services	Community	CH	OC	
455	TORONTO The Salvation Army Ont	Community	CE		
456	TORONTO CMHA/Ontario	Community	C		
457	TORONTO Toronto North Support Ser.	Community	C		
458	TORONTO The George Brown College	Community	TC		
459	TORONTO Comm Resource Connection	Community	TC		
460	TORONTO Cota Health	Community	C		
461	TORONTO Sound Times Support Services	Community	TC		
462	WINDSOR AIDS Committee	Community	ESC		
463	THUNDER BAY CMHA	Community	NW		
464	ST THOMAS CMHA Elgin Branch	Community	SW		
465	OSHAWA Community Care	Community	CE		
466	OSHAWA CMHA/Durham	Community	CE		
467	TORONTO Savards	Community	TC		
468	HAMILTON Program for Schizophrenia	Community	HNHB		
469	THUNDER BAY Mental Health Prog Corp	Community	NW		
470	LONDON WOTCH	Community	SW		
471	HAMILTON City of Hamilton	Community	HNHB		
472	SAULT STE MARIE Algoma Health Unit	Community	NE		
473	ST CATHARINES Community MH Program	Community	HNHB		
474	OAKVILLE RM of Halton - MH Clinic	Community	MH		
476	THUNDER BAY CERAH	Community	NW		
479	TORONTO Costi Iias Immigrant Serv	Community	TC		
481	TORONTO Ont Fed Of Community Ment	Community	C		
482	TORONTO College Of Physicians&Surg	Community	TC		
483	TORONTO Chinese Family Services Ont	Community	CE		
489	THUNDER BAY Non-Profit Apartments	Community	NW		
490	SUDBURY Rockhaven	Community	NE		
491	SAULT STE. MARIE Ken Brown Home	Community	NE		
492	NORTH BAY Half-Way House	Community	NE		
493	KEEWATIN Changes Recovery Homes	Community	NW		
494	THUNDER BAY 3 C'S Reintro Centre	Community	NW		
495	THUNDER BAY Crossroads Centre Inc	Community	NW		
496	OTTAWA Vesta Recovery Pgm For Women	Community	CH	OC	
497	OTTAWA Governing Council Of Salvati	Community	CH	OC	
499	OTTAWA Sobriety House	Community	CH	OC	

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
500	OTTAWA Serenity House Inc	Community	CH	OC	
501	OTTAWA Empathy House Of Recovery	Community	CH	OC	
502	RENFREW Mackay Manor	Community	CH	RC	
503	KINGSTON Gov Council Salvation Army	Community	SE		
504	BROCKVILLE The Brock Cottage	Community	SE		
505	LONDON Turning Point Incorporated	Community	SW		
506	WATERLOO House of Friendship	Community	WW		
507	ST CATHARINES Wayside House	Community	HNHB		
508	HAMILTON Mission Services	Community	HNHB		
509	VICTORIA HARBOUR Enaahitig Healing	Community	NSM		Aboriginal
510	HAMILTON Wayside House	Community	HNHB		
511	ORILLIA SCMPs Recovery Homes	Community	NSM		
512	GLENCAIRN Gov Council Salvation Army	Community	CW		
513	TORONTO Governing Council Of Salvati	Community	CE		
514	TORONTO Transition House Inc	Community	TC		
515	TORONTO St Michael's Halfway Homes	Community	TC		
516	TORONTO Alpha House	Community	TC		
517	TORONTO St Stephen's Comm House	Community	TC		
519	OTTAWA Dave Smith Youth Treatment	Community	CH	OC	
520	LONDON ConnexOntario	Community	SW		
521	THUNDER BAY Counselling Centre	Community	NW		
522	MUSKRAT DAM Rev Tommy Beardy Mem	Community	NW		Aboriginal
523	BLIND RIVER Anishnabie Naadmaagi Gam	Community	NE		Aboriginal
524	KINGSTON Options For Change Addic.	Community	SE		
525	HALTON HILLS Hope Place Centres	Community	MH		
526	SOUTHWOLD Oneida Nation of Thames	Community	SW		Aboriginal
527	SUDBURY Iris Addiction Recovery	Community	NE		
528	HAMILTON OC CMHA Hamilton-Wentworth	Community	HNHB		
529	TORONTO YMCA of GTA	Community	TC		
530	TORONTO Focus Young Adult Addiction	Community	TC		
534	HAMILTON Ay Alienated Youth-Canada	Community	HNHB		
535	BRACEBRIDGE Addiction Outreach	Community	NSM		
536	NAPANEE Lennox&Addington Addiction	Community	SE		
537	SMITHS FALLS Tri County Addiction	Community	SE		
538	RENFREW Pathways Alcohol&Drug Treat	Community	CH	RC	
540	CORNWALL Addiction Services Of E Ont	Community	CH	EC	
541	SAULT STE. MARIE Alternatives	Community	NE		
542	OTTAWA Sandy Hill Health Centre	Community	CH	OC	
543	PETERBOROUGH FOURCAST	Community	CE		
547	COCHRANE La Maison Arc-en-ciel	Community	NE		
548	WINDSOR Charity House	Community	ESC		
549	HURON Corp Of The County Of Huron	Community	SW		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
550	ST CATHARINES Alcohol & Drug Trtmt	Community	HNHB		
551	GUELPH Stonehenge Therapeutic Comm	Community	WW		
552	MISSISSAUGA Peel Addiction Assess	Community	MH		
553	CARLETON PLACE Alwood Treatment Ctr	Community	CH	NL	
554	TIMMINS South Cochrane Addictions	Community	NE		
555	BARRIE Simcoe Outreach Services	Community	NSM		
556	WINDSOR House Of Sophrosyne	Community	ESC		
557	TIMMINS Jubilee Centre	Community	NE		
558	THUNDER BAY Children's Centre	Community	NW		
559	SAULT STE MARIE Algoma Sub Abuse	Community	NE		
560	FORT FRANCES Weechi-it-te-win Family	Community	NW		Aboriginal
561	THAMESVILLE Westover Treatment Ctr	Community	ESC		
562	SUDBURY NSwakakmok Native Friendship	Community	NE		Aboriginal
563	TORONTO Society Of St Vincent De	Community	TC		
564	LONDON Addiction Services	Community	SW		
565	OTTAWA Centretown Health Centre	Community	CH	OC	
566	BRANTFORD St. Leonard's Society	Community	HNHB		
567	KAPUSKASING North Cochrane Addiction	Community	NE		
568	TORONTO Jean Tweed Treatment Centre	Community	TC		
569	TORONTO Ont Fed Of Indian Friends	Community	TC		Aboriginal
570	TORONTO Renascent Fellowship	Community	TC		
571	STRATFORD Choices for Change	Community	SW		
572	TORONTO Community Outreach Programs	Community	TC		
573	AURORA Addiction for York Region	Community	C		
574	TORONTO Caritas Comm Against Drugs	Community	C		
575	OTTAWA Maison Fraternite	Community	CH	OE	
576	COCHRANE Maison Renaissance	Community	NE		
577	OTTAWA Billy Buffett's House	Community	CH	OE	
578	ST CATHARINES Alcohol & Drug Assess	Community	HNHB		
579	OTTAWA Amethyst Women's Addiction	Community	CH	OC	
580	SUDBURY Addictions Treatment Program	Community	NE		
581	OTTAWA Rideauwood Addiction&Family	Community	CH	OW	
583	OWEN SOUND G & B House	Community	SW		
584	OTTAWA CITY The Vitanova Foundation	Community	C		
585	THOROLD Arid Group Homes (Niagara)	Community	HNHB		
586	BELLEVILLE Addictions Centre	Community	SE		
587	BURLINGTON Alcohol&Drug Assoc	Community	MH		
589	GUELPH Trellis MH & Dev Services	Community	WW		
596	ALLISTON Stevenson Memorial	Hospital	C		
600	ATIKOKAN General	Hospital	NW		
601	GUELPH Homewood	Specialty Psych	WW		
606	BARRIE Royal Victoria	Hospital	NSM		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
613	TORONTO West Park	Hospital	TC		
624	CAMPBELLFORD Memorial	Hospital	CE		
627	CHAPLEAU Ser De Santé De Chapleau	Hospital	NE		
632	TORONTO North York General	Hospital	C		
640	COLLINGWOOD General And Marine Hosp	Hospital	NSM		
647	DRYDEN Regional Health Centre	Hospital	NW		
650	ELLIOT LAKE St Joseph's	Hospital	NE		
651	OTTAWA Royal Ottawa (Psych)	Specialty Psych	CH	LHIN-wide	
661	CAMBRIDGE Memorial	Hospital	WW		
663	GODERICH Alexandra Marine & Gen	Hospital	SW		
664	GRIMSBY West Lincoln Memorial	Hospital	HNHB		
674	HAMILTON St Joseph's	Specialty Psych	HNHB		
679	NORTH BAY Northeast Mental Hlth Ctr	Specialty Psych	NE		
684	INGERSOLL Alexandra	Hospital	SW		
686	WAWA Lady Dunn HC	Hospital	NE		
693	KINGSTON General	Hospital	SE		
695	KINGSTON Providence Care Centre	Specialty Psych	SE		
699	KITCHENER St Mary's	Hospital	WW		
701	RICHMOND HILL York Central	Hospital	C		
707	LINDSAY Ross Memorial	Hospital	CE		
714	LONDON St Joseph's	Specialty Psych	SW		
718	BURLINGTON Joseph Brant Memorial	Hospital	HNHB		
731	MISSISSAUGA Credit Valley	Hospital	MH		
736	NEWMARKET Southlake Regional	Hospital	C		
745	ORILLIA Soldiers' Memorial	Hospital	NSM		
751	OTTAWA CHEO	Hospital	CH	LHIN-wide	
753	OTTAWA Montfort	Hospital	CH	OE	
763	PEMBROKE Regional	Hospital	CH	RC	
771	PETERBOROUGH Regional Health Centre	Hospital	CE		
777	OTTAWA Queensway-Carleton	Hospital	CH	OW	
781	THUNDER BAY St. Joseph's	Hospital	NW		
784	LITTLE CURRENT Manitoulin	Hospital	NE		
788	RENFREW Victoria	Hospital	CH	RC	
800	HAWKESBURY & District General	Hospital	CH	EC	
804	SIMCOE Norfolk General	Hospital	HNHB		
809	SMOOTH ROCK FALLS	Hospital	NE		
813	STRATFORD General	Hospital	SW		
826	KENORA Lake-of-the-Woods District	Hospital	NW		
827	TORONTO Baycrest Ctr Geriatric Care	Hospital	TC		
837	TORONTO Hospital for Sick Children	Hospital	TC		
842	TORONTO Mount Sinai	Hospital	TC		
852	TORONTO St Michael's	Hospital	TC		

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858	TORONTO East General	Hospital	TC		
862	TORONTO Women's College	Hospital	TC		
864	MOOSONEE James Bay	Hospital	NE		Aboriginal
881	STURGEON FALLS West Nipissing	Hospital	NE		
890	WOODSTOCK General Hospital Trust	Hospital	SW		
896	RED LAKE Marg Cochenour Memorial	Hospital	NW		
898	TORONTO St Joseph's	Hospital	TC		
900	FORT FRANCES Riverside Health Care	Hospital	NW		
905	MARKHAM Stouffville	Hospital	C		
906	NORTH BAY General	Hospital	NE		
907	TIMMINS & District General	Hospital	NE		
927	WINDSOR Hotel Dieu Grace	Hospital	ESC		
928	SMITHS FALLS Perth & Smiths Falls	Hospital	SE		
930	KITCHENER Grand River	Hospital	WW		
933	WINDSOR Regional	Hospital	ESC		
935	THUNDER BAY Regional Health Sciences	Specialty Psych	NW		
936	LONDON Health Sciences	Hospital	SW		
938	DYSART ET AL Haliburton Health Ser	Hospital	CE		
940	COBOURG Northumberland Hills	Hospital	CE		
941	TORONTO Humber River Regional	Hospital	C		
947	TORONTO University Health Network	Hospital	TC		
948	TORONTO Addiction & Mental Health	Specialty Psych	TC		
949	MISSISSAUGA Trillium Health Centre	Hospital	MH		
950	OAKVILLE Halton Health Care Corp	Hospital	MH		
951	BRAMPTON William Osler	Hospital	CW		
952	OSHAWA Lakeridge Health Corporation	Hospital	CE		
953	TORONTO Sunnybrook HSC	Hospital	TC		
954	TORONTO Rouge Valley	Hospital	CE		
955	OWEN SOUND Grey Bruce	Hospital	SW		
958	OTTAWA The Ottawa Hospital	Hospital	CH	LHIN-wide	
960	TORONTO Scarborough Hospital	Hospital	CE		
962	ST CATHARINES Niagara Health System	Hospital	HNHB		
964	SIOUX LOOKOUT Meno-Ya-Win HC	Hospital	NW		Aboriginal
965	SAULT STE MARIE Sault Area	Hospital	NE		
966	SARNIA Bluewater Health	Hospital	ESC		
967	CORNWALL Community	Hospital	CH	EC	
969	WHITBY Ont Shores Centre MH Sciences	Specialty Psych	CE		
970	BRANTFORD Brant Community	Hospital	HNHB		
995	CHATHAM-Kent Health Alliance	Hospital	ESC		
2000	OTTAWA Pinecrest-Queensway CHC	Community	CH	OW	
2001	TORONTO Anishnawbe Health Comm Hlth	Community	TC		Aboriginal
2002	KINGSTON-CHC	Community	SE		

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2003	OTTAWA Wabano Centre Aboriginal Hlth	Community	CH	OE	Aboriginal
2004	HAMILTON De Dwa Da Dehs Nye's Aborig	Community	HNHB		Aboriginal
2005	GUELPH CMHA Grand River Branch	Community	WW		
2006	FORT FRANCES Gizhewaadiziwin	Community	NW		Aboriginal
2007	KEEWATIN WAASEGIIZHIG NANAANDAWÉIYE	Community	NW		Aboriginal
2008	CUTLER Mamaweswen North Shore Tribal	Community	NE		Aboriginal
2009	LITTLE CURRENT Noojmowin Teg Health	Community	NE		Aboriginal
2010	MUNCEY Kiikeewanniikaan Healing Lodg	Community	SW		Aboriginal
2011	HAGERSVILLE Native Horizon Treatment	Community	HNHB		Aboriginal
2013	LONDON Southwest Ont Aboriginal HC	Community	SW		Aboriginal
2014	NEWMARKET Regional Munic of York	Community	C		
2015	THUNDER BAY Anishnawbe Mushkiki	Community	NW		Aboriginal
2016	SUDBURY Shkagamik Kwe Health Centre	Community	NE		Aboriginal
2017	TORONTO Ont College of Family Phys	Community	TC		
2019	KENORA Naothkamegwaning First Nation	Community	NW		Aboriginal
2020	KENORA Wabaseemoong Indep Nations	Community	NW		Aboriginal
2021	NAPANEE-Lennox & Addington CMH Serv	Community	SE		
2022	KITCHENER Ray of Hope Inc.	Community	WW		
2023	ELORA Portage Program	Community	WW		
2024	BROCKVILLE L & G Phased Housing Prog	Community	SE		
2025	BROCKVILLE Supportive N-P Housing	Community	SE		
2026	ST. CATHERINES Comm Addiction Serv	Community	HNHB		
2029	BRAMPTON Punjabi Comm Health Serv	Community	CW		
2030	KENORA CMHA Kenora Branch	Community	NW		
2031	CHATHAM CMHA Lambton Kent	Community	ESC		
4105	THUNDER BAY Brain Injury Services	Community	NW		
4176	TORONTO Senior Peoples' Resources	Community	TC		
4292	TORONTO Fred Victor Centre	Community	TC		
4800	FORT FRANCES Tribal	Community	NW		Aboriginal
8009	WINDSOR Essex Windsor Essex CHC	Community	TC		
230	TORONTO Cancer Care Ontario	Hospital	TC		
592	NAPANEE Lennox & Addington	Hospital	SE		
593	NEWBURY Four Counties Health Serv.	Hospital	SW		
597	ALMONTE General	Hospital	CH	NL	
599	ARNPRIOR & District Memorial	Hospital	CH	RC	
605	TORONTO St. Joseph's Infirmary	Hospital	C		
611	BLIND RIVER Dist Health Ctr	Hospital	NE		
619	BROCKVILLE General	Hospital	SE		
626	CARLETON PLACE & District	Hospital	CH	NL	
633	CLINTON Public	Hospital	SW		
638	COCHRANE Lady Minto	Hospital	NE		
644	CORNWALL Hotel Dieu`	Hospital	CH	EC	

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646	DEEP RIVER and District	Hospital	CH	RC	
648	DUNNVILLE Haldimand War Memorial	Hospital	HNHB		
653	ENGLEHART & District	Hospital	NE		
654	ESPANOLA General	Hospital	NE		
655	EXETER South Huron	Hospital	SW		
656	FERGUS Groves Memorial	Hospital	WW		
662	GERALDTON District Hospital	Hospital	NW		
665	GUELPH General	Hospital	WW		
666	GUELPH St Joseph's Health Centre	Hospital	WW		
676	HANOVER & District	Hospital	SW		
680	TORONTO Don Mills Surgical Unit	Hospital	C		
681	HEARST Notre Dame	Hospital	NE		
682	HORNEPAYNE Community	Hospital	NE		
685	IROQUOIS FALLS Anson General	Hospital	NE		
687	KAPUSKASING Sensenbrenner	Hospital	NE		
696	KIRKLAND & District	Hospital	NE		
704	LEAMINGTON District Memorial	Hospital	ESC		
709	LISTOWEL Memorial	Hospital	SW		
719	MANITOUWADGE General	Hospital	NW		
721	MARATHON Wilson Memorial Gen Hosp	Hospital	NW		
723	MATHESON Bingham Memorial	Hospital	NE		
724	MATTAWA General	Hospital	NE		
726	Midland Georgian Bay Gen Hospital	Hospital	NSM		
732	KEMPTVILLE District	Hospital	CH	NG	
734	HALDIMAND West Haldimand General	Hospital	HNHB		
739	NIPIGON District Memorial	Hospital	NW		
765	PENETANGUISHENE Beechwood	Hospital	NSM		
768	BARRY'S BAY St Francis	Hospital	CH	RC	
773	TORONTO Providence Healthcare	Hospital	TC		
790	ST CATHARINES Hotel Dieu	Hospital	HNHB		
792	ST MARYS Memorial	Hospital	SW		
793	ST THOMAS Elgin General	Hospital	SW		
801	SEAFORTH Community	Hospital	SW		
802	ALEXANDRIA Glengarry	Hospital	CH	EC	
814	STRATHROY Middlesex General	Hospital	SW		
819	TERRACE BAY The McCausland Hospital	Hospital	NW		
824	TILLSONBURG District Memorial	Hospital	SW		
849	TORONTO Bridgepoint	Hospital	TC		
850	TORONTO Runnymede HC	Hospital	TC		
854	TORONTO SA Grace	Hospital	TC		
855	THORNHILL Shouldice Hospital	Hospital	C		
880	TORONTO St John's	Hospital	C		

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882	WINCHESTER District Memorial	Hospital	CH	EC	
888	NEW LISKEARD Temiskaming Hospital	Hospital	NE		
889	WINGHAM & District	Hospital	SW		
891	WOODSTOCK Woodstock Private Hospital	Hospital	SW		
908	TORONTO Bellwood Health Services	Hospital	CE		
910	TORONTO Casey House	Hospital	TC		
916	ORANGEVILLE Headwaters HC	Hospital	CW		
931	PARRY SOUND West Parry Sound	Hospital	NE		
932	OTTAWA Bruyere Continuing Care Inc.	Hospital	CH	LHIN-wide	
946	KINCARDINE South Bruce Grey	Hospital	SW		
956	TORONTO Rehabilitation Institute	Hospital	TC		
961	OTTAWA Heart Institute	Hospital	CH	OC	
963	MOUNT FOREST North Wellington HC	Hospital	WW		
968	HUNTSVILLE Muskoka Algonquin HC	Hospital	NSM		
971	SUDBURY St.Joseph's Continuing Care	Hospital	NE		
972	PENETANGUISHENE Mental Health Centre	Specialty Psych	NSM		
992	PENETANGUISHENE Mental Health	Specialty Psych	NSM		
153	CHATHAM Erie St. Clair CCAC	Community	ESC		
155	KITCHENER Waterloo Wellington Ccac	Community	WW		
156	BRANTFORD Ham.Niag.Hald.Brant CCAC	Community	HNHB		
157	BRAMPTON Central West CCAC	Community	CW		
160	NEWMARKET Central CCAC	Community	C		
161	WHITBY Central East CCAC	Community	CE		
162	KINGSTON South East CCAC	Community	SE		
163	OTTAWA Champlain CCAC	Community	CH	LHIN-wide	
164	BARRIE North Simcoe Muskoka CCAC	Community	NSM		
4000	CORNWALL Alzheimer Society	Community	CH	EC	
4001	GUELPH Alzheimer Society	Community	WW		
4002	NORFOLK COUNTY Alzheimer Society	Community	HNHB		
4003	HURON EAST Alzheimer Society	Community	SW		
4004	KITCHENER Alzheimer Society	Community	WW		
4005	PETERBOROUGH Alzheimer Society	Community	CE		
4006	THUNDER BAY Alzheimer Society	Community	NW		
4007	TORONTO Aphasia Institute	Community	C		
4008	HASTINGS HIGHLANDS Barry'S Bay	Community	CH	RC	
4009	COLLINGWOOD Independent Living Ctr	Community	NSM		
4011	KAWARTHA LAKES Community Care	Community	CE		
4012	WOOLWICH Cmmunity Care Concepts	Community	WW		
4013	CENTRE HASTINGS Community Care	Community	SE		
4014	HALIBURTON Community Care	Community	CE		
4015	CAMPBELLFORD Community Care	Community	CE		
4016	AURORA Community Home Assistance	Community	C		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4017	PERTH Community Home Support	Community	SE		
4018	THOROLD Community Support Services	Community	HNHB		
4019	HAMILTON City Dundas Comm Services	Community	HNHB		
4020	GLOUCESTER E Ottawa Resource Ctr	Community	CH	OE	
4021	NIPissing Home For The Aged	Community	NE		
4022	GANANOQUE Assist Independent Living	Community	SE		
4023	HAMILTON City Home Support Prog	Community	HNHB		
4024	ORILLIA Helping Hands	Community	NSM		
4025	ORANGEVILLE Hospice	Community	CW		
4026	WHITBY Hospice	Community	CE		
4027	PENETANGUISHENE Hospice	Community	NSM		
4028	THUNDER BAY Hospice	Community	NW		
4029	LONDON Hospice	Community	SW		
4030	MISSISSAUGA Hearhouse Hospice Inc.	Community	MH		
4031	KEMPTVILLE District Home Support Inc	Community	CH	NG	
4032	OTTAWA King's Daughters Dinner Wagon	Community	CH	OC	
4033	KITCHENER Friendship Grp For Seniors	Community	WW		
4034	PERTH EAST Knollcrest Lodge Limited	Community	SW		
4036	LONDON MEALS ON WHEELS	Community	SW		
4037	KITCHENER Meals On Wheels	Community	WW		
4038	HUNTSVILLE Seniors Home Assistance	Community	NSM		
4039	THOROLD Brain Injury Assoc	Community	HNHB		
4040	KITCHENER R.A.I.S.E. HSS	Community	WW		
4041	TORONTO Regional Geriatric Program	Community	CE		
4042	WEST PERTH Ritz Lutheran Villa	Community	SW		
4043	TORONTO Self Help Resource Centre	Community	TC		
4044	HAWKESBURY Services Communautaires	Community	CH	EC	
4045	STRATFORD Meals On Wheels	Community	SW		
4046	TORONTO Arthritis Society	Community	TC		
4047	TORONTO The Canadian Hearing Society	Community	TC		
4048	TORONTO CNIB	Community	TC		
4049	MISSISSAUGA Cdn Red Cross Society	Community	MH		
4050	TORONTO Dorothy Ley Hospice Inc.	Community	MH		
4051	CENTRE HASTINGS HEART OF HOSPICE	Community	SE		
4052	TORONTO Phillip Aziz Center	Community	TC		
4053	BELLEVILLE Hospice Of Quinte Inc.	Community	SE		
4054	OTTAWA Rideau Community Support Serv	Community	CH	OC	
4055	TORONTO Intergenerational Pic	Community	TC		
4056	ADELAIDE Metcalfe Home Support Prog	Community	CH	OC	
4057	WATERLOO Ctr For Sight Enhancement	Community	WW		
4058	CHATHAM V.O.N. Canada	Community	ESC		
4059	DURHAM VON	Community	CE		

