Fixus User Guide v1

EMPHN Mental Health Nursing Services

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EASTERN MELBOURNE

An Australian Government Initiative

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Primary Mental Health Care Minimum Data Set (PMHC-MDS)

In order to monitor and evaluate regional service delivery against key performance indicators, all 31 PHNs across Australia are required to collect and enter/upload data into the PMHC MDS.

The PMHC MDS has been developed on the basis of the previous ATAPS MDS, but has been expanded to capture the broader range of mental health services that are now being commissioned by PHNs.

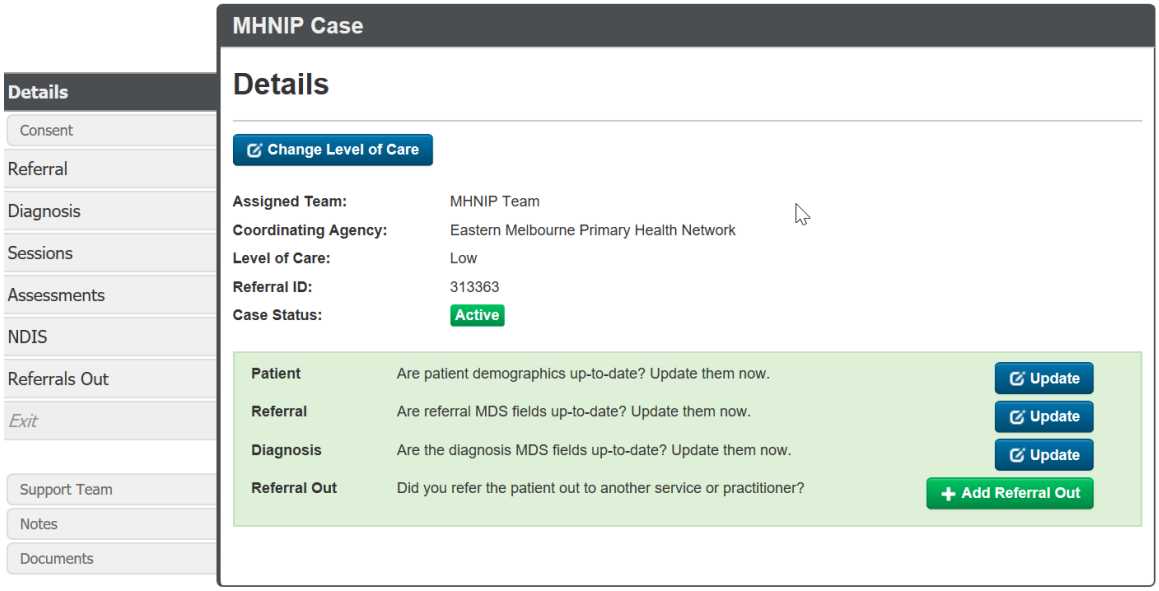
The key changes required in the PMHC-MDS are listed on Table 1, with corresponding explanation or applications in EMPHN's Fixus provided.

Table1. PMHC-MDS & Fixus for MHNIP

Key changes in PMHC-MDS	Explanations/applications to the MH Nursing Service version (MHNIP) in Fixus
PHNs and their commissioned organisations identified	EMPHN and EOs will be identified
Improved workforce data; incorporated from outset	**Practitioner Profile** (Fixus screen: Mental Health Nurse Profile) The Practitioner details will be required at your first login on and after 7 August 2017. • Gender • Date of Birth • Aboriginal and Torres Strait Islander (ATSI) descent • ATSI Cultural Training
Client consent recorded	**Updating client consent** (Fixus screen: Consent) To confirm that client consent for data supply to the Department has been obtained. Any records attached to clients who do not provide consent will not be passed to the Department. • For new referrals- this is covered in the EMPHN MH referral form • For existing clients: consent tick box on Fixus
Introduction of a consistent process for allocation of region-wide unique client identifiers	**Demographic characteristics of clients** (Fixus screen: New Referral screen) • Suicide referral flag • Homelessness • Is the client a participant in the National Disability Insurance Scheme? (Yes, No) • Marital status • Employment participation • Labour force • Source of cash income • Health care card

