

# MCYS Reports/EMHware Data Capture

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Report Code	Report Name	EMHware Data Capture
ASSESS#	The Number of Assessments	Program History – Screening Results Eligible Screening Result Date during report period
BSNOS#	Number of Children/Youth requiring No Further Services Following Brief Service	Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge Discharge date during report period No Discharge Referral made
		NOTES  Discharge Date – Receiving Services Date <= 1 month  1 month = number of days in the month the client started receiving services.
CCSCHDSER#	Number of Children Served	Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES Client counted once
CCSFAMSER#	Number of Families Served	Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Direct Contacts Client(s) – List family members and/or
		Significant participant(s) selectedNOTES
		1 family is counted for each client with direct contacts during the report period where family members are listed as clients, and/or significant participant(s) are in attendance. If there are siblings receiving services, they are treated as distinct clients.
CCSPARSER#	Number of Participants in Workshops/Seminars	Direct Contact Group Format Session Number 1
		Program History – Receiving Services Receiving services
		NOTES Count of participants in session number 1 only for group contacts.
CDAYSREC#	Number of Days of Seasonal Camps Received	Program MCYS Service Type Seasonal Camp
		Direct Contact Client must be present.
		Program History – Receiving Services Receiving services
		NOTES  1 contact per day = 1 day of camp
CINDSER#	Number of Individuals Served Through Seasonal Camps	Program MCYS Service Type Seasonal Camp
		Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES
CLIENTCON#	Number of Client Consultations	Client counted once  Direct Contact Client present or Significant participant(s) selected
		Contact Activity Category Consultation
		Program History – Receiving Services Receiving services
		NOTES  Total of Direct Contacts with the presence of the client or significant participants during report period.

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Report Code	Report Name	EMHware Data Capture
COMPLNO#	Number of Completions No Charges	Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge Discharge date during report period
		Client Events > Legal Status No New Charges
		NOTES
		Worker must create a No New Charges legal event prior to discharging client
CPOSEX#	Number of Caregivers/Youth Reporting Positive Experience with the Service System	Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge
		Discharge date during report period  Caregiver/Youth reports Positive Experience checked
		Caregiver/ Toutil Teports Positive Experience Checkeu
		NOTES
	Number of Caregivers (Vouth Penerting	Total of checked checkboxes
CPOSOC#	Number of Caregivers/Youth Reporting Positive Outcomes	Program History – Receiving Services  Receiving services date before or during report period.
		Program History - Discharge
		Discharge date during report period
		Caregiver/Youth reports Positive Outcome checked
		NOTES
	Number of children served-CAS referrals	Total number of checked checkboxes  Program History – Referral
CWTCHDREF#	Number of children served-CAS referrals	CAS as the external referral source
		Program History – Receiving Services  Receiving services date before or during report period.
		Program History - Discharge
CIA/TEANAACV#	Total number of families referred to agency	Not discharged or discharge date after report start date.  Program History – Referral
CWTFAMAGY#	Total number of families referred to agency	From any external source
		Program History – First Contact Date First Contact date during report period
		Direct Contacts Client(s) – List family members
		and/or
		Significant participant(s) selectedNOTES
		1 family is counted for each client with direct contacts during the
		report period where family members are listed as clients, and/or significant participant(s) are in attendance. If there are siblings
		receiving services, they are treated as distinct clients.
CWTFAMCAS#	Total number of families referred by CAS	Program History – Referral  CAS as the external referral source
		Program History - First Contact Data
		Program History – First Contact Date First Contact date during report period
		Direct Contacts
		Client(s) – List family members and/or
		Significant participant(s) selectedNOTES
		1 family is counted for each client with direct contacts during the
		report period where family members are listed as clients, and/or significant participant(s) are in attendance. If there are siblings
		receiving services, they are treated as distinct clients.

