

Ontario Common Assessment of Need (OCAN)

OCAN 3.0 Dictionary v1.0

User Reference Guide

TABLE OF CONTENTS

I.	Introduction.....	16
II.	OCAN Data Elements	18
1.	Consumer Self-Assessment Data Elements	19
2.	Consumer Information Summary & Staff Assessment Data Elements.....	21
III.	Data Element Definitions	36
1.	Consumer Self-Assessment.....	36
1.1.	Name (Self-Assessment)	36
1.2.	Date of Birth (YYYY-MM-DD) (Self-Assessment)	36
1.3.	Start Date (YYYY-MM-DD) (Self-Assessment)	36
1.4.	Completion Date (YYYY-MM-DD) (Self-Assessment).....	37
1.5.	Domain 1: Accommodation (Self-Assessment).....	37
1.5.1.	Need Rating Question (Self-Assessment).....	37
1.5.2.	Comments (Self-Assessment).....	38
1.6.	Domain 2: Food (Self-Assessment)	38
1.6.1.	Need Rating Question (Self-Assessment).....	38
1.6.2.	Comments (Self-Assessment).....	39
1.7.	Domain 3: Looking After the Home (Self-Assessment).....	39
1.7.1.	Need Rating Question (Self-Assessment).....	39
1.7.2.	Comments (Self-Assessment).....	40
1.8.	Domain 4: Self-Care (Self-Assessment)	40
1.8.1.	Need Rating Question (Self-Assessment).....	40
1.8.2.	Comments (Self-Assessment).....	41
1.9.	Domain 5: Daytime Activities (Self-Assessment)	41
1.9.1.	Need Rating Question (Self-Assessment).....	41
1.9.2.	Comments (Self-Assessment).....	42
1.10.	Domain 6: Physical Health (Self-Assessment).....	42
1.10.1.	Need Rating Question (Self-Assessment).....	42
1.10.2.	Comments (Self-Assessment).....	43
1.11.	Domain 7: Psychotic Symptoms (Self-Assessment)	43
1.11.1.	Need Rating Question (Self-Assessment).....	43
1.11.2.	Comments (Self-Assessment).....	44
1.12.	Domain 8: Information on Condition and Treatment (Self-Assessment)	44
1.12.1.	Need Rating Question (Self-Assessment).....	44
1.12.2.	Comments (Self-Assessment).....	45
1.13.	Domain 9: Psychological Distress (Self-Assessment).....	45
1.13.1.	Need Rating Question (Self-Assessment).....	45

1.13.2.	Comments (Self-Assessment).....	46
1.14.	Domain 10: Safety to Self (Self-Assessment)	46
1.14.1.	Need Rating Question (Self-Assessment).....	46
1.14.2.	Comments (Self-Assessment).....	47
1.15.	Domain 11: Safety to Others (Self-Assessment).....	47
1.15.1.	Need Rating Question (Self-Assessment).....	47
1.15.2.	Comments (Self-Assessment).....	48
1.16.	Domain 12: Alcohol (Self-Assessment).....	48
1.16.1.	Need Rating Question (Self-Assessment).....	48
1.16.2.	Comments (Self-Assessment).....	49
1.17.	Domain 13: Drugs (Self-Assessment).....	49
1.17.1.	Need Rating Question (Self-Assessment).....	49
1.17.2.	Comments (Self-Assessment).....	50
1.18.	Domain 14: Other Addictions (Self-Assessment)	50
1.18.1.	Need Rating Question (Self-Assessment).....	50
1.18.2.	Comments (Self-Assessment).....	51
1.19.	Domain 15: Company (Self-Assessment)	51
1.19.1.	Need Rating Question (Self-Assessment).....	51
1.19.2.	Comments (Self-Assessment).....	52
1.20.	Domain 16: Intimate Relationships (Self-Assessment)	52
1.20.1.	Need Rating Question (Self-Assessment).....	52
1.20.2.	Comments (Self-Assessment).....	53
1.21.	Domain 17: Sexual Expression (Self-Assessment)	53
1.21.1.	Need Rating Question (Self-Assessment).....	53
1.21.2.	Comments (Self-Assessment).....	54
1.22.	Domain 18: Child Care (Self-Assessment).....	54
1.22.1.	Need Rating Question (Self-Assessment).....	54
1.22.2.	Comments (Self-Assessment).....	55
1.23.	Domain 19: Other Dependents (Self-Assessment)	55
1.23.1.	Need Rating Question (Self-Assessment).....	55
1.23.2.	Comments (Self-Assessment).....	56
1.24.	Domain 20: Basic Education (Self-Assessment)	56
1.24.1.	Need Rating Question (Self-Assessment).....	56
1.24.2.	Comments (Self-Assessment).....	57
1.25.	Domain 21: Communication (Self-Assessment).....	57
1.25.1.	Need Rating Question (Self-Assessment).....	57
1.25.2.	Comments (Self-Assessment).....	58
1.26.	Domain 22: Transport (Self-Assessment)	58

1.26.1.	Need Rating Question (Self-Assessment).....	58
1.26.2.	Comments (Self-Assessment).....	59
1.27.	Domain 23: Money (Self-Assessment).....	59
1.27.1.	Need Rating Question (Self-Assessment).....	59
1.27.2.	Comments (Self-Assessment).....	60
1.28.	Domain 24: Benefits (Self-Assessment).....	60
1.28.1.	Need Rating Question (Self-Assessment).....	60
1.28.2.	Comments (Self-Assessment).....	61
1.29.	Open-Ended Recovery Questions (Self-Assessment)	61
2.	Consumer Information Summary	62
2.1.	Start date (YYYY-MM-DD)	62
2.2.	OACAN lead assessment section.....	64
2.2.1.	OACAN completed by OACAN lead?	64
2.3.	Reason for OACAN (select one).....	65
2.3.1.	Reason for OACAN (select one) – Significant change (please specify)	65
2.4.	Consumer Self-Assessment completion	66
2.4.1.	Was Consumer Self-Assessment completed?	66
2.4.2.	If the Consumer Self-Assessment was not completed, why not? (select one).....	67
2.4.3.	If the Consumer Self-Assessment was not completed, why not? – Other	68
2.5.	Consumer Information Section.....	68
2.5.1.	First Name.....	69
2.5.2.	Middle initial.....	69
2.5.3.	Last Name	69
2.5.4.	Preferred Name.....	70
2.5.5.	Address	70
2.5.6.	City	70
2.5.7.	Province	71
2.5.8.	Postal Code.....	71
2.5.9.	Phone Number	72
2.5.10.	Ext	72
2.5.11.	Email Address	72
2.5.12.	Date of Birth (YYYY-MM-DD).....	73
2.5.13.	Health Card Number	73
2.5.14.	Version Code.....	74
2.5.15.	Issuing Territory.....	74
2.5.16.	Service Recipient Location (county, district, municipality).....	75
2.5.17.	LHIN Consumer Resides in.....	77
2.5.18.	What is your gender? (select one)	78

2.5.19.	What is your gender? – Other	79
2.5.20.	Marital status (select one)	79
2.6.	Mental Health Functional Centre Use	80
2.6.1.	OCCAN Lead	80
2.6.2.	Staff Worker Name	81
2.6.3.	Staff Worker Phone Number	81
2.6.4.	Ext	82
2.6.5.	Organization LHIN	82
2.6.6.	Organization Name	83
2.6.7.	Organization Name – Other	83
2.6.8.	Organization Number	83
2.6.9.	Organization Number – Other	84
2.6.10.	Program Name	84
2.6.11.	Program Name – Other	85
2.6.12.	Program Number	85
2.6.13.	Program Number – Other	86
2.6.14.	Functional Centre Name	86
2.6.15.	Functional Centre Name – Other	91
2.6.16.	Functional Centre Number	92
2.6.17.	Functional Centre Number – Other	93
2.6.18.	Service delivery LHIN	94
2.6.19.	Referral source	94
2.6.20.	Referral source – Other	97
2.6.21.	Request for Service Date (YYYY-MM-DD)	98
2.6.22.	Service Decision Date (YYYY-MM-DD)	98
2.6.23.	Accepted	98
2.6.24.	Service Initiation Date (YYYY-MM-DD)	99
2.6.25.	Exit Date	99
2.6.26.	Exit Disposition	100
2.7.	Family Doctor	100
2.7.1.	Family Doctor Information	100
2.7.2.	Name (family doctor)	101
2.7.1.	Address (family doctor)	101
2.7.2.	City (family doctor)	102
2.7.3.	Province (family doctor)	102
2.7.4.	Postal Code (family doctor)	103
2.7.5.	Phone Number (family doctor)	103
2.7.6.	Ext (family doctor)	103

2.7.7.	Email Address (family doctor)	104
2.7.8.	Last Seen (family doctor)	104
2.8.	Psychiatrist	104
2.8.1.	Psychiatrist information	104
2.8.2.	Name (psychiatrist)	105
2.8.3.	Address (psychiatrist)	105
2.8.4.	City (psychiatrist)	106
2.8.5.	Province (psychiatrist)	106
2.8.6.	Postal Code (psychiatrist)	107
2.8.1.	Phone Number (psychiatrist)	107
2.8.2.	Ext (psychiatrist)	107
2.8.3.	Email Address (psychiatrist)	108
2.8.4.	Last seen (psychiatrist)	108
2.9.	Other Contact	108
2.9.1.	Other Contact	109
2.9.2.	Contact Type (other contact)	109
2.9.3.	Name (other contact)	115
2.9.4.	Address (other contact)	116
2.9.5.	City (other contact)	116
2.9.6.	Province (other contact)	116
2.9.7.	Postal Code (other contact)	117
2.9.1.	Phone Number (other contact)	117
2.9.2.	Ext (other contact)	118
2.9.3.	Email Address (other contact)	118
2.9.4.	Last seen (other contact)	118
2.10.	Other Agency	119
2.10.1.	Other Agency	119
2.10.2.	Name (other agency)	120
2.10.3.	Address (other agency)	120
2.10.4.	City (other agency)	120
2.10.5.	Province (other agency)	121
2.10.6.	Postal Code (other agency)	121
2.10.1.	Phone Number (other agency)	122
2.10.2.	Ext (other agency)	122
2.10.3.	Email Address (other agency)	122
2.10.4.	Last seen (other agency)	123
2.11.	Consumer Capacity (select all that apply)	123
2.11.1.	Power of Attorney for Personal Care	123

2.11.2.	Power of Attorney or SDM Name (personal care)	124
2.11.3.	Address (personal care)	124
2.11.4.	Phone Number (personal care)	125
2.11.5.	Ext (personal care)	125
2.11.6.	Power of Attorney for Property	125
2.11.7.	Power of Attorney OR SDM Name (Property)	126
2.11.8.	Address (property)	126
2.11.9.	Phone Number (property)	127
2.11.10.	Ext (property)	127
2.11.11.	Guardian	128
2.11.12.	Name (guardian)	128
2.11.13.	Address (guardian)	128
2.11.14.	Phone Number (guardian)	129
2.11.15.	Ext (guardian)	129
2.11.16.	Areas of concern (finance/property)	130
2.11.17.	Areas of concern (treatment decisions)	130
2.12.	Age in years for onset of mental illness	130
2.13.	Age of first psychiatric hospitalization	131
2.14.	Most recent date consumer entered your organization (YYYY-MM)	131
2.15.	Which of the following best describes your racial or ethnic group? (select one)	132
2.16.	Which of the following best describes your racial or ethnic group? – Other or mixed heritage - please specify	133
2.17.	Citizenship status (select one)	133
2.18.	Were you born in Canada?	135
2.18.1.	If No, What year did you arrive in Canada?	135
2.19.	Do you have any issues with your immigration experience? (select all that apply)	136
2.19.1.	Do you have any issues with your immigration experience? – Other	137
2.20.	Can you tell me about your immigration experience?	137
2.21.	Experience of discrimination (select all that apply)	138
2.21.1.	Experience of discrimination – Other	139
2.22.	What language would you feel most comfortable speaking in with your health service provider? (select one)	140
2.22.1	What language would you feel most comfortable speaking in with your health service provider? – Other	141
2.2.	Language of service provision (select one)	141
2.2.1.	Language of service provision – Other	142
2.3.	What is your mother tongue? (select one)	142
2.3.1.	What is your mother tongue? – Other	142

2.4.	If your mother tongue is neither french nor english, in which of Canada's official languages are you most comfortable?.....	143
2.5.	Do you currently have any legal issues? (select all that apply).....	143
2.5.1.	Comment on egal Issues.....	143
2.6.	Current legal status (select all that apply)	144
2.7.	General Comments	146
3.	Staff Assessment	146
3.1.	Domain 1: Accommodation (Staff Assessment).....	147
3.1.1.	Need Rating Question (Staff Assessment).....	147
3.1.2.	Help from friends or relatives (Staff Assessment)	148
3.1.3.	Help from local services (Staff Assessment).....	148
3.1.4.	Help needed from local services (Staff Assessment)	149
3.1.5.	Comments (Staff Assessment).....	150
3.1.6.	Action(s) (Staff Assessment)	150
3.1.7.	By whom (Staff Assessment)	150
3.1.8.	Review date (YYYY-MM-DD) (Staff Assessment).....	151
3.1.9.	Where do you live? (Staff Assessment)	151
3.1.10.	Where do you live? – Other (Staff Assessment)	153
3.1.11.	Do you receive any support? (Select one) (Staff Assessment).....	153
3.1.12.	Do you live with anyone? (Select all that apply) (Staff Assessment)	154
3.1.13.	Do you live with anyone? – Other (Staff Assessment)	154
3.2.	Domain 2: Food (Staff Assessment)	155
3.2.1.	Need rating question (Staff Assessment).....	155
3.2.2.	Help from friends or relatives (Staff Assessment)	155
3.2.3.	Help from local services (Staff Assessment).....	156
3.2.4.	Help needed from local services (Staff Assessment)	157
3.2.5.	Comments (Staff Assessment).....	157
3.2.6.	Action(s) (Staff Assessment)	158
3.2.7.	By whom (Staff Assessment)	158
3.2.8.	Review date (YYYY-MM-DD) (Staff Assessment).....	158
3.3.	Domain 3: Looking After the Home (Staff Assessment).....	159
3.3.1.	Need rating question (Staff Assessment).....	159
3.3.2.	Help from friends or relatives (Staff Assessment)	159
3.3.3.	Help from local services (Staff Assessment).....	160
3.3.4.	Help needed from local services (Staff Assessment)	161
3.3.5.	Comments (Staff Assessment).....	161
3.3.6.	Action(s) (Staff Assessment)	162
3.3.7.	By Whom (Staff Assessment)	162

3.3.8.	Review date (YYYY-MM-DD) (Staff Assessment)	162
3.4.	Domain 4: Self-Care (Staff Assessment)	163
3.4.1.	Need rating question (Staff Assessment)	163
3.4.2.	Help from friends or relatives (Staff Assessment)	163
3.4.3.	Help from local services (Staff Assessment)	164
3.4.4.	Help needed from local services (Staff Assessment)	165
3.4.5.	Comments (Staff Assessment)	165
3.4.6.	Action(s) (Staff Assessment)	166
3.4.7.	By whom (Staff Assessment)	166
3.4.8.	Review date (YYYY-MM-DD) (Staff Assessment)	166
3.5.	Domain 5: Daytime Activities (Staff Assessment)	167
3.5.1.	Need rating question (Staff Assessment)	167
3.5.2.	Help from friends or relatives (Staff Assessment)	167
3.5.3.	Help from local services (Staff Assessment)	168
3.5.4.	Help needed from local services (Staff Assessment)	169
3.5.5.	Comments (Staff Assessment)	169
3.5.6.	Action(s) (Staff Assessment)	170
3.5.7.	By whom (Staff Assessment)	170
3.5.8.	Review date (YYYY-MM-DD) (Staff Assessment)	170
3.5.9.	What is your current employment status? (select one) (Staff Assessment)	171
3.5.10.	Are you currently in school? (select one) (Staff Assessment)	171
3.5.11.	Are you currently in school? – Other (Staff Assessment)	172
3.5.12.	Barriers in finding and/or maintaining a work/volunteer/education role (select all that apply) (Staff Assessment)	173
3.5.13.	Barriers in finding and/or maintaining a work/volunteer/education role – Other (Staff Assessment)	174
3.5.14.	Barriers in finding and/or maintaining a work/volunteer/education role (select all that apply) – Comments (Staff Assessment)	175
3.6.	Domain 6: Physical Health (Staff Assessment)	175
3.6.1.	Need rating question (Staff Assessment)	175
3.6.2.	Help from friends or relatives (Staff Assessment)	176
3.6.3.	Help from local services (Staff Assessment)	177
3.6.4.	Help needed from local services (Staff Assessment)	177
3.6.5.	Comments (Staff Assessment)	178
3.6.6.	Action(s) (Staff Assessment)	178
3.6.7.	By whom (Staff Assessment)	179
3.6.8.	Review date (YYYY-MM-DD) (Staff Assessment)	179
3.6.9.	Medical conditions (select all that apply) (Staff Assessment)	179
3.6.10.	Medical condition (select all that apply) – Autism (Staff Assessment)	183

3.6.11.	Medical conditions – Other (Staff Assessment)	183
3.6.12.	Medical Conditions (select all that apply) – Comments (Staff Assessment)	184
3.6.13.	Medication (Staff Assessment)	184
3.6.14.	Source of information (Staff Assessment)	185
3.6.15.	Dosage, Frequency and route (Staff Assessment)	186
3.6.16.	Taken as prescribed (Staff Assessment)	186
3.6.17.	Help is provided (Staff Assessment)	187
3.6.18.	Help is needed (Staff Assessment)	188
3.6.19.	Medications – Additional Information (Staff Assessment)	189
3.7.	Domain 7: Psychotic Symptoms (Staff Assessment)	189
3.7.1.	Need rating question (Staff Assessment)	189
3.7.2.	Help from friends or relatives (Staff Assessment)	190
3.7.3.	Help from local services (Staff Assessment)	190
3.7.4.	Help needed from local services (Staff Assessment)	191
3.7.5.	Comments (Staff Assessment)	192
3.7.6.	Action(s) (Staff Assessment)	192
3.7.7.	By Whom (Staff Assessment)	193
3.7.8.	Review date (YYYY-MM-DD) (Staff Assessment)	193
3.7.9.	Have you been hospitalized due to your mental health? (select one) (Staff Assessment)	193
3.7.10.	Total number of admissions for mental health reasons (Staff Assessment)	194
3.7.11.	Total number of hospitalizations days for mental health reasons (Staff Assessment)	194
3.7.12.	How many times did you visit an emergency department in the last 6 months for mental health reasons? (Staff Assessment)	195
3.7.13.	Community treatment order (Staff Assessment)	195
3.7.14.	Psychiatric History – Additional Information (Staff Assessment)	196
3.7.15.	Symptoms (Select all that apply) (Staff Assessment)	196
3.7.16.	Symptoms – Comments (Staff Assessment)	198
3.8.	Domain 8: Information on Condition and Treatment (Staff Assessment)	198
3.8.1.	Need rating question (Staff Assessment)	198
3.8.2.	Help from friends or relatives (Staff Assessment)	199
3.8.3.	Help from local services (Staff Assessment)	200
3.8.4.	Help needed from local services (Staff Assessment)	201
3.8.5.	Comments (Staff Assessment)	201
3.8.6.	Action(s) (Staff Assessment)	202
3.8.7.	By Whom (Staff Assessment)	202
3.8.8.	Review date (YYYY-MM-DD) (Staff Assessment)	202
3.8.9.	Diagnostic Categories (Staff Assessment)	203
3.8.10.	Source of Diagnosis (Staff Assessment)	205