Enhanced approach to defining 'episodes' according to broadened 'principal focus of treatment plan' capturing the various new types of services to be delivered (e.g., psychological therapy, low intensity psychological intervention, clinical care coordination, complex care package, child and youth-specific mental health services, Indigenous-specific mental health services)	**Service contact** (Fixus screen: MHNIP Session Attendees) • Service contact type
Service contacts expanded to include interactions with third parties in relation to the client, including where the client is not present. Broader categorisation of service contacts to capture new service types (e.g., clinical care coordination, clinical nursing services and other services not directly involving the client)	**Service contact** (Fixus screen: MHNIP Session Attendees) • Service modality • Client participation indicator • Location postcode • Service contact participants • Service venue
Diagnosis • Comprehensive (abbreviated) diagnostic categories, based on DSM-IV-TR • Distinguishes between principal vs additional diagnoses	**Clinical characteristics of clients** (Fixus screen: Diagnosis) • Client diagnosis/presenting complaint • Medication
Outcome measures • reduced to core set of mandatory measures (K-10+, K-5, SDQ) • pre- and post-treatment scores and scores at any time during episode • option to record individual item, subscale or total scores initially will eventually change to mandatory recording of individual item scores	**New outcome measure** (Fixus screen: MHNIP Case) HoNOS no longer required. For new clients, K-10 or its equivalent need to be completed on the first session. For existing clients, K-10 or its equivalent need to be completed when you see the client on or after the EMPHN cut-off date of 7 August 2017 for MH Nursing service. For example, if you have seen the client 5 times before and is due to see the client again on August 7, you need to complete a K-10. Frequency of completing the K-10: After the first K-10, this needs to be completed every 6 sessions, e.g. at session 6,12, 18 and 24. A K-10 needs to be completed on discharge. Occasion/Reason: (drop down box) to be completed: Start, Review, End.

The green box on the client screen provides links to complete client demographics and takes you to the screens to update. Most PMHC-MDS items are now on Referral and Diagnosis.



All clients must have PMHC-MDS items completed before the 3rd session can be entered. However, the K-10 or equivalent needs to be completed on the first session.

Practioner Profile

The following Practitioner details are now mandatory as part of the PMHC-MDS:

- Gender
- Birth Date
- Are you Aboriginal or Torres Strait Islander (ATSI) decent
- ATSI Cultural Training.

ATSI Cultural Training

Indicates whether a practitioner has completed a recognised training programme in the delivery of culturally safe services to Aboriginal and Torres Strait Islander peoples.

Yes

- The practitioner has:
  - undertaken specific training in the delivery of culturally appropriate mental health /health services for Aboriginal and Torres Strait Islander peoples. As a guide, recognised training programs include those endorsed by the Australian Indigenous Psychologists' Association (AIPA) or similar organisation; or
  - undertaken local cultural awareness training in the community in which they are practising, as delivered or endorsed by the elders of that community or the local Aboriginal Community Controlled Health Service.

No

- The practitioner has not met the requirements stated above.

Not required

- This option is reserved only for practitioners who are of Aboriginal and Torres Strait Islander descent, or employed by an Aboriginal Community Controlled Health Service.

Missing/Not recorded

- This is a system code for missing data and not a valid response option for practitioners.

Updating client consent

Client consent is a PMHC-MDS item that confirms the client's willingness for anonymised data to be sent to the Dept. of Health. Any records attached to clients who do not provide this consent will still be captured in Fixus but will not be passed to the Department. This consent is different to the consent clients provide to share their information with Eastern Melbourne PHN.

For existing clients, the MH nurses needs to discuss obtain verbal consent from their client by explaining what's going to happen to their information for example:

Your information will be de-identified, shared with the Australian Government Department of Health, through the PHNs, to be used to monitor and evaluate the performance of the service system thereby optimizing client outcomes.

