OCAN: Supporting Recovery by Capturing Consumers’ Needs

OCSWSSW AMED
June 13, 2011

Presented by:
David Smith, Project Manager, CMH CAP
Jennifer Zosky, MSW, RSW, Clinical Lead, CMH CAP

Today’s Agenda

• OCAN and Recovery: An Overview
• OCAN Assessment Process
• OCAN Outcomes and Clinical Benefits
• OCAN Implementation Status
• Q&A

OCAN and Recovery: An Overview

David Smith,
Project Manager, CMH CAP
What is OCAN?

Ontario Common Assessment of Need (OCAN) is a standardized, consumer-led decision making tool that allows key information to be electronically gathered in a secure and efficient manner.

- Assists client-led decision-making at an individual level
- Identifies individual needs and helps match these to existing services and identifies service gaps
- Provides aggregate data to inform organizational, regional and provincial level planning and decision making that is consistent with a recovery approach
- Further facilitates inter-agency communication through common data standards

OCAN Vision

Easy movement between Community Mental Health Services

Ongoing Recovery
Identifying needs through OCAN, moving towards achieving targets, objectives & goals

Easy movement between non-Community Mental Health Services

Consumer at the centre of care
What is recovery?

- A deeply personal, unique process of changing one’s attitudes, values, feelings, goals, skills and roles. It is a way of living a satisfying, hopeful and contributing life even with limitations caused by the illness.
- Recovery involves the development of new meaning and purpose in one’s life as one grows beyond the catastrophic effects of mental illness.


The Bigger Picture:
Canadian Perspective

Goal 1: The hope of recovery is available to all
- A person-centred mental health system
- Genuine partnership between consumer and service provider
- Hope and expectation that people can achieve a meaningful life in the community

Mental Health Commission of Canada (2009) Toward recovery and well-being, Calgary, AB: MHCoC.

The Bigger Picture:
Ontario Perspective

The system will continue to provide effective, evidence-informed clinical treatments, such as psychiatry, psychotherapy and drug treatment – but will do so within a recovery approach to care, which looks at the whole person and defines individuals positively, focusing on their strengths and goals rather than their illness.

**Project Overview and Development**

- **Phase 1 – Initiation (with stakeholder representation)**
  - Analysis of many assessments tools
  - Selection of a core tool – Camberwell Assessment of Need
  - Province-wide consultations to introduce the tool
  - Formation of working groups
- **Phase 2 – Pilot**
  - Piloting of the automated OCAN in 16 CMH organizations
  - Early learnings gatherings
  - NE LHIN Implementation pilot
- **Phase 3 – Implementation**
  - Provincial roll-out
  - Integration with a changing CMH landscape
  - Powerful reporting to drive enhanced consumer-centered service and system planning

**CAN Tool**

- Consumer identifies unmet needs/serious problems
- Service provider identifies unmet needs
- Covers a range of life domains
- Value of both perspectives
- Also identify areas of met need and no need - strengths
- Focus on meeting consumer expressed unmet needs

**Evidence-based Practice**

Research has demonstrated that…

Converting unmet needs into met needs improves outcomes

*Source: Mike Slade and Tom Trauer, Made in Ontario conference, March 3, 2009*
Empirical Conclusions*

- Meeting consumer-identified unmet need improves outcomes:
  - Well-being
  - Relationship - Therapeutic alliance
  - Satisfaction with services
- Equivalent research into meeting staff-rated unmet need does not show the same benefits
- Agreement between consumer and staff ratings improves outcome; Agreement increases with more stable staff-consumer relationships
- Reassessment improves mental health outcomes

* Source: Mike Slade, Made in Ontario conference and The Power of Shared Information conference (2009)

What we've heard

**OCAN with Consumers**

100 consumers surveyed, 73% had been assessed before

Overall satisfaction with OCAN experience

<table>
<thead>
<tr>
<th>Rating</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very satisfied</td>
<td>61%</td>
</tr>
<tr>
<td>Somewhat satisfied</td>
<td>30%</td>
</tr>
<tr>
<td>Neither</td>
<td>7%</td>
</tr>
<tr>
<td>Somewhat dissatisfied</td>
<td>2%</td>
</tr>
</tbody>
</table>