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Report Code	Report Name	EMHware Data Capture
CWTFAMREF#	Number of families served-CAS referrals	Program History – Referral  CAS as the external referral source
		S to as the external relettal source
		Program History – Receiving Services
		Receiving services date before or during report period.
		5 40 4
		Program History - Discharge  Not discharged or discharge date after report start date.
		Not discharged or discharge date after report start date.
		Direct Contacts
		Client(s) – List family members
		and/or
		Significant participant(s) selectedNOTES
		1 family is counted for each client with direct contacts during the
		report period where family members are listed as clients, and/or
		significant participant(s) are in attendance. If there are siblings
	N 1 (5 (5 ))	receiving services, they are treated as distinct clients.
DAYREC#	Number of Days of Residential Care	Program MCYS Service Type Residential
		Residential
		Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		0 0
		NOTES
		Discharge Date or End Report Date (the lesser of the two )
		Receiving Services Date or Report Start Date (the greatest of the
		two)
		Number of days
DTSER#	Number of Individuals Receiving Day	Program MCYS Service Type
	Treatment Service	Day Treatment
		Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once
EDSESSAS#	Total number of Education Sessions	Workload Activity Category
		30 Teaching / In-service (TIS)
		NOTES
		Total of workload contacts with an activity assigned a category of 30
		Teaching / In-service (TIS)
FAMPROG#	Number of Families Receiving Programming	Direct Contact
		Client(s) – List family members and/or
		Significant participant(s) selected
		Contact Activity Category
		Counseling
		Brogram History - Receiving Carriese
		Program History – Receiving Services Receiving services
		NOTES
		1 family is counted for each client with direct contacts during the
		report period where family members are listed as clients, and/or
		significant participant(s) are in attendance. If there are siblings receiving services, they are treated as distinct clients.
FSFAMSER#	Number of Families Served	Program History – Receiving Services
, SI / IIVISLIN#		Receiving services date before or during report period.
		Burney Water Birth
		Program History - Discharge  Not discharged or discharge date after report start date.
		ivot discharged of discharge date diter report staff date.
		Direct Contacts
		Client(s) – List family members
		and/or Significant participant(s) selected
		Significant participant(s) selectedNOTES
		1 family is counted for each client with direct contacts during the
		report period where family members are listed as clients, and/or
		significant participant(s) are in attendance. If there are siblings
		receiving services, they are treated as distinct clients.

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Report Code	Report Name  Number of Hours of Direct Service	EMHware Data Capture  Direct Contact
HOUDIRS#	Number of flours of bilect service	Individual or group format
		Method must be Face-to-Face, Phone or Video Conference
		Client present or Significant participant(s) selected
		Program History – Receiving Services
		Receiving services
		NOTES
		Total of activities duration for the contact independent of number of
		clients present
HOUDIRDYJ#	The Number of Hours of Direct Service -	Direct Contact
	Detention	Individual or group format  Method must be Face-to-Face, Phone or Video Conference
		Client present or Significant participant(s) selected
		Client Events > Legal Status Detention community release plan
		Detention community release plan
		Program History – Receiving Services
		Receiving services
HOUDIRYJ#	The Number of Hours of Direct Service	Direct Contact
		Individual or group format
		Method must be Face-to-Face, Phone or Video Conference Client present or Significant participant(s) selected
		Cheft present of significant participant(s) selected
		Program History – Receiving Services
		Receiving services
HOURMH#	Number of hours of Mental Health	Direct Contact
	Intervention	Individual format  Method must be Face-to-Face or Video Conference
		Client present or Significant participant(s) selected
		The state of the s
		Contact Activity Category
		Consultation or Intervention
		Program History – Receiving Services
		Receiving services
IDFINDSER#	Number of Individuals Served Through In-	Program MCYS Service Type
	Home ASD Respite Services – Direct Funding	In-Home Respite
	Option(DFO)	Direct Contact Funding Course Direct Funding Option (DEO)
		Direct Contact - Funding Source Direct Funding Option(DFO) Client must be present
		Cheft made be present
		Program History – Receiving Services
		Receiving services
		NOTES
		Client has a minimum of 1 contact during the report period
IDSINDSER#	Number of Individuals Served Through In-	Program MCYS Service Type
	Home ASD Respite Services – Direct Service	In-Home Respite
	Option(DSO)	Direct Contact Funding Saures Direct Comics Ontice (DCO)
		Direct Contact - Funding Source Direct Service Option(DSO) Client must be present
		Silver index de present
		Program History – Receiving Services
		Receiving services
		NOTES
		Client has a minimum of 1 contact during the report period
IHHRSRS#	Number of Hours of In-Home ASD Respite	Program MCYS Service Type
-	Services Received	In-Home Respite
		Direct Contact
		Client must be present
		Program History – Receiving Services
		Receiving services
		NOTES
		Total of activities duration for the contact independent of number of
		clients present
INDSCREEN#	Individuals Screened Out	Program History – Screening Results
		Not Eligible
		Screening Result Date during report period