Client consent

An indication that the client has consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services

Yes

- The client has consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services. The client's data will be included in reports and extracts accessible by the Department of Health.

No

- The client has not consented to their anonymised data being provided to the Department of Health for statistical purposes in planning and improving mental health services. The client's data will be excluded from reports and extracts accessible by the Department of Health.

Demographic characteristics of clients

The following items need to be updated. Go to the Referral section in Fixus.

a. Suicide referral flag
b. Homelessness
c. Is the client a participant in the National Disability Insurance Scheme? (Yes, No)
d. Marital status
e. Employment participation
f. Labour force
g. Source of cash income
h. Health care card

Suicide Referral Flag

Identifies those individuals where a recent history of suicide attempt, or suicide risk, was a factor noted in the referral that underpinned the person's needs for assistance at entry to the episode.

Homelessness

An indication of whether the client has been homeless in the 4 weeks prior to the current service episode.

Sleeping rough or in non-conventional accommodation

- Includes sleeping on the streets, in a park, in cars or railway carriages, under bridges or other similar 'rough' accommodation

Short-term or emergency accommodation

- Includes sleeping in short-term accommodation, emergency accommodation, due to a lack of other options. This may include refuges; crisis shelters; couch surfing; living temporarily with friends and relatives; insecure accommodation on a short term basis; emergency accommodation arranged in hotels, motels etc. by a specialist homelessness agency.

Not homeless

- Includes sleeping in own accommodation/rental accommodation or living with friends or relatives on a stable, long term basis

Select the option that best fits the client's sleeping arrangements over the preceding 4 weeks.

Marital Status

A person's current relationship status in terms of a couple relationship or, for those not in a couple relationship, the existence of a current or previous registered marriage:

Never married

Widowed

- This usually refers to registered marriages but when self-reported may also refer to de facto marriages.

Divorced

Separated

- This refers to registered marriages but when self-reported may also refer to de facto marriages.

Married (registered and de facto)

- Includes people who have been divorced or widowed but have since re-married, and should be generally accepted as applicable to all de facto couples, including of the same sex.

Not stated/inadequately described

- This is not for use on primary collection forms. It is primarily for use in administrative collections when transferring data from data sets where the item has not been collected.

Employment Participation

Whether a person in paid employment is employed full-time or part-time

Applies only to people whose labour force status is employed. (See metadata item Labour Force Status, for a definition of 'employed'). Paid employment includes persons who performed some work for wages or salary, in cash or in kind, and persons temporarily absent from a paid employment job but who retained a formal attachment to that job.

Full-time

- Employed persons are working full-time if they: (a) usually work 35 hours or more in a week (in all paid jobs) or (b) although usually working less than 35 hours a week, actually worked 35 hours or more during the reference period.

Part-time

- Employed persons are working part-time if they usually work less than 35 hours a week (in all paid jobs) and either did so during the reference period, or were not at work in the reference period.

Not applicable – not in the labour force

Labour Force Status

The self-reported status the person currently has in being either in the labour force (employed/unemployed) or not in the labour force.

Employed

- Employed persons are those aged 15 years and over who met one of the following criteria during the reference week:

- Worked for one hour or more for pay, profit, commission or payment in kind, in a job or business or son a farm (employees and owner managers of incorporated or unincorporated enterprises).
- Worked for one hour or more without pay in a family business or on a farm (contributing family workers).
- Were employees who had a job but were not at work and were:
    - away from work for less than four weeks up to the end of the reference week; or
    - away from work for more than four weeks up to the end of the reference week and received pay for some or all of the four-week period to the end of the reference week; or
    - away from work as a standard work or shift arrangement; or
    - on strike or locked out; or
    - on workers' compensation and expected to return to their job.
    - Were owner managers who had a job, business or farm, but were not at work.