3.8.11.	Do you have any of the following disabilities? (Select all that apply) (Staff Assessment)	205
3.8.12.	Do you have any of the following disabilities? – Other (Staff Assessment)	207
3.9.	Domain 9: Psychological Distress (Staff Assessment)	207
3.9.1.	Need rating question (Staff Assessment)	207
3.9.2.	Help from friends or relatives (Staff Assessment)	208
3.9.3.	Help from local services (Staff Assessment)	209
3.9.4.	Help needed from local services (Staff Assessment)	209
3.9.5.	Comments (Staff Assessment)	210
3.9.6.	Action(s) (Staff Assessment)	210
3.9.7.	By Whom (Staff Assessment)	211
3.9.8.	Review date (YYYY-MM-DD) (Staff Assessment)	211
3.10.	Domain 10: Safety to Self (Staff Assessment)	211
3.10.1.	Need rating question (Staff Assessment)	211
3.10.2.	Help from friends or relatives (Staff Assessment)	212
3.10.3.	Help from local services (Staff Assessment)	213
3.10.4.	Help needed from local services (Staff Assessment)	213
3.10.5.	Comments (Staff Assessment)	214
3.10.6.	Action(s) (Staff Assessment)	214
3.10.7.	By whom (Staff Assessment)	215
3.10.8.	Review date (YYYY-MM-DD) (Staff Assessment)	215
3.10.9.	Have you attempted suicide in the past? (Staff Assessment)	215
3.10.10.	Do you currently have suicidal thoughts? (Staff Assessment)	216
3.10.11.	Do you have any concerns for your own safety? (Staff Assessment)	217
3.10.12.	Risks (select all that apply) (Staff Assessment)	218
3.10.13.	Risks – Other (Staff Assessment)	218
3.11.	Domain 11: Safety to Others (Staff Assessment)	219
3.11.1.	Need rating question (Staff Assessment)	219
3.11.2.	Help from friends or relatives (Staff Assessment)	219
3.11.3.	Help from local services (Staff Assessment)	220
3.11.4.	Help needed from local services (Staff Assessment)	221
3.11.5.	Comments (Staff Assessment)	221
3.11.6.	Action(s) (Staff Assessment)	222
3.11.7.	By whom (Staff Assessment)	222
3.11.8.	Review date (YYYY-MM-DD) (Staff Assessment)	222
3.12.	Domain 12: Alcohol (Staff Assessment)	223
3.12.1.	Need rating question (Staff Assessment)	223
3.12.2.	Help from friends or relatives (Staff Assessment)	224
3.12.3.	Help from local services (Staff Assessment)	224

3.12.4.	Help needed from local services (Staff Assessment)	225
3.12.5.	Comments (Staff Assessment)	226
3.12.6.	Action(s) (Staff Assessment)	226
3.12.7.	By whom (Staff Assessment)	226
3.12.8.	Review date (YYYY-MM-DD) (Staff Assessment)	227
3.12.9.	How often do you drink alcohol? (Staff Assessment)	227
3.12.10.	Indicate the stage of change Consumer is at (Staff Assessment)	228
3.13.	Domain 13: Drugs (Staff Assessment)	229
3.13.1.	Need rating question (Staff Assessment)	229
3.13.2.	Help from friends or relatives (Staff Assessment)	229
3.13.3.	Help from local services (Staff Assessment)	230
3.13.4.	Help needed from local services (Staff Assessment)	231
3.13.5.	Comments (Staff Assessment)	232
3.13.6.	Action(s) (Staff Assessment)	232
3.13.7.	By whom (Staff Assessment)	232
3.13.8.	Review date (YYYY-MM-DD) (Staff Assessment)	233
3.13.9.	Which of the following drugs have you used? (select all that apply) (Staff Assessment)	233
3.13.10.	Drug used in the past 6 months/ever (Staff Assessment)	234
3.13.11.	Has the substance been injected? (Staff Assessment)	235
3.13.12.	Indicate the stage of change Consumer is at (Staff Assessment)	235
3.14.	Domain 14: Other Addictions (Staff Assessment)	236
3.14.1.	Need rating question (Staff Assessment)	236
3.14.2.	Help from friends or relatives (Staff Assessment)	237
3.14.3.	Help from local services (Staff Assessment)	237
3.14.4.	Help needed from local services (Staff Assessment)	238
3.14.5.	Comments (Staff Assessment)	239
3.14.6.	Action(s) (Staff Assessment)	239
3.14.7.	By whom (Staff Assessment)	239
3.14.8.	Review date (YYYY-MM-DD) (Staff Assessment)	240
3.14.9.	Type of addiction (Staff Assessment)	240
3.14.10.	Type of addiction – Other (Staff Assessment)	241
3.14.11.	Indicate the stage of change Consumer is at (Staff Assessment)	241
3.15.	Domain 15: Company (Staff Assessment)	242
3.15.1.	Need rating question (Staff Assessment)	242
3.15.2.	Help from friends or relatives (Staff Assessment)	243
3.15.3.	Help from local services (Staff Assessment)	243
3.15.4.	Help needed from local services (Staff Assessment)	244
3.15.5.	Comments (Staff Assessment)	245

3.15.6.	Action(s) (Staff Assessment)	245
3.15.7.	By whom (Staff Assessment)	245
3.15.8.	Review date (YYYY-MM-DD) (Staff Assessment)	246
3.16.	Domain 16: Intimate Relationships (Staff Assessment)	246
3.16.1.	Need rating question (Staff Assessment)	246
3.16.2.	Help from friends or relatives (Staff Assessment)	247
3.16.3.	Help from local services (Staff Assessment)	247
3.16.4.	Help needed from local services (Staff Assessment)	248
3.16.5.	Comments (Staff Assessment)	249
3.16.6.	Action(s) (Staff Assessment)	249
3.16.7.	By whom (Staff Assessment)	249
3.16.8.	Review date (YYYY-MM-DD) (Staff Assessment)	250
3.17.	Domain 17: Sexual Expression (Staff Assessment)	250
3.17.1.	Need rating question (Staff Assessment)	250
3.17.2.	help from friends or relatives (Staff Assessment)	251
3.17.3.	Help from local services (Staff Assessment)	252
3.17.4.	Help needed from local services (Staff Assessment)	252
3.17.5.	Comments (Staff Assessment)	253
3.17.6.	Action(s) (Staff Assessment)	253
3.17.7.	By whom (Staff Assessment)	254
3.17.8.	Review date (YYYY-MM-DD) (Staff Assessment)	254
3.17.9.	What is your Sexual Orientation? (select one) (Staff Assessment)	254
3.17.10.	What is your Sexual Orientation? – Other (Staff Assessment)	255
3.18.	Domain 18: Child Care	256
3.18.1.	Need rating question (Staff Assessment)	256
3.18.2.	Help from friends or relatives (Staff Assessment)	256
3.18.3.	Help from local services (Staff Assessment)	257
3.18.4.	Help needed from local services (Staff Assessment)	258
3.18.5.	Comments (Staff Assessment)	258
3.18.6.	Action(s) (Staff Assessment)	259
3.18.7.	By whom (Staff Assessment)	259
3.18.8.	Review date (YYYY-MM-DD) (Staff Assessment)	259
3.19.	Domain 19: Other Dependents (Staff Assessment)	260
3.19.1.	Need rating question (Staff Assessment)	260
3.19.2.	Help from friends or relatives (Staff Assessment)	260
3.19.3.	Help from local services (Staff Assessment)	261
3.19.4.	Help needed from local services (Staff Assessment)	262
3.19.5.	Comments (Staff Assessment)	262

3.19.6.	Action(s) (Staff Assessment)	263
3.19.7.	By whom (Staff Assessment)	263
3.19.8.	Review date (YYYY-MM-DD) (Staff Assessment)	263
3.20.	Domain 20: Basic Education (Staff Assessment)	264
3.20.1.	Need rating question (Staff Assessment)	264
3.20.2.	Help from friends or relatives (Staff Assessment)	264
3.20.3.	Help from local services (Staff Assessment)	265
3.20.4.	Help needed from local services (Staff Assessment)	266
3.20.5.	Comments (Staff Assessment)	266
3.20.6.	Action(s) (Staff Assessment)	267
3.20.7.	By whom (Staff Assessment)	267
3.20.8.	Review date (YYYY-MM-DD) (Staff Assessment)	267
3.20.9.	What is your highest level of education? (select one) (Staff Assessment)	268
3.21.	Domain 21: Communication (Staff Assessment)	268
3.21.1.	Need rating question (Staff Assessment)	269
3.21.2.	Help from friends or relatives (Staff Assessment)	269
3.21.3.	Help from local services (Staff Assessment)	270
3.21.4.	Help needed from local services (Staff Assessment)	271
3.21.5.	Comments (Staff Assessment)	272
3.21.6.	Action(s) (Staff Assessment)	272
3.21.7.	By whom (Staff Assessment)	272
3.21.8.	Review date (YYYY-MM-DD) (Staff Assessment)	273
3.22.	Domain 22: Transport (Staff Assessment)	273
3.22.1.	Need rating question (Staff Assessment)	273
3.22.2.	Help from friends or relatives (Staff Assessment)	274
3.22.3.	Help from local services (Staff Assessment)	274
3.22.4.	Help needed from local services (Staff Assessment)	275
3.22.5.	Comments (Staff Assessment)	276
3.22.6.	Action(s) (Staff Assessment)	276
3.22.7.	By whom (Staff Assessment)	276
3.22.8.	Review date (YYYY-MM-DD) (Staff Assessment)	277
3.23.	Domain 23: Money (Staff Assessment)	277
3.23.1.	Need rating question (Staff Assessment)	277
3.23.2.	Help from friends or relatives (Staff Assessment)	278
3.23.3.	Help from local services (Staff Assessment)	278
3.23.4.	Help needed from local services (Staff Assessment)	279
3.23.5.	Comments (Staff Assessment)	280
3.23.6.	Action(s) (Staff Assessment)	280

3.23.7.	By whom (Staff Assessment)	280
3.23.8.	Review date (YYYY-MM-DD) (Staff Assessment)	281
3.23.9.	What is your primary source of income? (select one) (Staff Assessment)	281
3.23.1.	What is your primary source of income? – Other (Staff Assessment)	282
3.23.2.	What is your total family income before taxes last year? (select one) (Staff Assessment)	282
3.23.3.	How many people does this income support? (Staff Assessment)	283
3.24.	Domain 24: Benefits (Staff Assessment)	283
3.24.1.	Need rating question (Staff Assessment)	283
3.24.2.	Help from friends or relatives (Staff Assessment)	284
3.24.3.	Help from local services (Staff Assessment)	285
3.24.4.	Help needed from local services (Staff Assessment)	285
3.24.5.	Comments (Staff Assessment)	286
3.24.6.	Action(s) (Staff Assessment)	286
3.24.7.	By whom (Staff Assessment)	287
3.24.8.	Review date (YYYY-MM-DD) (Staff Assessment)	287
3.24.9.	Open-Ended Recovery Questions (Staff Assessment)	287
3.24.10.	Presenting Issues (select all that apply) (Staff Assessment)	288
3.24.11.	Presenting issues – Other (Staff Assessment)	289
3.25.	Summary of Actions (Staff Assessment)	289
3.25.1.	Priority (Staff Assessment)	290
3.25.2.	Domain (Staff Assessment)	290
3.25.3.	Action(s) (Staff Assessment)	290
3.26.	Summary of Referrals (Staff Assessment)	291
3.26.1.	Optimal Referral (Staff Assessment)	291
3.26.2.	Specify (Staff Assessment)	292
3.26.3.	Actual Referral (Staff Assessment)	293
3.26.4.	Specify (Staff Assessment)	293
3.26.5.	Reasons for Difference (Staff Assessment)	293
3.26.6.	Referral status (Staff Assessment)	294
3.27.	Completion Date (YYYY-MM-DD) (Staff Assessment)	294
Index	296	

I. Introduction

Intended use

This document is intended as a reference guide for health service providers (HSPs) who use OCAN to assess consumer needs. Other users of this guide include:

- The Ministry of Health and Long-Term Care (MOHLTC) staff who may refer to this document to reference individual OCAN fields when interpreting reports, etc.;
- Technical staff developing and/or interpreting databases may reference this document to generate reports;
- Researchers may reference this document to assist in evaluating OCAN data;
- Trainers may reference this document to assist in the education of OCAN.

Purpose of this document

The purpose of this document is to promote consistency in the application of the tool, and to provide a standard understanding of OCAN terms and rules for all users of the Core, Core + Self, and Full OCAN.

The following table identifies the functional centres and their recommended type of OCAN:

Functional Centre	Core OCAN	Core + Self OCAN	Full OCAN
Assertive Community Treatment			✓
Case Management			✓
Clubhouse			✓
Early Intervention			✓
Social Rehabilitation / Recreation			✓
Support Within Housing			✓
Short-Term Residential Crisis Support Beds			✓
Day / Night Care			✓
Counselling and Treatment			✓
Diversion and Court Support			✓
Psychogeriatric			✓
Forensic			✓
Vocational Employment			✓
Peer / Self-Help / Consumer Survivor Initiatives	✓	✓	
Crisis Intervention	✓		
Community Mental Health Clinic	✓		
Eating Disorders	✓		

Resources Related to this Manual

This is not a stand-alone reference. This User Reference Guide encompasses other documents, including:

- OCAN Glossary of Terms
- Data Elements Spreadsheet

Layout of this document

To help users navigate the User Reference Guide, a **Table of Contents** has been included at the beginning of the document highlighting the section number, name of the data element and page number associated with that data element.

The User Reference Guide has several features including (Section II) data element definitions and a reference table summarizing all of the OCAN data elements. The quick reference table identifies the **Consumer Self-Assessment Data Elements** followed by the **Staff Assessment Data Elements**. The reference table gives the user a guide to the name of the data element, whether or not it is mandatory or optional, if it is found in either the Core, Core + Self and/or Full OCAN assessment, and answer options such as open text versus answers from a selection found in a drop-down list, etc.

Section III of the User Reference Guide, the Data Element Definitions, outlines all the data elements found in the OCAN. Each data element identifies:

- The name of the data element
- The intent of the data element
- Where to find the data element in the tool
- Whether or not it is a mandatory or optional question
- How to answer, i.e. drop-down list or open text
- How many characters are available to answer the question
- Which version of OCAN it is found in, i.e. Core, Core + Self, Full
- Whether or not it is a question included in the Self-Assessment
- The values for each valid category – e.g. No Need, Met Need, Unmet Need, Not Known
- A description to explain the meaning of each valid category value

A final quick reference of the guide is the **Index** at the back of this document. The index helps the user navigate the User Reference Guide by a key word.

Not included in this document

The OCAN Business Process Flow is not included in this document. Additional education and/or training may be required to understand business process. Several training opportunities to learn about business process are offered throughout an OCAN implementation.

Questions

If you have any questions or concerns, the Service Desk will be pleased to assist you. Please feel free to contact us at:

Phone: 1-866-363-2246

E-mail: servicedesk@ccim.on.ca

II. OCAN Data Elements

The OCAN 3.0 Data Element tables that appear on the next few pages are quick references that list all the data elements in the tool. The tables identify the following information in chart format:

1. Whether or not the data element is a mandatory or optional to the assessment.
 - M = Mandatory
 - O = Optional
2. Whether or not the data element can be found in the corresponding types of OCAN:
 - Consumer Assessment component (part of the Core + Self and Full OCAN)
 - Core OCAN
 - Core + Self OCAN
 - Full OCAN

If “Yes”, then the data element appears in the that OCAN type.
3. Response Type indicates how the user will answer the question.
 - Date = enter the corresponding date required in the response field (YYYY-MM-DD)
 - Select List = select the corresponding answer from one of the pre-defined values from a list of options in the response field
 - Text = type the answer in the response field up to the total number of allowable characters. This also includes numbers.