Source: OCAN Evaluation in NE LHIN C/SIs, March 2010

What we've heard

**OCAN with Consumers**

- Despite initial uncertainty, consumers have embraced OCAN’s holistic, recovery approach

<table>
<thead>
<tr>
<th>Consumer Feedback (Rated strongly agreed/agreed)</th>
<th>Original Pilot* (July 2008)</th>
<th>NE LHIN Pilot** (March 2010)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completing the assessment has:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Helped me have a say in my service plan</td>
<td>66%</td>
<td>65%</td>
</tr>
<tr>
<td>Helped me focus on my goals</td>
<td>68%</td>
<td>65%</td>
</tr>
<tr>
<td>The assessment was useful for assessing my needs</td>
<td>74%</td>
<td>74%</td>
</tr>
<tr>
<td>My answers are helping my worker understand me better</td>
<td>54%</td>
<td>74%</td>
</tr>
</tbody>
</table>

* Source: Caislyn Evaluation, August 2008
** Source: OCAN Evaluation in NE LHIN C/SIs, March 2010
OCAN and the Sector

- OCAN users realize its value in improving assessment practice in Ontario
- The field is supportive of OCAN, however there is never 100% consensus

Pilot Coordinator Feedback (from Pilot, February – July, 2008)

<table>
<thead>
<tr>
<th>Using the assessment helped:</th>
<th>Percentage of Respondents</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide staff with an accurate assessment of consumers’ needs</td>
<td>81%</td>
</tr>
<tr>
<td>2. Identify consumer needs earlier than they might have using previous processes</td>
<td>56%</td>
</tr>
<tr>
<td>3. Identify consumer needs that might not have been identified normally</td>
<td>56%</td>
</tr>
</tbody>
</table>

Source: Pilot Coordinator Survey, July 2008

OCAN Challenges being Addressed

- Need-based rather than strength-based
  - Training encourages discussing areas of no need or met needs which can be interpreted as strengths
  - Added question on hopes and dreams
- One tool – variety of services
  - Support is provided to all CMH services
  - Flexibility in where OCAN fits in assessment process
- Tool terminology takes time to learn
  - Have definitions in training and communications
- Multiple language environment
  - Translation process in place, supports in place to share language versions
- Demand for sharing between service providers as a result of the OCAN common language leads to challenges in understanding the privacy and security issues associated with sharing information
  - Develop of CPF, tools, info for consumer and staff, data sharing agreements

Working in Partnership

- Information Management Alliance
- CMH CAP Steering Committee
- Working and Reference Groups
  - Data Elements WG
  - Addictions WG
  - Technical Decisions RG
  - Diversity RG
  - Dual Diagnosis WG
  - Business Plan’s WG
  - Care Processes RG
  - Governance WG
  - eLearning RG
  - Aboriginal WG
- LHIN Implementation Steering Committees
- OCAN
- Project Team
  - Consumer Lead
  - Business Process
  - Education
  - Communications
  - Implementation
How OCAN Works
Jennifer Zosky, MSW, RSW
Clinical Lead, CMH CAP

OCAN at a Glance

What (are your needs)
Who (are you)
Where (do you receive services)

Types of OCAN 2.0
There are three (3) “types” of OCAN:

- The CORE OCAN consists of the Consumer Information Summary and the Mental Health Functional Centre Use
- The CORE + Self OCAN consists of the Consumer Information Summary elements, the Consumer Self-Assessment and the Mental Health Functional Centre Use
- The Full OCAN consists of the Consumer Information Summary, the Consumer Self-Assessment, the Mental Health Functional Centre Use and the Staff Assessment
**OCAN Assessment Process**

Reference Guide – Full OCAN

**Ontario Continuum of Assessment of Need (OCAN)**

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**Consumer Self-Assessment**

**Please write a few sentences to answer the following questions:**

1. What are your hopes for the future?
2. What do you think you need in order to get there?
3. How do you view your mental health?
4. Is spirituality an important part of your life?
5. Is culture (heritage) an important part of your life?
OCAN Outputs and Clinical Benefits
Jennifer Zosky, MSW, RSW
Clinical Lead, CMH CAP

OCAN Output: Summary of Actions

- Actions will be pulled from where they are entered in the staff automated assessment and populated with the corresponding domain
- The consumer and staff will determine the priority for each of action
OCAN Output: Summary of Referrals