Unemployed

- Unemployed persons are those aged 15 years and over who were not employed during the reference week, and:

- had actively looked for full time or part time work at any time in the four weeks up to the end of the reference week and were available for work in the reference week; or
- were waiting to start a new job within four weeks from the end of the reference week and could have started in the reference week if the job had been available then.

Actively looked for work includes:

- written, telephoned or applied to an employer for work;
- had an interview with an employer for work;
- answered an advertisement for a job;

- checked or registered with a Job Services Australia provider or any other employment agency;
- taken steps to purchase or start your own business;
- advertised or tendered for work; and
- contacted friends or relatives in order to obtain work.

Not in the labour force

- Persons not in the labour force are those aged 15 years and over who were not in the categories employed or unemployed, as defined, during the reference week. They include people who undertook unpaid household duties or other voluntary work only, were retired, voluntarily inactive and those permanently unable to work.

Source of Cash Income

The source from which a person derives the greatest proportion of his/her income. Options include:

N/A – Client aged less than 16 years

Disability Support Pension

Other pension or benefit (not superannuation)

Paid employment

Compensation payments

Other (e.g. superannuation, investments etc.)

Nil income

Not known

This data standard is not applicable to person's aged less than 16 years.

This item refers to the source by which a person derives most (equal to or greater than 50%) of his/her income. If the person has multiple sources of income and none are equal to or greater than 50%, the one which contributes the largest percentage should be counted.

This item refers to a person's own main source of income, not that of a partner or of other household members. If it is difficult to determine a 'main source of income' over the reporting period (i.e. it may vary over time) please report the main source of income during the reference week.

'Not known' should only be recorded when it has not been possible for the service user or their carer/family/advocate to provide the information (i.e. they have been asked but do not know).

Health Care Card

An indication of whether the person is a current holder of a Health Care Card that entitles them to arrange of concessions for Government funded health services.

Yes

No

Not Known

Details on the Australian Government Health Care Card are available at:
https://www.humanservices.gov.au/customer/services/centrelink/health-care-card

Service contact

Service contact represent the basic unit for counting and describing activities.
For MH Nursing Services/MHNIP, the 'session' will be retained using the MHNIP guidelines cited in the Service Level Agreement with each contracted Eligible Organisation. Payment by session and unit cost of session remain unchanged.

New data fields in 'Service contact' include:

a. Service contact type
b. Service modality
c. Service contact participants

Service Contact Type

The main type of service provided in the service contact, as represented by the service type that accounted for most provider time. Describes the main type of service delivered in the contact, selected from a defined list of categories. Where more than service type was provided select that which accounted for most provider time. **Service providers are required to report on Service Type for all Service Contacts.**
Choices include:

Assessment
Structured psychological intervention
Other psychological intervention
Clinical care coordination/liaison
Clinical nursing services
Child or youth specific assistance NEC
Suicide prevention specific assistance NEC
Cultural specific assistance NEC

Assessment

- Determination of a person's mental health status and need for mental health services, made by a suitably trained mental health professional, based on the collection and evaluation of data obtained through interview and observation, of a person's history and presenting problem(s). Assessment may include consultation with the person's family and concludes with formation of problems/issues, documentation of a preliminary diagnosis, and a treatment plan.

Structured psychological intervention

- Those interventions which include a structured interaction between a client and a service provider using a recognised, psychological method, for example, cognitive behavioural techniques, family therapy or psycho education counselling. These are recognised, structured or published techniques for the treatment of mental ill-health. Structured psychological interventions are designed to alleviate psychological distress or emotional disturbance, change maladaptive behaviour and foster mental health. Structured psychological therapies can be delivered on either an individual or group basis, typically in an office or community setting. They may be delivered by trained mental health professionals or other individuals with appropriate competencies but who do not meet the requirements for registration, credentialing or recognition as a mental health professional. Structured Psychological Therapies include but are not limited to:
    - Psycho-education (including motivational interviewing)
    - Cognitive-behavioural therapies
    - Relaxation strategies
    - Skills training
    - Interpersonal therapy

Other psychological intervention

- Psychological interventions that do meet criteria for structured psychological intervention.