More detail about every data element is included in the *Data Element Definitions*. Each data element is divided into the following sections:

- **OCAN Reference** = indicates where the data element can be found in the OCAN
- **Intent** = a brief description of the data element and why it is being captured
- **Status** = indicates if the field is mandatory or optional. There will be instances when the data element is ‘conditionally mandatory’, meaning the data element is only mandatory if the condition, as defined in this section, is true.
- **Response Type** = indicates how to enter information into the field. All fields have one of the following response types:
 - Date** = data can only be entered in a date format YYYY-MM-DD, etc.
 - Select List** = data can only be entered by selecting one of the pre-defined values from a list
 - Text** = data can be entered in free form text up to the total number of allowable characters
 - Number** = data can only be entered using integers
- **Data Length** = gives the user the data element character limit, which is typically defined for text fields.
- **Version(s) Available** = the type(s) of OCAN (Core, Core + Self, Full) that contains the data element
- **Included in Self-Assessment** = indicates whether the data element can be found in the Self-Assessment
- **Valid Categories** = identifies the valid categories that can be selected if the field is a ‘Select List’.
- **Definition** = a brief description of the valid categories available for that data element

1. CONSUMER SELF-ASSESSMENT DATA ELEMENTS

CONSUMER SELF-ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Name	O	No	Yes	Yes	Text
Date of Birth (YYYY-MM-DD)	O	No	Yes	Yes	Date
Start Date (YYYY-MM-DD)	O	No	Yes	Yes	Date
Completion Date (YYYY-MM-DD)	O	No	Yes	Yes	Date
Domain 1: Accommodation					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 2: Food					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 3: Looking After the Home					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 4: Self-Care					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 5: Daytime Activities					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 6: Physical Health					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 7: Psychotic Symptoms					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 8: Information on Condition and Treatment					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 9: Psychological Distress					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 10: Safety to Self					

CONSUMER SELF-ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 11: Safety to Others					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 12: Alcohol					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 13: Drugs					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 14: Other Addictions					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 15: Company					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 16: Intimate Relationships					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 17: Sexual Expression					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 18: Child Care					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 19: Other Dependents					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 20: Basic Education					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 21: Communication					
Need Rating Question	O	No	Yes	Yes	Select List

CONSUMER SELF-ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Comments	O	No	Yes	Yes	Text
Domain 22: Transport					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 23: Money					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Domain 24: Benefits					
Need Rating Question	O	No	Yes	Yes	Select List
Comments	O	No	Yes	Yes	Text
Open-Ended Recovery Questions	O	No	Yes	Yes	Text

2. CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Start Date					
Start Date (YYYY-MM-DD)	M	Yes	Yes	Yes	Date
OCAN Lead Assessment					
OCAN completed by OCAN Lead?	M	Yes	Yes	Yes	Select List
Reason for OCAN					
Reason for OCAN	M	Yes	Yes	Yes	Select List
Reason for OCAN – Significant change	M	Yes	Yes	Yes	Text
Consumer Self-Assessment Completion					
Was Consumer Self-Assessment Completed?	M	No	No	Yes	Select List
If the Consumer Self-Assessment was not completed, why not?	M/O	No	No	Yes	Select List
Consumer Self-Assessment Completed by Consumer – Other	M/O	No	No	Yes	Text
Consumer Information					
First Name	O	Yes	Yes	Yes	Text
Middle Initial	O	Yes	Yes	Yes	Text
Last Name	O	Yes	Yes	Yes	Text

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Preferred Name	O	Yes	Yes	Yes	Text
Address Line 1	O	Yes	Yes	Yes	Text
Address Line 2	O	Yes	Yes	Yes	Text
City	O	Yes	Yes	Yes	Text
Province	O	Yes	Yes	Yes	Select List
Postal Code	O	Yes	Yes	Yes	Text
Phone Number	O	Yes	Yes	Yes	Text
Ext	O	Yes	Yes	Yes	Text
Email Address	O	Yes	Yes	Yes	Text
Date of Birth (YYYY-MM-DD)	M	Yes	Yes	Yes	Date
Date of Birth	M/O	Yes	Yes	Yes	Select List
Health Card Number	O	Yes	Yes	Yes	Number
Version Code	O	Yes	Yes	Yes	Text
Issuing Territory	O	Yes	Yes	Yes	Select List
Service Recipient Location (county, district, municipality)	M	Yes	Yes	Yes	Select List
LHIN Consumer Resides in	M	Yes	Yes	Yes	Select List
What is your gender?	M	Yes	Yes	Yes	Select List
What is your gender? – Other	O	Yes	Yes	Yes	Text
Marital Status	M	Yes	Yes	Yes	Select List
Mental Health Functional Centre Use (for the last 6 Months)					
OCAN Lead	M	Yes	Yes	Yes	Select List
Staff Worker Name	M	Yes	Yes	Yes	Text
Staff Worker Phone Number	M	Yes	Yes	Yes	Text
Ext	O	Yes	Yes	Yes	Text
Organization LHIN	M	Yes	Yes	Yes	Select List
Organization Name	M	Yes	Yes	Yes	Select List
Organization Name – Other	O	Yes	Yes	Yes	Text
Organization Number	M	Yes	Yes	Yes	Select List
Organization Number – Other	O	Yes	Yes	Yes	Text
Program Name	M	Yes	Yes	Yes	Select List
Program Name – Other	O	Yes	Yes	Yes	Text
Program Number	M	Yes	Yes	Yes	Select List
Program Number – Other	O	Yes	Yes	Yes	Text

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Functional Centre Name	M	Yes	Yes	Yes	Select List
Functional Centre Name – Other	O	Yes	Yes	Yes	Text
Functional Centre Number	M	Yes	Yes	Yes	Select List
Functional Centre Number – Other	O	Yes	Yes	Yes	Text
Service Delivery LHIN	M	Yes	Yes	Yes	Select List
Referral Source	M	Yes	Yes	Yes	Select List
Referral Source – Other	O	Yes	Yes	Yes	Text
Request for Service Date	O	Yes	Yes	Yes	Date
Service Decision Date	O	Yes	Yes	Yes	Date
Accepted	O	Yes	Yes	Yes	Select List
Service Initiation Date	O	Yes	Yes	Yes	Date
Exit Date	O	Yes	Yes	Yes	Date
Exit Disposition	M/O	Yes	Yes	Yes	Select List
Family Doctor Information					
Family Doctor Information	O	Yes	Yes	Yes	Select List
Name (Family Doctor)	O	Yes	Yes	Yes	Text
Address Line 1 (Family Doctor)	O	Yes	Yes	Yes	Text
Address Line 2 (Family Doctor)	O	Yes	Yes	Yes	Text
City (Family Doctor)	O	Yes	Yes	Yes	Text
Province (Family Doctor)	O	Yes	Yes	Yes	Select List
Postal Code (Family Doctor)	O	Yes	Yes	Yes	Text
Phone Number (Family Doctor)	O	Yes	Yes	Yes	Text
Ext (Family Doctor)	O	Yes	Yes	Yes	Text
Email Address (Family Doctor)	O	Yes	Yes	Yes	Text
Last Seen (Family Doctor)	O	Yes	Yes	Yes	Select List
Psychiatrist Information					
Psychiatrist Information	O	Yes	Yes	Yes	Select List
Name (Psychiatrist)	O	Yes	Yes	Yes	Text
Address Line 1 (Psychiatrist)	O	Yes	Yes	Yes	Text
Address Line 2 (Psychiatrist)	O	Yes	Yes	Yes	Text
City (Psychiatrist)	O	Yes	Yes	Yes	Text
Province (Psychiatrist)	O	Yes	Yes	Yes	Select List
Postal Code (Psychiatrist)	O	Yes	Yes	Yes	Text
Phone Number (Psychiatrist)	O	Yes	Yes	Yes	Text

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Ext (Psychiatrist)	O	Yes	Yes	Yes	Text
Email Address (Psychiatrist)	O	Yes	Yes	Yes	Text
Last Seen (Psychiatrist)	O	Yes	Yes	Yes	Select List
Other Contact					
Other Contact	O	Yes	Yes	Yes	Select List
Contact Type	O	Yes	Yes	Yes	Select List
Name (Other Contact)	O	Yes	Yes	Yes	Text
Address Line 1 (Other Contact)	O	Yes	Yes	Yes	Text
Address Line 2 (Other Contact)	O	Yes	Yes	Yes	Text
City (Other Contact)	O	Yes	Yes	Yes	Text
Province (Other Contact)	O	Yes	Yes	Yes	Select List
Postal Code (Other Contact)	O	Yes	Yes	Yes	Text
Phone Number (Other Contact)	O	Yes	Yes	Yes	Text
Ext (Other Contact)	O	Yes	Yes	Yes	Text
Email Address (Other Contact)	O	Yes	Yes	Yes	Text
Last Seen (Other Contact)	O	Yes	Yes	Yes	Select List
Other Agency					
Other Agency	O	Yes	Yes	Yes	Select List
Name (Other Agency)	O	Yes	Yes	Yes	Text
Address Line 1 (Other Agency)	O	Yes	Yes	Yes	Text
Address Line 2 (Other Agency)	O	Yes	Yes	Yes	Text
City (Other Agency)	O	Yes	Yes	Yes	Text
Province (Other Agency)	O	Yes	Yes	Yes	Select List
Postal Code (Other Agency)	O	Yes	Yes	Yes	Text
Phone Number (Other Agency)	O	Yes	Yes	Yes	Text
Ext (Other Agency)	O	Yes	Yes	Yes	Text
Email Address (Other Agency)	O	Yes	Yes	Yes	Text
Last Seen (Other Agency)	O	Yes	Yes	Yes	Select List
Consumer Capacity					
Power of Attorney for Personal Care	O	Yes	Yes	Yes	Select List
Power of Attorney or SDM Name (Personal Care)	O	Yes	Yes	Yes	Text
Address (Personal Care)	O	Yes	Yes	Yes	Text
Phone Number (Personal Care)	O	Yes	Yes	Yes	Text

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Ext (Personal Care)	O	Yes	Yes	Yes	Text
Power of Attorney for Property	O	Yes	Yes	Yes	Select List
Power of Attorney	O	Yes	Yes	Yes	Text
Address (Power of Attorney)	O	Yes	Yes	Yes	Text
Phone Number (Power of Attorney)	O	Yes	Yes	Yes	Text
Ext (Power of Attorney)	O	Yes	Yes	Yes	Text
Guardian	O	Yes	Yes	Yes	Select List
Name (Guardian)	O	Yes	Yes	Yes	Text
Address (Guardian)	O	Yes	Yes	Yes	Text
Phone Number (Guardian)	O	Yes	Yes	Yes	Text
Ext (Guardian)	O	Yes	Yes	Yes	Text
Areas of Concern (Finance/Property)	O	Yes	Yes	Yes	Select List
Areas of Concern (Treatment Decisions)	O	Yes	Yes	Yes	Select List
Age in years for onset of mental illness	O	Yes	Yes	Yes	Number
Age in years for onset of mental illness	O	Yes	Yes	Yes	Select List
Age of first psychiatric hospitalization	O	Yes	Yes	Yes	Number
Age of first psychiatric hospitalization	O	Yes	Yes	Yes	Select List
Most recent date when consumer entered your organization (YYYY-MM)	O	Yes	Yes	Yes	Date
Most recent date when consumer entered your organization (YYYY-MM)	O	Yes	Yes	Yes	Select List
Which of the following best describes your racial or ethnic group?	M	Yes	Yes	Yes	Select List
Which of the following best describes your racial or ethnic group? – Other or Mixed heritage	O	Yes	Yes	Yes	Text
Citizenship Status	O	Yes	Yes	Yes	Select List
Were you born in Canada?	M	Yes	Yes	Yes	Select List
If No, what year did you arrive in Canada?	O	Yes	No	Yes	Number
Do you have any issues with your immigration experience?	O	No	No	Yes	Select List
Do you have any issues with your immigration experience? – Other	O	No	No	Yes	Text
Can you tell me about your immigration experience?	O	No	No	Yes	Text
Experience of Discrimination	O	No	No	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Experience of Discrimination – Other	O	No	No	Yes	Text
What language would you feel most comfortable speaking with your health care provider?	M	Yes	Yes	Yes	Select List
What language would you feel most comfortable speaking with your health care provider? – Other	O	Yes	Yes	Yes	Text
Language of service provision	M	Yes	Yes	Yes	Select List
What is your mother tongue?	M	Yes	Yes	Yes	Select List
What is your mother tongue? – Other	O	Yes	Yes	Yes	Text
If your mother tongue is neither French nor English, in which of Canada's official languages are you most comfortable?	M	Yes	Yes	Yes	Select List
Do you currently have any legal issues?	M	Yes	Yes	Yes	Select List
Comment on legal issues	O	Yes	Yes	Yes	Text
Current Legal Status	M	Yes	Yes	Yes	Select List
General Comments	O	Yes	Yes	Yes	Text
Staff Assessment					
Domain 1: Accommodation					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Where do you live?	M	Yes	Yes	Yes	Select List
Where do you live? – Other	O	Yes	Yes	Yes	Text
Do you receive any support?	M	Yes	Yes	Yes	Select List
Do you live with anyone?	M	Yes	Yes	Yes	Select List
Do you live with anyone? – Other	O	Yes	Yes	Yes	Text
Domain 2: Food					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 3: Looking After the Home					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 4: Self-Care					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 5: Daytime Activities					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
What is your current employment status?	M	Yes	Yes	Yes	Select List
Are you currently in school?	M	Yes	Yes	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Are you currently in school? – Other	O	Yes	Yes	Yes	Text
Barriers in finding and/or maintaining a work/volunteer/education role	O	No	No	Yes	Select List
Barriers – Other	O	No	No	Yes	Text
Barriers – Comments	O	No	No	Yes	Text
Domain 6: Physical Health					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Medical Conditions	O	No	No	Yes	Select List
Medical Conditions – Autism	O	No	No	Yes	Text
Medical Conditions – Other	O	No	No	Yes	Text
Medical Conditions – Comments	O	No	No	Yes	Text
List of all current medications (including prescribed and alternative/over the counter medication)					
Medication	O	No	No	Yes	Text
Source of Information	O	No	No	Yes	Select List
Dosage, Frequency and Route	O	No	No	Yes	Text
Taken as prescribed?	O	No	No	Yes	Select List
Help is provided?	O	No	No	Yes	Select List
Help is needed?	O	No	No	Yes	Select List
Medications – additional information	O	No	No	Yes	Text
Domain 7: Psychotic Symptoms					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Psychiatric History					
Have you been hospitalized due to your mental health? <i>If Initial OCAN, during the past two years OR if Reassessment, since the last OCAN</i>	M	Yes	Yes	Yes	Select List
If Yes, Total number of admissions for mental health reasons <i>If Initial OCAN, list hospital admissions for the past 2 years OR if Reassessment, list hospital admissions since last OCAN</i>	M/O	Yes	Yes	Yes	Number
If Yes, Total number of hospitalization days for mental health reasons <i>If Initial OCAN, list total number of days spent in hospital for the past 2 years OR if Reassessment, list total number of days spent in hospital since last OCAN</i>	M/O	Yes	Yes	Yes	Number
How many times did you visit an Emergency Department in the last 6 months for mental health reasons?	M	Yes	Yes	Yes	Select List
Community Treatment Orders	M	Yes	Yes	Yes	Select List
Psychiatric History – Additional Information	O	No	No	Yes	Text
Symptoms	O	No	No	Yes	Select List
Symptoms – Comments	O	No	No	Yes	Text
Domain 8: Information on Condition and Treatment					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Diagnostic Categories	M	Yes	Yes	Yes	Select List
Source of Diagnosis	O	Yes	Yes	Yes	Select List
Do you have any of the following disabilities?	M	Yes	Yes	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Do you have any of the following disabilities? – Other	O	Yes	Yes	Yes	Text
Domain 9: Psychological Distress					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 10: Safety to Self					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Have you attempted suicide in the past?	O	No	No	Yes	Select List
Do you currently have suicidal thoughts?	O	No	No	Yes	Select List
Do you have any concerns for your own safety?	O	No	No	Yes	Select List
Risks	O	No	No	Yes	Select List
Risks – Other	O	No	No	Yes	Text
Domain 11: Safety to Others					
Need Rating Question	M	No	No	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Domain 12: Alcohol					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
How often do you drink alcohol (i.e., number of drinks)?	O	No	No	Yes	Select List
Number of Drinks	O	No	No	Yes	Number
Indicate the stage of change consumer is at	O	No	No	Yes	Select List
Domain 13: Drugs					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Which of the following drugs have you used?	O	No	No	Yes	Select List
Which of the following drugs have you used? – Frequency	O	No	No	Yes	Select List
Has the substance been injected?	O	No	No	Yes	Select List
Indicate the Stage of Change consumer is at	O	No	No	Yes	Select List
Domain 14: Other Addictions					
Need Rating Question Data Element for Staff A_x: 1. Does the person have problems with addictions? <i>(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)</i> Data Element for Consumer Self A_x: Have other addictions been a problem (an area of need)? Other addictions could include	M	No	Yes	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
gambling, overuse of electronic devices or smoking. Are you getting the help you need?					
2. How much help with addictions does the person receive from friends or relatives?	M/O	No	No	Yes	Select List
3a. How much help with addictions does the person receive from local services?	M/O	No	No	Yes	Select List
3b. How much help with addictions does the person need from local services?	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Type of Addiction	O	No	No	Yes	Select List
Type of Addiction – Other	O	No	No	Yes	Text
Indicate the stage of change consumer is at	O	No	No	Yes	Select List
Domain 15: Company					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 16: Intimate Relationships					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 17: Sexual Expression					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
What is your Sexual Orientation?	M	Yes	Yes	Yes	Select List
What is your Sexual Orientation? – Other	O	Yes	Yes	Yes	Text
Domain 18: Child Care					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 19: Other Dependents					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 20: Basic Education					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
What is your highest level of education?	M	Yes	Yes	Yes	Select List
Domain 21: Communication					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 22: Transport					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Domain 23: Money					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
What is your primary source of income?	M	Yes	Yes	Yes	Select List
What is your primary source of income? – Other	O	Yes	Yes	Yes	Text
What is your total family income before taxes last year?	M	Yes	Yes	Yes	Select List
How many people does this income support?	M	Yes	Yes	Yes	Select List

CONSUMER INFORMATION SUMMARY & STAFF ASSESSMENT DATA ELEMENTS					
Data Element	Mandatory/ Optional	Core OCAN	Core + Self OCAN	Full OCAN	Response Type
Domain 24: Benefits					
Need Rating Question	M	No	Yes	Yes	Select List
Help from Friends or Relatives	M/O	No	No	Yes	Select List
Help from Local Services	M/O	No	No	Yes	Select List
Help needed from Local Services	M/O	No	No	Yes	Select List
Comments	O	No	No	Yes	Text
Action(s)	O	No	No	Yes	Text
By Whom	O	No	No	Yes	Text
Review Date (YYYY-MM-DD)	O	No	No	Yes	Date
Open-Ended Recovery Questions					
What are your strengths and skills?	O	No	Yes	Yes	Text
What are your hopes and goals for the future?	O	No	Yes	Yes	Text
What do you need to accomplish your hopes and goals?	O	No	Yes	Yes	Text
Is spirituality an important part of your life? Please explain.	O	No	Yes	Yes	Text
Is culture (heritage) an important part of your life? Please explain.	O	No	Yes	Yes	Text
Presenting Issues					
Presenting Issues	M	Yes	Yes	Yes	Select List
Presenting Issues – Other	O	Yes	Yes	Yes	Text
Summary of Actions					
Priority	O	No	No	Yes	Number
Domain	O	No	No	Yes	Select List
Action(s)	O	No	No	Yes	Text
Summary of Referrals					
Optimal Referral	O	No	No	Yes	Select List
Specify	O	No	No	Yes	Text
Actual Referral	O	No	No	Yes	Select List
Specify	O	No	No	Yes	Text
Reason(s) for Difference	O	No	No	Yes	Select List
Referral Status	O	No	No	Yes	Select List
Completion Date					
Completion Date (YYYY-MM-DD)	M	Yes	Yes	Yes	Date

III. Data Element Definitions

1. CONSUMER SELF-ASSESSMENT

1.1. NAME (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the first open field in the Consumer Self-Assessment of the Core + Self and Full OCAN only, this data element is not part of a Core OCAN.</p> <p>Intent: To capture the full name of the consumer (first/middle/last).</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.2. DATE OF BIRTH (YYYY-MM-DD) (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the second open field in the Consumer Self-Assessment of the Core + Self and Full OCAN only, this data element is not part of a Core OCAN.</p> <p>Intent: To capture the consumer's calendar birth date (YYYY-MM-DD). This date should match the date on the Consumer Information Summary. (<i>DAD Abstracting Manual 2010–2011 Edition</i>)</p>
Status	Optional
Response Type	Date and Select List (select one)
Data Length	11
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

1.3. START DATE (YYYY-MM-DD) (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the third open field in the Consumer Self-Assessment of the Core + Self and Full OCAN only, this data element is not part of a Core OCAN.</p> <p>Intent: To capture when the assessment was started.</p> <p>The start date of the assessment in the OCAN software is the earliest date between the Consumer Self-Assessment and the Staff Assessment start date.</p> <p>The reassessment timeframe is every 6 months. For example: if the first OCAN conducted for the consumer is January 1st, 2019, the reassessment</p>
---------------------------	--

