Ontario

**Ministry of Health and Long-Term Care**

**Mail completed form to:**
Administrative Assistant, CTO Information Project
Finance and Information Management Branch
5700 Yonge Street, 4th Floor
Toronto ON M2M 4K5

# Community Treatment Order (CTO) Information Record

*Please read Instructions on reverse.*

*Confidential when completed*

| **1.** Patient's date of birth (yyyy / mm / dd) | Patient's first and last initials | **2.** Date of issue (yyyy / mm / dd) | Issuing physician name |
|---|---|---|---|
| | | | |

Organization/agency name and address

**3.** Patient's and physician's service affiliation at time CTO is issued: *(check one only)*

- ☐ Hospital Inpatient Psychiatry
- ☐ Hospital Outpatient Psychiatry/Mental Health
- ☐ Assertive Community Treatment (ACT)
- ☐ Private Practice
- ☐ Community Mental Health Program *(specify)* _____
- ☐ Other *(specify)* _____

**4.** Consent provided by: ☐ client / patient ☐ substitute decision-maker

**5.** Community Treatment Order ☐ 1st issue ☐ renewal ☐ re-issue

*If more than one*, specify the total number of CTOs patient has had *(include the current one)*: _____

**6.** Sex ☐ male ☐ female

**7.** No. of psychiatric hospitalizations in past *6 months*: _____ admissions

**8.** Patient service involvement during previous 6 months *(check all that apply)*

- ☐ Hospital Inpatient Psychiatry
- ☐ Hospital Outpatient Psychiatry/Mental Health
- ☐ Medication Management / Clinic
- ☐ Crisis Intervention
- ☐ Assertive Community Treatment (ACT)
- ☐ Addiction Service
- ☐ Private Psychiatrist
- ☐ Supportive Housing
- ☐ Non-psychiatric Medical Care
- ☐ Community Mental Health Program(s) *(specify)* _____
- ☐ ER
- ☐ None
- ☐ Don't know
- ☐ Other service(s) *(specify)* _____

**9.** Services to be involved in the current CTO *(check all that apply)*

- ☐ Hospital Outpatient Psychiatry/Mental Health
- ☐ Crisis Intervention
- ☐ Medication Management / Clinic
- ☐ Assertive Community Treatment (ACT)
- ☐ Case Management
- ☐ Supportive Housing
- ☐ Addiction Service
- ☐ Private Psychiatrist
- ☐ Non-psychiatric Medical Care
- ☐ Community Mental Health Program(s) *(specify)* _____
- ☐ Other service(s) *(specify)* _____

**10.** Patient involvement with legal system during previous 6 months *(check all that apply)*

- ☐ Apprehended under the Mental Health Act
- ☐ Criminal Arrest
- ☐ Incarcerated
- ☐ Probation and/or Parole
- ☐ Victim of Crime
- ☐ Court Diversion
- ☐ None
- ☐ Don't know
- ☐ Other legal involvement *(specify)* _____

**11.** Psychiatric diagnoses: *(check all that apply)*

- ☐ Schizophrenia
- ☐ Schizoaffective Disorder
- ☐ Bipolar Disorder
- ☐ Other Psychotic Disorder
- ☐ Substance/Alcohol Related Disorder
- ☐ Depression
- ☐ Personality Disorder
- ☐ Developmental Disorder
- ☐ Other disorder(s) *(specify)* _____

**12.** (a) Lives with: *(check all that apply)*

- ☐ Spouse/Partner
- ☐ Parent(s)
- ☐ Child(ren)
- ☐ Other family
- ☐ Non-family person(s)
- ☐ Self
- ☐ Don't know

(b) Housing type: *(check only one)*

- ☐ Private house/condo
- ☐ Market Rental Unit (apartment, flat or house)
- ☐ Subsidized rental unit
- ☐ Room and board
- ☐ Homes for Special Care
- ☐ Approved Home
- ☐ Retirement/Seniors Home
- ☐ Hostel/Shelter
- ☐ Correctional/Probation facility
- ☐ Other institutional facility with no fixed address
- ☐ Homeless/On street
- ☐ Don't know
- ☐ Other housing *(specify)* _____

| Print name of person completing this form | Date | Telephone no. ( ) |
|---|---|---|
| | | |

*Please detach this Notice and give to the patient or Substitute Decision-Maker who provided consent on the CTO.*

**NOTICE OF DATA COLLECTION BY THE MINISTRY OF HEALTH AND LONG–TERM CARE**

The amended Mental Health Act (Bill 68) requires that the Minister of Health and Long-Term Care establish a process to review community treatment orders (CTOs). The Ministry of Health and Long-Term Care has been given authority by the Information and Privacy Commissioner/Ontario to collect patient information indirectly from physicians who issue, renew or re-issue CTOs. The information collected will be anonymous and will be used for the sole purpose of establishing and conducting reviews of community treatment orders as set out in section 33.9 of Bill 68.