Report Code	Report Name	EMHware Data Capture
INDSER# MHWINDSER#	Number of Individuals Served	Program History – Receiving Services Receiving services date before or during report period.
AMHINDSER# INDSERACC#		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES
INDSERDYJ#	Number of Individuals Served-Detention	Client counted once Program History – Receiving Services
INDUCTION		Receiving services date before or during report period.
		Client Events > Legal Status Detention community release plan
		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES
		A client would be counted more than once if more than one program history as long as was discharged with Completion with/without referral
INDSERYJ#	Number of Individuals Served	Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES
		A client would be counted more than once if more than one program history as long as was discharged with Completion with/without referral
INDVDD#	Number of Individuals Developmental Delay	Program History – Receiving Services Receiving services
		Mental Health – Primary Diagnosis/Additional Diagnoses Developmental Handicap
INDVDUAL#	Number of Individuals Dual Diagnosis	Program History – Receiving Services Receiving services
		Mental Health – Other Illness Information Dual Diagnosis (Developmental Disability)
INDVEDVOC#	Number of Individuals Receiving Educational Vocational Supports	Direct Contact Client is present or significant participant(s) selected
		Contact Activity Category Skill Building and Support
		Program History – Receiving Services Receiving services
INFAMSERV#	Number of Families Served In-Home	Program MCYS Service Type In-Home Respite
		Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Direct Contacts Client(s) – List family members
		and/or Significant participant(s) selected
		1 family is counted for each client with direct contacts during the report period where family members are listed as clients, and/or significant participant(s) are in attendance. If there are siblings
INULONATURS#	Number of Hours of In-Home Service	receiving services, they are treated as distinct clients.  Program MCYS Service Type
INHOMEHRS#	Number of flours of infilling service	In-Home Respite
		Direct Contact Location Client must be present
		Program History – Receiving Services Receiving services
		NOTES  Total of activities duration for the contact independent of number of clients present

Report Code	Report Name	EMHware Data Capture
INTPNA#	Number of Children/Youth with Psychiatric Assessed Needs	Program History - Screening Screening Result is Eligible Psychiatric Youth Assessed Need selected
		Program History – Receiving Services Receiving services date before or during report period.
	Number of Cities and C	Program History - Discharge  Not discharged or discharge date after report start date.
MH0-5#	Number of Children and Youth between ages 0-5	Program History - Screening Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset – DOB Client age 0-5 on the date Screened for Eligibility or report start date if carried over
		Client counted once Age is calculated at intake or at start of fiscal year if carried over.
MH11-14#	Number of Children and Youth between ages 11-14	Program History - Screening Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset – DOB Client age 11-14 on the date Screened for Eligibility or report start date if carried over
	Number of Children and Market	Client counted once Age is calculated at intake or at start of fiscal year if carried over.
MH15-18#	Number of Children and Youth between ages 15-18	Program History - Screening Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset – DOB Client age 15-18 on the date Screened for Eligibility or report start date if carried over
		NOTES
		Client counted once Clients over 18 are counted in this age category. See maximum age setting
MH6-10#	Number of Children and Youth between	Age is calculated at intake or at start of fiscal year if carried over.  Program History - Screening
	ages 6-10	Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset – DOB Client age 6-10 on the date Screened for Eligibility or report start date if carried over
		NOTES Client counted once Age is calculated at intake or at start of fiscal year if carried over.
MHBNA#	Number of Children/Youth with Behavioural Assessed Needs	Program History - Screening Screening Result is Eligible Behavioural Youth Assessed Need selected
		Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES Client counted once Total smaller or equal to MHUCYS#