	<p>date is 6 months later. Reassessment must be completed between July 1st, 2019 and July 30th, 2019. Where possible, the Consumer Self-Assessment should be started and completed in the same timeframe.</p> <p>This means the assessment start date and completion date should be started and completed within the 30 day reassessment timeframe for both the Consumer Self-Assessment and Staff Assessment. For example: even if the assessment is started on day 15, it should still be completed by day 30.</p> <p>In HSPs where a Consumer Self-Assessment is the only assessment completed, the same timelines should be followed.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

1.4. COMPLETION DATE (YYYY-MM-DD) (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the fourth open field in the Consumer Self-Assessment of the Core + Self and Full OCAN only, this data element is not part of a Core OCAN.</p> <p>Intent: To capture the date the Consumer Self-Assessment was completed.</p> <p>The assessment start date and completion dates should be started and completed within 30 days of the assessment timeframe. For example, if a reassessment is started on day 15 in the 30 day reassessment timeline, it should still be completed by day 30.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

1.5. DOMAIN 1: ACCOMMODATION (SELF-ASSESSMENT)

1.5.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Are you happy with the place you live in or has it been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs they may have related to his/her housing.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Accommodation is not a serious problem for the consumer.
Met Need	Accommodation is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Accommodation remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to housing that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.5.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 1 of the Consumer Self-Assessment asking the consumer to comment on any needs they may have related to his/her housing.</p> <p>Intent: To capture additional consumer information related to Accommodation should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.6. DOMAIN 2: FOOD (SELF-ASSESSMENT)

1.6.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Has getting food that suits your dietary needs been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to food.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Food is not a serious problem for the consumer.
Met Need	Food is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Food remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to food that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.6.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 2 of the Consumer Self-Assessment asking the consumer to comment on any needs they may have related to food.</p> <p>Intent: For the consumer to provide additional information related to food should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.7. DOMAIN 3: LOOKING AFTER THE HOME (SELF-ASSESSMENT)

1.7.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Has keeping your home tidy been a problem (an area of need)? This could include cleaning and laundry. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs related caring for his/her home.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Looking after the home is not a serious problem for the consumer.
Met Need	Looking after the home is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Looking after the home remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to looking after the home that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.7.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 3 of the Consumer Self-Assessment asking the consumer to comment on any needs related caring for his/her home.</p> <p>Intent: To capture additional consumer information related to looking after the home should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.8. DOMAIN 4: SELF-CARE (SELF-ASSESSMENT)

1.8.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 4 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Has maintaining your person hygiene been a problem (an area of need)? This could include challenges accessing or using products/facilities. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to self-care.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Self-care is not a serious problem for the consumer.
Met Need	Self-care is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Self-care remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to self-care that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.8.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to self-care.</p> <p>Intent: To capture additional consumer information related to self-care should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.9. DOMAIN 5: DAYTIME ACTIVITIES (SELF-ASSESSMENT)

1.9.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 5 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Have daytime activities been a problem (an area of need)? This could include work, education or leisure activities. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs they may have related to his/her daytime activities.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Daytime activities are not a serious problem for the consumer.
Met Need	Daytime activities are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Daytime activities remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to daytime activities that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.9.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Self-Assessment asking the consumer to comment on any needs they have may related to his/her daytime activities.</p> <p>Intent: To capture additional consumer information related to daytime activities should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.10. DOMAIN 6: PHYSICAL HEALTH (SELF-ASSESSMENT)

1.10.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 6 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Has your physical health been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to physical health.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Physical health is not a serious problem for the consumer.
Met Need	Physical health is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Physical health remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to physical health that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.10.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to physical health.</p> <p>Intent: To capture additional consumer information related to physical health should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.11. DOMAIN 7: PSYCHOTIC SYMPTOMS (SELF-ASSESSMENT)

1.11.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 7 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Have symptoms of psychosis been a problem (an area of need)? This could include feeling like you're being watched or hearing voices that interfere with your daily life. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to psychotic symptoms.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Psychotic symptoms are not a serious problem for the consumer.
Met Need	Psychotic symptoms are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Psychotic symptoms remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to psychotic symptoms that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.11.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to psychotic symptoms.</p> <p>Intent: To capture additional consumer information related to psychotic symptoms should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.12. DOMAIN 8: INFORMATION ON CONDITION AND TREATMENT (SELF-ASSESSMENT)

1.12.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	--

	<p>Has understanding your mental health condition and recommended services/treatments been a problem (an area of need)? Are you getting the information you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to condition and treatment.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Information on condition and treatment is not a serious problem for the consumer.
Met Need	Information on condition and treatment is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Information on condition and treatment remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to getting information on condition and treatment that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.12.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 8 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to condition and treatment.</p> <p>Intent: To capture additional consumer information related to information on condition and treatment should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.13. DOMAIN 9: PSYCHOLOGICAL DISTRESS (SELF-ASSESSMENT)

1.13.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p>
---------------------------	---

	<p>Trigger Question: Have symptoms of depression or anxiety been a problem (an area of need)? These could include feelings of sadness or worry that interfere with your daily life. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to psychological distress.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Psychological distress is not a serious problem for the consumer.
Met Need	Psychological distress is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Psychological distress remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to psychological distress that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.13.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 9 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to psychological distress.</p> <p>Intent: To capture additional consumer information related to psychological distress should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.14. DOMAIN 10: SAFETY TO SELF (SELF-ASSESSMENT)

1.14.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 10 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p>
---------------------------	---

	<p>Trigger Question: Have thoughts and/or acts of harming yourself been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to safety to self.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Safety to self is not a serious problem for the consumer.
Met Need	Safety to self is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Safety to self remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to safety to self that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.14.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to safety to self.</p> <p>Intent: To capture additional consumer information related to safety to self should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.15. DOMAIN 11: SAFETY TO OTHERS (SELF-ASSESSMENT)

1.15.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 11 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Have thoughts and/or acts of harming others been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to safety to others.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Safety to others is not a serious problem for the consumer.
Met Need	Safety to others is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Safety to others remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to safety to others that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.15.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 11 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to safety to others.</p> <p>Intent: To capture additional consumer information related to safety to others should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.16. DOMAIN 12: ALCOHOL (SELF-ASSESSMENT)

1.16.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 12 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Has alcohol use been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to alcohol.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Alcohol is not a serious problem for the consumer.
Met Need	Alcohol is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Alcohol remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to alcohol that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.16.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 12 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to alcohol.</p> <p>Intent: To capture additional consumer information related to alcohol should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.17. DOMAIN 13: DRUGS (SELF-ASSESSMENT)

1.17.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 13 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Has drug use been a problem (an area of need)? This could include illicit drugs or misuse of prescription drugs. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to drugs.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Drugs are not a serious problem for the consumer.
Met Need	Drugs are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Drugs remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to drugs that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.17.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 13 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to drugs.</p> <p>Intent: To capture additional consumer information related to drugs should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.18. DOMAIN 14: OTHER ADDICTIONS (SELF-ASSESSMENT)

1.18.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 14 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Have other addictions been a problem (an area of need)? Other addictions could include gambling, overuse of electronic devices or smoking. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to other addictions.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Other addictions are not a serious problem for the consumer.
Met Need	Other addictions are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Other addictions remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to other addictions that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.18.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 14 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to other addictions.</p> <p>Intent: To capture additional consumer information related to other addictions should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.19. DOMAIN 15: COMPANY (SELF-ASSESSMENT)

1.19.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 15 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Has your social life been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to company.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Company is not a serious problem for the consumer.
Met Need	Company is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Company remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to company that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.19.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 15 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to company.</p> <p>Intent: To capture additional consumer information related to company should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.20. DOMAIN 16: INTIMATE RELATIONSHIPS (SELF-ASSESSMENT)

1.20.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 16 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Have close personal relationships been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to intimate relationships.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Intimate relationships are not a serious problem for the consumer.
Met Need	Intimate relationships are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Intimate relationships remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to intimate relationships that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.20.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 16 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to intimate relationships.</p> <p>Intent: To capture additional consumer information related to intimate relationships should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.21. DOMAIN 17: SEXUAL EXPRESSION (SELF-ASSESSMENT)

1.21.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 17 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Have your sex life and sexual health been a problem (an area of need)? Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to sexual expression.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Sexual expression is not a serious problem for the consumer.
Met Need	Sexual expression is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Sexual expression remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to sexual expression that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.21.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 17 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to sexual expression.</p> <p>Intent: To capture additional consumer information related to sexual expression should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.22. DOMAIN 18: CHILD CARE (SELF-ASSESSMENT)

1.22.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 18 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Has looking after your children been a problem (an area of need)? This could include access to child care or parenting. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to child care.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Child care is not a serious problem for the consumer.
Met Need	Child care is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Child care remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to child care that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.22.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 18 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to child care.</p> <p>Intent: To capture additional consumer information related to child care should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.23. DOMAIN 19: OTHER DEPENDENTS (SELF-ASSESSMENT)

1.23.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 19 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question:</p>
---------------------------	---

	<p>Has looking after other dependents been a problem (an area of need)? Other dependents could include elderly parents and pets. Are you getting the help you need?</p> <p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to other dependents.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Other dependents are not a serious problem for the consumer.
Met Need	Other dependents are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Other dependents remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to other dependents that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.23.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 19 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to other dependents.</p> <p>Intent: To capture additional consumer information related to other dependents should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.24. DOMAIN 20: BASIC EDUCATION (SELF-ASSESSMENT)

1.24.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 20 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question: Has reading, writing or basic math been a problem (an area of need)? Are you getting the help you need?</p>
---------------------------	--

	<p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to basic education.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Basic education is not a serious problem for the consumer.
Met Need	Basic education is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Basic education remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to basic education that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.24.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 20 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to basic education.</p> <p>Intent: To capture additional consumer information related to basic education should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.25. DOMAIN 21: COMMUNICATION (SELF-ASSESSMENT)

1.25.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 21 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question: Has accessing or using a phone or computer been a problem (an area of need)? Are you getting the help you need?</p>
---------------------------	--

	<p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs they may have related to access or use of a phone or computer (e.g. Internet).</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Accessing or using the phone or computer is not a serious problem for the consumer.
Met Need	Accessing or using the phone or computer is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Accessing or using the phone or computer remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to access or use of a phone or computer that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.25.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 21 of the Consumer Self-Assessment asking the consumer to comment on any needs they may have related to accessing or using the phone or computer.</p> <p>Intent: To capture additional consumer information related to accessing or using the phone or computer should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.26. DOMAIN 22: TRANSPORT (SELF-ASSESSMENT)

1.26.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 22 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question: Has transportation been a problem (an area of need)? This could include getting to and from appointments and daily activities. Are you getting the help you need?</p>
----------------------------------	--

	<p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to transportation.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Transportation is not a serious problem for the consumer.
Met Need	Transportation is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Transportation remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to transport that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.26.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 22 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to transportation.</p> <p>Intent: To capture additional consumer information related to transportation should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.27. DOMAIN 23: MONEY (SELF-ASSESSMENT)

1.27.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 23 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question: Has managing your money been a problem (an area of need)? Are you getting the help you need?</p>
----------------------------------	---

	<p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to money.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Money is not a serious problem for the consumer.
Met Need	Money is not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Money remains a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to money that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.27.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 23 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to money.</p> <p>Intent: To capture additional consumer information related to money should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.28. DOMAIN 24: BENEFITS (SELF-ASSESSMENT)

1.28.1. NEED RATING QUESTION (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 24 of the Consumer Self-Assessment in the Core + Self and Full OCAN only, this question is not part of a Core OCAN.</p> <p>Trigger Question: Has accessing the benefits/money you're entitled to been a problem (an area of need)? This could include Ontario works, Disability Support Program and Drug Benefit. Are you getting the help you need?</p>
----------------------------------	---

	<p>The trigger question above is only a guide to assist the consumer in selecting a need rating.</p> <p>Intent: To capture the consumer's view on any needs he/she may have related to benefits.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
No Need	Benefits are not a serious problem for the consumer.
Met Need	Benefits are not a serious problem for the consumer because of the help he/she is receiving.
Unmet Need	Benefits remain a serious problem for the consumer despite any help he/she is receiving. There is a major issue related to benefits that is getting in the way of recovery.
I don't want to answer	The consumer chooses not to rate this domain.

1.28.2. COMMENTS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 24 of the Consumer Self-Assessment asking the consumer to comment on any needs he/she may have related to benefits.</p> <p>Intent: To capture additional consumer information related to benefits should he/she wish to do so.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

1.29. OPEN-ENDED RECOVERY QUESTIONS (SELF-ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the "Open-Ended Recovery Questions" section of the Consumer Self-Assessment located after <i>Domain 24: Benefits</i>.</p> <p>Intent: To capture the hopes and dreams of the consumer from his/her point of view. This section captures five questions listed below:</p> <ol style="list-style-type: none"> 1. What are your strengths and skills? 2. What are your hopes and goals for the future? 3. What do you need to accomplish your hopes and goals? 4. Is spirituality an important part of your life? Please explain. 5. Is culture (heritage) an important part of your life? Please explain.
---------------------------	--

Status	Optional
Response Type	Text
Data Length	4000 (for each question)
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2. CONSUMER INFORMATION SUMMARY

This section of the OCAN captures all demographic information related to the consumer. It contains all factual information not captured through the assessment process. Information contained in this section will help to uniquely identify the consumer.

In contrast, a consumer is not uniquely identified if the individual receives community mental health and/or addictions service(s) from an HSP and is not registered as an inpatient, resident, or consumer. The consumer's encounter with the service provider was not recorded in the registration or information system and/or has no unique identifier assigned by the HSP. Examples include:

- individuals calling hot lines for counselling services
- information and referral services
- individuals attending drop-in centres
- participants attending a general forum on smoking cessation that is aimed at educating the community as a whole

2.1. START DATE (YYYY-MM-DD)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the first field of the Consumer Information Summary.</p> <p>Intent: To capture when the OCAN was initiated. The "Start Date" is based on the date that the staff and consumer start the OCAN. If the assessment was started and completed on paper, the start date entered into the OCAN software is the date OCAN was started on paper.</p> <p>Note: For Core + Self and Full OCAN, the start date is the earliest date between the start of the Consumer Self-Assessment and the start of the Staff Assessment. For example, if the consumer started entering the Self-Assessment on June 2nd, and the staff started entering the Staff Assessment on June 3rd, the start date would be June 2nd. The assessment must be completed within 30 days of June 2nd.</p> <p>For functional centres completing a Core OCAN and for any other OCAN type where the consumer chooses not to complete the Consumer Self-Assessment, the start date and completion dates of the Staff Assessment will be entered into the OCAN software.</p> <p>The start date makes reference to the type of OCAN that is started; it can be an Initial OCAN, Reassessment, etc. as indicated in data element 2.3 "Reason for OCAN."</p>
---------------------------	--

	<p>The first time a person is completing an OCAN (whether Initial or Reassessment), the start date and completion dates should be started and completed within 30 Days.</p> <p>For the second and proceeding times an OCAN is conducted, the start and completion dates should be within the reassessment timeframe for both the Self-Assessment and Staff Assessments. For example, if the OCAN is started on Day 15, it should still be completed by Day 30.</p> <p>The reassessment timeframe is every 6 months. For example, if the first OCAN conducted on January 15th, 2019, the reassessment will take place 6 months after January 15th, 2019. The reassessment timeframe will be between July 15th, 2019 and August 13th, 2019.</p> <p>Note: For Core + Self and Full OCAN, both the Consumer Self-Assessment and Staff Assessment should be started and completed between this timeframe whenever possible.</p> <p>Even if the reassessment is started on July 30, 2019 which is day 16, the reassessment should still be completed by August 13, 2019 which is day 30 and NOT 30 days from July 30, 2019.</p> <p>Please refer to the diagram below which gives an illustration of the reassessment cycle after the first OCAN is started.</p> <p>If information is not available to complete the OCAN, the staff should acquire as much information as possible and mark 'Do not know' for the mandatory data elements where information is not available.</p>
Status	Mandatory
Response Type	Date
Data Length	11
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	Definition
Date Format	YYYY-MM-DD

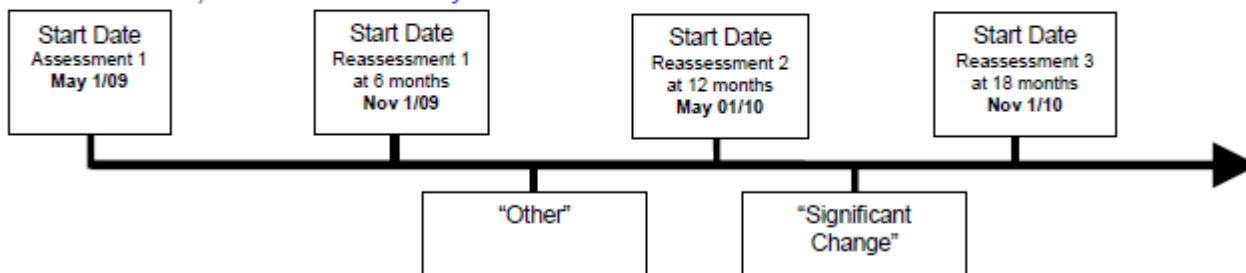
Initiating the Reassessment Cycle

Once the start date is chosen, the end date is 30 days from the start date. The next assessment happens 6 months from the start date of the previous assessment.



Sustaining the Reassessment Cycle

Regardless of any "Other" or "Significant Change" OCANs completed between scheduled reassessments, the reassessment cycle remains the same.



2.2. OCAN LEAD ASSESSMENT SECTION

The OCAN Lead is responsible for completing and submitting the OCAN for their HSP and/or on behalf of other Functional Centres. For further understanding, check within your HSP for local policies and procedures.

2.2.1. OCAN COMPLETED BY OCAN LEAD?

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 of the Consumer Information Summary.</p> <p>Intent: To capture if the assessment was completed by the OCAN Lead or not.</p> <p>In some cases, non-OCAN Leads might also conduct an OCAN with the consumer if requested or needed. The non-OCAN Lead will choose "no" to indicate the OCAN was not completed by the OCAN Lead.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definition

Yes	Assessment was completed by the OCAN Lead and will be included in reporting.
No	Assessment was NOT completed by the OCAN Lead and will NOT be included in reporting.