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4060	QUINTE WEST VON	Community	SE		
4061	MISSISSAUGA Wawel Villa Inc	Community	MH		
4062	GRIMSBY Palliative Care Service	Community	HNHB		
4063	SIOUX LOOKOUT Windigo F.N. Council	Community	NW		Aboriginal
4064	TORONTO Meals On Wheels	Community	TC		
4065	PETERBOROUGH Activity Haven Snr Ctr	Community	CE		
4066	OTTAWA Centre De Services Guigues	Community	CH	OC	
4067	TORONTO Community Care Inc	Community	TC		
4068	THUNDER BAY Corporation of the City	Community	NW		
4069	Toronto Don Mills Foundation	Community	C		
4070	TORONTO Downsview STS Inc	Community	C		
4071	TORONTO Community Services Inc	Community	TC		
4072	TORONTO City Momiji Health Care	Community	CE		
4073	MISSISSAUGA Peel Senior Link	Community	MH		
4074	CAMBRIDGE Saint Luke's Place	Community	WW		
4075	TORONTO Alliance Hospice	Community	C		
4076	TORONTO St. Clair O'Connor Comm Inc	Community	TC		
4077	TORONTO St. Paul's L'Amoreau Ctr	Community	CE		
4078	OTTAWA Glebe Centre Inc	Community	CH	OC	
4079	OTTAWA Good Companions Seniors' Ctr	Community	CH	OC	
4080	TORONTO Centre For The Deaf Inc	Community	TC		
4081	BRANTFORD Aberdeen Hlth Lth & Comm	Community	HNHB		
4082	TORONTO Family Services Association	Community	TC		
4083	KINGSTON Seniors Association	Community	SE		
4084	TORONTO Senior Citizens Centre	Community	C		
4085	OAKVILLE Acclaim Health And Ccs	Community	MH		
4086	SOUTH DUNDAS County Hospice	Community	CH	EC	
4087	TORONTO HAO	Community	TC		
4088	KITCHENER Hospice	Community	WW		
4089	PETERBOROUGH Hospice	Community	CE		
4090	CAMPBELLFORD Palliative Care	Community	CE		
4091	NEWMARKET Palliative Care Network	Community	C		
4092	SUDBURY Palliative Caregivers	Community	NE		
4093	TORONTO Abi Possibilities Inc	Community	TC		
4094	TORONTO Access Apts For Pda In Tor	Community	C		
4095	BELLEVILLE Alzheimer Society	Community	SE		
4096	BRANTFORD Alzheimer Society	Community	HNHB		
4097	PERTH Alzheimer Society	Community	SE		
4098	NEWMARKET Alzheimer Society	Community	C		
4099	TORONTO Arts With Handicapped Canada	Community	C		
4100	WINDSOR Assoc. For Pers. With Disab.	Community	ESC		
4101	TORONTO Bellwoods Ctr Comm Liv Inc	Community	TC		

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4102	ST. CATHARINES Benevolent Society	Community	HNHB		
4103	COBOURG Br 133 Legion Village Inc	Community	CE		
4104	HAMILTON Brain Injury Services	Community	HNHB		
4106	COBOURG Legion Village Inc.	Community	CE		
4107	CAMPBELLFORD Memorial Multicare Ldg	Community	CE		
4108	TORONTO Carefirst Seniors CSA	Community	CE		
4109	TORONTO C And N Etobicoke HSS	Community	CW		
4110	TORONTO C Neighbourhood House Assoc	Community	TC		
4111	BELLEVILLE Cheshire Homes Inc.	Community	SE		
4112	LONDON Cheshire Homes Of London, Inc	Community	SW		
4113	TORONTO Clarendon Foundation Inc.	Community	TC		
4114	BROCKVILLE Comm & Primary Hlth Care	Community	SE		
4115	TORONTO CHIRS	Community	C		
4116	GREATER SUDBURY Meals On Wheels Inc.	Community	NE		
4117	PETERBOROUGH CCRC	Community	CE		
4118	ST. THOMAS Corp Of Valleyview Home	Community	SW		
4119	PLYMPTON-WYOMING Senior Services	Community	ESC		
4120	SPRINGWATER Simcoe Village	Community	NSM		
4121	BARRIE CNIB	Community	NSM		
4122	PETERBOROUGH CNIB	Community	CE		
4123	TORONTO Etobicoke Services Seniors	Community	C		
4124	PETERBOROUGH Four Counties BIA	Community	CE		
4125	FORT ERIE Meals on Wheels	Community	HNHB		
4126	NEWMARKET CNIB	Community	C		
4127	CORNWALL Glen-Stor-Dun Lodge	Community	CH	EC	
4128	HAMILTON Good Shepherd Centre	Community	HNHB		
4129	ROCKLAND Groupe Action P.	Community	CH	EC	
4130	HAMILTON Helen Zurbrigg Homes Inc.	Community	HNHB		
4131	OWEN SOUND Home And Comm Supp Ser	Community	SW		
4132	ELLIOT LAKE Huron Lodge Comm Serv	Community	NE		
4133	GREATER SUDBURY Ican-Ind Ctr & Ntwrk	Community	NE		
4134	KITCHENER Independent Living Centre	Community	WW		
4135	BARRIE Ioof Seniors Homes Inc	Community	NSM		
4136	BRANTFORD John Noble Ctr	Community	HNHB		
4137	PETERBOROUGH Participation Projects	Community	CE		
4138	KITCHENER K W Snrs Day Program Inc	Community	WW		
4139	WYOMING Elderly Outreach	Community	ESC		
4140	ADDINGTON HIGHLANDS Comm Services	Community	SE		
4141	GREATER NAPANEE Lennox Senior Ser	Community	SE		
4142	HURON East Adult Day Services	Community	SW		
4143	TORONTO Neighbourhood Link	Community	TC		
4144	WELLAND Committee For Phy Disabled	Community	HNHB		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4145	ST CATHARINES Ina Grafton Gage Home	Community	HNHB		
4146	SYDENHAM Central Frontenac Comm Serv	Community	SE		
4147	KENORA Independent Living Services	Community	NW		
4148	CAMBRIDGE Alzheimer Society of Cambr	Community	WW		
4149	TORONTO Nucleus Ind Living Inc.	Community	MH		
4150	SAULT STE MARIE Finnish Resthome	Community	NE		
4151	HAMILTON Ontario March Of Dimes	Community	HNHB		
4152	THOROLD Ontario March Of Dimes	Community	HNHB		
4153	OSHAWA Senior Citizens Centre	Community	CE		
4154	OTTAWA Community Support	Community	CH	OW	
4155	TORONTO Pace Independent Living	Community	C		
4156	TORONTO Parkdale Golden Age	Community	TC		
4157	HALTON Ableliving Services	Community	HNHB		
4159	BRANTFORD Participation House	Community	HNHB		
4160	KITCHENER Participation House Proj	Community	WW		
4161	BELLEVILLE Pathways To Independence	Community	SE		
4162	MISSISSAUGA Acquired Brain Injury	Community	MH		
4163	OTTAWA P.C.I.L./C.P.V.A	Community	CH	OC	
4164	NIAGARA-ON-THE-LAKE Pleasant Manor	Community	HNHB		
4165	THOROLD Municipality Of Niagara	Community	HNHB		
4166	KINGSTON Rehab Found For Disabled	Community	SE		
4167	TORONTO Rehab Found For Disab Durham	Community	CE		
4169	MISSISSAUGA Rehab Found For Disabled	Community	MH		
4170	SARNIA Rehab Found For Disabled	Community	ESC		
4171	SARNIA Rehab Found For Disabled	Community	ESC		
4172	TORONTO Rehab Found For Disabled	Community	C		
4173	RICHMOND HILL Rehab Found For Disab	Community	C		
4174	OAKVILLE S.E.N.A.C.A. Sr Day Prog	Community	MH		
4175	TORONTO City Support Services	Community	CE		
4177	HAMILTON Sam Program	Community	HNHB		
4178	MISSISSAUGA Sr Life Enhancement Ctrs	Community	MH		
4179	BARRIE Assoc For The Phys Disabled	Community	NSM		
4180	CHATHAM-KENT St. Andrew's Residence	Community	ESC		
4181	TORONTO St. Clair West SFS Inc.	Community	C		
4182	OSHAWA Head Injury Assdurham Region	Community	SW		
4183	HAMILTON St. Joseph's Home Care	Community	HNHB		
4184	ST. MARYS Home Support Services	Community	SW		
4185	TORONTO St. Matthew'S Brac House	Community	TC		
4186	TORONTO Storefront Humber Inc.	Community	TC		
4187	HAMILTON Govern Council Of Salv Army	Community	HNHB		
4188	OAKVILLE Supportive Housing	Community	MH		
4189	SUDBURY OMD	Community	NE		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4190	TORONTO Second Mile Club	Community	TC		
4191	TORONTO Three Trilliums Comm Place	Community	TC		
4192	NORTH HURON Town And Country SS	Community	SW		
4193	MARKHAM Unionville Home Society	Community	C		
4194	LINCOLN United Mennonite Home	Community	HNHB		
4195	UPSALA Volunteer Ambulance Services	Community	NW		
4196	QUINTE WEST Von Canada	Community	SE		
4197	OTTAWA Vha Health And Home Support	Community	CH	OW	
4198	PETERBOROUGH VON	Community	CE		
4199	OTTAWA Vista Centre	Community	CH	OC	
4200	TORONTO Scarb Ctr for Healthy Comm	Community	CE		
4201	TORONTO Wtss For Snrs And Disabled	Community	TC		
4202	OTTAWA City Comm Resource Ctr	Community	CH	Unknown	
4203	DYSART Supportive Initiatives Resid	Community	CE		
4204	HAMILTON CNIB	Community	HNHB		
4205	HAMILTON Jewish Home For The Aged	Community	HNHB		
4206	PEMBROKE Marianhill Inc	Community	CH	RC	
4207	NORTH BAY Handicapped Rehab Assoc	Community	NE		
4208	PARRY SOUND The Friends	Community	NE		
4209	OTTAWA Metis Nation Of Ontario	Community	CH	OC	Aboriginal
4210	GARDEN RIVER Ojibways Band	Community	NE		Aboriginal
4211	CHRISTIAN ISLAND BEAUSOLEIL FN	Community	NSM		Aboriginal
4212	THESSALON First Nation	Community	NE		Aboriginal
4213	BARRIE Alzheimer Society	Community	NSM		
4216	MISSISSAUGA CNIB	Community	MH		
4217	HAMILTON St. Matthew's House	Community	WW		
4218	KINGSTON CNIB	Community	SE		
4219	HAMILTON First Place, Hamilton	Community	HNHB		
4220	SUDBURY CNIB	Community	NE		
4221	THUNDER BAY CNIB	Community	NW		
4222	LONDON CNIB	Community	SW		
4224	ST. CATHARINES Tabor Manor	Community	HNHB		
4225	SPRINGWATER Corp Of County Of Simcoe	Community	NSM		
4226	LONDON Corp Of Dearness Homes	Community	SW		
4227	LONDON Dale Brain Injury Serv Inc	Community	SW		
4228	OTTAWA Disabled P.C.R.	Community	CH	OW	
4229	NORTH GLENGARRY Inter-Agency Group	Community	CH	EC	
4230	ST CATHARINES Brain Injury C.R. N.	Community	HNHB		
4231	LONDON Participation House	Community	SW		
4232	QUINTE WEST VON	Community	SE		
4233	COCHRANE Aboriginal Peoples Alliance	Community	NE		Aboriginal
4234	BRANTFORD Adult Recreation Therapy	Community	HNHB		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4235	ST. CATHARINES AIDS Niagara	Community	HNHB		
4236	ALNWICK/HALDIMAND Alderville	Community	CE		
4237	NORTH ALGONA WILBER Algonquins	Community	CH	RC	Aboriginal
4238	CHATHAM-KENT Alzheimer Society	Community	ESC		
4239	OWEN SOUND Alzheimer Society	Community	SW		
4240	KINGSTON Alzheimer Society of Kings	Community	SE		
4241	LONDON Alzheimer Society of Londo	Community	SW		
4242	BRACEBRIDGE Alzheimer Society	Community	NSM		
4243	ST. CATHARINES Alzheimer Society	Community	HNHB		
4244	NORTH BAY Alzheimer Society of North	Community	NE		
4245	ORILLIA Alzheimer Society of North	Community	NSM		
4246	OTTAWA Alzheimer Society Of Ottawa	Community	CH	OC	
4247	MISSISSAUGA Alzheimer Society	Community	MH		
4248	STRATFORD Alzheimer Society of Perth	Community	SW		
4249	SAULT STE. MARIE Alzheimer Society	Community	NE		
4250	KAWARTHA LAKES Alzheimer Society	Community	CE		
4251	WINDSOR Alzheimer Society of Winds	Community	ESC		
4252	AMHERSTBURG Amherstburg C.service	Community	ESC		
4253	HAMILTON Ancaster Information Cent.	Community	HNHB		
4254	Kenora Anishinaabeg of Kabapikota	Community	NW		Aboriginal
4255	NORTH KAWARTHA Apsley & Dist Homes	Community	CE		
4256	BARRIE Area Native Advisory Circle	Community	NSM		Aboriginal
4257	TORONTO Bernard Betel Centre for	Community	C		
4258	TORONTO Balance For Blind Adults	Community	MH		
4259	KENORA The Kenora Home For The Aged	Community	NW		
4260	PETAWAWA Bonnechere Algonquin H.Care	Community	CH	RC	
4261	BRANTFORD Boys' and Girls' Club	Community	HNHB		
4262	BARRIE Brain Injury Services	Community	NSM		
4263	BRAMPTON Brampton Meals on Wheels	Community	CW		
4264	BARRIE Canadian Red Cross Society	Community	NSM		
4265	GREATER MADAWASKA Calabogie	Community	CH	RC	
4266	CALEDON Caledon Community Services	Community	CW		
4267	CALEDON Caledon Meals on Wheels	Community	CW		
4268	HAMILTON Catholic Family Services	Community	HNHB		
4269	SOUTH FRONTENAC Central Frontenac	Community	SE		
4270	MARKHAM Cerebral Palsy Parent	Community	C		
4271	ORO-MEDONTE Chippewas of Mnjikaning	Community	NSM		Aboriginal
4272	TORONTO Long-Term Care Homes & Srvs	Community	TC		
4273	WINDSOR CNIB	Community	ESC		
4274	BANCROFT Community Care for North	Community	SE		
4275	BELLEVILLE Community Care for South	Community	SE		
4276	PETERBOROUGH Community Care	Community	CE		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4277	VAUGHAN The Friuli Benevolent Corp	Community	C		
4278	CONSTANCE LAKE 92 Constance Lake FN	Community	NE		Aboriginal
4279	GREENSTONE Corp of the Municipality	Community	NW		
4280	WHITBY Corp Of Seniors' Services	Community	CE		
4281	ST. JOSEPH Corp Of Township	Community	NE		
4282	NORTH MIDDLESEX Craigwiel Gardens	Community	SW		
4283	BARRIE Deaf Access Simcoe-Muskoka	Community	NSM		
4284	MISSISSAUGA Dixie Bloor Drop-in Cent	Community	MH		
4285	HAMILTON Dr. Bob Kemp Hospice	Community	HNHB		
4286	ERIN East Wellington Comm Services	Community	WW		
4287	BONNECHERE VALLEY Sr Citiz Needs Ass	Community	CH	RC	
4288	ELLIOT LAKE Elliot Lake Palliative	Community	NE		
4289	OSHAWA Faith Place	Community	CE		
4290	CHATHAM-KENT Family Service Kent	Community	ESC		
4291	THUNDER DAY Fort William FN	Community	NW		Aboriginal
4293	GRAVENHURST Gravenhurst Senior Citzn	Community	NSM		
4294	BARRIE Grove Park Home for Senior	Community	NSM		
4295	GUELPH Guelph Independent Living	Community	WW		
4296	HAMILTON East Kiwanis	Community	HNHB		
4297	TORONTO Harmony Hall/Call-A-Service	Community	TC		
4298	TORONTO Hazel Burns Hospice	Community	C		
4299	BRAMPTON Holland Christian Homes Inc	Community	CW		
4300	CALEDON Hospice Caledon	Community	CW		
4301	COLLINGWOOD Hospice Georgian	Community	NSM		
4302	KAWARTHA LAKES Hospice Kawartha	Community	CE		
4303	KINGSTON Hospice Kingston	Community	SE		
4304	GREATER NAPANEE Hospice Lennox	Community	SE		
4305	COBOURG Hospice Northumberland	Community	CE		
4306	HAMILTON Grocer-Ease Inc.	Community	HNHB		
4307	ORILLIA Hospice Orillia	Community	NSM		
4308	BARRIE Hospice Simcoe	Community	NSM		
4309	TORONTO Hospice Toronto	Community	TC		
4310	GUELPH Hospice Wellington	Community	WW		
4311	HURON EAST Huron Hospice Volunteer	Community	SW		
4312	LONDON Hutton House Association	Community	SW		
4314	INNISFIL Meals on Wheels	Community	NSM		
4315	TORONTO Islington Centre - Etobico	Community	MH		
4316	MISSISSAUGA Ukrainian Aged Home	Community	MH		
4317	OTTAWA Jewish Family Services	Community	CH	OW	
4318	MILTON Joyce Scott Non-Profit Homes	Community	MH		
4319	LAKESHORE Community Services	Community	ESC		
4320	HALTON HILLS Links2Care (Georgetown)	Community	MH		

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4321	GALWAY-CAVENDISH-HARV Lovesick Lake	Community	CE		
4322	NORTH GLENGARRY Maxville Manor	Community	CH	EC	
4323	LONDON McCormick Home for the Age	Community	SW		
4324	NIAGARA FALLS Meals on Wheels	Community	HNHB		
4325	PORT COLBORNE Meals on Wheels	Community	HNHB		
4326	CHATHAM-KENT Meals on Wheel	Community	ESC		
4327	THOROLD Meals on Wheels	Community	HNHB		
4328	MISSISSAUGA M.I.C.B.A Forum	Community	MH		
4329	MISSISSIPPI MILLS Community Support	Community	CH	NL	
4330	BLIND RIVER Mississauga FN	Community	NE		Aboriginal
4331	FACTORY ISLAND 1 Moose Cree FN	Community	NE		Aboriginal
4332	MUSKOKA Moose Deer Point FN	Community	NSM		Aboriginal
4333	PERTH EAST Mornington, Ellice	Community	SW		
4334	MUSKRAT DAM LAKE Lake First Nation	Community	NW		Aboriginal
4336	NORTH BAY Near North Palliative	Community	NE		
4337	OTTAWA Nepean Seniors' Home Support	Community	CH	OW	
4338	NIAGARA-ON-THE-LAKE Comm.Palliative	Community	HNHB		
4339	TORONTO North Yorkers for Disabled	Community	C		
4340	OAKVILLE Kiwanis Meals on Wheels	Community	MH		
4341	OAKVILLE Senior Citizens Residence	Community	MH		
4342	LONDON Over 55 (London) Inc.	Community	SW		
4343	OTTAWA Parkway House	Community	CH	OW	
4344	CHATSWORTH Participation Lodge	Community	SW		
4345	DRYDEN Patricia Region Senior Ser	Community	NW		
4346	MISSISSAUGA Peel Cheshire Homes	Community	MH		
4347	WHITBY Personal Attendant Care Inc.	Community	CE		
4348	KINGSTON Queen's University	Community	SE		
4349	WHITBY Reg Municipality Of Durham	Community	CE		
4350	TORONTO Richview Residence Support	Community	CW		
4351	SERPENT RIVER 7 Serpent River FN	Community	NE		Aboriginal
4352	SIX NATIONS 40 Grand River	Community	HNHB		Aboriginal
4353	TIMMINS Soins Palliatifs Horizon	Community	NE		
4354	LEAMINGTON South Essex Community	Community	ESC		
4355	OTTAWA South-East Ottawa CHC	Community	CH	OC	
4356	TORONTO St. Demetrius Supportive	Community	C		
4357	PETERBOROUGH St. John's Retirement	Community	CE		
4358	HAMILTON St. Joseph's Health System	Specialty Psych	HNHB		
4359	OTTAWA St. Patrick's Home	Community	CH	OC	
4360	GREATER SUDBURY Finnish Rest Home	Community	NE		
4361	PARRY SOUND	Community	NE		
4362	WATERLOO K-W Working Centre	Community	WW		
4363	WELLINGTON The Corp. of Township	Community	WW		

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4364	GUELPH Seniors Association	Community	WW		
4365	WATERLOO Community Supp Connections	Community	WW		
4366	HAMILTON ALZHEIMER SOCIETY	Community	HNHB		
4367	BARRIE The Canadian Red Cross	Community	NSM		
4368	SARNIA The Canadian Red Cross	Community	ESC		
4369	CAMBRIDGE Allan Reuter Centre	Community	WW		
4370	KITCHENER Corp Of The City Of Kitch	Community	WW		
4371	MISSISSAUGA The Corp. of the City	Community	MH		
4372	WATERLOO The Corporation of the City	Community	WW		
4373	TORONTO The Good Neighbours' Club	Community	TC		
4374	TORONTO The Salv Army In Canada	Community	TC		
4375	OTTAWA The Hospice at May Court	Community	CH	OC	
4376	OTTAWA The Olde Forge Community	Community	CH	OW	
4377	TORONTO Tobias House of Toronto At	Community	TC		
4378	TORONTO True Davidson Meals on Wheel	Community	TC		
4379	BRAMPTON United Achievers C.Services	Community	CW		
4380	TORONTO University of Toronto	Community	TC		
4381	THUNDER BAY V.O.N	Community	NW		
4382	MISSISSAUGA V.O.N	Community	NSM		
4383	TORONTO Volunteer Centre of Toront	Community	TC		
4384	DRYDEN Wabigoon Lake Ojibway Nati	Community	NW		Aboriginal
4385	MUSKOKA LAKES Wahta Mohawks	Community	NSM		Aboriginal
4386	HAMILTON Welcome Inn Community Cent	Community	HNHB		
4387	VAUGHAN Fellowship Community	Community	C		
4388	THOROLD Von - Niagara Branch	Community	HNHB		
4389	SOUTH DUNDAS Williamsburg Non Profit	Community	CH	EC	
4390	YORK The York-Durham Aphasia Centre	Community	C		
4391	HALDIMAND COUNTY Mississaugas FN	Community	HNHB		Aboriginal
4392	TEMISKAMING SHORES Home Support	Community	NE		
4393	SOUTH DUNDAS Home Support Services	Community	CH	EC	
4394	PRINCE EDWARD COUNTY Hospice Prince	Community	SE		
4395	NORTH PERTH Community Hospice Inc.	Community	SW		
4396	ST. THOMAS Alzheimer Society	Community	SW		
4397	NORTH GRENVILLE BETH DONOVAN HOSPICE	Community	CH	NG	
4399	OTTAWA Carefor Hlth & Comm Services	Community	CH	OE	
4401	KENORA DRYDEN ABORIGINAL WOMEN'S	Community	NW		Aboriginal
4402	DOKIS 9 DOKIS FIRST NATION	Community	NE		Aboriginal
4403	THUNDER BAY HAGI COMM SERV	Community	NW		
4404	HAMILTON Macassa Lodge Adult Day Prg	Community	HNHB		
4405	TORONTO LES CENTRES D'ACCUEIL	Community	TC		
4406	PRINCE EDWARD COUNTY ALZHEIMER	Community	SE		
4407	ST.THOMAS CORP.OF THE COUNTY-ELGIN	Community	SW		

