Community Care Information Management (CCIM)
Community Mental Health Common Assessment Project (CMH CAP)

OCAN: Supporting Recovery by Capturing Consumers' Needs

OCSWSSW AMED
June 13, 2011

Presented by:
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Today's Agenda

- OCAN and Recovery: An Overview

- OCAN Assessment Process

- OCAN Outcomes and Clinical Benefits
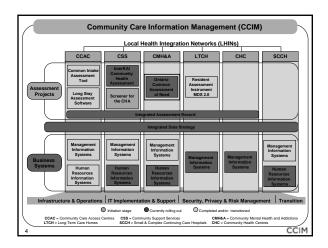
- OCAN Implementation Status

- Q&A

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OCAN and Recovery: An Overview

David Smith,
Project Manager, CMH CAP

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Community Care Information Management (CCIM)

Local Health Integration Networks (LHINs)

| CCAC | CSS | CMH&A | LTCH | CHC | SCCH |

Assessment Projects
- Common Intake Assessment Tool
- InterRAI Community Health Assessment
- Ontario Common Assessment of Need
- Resident Assessment Instrument MDS 2.0
- Long Stay Assessment Software
- Screener for the CHA

Integrated Assessment Record

Integrated Data Strategy

Business Systems
- Management Information Systems
- Human Resources Information Systems

Infrastructure & Operations | IT Implementation & Support | Security, Privacy & Risk Management | Transition

○ Initiation stage ● Currently rolling out ◐ Completed and/or transitioned

CCAC = Community Care Access Centres **CSS =** Community Support Services **CMH&A =** Community Mental Health and Addictions
LTCH = Long-Term Care Homes **SCCH =** Small & Complex Continuing Care Hospitals **CHC =** Community Health Centres
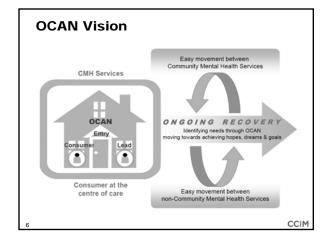
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What is OCAN?

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

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OCAN Vision

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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.

Anthony WA (1993) Recovery from mental illness: the guiding vision of the mental health service system in the 1990s, *Psychosocial Rehabilitation Journal*, 16, 11-23.

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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.

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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.

Minister's Advisory Group (2010): Respect, Recovery, Resilience: Recommendations for Ontario's Mental Health and Addictions Strategy, Ontario: Queen's Printer for Ontario.

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Project Overview and Development

2006 **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

2008 **Phase 2 – Pilot**
- Piloting of the automated OCAN in 16 CMH organizations

2009
- Early learnings gatherings
- NE LHIN Implementation pilot

2010 **Phase 3 – Implementation**
- Provincial roll-out

2011
- Integration with a changing CMH landscape

2012
- Powerful reporting to drive enhanced consumer-centered service and system planning

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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

CAN
CAMBERWELL ASSESSMENT OF NEED

Mike Slade, Graham Thornicroft, Linda Loftus, Michael Phelan & Til Wykes

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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

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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)

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What we've heard
OCAN with Consumers

100 consumers surveyed, 73% had been assessed before

Overall satisfaction with OCAN experience

Very satisfied	Somewhat satisfied	Neither	Somewhat dissatisfied
61%	30%	7%	2%

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

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What we've heard
OCAN with Consumers

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

Consumer Feedback (Rated strongly agreed/agreed)	Original Pilot* (July 2008)	NE LHIN Pilot** (March 2010)
Completing the assessment has:		
1. Helped me have a say in my service plan	66%	65%
2. Helped me focus on my goals	68%	65%
The assessment was useful for assessing my needs	74%	79%
My answers are helping my worker understand me better	84%	74%

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

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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)	Percentage of Respondents
Using the assessment helped:	
1. Provide staff with an accurate assessment of consumers' needs	81%
2. Identify consumer needs earlier than they might have using previous processes	56%
3. Identify consumer needs that might not have been identified normally	56%

Source: Pilot Coordinator Survey, July 2008

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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, toolkit, info for consumer and staff, data sharing agreements