2.3. REASON FOR OCAN (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 of the Consumer Information Summary.</p> <p>Intent: To capture why the assessment was completed.</p> <p>Please note: the rules for "Initial OCAN", "Reassessment" and "(Prior to) Discharge" are different for the following functional centres:</p> <ol style="list-style-type: none"> 1. Crisis intervention 2. Short-term crisis support beds
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definition
Initial OCAN	<p>The Initial OCAN is conducted when the consumer first enters the HSP organization or when returning more than three months after a "(Prior to) Discharge" assessment.</p> <p>*Exception; The definition of Initial OCAN is different for the following functional centres:</p> <ol style="list-style-type: none"> 1. Crisis intervention 2. Short-term crisis support beds <p>For these functional centres, an Initial OCAN is completed for each episode of care.</p>
Reassessment	<p>Reassessments are conducted with the consumer every six months in order to maintain an ongoing review of a consumer's needs over time.</p> <p>If a consumer leaves an HSP organization and returns less than 3 months after a discharge, the 6-month reassessment cycle is maintained.</p>
(Prior to) Discharge	"(Prior to) Discharge" OCAN is conducted when the consumer has exited all CMH Functional Centres (e.g. withdrawn, needs have been met, referred, deceased, etc.) within an HSP organization.
Significant Change	A "Significant Change" OCAN is optional. An HSP organization can choose to do a significant change OCAN in between the reassessment cycle if there has been a significant change in the needs of the consumer (e.g. hospitalization).

2.3.1. REASON FOR OCAN (SELECT ONE) – SIGNIFICANT CHANGE (PLEASE SPECIFY)

OCAN Reference and Intent	OCAN Reference: Identified as question 2 of the Consumer Information Summary.
---------------------------	---

	Intent: To capture why the significant change assessment was completed (e.g. client hospitalized).
Status	Mandatory
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.4. CONSUMER SELF-ASSESSMENT COMPLETION

The Consumer Self-Assessment is optional; however, the information collected from the consumer's perspective if completed, is important. It portrays how the consumer feels about his/her needs and also allows for the expression of any strengths and/or concerns. It also helps the HSP to evaluate the difference between the consumer and staff assessments.

2.4.1. WAS CONSUMER SELF-ASSESSMENT COMPLETED?

OACN Reference and Intent	<p>OACN Reference: Identified as question 3a of the Consumer Information Summary in the Full OACN.</p> <p>Intent: To capture whether or not the Consumer Self-Assessment was 'completed' as part of a Full OACN.</p> <p>A Consumer Self-Assessment is deemed complete when:</p> <ul style="list-style-type: none"> – <i>Start Date</i> and <i>Completion Date</i> data element values contain a date and; – One or more of the 24 domains contain a value (i.e., the data element(s) contain either "No Need"; "Met Need"; "Unmet Need"; or "I Don't Want to Answer") <p>Only where this data element contains "Yes" will the associated Consumer Self-Assessment data be uploaded to the repository.</p> <p>If this data element contains "Yes" it does not imply anything about a consumer's capacity; a self-assessment may be completed independently or with support from the consumer's family, friends, peers or staff, as required.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OACN
Included in Self-Assessment	No
Valid Categories	Definition
Yes	The associated Consumer Self-Assessment was completed as part of the Core + Self or Full OACN.

No	The associated Consumer Self-Assessment was not completed as part of the Core + Self or Full OCAN. The Consumer Self-Assessment was either not offered, not attempted, or was attempted and abandoned prior to completion.
----	--

2.4.2. IF THE CONSUMER SELF-ASSESSMENT WAS NOT COMPLETED, WHY NOT? (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b of the Consumer Information Summary in the Full OCAN.</p> <p>Intent: To capture any prevailing factor that may have contributed to the consumer not completing the self-assessment as part of a Core + Self or Full OCAN.</p> <p>This data element is only valid if the answer to question 3a in the Consumer Information Summary section contains the answer "No."</p> <p>In the indicated reason why the Self-Assessment was not completed, staff will rely primarily on the consumer's own perceptions. Ultimately the assessor will identify, qualify and/or categorize the reason based on his or her best judgment and all available information.</p>
Status	<p>Optional</p> <p>Mandatory if question 3a in the Consumer Information Summary contains the answer "No".</p>
Response Type	Select List (select one that applies)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank
Comfort Level	<p>Staff cannot identify any significant impediment (especially those categorized below) that might prevent the consumer from completing the self-assessment even though he/she has declined to do so.</p> <p>The consumer's specific reasons for not completing the Self-Assessment may not be known but might include his/her concerns for privacy, frustration with past self-assessments, and misgivings about the questions posed, etc.</p> <p>If this data element contains "Comfort Level" no other category is valid.</p>
Length of Assessment	<p>The length of the self-assessment is a contributing factor to the consumer not completing it.</p> <p>"Length of Assessment" reflects a consumer's limits in terms of his/her energy, capacity to focus, etc. "Length of Assessment" does not include cases where a consumer has limited time available – the consumer's limited available time as a factor is captured in "Other" below.</p>

Literacy	The consumer's ability to read and/or write in the language of the Self-Assessment may be a contributing factor to the consumer not completing it.
Mental Health Condition	One or more mental health conditions may be contributing factors to the consumer not completing the Self-Assessment.
Physical Condition	One or more physical conditions may be contributing factors to the consumer not completing the Self-Assessment.
Language Barrier	The consumer's fluency in the language of the Self-Assessment may be a contributing factor to the consumer not completing it. If this data element contains "Language Barrier" it should be assumed to contain "Literacy" as well.

2.4.3. IF THE CONSUMER SELF-ASSESSMENT WAS NOT COMPLETED, WHY NOT? – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 3b of the Consumer Information Summary in the Full OCAN.</p> <p>Intent: To capture any prevailing factor that may have contributed to the consumer not completing the self-assessment if not found in the list of options.</p> <p>This data element is only valid if the answer to question 3a in the Consumer Information Summary section contains the answer "No."</p> <p>In the indicated reason why the Self-Assessment was not completed, staff will rely primarily on the consumer's own perceptions. Ultimately the assessor will identify, qualify and/or categorize the reason based on his or her best judgment and all available information.</p>
Status	<p>Optional</p> <p>Mandatory if question 3a in the Consumer Information Summary contains the answer "No".</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5. CONSUMER INFORMATION SECTION

This section captures demographic information about the consumer which helps to identify the consumer as an individual. Information captured includes the consumer's name, address, date-of-birth, health card information, and previous LHIN records. Not all fields in this section are mandatory since the consumer's information may not be available in its entirety on the initial assessment.

2.5.1. FIRST NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's first name.</p> <p>Some consumers who take part in OCAN may prefer to remain anonymous, and it is his/her right to do so. As a result, fields for "First Name," "Last Name" and "Preferred Name" are optional. Users viewing data on the IAR will not be able to identify individual consumers.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.2. MIDDLE INITIAL

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's middle initial.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.3. LAST NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's family name.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	

Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.4. PREFERRED NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's preferred name.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.5. ADDRESS

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of where the consumer lives. (www.canadapost.ca)</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.6. CITY

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's city / town or rural address.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	

Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.7. PROVINCE

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's province of residence.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon
N/A	Outside of Canada.

2.5.8. POSTAL CODE

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's six-digit, residential postal code as assigned by Canada Post. If the consumer does not have a residential postal code and receives mail at a Canada Post outlet, record the postal code assigned to that outlet. (DAD Abstracting Manual 2010–2011 Edition)</p>
Status	Optional
Response Type	Text
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text – standard format for Canadian postal codes (A#B #C#).
------	---

2.5.9. PHONE NUMBER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's telephone number where he/she can be reached.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.10. EXT

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's telephone extension, if available.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.11. EMAIL ADDRESS

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's email address where he/she can be reached.</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text
------	----------------

2.5.12. DATE OF BIRTH (YYYY-MM-DD)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's calendar date of birth. The year must be logged as four digits; the month and day must be logged as two digits each. <i>(DAD Abstracting Manual 2010–2011 Edition)</i></p>
Status	Mandatory (select "Do not know" if date of birth is not entered)
Response Type	Date and Select List (select one)
Data Length	11
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	Definitions
Date	YYYY-MM-DD
Estimate	To indicate an 'estimated' date of birth if the year (YYYY), month (MM) and day (DD) of birth is <i>unknown</i> . Do not select this field if birth date is known.
Do not know	Information is not known at the time of the assessment. Do not select this field if date of birth is known.

2.5.13. HEALTH CARD NUMBER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's unique health card number as assigned by the provincial / territorial government of residence. Health card numbers for individuals with federal government health coverage, for example, members of the RCMP, military veterans, penitentiary inmates, refugee claimants, are also included.</p> <p>For residents outside of Ontario, please enter their provincial/territorial health card number.</p> <p>For residents outside of Ontario or Canada, please enter their health card as issued by their Province / Territory / State of residence.</p> <p>When entering a health card number, please select the valid issuing territory.</p> <p>Leave this field blank if the consumer's health card number is not available or applicable. <i>(National Ambulatory Care Reporting System Manual 2010–2011)</i></p>
Status	Optional
Response Type	Number
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Number	Standard for collecting health card numbers.

2.5.14. VERSION CODE

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the version of the consumer's health card number or any other health card number, if applicable.</p>
Status	Optional
Response Type	Text
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text – standard text to capture the version of health cards. Not all health cards have a version code associated with them.

2.5.15. ISSUING TERRITORY

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture information from the provincial / territorial or federal government that issued the health card. This field is required to validate the health card number according to validation requirements for the issuing jurisdiction. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island

QC	Quebec
SK	Saskatchewan
YT	Yukon
N/A	Outside of Canada

2.5.16. SERVICE RECIPIENT LOCATION (COUNTY, DISTRICT, MUNICIPALITY)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 4 of the Consumer Information Summary in the Full OCAN and question 3 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the county/district/municipality of the consumer as defined by MOHLTC. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Algoma District	A district located in Ontario
Brant	A single tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Bruce	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Cochrane District	A district located in Ontario
Dufferin	A upper-tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Durham	An upper tier regional municipality located in Ontario (Ministry to Municipal Affairs and Housing)
Elgin	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Essex	A lower tier town located in Ontario (Ministry to Municipal Affairs and Housing)
Frontenac	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Grey	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Haldimand-Norfolk	A federal electoral district in Southern Ontario
Haliburton	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Halton	An upper tier regional municipality located in Ontario (Ministry to Municipal Affairs and Housing)
Hamilton	A lower tier township located in Northumberland in Ontario (Ministry to Municipal Affairs and Housing)
Hastings	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Huron	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Kenora & Kenora P.P.	A district located in Ontario

Chatham Kent	An single tier municipality located in Ontario (Ministry to Municipal Affairs and Housing)
Lambton	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Lanark	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Leeds & Greenville	Upper tier united counties located in Ontario (Ministry to Municipal Affairs and Housing)
Lennox & Addington	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Manitoulin District	A district located in Ontario
Middlesex	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Muskoka District	A district located in Ontario
Niagara	An upper tier regional municipality located in Ontario (Ministry to Municipal Affairs and Housing)
Nipissing District	A district located in Ontario (Ministry to Municipal Affairs and Housing)
Northumberland	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Ottawa	A lower tier city located in Ontario (Ministry to Municipal Affairs and Housing)
Oxford	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Parry Sound District	A district located in Ontario (Ministry to Municipal Affairs and Housing)
Peel	A regional municipality in Southern Ontario (Ministry to Municipal Affairs and Housing)
Perth	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Peterborough	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Prescott & Russell	Upper tier united counties located in Ontario. (Ministry to Municipal Affairs and Housing)
Prince Edward	A single-tier city located in Ontario. (Ministry to Municipal Affairs and Housing)
Rainy River District	A district located in Ontario (Ministry to Municipal Affairs and Housing)
Renfrew	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Simcoe	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
Stormont Dundas & Glengarry	Upper tier united counties located in Ontario. (Ministry to Municipal Affairs and Housing)
Sudbury District	A district located in Ontario (Ministry to Municipal Affairs and Housing)
Sudbury Region	A regional municipality in Ontario
Thunder Bay District	A district located in Ontario (Ministry to Municipal Affairs and Housing)
Timiskaming District	A district located in Ontario (Ministry to Municipal Affairs and Housing)

Toronto	A single tier city located in Ontario (Ministry to Municipal Affairs and Housing)
Kawartha Lakes	A single tier city located in Ontario (Ministry to Municipal Affairs and Housing)
Waterloo	An upper tier regional municipality located Ontario (Ministry to Municipal Affairs and Housing)
Wellington	An upper tier county located in Ontario (Ministry to Municipal Affairs and Housing)
York	An upper tier regional municipality located in Ontario (Ministry to Municipal Affairs and Housing)
Out of Province	Any counties / districts / municipalities outside of Ontario and not listed
Out of Country	A county / district / municipality located outside of Canada
Do not know	Information is not known at the time of the assessment.

2.5.17. LHIN CONSUMER RESIDES IN

OACN Reference and Intent	<p>OACN Reference: Identified in question 4 of the Consumer Information Summary in the Full OACN and question 3 of the Consumer Information Summary in the Core and Core + Self OACN.</p> <p>Intent: To capture the LHIN where the consumer has been receiving services. For example, if the consumer resides in LHIN 6 and received services in LHIN 7, LHIN 6 will be recorded as the LHIN of residence. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Erie St. Clair	LHIN 1
South West	LHIN 2
Waterloo Wellington	LHIN 3
Hamilton Niagara Haldimand Brant	LHIN 4
Central West	LHIN 5
Mississauga-Halton	LHIN 6
Toronto Central	LHIN 7
Central	LHIN 8
Central East	LHIN 9
South East	LHIN 10
Champlain	LHIN 11
North Simcoe Muskoka	LHIN 12
North East	LHIN 13
North West	LHIN 14
Out of Province	Consumer resides outside of Ontario and is not associated to a particular LHIN.
Out of Country	Consumer resides outside of Canada and is not associated to a particular LHIN.
Do not know	Information is not known at the time of the assessment.

2.5.18. WHAT IS YOUR GENDER? (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 4b of the Consumer Information Summary in the Full OCAN and question 3b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the gender of the consumer.</p> <p>Gender is a social construct that is defined in various ways and can include any or all of the following categories: physical anatomy (or sex organs), secondary sex characteristics that develop at and after puberty, behaviour and conduct, sense of self, and clothing. Gender identity is linked to a person's sense of self, and particularly the sense of being male, female, both, or neither. Some people's gender identity is neither masculine nor feminine and for others, their gender is fluid, rather than fixed on any point along the gender spectrum. A person's gender identity may be different from their birth-assigned sex and is separate from their sexual orientation.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Male	Consumer reports as being male.
Female	Consumer reports as being female.
Intersex	<p>Consumer reports as being intersex. Intersex refers to people whose bodies, reproductive systems, chromosomes, and/or hormones are not easily grouped as male or female. Most intersex people identify as either male or female, but not all intersex people identify with the sex they were assigned at birth, and some choose to identify themselves as intersex. While intersex and trans people may share some overlapping experiences and perspectives, the terms and issues are not the same. Many intersex persons do not identify as trans and should not be referred to under the heading of trans unless they request it.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Trans – Female to Male	<p>Consumer reports as being trans – female to male (describes a trans person who is assigned female at birth but self-identifies as male). Trans is an abbreviation, which includes but is not limited to, transgender, transsexual, gender non-conforming and gender questioning persons. Trans can mean transcending beyond, existing between, or crossing over the gender spectrum. It is an umbrella term used to describe individuals who, to varying degrees, do not conform to what society usually defines as a man or a woman.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Trans – Male to Female	<p>Consumer reports as being trans – male to female describes a trans person who is assigned male at birth but self-identifies as female). Trans is an abbreviation, which includes but is not limited to, transgender, transsexual, gender non-conforming and gender questioning persons. Trans can mean</p>

	transcending beyond, existing between, or crossing over the gender spectrum. It is an umbrella term used to describe individuals who, to varying degrees, do not conform to what society usually defines as a man or a woman. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Other (please specify)	Consumer reports gender other than the options listed.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.5.19. WHAT IS YOUR GENDER? – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 4b of the Consumer Information Summary in the Full OCAN and question 3b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the gender if not found in the list of options.</p>
Status	Optional
	If “Other” is selected, provide specific information using the free text field.
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.5.20. MARITAL STATUS (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 4c of the Consumer Information Summary in the Full OCAN and question 3c of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the marital status of the consumer.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Single	Consumer has never been married. It also includes consumers whose marriage has been legally annulled who were single before the annulled marriage and who have not remarried. Those who live with a common-law partner are not included in this category. (http://www.statcan.gc.ca)
Married or in Common Law Relationship	Consumer is living with a person (of the opposite sex or of the same sex) as a couple who may or may not be legally married. This includes situations where the couple may temporarily be living apart because of illness, work or school.

	(http://www.statcan.gc.ca)
Partner or significant other	Any relationship that a consumer wishes to identify as partner or significant other rather than married or common law.
Widowed	Consumer has lost their legally-married spouse through death and has not remarried. Those who live with a common-law partner are not included in this category. (http://www.statcan.gc.ca)
Separated	Consumer is currently legally married but is no longer living with his/her spouse (for any reason other than illness, work or school) and has not obtained a divorce. Those who live with a common-law partner are not included in this category. (http://www.statcan.gc.ca)
Divorced	A consumer who has obtained a legal divorce and has not remarried. Those who live with a common-law partner are not included in this category. (http://www.statcan.gc.ca)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.6. MENTAL HEALTH FUNCTIONAL CENTRE USE

This section of OCAN captures all functional centres that are contributing information to the OCAN assessment. This may include MOHLTC/LHIN funded programs, Hospital Globally funded programs, Federally funded programs such as Aboriginal Mental Health Services, and programs funded by other ministries, agencies such as the United Way, or municipalities, etc.

Each functional centre providing services should be listed individually on the Mental Health Functional Centre Use section. This field also captures the worker who is the OCAN Lead. **There can only be one OCAN Lead indicated in the Mental Health Functional Centre Use section.** For each new functional centre listed, the fields detailed below should be completed if the information is available. The OCAN Lead enters the information provided by the Contributing Provider(s) for their services provided by each functional centre when completing the assessment.

Guidelines for selecting a functional centre name and number are provided in Section 2.6.14 Functional Centre Name.

Recording all Mental Health functional centres provided to the consumer is essential to ensure HSPs and the programs delivered by their functional centres are accurately recorded.

The information contained in this section will also capture wait list information for consumers who are waiting for services as follows:

Wait List time is the time a consumer waits before his/her service begins. In OCAN it is calculated as the difference between the consumer's *Service Initiation Date* and his/her *Service Decision Date*. Both of these data elements are under the Mental Health Functional Center Use section.

2.6.1. OCAN LEAD

OCAN Reference and Intent	OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.
---------------------------	--

	Intent: To indicate whether or not this is the functional centre the OCAN Lead provides services in, including completing the assessment every six months.
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Yes	The staff worker in the functional centre listed is the OCAN Lead.
No	The staff worker in the functional centre listed is not the OCAN Lead.