Clinical care coordination/liaison

- Activities focused on working in partnership and liaison with other health care and service providers and other individuals to coordinate and integrate service delivery to the client with the aim of improving their clinical outcomes. Consultation and liaison may occur with primary health care providers, acute health, emergency services, rehabilitation and support services, family, friends, other support people and carers and other agencies that have some level of responsibility for the client's treatment and/or wellbeing.

Clinical nursing services

- Services delivered by mental health nurses that cannot be described elsewhere. Typically, these aim to provide clinical support to clients to effectively manage their symptoms and avoid unnecessary hospitalisation. Clinical nursing services include:
    - monitoring a client's mental state;
    - liaising closely with family and carers as appropriate;
    - administering and monitoring compliance with medication;
    - providing information on physical health care, as required and, where appropriate, assist in addressing the physical health inequities of people with mental illness; and
    - improving links to other health professionals/clinical service providers.

Child or youth-specific assistance not elsewhere classified (NEC)

- Services delivered to, or on behalf, of a child or young person that cannot be described elsewhere. These can include, for example, working with a child's teacher to provide advice on assisting the child in their educational environment; working with a young person's employer to assist the young person to their work environment.

Note: This should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to children and young people can be assigned to other categories.

Suicide prevention specific assistance not elsewhere classified (NEC)

- Services delivered to, or on behalf, of a client who presents with risk of suicide that cannot be described elsewhere. These can include, for example, working with the person's employers to advise on changes in the workplace; working with a young person's teacher to assist the child in their school environment; or working with relevant community-based groups to assist the client to participate in their activities.

Note: This should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts delivered to client's who have a risk of suicide can be assigned to other categories.

Cultural specific assistance not elsewhere classified (NEC)

- Culturally appropriate services delivered to, or on behalf, of an Aboriginal or Torres Strait Islander client that cannot be described elsewhere. These can include, for example, working with the client's community support network including family and carers, men's and women's groups, traditional healers, interpreters and social and emotional wellbeing counsellors.

Note: This should only be used for Service Contacts that cannot be described by any other Service Type. It is expected that the majority of Service Contacts (see domains below) delivered to Aboriginal or Torres Strait Islander clients can be assigned to other categories.

Service Modality

Pertains to how the service contact was delivered. Currently, drop down box choices include:

No contact took place
Face to face
Telephone
Video
Internet-based

Client Participation Indicator

An indicator of whether the client participated in the service contact.
Service contacts are not restricted to in-person communication but can include telephone, video link or other forms of direct communication.

Yes

- This is to be used for service contacts between a mental health service provider and the patient/client in whose clinical record the service contact would normally warrant a dated entry, where the patient/client is participating.

No

- This is to be used for service contacts between a mental health service provider and a third party(ies) where the patient/client, in whose clinical record the service contact would normally warrant a dated entry, is not participating.

Location Postcode

The Australian postcode where the service contact took place.

A valid Australian postcode or 9999 if the postcode is unknown.
If Service Contact Modality is not 'Face to Face' enter 9999
If Service Contact Modality is 'Face to Face' a valid Australian postcode must be entered.

Service Contact Participants

An indication of who participated in the Service Contact. Drop down options include:

Individual

- applies for Service Contacts delivered individually to a single client without third party participants.

Client group

- applies for Service Contacts delivered on a group basis to two or more clients.

Family / Client Support Network

- applies to Service Contacts delivered to the family/social support persons of the client, with or without the participation of the client.

Other health professional or service provider that involve another health professional or service provider (in addition to the Practitioner), with or without the participation of the client.

Other

- applies to Service Contacts delivered to other third parties (e.g., teachers, employer), with or without the participation of the client.

Not stated

Note that this item interacts with Service Contact - Client Participation Indicator which is used to denote whether the individual client was a participant in the Service Contact.