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Working in Partnership

Information Management Alliance

CMH CAP Steering Committee

Working and Reference Groups

Data Elements WG	Addictions WG
Technical Decisions RG	Reports WG
Diversity RG	Dual Diagnosis WG
Business Reqt's WG	Shared Assessment / Single Framework WG
Geriatrics WG	Consumer WG
eLearning RG	Aboriginal WG

LHIN Implementation Steering Committees

Cross Sector Advisory

OCAN

Project Team

Project Management	Clinical Lead	Communications
Consumer Lead	Business Process	Education	Implementation

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How OCAN Works

Jennifer Zosky, MSW, RSW
Clinical Lead, CMH CAP

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OCAN at a Glance

Consumer Self-Assessment	Staff Assessment
Consumer Information Summary	
Mental Health Functional Centre Use	

→ **What** (are your needs)

→ **Who** (are you)

→ **Where** (do you receive services)

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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

Consumer Self-Assessment	Staff Assessment
Consumer Information Summary	
Mental Health Functional Centre Use	

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OCAN Assessment Process

Reference Guide – Full OCAN
Ontario Common Assessment of Need (OCAN)

How OCAN is applied

Introduction

Elements:
- Purpose
- Supports
- Outputs

Consumer *Self-Assessment*

Classifying NEED:

| No Need | Met Need | Unmet Need |

Additional questions: Hopes, Dreams & Spirituality

Staff *Assessment*

Assessment & collateral information, clinical judgment

NEED **and** HELP **ratings:**
What help is received?
Is this enough?

| Informal |
| Formal |

Additional questions: Hopes, Dreams & Spirituality

Conversation

Elements:
- Successes
- Needs
- Variances

Outputs: Summary of Actions ~ Summary of Referrals ~ Reports

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Consumer Self-Assessment

| Name: |
| Date of Birth (YYYY-MM-DD): |
| Start Date (YYYY-MM-DD): | Completion Date (YYYY-MM-DD): |

INSTRUCTIONS:
When you have completed this assessment, your worker will have a conversation with you about your needs.

- Please let your worker know if you have completed a Common Assessment in the last six months.
- Please read the pamphlet provided on how your information will be used.
- Please ask about any questions you don't understand.

Please ✓ tick one box in each row (24 in total) using the following key:

No Need = this area is not a serious problem for me at all
Met Need = this area is not a serious problem for me because of the help I am given
Unmet Need = this area remains a serious problem for me despite any help I am given

Rating need

		No Need	Met Need	Unmet Need	I Don't Want to Answer
1.	Accommodation	☐	☐	☐	☐
	What kind of place do you live in?				
	Comments				

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Consumer Self-Assessment

Please write a few sentences to answer the following questions:

What are your hopes for the future?

What do you think you need in order to get there?

How do you view your mental health?

Is spirituality an important part of your life?

Is culture (heritage) an important part of your life?

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Staff Assessment

Score Need

20. Basic education	Staff Rating
Do you have difficulty in reading, writing, speaking or understanding English? Any other languages?	
1. Does the person lack basic skills in numeracy and literacy? (If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)	
2. How much help with numeracy and literacy does the person receive from friends or relatives?	
3a. How much help with numeracy and literacy does the person receive from local services?	
3b. How much help with numeracy and literacy does the person need from local services?	
Comments:	

Action(s):   By whom:
                                                    Review date:

What is your highest level of education? (select one)

☐ No formal schooling   ☐ Some Secondary/High School   ☐ College/University
☐ Some Elementary/Junior High School   ☐ Secondary/High School   ☐ Unknown
☐ Elementary/Junior High School   ☐ Some College/University   ☐ Client declined to answer

Score Help

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OCAN Outputs and Clinical Benefits

Jennifer Zosky, MSW, RSW
Clinical Lead, CMH CAP

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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

Summary of Actions		
Priority	Domain	Action(s)

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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

Summary of Referrals					
Optimal Referral	Specify	Actual Referral	Specify	Reasons for Difference	Referral Status

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OCAN Output: Reports

2 different types and levels:

Individual Reports	Standardized Reports
• Individual level	• System level
• Captures information relating to a specific, identified consumer	• Shows only aggregate information on unidentified consumers
• Data resides at HSP organization	• Data collected from each HSP organization
• Used by consumers, managers and clinicians to support individual recovery	• Used by HSPs, LHINs and MOHLTC for service and system planning

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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

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Individual Reports Sample:
Individual Need Rating Over Time

Consumer Name: John Smith
Staff: Jane Doe
Report Date: March 19, 2010

Number of Unmet Needs over Time (Consumer and Staff)

# of Unmet Needs

Initial OCAN 12/15/2008 — Previous OCAN 6/15/2009 — Current OCAN 12/15/2009

OCANs

Consumer — Staff

Number of Met Needs over Time (Consumer and Staff)

# of Met Needs

Initial OCAN 12/15/2008 — Previous OCAN 6/15/2009 — Current OCAN 12/15/2009

OCANs

Consumer — Staff

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Individual Reports Sample:
Needs Over Time (Consumer and Staff)

Summary of Needs

	Current OCAN 12/15/2009		Previous OCAN 6/15/2009		Initial OCAN 12/15/2008	
	Consumer	Staff	Consumer	Staff	Consumer	Staff
Unmet Needs	6	6	4	3	3	7
Met Needs	3	3	8	9	6	3
No Needs	13	13	9	10	13	12
Unknown	2	2	3	2	2	2

Domains	Current OCAN 12/15/2009		Change	Previous OCAN 6/15/2009		Change	Initial OCAN 12/15/2008	
	Consumer	Staff		Consumer	Staff		Consumer	Staff
Physical Health	Unmet Need	Unmet Need	✓	Met Need	Met Need		Met Need	Met Need
Alcohol	Unmet Need	Unmet Need		Unmet Need	Unmet Need		Unmet Need	Unmet Need
Company	Unmet Need	Unmet Need	✓	Met Need	Met Need	✓	No Need	No Need
Money	Unmet Need	Unmet Need	✓	Met Need	Met Need	✓	No Need	Met Need
Benefits	Unmet Need	Unmet Need	✓	Met Need	Met Need	✓	No Need	No Need
Self-Care	Unmet Need	Met Need	✓	Unmet Need	Met Need	✓	Unmet Need	Unmet Need
Looking After The Home	Met Need	Unmet Need	✓	Unmet Need	Unmet Need	✓	Met Need	Unmet Need
Basic Education	Met Need	Met Need	✓	Unmet Need	Unmet Need	✓	Met Need	Unmet Need
Transport	Met Need	No Need	✓	Met Need	Met Need	✓	Met Need	Unmet Need
Daytime Activities	No Need	Met Need	✓	Met Need	Met Need	✓	Met Need	Unmet Need

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Standardized Reports Sample:
Need Analysis – Consumer View

Ontario Common Assessment of Need (OCAN)

Report #2: NEED ANALYSIS - MOST RECENT CONSUMER SELF-ASSESSMENT (Part I)

UNMET NEED

Organization: 999 - Sample
Report Generated: 28-October, 2009
# of OCANs: 691

Domain	# of OCANs	% of all OCANs
Daytime Activities	336	49%
Physical Health	332	48%
Psychotic Symptoms	280	41%
Food	242	35%
Accomodation	244	35%
Looking after the home	240	35%
Psychological Distress	238	34%
Drugs	211	31%
Company	206	30%
Intimate Relationships	180	26%
Sexual Expression	144	21%
Money	140	20%
Safety to Self	104	15%
Benefits	100	15%
Condition & Treatment	71	10%
Alcohol	55	8%
Transport	52	8%
Childcare	40	6%
Self-Care	40	6%
Safety to Others	39	6%
Basic Education	39	5%
Other Addictions	35	5%
Other Dependants	26	4%
Telephone	10	1%

For Information:
Call us at 416.314.7085/1.888.555.5555
or email to: ccimsup@ontario.ca

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Standardized Reports Sample:

Agreement Report – Most Recent Consumer & Staff OCAN Pairs

Domain	Agreement Value	VERY LOW agreement (less than .20)	LOW agreement (.20 to .39)	MODERATE agreement (.40 to 59)	HIGH agreement (.60 to .79)	VERY HIGH agreement (.80 to 1.00)
VERY HIGH agreement						
HIGH agreement						
Childcare	0.74					
Telephone	0.73					
Alcohol	0.72					
Other Dependents	0.72					
Drugs	0.71					
Safety to Others	0.69					
Basic Education	0.68					
Self-Care	0.66					
Other Addictions	0.65					
Looking after the home	0.62					
Safety to Self	0.62					
Accommodation	0.61					
Food	0.60					
Transport	0.60					
MODERATE agreement						
Psychotic Symptoms	0.58					
Intimate Relationships	0.57					

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Standardized Reports Sample:

Change in Unmet Need Over Time – Consumer Self-Assessment

Ontario Common Assessment of Need (OCAN)
Report #11: CHANGE IN UNMET NEED OVER TIME - CONSUMER SELF ASSESSMENT
FIRST to SECOND ASSESSMENT

Organization: 999 - Sample
Report Generated: August 25, 2010
# of OCAN Consumer sets: 484

INITIAL ASSESSMENT		REASSESSMENT AFTER 6 MONTHS			
Domain Name	# of Initial UNMET NEED	# of Reassessed OCANs	Reassessment Rating Description	% of Reassessed OCANs	Graph for # of Reassessed OCANs
Accommodation	62	15	No Need	24%	15
		17	Met Need	27%	17
		14	Unmet Need	23%	14
		16	Unclear	26%	16
Food	57	10	No Need	18%	10
		18	Met Need	32%	18
		16	Unmet Need	28%	16
		13	Unclear	23%	13
Looking after the home	77	2	No Need	3%	2
		21	Met Need	27%	21
		37	Unmet Need	48%	37
		17	Unclear	22%	17

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What they've done

An Evidence-based Approach

Who	OCAN Element	Indicator	OCAN-inspired Change
CMHA Cochrane New Liskeard Centre	Domain 5: Daytime Activities Domain 15: Company	OCAN reports revealed that the #1 unmet need is around company; further confirmed through OCAN conversations	Extended centre hours to include evenings and weekends
Oak Centre Clubhouse	Domain 15: Company Domain 16: Intimate Relationships	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	Introduced online social networking sites (e.g., Facebook) to members who were becoming more tech-savvy

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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

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OCAN Implementation Status

David Smith,
Project Manager, CMH CAP

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Where We Are Today

MILESTONE	ESC	SW	WW	HNHB	CW	MH	TC	C	CE	SE	CH	NSM	NE	NW
LHIN ENGAGEMENT	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔
INFORMATION SESSION	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	✔	»	✔	✔
EXECUTIVE LEAD FORUM	✔	✔		✔	»	✔	✔	✔	✔	N/A	✔		✔	»
KICK-OFF (%)	55%	»		85%	»	100%	65%	60%	»	83%	75%	36%	85%	»
PRE GO-LIVE EDUCATION	»			»		✔	»/✔	✔	»	✔	»	✔	»	✔
ASSESSMENT PROCESS INITIATED	»			»		✔	»/✔	»		✔	»	✔		✔
GO-LIVE (%)	»			»		20%	25%	»		58%	17%	36%		15%
POST GO-LIVE EDUCATION										»				
DATA SUBMITTED (%)											17%	38%		15%
IMPLEMENTATION COMPLETE (%)														

39 ✔ COMPLETE » IN PROGRESS ☐ OCAN/IAR Last updated: June 9, 2011 CCIM

Implementation Approach

Planning Strategy

Change Management Strategy

Communications Strategy

Business Process Strategy

Technology Strategy

Education & Training Strategy

Support Strategy

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Implementation Support

Regional support
Project education specialists
Implementation leads
Business implementation analysts

Getting prepared
Information sessions and kick-off

Accessing resources
CCIM Website

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

User

Reaching the project
Support Centre
Implementation Team

Staying updated
Regular touch points – teleconference/WebEx

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

Getting together
On-site support as required and available

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Questions

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Thank You!

Project Support Centre
Telephone: 1-866-909-5600
Hours: 8:30 – 4:30 weekdays
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