2.6.2. STAFF WORKER NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To identify the name of the staff member who is primarily involved with providing services to the consumer for the functional centre listed.</p> <p>Enter the first and last name of the staff member.</p>
Status	Mandatory
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Text	Free form text

2.6.3. STAFF WORKER PHONE NUMBER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To identify the phone number of the staff member who is primarily involved with providing services to the consumer for the functional centre listed.</p>
Status	Mandatory
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Text	Free form text

2.6.4. EXT

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the telephone number extension of the staff member who is primarily involved with providing services to the consumer for the functional centre listed.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.5. ORGANIZATION LHIN

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the LHIN the organization receives funding from and has an accountability agreement with.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Erie St. Clair	LHIN 1
South West	LHIN 2
Waterloo Wellington	LHIN 3
Hamilton Niagara Haldimand Brant	LHIN 4
Central West	LHIN 5
Mississauga-Halton	LHIN 6
Toronto Central	LHIN 7
Central	LHIN 8
Central East	LHIN 9
South East	LHIN 10
Champlain	LHIN 11
North Simcoe Muskoka	LHIN 12
North East	LHIN 13
North West	LHIN 14
Out of Province	Organization receives funding from outside of Ontario and funding source is not associated to a particular LHIN.

Out of Country	Organization receives funding from outside of Canada and funding source is not associated to a particular LHIN.
Do not know	Information is not known at the time of the assessment.

2.6.6. ORGANIZATION NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the legal entity providing services to the consumer. The legal entity is the HSP that signs a LHIN accountability agreement. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
All CMH Organizations	<p>The list of all the mental health HSPs provided through ConnexOntario which are available in your OCAN software, filtered by LHIN selected.</p> <p>If the HSP's name is not available, the user should choose "Other" and specify the HSP's name and number based on the definitions in "Organization Name – Other" and "Organization Number – Other" below.</p>

2.6.7. ORGANIZATION NAME – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the legal entity providing services to the consumer if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.8. ORGANIZATION NUMBER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p>
---------------------------	--

	<p>Intent: To capture the organization number assigned by MOHLTC to the legal entity providing services to the consumer.</p> <p>This number must be consistent with the number used by HSPs to report financial and statistical data within the OHRS framework.</p> <p>Auto-populated depending on HSP Name selected. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one); Auto-populated depending on the HSP Name selected
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
All CMH Organizations' Numbers	<p>The list of all the mental health HSP numbers provided through ConnexOntario which are available in your OCAN software and filtered by HSP name.</p> <p>The HSP number should be specified if the HSP name is entered by the user.</p>

2.6.9. ORGANIZATION NUMBER – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the organization number assigned by MOHLTC to the legal entity providing services to the consumer if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.10. PROGRAM NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the HSP program name. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one)

Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
All CMH Program Names	<p>The list of all the community mental health program names provided through ConnexOntario which are available in your OCAN software, filtered by HSP name and number.</p> <p>If the program name is not available, the user should choose "Other" and specify the program name as well as the program number.</p>

2.6.11. PROGRAM NAME – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the HSP program name if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.12. PROGRAM NUMBER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the existing number assigned by MOHLTC to each program offering services to the consumer. This number must be consistent with the program number in the Transfer Payment Agency Operating Plan submission to MOHLTC.</p> <p>The program number should be specified if the program name is entered by the user. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one); Auto-populated depending on the Program Name selected
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No

Valid Categories	Definitions
All CMH Program Numbers	The list of all community mental health program numbers provided through ConnexOntario that are available in the OCAN software, filtered by HSP name and number.

2.6.13. PROGRAM NUMBER – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the existing number assigned by MOHLTC to each program offering services to the consumer if not found in the list of options. This number must be consistent with the program number in the Transfer Payment Agency Operating Plan submission to MOHLTC.</p> <p>The program number should be specified if the program name is entered by the user.</p>
Status	<p>Optional</p> <p>If “Other” is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.14. FUNCTIONAL CENTRE NAME

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the functional centres provided to the consumer. Consumers can be enrolled in more than one functional centre in the same HSP.</p> <p>Functional centre name is the same as your organization’s functional centre information reported by ConnexOntario.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
<p style="text-align: center;">Case Management</p> <p>Case Management may be reported in one of three functional centres for Community Mental Health & Addictions (CMH&A) services. These functional centres pertain primarily to activities related to the assessment of consumer eligibility for service and coordination of direct care community services.</p>	

<i>(OHRS v 7.1)</i>	
Case Management Mental Health	<p>Functional Centre Number: 725 09 76</p> <p>The functional centre pertaining to the services provided by case managers and counsellors to individuals with serious mental health conditions and their significant others. Includes the following functions:</p> <ul style="list-style-type: none"> • Individualized assessment, planning and supportive counselling • Service co-ordination (linking service recipients with services and supports) • Assistance with activities of daily living, support services, conflict resolution and crisis avoidance • Systems and landlord advocacy and resource co-ordination Includes Community Treatment Order (CTO) co-ordination <p>Excludes:</p> <ul style="list-style-type: none"> • Services provided by the organization's dedicated housing support staff to residents in housing units provided by the organization. • Psychotherapy and other clinical treatment interventions • Services provided in the clinic/program functional centres 7* 510* which includes treatment services dedicated to specialized services, specific population or diagnosis such as dual diagnosis, psycho geriatric, etc. • The provision of information and referral services only <p><i>(CDS v 5.2)</i></p>
<p align="center">Community Clinic/Program</p> <p>Community Clinic/Program functional centres are used to record the expenses and activity in specific community mental health and addictions services as defined below.</p> <p><i>(OHRS v 7.1)</i></p>	
Community Clinic/Program Mental Health	
Clinic/Program - MH Counselling and Treatment	<p>Functional Centre Number: 725 10 76 12</p> <p>The functional centre pertaining to the provision of counselling, psychotherapy and other treatment services to seriously mentally ill service recipients in the community. Includes telepsychiatry.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Assertive Community Treatment Teams	<p>Functional Centre Number: 725 10 76 20</p> <p>The functional centre pertaining to Mental Health Assertive Community Treatment Teams that are multidisciplinary teams providing assertive outreach, individualized treatment, ongoing and continuous services, linkages and include a monitoring and evaluation component.</p> <p>Report each ACT/PACT Team separately even if they have the same program number.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Community Clinic	<p>Functional Centre Number: 725 10 76 30</p> <p>The functional centre pertaining to provision of community mental health treatment to seriously mentally ill service recipients within a hospital setting.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Vocational /Employment	<p>Functional Centre Number: 725 10 76 40</p> <p>The functional centre pertaining to the provision of range of employment supports including job development/creation/employer outreach, skills development/training for job/education, skills training on the job, job search skills/job placement, employment planning/career counselling, supported</p>

	<p>education, supports to sustaining education/employment, and leadership training.</p> <p>Note that there is a separate account for alternative businesses in Consumer Survivor/Family Initiatives, FC 7*5 51 76 12</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Clubhouses	<p>Functional Centre Number: 725 10 76 41</p> <p>The functional centre pertaining to the provision of multi-service psychosocial rehabilitation functions to people with serious mental illness. Based on the psychosocial rehabilitation principles; services for clients or members are recovery focused and include the following:</p> <ul style="list-style-type: none"> • Provision of community support/generic case management services • Provision of a structured work day with activities that support recovery • Provision of supported education and supported employment including transitional employment • Provision of social and recreational programs • Assistance to client to secure housing <p>Excludes: drop in centres that are to be reported using consumer/survivor functional centre.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Child/Adolescent	<p>Functional Centre Number: 725 10 76 50</p> <p>The functional centre pertaining to the provision of specialized assessment and treatment services to seriously mentally ill service recipients under the age of 18, their families and or their 'significant others'.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Early Intervention	<p>Functional Centre Number: 725 10 76 51</p> <p>The functional centre pertaining to the provision of specialized treatment and support services to service recipients experiencing a first episode in psychosis, their families and their 'significant others'.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Forensic	<p>Functional Centre Number: 725 10 76 55</p> <p>The functional centre pertaining to the provision of specialized assessment and treatment services to forensic service recipients living in the community.</p> <p><i>(CDS v 5.2)</i></p>
Clinic/Program - MH Diversion and Court Support	<p>Functional Centre Number: 725 10 76 56</p> <p>The functional centre includes:</p> <ul style="list-style-type: none"> • Court Support: services provided in the courts to service recipients and their families to assist the judiciary, service recipients and their families with the legal process, to link service recipients to services, and to provide services/supports to service recipients. • Diversion: services provided pre or post charge to link the person to community or institutional mental health services. <p><i>(OHRS v 5.2)</i></p>
Clinic/Program - MH Abuse Services	<p>Functional Centre Number: 725 10 76 60</p> <p>The functional centre pertaining to the provision of counselling and treatment services and supports to persons who have experienced an abusive act or who are in an abusive situation. This functional centre will include family violence, child witness and transitional support.</p> <p><i>(OHRS v 5.2)</i></p>
Clinic/Program - MH Eating Disorders	<p>Functional Centre Number: 725 10 76 70</p> <p>The functional centre pertaining to the provision of specialized assessment, treatment and support services to persons with eating disorders. <i>(OHRS v 5.2)</i></p>

Clinic/Program - MH Social Rehab./Recreation	<p>Functional Centre Number: 725 10 76 81</p> <p>The functional centre pertains to provision and promotion of opportunities for seriously mentally ill service recipients to develop inter-personal, social, and leadership skills, in order to interact fully in their communities as defined by themselves. Due to high co-relation of social development with determinants of health, it is common to provide psychosocial rehabilitation and support to clients in the area of a safe place to live, ways and means to contribute to the community and the development/maintenance of positive relationships with self/family/friends. Social rehabilitation/recreation requires any or all of the following service recipient-directed services: assessment, counselling, planning, consultation with other service providers, service co-ordination, advocacy, monitoring and evaluation. Also, services include development of linkages with other service providers to maximize opportunities for social rehabilitation to isolated persons. Advocacy to bring about systemic change is an essential element of social rehabilitation.</p> <p>(OHRS v 5.2)</p>
Clinic/Program - MH Psycho-geriatric	<p>Functional Centre Number: 725 10 76 96</p> <p>The functional centre pertaining to the provision of specialized assessment and treatment services to seriously mentally ill service recipients or with psycho-geriatric illness and their significant others.</p> <p>(OHRS v 5.2)</p>
Crisis Intervention	
Crisis Intervention - Mental Health	<p>Functional Centre Number: 725 15 76</p> <p>The functional centre pertaining to the response to urgent individual medical and/or psychological needs of service recipients with serious mental illnesses. (Note this function no longer includes Mental Health Safe Beds or Crisis Beds. See Short Term Residential Crisis Support Beds functional centre.)</p> <p>(OHRS v 5.2)</p>
Day/Night Care	
<p>The Community Day/Night Care combined functional centre has been created to report activities that generally last more than three hours and are not provided in the home. These activities are provided in a central location and differ from Community Clinic/Program functional centres in that the average visit time is significantly longer.</p> <p>(OHRS v 7.1)</p>	
Day/Night Care Mental Health	<p>Functional Centre Number: 725 20 76</p> <p>The Functional Centre pertaining to the dedicated units or programs where treatment, counselling, rehabilitative/social and recreational services are provided typically several days per week for seriously mentally ill service recipients, who attend for three to twelve hours on average per day.</p> <p>(OHRS v 5.2)</p>
Residential Services	
<p>Residential Services functional centres are used to record the expenses and activity of residential services for CMH&A consumers as defined below.</p> <p>Consumers receiving services in a Residential Services functional centre are living in a facility 24 hours per day.</p> <p>(OHRS v 7.1)</p>	
Residential - Mental Health	
Res. Mental Health - Homes for Special Care	<p>Functional Centre Number: 725 40 76 10</p> <p>The functional centre pertaining to the provision of long term residential care to individuals discharged from psychiatric hospitals and facilities for the developmentally disabled. The program provides 24-hour supervision and assistance with activities of daily living.</p>

	(OHRS v 5.2)
Res. Mental Health - Support within Housing	<p>Functional Centre Number: 725 40 76 30</p> <p><i>Report ONLY if your organization provides the residential housing units with dedicated staff.</i></p> <p>The functional centre pertaining to counselling and support services provided by dedicated housing support workers to individuals with serious mental illness that are residents of supportive housing units provided by the organization. These individuals require varying levels of support and include the following:</p> <ul style="list-style-type: none"> • Up to 24 hours support to residents and their significant others to ensure a stable housing environment • Assistance with activities of daily living, support services and crisis avoidance • Individualized support and planning provided to residents • Facilitate resident group support, conflict resolution and resident input to their housing environment. • Matching individuals to appropriate housing <p>(OHRS v 5.2)</p>
Res. Mental Health - Short Term Crisis Support Beds	<p>Functional Centre Number: 725 40 76 60</p> <p>The functional centre pertaining to provision of time-limited emergency housing with high-intensity care for individuals with serious mental illness. This includes services such as assessment, monitoring, care/treatment, symptom stabilization, assistance with securing access to case management and long-term housing services.</p> <p>(OHRS v 5.2)</p>
Health Promotion/Education - Mental Health	
Health Prom. /Education MH – Awareness	<p>Functional Centre Number: 725 50 76 10</p> <p>The functional centre pertaining to promoting health, and educating the community, including the public, professionals, and other sectors which impact on the health of individuals and populations towards maintaining/improving health statistics related to mental health.</p> <p>(OHRS v 5.2)</p>
Health Promo. /Education MH – Women	<p>Functional Centre Number: 725 50 76 30</p> <p>The functional centre pertaining to promoting women's mental health, and educating the community, including the public, professionals, and other sectors to these issues.</p> <p>(OHRS v 5.2)</p>
Health Promo. /Education MH - Community Development	<p>Functional Centre Number: 725 50 76 40</p> <p>The functional centre pertaining to the provision of guidance and assistance to a community in identifying its mental health issues and in developing its capacity to respond to those issues.</p> <p>Report ONLY if your organization is specifically funded to provide this service.</p> <p>For example, organizations that are funded to provide supports and services to First Nations communities.</p> <p>(OHRS v 5.2)</p>
Consumer/Survivor/Family Initiatives	
Consumer Survivor Initiatives - Peer/Self Help	<p>Functional Centre Number: 725 51 76 11</p>

	The functional centre pertaining to provision of a range of consumer directed and consumer driven initiatives including self-help initiatives, peer support, drop-in centres and public and provider education about self-help. (OHRS v 5.2)
Consumer Survivor Initiatives - Alternative Businesses	Functional Centre Number: 725 51 76 12 The functional centre pertaining to provision of consumer operated businesses that offer full/part time employment at market rate or higher. They offer combination of job development, job placement and supported education within the self-help context. They may also offer self-employment opportunities for consumers to earn income through independent contract work. Support and accommodation are provided on site to consumer employees. (OHRS v 5.2)
Consumer Survivor Initiatives - Family Initiatives	Functional Centre Number: 725 51 76 20 The functional centre pertaining to family groups participating in planning and evaluation of care delivery as well as provision of services such as self-help, peer support, education, advocacy etc. (OHRS v 5.2)
Information and Referral Service	
Information and Referral Service – General	Functional Centre Number: 725 70 10 The functional centre pertaining to information and referral services that take place over the telephone or when the individual enquires in person and no demographic data is recorded. This does not include service recipients who are assessed and referred or admitted service recipients who may be referred to other community services in the course of their service plan. (OHRS v 5.2)
Other	
Other MH services not elsewhere classified	Functional Centre Number: 725 107 699 Functional centre not found in the list of options. The dropdown options are the standard provincial functional centre names for the Community Mental Health sector. Organizations can use OCAN in other functional centres where the tool is clinically useful. In this case, you would select “Other MH services not elsewhere classified”.

2.6.15. FUNCTIONAL CENTRE NAME – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the functional centre name if not found in the list of options. The dropdown options are the standard provincial functional centre names for the Community Mental Health sector. Organizations can use OCAN in other functional centres where the tool is clinically useful. In this case, you would select “Other MH services not elsewhere classified”.</p> <p>Functional centre name is the same as your organization’s functional centre information reported by ConnexOntario.</p>
Status	<p>Optional</p> <p>If “Other MH Services not elsewhere classified” is selected, provide specific information using the free text field.</p>

Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.16. FUNCTIONAL CENTRE NUMBER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the existing number of the functional centre as assigned by MOHLTC. This number must be consistent with the functional centre name selected.</p> <p>The dropdown options are the standard provincial functional centre numbers for the Community Mental Health sector. Organizations can use OCAN in other functional centres where the tool is clinically useful. In this case, you would select Other.</p>	
Status	Mandatory	
Response Type	Select List (select one); Auto-populated depending on the functional centre name selected.	
Data Length	N/A	
Version(s) Available	All	
Included in Self-Assessment	No	
Valid Categories	Definitions	Fund Type
Case Management		
725 09 76	Case Management Mental Health	Fund Type 2
Community Clinic/Program		
Community Clinic/Program Mental Health		
725 10 76 12	Clinic/Program - MH Counselling and Treatment	Fund Type 2
725 10 76 20	Clinic/Program - MH Assertive Community Treatment Teams	Fund Type 2
725 10 76 30	Clinic/Program - MH Community Clinic	Fund Type 2
725 10 76 40	Clinic/Program - MH Vocational /Employment	Fund Type 2
715 10 76 41	Clinic/Program - MH Clubhouses	Fund Type 1
725 10 76 50	Clinic/Program - MH Child/Adolescent	Fund Type 2
725 10 76 51	Clinic/Program - MH Early Intervention	Fund Type 2
725 10 76 55	Clinic/Program - MH Forensic	Fund Type 2
725 10 76 56	Clinic/Program - MH Diversion and Court Support	Fund Type 2
725 10 76 60	Clinic/Program - MH Abuse Services	Fund Type 2
725 10 76 70	Clinic/Program - MH Eating Disorders	Fund Type 2
725 10 76 81	Clinic/Program - MH Social Rehab./Recreation	Fund Type 2
725 10 76 96	Clinic/Program - MH Psycho-geriatric	Fund Type 2
Crisis Intervention		
725 15 76	Crisis Intervention - Mental Health	Fund Type 2

Day/Night Care		
725 20 76	Day/Night Care Mental Health	Fund Type 2
In-Home Care		
Mental Health Home Care		
725 40 76 10	Res. Mental Health - Homes for Special Care	Fund Type 2
725 40 76 30	Res. Mental Health - Support within Housing	Fund Type 2
725 40 76 60	Res. Mental Health - Short Term Crisis Support Beds	Fund Type 2
Health Promotion/Education - Mental Health		
725 50 76 10	Health Prom. /Education MH - Awareness	Fund Type 2
725 50 76 30	Health Promo. /Education MH - Women	Fund Type 2
725 50 76 40	Health Promo. /Education MH - Community Development	Fund Type 2
Consumer/Survivor/Family Initiatives		
725 51 76 11	Consumer Survivor Initiatives - Peer/Self Help	Fund Type 2
725 51 76 12	Consumer Survivor Initiatives - Alternative Businesses	Fund Type 2
725 51 76 20	Consumer Survivor Initiatives - Family Initiatives	Fund Type 2
Information and Referral Service		
725 70 10	Information and Referral Service - General	Fund Type 2
Other		
725 107 699	Other MH services not elsewhere classified	

2.6.17. FUNCTIONAL CENTRE NUMBER – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the functional centre number if not found in the list of options. The dropdown options are the standard provincial functional centre numbers for the Community Mental Health sector. Organizations can use OCAN in other functional centres where the tool is clinically useful. In this case, you would select Other.</p> <p>The functional centre number should be specified if the functional centre name is entered by the user.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.18. SERVICE DELIVERY LHIN

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the LHIN where services are provided to the consumer. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Erie St. Clair	LHIN 1
South West	LHIN 2
Waterloo Wellington	LHIN 3
Hamilton Niagara Haldimand Brant	LHIN 4
Central West	LHIN 5
Mississauga-Halton	LHIN 6
Toronto Central	LHIN 7
Central	LHIN 8
Central East	LHIN 9
South East	LHIN 10
Champlain	LHIN 11
North Simcoe Muskoka	LHIN 12
North East	LHIN 13
North West	LHIN 14
Out of Province	
Out of Country	
Do not know	Information is not known at the time of the assessment.