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4408	PARRY SOUND SHAWANGA FIRST NATION	Community	NE		Aboriginal
4409	HAMILTON Von Canada-Ontario	Community	HNHB		
4410	WATERLOO CNIB	Community	WW		
4411	OTTAWA Cdn National Inst For Blind	Community	CH	OC	
4412	RED LAKE Nort Chiefs Tribal Council	Community	NW		Aboriginal
4413	KENORA Sandy Lake FN	Community	NW		Aboriginal
4414	NEWMARKET York Hearing Society	Community	C		
4415	GEORGINA Chippewas	Community	C		Aboriginal
4416	NEWMARKET Simcoe Hearing Society	Community	C		
4417	OSHAWA-DURHAM Sunrise Seniors Place	Community	CE		
4418	TORONTO Special Needs	Community	C		
4419	TORONTO NY Central Meals on Wheels	Community	C		
4420	TORONTO Circle of Home	Community	C		
4421	TORONTO NY Seniors Centre	Community	C		
4422	TORONTO Better Living Health Comm.	Community	C		
4423	CAMBRIDGE Fairview Mennonite Home	Community	WW		
4424	TORONTO Ontario Association Resident	Community	TC		
4425	HAMILTON Wesley Urban Ministries Inc	Community	HNHB		
4426	ST. CATHARINES Canadian Red Cross	Community	HNHB		
4427	HALDIMAND Norfolk Comm. Senior Supp	Community	HNHB		
4428	BRANTFORD Canadian Deafblind	Community	HNHB		
4429	HAMILTON Conway Opportunity Homes	Community	HNHB		
4430	HAMILTON McMaster University	Community	HNHB		
4431	ST. CATHARINES Hospice Niagara	Community	HNHB		
4432	BRAMPTON Peel Cheshire Homes Inc	Community	CW		
4433	MISSISSAUGA India Rainbow Comm Peel	Community	MH		
4434	MILTON Milton Meals On Wheels	Community	MH		
4435	SHELBURNE Corp County Of Dufferin	Community	CW		
4436	BURLINGTON Halton Cheshire Homes Inc	Community	HNHB		
4437	BRAMPTON Regional Municipality Peel	Community	CW		
4438	KITCHENER Municipality Of Waterloo	Community	WW		
4440	HALTON HILLS Corp Town Halton Hills	Community	MH		
4441	RENFREW Area Seniors' Home Support	Community	CH	RC	
4443	BANCROFT Hospice North Hastings	Community	SE		
4444	OTTAWA City Of Ottawa	Community	CH	OC	
4445	ARNPRIOR Braeside, Mcnab Seniors	Community	CH	RC	
4446	DESERONTO Mohawks Of The Bay Quinte	Community	SE		Aboriginal
4447	LAURENTIAN VALLEY County Of Renfrew	Community	CH	RC	
4448	PRINCE EDWARD COUNTY Prince Edward	Community	SE		
4449	BARRIE Canadian Red Cross Society	Community	NSM		
4450	DEEP RIVER North Renfrew Long-Ltc	Community	CH	RC	
4451	SIOUX LOOKOUT Weenusk First Nation	Community	NE		Aboriginal

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4453	FOWLER Whitesand First Nation	Community	NW		Aboriginal
4455	FORT FRANCES Pwi-Di-Goo-Zing Ne-Yaa	Community	NW		Aboriginal
4456	FOWLER Aroland First Nation	Community	NW		Aboriginal
4457	NORTHEAST MANITOULIN Mnaamodzawin	Community	NE		Aboriginal
4458	TIMMINS Wabun Tribal Council	Community	NE		Aboriginal
4459	KIRKLAND LAKE Timiskaming Palliative	Community	NE		
4460	FORT WILLIAM 52 Dilico Ojibway Child	Community	NW		Aboriginal
4461	SLATE FALLS Slate Falls Nation	Community	NW		Aboriginal
4462	GREATER SUDBURY Ukrainian Senior	Community	NE		
4463	EAST MILLS Royal Canadian Legion Br	Community	NE		
4465	FRENCH RIVER Seniors Support Inc.	Community	NE		
4466	TIMMINS Finnish Seniors Home Inc.	Community	NE		
4467	MUSKOKA LAKES Bala Meals-On-Wheels	Community	NSM		
4468	BEARSKIN LAKE First Nation	Community	NW		Aboriginal
4469	WEAGAMOW LAKE 87 North Caribou Lake	Community	NW		Aboriginal
4470	NORTH BAY East Home For The Aged	Community	NE		
4471	FORT SEVERN 89 First Nation	Community	NW		Aboriginal
4472	MACHIN Municipality Of Machin	Community	NW		
4473	MUSKOKA LAKES Mactier Meals-On-Wheel	Community	NSM		
4474	BLYTH Nipissing First Nation	Community	NE		Aboriginal
4475	SEGUIN Wasauksing First Nation	Community	NE		Aboriginal
4476	NORTHEAST MANITOULIN Sheguandah	Community	NE		Aboriginal
4477	SABLES-SPANISH RIVERS Sagamok Anishn	Community	NE		Aboriginal
4478	TEMAGAMI Temagami First Nation	Community	NE		Aboriginal
4479	STORMONT Mohawk Council Of Akwesasne	Community	CH	EC	Aboriginal
4480	TIMMINS Access Better Living Inc.	Community	NE		
4481	TIMMINS Corp Of The City Of Timmins	Community	NE		
4482	WUNNUMIN 2 Wunnumin Lake Indian Band	Community	NW		Aboriginal
4483	ATTAWAPISKAT 91A Attawap Health Serv	Community	NE		Aboriginal
4484	SIOUX LOOKOUT Lac Seul First Nation	Community	NW		Aboriginal
4485	GREATER SUDBURY Alzheimer Society	Community	NE		
4486	ISLINGTON 29 Wabaseemoong Ind Nation	Community	NW		Aboriginal
4487	SACHIGO LAKE 1 Indian Band	Community	NW		Aboriginal
4488	NORTH SPIRIT LAKE Lake Band	Community	NW		Aboriginal
4489	HUNTSVILLE Meals On Wheels Inc.	Community	NSM		
4490	GREATER SUDBURY Ojibways	Community	NE		Aboriginal
4491	WAPEKEKA 2 Wapekeka First Nation	Community	NW		Aboriginal
4492	EAR FALLS Wabauskang First Nation	Community	NW		Aboriginal
4493	EAGLE LAKE 27 Eagle Lake Band	Community	NW		Aboriginal
4494	WIKWEMIKONG 26 Unceded Indian Reserv	Community	NE		Aboriginal
4495	TIMMINS Alzheimer Soc-Porcupine Inc.	Community	NE		
4496	TIMMINS The Canadian Red Cross Soc	Community	NE		

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4497	WEST NIPISSING Home Of The Aged	Community	NE		
4498	CHAPLEAU Chapleau Cree First Nation	Community	NE		Aboriginal
4499	STRATFORD Family Services Perth-Hur	Community	SW		
4500	LONDON Intercommunity Health Centre	Community	SW		
4501	INGERSOLL Services For Seniors	Community	SW		
4503	OWEN SOUND Vict Order Of Nurses Can	Community	SW		
4504	WOODSTOCK Victorian Order Of Nurses	Community	SW		
4506	ESSEX Sun Parlor Home	Community	ESC		
4507	WINDSOR Centres For Seniors Windsor	Community	ESC		
4508	LAMBTON SHORES Home Support Program	Community	ESC		
4510	STRATFORD Spruce Lodge Home For Aged	Community	SW		
4512	TILLSONBURG District Multi-Serv Ctr	Community	SW		
4513	WALPOLE ISLAND 46 First Nation	Community	ESC		Aboriginal
4514	CHATHAM-KENT Senior Citizens Group	Community	ESC		
4515	CHATHAM-KENT Meals On Wheels Inc.	Community	ESC		
4516	WINDSOR Vict Ord Of Nurses For Can	Community	ESC		
4517	WOODSTOCK Comm Health Services	Community	SW		
4518	STRATFORD Victorian Order Of Nurses	Community	SW		
4519	OWEN SOUND Salvation Army In Canada	Community	SW		
4520	CHATHAM-KENT Centre For Older Adults	Community	ESC		
4521	ESSEX Essex Community Services	Community	ESC		
4522	LONDON Council For London Seniors	Community	SW		
4523	WOODSTOCK Alzheimer Society Oxford	Community	SW		
4524	LONDON Sherwood Forest Housing Corp	Community	SW		
4527	LONDON Boys' and Girls' Club	Community	SW		
4528	LONDON St. Joseph's Health Care	Specialty Psych	SW		
4529	WEST ELGIN Community Health Centre	Community	SW		
4530	WINDSOR Citizen Advocacy Windsor	Community	ESC		
4531	WATERLOO Canadian Red Cross	Community	SW		
4532	LONDON Victorian Order Of Nurses Can	Community	SW		
4533	LONDON Regional Aids Hospice	Community	SW		
4534	TORONTO East Family Community Centre	Community	TC		
4535	TORONTO New Horizons Day Centre Inc	Community	TC		
4536	TORONTO Info & Comm Serv Centre Ont	Community	CE		
4537	TORONTO Greek Community Of Toronto	Community	TC		
4539	TORONTO New Visions Toronto	Community	TC		
4540	TORONTO Perram House	Community	TC		
4541	TORONTO East York Meals On Wheels	Community	TC		
4542	TORONTO Student Assist For Seniors	Community	TC		
4543	TORONTO Humber Comm Seniors Serv Inc	Community	TC		
4544	TORONTO La Salle Manor	Community	TC		
4545	TORONTO Canadian Paraplegic Assoc	Community	TC		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4546	TORONTO Dixon Hall	Community	TC		
4547	TORONTO Sr Adult Services In Annex	Community	TC		
4549	TORONTO Neighbourhood Comm Centre	Community	TC		
4550	TORONTO Participation House	Community	CE		
4551	TORONTO St. Hilda's Towers Inc.	Community	TC		
4552	TORONTO Warden Woods Comm Centre	Community	TC		
4553	TORONTO Better Opport In Resid Supp	Community	TC		
4554	TORONTO Canad Red Cross Soc Hlth Div	Community	TC		
4555	TORONTO Spirited Peop Of 1st Nations	Community	TC		Aboriginal
4556	TORONTO Fife House Foundation Inc.	Community	TC		
4557	TORONTO Hellenic Home For Aged Inc.	Community	TC		
4558	TORONTO People With Aids Foundation	Community	TC		
4559	TORONTO Good Shepherd Refuge Soc Min	Community	TC		
4560	SARNIA Alzheimer Society Of Sarnia	Community	ESC		
4562	TORONTO The Alzheimer Society	Community	TC		
4563	ORANGEVILLE Alzheimer Soc, Dufferin	Community	CW		
4565	KENORA Alzheimer Society Of Kenora	Community	NW		
4566	BROCKVILLE Alzheimer Soc Of Leeds	Community	SE		
4567	DRYDEN Grace Haven Lutheran Comm	Community	NW		
4568	TORONTO Society Of Sharing-Volunteer	Community	TC		
4571	GREATER SUDBURY Vict Ordr Of Nurses	Community	NE		
4572	SAULT STE. MARIE F.J. Davey Home	Community	NE		
4573	SUMMER BEAVER Nibinamik First Nation	Community	NW		Aboriginal
4574	THUNDER BAY Canadian Red Cross Soc	Community	NW		
4576	MAGNETAWAN, Magnetawan First Nation	Community	NE		Aboriginal
4577	BRUCE Chippewas Of Nawash	Community	SW		Aboriginal
4578	ALGOMA Batchewana 1st Nation Ojibway	Community	NE		Aboriginal
4580	KENORA Pikangikum First Nation	Community	NW		Aboriginal
4581	KENORA Poplar Hill First Nation	Community	NW		Aboriginal
4582	SUDBURY DIST Wahnapiatae First Nation	Community	NE		Aboriginal
4583	SMITH TOWNSHIP Curve Lake Fn	Community	CE		Aboriginal
4584	BLUE WATER Blue Water Rest Home Inc	Community	SW		
4585	NEW LISKEARD Centre De Sante Commu	Community	NE		
4586	THUNDER BAY Saint Elizabeth Health	Community	NW		
4587	MISSISSAUGA Yee Hong Centre (Mavis)	Community	MH		
4588	HAMILTON The Canadian Hearing Soc	Community	HNHB		
4589	OTTAWA Carleton University	Community	CH	OC	
4590	FORT ALBANY 67 First Nation	Community	NE		Aboriginal
4591	WEBEQUIE Webequie First Nation	Community	NW		Aboriginal
4592	EABAMETOONG Eabametoong First Nation	Community	NW		Aboriginal
4593	ST. MARYS Mobility Service	Community	SW		
4595	LONDON The Canadian Hearing Society	Community	SW		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4600	NORTH BAY Victorian Order Of Nurses	Community	NE		
4601	SAULT STE. MARIE Vict Ord Of Nurses	Community	NE		
4603	MARKHAM Victorian Order Of Nurses	Community	CE		
4604	TORONTO Independent Living (Cilt)	Community	TC		
4605	TORONTO Canad Red Cross Soc Ont Zone	Community	TC		
4606	PETERBOROUGH Canadian Hearing Soc	Community	CE		
4607	MISSISSAUGA The Canadian Hearing Soc	Community	MH		
4608	THUNDER BAY The Canadian Hearing Soc	Community	NW		
4609	SAULT STE MARIE Canadian Hearing Soc	Community	NE		
4610	WINDSOR The Canadian Hearing Soc	Community	ESC		
4612	OTTAWA The Canadian Hearing Soc	Community	CH	OC	
4613	GREATER SUDBURY Canadian Hearing Soc	Community	NE		
4614	Victorian Order of Nurses for Canada	Community	SE		
4615	KINGSTON The Canadian Hearing Soc	Community	SE		
4616	TORONTO Wesburn Manor -Toronto	Community	MH		
4617	THESSALON Board Of Mgt-Dist Algoma	Community	NE		
4618	TIMMINS Senior Citizens Recreation	Community	NE		
4619	SUDBURY DIST Northern School Of Medc	Community	NE		
4622	KENORA Keewaywin First Nation	Community	NW		Aboriginal
4623	KITCHENUHMAYkoosib Big Trout Lake Fn	Community	NW		Aboriginal
4624	KASABONIKA LAKE Kasabonika Lake Fn	Community	NW		Aboriginal
4625	OSNABURGH 63B Mishkeegogamang Fn	Community	NW		Aboriginal
4626	KINGFISHER LAKE 1 Kingfisher Lake Fn	Community	NW		Aboriginal
4627	THUNDER BAY Marten Falls Fn	Community	NW		Aboriginal
4629	LONDON Gov Council- Salvation Army	Community	SW		
4632	TORONTO Native Canadian Centre	Community	TC		Aboriginal
4633	MISSISSAUGA Victorian Ord Of Nurses	Community	MH		
4634	ST.CHARLES Le Club D'Age D'Or Alidor	Community	NE		
4635	FORT ALBANY 67 Kashechewan Fn	Community	NE		Aboriginal
4636	FRENCH RIVER 13 Henvey Inlet Fn	Community	NE		
4637	COCHRANA Taykwa Tagamou Nation	Community	NE		
4638	OWEN SOUND CHS-Canadian Red Cross	Community	SW		
4639	ORILLIA NSM Palliative Care Network	Community	NSM		
4640	TORONTO Homes for the Aged Divison	Community	C		
4641	RICHMOND HILL Mariann Nursing Home	Community	C		
4642	DEER LAKE First Nation	Community	NW		Aboriginal
4643	YORK YEE HONG CENTRE FOR GERIATRIC	Community	C		
4644	PORT COLBORNE Port Colborne Social	Community	HNHB		
4645	THUNDER BAY Gull Bay First Nation	Community	NW		Aboriginal
4646	M-CHIGEENG First Nation	Community	NE		Aboriginal
4648	WATERLOO Lutheran Homes Kitchener	Community	WW		
4649	BRAMPTON Seniors Services	Community	CW		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4650	TORONTO City Toronto East Dist	Community	CE		
4651	LONDON Corp City London	Community	CW		
4652	HAMILTON Corp City Hamilton	Community	SW		
4653	WEST NIPISSING	Community	NE		
4654	OTTAWA Council on Aging	Community	CH	OC	
4655	HALTON Iroquois Ridge Older Centre	Community	MH		
4656	ST. CATHARINES Senior Centre	Community	CE		
4657	GUELPH city	Community	WW		
4658	MISSISSAUGA Seniors Centre	Community	WW		
4660	BARRIE Allandale Seniors Cent	Community	NSM		
4661	BURKS FALLS Village Burk	Community	NE		
4662	PETERBOROUGH Anstrur Burleigh	Community	CE		
4663	TORONTO Applegrove Comm Complex	Community	TC		
4664	AURORA Aurora Seniors Ctr	Community	C		
4665	SPRINGWATER Bayshore Senior	Community	NSM		
4666	FORT ERIE Beachcombers Senior	Community	HNHB		
4667	BRANTFORD Brant Senior Citizen	Community	HNHB		
4668	BROCKVILLE Brockville Senior	Community	SE		
4669	HALDIMAND COUNTY Cayuga Senior	Community	HNHB		
4670	TORONTO Central Eglinton	Community	TC		
4671	CORNWALL Ctr Charles	Community	CH	EC	
4672	GREATER SUDBURY Ctr Club	Community	NE		
4673	OTTAWA Ctr de Jour Séraphin	Community	CH	OE	
4674	PEMBROKE Ctr Lajoie des	Community	CH	RC	
4675	BELLEVILLE City Belleville	Community	SE		
4676	BRANTFORD City Brantford Parks	Community	HNHB		
4677	BURLINGTON Central Park Seniors	Community	HNHB		
4678	GREATER SUDBURY City	Community	NE		
4679	KAWARTHA LAKES City Kawartha Lakes	Community	CE		
4680	OTTAWA Comm. Services	Community	CH	Unknown	
4681	SUDBURY Dist Club 50	Community	NE		
4682	OTTAWA Centre Pauline-Charron	Community	CH	OE	
4683	GREATER SUDBURY Club Accueil	Community	NE		
4684	COCHRANE Club Action Hearst	Community	NE		
4685	LAKE SHORE Club De L'Age	Community	ESC		
4686	COLLINGWOOD Collingwood Leisure	Community	NSM		
4687	NIAGARA FALLS Coronation 50 Plus	Community	HNHB		
4688	SARNIA City Sarnia Strangway Comm	Community	ESC		
4689	STRATFORD City	Community	SW		
4690	MAGNETAWAN Magnetawan	Community	NE		
4691	MARKSTAY Markstay	Community	NE		
4692	RED LAKE Red Lake	Community	NW		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4693	SIoux LOOKOUT	Community	NW		
4694	CHATHAM-KENT Blenheim Comm Snr	Community	ESC		
4695	SAULT STE. MARIE City	Community	NE		
4696	THOROLD Seniors Centre	Community	HNHB		
4697	WELLAND City Welland	Community	HNHB		
4698	PORT HOPE	Community	CE		
4699	FORT FRANCES Town Fort Frances	Community	NW		
4700	GORE BAY Town Gore Bay	Community	NE		
4701	GRIMSBY Town Grimsby	Community	HNHB		
4702	HUNTSVILLE Huntsville	Community	NSM		
4703	KAPUSKASING Town Kapuskasing	Community	NE		
4704	KEARNEY Town Kearney	Community	NE		
4705	LINCOLN Town Lincoln	Community	HNHB		
4706	DAWSON Town Rainy River	Community	NW		
4707	TECUMSEH Tecumseh Golden	Community	ESC		
4708	WHITHBY Town Whitby	Community	CE		
4709	ATIKOKAN Township Atikokan	Community	NW		
4710	EAST FERRIS Township East Ferris	Community	NE		
4711	MORLEY Township Morley	Community	NW		
4712	SABLESPANISH RIVERS Township	Community	NE		
4713	WOOLWICH Township Woolwich	Community	WW		
4714	TORONTO COSTIIAS Immigrant Services	Community	TC		
4715	TORONTO Davenport Perth	Community	TC		
4716	NORFOLK COUNTY Delhi Township Senior	Community	HNHB		
4717	THAMES Cent Dorchester Lions Senior	Community	SW		
4718	DRYDEN Dryden Go Getters	Community	NW		
4719	TORONTO Elspeth Heyworth Cent	Community	C		
4720	ESPANOLA Espanola Senior	Community	NE		
4721	ESSEX Essex Retirees Social Club	Community	ESC		
4722	TORONTO First Portuguese	Community	TC		
4723	FORT ERIE Fort Erie Lions Senior	Community	HNHB		
4724	TORONTO Franklin Horner Comm.	Community	MH		
4725	ST. MARYS Friendship Ctr	Community	SW		
4726	TINY Georgian Shores Swinging Senior	Community	NSM		
4727	OTTAWA Gloucester Senior Adults Ctr	Community	CH	OE	
4728	LAKESHORE Good Neighbour Club	Community	ESC		
4729	MACHIN Happy Go Lucky Senior	Community	NW		
4730	TORONTO Harbourfront Comm. Ctr	Community	TC		
4732	BRAMPTON WEST Holland	Community	CW		
4733	HAMILTON Jewish Social Services	Community	HNHB		
4734	KENORA Kenora Dist New Horizons	Community	NW		
4735	TORONTO Latvian Senior Citizens	Community	CE		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4736	LEAMINGTON Leamington	Community	ESC		
4737	TORONTO Loyola Arrupe	Community	TC		
4738	GODERICH MacKay Ctr	Community	SW		
4739	TORONTO Malvern Family Resource	Community	CE		
4740	MANITOUWADGE Manitouwadge	Community	NE		
4741	MARKHAM Markham Seniors Activity	Community	C		
4742	MATTAWA Mattawa Senior Citizens Club	Community	NE		
4743	ST. CLAIR Moore Presbyterian	Community	ESC		
4744	CHATHAMKENT Morpeth Heritage 60	Community	ESC		
4745	GREENSTONE Nakina Sunrise Club	Community	NW		
4746	GREATER SUDBURY Nickel Ctr Seniors	Community	NE		
4747	NIPIGON Nipigon Silver Club	Community	NW		
4748	NORTH BAY Golden Age Club	Community	NE		
4749	NORTH PERTH Seniors Cent	Community	SW		
4750	GREATER SUDBURY Older Adult Cent	Community	NE		
4751	GREATER SUDBURY Onaping Falls Golden	Community	NE		
4752	GREATER SUDBURY One Eleven Senior	Community	NE		
4753	ORANGEVILLE Orangeville and Dist	Community	CW		
4754	PERTH Perth and Dist Senior Craft	Community	SE		
4755	GREATER SUDBURY RaysideBalfour	Community	NE		
4756	ELLIOT LAKE Renaissance Seniors Ctr	Community	NE		
4757	RICHMOND HILL EPC	Community	C		
4758	CHATHAMKENT Ridgetown	Community	ESC		
4759	CALLANDER Royal Canadian	Community	NE		
4760	THUNDER BAY Rural 60 Plus	Community	NW		
4761	CORNWALL Seaway Senior Citizens Club	Community	CH	EC	
4762	PETERBOROUGH Senior Citizens	Community	CE		
4763	OTTAWA Senior Citizens	Community	CH	OC	
4764	LAURENTIAN VALLEY Senior Citizens	Community	CH	RC	
4765	KENORA Seniors Friendship Club	Community	NW		
4766	NORFOLK COUNTY Simcoe Seniors	Community	HNHB		
4768	GREATER SUDBURY Skead Senior	Community	NE		
4769	OTTAWA Somerset West Comm.	Community	CH	OC	
4770	WOODSTOCK South Gate Ctr Inc.	Community	SW		
4771	PICKERING South Pickering Seniors	Community	CE		
4772	EAST MILLS South River Friendly	Community	NE		
4773	ST. THOMAS Thomas Seniors Ctr	Community	SW		
4774	SIoux NARROWSNESTOR Sunrise	Community	NW		
4775	TORONTO Sunshine Ctr for Seniors	Community	TC		
4776	GEORGINA Sutton Senior	Community	C		
4777	CHATHAMKENT Thamesville	Community	ESC		
4778	CLARINGTON - Older Adult Centre	Community	CE		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4779	GARDEN RIVER Wawa	Community	NE		
4780	SAULT STE. MARIE Sen Drop-In Centre	Community	NE		
4781	PRESCOTT - Walker House EPC	Community	SE		
4782	TERRACE BAY Superior Seniors	Community	NW		
4783	MILTON Corp of Town Milton	Community	MH		
4784	TORONTO George Syme Seniors	Community	TC		
4785	TORONTO Neighbourhood Infor Ctr	Community	TC		
4786	MAGNETAWAN Sundridge Happy Gang	Community	NE		
4787	CHATHAMKENT Tilbury	Community	ESC		
4788	TILLSONBURG Seniors Ctr	Community	SW		
4789	YORK Town of Newmarket - Seniors	Community	C		
4790	Cent WELLINGTON Township Ctr	Community	WW		
4791	TORONTO Ukrainian Canadian Social	Community	TC		
4792	TORONTO University Settlement	Community	TC		
4793	CHATHAMKENT Wallaceburg Senior	Community	ESC		
4794	PARRY SOUND West Parry Sound	Community	NE		
4795	CHATHAMKENT Wheatley	Community	ESC		
4796	TORONTO York Fairbank Ctr	Community	TC		
4797	MIDLAND Askennonia Seniors Ctr Inc	Community	NSM		
4798	HAMILTON City Housing	Community	HNHB		
4799	LEAMINGTON Mennonite Home	Community	ESC		
4802	SARNIA Aamjiwnaag First Nations	Community	ESC		Aboriginal
4803	SAULTE STE MARIE Ont Native Welfare	Community	NE		Aboriginal
4804	BRANTFORD Dementia Alliance	Community	HNHB		
4805	HAMILTON Banyan Community Services	Community	HNHB		

Facility ID	Facility	Facility Type	LHIN	LHIN Sub-Region	Aboriginal Facility
4806	KAPUSKASING CSC	Community	NE		
4807	WIARTON Sauble Sandpipers	Community	SW		
4808	PORT COLBORNE Le Centre	Community	HNHB		
4809	BOLTON Caledon Seniors	Community	CW		
4810	OTTAWA Le Rendez-vous	Community	CH	OE	
4811	COBOURG Cobourg and District Seniors	Community	CE		
4812	PETAWAWA Silver Threads	Community	CH	RC	
4813	BARR'YS BAY Opeongo Seniors	Community	SE		
4815	TORONTO Call-a-Service	Community	CE		
4818	OTTAWA Retraite en Action	Community	CH	OC	
4819	OTTAWA Nepean Seniors	Community	CH	OW	
6000	TORONTO Villa Colombo Home For Aged	Community	C		
6001	TORONTO Copernicus Lodge	Community	TC		
6002	TORONTO Yee Hong Geriatric Care	Community	CE		
6036	OTTAWA Perley And Rideau	Community	CH	OC	
6068	TORONTO Wexford Residence Inc.	Community	TC		
6069	TORONTO Finnish Canadian Seniors	Community	TC		
154	LONDON South West CCAC	Community	SW		
158	TORONTO Mississauga Halton CCAC	Community	MH		
159	TORONTO Toronto Central CCAC	Community	TC		
165	SUDBURY North East CCAC	Community	NE		
166	THUNDER BAY North West CCAC	Community	NW		

Appendix C – Assignment of Functional Centres to MH&A/Non-MH&A Categories & to the Continuum of Care

The Continuum designations (and their short forms) as used in the functional centre reference table below are:

Continuum Level 1	Continuum Level 2	Continuum Level 3
Entry	Information & Referral	
Supports	Consumer & Family Supports	Peer/Self Help Alternative Business Family Initiatives
First Line: Prevention & Capacity Building (First Line: P&CB)	Mental Health Promotion & Education (MH Promotion & Ed) Community Development	
First Line: Supports, Treatment & Outreach (First Line: ST&O)	ER/Crisis Services (ER/Crisis Serv) Outreach, Mental Health Counselling & Treatment (Outreach, Counselling & Treatment) Diversion & Court Support	Inpatient
Intensive Level of Services (Intensive Level Serv)	Scheduled Psychiatric Inpatient Services (Sched Psych Inpt Serv) Scheduled Ambulatory Outpatient Services (Sched Amb Outpt Serv) Case Management Psychosocial Rehab & Skills Development (Psychosocial Rehab & Skills Dev) Dedicated Housing for SMI & Long Term Care (Dedicated Housing: SMI<C)	Inpatient Housing
Specialized	Assertive Community Treatment (Assertive Comm Treatment) Specialized Inpatient Services & Residential Rehabilitation Treatment (Spec Inpat Serv & Res Rehab Treatment) Specialized Community Services (Spec Comm Serv)	Inpatient Residential Treatment Housing
Other Supports	Unallocated Professional Supports (Unalloc Prof Supports) Staff Education & Research (Staff Ed & Res)	Staff Education (Staff Ed)

Other abbreviations used within the functional centre reference table below include:

Abbreviation	Definition
CCAC	Community Care Access Centre
CTC	Children's Treatment Centre
CMH&A	Community Mental Health & Addictions
CSS	Community Support Services
Y: MH	Yes: Mental Health-specific
Y: Addict	Yes: Addictions-specific
Y: Both	Yes: Specific to Both Mental Health & Addictions
Y: Non-spec	Yes: Non-specific to Mental Health or Addictions
Child & Adol	Child & Adolescent
SLP	Speech Language Pathology
Occ Therapy	Occupational Therapy
Other Med. Staff	Other Medical Staff

The following table outlines the MH&A designation, the Continuum of Care, Specialty Type and FTE Categorization designations as applied to each functional centre within the MOHLTC HIT dataset.