Report Code	Report Name	EMHware Data Capture
MHCNA#	Number of Children/Youth with Complex Assessed Needs	Program History - Screening Screening Result is Eligible
		Complex Youth Assessed Need selected
		Program History – Receiving Services Receiving services date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		NOTES
		Client counted once Total smaller or equal to MHUCYS#
		The complex selection is used in conjunction with the priority needs
		to designate children/youth requiring multiple services/treatments and/or multiple service providers.
MHENA#	Number of Children/Youth with Emotional Assessed Needs	Program History - Screening Screening Result is Eligible
	, ascessed rectus	Emotional Youth Assessed Need selected
		Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge Not discharged or discharge date after report start date.
		NOTES
		Client counted once Total smaller or equal to MHUCYS#
MHENDCY#	Number of Children/Youth Who Ended	Program History – Receiving Services
	Service	Receiving services date before or during report period. and
		Program History - Discharge Discharge date during report period
		or
		Program History – ELIGIBLE Screening Result
		and Program History - Discontinued
		Discontinued date during report period
MHGF#	Number of Unique Female Children/Youth	Program History - Screening
	Served	Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset Gender is Female
		NOTES
MUCM#	Number of Unique Male Children/Youth	Client counted once Program History - Screening
MHGM#	Served	Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset Gender is Male
		NOTES
MHGO#	Number of Unique Children/Youth Served	Client counted once Program History – Screening
WIII IOO#	with Gender Other	Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge date after report start date.
		Client Dataset Gender is not Male nor Female (e.g. Unknown)
		NOTES
		Client counted once

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Report Code	Report Name	EMHware Data Capture
MHINA#	Number of Initial Needs Assessments	Program History - Screening
		Screening Result is Eligible Eligible Screening Result date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once.
		MHINA# total should be smaller than the sum of MHBNA#, MHENA#, MHSNA#, MHSUNA#, MHTNA#, MHCNA#, and INTPNA#.
		Total smaller or equal to MHUCYS#.
MHSD#	Number of Elapsed Days (Service Duration)	Program History – Receiving Services
141113511	of Service Received by Children/Youth	Receiving services date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Discharge Date or End Report Date (the lesser of the two )
		<ul> <li>Receiving Services Date</li> </ul>
		Days + 1 (Start Date is counted)
MHSNA#	Number of Children/Youth with Social	Program History - Screening
IVII ISIVA#	Assessed Needs	Screening Result is Eligible
		Social Youth Assessed Need selected
		Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		See and the see an
		NOTES
		Client counted once
		Total smaller or equal to MHUCYS#
MHSUNA#	Number of Children/Youth with Substance	Program History - Screening
	Use Assessed Needs	Screening Result is Eligible Substance Use Youth Assessed Need selected
		Substance ose routh rissessed reced selected
		Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once
		Total smaller or equal to MHUCYS#
MHTNA#	Number of Children/Youth with Trauma	Program History - Screening
	Assessed Needs	Screening Result is Eligible
		Trauma Youth Assessed Need selected
		Program History – Receiving Services
		Receiving services date before or during report period.
		5
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		NOTES Client counted once
		Total smaller or equal to MHUCYS#
MHUCYS#	Number of Unique Children/Youth Eligible	Program History - Screening
	for Service	Screening Result is Eligible
		Eligible Screening Result date before or during report period.
		Program History - Discharge  Not discharged or discharge data after report start data
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once
		MHUCYS# = MHGM# + MHGF# + MHGO#
		MHUCYS# = MH0-5# + MH6-10# + MH11-14# + MH15-18#