2.6.19. REFERRAL SOURCE

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the type of organization, service, care professional, or other individual making a referral to the community mental health program.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
General Hospital	This includes any institution, building or other premises or place that is established for the purposes of treating patients and is approved under the Public Hospitals Act as a public hospital.

	<p><i>Public Hospital Act</i></p> <p>Many general hospitals are also designated psychiatric facilities under the Mental Health Act, and provide a range of in-patient and out-patient mental health services, in addition to the medical, surgical and other services provided at general hospitals.</p> <p><i>Ministry of Health and Long-Term Care</i></p>
Psychiatric Hospital	<p>Hospitals commonly referred to as "Provincial Psychiatric Hospitals", which are owned by the province of Ontario and operated by the Ministry of Health and Long-Term Care pursuant to the Mental Hospitals Act. They are funded solely by, and report directly to, the ministry.</p> <p>Psychiatric hospitals are designated psychiatric facilities under the Mental Health Act and comply with that Act when providing specialized mental health services.</p> <p><i>Ministry of Health and Long-Term Care</i></p>
Other Institution (e.g. rehabilitation, long-term care)	<p>Includes chronic care, rehab or long-term care facilities.</p> <p>Long-term care homes are designed for people who require the services of 24-hour nursing care and supervision within a secure setting.</p> <p><i>Ministry of Health and Long-Term Care</i></p>
Other Community Agencies	<p>Includes all community services and support that are delivered by community service organizations, e.g. CCAC.</p> <p><i>Ministry of Community and Social Services</i></p>
Family Physicians	<p>Family Medicine is the medical specialty dedicated to the provision of primary health care in Canada. Family physicians diagnose and treat diseases, physiological disorders, and consumer injuries. They commonly maintain long-term relationships with consumers and families. They provide primary contact and continuous care toward the management of a consumer's health. They usually work in office-based practice (including group or team practices), hospitals and clinics.</p> <p><i>HealthForceOntario</i></p>
Psychiatrists	<p>Physician who is a fellow of The Royal College of Physicians and Surgeons of Canada in psychiatry or equivalent qualification acceptable to the Minister.</p> <p><i>Mental Health Act</i></p>
Mental Health Worker	<p>Includes mental health staff (regulated and unregulated) including psychologists, social workers, registered nurses, nurse practitioners, etc. who specialize in provision of mental health services. If the mental health staff is referring from one of the types of organizations listed in other categories, do not include the referral in this category. Report the referral in the valid category based on the referring organization.</p> <p><i>(CDS Manual v 4.06)</i></p>
Self, Family or Friend	<p>Includes any person not acting in an official professional capacity.</p>
Abuse Services	<p>Referral from MH Abuse Services functional centre.</p> <p><i>Please refer to section 2.6.14 Functional Centre Name for the definition of abuse services.</i></p>
Alternative Businesses	<p>Referral from Consumer Survivor Initiative Alternative Businesses functional centre.</p> <p><i>Please refer to section 2.6.14 Functional Centre Name for the definition of alternative businesses.</i></p>
Assertive Community Treatment Teams	<p>Referral from MH Assertive Community Treatment Teams.</p> <p><i>Please refer to section 2.6.14 Functional Centre Name for the definition of Assertive Community Treatment Teams.</i></p>
Case Management	<p>Referral from MH Case Management functional centre.</p>

	<i>Please refer to section 2.6.14 Functional Centre Name for the definition of case management.</i>
Child/Adolescent	Referral from MH Child/Adolescent functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of child/adolescent.</i>
Clubhouses	Referral from MH Clubhouses functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of clubhouses.</i>
Community Development	Referral from Health Promotion/ Education MH Community Development functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of community development.</i>
Community Mental Health Clinic	Referral from MH Community Clinic functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of community mental health clinic.</i>
Community Service Information and Referral	Referral Information and Referral - General functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of community service information and referral.</i>
Counselling & Treatment	Referral from MH Counselling and Treatment functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of counselling and treatment.</i>
Diversion & Court Support	Referral from MH Diversion & Court Support functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of diversion & court support.</i>
Early Intervention	Referral from MH Early Intervention functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of early intervention.</i>
Eating Disorder	Referral from MH Eating Disorder functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of eating disorder.</i>
Family Initiatives	Referral from Consumer Survivor Family Initiatives functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of family initiatives.</i>
Forensic	Referral from MH Forensic functional centre <i>Please refer to section 2.6.14 Functional Centre Name for the definition of forensic.</i>
Health Promotion/ Education – Awareness	Referral from MH Health Promotion/ Education – Awareness functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of health promotion, education and awareness.</i>
Health Promotion/ Education – Women's Health (MH)	Referral from Health Promotion/ Education MH – Awareness functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of health promotion/education – women's health (MH).</i>
Homes for Special Care	Referral from MH Homes for Special Care functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of homes for special care.</i>
Mental Health Crisis Intervention	Referral from MH Crisis Intervention functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of mental health crisis intervention.</i>
Peer/Self-help Initiatives	Referral from Consumer Survivor Initiatives Peer/Self-help functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of peer/self-help initiatives.</i>

Primary Day/Night Care	Referral from MH Primary Day/Night Care functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of primary day/night care.</i>
Psycho-Geriatric	Referral from MH Psycho-Geriatric functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of psycho-geriatric.</i>
Social Rehabilitation/ Recreation	Referral from MH Social Rehabilitation/Recreation functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of social rehabilitation/recreation.</i>
Supports within Housing	Referral from MH Supports within Housing functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of supports within housing.</i>
Vocational/Employment	Referral from MH Vocational/Employment Program. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of vocational/employment.</i>
Other Mental Health Services	Referral from Community Mental Health functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of other mental health services.</i>
Other Addiction Services	Referral from an Addiction's functional centre. <i>Please refer to section 2.6.14 Functional Centre Name for the definition of different addiction services.</i>
Police	Referral from Criminal Justice System – Police.
Courts (includes jails and detention centres)	Referral from Criminal Justice System – Courts (includes Court Support & Diversion Program).
Correctional Facilities (includes jails and detention centres)	Referral from Criminal Justice System – Correctional Facilities (includes jails and detention centres).
Probation/Parole Officers	Referral from Criminal Justice System – Probation/Parole Officers.
Short Term Residential Crisis Support Beds	Referral from Criminal Justice System - Short Term Residential Crisis Support Beds.
Criminal Justice System Source breakdown not available (use this category if above detailed breakdown is not available)	Referral from Criminal Justice System – Other.
Non-Profit Housing	Community-based affordable rental housing provided by non-profit corporations, overseen by a volunteer board of directors.
Cultural Healing Services	Services using a traditional and cultural approach to healing and wellness.
Other	Referral from another source not included in the list.

2.6.20. REFERRAL SOURCE – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the type of organization, service, care professional, or other individual making a referral to the community mental health program if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>

Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.6.21. REQUEST FOR SERVICE DATE (YYYY-MM-DD)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the date of referral to the functional centre.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

2.6.22. SERVICE DECISION DATE (YYYY-MM-DD)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture when the consumer was accepted/not accepted into the functional centre listed.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

2.6.23. ACCEPTED

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the result of the functional centre decision. It refers to whether or not the consumer was accepted into the functional centre listed.</p>
---------------------------	--

Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	Consumer was accepted into the functional centre but does not necessarily start receiving services until the Service Initiation Date.
No	Consumer was not accepted into the functional centre.

2.6.24. SERVICE INITIATION DATE (YYYY-MM-DD)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the date the consumer started receiving direct service(s) after being accepted into the functional centre, where Direct Service means any contact with the consumer e.g. one-to-one support, attendance in group programs, etc.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

2.6.25. EXIT DATE

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the date when the consumer last received direct service in the functional centre, where Direct Service means any contact with the consumer e.g. one-to-one support, attendance in group programs, etc.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

2.6.26. EXIT DISPOSITION

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 5 of the Consumer Information Summary in the Full OCAN and question 4 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the exit disposition reported when the consumer exits the functional centre and is no longer receiving services.</p> <p>This field is not applicable if the consumer has not left the functional centre. (CDS Manual v 4.06)</p>
Status	<p>Optional</p> <p>Mandatory if exit date is entered in data element "Exit Date" above.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Completion without referral	Consumer has completed planned program/services without referral to a different service/functional centre. (CDS Manual v 4.06)
Completion with referral	Consumer has completed planned program/services and has been referred to another functional centre. (CDS Manual v 4.06)
Suicides	Discontinuation of service due to consumer suicide. (CDS Manual v 4.06)
Death	Discontinuation of service due to consumer death (excluding suicide). (CDS Manual v 4.06)
Relocation	Discontinuation of service due to consumer having moved outside service catchment area. (CDS Manual v 4.06)
Withdrawal	Consumer has not received services or contacted the functional centre for an extended period. (Period of inactivity may vary depending on the functional centre but could be up to almost a year.) Includes consumers who have quit treatment against medical advice or terminated telephone visits. This could also include instances where the HSP may have terminated service since the services offered no longer meet the consumer's needs. (CDS Manual v 4.06)

2.7. FAMILY DOCTOR

2.7.1. FAMILY DOCTOR INFORMATION

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate whether or not the consumer has a family doctor.</p>
Status	Optional

	Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer has a family physician.
No	The consumer does not have a family physician.
None Available	The consumer does not have a family doctor due to availability in his/her area.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.7.2. NAME (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the consumer's family doctor.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.7.1. ADDRESS (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of where the family doctor's practice is located. (www.canadapost.ca)</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text
------	----------------

2.7.2. CITY (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the city where the family doctor's practice is located.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.7.3. PROVINCE (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the province where the family doctor's practice is located.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon
N/A	A province/territory located outside of Canada.

2.7.4. POSTAL CODE (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the family doctor's six-digit office postal code as assigned by Canada Post. If the family doctor does not have an office postal code and receives mail at a Canada Post outlet, record the postal code assigned to that outlet. (DAD Abstracting Manual 2010–2011 Edition)</p>
Status	Optional
Response Type	Text
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text – standard format for Canadian postal codes (A#B #C#).

2.7.5. PHONE NUMBER (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the family doctor's telephone number.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.7.6. EXT (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the family doctor's telephone extension, if necessary.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text
------	----------------

2.7.7. EMAIL ADDRESS (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the family doctor's email address.</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.7.8. LAST SEEN (FAMILY DOCTOR)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 6 of the Consumer Information Summary in the Full OCAN and question 5 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture, if known, when the consumer last saw his/her family physician.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Within the last month	The consumer visited his/her family physician within one month of the current OCAN being completed.
Within the last six months	The consumer visited his/her family physician in the last six months of the current OCAN being completed.
Within the last year	The consumer visited his/her family physician in the last year of the current OCAN being completed.
More than a year ago	The consumer visited his/her family physician more than a year ago of the current OCAN being completed.

2.8. PSYCHIATRIST

This section captures information about the non-community mental health psychiatrist that the consumer is currently visiting for counselling.

2.8.1. PSYCHIATRIST INFORMATION

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p>
---------------------------	--

	Intent: To capture whether or not the consumer has a psychiatrist.
Status	Optional Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.
Response Type	Select List (select one)
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer has a psychiatrist.
No	The consumer does not have a psychiatrist.
None Available	The consumer wants a psychiatrist but does not have one due to availability in their area.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.8.2. NAME (PSYCHIATRIST)

OCAN Reference and Intent	OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN. Intent: To capture the name of the consumer's psychiatrist if they have one.
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.8.3. ADDRESS (PSYCHIATRIST)

OCAN Reference and Intent	OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN. Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of where the psychiatrist's practice is located. (www.canadapost.ca)
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All

Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.8.4. CITY (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the city where the psychiatrist's practice is located.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.8.5. PROVINCE (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the province where the psychiatrist's practice is located.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon
N/A	A Province/Territory located outside of Canada.

2.8.6. POSTAL CODE (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the psychiatrist's six-digit office postal code as assigned by Canada Post. If the psychiatrist doctor does not have an office postal code and receives mail at a Canada Post outlet, record the postal code assigned that outlet. (DAD Abstracting Manual 2010–2011 Edition)</p>
Status	Optional
Response Type	Text
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text – standard format for Canadian postal codes (A#B #C#).

2.8.1. PHONE NUMBER (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the psychiatrist's telephone number.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.8.2. EXT (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the psychiatrist's telephone extension, if necessary.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text
------	----------------

2.8.3. EMAIL ADDRESS (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the psychiatrist's email address.</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.8.4. LAST SEEN (PSYCHIATRIST)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 7 of the Consumer Information Summary in the Full OCAN and question 6 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture, if available, when the consumer last saw their psychiatrist.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Within the last month	The consumer visited his/her psychiatrist within one month of the current OCAN being completed.
Within the last six months	The consumer visited his/her psychiatrist in the last six months of the current OCAN being completed.
Within the last year	The consumer visited his/her psychiatrist in the last year of the current OCAN being completed.
More than a year ago	The consumer visited his/her psychiatrist more than a year ago of the current OCAN being completed.

2.9. OTHER CONTACT

This section can be used at the discretion of the HSP to record individual contact information that is not otherwise captured. Multiple contacts can be captured separately, if necessary. Services accessed by the consumer within the HSP should only be captured in the Mental Health Functional Centre Use section of the OCAN.

2.9.1. OTHER CONTACT

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate whether the consumer has other contacts, other than a family physician and psychiatrist, that the consumer has given consent for staff to contact. This can include significant others, e.g. family.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer has other contacts which the staff can get in touch with.
No	The consumer does not have any contacts.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.9.2. CONTACT TYPE (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate whether the consumer has a professional or other relationship with the contact provided.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Specialist Physician	<p>This category includes individuals working in clinical medicine, laboratory medicine and in surgery. Specialists in clinical medicine diagnose and treat diseases and physiological or psychiatric disorders and act as consultants to other physicians. Specialists in laboratory medicine study the nature, cause and development of diseases in humans. Specialists in surgery perform and supervise surgical procedures. Specialists in clinical medicine usually work in private practice or in a hospital while those in laboratory medicine and in surgery usually work in hospitals. Residents training to become specialist physicians are included in this unit group.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>

General Practitioners and Family Physicians	<p>This category includes individuals who diagnose and treat the diseases, physiological disorders and injuries of consumers. They provide primary contact and continuous care toward the management of the consumer's health. They usually work in private practice, including group or team practices, hospitals, and clinics. Residents in training included as general practitioners and family physicians are included in this unit group. (<i>Human Resources and Skills Development Canada website</i>)</p>
Dentists	<p>This category includes person who perform some or all of the following duties:</p> <ol style="list-style-type: none"> 1. Examine patients' teeth, gums and surrounding tissue to diagnose disease, injury and decay, and plan appropriate treatment 2. Restore and extract diseased and decayed teeth 3. Perform oral surgery, periodontal surgery and other treatments 4. Clean teeth and instruct patients on oral hygiene 5. Design bridgework, fit dentures and provide appliances to correct abnormal positioning of the teeth and jaws, or write fabrication instructions or prescriptions for use by denturists and dental technicians 6. Supervise dental hygienists, dental assistants and other staff <p>(<i>Royal College of Dental Surgeons of Ontario website</i>)</p>
Optometrists	<p>This category includes persons who assess the eye and vision system and the diagnosis, treatment and prevention of:</p> <ol style="list-style-type: none"> 1. disorders of refraction 2. sensory and oculomotor disorder and dysfunctions of the eye and vision system; and 3. prescribed diseases <p>In the course of engaging in the practice of optometry, a member is authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:</p> <ol style="list-style-type: none"> 1. Communicating a diagnosis identifying, as the cause of a person's symptoms, a disorder of refraction, a sensory or oculomotor disorder of the eye or vision system or a prescribed disease. 2. Applying a prescribed form of energy. <ul style="list-style-type: none"> • Prescribing drugs designated in the regulations. 3. Prescribing or dispensing, for vision or eye problems, subnormal vision devices, contact lenses or eye glasses <p>(<i>College of Optometrists of Ontario website</i>)</p>
Chiropractors	<p>This category includes persons who assess conditions related to the spine, nervous system and joints and the diagnosis, prevention and treatment, primarily by adjustment of:</p> <ol style="list-style-type: none"> 1. Dysfunctions or disorders arising from the structures or functions of the spine and the effects of those dysfunctions or disorders on the nervous system; and 2. Dysfunctions or disorders arising from the structures or functions of the joints. <p>Chiropractors are authorized, subject to the terms, conditions and limitations imposed on his or her certificate of registration, to perform the following:</p> <ol style="list-style-type: none"> 1. Communicating a diagnosis identifying the cause of a person's symptoms: <ul style="list-style-type: none"> • A disorder arising from the structures or functions of the spine and their effects on the nervous system • A disorder arising from the structures or functions of the joints of the extremities.