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
71110	(AS) Administrative Services			No		No	Exclude	Exclude	Exclude	Exclude	Exclude
71111	COR Corporate Admin. - General					No	Exclude	Exclude	Exclude	Exclude	Exclude
71112	AS Emergency Preparedness Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71115	AS Finance					No	Exclude	Exclude	Exclude	Exclude	Exclude
71120	AS Human Resources					No	Exclude	Exclude	Exclude	Exclude	Exclude
71122	AS Staff Recruitment and Retention					No	Exclude	Exclude	Exclude	Exclude	Exclude
71125	AS Information Systems Support					No	Exclude	Exclude	Exclude	Exclude	Exclude
71126	COR - Corporate Admin - Information Systems Support					No	Exclude	Exclude	Exclude	Exclude	Exclude
71130	AS Communications					No	Exclude	Exclude	Exclude	Exclude	Exclude
71135	AS Materiels Management					No	Exclude	Exclude	Exclude	Exclude	Exclude
71140	AS Volunteer Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71145	AS Housekeeping					No	Exclude	Exclude	Exclude	Exclude	Exclude
71150	AS Laundry and Linen					No	Exclude	Exclude	Exclude	Exclude	Exclude
71153	AS Plant Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
71155	AS Plant Operation			No		No	Exclude	Exclude	Exclude	Exclude	Exclude
71160	AS Plant Security					No	Exclude	Exclude	Exclude	Exclude	Exclude
71165	AS Plant Maintenance					No	Exclude	Exclude	Exclude	Exclude	Exclude
71175	AS Bio-Medical Engineering/Medical Physics					No	Exclude	Exclude	Exclude	Exclude	Exclude
71179	AS Interpretation/Translation					No	Exclude	Exclude	Exclude	Exclude	Exclude
71180	AS Registration (Admitting)					No	Exclude	Exclude	Exclude	Exclude	Exclude
71182	AS Admission/Discharge Coordinator					No	Exclude	Exclude	Exclude	Exclude	Exclude
71185	20 AS SR Transport - Central Patient Portering					No	Exclude	Exclude	Exclude	Exclude	Exclude
71185	40 AS SR Transport - Ambulance Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71186	AS Non Service Recipient Transport					No	Exclude	Exclude	Exclude	Exclude	Exclude
71190	AS Health Records					No	Exclude	Exclude	Exclude	Exclude	Exclude
71195	AS Food Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71205	10 P Nursing Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
71205	20 P Clinical Resources (centralized)					No	Exclude	Exclude	Exclude	Exclude	Exclude
71206	P Program Management Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
71207	P Medical Resources					No	Exclude	Exclude	Exclude	Exclude	Exclude
71210	P Medical Inpatient Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71220	P Surgical Inpatient Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71230	P Combined Medical/Surgical					No	Exclude	Exclude	Exclude	Exclude	Exclude
71240	10 P ICU - Medical					No	Exclude	Exclude	Exclude	Exclude	Exclude
71240	20 P ICU - Surgical					No	Exclude	Exclude	Exclude	Exclude	Exclude
71240	28 P ICU - Trauma					No	Exclude	Exclude	Exclude	Exclude	Exclude
71240	30 P ICU - Combined Med/Surg					No	Exclude	Exclude	Exclude	Exclude	Exclude
71240	35 P ICU - Burn					No	Exclude	Exclude	Exclude	Exclude	Exclude
71240	42 P ICU - Cardiac (Surgical)					No	Exclude	Exclude	Exclude	Exclude	Exclude

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
7124044	P ICU - Coronary Care (Med)					No	Exclude	Exclude	Exclude	Exclude	Exclude
7124050	P ICU - Neonatal Level III Nursery					No	Exclude	Exclude	Exclude	Exclude	Exclude
7124061	P ICU - Neurosurgery					No	Exclude	Exclude	Exclude	Exclude	Exclude
7124070	P ICU - Pediatric					No	Exclude	Exclude	Exclude	Exclude	Exclude
7124080	P ICU - Respiriology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7124092	P ICU - Transplant					No	Exclude	Exclude	Exclude	Exclude	Exclude
712421	P Cardiac Monitored Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
712501	P Obstetrics					No	Exclude	Exclude	Exclude	Exclude	Exclude
712508040	P Obstetrics Intermediate Nursery (Level 2)					No	Exclude	Exclude	Exclude	Exclude	Exclude
712601	P Operating Room (OR)					No	Exclude	Exclude	Exclude	Exclude	Exclude
712621	P OR/PARR Combined					No	Exclude	Exclude	Exclude	Exclude	Exclude
712651	P Post-Anesthetic Recovery Rooms (PARR)					No	Exclude	Exclude	Exclude	Exclude	Exclude
712701	P Pediatric					No	Exclude	Exclude	Exclude	Exclude	Exclude
7127625	P Mental Health - Acute					Y:MH	Intensive Level Serv	Sched Psych Inpt Serv	Inpatient	General	Nursing
7127645	P Addiction					Y:Addict	Specialized	Spec Inpat Serv & Res Rehab Treatment	Inpatient	General	Nursing
7127650	P Mental Health - Child/Adolescent					Y:MH	Specialized	Spec Inpat Serv & Res Rehab Treatment	Inpatient	Child & Adol	Nursing
7127655	P Mental Health - Forensic					Y:MH	Specialized	Spec Inpat Serv & Res Rehab Treatment	Inpatient	Forensic	Nursing
7127690	P Mental Health - Psychiatric Crisis Unit					Y:MH	First Line - ST&O	ER/Crisis Serv	Inpatient	General	Nursing
7127695	P Mental Health - Longer Term					Y:MH	Specialized	Spec Inpat Serv & Res Rehab Treatment	Inpatient	General	Nursing
7128110	P Medical Rehabilitation					No	Exclude	Exclude	Exclude	Exclude	Exclude
7128120	P Surgical Rehabilitation					No	Exclude	Exclude	Exclude	Exclude	Exclude
7128130	P Rehabilitation - Combined					No	Exclude	Exclude	Exclude	Exclude	Exclude
7129520	P LTC - Complex Continuing Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
7129540	P LTC - Respite Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
7129560	P LTC - Intermediate Care (ELDCAP) and Interim LTC					No	Exclude	Exclude	Exclude	Exclude	Exclude
712971	P LTC - All Inclusive Complex Continuing Care (CCC)					No	Exclude	Exclude	Exclude	Exclude	Exclude
71305	AC Ambulatory Care Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
71306	AC Program Management Administration			No		No	Exclude	Exclude	Exclude	Exclude	Exclude
71307	AC Medical Resources					No	Exclude	Exclude	Exclude	Exclude	Exclude
71310	AC Emergency (ER)					No	Exclude	Exclude	Exclude	Exclude	Exclude
7131028	AC Emergency - Trauma					No	Exclude	Exclude	Exclude	Exclude	Exclude
7131076	AC Emergency - Psychiatric Services/Crisis Intervention					Y:MH	First Line - ST&O	ER/Crisis Serv		General	Nursing
71320	AC Poison Information Centre					No	Exclude	Exclude	Exclude	Exclude	Exclude
71330	AC Tele-health					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134005	AC Day/Night Care - General					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134010	AC Day/Night Care - Medical					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134015	AC Day/Night Care - Diabetes					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134020	AC Day/Night Care Pre & Post Operative Care (OR/PARR Excl.)					No	Exclude	Exclude	Exclude	Exclude	Exclude

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		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
7134025	AC Day/Night Care - Surgical/Proc. (OR/PARR Incl.)					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134042	AC Day/Night Care - Cardiac					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134055	AC Day/Night Care - Endoscopy					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134065	AC Day/Night Care - Metabolic					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134066	AC Day/Night Care - Oncology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134076	AC Day/Night Care - Mental Health/Addictions					Y:Both	Intensive Level Serv	Sched Amb Outpt Serv		General	Nursing
7134086	AC Renal Dialysis					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134094	AC Day/Night Care - Palliative					No	Exclude	Exclude	Exclude	Exclude	Exclude
7134096	AC Day/Night Care - Geriatric					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135005	AC Clinic Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135010	AC Clinic - Medical					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135015	AC Clinic Surgical					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135017	AC Clinic Combined					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135025	AC Clinic Family Practice					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135035	AC Clinic - Gynecology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135040	AC Clinic Metabolic					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135042	AC Clinic Cardiac					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135043	AC Clinic Endocrinology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135050	AC Clinic Obstetrics					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135061	AC Clinic Neurology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135062	AC Clinic Ophthalmology - Ophthalmology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135066	AC Clinic Oncology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135070	AC Clinic Pediatric					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135072	AC Clinic Orthopedic					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135075	AC Clinic Plastic					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135076	AC Clinic Mental Health - Mental Health/Addictions					Y:Both	Intensive Level Serv	Sched Amb Outpt Serv		General	Nursing
7135081	AC Clinic Rehabilitation					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135095	AC Clinic Rheumatology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7135096	AC Clinic Geriatric					No	Exclude	Exclude	Exclude	Exclude	Exclude
71355	ACP Private Clinics					No	Exclude	Exclude	Exclude	Exclude	Exclude
71360	Day Surgery Operating Room					No	Exclude	Exclude	Exclude	Exclude	Exclude
71362	Day Surgery Combined OR & PARR					No	Exclude	Exclude	Exclude	Exclude	Exclude
71365	Day Surgery Post-Anesthetic Recovery Room					No	Exclude	Exclude	Exclude	Exclude	Exclude
71367	Day Surgery Pre and Post Operative Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
71369	Day Surgery Combined OR , PARR & Pre and Post Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
71406	D&T Program Management Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141010	LAB Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141015	LAB Centralized Support Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141020	LAB Specimen Procurement, Dispatch, Receipt					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141021	LAB Pre/Post Analysis					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141025	LAB Clinical Chemistry					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141030	LAB Clinical Hematology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141035	LAB Transfusion Medicine					No	Exclude	Exclude	Exclude	Exclude	Exclude

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7141040	LAB Anatomical Pathology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141041	LAB Anatomical Pathology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141042	LAB Cytopathology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141043	LAB Electron Microscopy					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141045	LAB Clinical Microbiology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141050	LAB Immunology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141055	LAB Cytogenetics					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141060	LAB Histocompatibility & Immunogenetics					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141065	LAB Stat Laboratory					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141075	LAB Molecular Diagnostics					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141085	LAB Diagnostic Genetics					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141099	LAB Combined/Multi Functions (Core Lab)					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141510	DI Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141518	DI Radiography					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141520	DI Mammography					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141523	DI Interventional/Angiography					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141525	DI Computed Tomography					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141530	DI Diagnostic Ultrasound					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141535	DI Nuclear Medicine - Gamma Cameras					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141540	DI Nuclear Medicine					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141544	DI Cardiac Catheterization Lab					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141560	DI Positron Emission Tomography (PET)					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141570	DI Magnetic Resonance Imaging					No	Exclude	Exclude	Exclude	Exclude	Exclude
7141599	DI Combined Functions					No	Exclude	Exclude	Exclude	Exclude	Exclude
7142510	ED EEG					No	Exclude	Exclude	Exclude	Exclude	Exclude
7142520	ED EMG					No	Exclude	Exclude	Exclude	Exclude	Exclude
7142530	ED Evoked Potentials					No	Exclude	Exclude	Exclude	Exclude	Exclude
7142540	ED Polysomnography (formerly Sleep Studies)					Y:MH	Other Supports	Unalloc Prof Supports		General	Diagnostic
7142550	ED Intensive Monitoring					No	Exclude	Exclude	Exclude	Exclude	Exclude
7142560	ED ENG/EOG					No	Exclude	Exclude	Exclude	Exclude	Exclude
7142599	ED Electro-diagnosis - Combined Functions					No	Exclude	Exclude	Exclude	Exclude	Exclude
7143020	NV Non-Invasive Cardiology Laboratories					No	Exclude	Exclude	Exclude	Exclude	Exclude
7143040	NV Vascular Laboratories					No	Exclude	Exclude	Exclude	Exclude	Exclude
71435	RS Respiratory Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71436	Cardiovascular (CV) Perfusion					No	Exclude	Exclude	Exclude	Exclude	Exclude
71440	PH Pharmacy					No	Exclude	Exclude	Exclude	Exclude	Exclude
71444	TH Combined Therapeutics					No	Exclude	Exclude	Exclude	Exclude	Exclude
71445	TH Clinical Nutrition					No	Exclude	Exclude	Exclude	Exclude	Exclude
71449	TH Rehabilitation Services Clinical Management					No	Exclude	Exclude	Exclude	Exclude	Exclude
71450	TH Physiotherapy					No	Exclude	Exclude	Exclude	Exclude	Exclude
7145520	TH Occupational Therapy - General					No	Exclude	Exclude	Exclude	Exclude	Exclude
714557610	TH Occupational Therapy - MH - General					Y:MH	Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Occ Therapy

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714557620	TH Occupational Therapy - MH Vocational Workshop			Y:MH		Y:MH	Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Occ Therapy
7146020	TH Speech/Language Pathology					No	Exclude	Exclude	Exclude	Exclude	Exclude
7146040	TH Audiology					No	Exclude	Exclude	Exclude	Exclude	Exclude
71465	TH Rehabilitation Engineering					No	Exclude	Exclude	Exclude	Exclude	Exclude
71466	RAD Radiation Oncology					No	Exclude	Exclude	Exclude	Exclude	Exclude
71470	TH Social Work					No	Exclude	Exclude	Exclude	Exclude	Exclude
71472	TH Addiction Counselors					Y:Addict	Other Supports	Unalloc Prof Supports		General	Addiction Counselors
71474	TH Genetics Counselling					No	Exclude	Exclude	Exclude	Exclude	Exclude
71475	TH Psychology and Psychometry					Y:MH	Other Supports	Unalloc Prof Supports		General	Psychology & Psychometry
71480	TH Pastoral Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
71485	TH Therapeutic Recreation					No	Exclude	Exclude	Exclude	Exclude	Exclude
71490	TH Child Life					No	Exclude	Exclude	Exclude	Exclude	Exclude
71505	COM Clinical Management					No	Exclude	Exclude	Exclude	Exclude	Exclude
71507	COM Medical Resources					No	Exclude	Exclude	Exclude	Exclude	Exclude
71509	COM Case Management					No	Exclude	Exclude	Exclude	Exclude	Exclude
71510	COM Clinics/Programs					No	Exclude	Exclude	Exclude	Exclude	Exclude
715107620	COM Clinics/Programs - MH Assertive Community Treatment Teams			Y:MH			Specialized	Assertive Comm Treatment		General	Undefined
715107630	COM Clinics/Programs - MH Community Clinic			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
715107650	COM Clinics/Programs - MH Child/Adolescent			Y:MH			Specialized	Spec Comm Serv		Child & Adol	Undefined
71515	COM Crisis Intervention					Y:Non-spec	First Line - ST&O	ER/Crisis Serv		General	Undefined
71520	COM Day/Night Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
7153005	COM In-Home Care Clinical Management					No	Exclude	Exclude	Exclude	Exclude	Exclude
7153040	COM In-Home Health Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
7153044	COM Publicly Funded Schools					No	Exclude	Exclude	Exclude	Exclude	Exclude
7153066	COM Oncology Home Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
7153076	COM Mental Health Home Care					Y:MH	First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
7153078	COM Addictions Home Care					Y:Addict	First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
7153086	COM Dialysis Home Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
7153094	COM Palliative Home Care					No	Exclude	Exclude	Exclude	Exclude	Exclude
71535	COM In-Home Support Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71540	COM Residential Services					Y:Non-spec	Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
71550	COM Health Promotion and Education and Community Development					No	Exclude	Exclude	Exclude	Exclude	Exclude
715503520	COM Health Prom/Educ & Com Dev - COM Chronic Disease Education, Awareness and P					No	Exclude	Exclude	Exclude	Exclude	Exclude

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71554	COM Communicable Disease Prevention and Control					No	Exclude	Exclude	Exclude	Exclude	Exclude
71555	COM Disease and Injury Prevention and Control					No	Exclude	Exclude	Exclude	Exclude	Exclude
71558	COM Health Prom./ Disease Prev./Control Combined					No	Exclude	Exclude	Exclude	Exclude	Exclude
71560	COM Environmental Health					No	Exclude	Exclude	Exclude	Exclude	Exclude
71570	COM Information and Referral Service					No	Exclude	Exclude	Exclude	Exclude	Exclude
71575	Provincial Health System Development					No	Exclude	Exclude	Exclude	Exclude	Exclude
71582	CSS In-Home and Community Services (CSS IH COM)					No	Exclude	Exclude	Exclude	Exclude	Exclude
71710	RE Research - Administration					No	Exclude	Exclude	Exclude	Exclude	Exclude
71720	RE Research - Animal House					No	Exclude	Exclude	Exclude	Exclude	Exclude
71730	RE Research - Nursing					No	Exclude	Exclude	Exclude	Exclude	Exclude
71740	RE Research - D & T Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71750	RE Research - Community and Social Service					No	Exclude	Exclude	Exclude	Exclude	Exclude
71760	RE Research - Medical					No	Exclude	Exclude	Exclude	Exclude	Exclude
71766	RE Oncology					No	Exclude	Exclude	Exclude	Exclude	Exclude
71776	RE Mental Health					Y:MH	Other Supports	Staff Ed & Res	Research	General	Undefined
71778	RE Addictions Research					Y:Addict	Other Supports	Staff Ed & Res	Research	General	Undefined
71810	EDU - Hospital Library					No	Exclude	Exclude	Exclude	Exclude	Exclude
71820	EDU - Audiovisual					No	Exclude	Exclude	Exclude	Exclude	Exclude
71830	EDU - Medical Illustration					No	Exclude	Exclude	Exclude	Exclude	Exclude
71840	EDU - In-Service					No	Exclude	Exclude	Exclude	Exclude	Exclude
71850	EDU Formal Education - Admin & Support Service					No	Exclude	Exclude	Exclude	Exclude	Exclude
71860	EDU Formal Education - Nursing					No	Exclude	Exclude	Exclude	Exclude	Exclude
71870	EDU Formal Education - D & T Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
71876	EDU Formal Education - Mental Health/Addiction					Y:Both	Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
71880	EDU Formal Education - Medical					No	Exclude	Exclude	Exclude	Exclude	Exclude
71910	NSF Non-Service Recipient Food Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
7192020	MKS Sales of Services					No	Exclude	Exclude	Exclude	Exclude	Exclude
7192040	MKS Sales of Goods					No	Exclude	Exclude	Exclude	Exclude	Exclude
7192060	MKS Rentals of Equipment					No	Exclude	Exclude	Exclude	Exclude	Exclude
7192080	MKS Rentals of Land or Buildings					No	Exclude	Exclude	Exclude	Exclude	Exclude
71940	FR Fund Raising					No	Exclude	Exclude	Exclude	Exclude	Exclude
71950	SB Scholarships/Bursaries					No	Exclude	Exclude	Exclude	Exclude	Exclude
72110	(AS) Administrative Services	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7211010	AS Admin. Services. - Executive Offices				No		Exclude	Exclude	Exclude	Exclude	Exclude
721101010	AS Admin Services - Executive Offices - Director				No		Exclude	Exclude	Exclude	Exclude	Exclude
72111	COR Corporate Admin. - General				No		Exclude	Exclude	Exclude	Exclude	Exclude
72112	AS Emergency Preparedness Services		No				Exclude	Exclude	Exclude	Exclude	Exclude
72115	AS Finance	No	No		No		Exclude	Exclude	Exclude	Exclude	Exclude
72120	AS Human Resources	No	No		No		Exclude	Exclude	Exclude	Exclude	Exclude
72122	AS Staff Recruitment and Retention				No		Exclude	Exclude	Exclude	Exclude	Exclude
72125	AS Information Systems Support	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
72126	COR Corporate Admin. - Information Systems Support	No					Exclude	Exclude	Exclude	Exclude	Exclude
72130	AS Communications	No	No		No		Exclude	Exclude	Exclude	Exclude	Exclude