Service venue

Where the service contact was delivered, with the following options via drop down box:

- Client's Home
- Service provider's office
- GP Practice
- Other medical practice
- Headspace Centre
- Other primary care setting
- Public or private hospital
- Aged care centre
- School or other educational centre
- Client's Workplace
- Other
- Not applicable (Service Contact Modality is not face to face)
- Not stated

Note that 'Other primary care setting' is suitable for primary care settings such as community health centres.

Clinical characteristics of clients

(Fixus screen: Diagnosis)

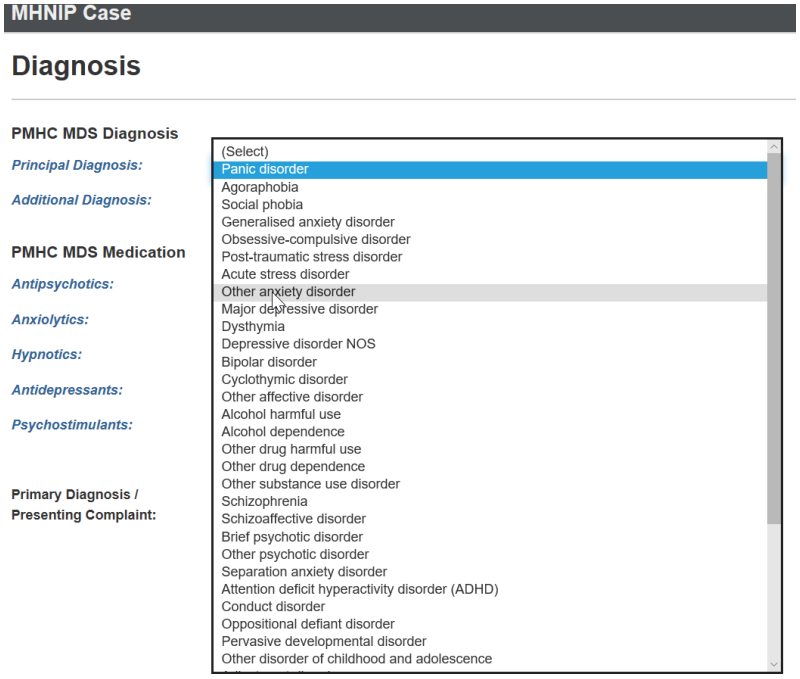
- Client diagnosis/presenting complaint
- Medication

Diagnosis

The collection of principal (and 'additional') diagnosis of clients receiving services is required. A pick list of coding options is provided based on an abbreviated set of clinical terms and groupings specified in the DSM IV –TR (Source: PMHC MDS Service Provider quick Reference Guide)'.

Anxiety disorders

Panic disorder
Agoraphobia
Social phobia
Generalised anxiety disorder
Obsessive-compulsive disorder
Post-traumatic stress disorder
Acute stress disorder
Other anxiety disorder



Affective (Mood) disorders

Major depressive disorder
Dysthymia
Depressive disorder NOS
Bipolar disorder
Cyclothymic disorder
Other affective disorder

Substance use disorders

Alcohol harmful use
Alcohol dependence
Other drug harmful use
Other drug dependence
Other substance use disorder

Psychotic disorder

Schizophrenia
Schizoaffective disorder
Brief psychotic disorder
Other psychotic disorder

Disorders with onset usually occurring in childhood and adolescence not listed elsewhere

Separation anxiety disorder
Attention deficit hyperactivity disorder (ADHD)
Conduct disorder
Oppositional defiant disorder
Pervasive developmental disorder
Other disorder of childhood and adolescence

Other mental disorder

Adjustment disorder

Eating disorder
Somatoform disorder
Personality disorder
Other mental disorder

No formal mental disorder but sub-syndromal problem
Anxiety symptoms
Depressive symptoms
Mixed anxiety and depressive symptoms
Stress related
Other

Medications

Medication - Antidepressants (N06A)

Whether the client is taking prescribed antidepressants for a mental health condition as assessed at intake assessment:

Yes

No

Unknown

The N06A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the depressive disorders. Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N06A

Medication - Antipsychotics (N05A)

Whether the client is taking prescribed antipsychotics for a mental health condition as assessed at intake assessment:

Yes

No

Unknown

The N05A class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the treatment of psychotic disorders. Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N05A

Medication - Anxiolytics (N05B)

Whether the client is taking prescribed anxiolytics for a mental health condition as assessed at intake assessment:

Yes

No

Unknown

The N05B class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed for the treatment of disorders associated with anxiety and tension. Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N05B

Medication - Hypnotics and sedatives (N05C)

Whether the client is taking prescribed hypnotics and sedatives for a mental health condition as assessed at intake assessment:

Yes

No

Unknown

The N05C class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed to have mainly sedative or hypnotic actions. Hypnotic drugs are used to induce sleep and treat severe insomnia. Sedative drugs are prescribed to reduce excitability or anxiety. Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N05C

Medication - Psychostimulants and nootropics (N06B)

Whether the client is taking prescribed psychostimulants and nootropics for a mental health condition as assessed at intake assessment:

Yes

No

Unknown

The N06B class of drugs a therapeutic subgroup of the Anatomical Therapeutic Chemical Classification System, a system of alphanumeric codes developed by the World Health Organisation (WHO) for the classification of drugs and other medical products. It covers drugs designed to attention-deficit hyperactivity disorder (ADHD) and to improve impaired cognitive abilities. Details of drugs included in the category can be found here: http://www.whocc.no/atc_ddd_index/?code=N06B

New outcome measure

(Fixus screen: MHNIP Case)

HoNOS is no longer required.

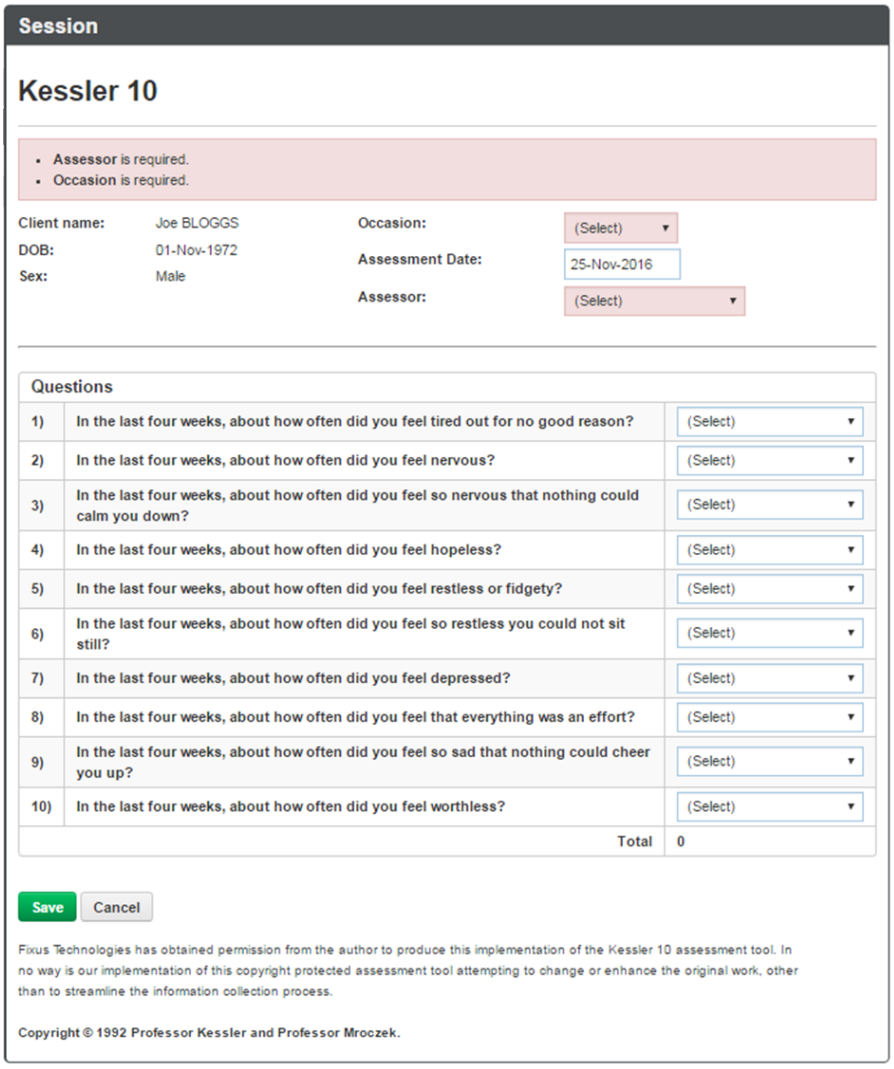
The new outcome measures that must be collected will be any of the following:

Kessler Psychological Distress Scale K10+
K5 in the case of Aboriginal and Torres Strait Islander clients or the
Strengths & Difficulties Questionnaires (SDQ) (for children under 17 years old)

Providers may choose to employ other clinically relevant outcome measures in addition to those stated, however outcome measures beyond the K10+, K5 and SDQ will not be required to be reported.

Select the appropriate Assessment (Outcome Measure) based on the client using

Complete assessment date, Assessor and occasion are required (Kessler 10+ is used as an example here). Complete all questions and click



For the K10+, you can either report all 14 item scores, or report the K10 total score as well as item scores for the 4 extra items in the K10+.

For the K5, you can either report all 5 item scores, or report the K5 total score

For the SDQ, you can either report all 42 item scores, the SDQ subscale scores or the total difficulties score.

Timing of required completion

K10 or equivalent need to be completed on the first session.

For existing clients, K-10 or its equivalent need to be completed when you see the client on or after the EMPHN cut-off date of 7 August 2017.

For example, if you have seen the client 5 times before and is due to see the client again on August 7, you need to complete a K-10.

Frequency of completing the K-10:
After the first K-10, this needs to be completed every 6 sessions, e.g. at session 6,12, 18 and 24, and thereafter. On discharge from this episode of care, this needs to be completed.

Reason/Occasion

The reason for the collection of the outcome measures on the identified Outcome Collection Occasion, options include: Start, Review, or End.

Start

- Refers to an outcome measure undertaken at the beginning of an Episode of Care. For the purposes of the PMHC MDS protocol, episodes may start at the point of first Service Contact with a new client who has not been seen previously by the organisation, or a first contact for a new Episode of Care for a client who has received services from the organisation in a previous Episode of Care that has been completed.

Review

- Refers to an outcome measure undertaken during the course of an Episode of Care that post-dates Episode Start and pre-dates Episode End. An outcome measure may be undertaken at Review for a number of reasons including:
  - in response to critical clinical events or changes in the client's mental health status;
  - following a client-requested review; or
  - other situations where a review may be indicated.

End

- Refers to the outcome measures collected at the end of an Episode of Care.

Client Exit

If the client exits from the service, an Episode Completion Status need to be completed. Options include the following:

An indication of the completion status of an Episode of Care.

Episode closed - treatment concluded

- No further service contacts are planned as the client no longer requires treatment.

Episode closed administratively - client could not be contacted

- Further service contacts were planned but the client could no longer be contacted.

Episode closed administratively - client declined further contact

- Further service contacts were planned but the client declined further treatment.

Episode closed administratively - client moved out of area

- Further service contacts were planned but the client moved out of the area without a referral elsewhere. Where a client was referred somewhere else Episode Completion Status should be recorded as code 5 (Episode closed administratively - client referred elsewhere).

Episode closed administratively - client referred elsewhere

- Where a client still requires treatment, but a different service has been deemed appropriate or a client has moved out of the area so has moved to a different provider.

Episode closed administratively - other reason

- Where a client is no longer being given treatment but the reason for conclusion is not covered above.

FOR MORE INFORMATION

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