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Report Code	Report Name	EMHware Data Capture
MHWT#	Number of Days Children/Youth Waited for	Program History – Receiving Services
	Service	Receiving services date before or during report period.
		Brogram History Discharge
		Program History - Discharge  Not discharged or discharge date after report start date.
		Not discharged of discharge date after report start date.
		NOTES
		Receiving Services Date
		-
		First Contact Date
		Days Waited + 1
ODFINDSER#	Number of Individuals Served Through Out-	Program MCYS Service Type
	of-Home ASD Respite Services – Direct	Out-of-Home Respite
	Funding Option(DFO)	Divert Contact Founding Contact Founding Outline (DEO)
		Direct Contact - Funding Source Direct Funding Option(DFO)  Client must be present
		Client must be present
		Program History – Receiving Services
		Receiving services
		Accelving services
		NOTES
		Client has a minimum of 1 contact during the report period
ODSINDSER#	Number of Individuals Served Through Out-	Program MCYS Service Type
ODSINDSEK#	of Home ASD Respite Services – Direct	Out-of-Home Respite
	Service Option(DSO)	Cat of Home Respite
		Direct Contact - Funding Source Direct Service Option(DSO)
		Client must be present
		'
		Program History – Receiving Services
		Receiving services
		NOTES
		Client has a minimum of 1 contact during the report period
OHHRSRS#	Number of Hours of Out-of-Home ASD	Program MCYS Service Type
	Respite Services Received	Out-of-Home Respite
		Direct Contact
		Client must be present
		Program History – Receiving Services
		Receiving services
		NOTEC
		Total of activities duration for the contact independent of number of
		clients present
OUTCUII DII	Number of Children/Youth receiving Out-of-	Program MCYS Service Type
OUTCHILD#	Home Respite Service	Out-of-Home Respite
	Trome nespite service	out of Home Respite
		Program History – Receiving Services
		Receiving services date before or during report period.
		G 22.2.2.3.0 G.F2.2.P2.1.22.1
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once
OUTDAYS#	Number of Days of Out-of-Home Service	Program MCYS Service Type
		Out-of-Home Respite
		Direct Contact
		Client must be present.
		Program History – Receiving Services
		Receiving services
		NOTES
		1 contact per day = 1 day of service
POCOC"	Number of Children Vouth with Positive	
POSOC#	Number of Children/Youth with Positive Outcomes	Program History – Receiving Services  Receiving services date before or during report period.
	Outcomes	necesting services date before of during report period.
		Program History - Discharge
		Discharge date during report period
		Children/Youth displays Positive Outcome checked
		NOTES
		Total number of checked checkboxes
	1	. 232. Harrison of direction directions

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Report Code	Report Name	EMHware Data Capture
PROGCONAS#	Total number of Program Consultations	Workload Activity Category Program Consultation
		NOTES
		Total of workload contacts with an activity assigned a category of
		Program Consultation
RESSER#	Number of Individuals Receiving Residential Service	Program MCYS Service Type Residential
		Dunament History - Passising Comitoe
		Program History – Receiving Services Receiving services date before or during report period.
		The second secon
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once
SCTCY#	Number of Children/Youth requiring	Program History – Receiving Services
	Transitions at end of CYMH service	Receiving services date before or during report period.
		Program History - Discharge
		Discharge date during report period
		Dischauge Referred
		Discharge Referral Discharge Referral to another program or an external agency.
SMALLACT#	Number of allocation and funding activities	Workload Activity Category
		Allocation and Funding
		NOTES
		Total of workload contacts with an activity assigned a category of
		allocation and funding
SMLEADACT#	Number of leadership activities	Workload Activity Category
		Leadership
		NOTES
		Total of workload contacts with an activity assigned a category of
CAADEDENACT#	Number of performance management	Leadership Workload Activity Category
SMPERFMGT#	activities	Performance Management
		Total of workload contacts with an activity assigned a category of
		performance management
SMPLANACT#	Number of planning activities	Workload Activity Category
		Planning
		NOTES
		Total of workload contacts with an activity assigned a category of
		planning
SMSPDAACT#	Number of service delivery and program alignment activities	Workload Activity Category Service Delivery and Program Alignment
	angiment activities	NOTES
		Total of workload contacts with an activity assigned a category of
	Number of Suggestive Completions	service delivery and program alignment
SUCCDET2#	Number of Successful Completions - Counseling - Detention	Client Events > Legal Status Detention community release plan
		, , , , , , , , , , , , , , , , , , , ,
		Program History - Discharge
		Discharge date during report period  Exit disposition – Completion with/without referral
SUCCOMPL2#	Number of Successful Completions-	Client Events > Legal Status
2000 IVII LETT	Counseling	Found guilty/Sentenced
		Dragram History Discharge
		Program History - Discharge Discharge date during report period
		Exit disposition – Completion with/without referral