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72135	AS Materiels Management	No	No		No		Exclude	Exclude	Exclude	Exclude	Exclude
72140	AS Volunteer Services		No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
72145	AS Housekeeping	No	No		No		Exclude	Exclude	Exclude	Exclude	Exclude
72150	AS Laundry and Linen				No		Exclude	Exclude	Exclude	Exclude	Exclude
72153	AS Plant Administration	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
72155	AS Plant Operation	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
72160	AS Plant Security		No		No		Exclude	Exclude	Exclude	Exclude	Exclude
72165	AS Plant Maintenance		No		No		Exclude	Exclude	Exclude	Exclude	Exclude
72179	AS Interpretation/Translation	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
72180	AS Registration (Admitting)		No				Exclude	Exclude	Exclude	Exclude	Exclude
72182	AS Admission/Discharge Coordinator				No		Exclude	Exclude	Exclude	Exclude	Exclude
72186	AS Non Service Recipient Transport			No			Exclude	Exclude	Exclude	Exclude	Exclude
72190	AS Health Records	No	No				Exclude	Exclude	Exclude	Exclude	Exclude
72195	AS Food Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
72206	IP Program Management Administration			No			Exclude	Exclude	Exclude	Exclude	Exclude
72350	7070AC Clinic Pediatric		No				Exclude	Exclude	Exclude	Exclude	Exclude
72445	7070TH Clinical Nutrition		No				Exclude	Exclude	Exclude	Exclude	Exclude
72449	7070TH Rehabilitation Services Clinical Management		No				Exclude	Exclude	Exclude	Exclude	Exclude
72450	7070TH Physiotherapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
72455	7070TH Occupational Therapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
72460	7070TH Speech/Language Pathology		Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	SLP
72460	7070TH Audiology		No				Exclude	Exclude	Exclude	Exclude	Exclude
72465	7070TH Rehabilitation Engineering		No				Exclude	Exclude	Exclude	Exclude	Exclude
72470	7070TH Social Work		No				Exclude	Exclude	Exclude	Exclude	Exclude
72475	7070TH Psychology and Psychometry		Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	Psychology & Psychometry
72485	7070TH Therapeutic Recreation		No				Exclude	Exclude	Exclude	Exclude	Exclude
72505	7070COM Clinical Management	No		No			Exclude	Exclude	Exclude	Exclude	Exclude
72507	7070COM Medical Resources - Psychiatrists		Y:Non-spec	Y:Non-spec			Other Supports	Unalloc Prof Supports		General	Psychiatry
72507	7070COM Medical Resources - Other Medical Staff	No	No	Y:Non-spec			Other Supports	Unalloc Prof Supports		General	Other Med. Staff
72509	7070COM Case Management	No					Exclude	Exclude	Exclude	Exclude	Exclude
72509	7070COM Case Management			Y:Non-spec	No		Intensive Level Serv	Case Management		General	Case Managers
72509	7070COM Case Management - CTC - Service Coordination/Case Management		No				Exclude	Exclude	Exclude	Exclude	Exclude
72509	7070COM Case Management - CTC - Service Navigation		No				Exclude	Exclude	Exclude	Exclude	Exclude
72509	7070COM Case Management Mental Health			Y:MH	Y:MH		Intensive Level Serv	Case Management		General	Case Managers
72509	7070COM Case Management Addictions			Y:Addict			Intensive Level Serv	Case Management		General	Case Managers
72509	7070COM Case Management Addictions - Substance Abuse			Y:Addict			Intensive Level Serv	Case Management		General	Case Managers
72509	7070COM Case Management Addictions - Problem Gambling			Y:Addict			Intensive Level Serv	Case Management		General	Case Managers
72510	7070COM Clinics/Programs - Practice	No		Y:Non-spec			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined

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7251015	COM Clinics/Programs - Nursing Clinic	No	No				Exclude	Exclude	Exclude	Exclude	Exclude
7251020	COM Clinics/Programs - General Clinic			Y:Non-spec			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
7251030	COM Clinics/Programs - Combined Clinic	No					Exclude	Exclude	Exclude	Exclude	Exclude
7251040	COM Clinics/Programs - Therapy Clinic	No					Exclude	Exclude	Exclude	Exclude	Exclude
7251055	COM Clinics/Programs - CHC Other Clinic			No			Exclude	Exclude	Exclude	Exclude	Exclude
725107061	COM Clinics/Programs - CTC - Head Injury/Acquired Brain Injury		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
725107063	COM Clinics/Programs - CTC - Cleft Lip/Palate Dental Trmt. Serv.		No				Exclude	Exclude	Exclude	Exclude	Exclude
725107099	COM Clinics/Programs - CTC Other services not elsewhere identified		No				Exclude	Exclude	Exclude	Exclude	Exclude
725107612	COM Clinics/Programs - MH Counseling and Treatment			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
725107620	COM Clinics/Programs - MH Assertive Community Treatment Teams			Y:MH			Specialized	Assertive Comm Treatment		General	Undefined
725107630	COM Clinics/Programs - MH Community Clinic			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
725107640	COM Clinics/Programs - MH Vocational /Employment			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
725107641	COM Clinics/Programs - MH Clubhouses			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
725107645	COM Clinics/Programs - MH Concurrent Disorders			Y:MH			Specialized	Spec Comm Serv		Concurrent Disorders	Undefined
725107650	COM Clinics/Programs - MH Child/Adolescent			Y:MH			Specialized	Spec Comm Serv		Child & Adol	Undefined
725107651	COM Clinics/Programs - MH Early Intervention			Y:MH			Specialized	Spec Comm Serv		General	Undefined
725107655	COM Clinics/Programs - MH Forensic			Y:MH			Specialized	Spec Comm Serv		Forensic	Undefined
725107656	COM Clinics/Programs - MH Diversion and Court Support			Y:MH			First Line - ST&O	Diversion & Court Support		General	Undefined
725107660	COM Clinics/Programs - MH Abuse Services			Y:MH			Specialized	Spec Comm Serv		General	Undefined
725107670	COM Clinics/Programs - MH Eating Disorders			Y:MH			Specialized	Spec Comm Serv		Eating Disorders	Undefined
725107681	COM Clinics/Programs - MH Social Rehab./Recreation			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
725107695	COM Clinics/Programs - MH Dual Diagnosis			Y:MH			Specialized	Spec Comm Serv		Dual Diagnosis	Undefined
725107696	COM Clinics/Programs - MH Psycho-geriatric			Y:MH			Specialized	Spec Comm Serv		Geriatric	Undefined
725107699	COM Clinics/Programs - Other MH Services not elsewhere identified			Y:MH			Specialized	Spec Comm Serv		General	Undefined
725107811	COM Clinics/Programs - Addictions Treatment - Substance Abuse			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
725107812	COM Clinics/Programs - Addictions Treatment - Problem Gambling			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
725107820	COM Clinics/Programs - Addictions Withdrawal Mgmt.			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
725107830	COM Clinics/Programs - Initial Assessment and Treatment Planning			Y:Addict			Specialized	Spec Comm Serv		General	Undefined

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		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
7251576	COM Crisis Intervention - Mental Health			Y:MH			First Line - ST&O	ER/Crisis Serv		General	Undefined
7252030	COM Day/Night Combined	No					Exclude	Exclude	Exclude	Exclude	Exclude
7252076	COM Day/Night Care Mental Health			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
7252078	COM Day/Evening Addictions Treatment			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
7252081	COM Day Care - Rehab Combined				No		Exclude	Exclude	Exclude	Exclude	Exclude
72525	COM Other Funded Children's Services		No	Y:Non-spec			Specialized	Spec Comm Serv		Child & Adol	Undefined
725304011	COM In-Home Health Care - Nursing - Visiting	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
725304012	COM In-Home Health Care - Nursing - Shift	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304035	COM In-Home Health Care - Respiratory Services	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304040	COM In-Home Health Care - Medication Management	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304045	COM In-Home Health Care - Nutrition/Dietetic	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304050	COM In-Home Health Care - Physiotherapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304055	COM In-Home Health Care - Occupational Therapy	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
725304062	COM In-Home Health Care - Speech Lang. Path.	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
725304070	COM In-Home Health Care - Social Work	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
725304075	COM In-Home Health Care - Psychology	Y:MH			Y:MH		Other Supports	Unalloc Prof Supports		General	Psychology & Psychometry
725304211	COM Private/Home Schools - Nursing - Visiting	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304212	COM Private/Home Schools - Nursing - Shift	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304245	COM Private/Home Schools - Nutrition/Dietetic	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304250	COM Private/Home Schools - Physiotherapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304255	COM Private/Home Schools - Occupational Therapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304262	COM Private/Home Schools - Speech Lang. Path.	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304411	COM Publicly Funded Schools - Nursing - Visiting	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304412	COM Publicly Funded Schools - Nursing - Shift	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304445	COM Publicly Funded Schools - Nutrition/Dietetic	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304450	COM Publicly Funded Schools - Physiotherapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304455	COM Publicly Funded Schools - Occ. Therapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
725304462	COM Publicly Funded Schools - Speech Lang. Path.	No					Exclude	Exclude	Exclude	Exclude	Exclude
725307610	COM MH Home Care - Psychiatric Follow-Up			Y:MH			First Line - ST&O	ER/Crisis Serv		General	Undefined
725307681	COM MH Home Care - Psychiatric Rehab			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
725307695	COM MH Home Care - Longer Term			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
725307696	COM MH Home Care - Geriatric Psych. Assess.			Y:MH			Specialized	Spec Comm Serv		Geriatric	Undefined
725307810	COM Addictions Home Care - Addictions			Y:Addict			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
725307811	COM Addictions Home Care - Substance Abuse - Support Within Housing			Y:Addict			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
7253094	COM Palliative Home Care				No		Exclude	Exclude	Exclude	Exclude	Exclude
725354010	COM In-Home Support - Personal Support	No					Exclude	Exclude	Exclude	Exclude	Exclude
725354020	COM In-Home Support - Homemaking Services	No			No		Exclude	Exclude	Exclude	Exclude	Exclude

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
725354030	COM In-Home Support - Comb. PS and HM Services	No					Exclude	Exclude	Exclude	Exclude	Exclude
725354210	COM Private/Home School Support - Personal Services	No					Exclude	Exclude	Exclude	Exclude	Exclude
725354550	COM - Respite Service	No					Exclude	Exclude	Exclude	Exclude	Exclude
725407630	COM Res. Mental Health - Support within Housing			Y:MH			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
725407640	COM Res. Mental Health - Housing Bricks & Mortar			Y:MH	Y:MH		Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
725407650	COM Res. Mental Health - Rent Supplement Program			Y:MH			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
725407660	COM Res. Mental Health - Short Term Crisis Support Beds			Y:MH			First Line - ST&O	ER/Crisis Serv		General	Undefined
725407811	COM - Residential Addiction - Treatment Services - Substance Abuse			Y:Addict	Y:Addict		Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined
725407812	COM - Residential Addiction - Treatment Services - Problem Gambling			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined
725407830	COM - Residential Addiction - Supportive Treatment			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined
725407840	COM - Residential Addiction - Hosing Bricks & Mortor			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Housing	General	Undefined
725407845	COM - Residential Addiction - Withdrawal Management Centres			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined
725407850	COM - Residential Addiction - Substance Abuse - Rent Supplement Program			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Housing	General	Undefined
725409510	Residential Hospice - EOL - Nursing	No					Exclude	Exclude	Exclude	Exclude	Exclude
725409511	Residential Hospice - EOL - Nursing Visiting	No					Exclude	Exclude	Exclude	Exclude	Exclude
725409512	Residential Hospice - EOL - Nursing Shift	No					Exclude	Exclude	Exclude	Exclude	Exclude
725409530	Residential Hospice - EOL - Combined PS and HM Services	No					Exclude	Exclude	Exclude	Exclude	Exclude
725409544	Residential Hospice- EOL - Therapies Combined	No					Exclude	Exclude	Exclude	Exclude	Exclude
725409550	Residential Hospice – EOL- Physiotherapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
725409555	Residential Hospice- EOL - Occupational Therapy	No					Exclude	Exclude	Exclude	Exclude	Exclude
7255010	COM Health Prom/Educ - General	No		Y:Non-spec	No		First Line - P&CB	MH Promotion & Ed		General	Undefined
7255011	COM Health Prom/Educ - Formal Information and Referral Service				No		Exclude	Exclude	Exclude	Exclude	Exclude
7255012	COM Health Prom/Edu & Com Dev - Health Promotion & Community Development			Y:Non-spec	No		First Line - P&CB	MH Promotion & Ed		General	Undefined
7255014	COM Health Prom/Educ & Com Dev – Community Engagement and Capacity Building	No					Exclude	Exclude	Exclude	Exclude	Exclude
725503510	COM Health Prom/Educ & Com Dev - COM Chronic Disease Education, Awareness and P	No					Exclude	Exclude	Exclude	Exclude	Exclude
725507610	COM Health Prom. /Education MH - Awareness			Y:MH			First Line - P&CB	MH Promotion & Ed		General	Undefined
725507630	COM Health Promo. /Education MH - Women			Y:MH			First Line - P&CB	MH Promotion & Ed		General	Undefined
725507640	COM Health Promo. /Education MH - Community Development			Y:MH			First Line - P&CB	Community Development		General	Undefined

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725507810	COM Health Prom./Educ. Addictions - Drug Awareness			Y:Addict	Y:Addict		First Line - P&CB	MH Promotion & Ed		General	Undefined
725507820	COM Health Prom./Educ Addictions - Problem Gambling Awareness			Y:Addict			First Line - P&CB	MH Promotion & Ed		General	Undefined
725507840	COM Health Prom./Educ. Addictions - Community Development - Substance Abuse			Y:Addict			First Line - P&CB	MH Promotion & Ed		General	Undefined
72550940	COM Health Promotion/Education - Palliative Care	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
725509410	COM Health Prom. /Educ - Palliative Care Interdisciplinary				No		Exclude	Exclude	Exclude	Exclude	Exclude
725509490	COM Health Prom. /Educ - Palliative Care Physician				No		Exclude	Exclude	Exclude	Exclude	Exclude
725509491	COM Health Prom. /Educ - Palliative Care Pain and Symptom Management				No		Exclude	Exclude	Exclude	Exclude	Exclude
72550960	COM Health Promotion Education and Community Development - Geriatric	No					Exclude	Exclude	Exclude	Exclude	Exclude
725509610	COM Health Prom/Educ & Com Dev - General Geriatric				No		Exclude	Exclude	Exclude	Exclude	Exclude
725509676	COM Health Prom/Educ & Com Dev - Psycho-Geriatric			Y:MH	Y:MH		First Line - P&CB	MH Promotion & Ed		Geriatric	Undefined
725517611	COM Consumer Survivor Initiatives - Peer/Self Help			Y:MH			Supports	Consumer & Family Supports	Peer/Self Help	General	Undefined
725517612	COM Consumer Survivor Initiatives - Alternative Businesses			Y:MH			Supports	Consumer & Family Supports	Alternative Business	General	Undefined
725517620	COM Consumer Survivor Initiatives - Family Initiatives			Y:MH			Supports	Consumer & Family Supports	Family Initiatives	General	Undefined
7255410	COM Comm Disease Prev. and Control - General	No					Exclude	Exclude	Exclude	Exclude	Exclude
725581005	COM Prom. and Prev. - PH General		No	Y:Non-spec			First Line - P&CB	MH Promotion & Ed		General	Undefined
725581010	COM Prom. and Prev. - PH Infant Hearing Program		No				Exclude	Exclude	Exclude	Exclude	Exclude
725581060	COM Prom. and Prev. - PH Preschool Speech and Language		Y:MH				Specialized	Spec Comm Serv		Child & Adol	SLP
7257010	COM Information and Referral Service - General	No		Y:Non-spec			Entry	Information & Referral		General	Undefined
7257076	COM Information and Referral Service - Mental Health			Y:MH			Entry	Information & Referral		General	Undefined
725707811	COM Information and Referral Service - Provincial - Substance Abuse			Y:Addict			Entry	Information & Referral		General	Undefined
725707812	COM Information and Referral Service - Provincial - Problem Gambling			Y:Addict			Entry	Information & Referral		General	Undefined
72575	Provincial Health System Development			No			Exclude	Exclude	Exclude	Exclude	Exclude
7258205	CSS IH COM - Service Arrangement/Coordination			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7258209	CSS IH COM - Case Management				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258210	CSS IH COM - Meals Delivery				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258212	CSS IH COM - Social and Congregate Dining			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7258214	CSS IH COM - Transportation - Client				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258215	CSS IH COM - Crisis Intervention and Support				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258220	CSS IH COM - Day Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258231	CSS IH COM - Homemaking				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258232	CSS IH COM - Home Maintenance				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258233	CSS IH COM - Personal Support/Independence Training				No		Exclude	Exclude	Exclude	Exclude	Exclude

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		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
7258234	CCS IH COM - Respite				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258235	CSS IH COM - Comb. PS/HM/Respite Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258240	CSS IH COM - Overnight Stay Care	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
7258245	CSS IH COM - Assisted Living Services			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7258250	CSS IH COM - Caregiver Support	No			No		Exclude	Exclude	Exclude	Exclude	Exclude
7258255	CSS IH COM - Emergency Response Support Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258260	CSS IH COM - Visiting - Social and Safety				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258265	CSS IH COM - Visiting - Hospice Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258270	CSS IH COM - Foot Care Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258275	CSS IH COM - Vision Impaired Care Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258277	CSS IH COM - Deaf, Deafened and Hard of Hearing Care Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258280	CSS IH COM - Elderly Person Centre Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258320	CSS ABI - Day Services				Y:MH		Specialized	Spec Comm Serv		ABI	Undefined
7258330	CSS ABI - Vocational Training and Education Services				Y:MH		Intensive Level Serv	Psychosocial Rehab & Skills Dev		ABI	Undefined
7258333	CSS ABI - Personal Support/Independence Training				Y:MH		Intensive Level Serv	Psychosocial Rehab & Skills Dev		ABI	Undefined
7258345	CSS ABI - Assisted Living Services				Y:MH		Specialized	Spec Comm Serv		ABI	Undefined
7258410	CSS Com Sup Init - Support Service Training				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258420	CSS Com Sup Init - Self Managed Attendant Services				No		Exclude	Exclude	Exclude	Exclude	Exclude
7258430	CSS Com Sup Init - Personal Support Worker Training				No		Exclude	Exclude	Exclude	Exclude	Exclude
7274010	ORE D&T - General			Y:Non-spec			Other Supports	Staff Ed & Res	Research	General	Undefined
72750	ORE Research - Community and Social Service	No					Exclude	Exclude	Exclude	Exclude	Exclude
7277610	ORE Mental Health General	Y:MH		Y:MH			Other Supports	Staff Ed & Res	Research	General	Undefined
7277630	ORE Mental Health/Addictions Combined			Y:Both			Other Supports	Staff Ed & Res	Research	General	Undefined
7277810	ORE Addictions Substance Abuse			Y:Addict			Other Supports	Staff Ed & Res	Research	General	Undefined
72840	EDU - In-Service	No		Y:Non-spec			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7284050	EDU In-Service Community & Social Services	No					Exclude	Exclude	Exclude	Exclude	Exclude
72850	EDU Formal Education - Admin & Support Service			Y:Non-spec			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7287610	EDU Formal - Mental Health			Y:MH			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7287630	EDU Formal - Combined Mental Health/Addictions			Y:Both			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7287810	EDU Formal Education - Addictions - Substance Abuse			Y:Addict			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
72880	EDU Formal Education - Medical			Y:Non-spec			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
72910	NSF Non-Service Recipient Food Services			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7292031	MKS Patient Services	No		No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7292032	MKS Compensation (Union, other Legal Corp.)	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7292039	MKS Other Sales of Services	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7292059	MKS Other Sales of Goods		No				Exclude	Exclude	Exclude	Exclude	Exclude
7292081	MKS Building Rentals			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
7292083	MKS Residence			No			Exclude	Exclude	Exclude	Exclude	Exclude
7292099	MKS Other Rentals of Land or Buildings			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
72940	FR Fund Raising		No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
73110	AS Administrative Services		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
73115	AS Finance		No				Exclude	Exclude	Exclude	Exclude	Exclude
73120	AS Human Resources		No				Exclude	Exclude	Exclude	Exclude	Exclude
73125	AS Information Systems Support		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
73130	AS Communications		No				Exclude	Exclude	Exclude	Exclude	Exclude
73140	AS Volunteer Services			No			Exclude	Exclude	Exclude	Exclude	Exclude
73155	AS Plant Operation		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
73160	AS Plant Security			No			Exclude	Exclude	Exclude	Exclude	Exclude
73186	AS Non Service Recipient Transport			No			Exclude	Exclude	Exclude	Exclude	Exclude
73190	AS Health Records		No				Exclude	Exclude	Exclude	Exclude	Exclude
733507050	AC Clinic Pediatric - Growth and Development			Y:MH			Intensive Level Serv	Sched Amb Outpt Serv		Child & Adol	Undefined
73444	TH Combined Therapeutics		No				Exclude	Exclude	Exclude	Exclude	Exclude
73445	TH Clinical Nutrition		No				Exclude	Exclude	Exclude	Exclude	Exclude
73449	TH Rehabilitation Services Clinical Management		No				Exclude	Exclude	Exclude	Exclude	Exclude
73450	TH Physiotherapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
73455	TH Occupational Therapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
7346020	TH Speech/Language Pathology		Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	SLP
7346040	TH Audiology		No				Exclude	Exclude	Exclude	Exclude	Exclude
73470	TH Social Work		No				Exclude	Exclude	Exclude	Exclude	Exclude
73475	TH Psychology and Psychometry		Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	Psychology & Psychometry
73485	TH Therapeutic Recreation		No				Exclude	Exclude	Exclude	Exclude	Exclude
73505	COM Clinical Management			No			Exclude	Exclude	Exclude	Exclude	Exclude
7350710	COM Medical Resources - Psychiatrists			Y:Non-spec			Other Supports	Unalloc Prof Supports		General	Psychiatry
7350720	COM Medical Resources - Other Medical Staff		No				Exclude	Exclude	Exclude	Exclude	Exclude
7350930	COM Case Management - Combined			Y:Non-spec			Intensive Level Serv	Case Management		General	Case Managers
735097002	COM Case Management - CTC - Service Coordination/Case Management		No				Exclude	Exclude	Exclude	Exclude	Exclude
735097004	COM Case Management - CTC - Service Navigation		No				Exclude	Exclude	Exclude	Exclude	Exclude
7350976	COM Case Management Mental Health			Y:MH			Intensive Level Serv	Case Management		General	Case Managers
7350978	COM Case Management Addictions - Combined			Y:Addict			Intensive Level Serv	Case Management		General	Case Managers
735097811	COM Case Management Addictions - Substance Abuse			Y:Addict			Intensive Level Serv	Case Management		General	Case Managers
7351015	COM Clinics/Programs - Nursing Clinic		No				Exclude	Exclude	Exclude	Exclude	Exclude
7351020	COM Clinics/Programs - General Clinic			Y:Non-spec			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
735107002	COM Clinics/Programs - CTC - Child Behaviour Intervention		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735107004	COM Clinics/Programs - CTC - SSAH Phase II - Children		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735107006	COM Clinics/Programs - CTC - CFI Operating Non Residential		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735107008	COM Clinics/Programs - CTC - Infant Development		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735107010	COM Clinics/Programs - CTC - Children Other		No				Exclude	Exclude	Exclude	Exclude	Exclude
735107014	COM Clinics/Programs - CTC - Respite - In-Home		No				Exclude	Exclude	Exclude	Exclude	Exclude

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735107015	COM Clinics/Programs - CTC - Respite Supports - Out of Home Support		No				Exclude	Exclude	Exclude	Exclude	Exclude
735107018	COM Clinics/Programs - CTC - Assessment & Counseling		No				Exclude	Exclude	Exclude	Exclude	Exclude
735107020	COM Clinics/Programs - CTC SSAH Phase II - Adults			Y:MH			Specialized	Spec Comm Serv		General	Undefined
735107030	COM Clinics/Programs - CTC - ISNC - MCSS/MCYS/Education		No				Exclude	Exclude	Exclude	Exclude	Exclude
735107035	COM Clinics/Programs - CTC - Special Needs Resourcing - First Nations		No				Exclude	Exclude	Exclude	Exclude	Exclude
735107060	COM Clinics/Programs - CTC - Children Speech & Language		Y:MH				Specialized	Spec Comm Serv		Child & Adol	SLP
735107099	COM Clinics/Programs - CTC Other services not elsewhere identified		No				Exclude	Exclude	Exclude	Exclude	Exclude
735107612	COM Clinics/Programs - MH Counseling and Treatment			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
735107620	COM Clinics/Programs - MH Assertive Community Treatment Teams			Y:MH			Specialized	Assertive Comm Treatment		General	Undefined
735107630	COM Clinics/Programs - MH Community Clinic			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
735107640	COM Clinics/Programs - MH Vocational /Employment			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
735107641	COM Clinics/Programs - MH Clubhouses			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
735107645	COM Clinics/Programs - MH Concurrent Disorders			Y:MH			Specialized	Spec Comm Serv		Concurrent Disorders	Undefined
735107650	COM Clinics/Programs - MH Child/Adolescent			Y:MH			Specialized	Spec Comm Serv		Child & Adol	Undefined
735107651	COM Clinics/Programs - MH Early Intervention			Y:MH			Specialized	Spec Comm Serv		General	Undefined
735107656	COM Clinics/Programs - MH Diversion and Court Support			Y:MH			First Line - ST&O	Diversion & Court Support		General	Undefined
735107660	COM Clinics/Programs - MH Abuse Services			Y:MH			Specialized	Spec Comm Serv		General	Undefined
735107681	COM Clinics/Programs - MH Social Rehab./Recreation			Y:MH			Intensive Level Serv	Psychosocial Rehab & Skills Dev		General	Undefined
735107695	COM Clinics/Programs - MH Dual Diagnosis			Y:MH			Specialized	Spec Comm Serv		Dual Diagnosis	Undefined
735107696	COM Clinics/Programs - MH Psycho-geriatric			Y:MH			Specialized	Spec Comm Serv		Geriatric	Undefined
735107699	COM Clinics/Programs - Other MH Services not elsewhere identified			Y:MH			Specialized	Spec Comm Serv		General	Undefined
735107811	COM Clinics/Programs - Addictions Treatment - Substance Abuse			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
735107812	COM Clinics/Programs - Addictions Treatment - Problem Gambling			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
735107820	COM Clinics/Programs - Addictions Withdrawal Mgmt.			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
735107830	COM Clinics/Programs - Initial Assessment and Treatment Planning			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
7351576	COM Crisis Intervention - Mental Health			Y:MH			First Line - ST&O	ER/Crisis Serv		General	Undefined