If you have any questions or concerns about the collection of this information, or require further information, please contact Manager, Monitoring, Standards and Evaluation, Operational Support Branch, Ministry of Health and Long–Term Care, 5700 Yonge St., Mezzanine Level, Toronto ON M2M 4K5, Telephone: (416) 327–7350.


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**Instructions:**

1. The CTO Information Record was developed to facilitate the requirement in Bill 68 which states that CTOs must be reviewed.
2. It is the physician's responsibility to complete the CTO Information Record at the time of issuing, renewing, or re-issuing a CTO, for all CTOs issued, renewed, or re-issued.
3. The "Data Definitions and Guidelines for Completing CTO Information Record" are available as a reference. Please refer to these to assist with completing the form.
4. The CTO Information Record is most easily completed at the time of issuing, renewing, or re-issuing the CTO and completing the Form 45.
5. The completed CTO Information Record should be submitted to Administrative Assistant, CTO Information Project, Finance and Information Management Branch, Ministry of Health and Long-Term Care, 5700 Yonge St. 4th floor, Toronto ON M2M 4K5.
6. If you have questions or require further information regarding the CTO Information Record, please contact Administrative Assistant, CTO Information Project, Finance and Information Management Branch, Ministry of Health and Long-Term Care, 5700 Yonge St. 4th floor, Toronto ON M2M 4K5. Tel: (416) 327–9184.

**Data Definitions and Guidelines for Completing CTO Information Record**

| Item # and Data Element | Data Definition | Valid Options | Rationale for Collecting Data |
|---|---|---|---|
| **1.** Date of birth | Date of birth of the person getting the CTO | Date format *(yyyy/mm/dd)* | To provide demographic information for monitoring CTO utilization by age |
| First and last initials | First name and last name initials of the person getting the CTO | | To create a unique identifier (along with Date of Birth) to link records for persons receiving multiple CTOs for monitoring CTO utilization and outcomes |
| **2.** Date of issue | Date when the CTO was issued by the physician | Date format *(yyyy/mm/dd)* | To monitor CTO utilization at any given time and duration of time people are under CTOs when CTOs are renewed or re-issued |
| Issuing physician name and work address | Name of physician who is issuing the CTO, name and address of organization/agency where the physician is working. Address provided should be the address where the patient's health record is kept. | | To provide CTO utilization information for different regions, communities, etc. |
| **3.** Service where patient is issued the CTO | Service affiliation of patient and physician at the time CTO is issued | As listed on form. Only one should be checked off. If 'Other' is checked, the type of service should be specified. | To provide CTO utilization information around types of service where CTOs originate |
| **4.** Consent provided by | Who provided consent for the CTO? | 1. Patient or<br>2. Substitute Decision-Maker | To monitor provision of consent |
| **5.** CTO | Whether the current CTO is the first one to be issued for this patient, a renewal or a re-issue. A renewal is a continuance of a previous CTO. A Re-issue is a CTO that is not the first for the patient, yet is being issued after some time (>1 month) has lapsed without a CTO | 1. 1st Issue<br>2. Renewal<br>3. Re-Issue | To monitor CTO utilization and duration of time people are under CTOs |
| Total number of CTOs patient has had | Total number including current one | Answer should reflect what is known to the best knowledge of the physician | To monitor CTO utilization and duration of time people are under CTOs |
| **6.** Sex | Sex of the patient | 1. Male<br>2. Female | To provide demographic information for monitoring CTO utilization by sex |
| **7.** No. of psychiatric hospitalizations in past 6 months | Total number admissions to an inpatient psychiatric service that the patient has had in the six months prior to the date of issuing the current CTO. | Record no. of psychiatric hospitalizations in past 6 months | To obtain a baseline measure of psychiatric hospitalizations in the six months prior to CTO and during CTO(s) |
| **8.** Service Involvement during previous 6 months | Services patient had received during previous 6 months from date of issue of current CTO | Check all that apply on list provided on form. Specify other service(s). If information not known, check 'Don't know' option | To obtain a baseline measure of service involvement six months prior to CTO and during CTO(s) |
| **9.** Services to be involved in current CTO | Services to be involved in the treatment plan in the current CTO | Check all that apply on list provided on form. Specify other service(s) | To monitor range of services involved in CTO treatment plans |
| **10.** Legal system involvement | Patient's involvement with legal system during previous 6 months | Check all that apply on list provided on form. If information not known, check 'Don't know' option | To obtain a baseline measure of legal system involvement six months prior to CTO and during CTO(s) |
| **11.** Psychiatric diagnoses | Patient's diagnostic categories of mental disorder, as diagnosed by a recognized health professional | Check all that apply from list provided on form. Specify other disorder(s) | To obtain clinical descriptive information about clients/patients who are under CTOs |
| **12.** (a) Lives with | Who, if anyone, the patient usually lives with | Check all that apply from list provided on form | To provide demographic information for monitoring CTO utilization by living situation |
| (b) Housing type | The *usual* housing type of the patient | Check *one* from list provided on form. | |
| Name, date, telephone no. of person completing form | Contact information of person completing form. This is usually the physician, but could be a delegate | | To have contact information in the event questions arise about the information provided on the form. |


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