Report Code	Report Name	EMHware Data Capture
TPPART#	Number of Participants in	Direct Contact
	Sessions/Workshop/Training	Session Number set to 1
		Contact Activity Category
		Skill Building and Support
		Program History – Receiving Services
		Receiving services
		NOTES
		All contacts for registered clients where the session number is set to
		1 and an activity with a category of Skill Building and Support has
		been selected.
		<b>Group Contacts</b> : Count of registered clients present and anonymous clients
		Individual Contacts: Number of significant participants + client if
		present
UACCHILD#	Number of Children Served	Program History – Receiving Services
		Receiving services date before or during report period.
		Program History - Discharge
		Not discharged or discharge date after report start date.
		NOTES
		Client counted once
UACPARTIC#	Number of Participants	Group Contact
		Number of registered clients present + number of anonymous clients
		Children ages 7-15
UACREQST#	Number of requests for Akwe:go programs	Program History – First Contact Date
	and services.	First Contact date during report period
		Children ages 7-15
		NOTES
		Number of program history opened during reporting period

## **MCYS Detail Codes**

 $\underline{Administration} > \underline{Program\ Manager} > [select\ program] > \underline{Select\ all\ MCYS\ Functions\ associated\ with\ the\ selected\ program.}$ 

A346 - Child Abuse Program	A347 - Child Welfare Native Services on Reserve
A348 - Brief Services	A349 - Counselling / Therapy Services
A350 - Crisis Services	A351 - Family/Caregiver Skills Building and Support
A352 - Access Intake Service Planning	A353 - Intensive Treatment Services
A354 - Service Coordination Process	A355 - Specialized Consultation/ Assessment Services
A356 - Targeted Prevention	A357 - System Management
A505 - Residential Placement Advisory Committee	A506 - Community Support - Native Services on Reserve
A508 - Children's Community Support - Other	A511 - Access Mechanism Children's
A517 - Urban Aboriginal Children	A546 - CSN - Community Enhancement Funding
A553 - Targeted Increase - Community-based Mental	A554 - Mental Health Workers for Students in Schools
Health Workers	
A555 - Child and Family Intervention Operating -	A556 - Child and Family intervention Operating - Non-
Residential	Residential
A559 - Child and Family Intervention Intensive Child and	A560 - Mobile Crisis
Family Services	
A561 - Ontario Child and Youth Telepsychiatry Program	A562 - Children's Mental Health 0-6
A566 - Section 23 Classrooms	A567 - In and Out-of-Home Respite
A569 - Aboriginal Mental Health and Addictions Workers	A570 - Child and Family Intervention Native Services on
	Reserve
A572 - ISNC Ministry of Education	A574 - ISNC MCSS/MCYS
A577 - Child Treatment - Operating - Secure	A578 - Child Treatment - Operating - Resident
A579 - Child Treatment - Operating - Non-Residential	A583 - CMH Outpatient Programs
A597 - ASD Respite Services	A771 - Community Capacity Funding
A812 - Intensive Support and Supervision (ISSP)	A839 - YJSD Direct Counselling
A853 - Community Support Team (CST)	A890 - Secure Detention
A893 - Secure Custody Contract	