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
73520700	COM D/N Care - Children Treatment Centre			No			Exclude	Exclude	Exclude	Exclude	Exclude
735207002	COM D/N Care - CTC - Autism - Intervention Program		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735207003	COM D/N Care - CTC - Autism - Transition Support		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735207004	COM D/N Care - CTC - School Support Program		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735207005	COM D/N Care - CTC - Court Ordered Funding		Y:Non-spec				Specialized	Spec Comm Serv		Child & Adol	Undefined
735207006	COM C/N Care - CTC - Other ASD Support		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735207007	COM D/N Care - CTC - ASD (Autism Spectrum Disorder) Respite Services		Y:MH				Specialized	Spec Comm Serv		Child & Adol	Undefined
735207010	COM D/N Care - CTC - Out of Home		No				Exclude	Exclude	Exclude	Exclude	Exclude
735207099	COM D/N Care - CTC - Other services not elsewhere identified		No				Exclude	Exclude	Exclude	Exclude	Exclude
7352076	COM Day/Night Care Mental Health			Y:MH			First Line - ST&O	Outreach, Counselling & Treatment		General	Undefined
7352078	COM Day/Evening Addictions Treatment			Y:Addict			Specialized	Spec Comm Serv		General	Undefined
7352081	COM D/N Care - Rehabilitation			No			Exclude	Exclude	Exclude	Exclude	Exclude
73525	COM Other Funded Children's Services		No				Exclude	Exclude	Exclude	Exclude	Exclude
7353005	COM In-Home Care Clinical Management		No				Exclude	Exclude	Exclude	Exclude	Exclude
735304011	COM In-Home Health Care - Nursing - Visiting		No				Exclude	Exclude	Exclude	Exclude	Exclude
735304045	COM In-Home Health Care - Nutrition/Dietetic	No					Exclude	Exclude	Exclude	Exclude	Exclude
735304050	COM In-Home Health Care - Physiotherapy	No	No				Exclude	Exclude	Exclude	Exclude	Exclude
735304055	COM In-Home Health Care - Occupational Therapy	No	No				Exclude	Exclude	Exclude	Exclude	Exclude
735304062	COM In-Home Health Care - Speech Lang. Path.	No	Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	SLP
735304070	COM In-Home Health Care - Social Work	No	No				Exclude	Exclude	Exclude	Exclude	Exclude
735304250	COM Private/Home Schools - Physiotherapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
735304255	COM Private/Home Schools - Occupational Therapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
735304262	COM Private/Home Schools - Speech Lang. Path.		Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	SLP
735304450	COM Publicly Funded Schools - Physiotherapy		No				Exclude	Exclude	Exclude	Exclude	Exclude
735304455	COM Publicly Funded Schools - Occ. Therapy	No	No				Exclude	Exclude	Exclude	Exclude	Exclude
735304462	COM Publicly Funded Schools - Speech Lang. Path.		Y:MH				Other Supports	Unalloc Prof Supports		Child & Adol	SLP
735307811	COM Addictions Home Care - Substance Abuse - Support Within Housing			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Housing	General	Undefined
735407610	COM Res. Mental Health - Homes for Special Care			Y:MH			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
735407630	COM Res. Mental Health - Support within Housing			Y:MH			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
735407640	COM Res. Mental Health - Housing Bricks & Mortar			Y:MH			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
735407650	COM Res. Mental Health - Rent Supplement Program			Y:MH			Intensive Level Serv	Dedicated Housing: SMI<C	Housing	General	Undefined
735407660	COM Res. Mental Health - Short Term Crisis Support Beds			Y:MH			First Line - ST&O	ER/Crisis Serv		General	Undefined
735407811	COM - Residential Addiction - Treatment Services - Substance Abuse			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
735407830	COM - Residential Addiction - Supportive Treatment			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined
735407840	COM - Residential Addiction - Hosing Bricks & Mortor			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Housing	General	Undefined
735407845	COM - Residential Addiction - Withdrawal Management Centres			Y:Addict			Specialized	Spec Inpat Serv & Res Rehab Treatment	Residential Treatment	General	Undefined
7355010	COM Health Prom/Educ - General	No	No	Y:Non-spec			First Line - P&CB	MH Promotion & Ed		General	Undefined
735507610	COM Health Prom. /Education MH - Awareness			Y:MH			First Line - P&CB	MH Promotion & Ed		General	Undefined
735507630	COM Health Promo. /Education MH - Women			Y:MH			First Line - P&CB	MH Promotion & Ed		General	Undefined
735507640	COM Health Promo. /Education MH - Community Development			Y:MH			First Line - P&CB	Community Development		General	Undefined
735507810	COM Health Prom./Educ. Addictions - Drug Awareness			Y:Addict			First Line - P&CB	MH Promotion & Ed		General	Undefined
735507840	COM Health Prom./Educ. Addictions - Community Development - Substance Abuse			Y:Addict			First Line - P&CB	Community Development		General	Undefined
735509610	COM Health Promotion Education - General Geriatric			Y:Non-spec			First Line - P&CB	MH Promotion & Ed		Geriatric	Undefined
735517611	COM Consumer Survivor Initiatives - Peer/Self Help			Y:MH			Supports	Consumer & Family Supports	Peer/Self Help	General	Undefined
735517612	COM Consumer Survivor Initiatives - Alternative Businesses			Y:MH			Supports	Consumer & Family Supports	Alternative Business	General	Undefined
735517620	COM Consumer Survivor Initiatives - Family Initiatives			Y:MH			Supports	Consumer & Family Supports	Family Initiatives	General	Undefined
73558	COM Health Prom./ Disease Prev./Control Combined	No					Exclude	Exclude	Exclude	Exclude	Exclude
735581005	COM Prom. and Prev. - PH General		No				Exclude	Exclude	Exclude	Exclude	Exclude
735581010	COM - Prom. And Prev. PH Infant Hearing Progarm		No				Exclude	Exclude	Exclude	Exclude	Exclude
735581015	COM - Prom. And Prev. - Blind Low Vision		No				Exclude	Exclude	Exclude	Exclude	Exclude
735581060	COM Prom. and Prev. - PH Preschool Speech and Language		Y:MH				Specialized	Spec Comm Serv		Child & Adol	SLP
73560	COM Environmental Health			No			Exclude	Exclude	Exclude	Exclude	Exclude
7357010	COM Information and Referral Service - General			Y:Non-spec			Entry	Information & Referral		General	Undefined
7357076	COM Information and Referral Service - Mental Health			Y:MH			Entry	Information & Referral		General	Undefined
73575	Provincial Health System Development			No			Exclude	Exclude	Exclude	Exclude	Exclude
7358209	CSS IH COM - Case Management			No			Exclude	Exclude	Exclude	Exclude	Exclude
7358215	CSS IH COM - Crisis Intervention and Support			No			Exclude	Exclude	Exclude	Exclude	Exclude
7358233	CSS In-Home and Community Services (CSS IH COM)			No			Exclude	Exclude	Exclude	Exclude	Exclude
7358245	CSS IH COM - Assisted Living Services			No			Exclude	Exclude	Exclude	Exclude	Exclude
7358420	CSS Com Sup Init - Self Managed Attendant Services			No			Exclude	Exclude	Exclude	Exclude	Exclude
7374010	RE D&T - General			Y:Non-spec			Other Supports	Staff Ed & Res	Research	General	Undefined
73750	RE Research - Community and Social Service		No				Exclude	Exclude	Exclude	Exclude	Exclude
73766	RE Oncology			Y:Non-spec			Other Supports	Staff Ed & Res	Research	General	Undefined
7377610	RE Mental Health General			Y:MH			Other Supports	Staff Ed & Res	Research	General	Undefined
7377630	RE Mental Health/Addictions Combined			Y:Both			Other Supports	Staff Ed & Res	Research	General	Undefined
7377810	RE Addictions Substance Abuse			Y:Addict			Other Supports	Staff Ed & Res	Research	General	Undefined
7377820	RE Addictions Problem Gambling			Y:Addict			Other Supports	Staff Ed & Res	Research	General	Undefined

Functional Centre ID	Functional Centre Name	MH&A Functional Centre? (If yes, designate whether Mental Health or Addictions)					Continuum of Care - The Royal NCA Mapping			Specialty Type	FTE Categorization
		CCAC	CTC	CMH&A	CSS	Hospital	Level 1	Level 2	Level 3		
73840	EDU - In-Service		No				Exclude	Exclude	Exclude	Exclude	Exclude
73860	EDU Formal Education - Nursing			Y:Non-spec			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7387610	EDU Formal - Mental Health			Y:MH			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7387630	EDU Formal - Combined Mental Health/Addictions			Y:Both			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
7387810	EDU Formal Education - Addictions - Substance Abuse			Y:Addict			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
73880	EDU Formal Education - Medical			Y:Non-spec			Other Supports	Staff Ed & Res	Staff Ed	General	Undefined
73910	NSF Non-Service Recipient Food Services			No			Exclude	Exclude	Exclude	Exclude	Exclude
7392031	MKS Patient Services		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
7392032	MKS Compensation (Union, other Legal Corp.)			No			Exclude	Exclude	Exclude	Exclude	Exclude
7392039	MKS Other Sales of Services		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
7392059	MKS Other Sales of Goods		No				Exclude	Exclude	Exclude	Exclude	Exclude
7392081	MKS Building Rentals			No			Exclude	Exclude	Exclude	Exclude	Exclude
7392083	MKS Residence			No			Exclude	Exclude	Exclude	Exclude	Exclude
73940	FR Fund Raising		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
7395010	SB Scholarships/Bursaries - General			No			Exclude	Exclude	Exclude	Exclude	Exclude
7399505	Community Services Funded by Other Sources			No			Exclude	Exclude	Exclude	Exclude	Exclude
81955	UD Interest on Long Term Liabilities - Undistributed			No			Exclude	Exclude	Exclude	Exclude	Exclude
82911	UD Operating Grants from Ministry/LHIN				No		Exclude	Exclude	Exclude	Exclude	Exclude
8292576	UD Differential Mental Health Doubtful Accounts			No			Exclude	Exclude	Exclude	Exclude	Exclude
82930	UD Provision for OP/Client Accounts (Bad Debts)			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82935	UD Provision for Ambulance Accounts (Bad Debts)			No			Exclude	Exclude	Exclude	Exclude	Exclude
82940	UD Provision for Other Doubtful Accounts (Bad Debts)	No		No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82945	UD Other Undistributed Revenues	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82950	UD Amortization - Undistributed	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
8295065	UD Leasehold Improvements Amortization				No		Exclude	Exclude	Exclude	Exclude	Exclude
82951	UD Net Gain or Loss on Disposal		No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82955	UD Interest on Long Term Liabilities - Undistributed			No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82960	UD Municipal Taxes		No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82965	UD Employee Future Benefits Expense	No		No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82990	UD Other Undistributed Expenses	No	No	No	No		Exclude	Exclude	Exclude	Exclude	Exclude
82995	UD Employee Benefits Debit Clearing Account				No		Exclude	Exclude	Exclude	Exclude	Exclude
82996	UD Employee Benefits Credit Clearing Account				No		Exclude	Exclude	Exclude	Exclude	Exclude
83911	UD Operating Grants from Ministry		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
83930	UD Provision for OP/Client Accounts (Bad Debts)			No			Exclude	Exclude	Exclude	Exclude	Exclude
83940	UD Provision for Other Doubtful Accounts (Bad Debts)			No			Exclude	Exclude	Exclude	Exclude	Exclude
83945	UD Other Undistributed Revenues			No			Exclude	Exclude	Exclude	Exclude	Exclude
83950	UD Amortization - Undistributed		No	No			Exclude	Exclude	Exclude	Exclude	Exclude
83951	UD Net Gain or Loss on Disposal			No			Exclude	Exclude	Exclude	Exclude	Exclude
83955	UD Interest on Long Term Liabilities - Undistributed			No			Exclude	Exclude	Exclude	Exclude	Exclude
83960	UD Municipal Taxes			No			Exclude	Exclude	Exclude	Exclude	Exclude
83990	UD Other Undistributed Expenses	No	No	No			Exclude	Exclude	Exclude	Exclude	Exclude

Appendix D – OHIP Fee Schedule Codes Used in Physician Visit Analysis

Physician Specialty	Fee Schedule Code
GENERAL AND FAMILY PRACTICE	(A193) SPECIFIC ASSESS.-PSYCHIATRY
PSYCHIATRY	(A193) SPECIFIC ASSESS.-PSYCHIATRY
GENERAL AND FAMILY PRACTICE	(A194) PARTIAL-ASSESS. -PSYCHIATRY
PSYCHIATRY	(A194) PARTIAL-ASSESS. -PSYCHIATRY
NEUROLOGY	(A195) CONSULT.-PSYCHIATRY
PSYCHIATRY	(A195) CONSULT.-PSYCHIATRY
PSYCHIATRY	(A196) RE-CONSULT.-PSYCHIATRY
PSYCHIATRY	(A197) CONSULT-INTERVIEW WITH PARENTS-PSYCHIATRY
PSYCHIATRY	(A198) CONSULT-INTERVIEW WITH CHILD-PSYCHIATRY
PSYCHIATRY	(A395) LIMITED CONSULT.-PSYCHIATRY
PAEDIATRICS	(A667) NEURODEVELOPMENTAL CONSULTATION - OFFICE
PSYCHIATRY	(A795) GERIATRIC PSYCHIATRY CONSULTATION
PSYCHIATRY	(A895) EMERGENCY IN-PATIENT PSYCHIATRIC CONSULTATION
GENERAL AND FAMILY PRACTICE	(A957) FOCUSED PRACTICE ASSESSMENT - ADDICTION MEDICINE
PSYCHIATRY	(C122) MOST RESPONSIBLE PHYSICIAN
PSYCHIATRY	(C123) MOST RESPONSIBLE PHYSICIAN
PSYCHIATRY	(C124) MOST RESPONSIBLE PHYSICIAN - DAY OF DISCHARGE
PSYCHIATRY	(C192) SUBSEQ.VISITS-UP TO FIVE WKS.-PSYCH.-HOSPITAL
PSYCHIATRY	(C193) SPECIFIC ASSESSMENT-PSYCHIATRY-HOSPITAL
PSYCHIATRY	(C194) SPECIFIC RE-ASSESSMENT-PSYCHIATRY-HOSPITAL
PSYCHIATRY	(C196) REPEAT CONSULTATION-PSYCHIATRY-HOSPITAL
PSYCHIATRY	(C197) SUBSEQ. VISITS-6TH TO 13TH WK. INCL.-PSYCH.-HOSPITAL
PSYCHIATRY	(C198) CONCURRENT CARE-PSYCHIATRY-HOSPITAL
PSYCHIATRY	(C199) SUBSEQUENT VISITS-AFTER 13TH WEEK-PSYCHIATRY-HOSPITAL
PSYCHIATRY	(C395) LIMITED CONSULTATION-PSYCHIATRY-HOSPITAL
PAEDIATRICS	(C667) NEURODEVELOPMENTAL CONSULTATION - IN-PATIENT
PSYCHIATRY	(C795) GERIATRIC PSYCHIATRY CONSULTATION
PSYCHIATRY	(C895) CONSULTATION
ANY SPECIALTY	(G478) ELECTROCONVULSIVE THERAPY - IN-PATIENT
ANY SPECIALTY	(G479) ELECTROCONVULSIVE THERAPY - OUT-PATIENT
ANY SPECIALTY	(J689) LEVEL 1 SPLIT J890/J690 & J889/J689 LEV 1 CPAP TITRATION
ANY SPECIALTY	(J690) LEVEL 1 OVERNIGHT SLEEP STUDY
ANY SPECIALTY	(J889) LEVEL 1 SPLIT J890/J690 & J889/J689 LEV 1 CPAP TITRATION
ANY SPECIALTY	(J890) LEVEL 1 OVERNIGHT SLEEP STUDY
ANY SPECIALTY	(J893) MULTIPLE SLEEP LATENCY TEST
ANY SPECIALTY	(J894) SLEEP STUDIES
ANY SPECIALTY	(K004) FAMILY PSYCHOTHERAPY-2/MORE MEMBERS-PER 1/2HR.
ANY SPECIALTY	(K005) PRIMARY MENTAL HEALTH CARE - INDIVIDUAL CARE PER 1/2 HR
ANY SPECIALTY	(K006) HYPNOTHERAPY-G.P.-IND. PER 1/2 HOUR
ANY SPECIALTY	(K007) IND. PSYCHOTHERAPY PER HALF HOUR - GP
ANY SPECIALTY	(K008) DIAG.INTERVIEW W/CHILD &/OR PARENT FOR PSYCHOLOGICAL PROBLEM OR LEARNING DISABILITIES-PER 1/2HR.
ANY SPECIALTY	(K010) PSYCHOTHERAPY-GROUP-PER MEMBER PER1/2HR 7TH TO 9TH HR
ANY SPECIALTY	(K012) GROUP PSYCHOTHERAPY-FOUR PEOPLE PER 1/2 HR PER MEMBER
PSYCHIATRY	(K015) COUNSELLING-RELATIVE ON BEHALF OF PT.SEE PARA.B20 (C)
ANY SPECIALTY	(K019) GP/FP – PSYCHOTHERAPY - K019 - 2 PEOPLE

Physician Specialty	Fee Schedule Code
ANY SPECIALTY	(K020) GP/FP – PSYCHOTHERAPY - K020 3 PEOPLE
ANY SPECIALTY	(K024) GENERAL/FAMILY PRACT.-GR.PSYCHOTHERAPY-5 PEOPLE
ANY SPECIALTY	(K025) GENERAL/FAMILY PRACT.-GR.PSYCHOTHERAPY-6 TO 12 PEOPLE
PSYCHIATRY	(K040) GROUP COUNSEL - 2 +PTS WITH NO K013/K040X3
PSYCHIATRY	(K041) GROUP COUNSEL - 2 +PTS. WITH NO K013/K040X3
PSYCHIATRY	(K050) MCFCS-FORMS HEALTH STATUS REPORT AND DAILY LIVING INDEX
PSYCHIATRY	(K051) MCFCS-FORM-HEALTH STATUS REPORT
PSYCHIATRY	(K052) MCFCS-FORM-ACTIVITIES OF DAILY LIVING INDEX
PSYCHIATRY	(K053) MCSS ONT WORK PROG MEDICAL REPORT FORM
PSYCHIATRY	(K054) MCFCS-FORM-MANDATORY SPECIAL NECESSITIES BENEFIT
PSYCHIATRY	(K055) MCFCS-FORM-SPECIAL DIET APPLICATION
PAEDIATRICS	(K122) PEDIATRIC PSYCHOTHERAPY INDIVIDUAL, PER UNIT
PAEDIATRICS	(K123) PEDIATRIC PSYCHOTHERAPY FAMILY, PER UNIT
PSYCHIATRY	(K190) IND. PSYCHOTHERAPY-IN-PATIENT-PER 1/2 HR.-PSYCH.
PSYCHIATRY	(K191) FAM PSYCH CARE, IN-PT PER = HR OR MAJOR PART THEREOF
PSYCHIATRY	(K192) HYPNOTHERAPY-INDIVIDUAL-PER 1/2 HR OR MAJ.PART-PSYCHIATRY.
PSYCHIATRY	(K193) FAMILY THERAPY-2/MORE MEMBERS-IN-PATIENT-PER 1/2 HR.-PSYCH.
PSYCHIATRY	(K194) HYPNOTHERAPY-GROUP(UP TO 8 PEOPLE)PER 1/2 HR PSYCH-PER MEMB.
PSYCHIATRY	(K195) FAMILY THERAPY-2 OR MORE FAMILY MEMBERS-OUT PER 1/2 HR.PSYCH
PSYCHIATRY	(K196) FAM PSYCH CARE, OUT-PT, PER 1/2 HR OR MAJ PART THEREOF
ANY SPECIALTY	(K197) PSYCHOTHERAPY-INDIVIDUAL-OUT-PER 1/2 HR PSYCHIATRY
ANY SPECIALTY	(K198) PSYCHIATRY-PSYCHIATRIC CARE 1/2 HR OR PART
PSYCHIATRY	(K198) PSYCHIATRY-PSYCHIATRIC CARE 1/2 HR OR PART
PSYCHIATRY	(K199) PSYCH CARE, IN-PT,PER 1/2 HR OR MAJ PART THEREOF
PSYCHIATRY	(K200) GROUP PSYCHOTH-IN-PATIENT-4 MEMBERS TO 6 HRS.
PSYCHIATRY	(K201) GROUP PSYCHOTH-IN-PATIENT-5 MEMBERS TO 6 HRS.
PSYCHIATRY	(K202) GROUP PSYCHOTH-IN-PATIENT-6-12 MEMBERS TO 6HRS.
PSYCHIATRY	(K203) GROUP PSYCHOTH-OUT-PATIENT-4 MEMBERS TO 6 HRS.
PSYCHIATRY	(K204) GROUP PSYCHOTH-OUT-PATIENT-5 MEMBERS TO 6 HRS.
PSYCHIATRY	(K205) GROUP PSYCHOTH-OUT-PATIENT-6-12 MEMBERS TO 6 HRS.
PSYCHIATRY	(K206) PSYCHOTHERAPY-GROUP-OUTPAT.PER MEMBER PER1/2HR.7TH HR TO9TH
PSYCHIATRY	(K208) PSYCHIATRY - OUT-PATIENT K208 - 2 PEOPLE
PSYCHIATRY	(K209) PSYCHIATRY - OUT-PATIENT K209 - 3 - PEOPLE
PSYCHIATRY	(K211) PSYCHIATRY IN-PATIENT - 3 PEOPLE
PSYCHIATRY	(K620) CONSULTATION FOR INVOLUNTARY PSYCHIATRIC TREATMENT.
ANY SPECIALTY	(K623) CERT.MENTAL.ILL.APPL.PSYCH.ASSESS.HISTORY EXAM.FORM 1
ANY SPECIALTY	(K624) CERT.MENTAL ILL.INVOL.ADM.INC.HISTORY EXAM COMP.FORM 3
ANY SPECIALTY	(K629) RE-CERT.-MENTAL ILLNESS,OTHER THAN K623/K624
ANY SPECIALTY	(K887) COMMUNITY TREATMENT ORDERS - INITIATION
PSYCHIATRY	(K888) COMMUNITY TREATMENT ORDERS - SUPERVISION
PSYCHIATRY	(K889) COMMUNITY TREATMENT ORDERS - RENEWAL
ANY SPECIALTY	(N110) NERV.SYST-BRAIN-LOBECTOMY+/OR EXC CORTICAL SCAR FOR EPILEPSY
PSYCHIATRY	(W196) RE-CON.PSYCH.LTICCHR/CONV.HSP+ORNRS.HOME/AGEEXTCARELEG.COV'D
PSYCHIATRY	(W795) GERIATRIC PSYCHIATRY CONSULTATION
PSYCHIATRY	(W895) CONSULTAION