- Provides staff with a place to consistently document referrals and their status
- Documents service gaps (b/w services available and optimal services) for planning

<table>
<thead>
<tr>
<th>Summary of Referrals</th>
<th>Status</th>
<th>Referral Type</th>
<th>Referral Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
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OCAN Output: Reports

2 different types and levels:

- Individual level
- Captures information relating to a specific, identified consumer
- Data resides at HSP organization
- Used by consumers, managers and clinicians to support individual recovery

- System level
- Shows only aggregate information on unidentified consumers
- Data collected from each HSP organization
- Used by HSPs, LHINs and MOHLTC for service and system planning

Reassessment and Reporting

OCAN Reassessment is conducted every 6 months.

It is a structured way to:

- Provide consumers with a chance to stop and recognize achievements and identify next steps
- Provide staff with the opportunity to demonstrate how they are making a difference over time
- Provide ongoing trending information to support service and system planning
Standardized Reports Sample:
Agreement Report – Most Recent Consumer & Staff OCAN Pairs

<table>
<thead>
<tr>
<th>Domain</th>
<th>VERY HIGH</th>
<th>HIGH</th>
<th>MODERATE</th>
<th>LOW</th>
<th>VERY LOW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Intimacy &amp; Relationships</td>
<td>4.79</td>
<td>4.76</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Social Support</td>
<td>4.78</td>
<td>4.75</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Health</td>
<td>4.79</td>
<td>4.76</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Safety &amp; Security</td>
<td>4.78</td>
<td>4.75</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Economic</td>
<td>4.79</td>
<td>4.76</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Education</td>
<td>4.78</td>
<td>4.75</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Employment</td>
<td>4.79</td>
<td>4.76</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Housing</td>
<td>4.78</td>
<td>4.75</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Transportation</td>
<td>4.79</td>
<td>4.76</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
<tr>
<td>Personal Finance</td>
<td>4.78</td>
<td>4.75</td>
<td>4.72</td>
<td>4.70</td>
<td>4.67</td>
</tr>
</tbody>
</table>

What they’ve done
An Evidence-based Approach

<table>
<thead>
<tr>
<th>Who</th>
<th>OCAN Element</th>
<th>Indicator</th>
<th>OCAN-inspired Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>CMHA Cochrane New Liskeard Centre</td>
<td>Domain 5: Daytime Activities Domain 15: Company</td>
<td>OCAN reports revealed that the #1 unmet need is around company; further confirmed through OCAN conversations</td>
<td>Extended centre hours to include evenings and weekends</td>
</tr>
<tr>
<td>Oak Centre Clubhouse</td>
<td>Domain 15: Company Domain 16: Intimate Relationships</td>
<td>OCAN reports revealed a high score for need around company and intimate relationships; OCAN conversation confirmed members that had lost touch with family and friends were ready to reunite with them</td>
<td>Introduced online social networking sites (e.g., Facebook) to members who were becoming more tech-savvy</td>
</tr>
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</table>
Using OCAN Information to Support Consumers in Recovery

The need information gathered from the self and staff OCAN assessments can be used to:

• Improve relationships
• Promote well-being
• Review changes in need over time through reassessment, which improves mental health outcomes
• Support social inclusion
• Assist in service and system planning

OCAN Implementation Status

David Smith,
Project Manager, CMH CAP

Where We Are Today
Implementation Approach

Planning Strategy
Change Management Strategy
Communications Strategy
Business Process Strategy
Technology Strategy
Education & Training Strategy
Support Strategy

Implementation Support

Regional support
Project education specialists
Implementation leads
Business implementation analysts

Specific help
Subject matter experts in business process, technology, clinical issues, communications, client leader, privacy, and security

Training and education
Educators to train on a series of education modules

Getting prepared
Information sessions and kick-off

Accessing resources
CCIM Website

Reaching the project
Support Centre Implementation Team

Getting together
Regular touch points – teleconference/WebEx

On-site support as required and available

Questions
Thank You!

Project Support Centre
Telephone: 1-866-909-5600
Hours: 8:30 – 4:30 weekdays
Email: cmhcap@ccim.on.ca
Website: www.ccim.on.ca