# **MCYS Service Type**

 $\underline{Administration} > \underline{Program\ Manager} > [select\ program] > Select\ the\ MCYS\ Service\ Type\ related\ to\ the\ selected\ program.$ 

Day Treatment
Early Years Centre
In-Home Respite
Out-of-Home Respite
Residential
Seasonal Camp

# Contact/Workload Activity Category

<u>Administration</u> > <u>Activity Manager</u> > [select activity] > set the category

### **Client Contacts**

Activities	Category
Client Consultations	Consultation
Formal counseling interventions, psychotherapy,	Intervention
behavioural therapy, behavioural supervision,	
psychiatric consultation, and clinical social work	
Family Counselling	Family Counselling
Individual, group or Family skill Building and Support	Skill Building and Support
type activities	

#### Workload

Activities	Category
Education Sessions	30 Teaching / In-service (TIS)
Program Consultations	Program Consultation
Leadership	Leadership
Service Delivery and Program Alignment	Service Delivery and Program Alignment
Performance Management	Performance Management
Allocation and Funding	Allocation and Funding

# **Group Contact Session Number**

The session number will default to 1 for new direct contacts.

When you copy a contact with a group with a specific number of sessions, EMHware will increment the session number. If the number of sessions for the group, has been reached, EMHware will set the session number at one. Note this feature only works when copying a contact.

To set the number of sessions for a group go to <u>Administration</u> > <u>Group Manager</u> > [Select Group]

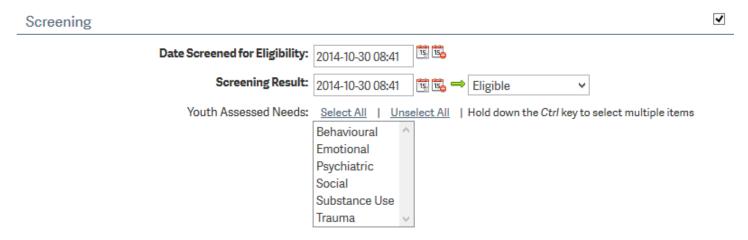
# **Direct Contact Funding Source**

Direct Funding Option (DFO) and Direct Service Option (DSO) are only required for certain functions. If they are required on your system, please contact us at <a href="mailto:support@emhware.com">support@emhware.com</a>

#### Youth Assessed Needs

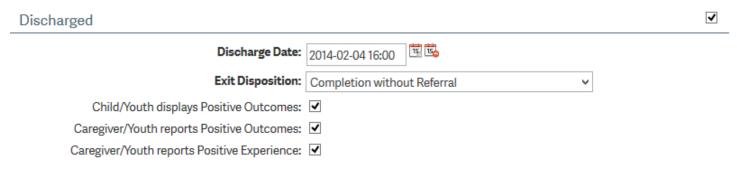
The Youth Assessed Needs field is found in the Program History Screening Section.

Select the appropriate needs following assessment as determined by your agency's policies.



# Positive Outcomes & Experience

Positive Outcomes & Experience checkboxes are found in Program History Discharge Section.



#### CAS as the external referral source

All CAS external sources in your system must be flagged as such. EMHware support staff will gladly set this up for your agency.

#### Family

One family per client is counted.

## **Direct Contact Significant Participants**

When family members are not clients, they are added to the client's contacts as significant participants.

#### **Direct Contact Client List**

When a parent/caregiver is also a client, they are added as a client to the child/youth contacts. EMHware will then look at the family group to determine if a family was being served.

#### **Family Group**

<u>Client File</u> > <u>Client Connections</u> > ONew

The Family Unit checkbox must be checked.

A family must have a minimum of 2 clients, with a minimum of 1 Dependent/Child or Youth.

# Client Maximum Age setting

The default maximum age is 18. Please contact <a href="mailto:support@emhware.com">support@emhware.com</a> to adjust value if required.

# Youth Justice - Client Legal Status Events

Detention Community Release Plan Found Guilty/Sentenced No new charges