Appendix E – Diagnosis Codes Used in Emergency Department Activity Analysis

ISH = Intentional Self Harm; MH = Mental Health; SU = Substance Use			
ICD-10-CA Code	Description	Group	Diagnostic Block
X62	INTENT SELFPOISON NARC PSYCHDYSLPT NEC	ISH	
X84	INTENTIONAL SELFHARM BY UNSPEC MEANS	ISH	
X61	INTENT SELFPOISON ANTIEP SED-HYP PSYTRP	ISH	
X63	INTENT SELFPOISON OTH AUT NRV SYS DR	ISH	
X64	INTENT SELFPOISON OTH ?NOS DR BIOL SUB	ISH	
X65	INTENTIONAL SELFPOISONING ALCOHOL	ISH	
X66	INTENTIONAL SELFPOISON ORG SOLV & HAL HYDROCARB & VAP	ISH	
X67	INTENT SELFPOISON OTH GASES & VAPOURS	ISH	
X68	INTENTIONAL SELFPOISON PESTICIDES	ISH	
X69	INTENT SELFPOISON OTH/NOS CHEM NOX SUB	ISH	
X70	INTENT SELFHARM HANGING STRANGLTN SUFFN	ISH	
X71	INTENTIONAL SELFHARM BY DROWNING	ISH	
X80	INTENT SELFHARM JUMP FROM A HIGH PLACE	ISH	
X72	INTENTIONAL SELFHARM BY HANDGUN DISCH	ISH	
X83	INTENTIONAL SELFHARM BY OTH SPEC MEANS	ISH	
X60	INTENT SELF POISN ANLGSC ANTIPYR ANTIRHM	ISH	
X81	INTENTIONAL SELFHARM BY JUMP/LYING BEFORE MOV OBJ	ISH	
X82	INTENTIONAL SELFHARM BY CRASHING OF MV	ISH	
X79	INTENTIONAL SELFHARM BY BLUNT OBJECT	ISH	
X78	INTENTIONAL SELFHARM BY SHARP OBJECT	ISH	
X77	INTENT SELFHARM STEAM VAPOUR HOT OBJ	ISH	
X76	INTENT SELFHARM BY SMOKE FIRE & FLAMES	ISH	
X75	INTENTIONAL SELFHARM BY EXPL MATERIAL	ISH	
X74	INTENTIONAL SELFHARM BY OTHER & UNSPEC FIREARM DISCH	ISH	
X73	INTENTIONAL SELFHARM BY RIFLE SHOTGUN & LARGER FIREARM DISCH	ISH	
G308	OTHER ALZHEIMER'S DISEASE	MH	Alzheimer's disease
G301	ALZHEIMER'S DISEASE WITH LATE ONSET	MH	Alzheimer's disease
G300	ALZHEIMER'S DISEASE WITH EARLY ONSET	MH	Alzheimer's disease
G309	ALZHEIMER'S DISEASE UNSPECIFIED	MH	Alzheimer's disease
F958	OTHER TIC DISORDERS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F952	CMB VOCAL & MULTIPLE MOTOR TIC DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F900	DISTURBANCE OF ACTIVITY AND ATTENTION	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F959	TIC DISORDER UNSPECIFIED	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F950	TRANSIENT TIC DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F985	STUTTERING [STAMMERING]	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F949	CHILDHOOD DISRD SOCIAL FUNCTIONING NOS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F951	CHRONIC MOTOR OR VOCAL TIC DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F980	NONORGANIC ENURESIS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F981	NONORGANIC ENCOPRESIS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence

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ICD-10-CA Code	Description	Group	Diagnostic Block
F989	BEH & EMOT DISRD CHILD & ADOL ONSET NOS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F986	CLUTTERING	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F984	STEREOTYPED MOVEMENT DISORDERS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F983	PICA OF INFANCY AND CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F948	OTHER CHILDHOOD DISRD SOCIAL FUNCTIONING	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F918	OTHER CONDUCT DISORDERS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F988	OTH SPEC BEH EMOT DISRD CHILD ADOL ONSET	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F928	OTHER MIXED DISORDER CONDUCT & EMOTIONS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F901	HYPERKINETIC CONDUCT DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F908	OTHER HYPERKINETIC DISORDERS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F909	HYPERKINETIC DISORDER UNSPECIFIED	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F910	CONDUCT DISORDER IN FAMILY CONTEXT	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F911	UNSOCIALIZED CONDUCT DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F912	SOCIALIZED CONDUCT DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F913	OPPOSITIONAL DEFIANT DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F920	DEPRESSIVE CONDUCT DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F982	FEEDING DISORDER INFANCY & CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F942	DISINHIBITED ATTACHMENT DISRD CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F929	MIXED DISORDER CONDUCT & EMOTIONS NOS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F930	SEPARATION ANXIETY DISORDER OF CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F931	PHOBIC ANXIETY DISORDER OF CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F932	SOCIAL ANXIETY DISORDER OF CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F933	SIBLING RIVALRY DISORDER	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F938	OTHER CHILDHOOD EMOTIONAL DISORDERS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F939	CHILDHOOD EMOTIONAL DISORDER NOS	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F940	ELECTIVE MUTISM	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F941	REACTIVE ATTACHMENT DISORDER CHILDHOOD	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F919	CONDUCT DISORDER UNSPECIFIED	MH	Behavioural & emotional disorders with onset usually occurring in childhood & adolescence
F528	OTH SEXUAL DYSF NOT DT ORGNC DISRD/DIS	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F508	OTHER EATING DISORDERS	MH	Behavioural syndromes associated with physiological disturbances &

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ICD-10-CA Code	Description	Group	Diagnostic Block
			physical factors
F515	NIGHTMARES	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F514	SLEEP TERRORS [NIGHT TERRORS]	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F513	SLEEPWALKING [SOMNAMBULISM]	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F512	NONORGANIC DISORDER SLEEP-WAKE SCHEDULE	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F511	NONORGANIC HYPERSOMNIA	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F530	MILD MENT/BEH DISRD ASS W PUERPERIUM NEC	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F509	EATING DISORDER UNSPECIFIED	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F520	LACK OR LOSS OF SEXUAL DESIRE	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F505	VOMITING ASSOC W OTH PSYCHOL DISTURBANCE	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F504	OVEREATING ASSOC W OTH PSYCHOL DISTURB	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F503	ATYPICAL BULIMIA NERVOSA	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F502	BULIMIA NERVOSA	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F501	ATYPICAL ANOREXIA NERVOSA	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F500	ANOREXIA NERVOSA	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F510	NONORGANIC INSOMNIA	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F526	NONORGANIC DYSpareunia	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F55	HARMFUL USE NON-DEPENDENCE SUBSTANCES	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F54	PSYCHOL/BEH FACTORS ASS W DISRD DIS CL/E	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F539	PUERPERAL MENTAL DISORDER UNSPECIFIED	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F538	OTH MENT/BEH DISRD ASS W PUERPERIUM NEC	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F531	SEV MENT/BEH DISRD ASS W PUERPERIUM NEC	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F529	SEXUAL DYSF NOT DT ORGANIC DISRD/DIS NOS	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F518	OTHER NONORGANIC SLEEP DISORDERS	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F527	EXCESSIVE SEXUAL DRIVE	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F519	NONORGANIC SLEEP DISORDER UNSPECIFIED	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F525	NONORGANIC VAGINISMUS	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F524	PREMATURE EJACULATION	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F523	ORGASMIC DYSFUNCTION	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F522	FAILURE OF GENITAL RESPONSE	MH	Behavioural syndromes associated with physiological disturbances & physical factors

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F521	SEXUAL AVERSION & LACK SEXUAL ENJOYMENT	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F59	BEH SYNDR W PHYSL DISTURB PHYS FACT NOS	MH	Behavioural syndromes associated with physiological disturbances & physical factors
F621	ENDURE PERSON CHANGE DT PSYCHIATRIC ILL	MH	Disorders of adult personality & behaviour
F608	OTHER SPECIFIC PERSONALITY DISORDERS	MH	Disorders of adult personality & behaviour
F629	ENDURING PERSONALITY CHANGE UNSPECIFIED	MH	Disorders of adult personality & behaviour
F633	TRICHOTILLOMANIA	MH	Disorders of adult personality & behaviour
F632	PATHOLOGICAL STEALING [KLEPTOMANIA]	MH	Disorders of adult personality & behaviour
F631	PATHOLOGICAL FIRE-SETTING [PYROMANIA]	MH	Disorders of adult personality & behaviour
F630	PATHOLOGICAL GAMBLING	MH	Disorders of adult personality & behaviour
F628	OTHER ENDURING PERSONALITY CHANGES	MH	Disorders of adult personality & behaviour
F680	ELABORATION PHYSICAL SYM PSYCHOL REASONS	MH	Disorders of adult personality & behaviour
F620	ENDURING PERSON CH DT CATASTROPHIC EXPR	MH	Disorders of adult personality & behaviour
F639	HABIT AND IMPULSE DISORDER UNSPECIFIED	MH	Disorders of adult personality & behaviour
F609	PERSONALITY DISORDER UNSPECIFIED	MH	Disorders of adult personality & behaviour
F640	TRANSSEXUALISM	MH	Disorders of adult personality & behaviour
F607	DEPENDENT PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F606	ANXIOUS [AVOIDANT] PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F605	ANANKASTIC PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F604	HISTRIONIC PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F603	EMOTIONALLY UNSTABLE PERSONALITY DISRD	MH	Disorders of adult personality & behaviour
F602	DISSOCIAL PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F601	SCHIZOID PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F600	PARANOID PERSONALITY DISORDER	MH	Disorders of adult personality & behaviour
F61	MIXED AND OTHER PERSONALITY DISORDERS	MH	Disorders of adult personality & behaviour
F654	PAEDOPHILIA	MH	Disorders of adult personality & behaviour
F688	OTH SPEC DISRD ADULT PERSONALITY & BEH	MH	Disorders of adult personality & behaviour
F681	INTENT PRODUCT/FEIGN SYMPTOM/DISABILITY	MH	Disorders of adult personality & behaviour
F669	PSYCHOSEXUAL DEVELOPMENT DISORDER NOS	MH	Disorders of adult personality & behaviour
F662	SEXUAL RELATIONSHIP DISORDER	MH	Disorders of adult personality & behaviour
F661	EGODYSTONIC SEXUAL ORIENTATION	MH	Disorders of adult personality & behaviour
F660	SEXUAL MATURATION DISORDER	MH	Disorders of adult personality & behaviour
F659	DISORDER SEXUAL PREFERENCE UNSPECIFIED	MH	Disorders of adult personality & behaviour
F658	OTHER DISORDERS OF SEXUAL PREFERENCE	MH	Disorders of adult personality & behaviour
F638	OTHER HABIT AND IMPULSE DISORDERS	MH	Disorders of adult personality & behaviour
F655	SADOMASOCHISM	MH	Disorders of adult personality & behaviour
F69	DISRD ADULT PERSONALITY & BEHAVIOUR NOS	MH	Disorders of adult personality & behaviour
F653	VOYEURISM	MH	Disorders of adult personality & behaviour
F652	EXHIBITIONISM	MH	Disorders of adult personality & behaviour
F651	FETISHISTIC TRANSVESTISM	MH	Disorders of adult personality & behaviour
F650	FETISHISM	MH	Disorders of adult personality & behaviour
F649	GENDER IDENTITY DISORDER UNSPECIFIED	MH	Disorders of adult personality & behaviour
F648	OTHER GENDER IDENTITY DISORDERS	MH	Disorders of adult personality & behaviour
F642	GENDER IDENTITY DISORDER OF CHILDHOOD	MH	Disorders of adult personality & behaviour
F641	DUAL-ROLE TRANSVESTISM	MH	Disorders of adult personality & behaviour
F656	MULTIPLE DISORDERS OF SEXUAL PREFERENCE	MH	Disorders of adult personality & behaviour
F668	OTHER PSYCHOSEXUAL DEVELOPMENT DISORDERS	MH	Disorders of adult personality & behaviour
F842	RETT'S SYNDROME	MH	Disorders of psychological development
F812	SPECIFIC DISORDER OF ARITHMETICAL SKILLS	MH	Disorders of psychological development
F813	MIXED DISORDER OF SCHOLASTIC SKILLS	MH	Disorders of psychological development
F818	OTH DEVELOPMENT DISRD SCHOLASTIC SKILLS	MH	Disorders of psychological development
F819	DEVELOPMENT DISRD SCHOLASTIC SKILLS NOS	MH	Disorders of psychological development
F82	SPEC DEVELOPMENT DISORDER MOTOR FUNCTION	MH	Disorders of psychological development
F83	MIXED SPECIFIC DEVELOPMENTAL DISORDERS	MH	Disorders of psychological development

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F811	SPECIFIC SPELLING DISORDER	MH	Disorders of psychological development
F841	ATYPICAL AUTISM	MH	Disorders of psychological development
F88	OTHER DISORDER PSYCHOLOGICAL DEVELOPMENT	MH	Disorders of psychological development
F843	OTHER CHILDHOOD DISINTEGRATIVE DISORDER	MH	Disorders of psychological development
F844	OVERACT DISRD W MENT RETARD STEREO MOVE	MH	Disorders of psychological development
F845	ASPERGER'S SYNDROME	MH	Disorders of psychological development
F848	OTHER PERVASIVE DEVELOPMENTAL DISORDERS	MH	Disorders of psychological development
F849	PERVASIVE DEVELOPMENTAL DISORDER NOS	MH	Disorders of psychological development
F89	DISORDER PSYCHOLOGICAL DEVELOPMENT NOS	MH	Disorders of psychological development
F840	CHILDHOOD AUTISM	MH	Disorders of psychological development
F809	DEVELOPMENT DISRD SPEECH & LANGUAGE NOS	MH	Disorders of psychological development
F808	OTH DEVELOPMENT DISRD SPEECH & LANGUAGE	MH	Disorders of psychological development
F803	ACQUIRED APHASIA WITH EPILEPSY	MH	Disorders of psychological development
F802	RECEPTIVE LANGUAGE DISORDER	MH	Disorders of psychological development
F801	EXPRESSIVE LANGUAGE DISORDER	MH	Disorders of psychological development
F800	SPECIFIC SPEECH ARTICULATION DISORDER	MH	Disorders of psychological development
F810	SPECIFIC READING DISORDER	MH	Disorders of psychological development
Z750	MEDICAL SERVICES NOT AVAILABLE IN HOME	MH	Factors influencing health status & contact with health services
Z732	LACK OF RELAXATION AND LEISURE	MH	Factors influencing health status & contact with health services
Z733	STRESS NOT ELSEWHERE CLASSIFIED	MH	Factors influencing health status & contact with health services
Z734	INADEQUATE SOCIAL SKILLS NEC	MH	Factors influencing health status & contact with health services
Z735	SOCIAL ROLE CONFLICT NEC	MH	Factors influencing health status & contact with health services
Z736	LIMITATION OF ACTIVITIES DT DISABILITY	MH	Factors influencing health status & contact with health services
Z731	ACCENTUATION OF PERSONALITY TRAITS	MH	Factors influencing health status & contact with health services
Z739	PROB REL LIFE-MANAGEMENT DIFFICULTY NOS	MH	Factors influencing health status & contact with health services
Z653	PROBLEMS REL TO OTH LEGAL CIRCUMSTANCES	MH	Factors influencing health status & contact with health services
Z738	OTH PROBS REL LIFE-MANAGEMENT DIFFICULTY	MH	Factors influencing health status & contact with health services
Z730	BURN-OUT	MH	Factors influencing health status & contact with health services
Z722	DRUG USE	MH	Factors influencing health status & contact with health services
Z751	PERS WAITING ADMSSN FACILITY ELSEWHERE	MH	Factors influencing health status & contact with health services
Z720	TOBACCO USE CURRENT	MH	Factors influencing health status & contact with health services
Z758	OTH PROBS MED FACLTY & OTH HEALTH CARE	MH	Factors influencing health status & contact with health services
Z652	PROBLEMS RELATED TO RELEASE FROM PRISON	MH	Factors influencing health status & contact with health services
Z651	IMPRISONMENT AND OTHER INCARCERATION	MH	Factors influencing health status & contact with health services
Z650	CIVIL/CRIMINAL CONVICTION WO IMPRISON	MH	Factors influencing health status & contact with health services
Z639	PROB REL TO PRIMARY SUPPORT GROUP NOS	MH	Factors influencing health status & contact with health services
Z638	OTH SPEC PROBS REL TO PRIM SUPPORT GRP	MH	Factors influencing health status & contact with health services
Z637	OTH STRESS LIFE EVENT AFF FAMILY	MH	Factors influencing health status & contact with health services
Z721	ALCOHOL USE	MH	Factors influencing health status & contact with health services
Z636	DEPENDENT RELATIVE NEEDING CARE AT HOME	MH	Factors influencing health status & contact with health services
Z8640	PERSONAL HISTORY OF ALCOHOL ABUSE	MH	Factors influencing health status & contact with health services
Z8641	PERSONAL HISTORY OF DRUG ABUSE	MH	Factors influencing health status & contact with health services
Z8642	PERSONAL HISTORY OF TOBACCO USE	MH	Factors influencing health status & contact with health services
Z8648	PERSL H/O OTH PSYACT SUBSTANCE ABUSE	MH	Factors influencing health status & contact with health services
Z865	PERSL H/O OTH MENTAL & BEHAVIOURAL DISRD	MH	Factors influencing health status & contact with health services
Z914	PERSL H/O PSYCHOLOGICAL TRAUMA NEC	MH	Factors influencing health status & contact with health services
Z915	PERSONAL HISTORY OF SELFHARM	MH	Factors influencing health status & contact with health services
Z597	INSUFF SOCIAL INSURANCE WELFARE SUPPORT	MH	Factors influencing health status & contact with health services
Z754	UNAVAIL & INACCESS OTH HELPING AGENCIES	MH	Factors influencing health status & contact with health services
Z503	DRUG REHABILITATION	SU	Factors influencing health status & contact with health services
Z752	OTH WAITING PERIOD FOR INVESTGTN & RX	MH	Factors influencing health status & contact with health services
Z814	FAMILY HISTORY SUBSTANCE USE DISORDER	MH	Factors influencing health status & contact with health services
Z813	FMLY H/O OTH PSYCHOACTIVE SUBS USE DISRD	MH	Factors influencing health status & contact with health services
Z812	FAMILY HISTORY OF TOBACCO USE DISORDER	MH	Factors influencing health status & contact with health services
Z811	FAMILY HISTORY OF ALCOHOL USE DISORDER	MH	Factors influencing health status & contact with health services

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Z810	FAMILY HISTORY OF MENTAL RETARDATION	MH	Factors influencing health status & contact with health services
Z759	PROB MED FACLTY OTHER HEALTH CARE NOS	MH	Factors influencing health status & contact with health services
Z755	HOLIDAY RELIEF CARE	MH	Factors influencing health status & contact with health services
Z818	FMLY H/O OTH MENTAL & BEHAVIOURAL DISRD	MH	Factors influencing health status & contact with health services
Z753	UNAVAIL & INACCESS HEALTH FACILITIES	MH	Factors influencing health status & contact with health services
Z502	ALCOHOL REHABILITATION	SU	Factors influencing health status & contact with health services
Z133	SPECL SCREEN MENTAL BEHAVIOURAL DISRD	MH	Factors influencing health status & contact with health services
Z595	EXTREME POVERTY	MH	Factors influencing health status & contact with health services
Z594	LACK OF ADEQUATE FOOD	MH	Factors influencing health status & contact with health services
Z593	PROBLEMS REL TO LIVING IN RESD INST	MH	Factors influencing health status & contact with health services
Z592	DISCORD W NEIGHBOURS LODGERS & LANDLORD	MH	Factors influencing health status & contact with health services
Z591	INADEQUATE HOUSING	MH	Factors influencing health status & contact with health services
Z590	HOMELESSNESS	MH	Factors influencing health status & contact with health services
Z567	OTH/UNSPEC PROBLEMS REL TO EMPLOYMENT	MH	Factors influencing health status & contact with health services
Z559	PROBLEM REL TO EDUCATION & LITERACY NOS	MH	Factors influencing health status & contact with health services
Z543	CONVALESCENCE FOLLOWING PSYCHOTHERAPY	MH	Factors influencing health status & contact with health services
Z596	LOW INCOME	MH	Factors influencing health status & contact with health services
Z504	PSYCHOTHERAPY NOT ELSEWHERE CLASSIFIED	MH	Factors influencing health status & contact with health services
Z032	OBS SUSPECTED MENTAL & BEHAVIOURAL DISRD	MH	Factors influencing health status & contact with health services
Z634	DISAPPEARANCE AND DEATH OF FAMILY MEMBER	MH	Factors influencing health status & contact with health services
Z633	ABSENCE OF FAMILY MEMBER	MH	Factors influencing health status & contact with health services
Z632	INADEQUATE FAMILY SUPPORT	MH	Factors influencing health status & contact with health services
Z004	GENERAL PSYCHIATRIC EXAMINATION NEC	MH	Factors influencing health status & contact with health services
Z532	PROC NOT DONE PT DECN OTH/UNSPEC REASON	MH	Factors influencing health status & contact with health services
Z635	DISRUPTION FAMILY BY SEPARATION/DIVORCE	MH	Factors influencing health status & contact with health services
Z093	FOLLOW-UP EXAM AFTER PSYCHOTHERAPY	MH	Factors influencing health status & contact with health services
Z631	PROBS RELATIONSHIP W PARENTS & IN-LAWS	MH	Factors influencing health status & contact with health services
Z630	PROBS RELATIONSHIP W SPOUSE OR PARTNER	MH	Factors influencing health status & contact with health services
Z599	PROB HOUSING ECONOMIC CIRCUMST NOS	MH	Factors influencing health status & contact with health services
Z598	OTH PROBS HOUSING & ECONOMIC CIRCUMST	MH	Factors influencing health status & contact with health services
Z046	GENL PSYCH EXAM REQUESTED BY AUTHORITY	MH	Factors influencing health status & contact with health services
F178	MENT/BEH DISRD TOBACCO OTH MENT/BEH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F172	MENT/BEH DISRD DT USE TOBACCO DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F179	MENT/BEH DISRD DT TOBACCO W MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F168	MENT/BEH DISRD HALLUCIN OTH MENT/BEH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F156	MENT/BEH DISRD DT STIMT AMNESIC SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F157	MENT/BEH DISRD DT STIMT RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F158	MENT/BEH DISRD DT STIMT OTH MENT/BEH	SU	Mental & behavioural disorders due to psychoactive substance use
F159	MENT/BEH DISRD DT STIMT W MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F160	MENT/BEH DISRD DT HALLUCINOGENS AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F161	MENT/BEH DISRD DT HARMF USE HALLUCINOGEN	SU	Mental & behavioural disorders due to psychoactive substance use
F163	MENT/BEH DISRD DT USE HALLUCIN WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F165	MENT/BEH DISRD DT USE HALLUCIN PSYCH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F174	MENT/BEH DISRD TOBACCO WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F167	MENT/BEH DISRD HALLUCIN RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F177	MENT/BEH DISRD DT TOBACCO RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F169	MENT/BEH DISRD HALLUCIN W MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F170	MENT/BEH DISRD DT USE TOBACCO AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F171	MENT/BEH DISRD DT HARMFUL USE TOBACCO	SU	Mental & behavioural disorders due to psychoactive substance use
F187	MENT/BEH DISRD VOL SOLV RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F173	MENT/BEH DISRD DT USE TOBACCO WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F180	MENT/BEH DISRD DT VOL SOLVENTS AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F175	MENT/BEH DISRD DT TOBACCO PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F176	MENT/BEH DISRD DT TOBACCO AMNESIC SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F166	MENT/BEH DISRD DT HALLUCIN AMNESIC SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use

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F130	MENT/BEH DISRD DT USE SED HYPN AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F121	MENT/BEH DISRD DT CANNAB USE HARMF USE	SU	Mental & behavioural disorders due to psychoactive substance use
F122	MENT/BEH DISRD DT CANNAB USE DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F123	MENT/BEH DISRD DT CANNAB USE WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F124	MENT/BEH DISRD DT CANNAB WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F125	MENT/BEH DISRD DT CANNAB USE PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F126	MENT/BEH DISRD DT CANNAB AMNESIC SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F127	MENT/BEH DISRD DT CANNAB RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F185	MENT/BEH DISRD VOL SOLVENTS PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F129	MENT/BEH DISRD CANNAB MENT/BEH DISRD NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F118	MENT/BEH DISRD DT OPIOIDS OTH MENT/BEH	SU	Mental & behavioural disorders due to psychoactive substance use
F131	MENT/BEH DISRD DT HARMF USE SED HYPN	SU	Mental & behavioural disorders due to psychoactive substance use
F132	MENT/BEH DISRD DT USE SED HYPN DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F133	MENT/BEH DISRD DT USE SED HYPN WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F134	MENT/BEH DIS DT SED HYPN WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F135	MENT/BEH DISRD DT USE SED HYPN PSYCH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F136	MENT/BEH DISRD DT SED HYPN AMNES SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F199	MENT/BEH DIS MULT DR PSYACT MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F128	MENT/BEH DISRD DT CANNAB OTH MENT/BEH	SU	Mental & behavioural disorders due to psychoactive substance use
F191	MENT/BEH DIS HARMF USE MULT DR & PSYACT	SU	Mental & behavioural disorders due to psychoactive substance use
F182	MENT/BEH DISRD DT VOL SOLVENTS DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F183	MENT/BEH DISRD DT VOL SOLVENTS WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F184	MENT/BEH DISRD VOL SOLV WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F155	MENT/BEH DISRD DT STIMULANTS PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F186	MENT/BEH DISRD VOL SOLVENTS AMNES SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F162	MENT/BEH DISRD DT USE HALLUCIN DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F188	MENT/BEH DISRD VOL SOLV OTH MENT/BEH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F120	MENT/BEH DISRD DT CANNAB USE AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F190	MENT/BEH DISRD MULT DR & PSYACT AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F119	MENT/BEH DISRD DT OPIOIDS W MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F192	MENT/BEH DIS MULT DR & PSYACT DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F193	MENT/BEH DIS MULT DR & PSYACT WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F194	MENT/BEH DIS MULT DR PSYACT WITHDR W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F195	MENT/BEH DIS MULT DR & PSYACT PSYCH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F196	MENT/BEH DIS MULT DR PSYACT AMNES SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F197	MENT/BEH DIS MULT DR PSYACT RES & LATE	SU	Mental & behavioural disorders due to psychoactive substance use
F198	MENT/BEH DIS MULT DR PSYACT OTH MENT/BEH	SU	Mental & behavioural disorders due to psychoactive substance use
F181	MENT/BEH DISRD DT HARMF USE VOL SOLVENTS	SU	Mental & behavioural disorders due to psychoactive substance use
F189	MENT/BEH DISRD VOL SOLV W MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F106	MENT/BEH DISRD DT ALCOHOL USE AMNESIC	SU	Mental & behavioural disorders due to psychoactive substance use
F154	MENT/BEH DISRD DT STIMT WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F114	MENT/BEH DISRD DT OPIOID WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F113	MENT/BEH DISRD DT OPIOID USE WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F112	MENT/BEH DISRD DT OPIOID USE DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F111	MENT/BEH DISRD DT HARMFUL OPIOID USE	SU	Mental & behavioural disorders due to psychoactive substance use
F110	MENT/BEH DISRD DT OPIOID USE AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F109	MENT/BEH DISRD DT ALCO MENT/BEH DIS NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F116	MENT/BEH DISRD DT OPIOIDS AMNESIC SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F107	MENT/BEH DISRD DT ALCO RES & LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F117	MENT/BEH DISRD DT OPIOIDS RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F105	MENT/BEH DISRD DT ALCO USE PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F104	MENT/BEH DISRD DT ALCO USE WITHDR W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F103	MENT/BEH DISRD DT ALCO USE WITHDRAWAL ST	SU	Mental & behavioural disorders due to psychoactive substance use
F102	MENT/BEH DISRD DT ALCOHOL USE DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F101	MENT/BEH DISRD DT HARMFUL ALCOHOL USE	SU	Mental & behavioural disorders due to psychoactive substance use

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ICD-10-CA Code	Description	Group	Diagnostic Block
F100	MENT/BEH DISRD DT ALCOHOL USE AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F164	MENT/BEH DISRD HALLUCIN WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F108	MENT/BEH DISRD DT ALCO OTH MENT/BEH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F146	MENT/BEH DISRD DT COCAINE AMNESIC SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F153	MENT/BEH DISRD DT STIMULANTS WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F152	MENT/BEH DISRD DT STIMULANTS DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F151	MENT/BEH DISRD DT HARMF USE STIMULANTS	SU	Mental & behavioural disorders due to psychoactive substance use
F150	MENT/BEH DISRD DT STIMULANTS AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F149	MENT/BEH DISRD COCAINE W MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F148	MENT/BEH DISRD COCAINE OTH MENT/BEH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F115	MENT/BEH DISRD DT OPIOIDS PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F147	MENT/BEH DISRD DT COCAINE RES LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F137	MENT/BEH DISRD SED HYPN RES & LATE PSYCH	SU	Mental & behavioural disorders due to psychoactive substance use
F145	MENT/BEH DISRD DT COCAINE PSYCH DISRD	SU	Mental & behavioural disorders due to psychoactive substance use
F144	MENT/BEH DISRD COCAINE WITHDR ST W DEL	SU	Mental & behavioural disorders due to psychoactive substance use
F142	MENT/BEH DISRD DT USE COCAINE DEP SYNDR	SU	Mental & behavioural disorders due to psychoactive substance use
F141	MENT/BEH DISRD DT HARMFUL USE COCAINE	SU	Mental & behavioural disorders due to psychoactive substance use
F140	MENT/BEH DISRD DT USE COCAINE AC INTOX	SU	Mental & behavioural disorders due to psychoactive substance use
F139	MENT/BEH DISRD SED HYPN RES MENT/BEH NOS	SU	Mental & behavioural disorders due to psychoactive substance use
F138	MENT/BEH DISRD SED HYPN OTH MENT/BEH DIS	SU	Mental & behavioural disorders due to psychoactive substance use
F143	MENT/BEH DISRD DT USE COCAINE WITHDR ST	SU	Mental & behavioural disorders due to psychoactive substance use
F99	MENTAL DISORDER NOT OTHERWISE SPECIFIED	MH	Other
O99302	MENT DISRD NERV SYS PREG BIRTH/DEL W COM	MH	Other
O99309	MENT DISRD NERV SYS PREG BIRTH/UNSPEC	MH	Other
O99304	MENT DISRD NERV SYS PREG BIRTH/POSTPART	MH	Other
O99301	MENT DISRD NERV SYS PREG BIRTH/DELIVER	MH	Other
O99303	MENT DISRD NERV SYS PREG BIRTH/ANTEPART	MH	Other
F711	MOD MENTAL RETARD SIGNIF IMPAIR BEH	MH	Other
F739	PROFOUND MENTAL RETARD WO IMPAIR BEH	MH	Other
F720	SEV MENTAL RETARD W NO OR MIN IMPAIR BEH	MH	Other
F721	SEVERE MENTAL RETARD SIGNIF IMPAIR BEH	MH	Other
F728	SEV MENTAL RETARD OTHER IMPAIR BEHAVIOUR	MH	Other
F729	SEVERE MENTAL RETARD WO IMPAIR BEHAVIOUR	MH	Other
F730	PROFOUND MENT RETARD NO MIN IMPAIR BEH	MH	Other
F718	MOD MENTAL RETARD OTHER IMPAIRMENT BEH	MH	Other
F719	MOD MENTAL RETARD WO IMPAIRMENT BEH	MH	Other
F700	MILD MENTAL RETARD NO/MIN IMPAIR BEH	MH	Other
F738	PROFOUND MENTAL RETARD W OTH IMPAIR BEH	MH	Other
F731	PROFOUND MENTAL RETARD SIGNIF IMPAIR BEH	MH	Other
F709	MILD MENTAL RETARD WO IMPAIRED BEH	MH	Other
F701	MILD MENTAL RETARD SIGNIF IMPAIR BEH	MH	Other
F710	MOD MENTAL RETARD NO/MIN IMPAIR BEH	MH	Other
F799	UNSPEC MENTAL RETARD WO IMPAIRMENT BEH	MH	Other
F791	UNSPEC MENTAL RETARD W SIGNIF IMPAIR BEH	MH	Other
F790	UNSPEC MENT RETARD NO OR MIN IMPAIR BEH	MH	Other
F789	OTHER MENTAL RETARD WO IMPAIR BEHAVIOUR	MH	Other
F780	OTHER MENTAL RETARD NO OR MIN IMPAIR BEH	MH	Other
F788	OTHER MENTAL RETARD W OTHER IMPAIR BEH	MH	Other
F798	UNSPEC MENTAL RETARD W OTHER IMPAIR BEH	MH	Other
F708	MILD MENTAL RETARD OTHER IMPAIRED BEH	MH	Other
F781	OTHER MENTAL RETARD W SIGNIF IMPAIR BEH	MH	Other
F328	OTHER DEPRESSIVE EPISODES	MH	Mood (affective) disorders
F380	OTHER SINGLE MOOD [AFFECTIVE] DISORDERS	MH	Mood (affective) disorders
F381	OTH RECURRENT MOOD [AFFECTIVE] DISORDERS	MH	Mood (affective) disorders
F388	OTH SPECIFIED MOOD [AFFECTIVE] DISORDERS	MH	Mood (affective) disorders

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ICD-10-CA Code	Description	Group	Diagnostic Block
F329	DEPRESSIVE EPISODE UNSPECIFIED	MH	Mood (affective) disorders
F349	PERSISTENT MOOD [AFFECTIVE] DISORDER NOS	MH	Mood (affective) disorders
F332	REC DEPRES DISRD CURR SEV WO PSYCH	MH	Mood (affective) disorders
F39	UNSPECIFIED MOOD [AFFECTIVE] DISORDER	MH	Mood (affective) disorders
F348	OTH PERSISTENT MOOD [AFFECTIVE] DISORDER	MH	Mood (affective) disorders
F341	DYSTHYMIA	MH	Mood (affective) disorders
F340	CYCLOTHYMIA	MH	Mood (affective) disorders
F339	RECURRENT DEPRESSIVE DISORDER NOS	MH	Mood (affective) disorders
F338	OTHER RECURRENT DEPRESSIVE DISORDERS	MH	Mood (affective) disorders
F323	SEV DEPRESSIVE EPISODE W PSYCH SYMPTOMS	MH	Mood (affective) disorders
F333	REC DEPRES DISRD CURRENT SEV W PSYCH SYM	MH	Mood (affective) disorders
F316	BIPOLAR AFFECTIVE DISRD CURRENTLY MIXED	MH	Mood (affective) disorders
F331	REC DEPRESSIVE DISRD CURR EPISODE MOD	MH	Mood (affective) disorders
F334	REC DEPRES DISRD CURRENTLY IN REMISSION	MH	Mood (affective) disorders
F314	BIPOL AFF DISRD SEV DEPRES WO PSYCH SYM	MH	Mood (affective) disorders
F300	HYPOMANIA	MH	Mood (affective) disorders
F301	MANIA WITHOUT PSYCHOTIC SYMPTOMS	MH	Mood (affective) disorders
F302	MANIA WITH PSYCHOTIC SYMPTOMS	MH	Mood (affective) disorders
F308	OTHER MANIC EPISODES	MH	Mood (affective) disorders
F309	MANIC EPISODE UNSPECIFIED	MH	Mood (affective) disorders
F310	BIPOLAR AFFECTIVE DISRD CURR HYPOMANIC	MH	Mood (affective) disorders
F311	BIPOL AFF DISRD CURR MANIC WO PSYCH SYM	MH	Mood (affective) disorders
F330	REC DEPRESSIVE DISRD CURR EPISODE MILD	MH	Mood (affective) disorders
F313	BIPOL AFF DISRD CURR MILD/MOD DEPRESSION	MH	Mood (affective) disorders
F322	SEV DEPRESSIVE EPISODE WO PSYCH SYMPTOMS	MH	Mood (affective) disorders
F315	BIPOL AFF DISRD SEV DEPRES W PSYCH SYM	MH	Mood (affective) disorders
F317	BIPOLAR AFF DISRD CURR IN REMISSION	MH	Mood (affective) disorders
F318	OTHER BIPOLAR AFFECTIVE DISORDERS	MH	Mood (affective) disorders
F319	BIPOLAR AFFECTIVE DISORDER UNSPECIFIED	MH	Mood (affective) disorders
F320	MILD DEPRESSIVE EPISODE	MH	Mood (affective) disorders
F321	MODERATE DEPRESSIVE EPISODE	MH	Mood (affective) disorders
F312	BIPOL AFF DISRD CURR MANIC W PSYCH SYM	MH	Mood (affective) disorders
F418	OTHER SPECIFIED ANXIETY DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F448	OTH DISSOCIATIVE [CONVERSION] DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F488	OTHER SPECIFIED NEUROTIC DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F481	DEPERSONALIZATION-DEREALIZATION SYNDROME	MH	Neurotic, stress-related & somatoform disorders
F480	NEURASTHENIA	MH	Neurotic, stress-related & somatoform disorders
F459	SOMATOFORM DISORDER UNSPECIFIED	MH	Neurotic, stress-related & somatoform disorders
F458	OTHER SOMATOFORM DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F454	PERSISTENT SOMATOFORM PAIN DISORDER	MH	Neurotic, stress-related & somatoform disorders
F453	SOMATOFORM AUTONOMIC DYSFUNCTION	MH	Neurotic, stress-related & somatoform disorders
F489	NEUROTIC DISORDER UNSPECIFIED	MH	Neurotic, stress-related & somatoform disorders
F450	SOMATIZATION DISORDER	MH	Neurotic, stress-related & somatoform disorders
F451	UNDIFFERENTIATED SOMATOFORM DISORDER	MH	Neurotic, stress-related & somatoform disorders
F447	MIX DISSOCIATIVE [CONVERSION] DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F446	DISSOCIATIVE ANAESTHESIA & SENSORY LOSS	MH	Neurotic, stress-related & somatoform disorders
F445	DISSOCIATIVE CONVULSIONS	MH	Neurotic, stress-related & somatoform disorders
F444	DISSOCIATIVE MOTOR DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F443	TRANCE AND POSSESSION DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F442	DISSOCIATIVE STUPOR	MH	Neurotic, stress-related & somatoform disorders
F412	MIXED ANXIETY AND DEPRESSIVE DISORDER	MH	Neurotic, stress-related & somatoform disorders
F400	AGORAPHOBIA	MH	Neurotic, stress-related & somatoform disorders
F452	HYPOCHONDRIACAL DISORDER	MH	Neurotic, stress-related & somatoform disorders
F419	ANXIETY DISORDER UNSPECIFIED	MH	Neurotic, stress-related & somatoform disorders
F402	SPECIFIC (ISOLATED) PHOBIAS	MH	Neurotic, stress-related & somatoform disorders

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ICD-10-CA Code	Description	Group	Diagnostic Block
F401	SOCIAL PHOBIAS	MH	Neurotic, stress-related & somatoform disorders
F449	DISSOCIATIVE [CONVERSION] DISORDER NOS	MH	Neurotic, stress-related & somatoform disorders
F441	DISSOCIATIVE FUGUE	MH	Neurotic, stress-related & somatoform disorders
F408	OTHER PHOBIC ANXIETY DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F409	PHOBIC ANXIETY DISORDER UNSPECIFIED	MH	Neurotic, stress-related & somatoform disorders
F410	PANIC DISRD [EP PAROXYSMAL ANXIETY]	MH	Neurotic, stress-related & somatoform disorders
F413	OTHER MIXED ANXIETY DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F420	PREDOM OBSESSIVE THOUGHTS/RUMINATIONS	MH	Neurotic, stress-related & somatoform disorders
F421	PREDOM COMPULSIVE ACTS/RITUALS	MH	Neurotic, stress-related & somatoform disorders
F432	ADJUSTMENT DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F440	DISSOCIATIVE AMNESIA	MH	Neurotic, stress-related & somatoform disorders
F439	REACTION TO SEVERE STRESS UNSPECIFIED	MH	Neurotic, stress-related & somatoform disorders
F411	GENERALIZED ANXIETY DISORDER	MH	Neurotic, stress-related & somatoform disorders
F438	OTHER REACTIONS TO SEVERE STRESS	MH	Neurotic, stress-related & somatoform disorders
F431	POST-TRAUMATIC STRESS DISORDER	MH	Neurotic, stress-related & somatoform disorders
F430	ACUTE STRESS REACTION	MH	Neurotic, stress-related & somatoform disorders
F429	OBSESSIVE-COMPULSIVE DISORDER NOS	MH	Neurotic, stress-related & somatoform disorders
F428	OTHER OBSESSIVE-COMPULSIVE DISORDERS	MH	Neurotic, stress-related & somatoform disorders
F422	MIXED OBSESSIVE THOUGHTS AND ACTS	MH	Neurotic, stress-related & somatoform disorders
F021	DEMENTIA IN CREUTZFELDT-JAKOB DIS	MH	Organic including symptomatic mental disorders
F059	DELIRIUM UNSPECIFIED	MH	Organic including symptomatic mental disorders
F000	EARLY DEMENTIA IN ALZHEIMERS DIS	MH	Organic including symptomatic mental disorders
F050	DELIRIUM NOT SUPERIMPOSED ON DEMENTIA	MH	Organic including symptomatic mental disorders
F04	ORGNC AMNESIC SYNDR NOT DT ALCO & PSYACT	MH	Organic including symptomatic mental disorders
F03	UNSPECIFIED DEMENTIA	MH	Organic including symptomatic mental disorders
F028	DEMENTIA IN OTH SPEC DIS CLASS ELSEWHERE	MH	Organic including symptomatic mental disorders
F023	DEMENTIA IN PARKINSON'S DISEASE	MH	Organic including symptomatic mental disorders
F058	OTHER DELIRIUM	MH	Organic including symptomatic mental disorders
F051	DELIRIUM SUPERIMPOSED ON DEMENTIA	MH	Organic including symptomatic mental disorders
F020	DEMENTIA IN PICK'S DISEASE	MH	Organic including symptomatic mental disorders
F019	VASCULAR DEMENTIA UNSPECIFIED	MH	Organic including symptomatic mental disorders
F018	OTHER VASCULAR DEMENTIA	MH	Organic including symptomatic mental disorders
F013	MIX CORTICAL & SUBCORTICAL VASC DEMENTIA	MH	Organic including symptomatic mental disorders
F012	SUBCORTICAL VASCULAR DEMENTIA	MH	Organic including symptomatic mental disorders
F011	MULTI-INFARCT DEMENTIA	MH	Organic including symptomatic mental disorders
F010	VASCULAR DEMENTIA OF ACUTE ONSET	MH	Organic including symptomatic mental disorders
F009	ALZHEIMERS DEMENTIA NOS	MH	Organic including symptomatic mental disorders
F001	LATE DEMENTIA IN ALZHEIMERS DIS	MH	Organic including symptomatic mental disorders
F060	ORGANIC HALLUCINOSIS	MH	Organic including symptomatic mental disorders
F024	DEMENTIA IN HIV DISEASE	MH	Organic including symptomatic mental disorders
F002	ALZHEIMERS DEMENTIA ATYPIC/ MIXED	MH	Organic including symptomatic mental disorders
F071	POSTENCEPHALITIC SYNDROME	MH	Organic including symptomatic mental disorders
F061	ORGANIC CATATONIC DISORDER	MH	Organic including symptomatic mental disorders
F022	DEMENTIA IN HUNTINGTON'S DISEASE	MH	Organic including symptomatic mental disorders
F09	UNSPEC ORGNC OR SYMPTOMATIC MENTAL DISRD	MH	Organic including symptomatic mental disorders
F079	ORGNC PERSON/BEH DISRD DT BRAIN DIS NOS	MH	Organic including symptomatic mental disorders
F072	POSTCONCUSSIONAL SYNDROME	MH	Organic including symptomatic mental disorders
F070	ORGANIC PERSONALITY DISORDER	MH	Organic including symptomatic mental disorders
F069	MENTAL DISRD DT BRAIN DAM DYSF & DIS NOS	MH	Organic including symptomatic mental disorders
F068	OTH MENT DISRD DT BRAIN DAM DYSF & DIS	MH	Organic including symptomatic mental disorders
F067	MILD COGNITIVE DISORDER	MH	Organic including symptomatic mental disorders
F066	ORGANIC EMOTIONALLY LABILE DISORDER	MH	Organic including symptomatic mental disorders
F065	ORGANIC DISSOCIATIVE DISORDER	MH	Organic including symptomatic mental disorders
F064	ORGANIC ANXIETY DISORDER	MH	Organic including symptomatic mental disorders
F063	ORGANIC MOOD [AFFECTIVE] DISORDERS	MH	Organic including symptomatic mental disorders

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F062	ORGANIC DELUSIONAL DISORDER	MH	Organic including symptomatic mental disorders
F078	OTH ORGNC PERSON/BEH DISRD DT BRAIN DIS	MH	Organic including symptomatic mental disorders
Q912	TRISOMY 18 TRANSLOCATION	MH	Other
Q911	TRISOMY 18 MOSAICISM	MH	Other
Q999	CHROMOSOMAL ABNORMALITY UNSPECIFIED	MH	Other
Q917	PATAU'S SYNDROME UNSPECIFIED	MH	Other
Q916	TRISOMY 13 TRANSLOCATION	MH	Other
Q915	TRISOMY 13 MOSAICISM	MH	Other
Q913	EDWARDS' SYNDROME UNSPECIFIED	MH	Other
G310	CIRCUMSCRIBED BRAIN ATROPHY	MH	Other
Q910	TRISOMY 18 MEIOTIC NONDISJUNCTION	MH	Other
Q909	DOWN'S SYNDROME UNSPECIFIED	MH	Other
Q914	TRISOMY 13 MEIOTIC NONDISJUNCTION	MH	Other
Q902	TRISOMY 21 TRANSLOCATION	MH	Other
Q901	TRISOMY 21 MOSAICISM	MH	Other
Q900	TRISOMY 21 MEIOTIC NONDISJUNCTION	MH	Other
A810	CREUTZFELDT-JAKOB DISEASE	MH	Other
G20	PARKINSON'S DISEASE	MH	Other diseases of the nervous system
G10	HUNTINGTON'S DISEASE	MH	Other diseases of the nervous system
T520	TOXIC EFFECT OF PETROLEUM PRODUCTS	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T519	TOXIC EFFECT OF ALCOHOL UNSPECIFIED	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T518	TOXIC EFFECT OF OTHER ALCOHOLS	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T511	TOXIC EFFECT OF METHANOL	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T510	TOXIC EFFECT OF ETHANOL	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T439	POISN BY PSYCHOTROPIC DRUG UNSPECIFIED	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T438	POISN BY OTHER PSYCHOTROPIC DRUGS NEC	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T436	PSN PSYCHOSTIMULANTS W POTENTIAL USE DISRD	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T507	PSN ANALEPTICS & OPIOID RECPTR ANTAGNISTS	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T434	POISN BUTYROPHENONE THIOXANTHENE NEURLEPT	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T433	POISN PHENOTHIAZINE ANTIPSYCHOTIC NEURLEPT	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T431	PSN MONOAMINE-OXIDASE-INHIBITOR ANTIDEPRESSANT	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T430	POISN TRICYCLIC & TETRACYCLIC ANTIDEPRESSANT	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T427	POISN BY ANTIEPILEPTIC SED-HYP DRUGS NOS	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T426	POISN BY OTH ANTIEPILEPTIC SED-HYP DRUG	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T424	POISONING BY BENZODIAZEPINES	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T423	POISONING BY BARBITURATES	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T435	PSN OTH & NOS ANTIPSYCHOTICS & NEUROLEPT	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances
T432	POISN BY OTH AND UNSPECIFIED ANTIDEPRESSANTS	MH	Poisoning & toxic effects of drugs, medicaments, biological, & non-medicinal substances

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F258	OTHER SCHIZOAFFECTIVE DISORDERS	MH	Schizophrenia, schizotypal & delusional disorders
F230	AC POLYMORPHIC PSYCH DISRD WO SYM SCHIZ	MH	Schizophrenia, schizotypal & delusional disorders
F200	PARANOID SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F201	HEBEPHRENIC SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F202	CATATONIC SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F203	UNDIFFERENTIATED SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F204	POST-SCHIZOPHRENIC DEPRESSION	MH	Schizophrenia, schizotypal & delusional disorders
F205	RESIDUAL SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F206	SIMPLE SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F208	OTHER SCHIZOPHRENIA	MH	Schizophrenia, schizotypal & delusional disorders
F209	SCHIZOPHRENIA UNSPECIFIED	MH	Schizophrenia, schizotypal & delusional disorders
F21	SCHIZOTYPAL DISORDER	MH	Schizophrenia, schizotypal & delusional disorders
F220	DELUSIONAL DISORDER	MH	Schizophrenia, schizotypal & delusional disorders
F28	OTHER NONORGANIC PSYCHOTIC DISORDERS	MH	Schizophrenia, schizotypal & delusional disorders
F229	PERSISTENT DELUSIONAL DISORDER NOS	MH	Schizophrenia, schizotypal & delusional disorders
F29	UNSPECIFIED NONORGANIC PSYCHOSIS	MH	Schizophrenia, schizotypal & delusional disorders
F231	AC POLYMORPHIC PSYCH DISRD W SYM SCHIZ	MH	Schizophrenia, schizotypal & delusional disorders
F232	AC SCHIZOPHRENIA-LIKE PSYCHOTIC DISORDER	MH	Schizophrenia, schizotypal & delusional disorders
F233	OTH AC PREDOM DELUSIONAL PSYCH DISORDERS	MH	Schizophrenia, schizotypal & delusional disorders
F238	OTHER ACUTE & TRANSIENT PSYCHOTIC DISRD	MH	Schizophrenia, schizotypal & delusional disorders
F239	ACUTE & TRANSIENT PSYCHOTIC DISRD NOS	MH	Schizophrenia, schizotypal & delusional disorders
F24	INDUCED DELUSIONAL DISORDER	MH	Schizophrenia, schizotypal & delusional disorders
F250	SCHIZOAFFECTIVE DISORDER MANIC TYPE	MH	Schizophrenia, schizotypal & delusional disorders
F251	SCHIZOAFFECTIVE DISRD DEPRESSIVE TYPE	MH	Schizophrenia, schizotypal & delusional disorders
F252	SCHIZOAFFECTIVE DISORDER MIXED TYPE	MH	Schizophrenia, schizotypal & delusional disorders
F259	SCHIZOAFFECTIVE DISORDER UNSPECIFIED	MH	Schizophrenia, schizotypal & delusional disorders
F228	OTHER PERSISTENT DELUSIONAL DISORDERS	MH	Schizophrenia, schizotypal & delusional disorders
R480	DYSLEXIA AND ALEXIA	MH	Other
R54	SENILITY	MH	Other