	<p>2. Moving the joints of the spine beyond a person's usual physiological range of motion using a fast, low amplitude thrust.</p> <ul style="list-style-type: none"> Putting a finger beyond the anal verge for the purpose of manipulating the tailbone <p><i>(College of Chiropractors of Ontario website)</i></p>
Other Professional Occupations in Health Diagnosing and Treating	<p>This category includes persons who diagnose and treat the diseases and injuries of patients and who are not elsewhere classified. This includes doctors of podiatric medicine, chiropodists and podiatrists, naturopaths, orthopaedist and osteopaths. They work in private practices, clinics and hospitals.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Pharmacists	<p>This category includes persons who dispense, sell or compound a drug or supervise the part of a pharmacy where drugs are kept.</p> <p><i>(Ontario College of Pharmacists website)</i></p>
Dieticians and Nutritionists	<p>This category includes Registered Dietitians (RDs) in Ontario who are uniquely trained food and nutrition experts. As members of professional health care teams, they are the recognized experts in translating scientific, medical and nutrition information into practical individualized therapeutic diets and meal plans for people.</p> <p>Collaboration with clients, caregivers, and other health professionals is central to dietetic practice. Registered Dietitians work with a variety of health professionals such as medical doctors and social workers to manage nutrition for health promotion, disease prevention, and treatment of acute and chronic diseases.</p> <p>As health professionals, they provide nutrition services in a variety of settings in Ontario:</p> <ol style="list-style-type: none"> Community health centres. Family health teams. Home care, hospitals. Long-term care homes. Diabetes education centres. Public health. Sports and recreation facilities. Food industry. Academic and research settings. Private practice. <p><i>(College of Dietitians Ontario website)</i></p>
Audiologists and Speech-Language Pathologists	<p>This category includes health professionals who assess auditory function and treat and prevent auditory dysfunction to develop, maintain, rehabilitate or augment auditory and communicative functions. Audiologists are concerned with the prevention, identification, assessment, treatment, and (re)habilitation of hearing difficulties in children and adults. Audiologists also provide education and counselling services for people experiencing hearing difficulties and vestibular problems, such as dizziness and tinnitus.</p> <p>In Ontario, only Audiologists and physician are authorized to prescribe hearing aids. Audiologists assess hearing, prescribe and fit hearing aids and other assistive listening devices and provide training for their use. Some audiologists also dispense hearing aids.</p> <p>They are committed to the prevention of hearing loss through hearing conservation programs and public awareness initiatives</p> <p><i>(College of Audiologists and Speech-Language Pathologists website)</i></p>

Physiotherapists	<p>This category includes health professionals who work in many areas including cardio respiratory, orthopaedics, neurology, paediatrics, women's health, seniors' health, and sports.</p> <p>When seeing a physiotherapist, he or she will complete an extensive assessment that may include health history, evaluation of pain and movement patterns, strength, joint range of motion, reflexes, sensation and cardiorespiratory status. In addition, the physiotherapist examines relevant x-rays, laboratory tests, medical records and surgical notes. Based on this assessment the physiotherapist establishes a diagnosis and works in partnership with consumers to develop individualized goals and treatment programs.</p> <p>Physiotherapy treatment can include therapeutic exercises, manual therapy, and acupuncture, electrical modalities such as TENS or ultrasound, and work hardening. A physiotherapist promotes independence. Emphasis is placed on what you can do for yourself and on education to prevent future injuries or disability.</p> <p><i>(College of Physiotherapists of Ontario website)</i></p>
Occupational Therapists	<p>This category includes health care professionals who help consumers learn or re-learn to manage the every day activities that are important to them, including caring for themselves or others, caring for their home, participating in paid and unpaid work and leisure activities. Consumers occupational therapists work with may be having difficulties because of an accident, disability, disease, emotional or developmental problem or change related to the normal aging process.</p> <p>Occupational therapists work in hospitals, schools, long-term care facilities, mental health facilities, rehab clinics, community agencies, private homes, public or private health care offices and employment evaluation and training centres.</p> <p><i>(College of Occupational Therapists of Ontario website)</i></p>
Other Professional Occupations in Therapy and Assessment	<p>This category includes specialized therapists not elsewhere classified who use techniques such as art, athletic, dance, music, recreational therapy and remedial gymnastics to aid in the treatment of mental and physical disabilities. They are employed by establishments such as hospitals, rehabilitation centres, clinics, recreational centres, nursing homes, educational institutions, prisons and day-care facilities or may work in private practice.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Registered Nurses	<p>This category includes individuals who have been recognized and registered by the College as a Registered Nurse. Although all nursing students learn from the same body of nursing knowledge, RNs study it in greater depth and over a longer period of time than RPNs.</p> <p><i>(College of Nurses of Ontario website)</i></p>
Respiratory Therapists, Clinical Perfusionists and Cardiopulmonary Technologists	<p>This category includes therapists who treat consumers that experience respiratory difficulties. Respiratory Therapists are health care professionals who monitor, evaluate and treat individuals with respiratory and cardio-respiratory disorders.</p> <p>Clinical perfusionists provide technical support to patients undergoing cardiac surgery and patients requiring cardio-respiratory support.</p> <p>Cardiopulmonary technologists assist physicians in the technical aspects of diagnosis and treatment of cardiovascular and pulmonary disease. Clinical perfusionists and cardiopulmonary technologists are primarily employed in hospitals.</p>

	Supervisors and instructors of respiratory therapists, clinical perfusionists and cardiopulmonary technologists are included in this unit group. (College of Respiratory Therapists of Ontario website) (Human Resources and Skills Development Canada website)
Denturists	This category includes registered oral health care professionals who perform a variety of intra-oral procedures and related activities pertaining to the design, construction, repair or alteration of removable dentures for the fully or partially edentulous consumers in a variety of practice environments. In all activities and all environments, denturists work independently with consumers, and collaboratively with other health care providers where necessary or appropriate. As a member of a self-regulated profession, denturists must practise safely, ethically and effectively for the promotion of oral-health and well-being of the public in Ontario. Denturists must be educated to be able to fulfill responsibilities in the areas of: 1. Complete denture fabrication. 2. Partial denture design and fabrication. 3. Immediate denture fabrication. 4. Implant supported denture fabrication. 5. Relines, rebases and repairs of patient or practitioner removable dentures. (College of Denturists of Ontario website)
Dental Hygienists and Dental Therapists	This category includes persons who are registered oral health professional who performs a variety of roles including clinical therapy, health promotion, education, administration and research in a variety of practice environments. In all roles and practice environments, the dental hygienist works with the client/patient and other health professionals and, using a problem-solving framework, bases all decisions, judgments and interventions on current dental hygiene research and theory. As a registrant of a self-regulated profession, a dental hygienist must practice safely, ethically and effectively for the promotion of the oral health and well-being of the public in Ontario. Dental therapists carry out limited dental services related to the prevention and treatment of diseases and disorders of the teeth and mouth. They are employed by the federal government and the provincial governments to provide services in rural and remote communities. (College of Dental Hygienists of Ontario website) (Human Resources and Skills Development Canada website)
Opticians	This category includes health professionals trained to supply, prepare and dispense optical appliances, interpret prescriptions prepared by Ophthalmologists and Optometrists, and fit, adjust and adapt optical appliances. In some jurisdictions in Canada, Opticians are also known as Ophthalmic Dispensers. In Ontario, Opticians are regulated by the College of Opticians of Ontario. (College of Opticians of Ontario website)
Midwives and Practitioners of Natural Healing	This category includes registered health care professional who provides primary care to women during pregnancy, labour and birth, including conducting normal vaginal deliveries and providing care to mothers and babies during the first 6 weeks postpartum. Midwifery care is founded on respect for pregnancy and birth as a normal, healthy process and a profound social, emotional and cultural event in a woman's life. Midwives provide safe, personalized, research-based care. They attend births in hospital or home according to the woman's choice and

	<p>professional protocols and are on-call and available to their clients 24 hours a day during the course of care. (<i>College of Midwives of Ontario website</i>)</p>
Licensed Practical Nurses	<p>This category includes persons who provide nursing care usually under the direction of medical practitioners, registered nurses or other health team members. They are employed in hospitals, nursing homes, extended care facilities, rehabilitation centres, doctors' offices, clinics, companies, private homes and community health centres. Operating room technicians are included in this unit group. (<i>Human Resources and Skills Development Canada website</i>)</p>
Other Technical Occupations in Therapy and Assessment	<p>This category includes workers, not elsewhere classified, who perform various technical therapy and assessment functions. Some may assist professionals such as audiologists, speech-language pathologists, ophthalmologists and physiotherapists. They are employed in hospitals, clinics, extended care facilities, rehabilitation centres, and educational institutions and in the private practices of the professionals they assist. Massage therapists may also be self-employed. (<i>Human Resources and Skills Development Canada website</i>)</p>
Psychologists	<p>This category includes persons trained in the assessment, treatment and prevention of behavioural and mental conditions. They diagnose neuropsychological disorders and dysfunctions as well as psychotic, neurotic and personality disorders and dysfunctions. In addition, Psychologists use a variety of approaches directed toward the maintenance and enhancement of physical, intellectual, emotional, social and interpersonal functioning. Psychologists usually focus their practice in specific areas such as clinical psychology, counselling psychology, clinical neuropsychology; school psychology; correctional/forensic psychology; health psychology; rehabilitation psychology; or industrial/organizational psychology. Within these areas a Psychologist may work with a variety of individual client populations such as children, adolescents, or adults, or may focus their attention on families, couples or organizations. They work in a range of settings including schools, hospitals, industry, social service agencies, rehabilitation facilities and correctional facilities. Many Psychologists have their own private practice. (<i>The College of Psychologists of Ontario website</i>)</p>
Social Workers	<p>This category includes persons who help individuals, couples, families, groups, communities and organizations develop the skills and resources they need to enhance social functioning and provide counselling, therapy and referral to other supportive social services. Social workers also respond to other social needs and issues such as unemployment, racism and poverty. They are employed by hospitals, school boards, social service agencies; child welfare organizations, correctional facilities, community agencies, employee assistance programs and Aboriginal band councils, or they may work in private practice. (<i>Human Resources and Skills Development Canada website</i>)</p>
Significant Other	<p>This category includes persons who have great importance in the consumer's life such as spouse, partner, etc.</p>
Family, Marriage and Other Related Counsellors	<p>This category includes persons who assist to identify, understand and overcome personal problems and achieve personal objectives. They are employed by counselling centres, social service agencies, group homes, government agencies, family therapy centres, and health care and rehabilitation facilities, or they may work in private practice. (<i>Human Resources and Skills Development Canada website</i>)</p>

Ministers of Religion	<p>This category includes persons who conduct religious services, administer the rites of a religious faith or denomination, provide spiritual and moral guidance and perform other functions associated with the practice of a religion. Ministers of religion perform these duties in churches, synagogues, temples or other places of worship. They may also work in other institutions such as schools, hospitals and prisons.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Recreation, Sports and Fitness Program Supervisors and Consultants	<p>This category includes persons who oversee and administer recreation, sports and fitness programs and activities, provide consulting services, conduct research and develop programs and policies related to recreation, sports and physical fitness. They are employed by federal, provincial and municipal governments, recreation, sports, fitness and health care facilities, retirement homes, community centres, sports and fitness consulting firms and organizations, or they may be self-employed.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Community and Social Service Workers	<p>This category includes persons who administer and implement a variety of social assistance programs and community services, and assist clients to deal with personal and social problems. They are employed by social service and government agencies, mental health agencies, group homes, school boards, correctional facilities and other establishments.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Employment Counsellors	<p>This category includes persons who provide assistance, counsel and information to consumers on all aspects of employment search and career planning. They also provide counsel and information to employer clients regarding human resource and employment issues. Employment counsellors are employed primarily by federal and provincial governments but are also employed by large establishments and private employment service agencies. Supervisors of employment counsellors are included in this unit group.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Instructors and Teachers of Persons with Disabilities	<p>This category includes persons who teach children and adults with physical and developmental disabilities communication techniques, such as Braille or sign language, and rehabilitation skills to increase independence and mobility. They are employed in rehabilitation centres, specialized educational institutes and throughout the elementary and secondary school system.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>
Other Religious Occupations	<p>This category includes brothers, nuns, monks, religious education workers and others who provide support to ministers of religion or to a religious community and who perform certain functions associated with the practice of a religion. They may perform these duties in churches, synagogues, temples or other places of worship or in institutions such as schools, hospitals and prisons.</p> <p><i>(Human Resources and Skills Development Canada website)</i></p>

2.9.3. NAME (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the consumer's other contact.</p>
Status	Optional
Response Type	Text

Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.9.4. ADDRESS (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of where the consumer's contact practices/lives. (www.canadapost.ca)</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.9.5. CITY (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the city where the contact resides.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.9.6. PROVINCE (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the province where the other contact resides.</p>
Status	Optional

Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon
N/A	A Province/Territory located outside of Canada.

2.9.7. POSTAL CODE (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the other contact's six-digit residential/office postal code as assigned by Canada Post. If the contact does not have a residential/office postal code and receives mail at a Canada Post outlet, record the postal code assigned that outlet. (DAD Abstracting Manual 2010-2011 Edition)</p>
Status	Optional
Response Type	Text
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text – standard format for Canadian postal codes (A#B #C#).

2.9.1. PHONE NUMBER (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the contact's telephone number of where they can be reached.</p>
Status	Optional

Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.9.2. EXT (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the contact's telephone extension, if required.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.9.3. EMAIL ADDRESS (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the contact's email address where they can be reached.</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.9.4. LAST SEEN (OTHER CONTACT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 8 of the Consumer Information Summary in the Full OCAN and question 7 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture when the consumer last saw their contact, if applicable.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A

Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Within the last month	The consumer visited other contact listed within one month of the current OCAN being completed.
Within the last six months	The consumer visited other contact listed in the last six months of the current OCAN being completed.
Within the last year	The consumer visited other contact listed in the last year of the current OCAN being completed.
More than a year ago	The consumer visited other contact listed more than a year ago of the current OCAN being completed.

2.10. OTHER AGENCY

This section can be used at the discretion of the HSP to record agency contact information that is not otherwise captured. Multiple contacts can be captured separately, if necessary.

Services accessed by the consumer within the HSP should only be captured in the Mental Health Functional Centre Use section of the OCAN.

2.10.1. OTHER AGENCY

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate if the consumer is involved with any other agency/HSP within and/or outside of the community mental health system. Each additional agency's information should be captured separately.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer is involved with another agency outside of CMH.
No	The consumer is not involved with another agency outside of CMH.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.10.2. NAME (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of any other agency that the consumer is involved with.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	Yes
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.10.3. ADDRESS (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of where the agency is located. (www.canadapost.ca)</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.10.4. CITY (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self.</p> <p>Intent: To capture the city where the agency is located.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.10.5. PROVINCE (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the province where the agency is located.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
AB	Alberta
BC	British Columbia
MB	Manitoba
NB	New Brunswick
NL	Newfoundland and Labrador
NT	Northwest Territories
NS	Nova Scotia
NU	Nunavut
ON	Ontario
PE	Prince Edward Island
QC	Quebec
SK	Saskatchewan
YT	Yukon
N/A	A Province/Territory located outside of Canada.

2.10.6. POSTAL CODE (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the agency's six-digit office postal code as assigned by Canada Post. If the agency does not have an office postal code and receives mail at a Canada Post outlet, record the postal code assigned that outlet. (<i>DAD Abstracting Manual 2010–2011 Edition</i>)</p>
Status	Optional
Response Type	Text
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text – standard format for Canadian postal codes (A#B #C#).

2.10.1. PHONE NUMBER (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the telephone number of the agency where they can be reached.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.10.2. EXT (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Part of question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the agency's telephone extension, if required.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.10.3. EMAIL ADDRESS (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the agency's email address where they can be reached.</p>
Status	Optional
Response Type	Text
Data Length	64
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.10.4. LAST SEEN (OTHER AGENCY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 9 of the Consumer Information Summary in the Full OCAN and question 8 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture when the consumer last saw the agency listed, if the information is available.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Within the last month	The consumer visited the agency within one month of the current OCAN being completed.
Within the last six months	The consumer visited the agency in the last six months of the current OCAN being completed.
Within the last year	The consumer visited the agency in the last year of the current OCAN being completed.
More than a year ago	The consumer visited the agency more than a year ago of the current OCAN being completed.

2.11. CONSUMER CAPACITY (SELECT ALL THAT APPLY)

This section is optional and is not required to be completed. However, if the information is available, it is recommended to complete this section so right decisions are made on behalf of the consumer. Depending on an HSP's protocols, proof of documentation might be required to make sure that the information that is collected in this section is authentic.

The descriptions provided below for each data element are for general information only and HSPs should refer to their legal department for additional information if needed.

2.11.1. POWER OF ATTORNEY FOR PERSONAL CARE

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 10a of the Consumer Information Summary in the Full OCAN and question 9a of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate if the consumer has a Power of Attorney for personal care. A Power of Attorney for personal care is a legal document in which the consumer names a person to make decisions about their personal care when the consumer becomes unable to make those decisions themselves. A Power of Attorney for personal care is different from a Power of Attorney for property in which the consumer names a person to make decisions about their money and other assets. (http://www.ppao.gov.on.ca)</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)

Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	Consumer has a Power of Attorney for personal care.
No	Consumer does not have a Power of Attorney for personal care.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.11.2. POWER OF ATTORNEY OR SDM NAME (PERSONAL CARE)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10a of the Consumer Information Summary in the Full OCAN and question 9a of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the Power of Attorney or Substitute Decision Maker (SDM) for personal care if the consumer identified having one.</p> <p>If the consumer has a Public Guardian Trustee (PGT) for personal care, this would be noted under the Power of Attorney or SDM name for Personal Care. If the consumer has a Public Guardian Trustee (PGT) for both personal care and property, that would be noted under both the Power of Attorney or SDM name for Personal Care <i>and</i> the Power of Attorney or SDM name for Property.</p>
Status	Optional
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.3. ADDRESS (PERSONAL CARE)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10a of the Consumer Information Summary in the Full OCAN and question 9a of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of the consumer's power of attorney for personal care.</p> <p>The city, province and postal code for the Power of Attorney for personal care can also be included in this field. (www.canadapost.ca)</p>
Status	Optional
Response Type	Text
Data Length	256

Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.4. PHONE NUMBER (PERSONAL CARE)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10a of the Consumer Information Summary in the Full OCAN and question 9a of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the Power of Attorney for personal care's telephone number of where they can be reached.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.5. EXT (PERSONAL CARE)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10a of the Consumer Information Summary in the Full OCAN and question 9a of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the Power of Attorney for personal care's telephone extension, if required.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.6. POWER OF ATTORNEY FOR PROPERTY

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 10b of the Consumer Information Summary in the Full OCAN and question 9b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture if the consumer has a Power of Attorney for property. A Power of Attorney for property is a legal document in which the consumer names a person to make decisions about their money and other assets on their behalf. A Power of Attorney for personal care is different from a Power of</p>
---------------------------	---

	Attorney for property in which a consumer names a person to make decisions for their property. (http://www.ppao.gov.on.ca)
Status	Optional Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	Consumer has a Power of Attorney for property.
No	Consumer does not have a Power of Attorney for property.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.11.7. POWER OF ATTORNEY OR SDM NAME (PROPERTY)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10b of the Consumer Information Summary in the Full OCAN and question 9b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the Power of Attorney for property if the consumer is identified as having one. If the consumer has a Public Guardian Trustee (PGT) for property, that would be noted under the Power of Attorney or Substitute Decision Maker (SDM) name for Property. If the consumer has a Public Guardian Trustee (PGT) for both personal care and property, that would be noted under both the Power of Attorney or SDM name for Personal Care <i>and</i> the Power of Attorney or SDM name for Property.</p>
Status	Optional
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.8. ADDRESS (PROPERTY)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10b of the Consumer Information Summary in the Full OCAN and question 9b of the Consumer Information Summary in the Core and Core + Self OCAN.</p>
---------------------------	---

	<p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of the consumer's Power of Attorney for property.</p> <p>The city, province and postal code for the power of attorney for property can also be included in this field. (www.canadapost.ca)</p>
Status	Optional
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.9. PHONE NUMBER (PROPERTY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 10a of Consumer Capacity in the Full OCAN and question 9a of Consumer Capacity in the Core and Core + Self OCAN.</p> <p>Intent: To capture the Power of Attorney for property's telephone number of where they can be reached.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.10. EXT (PROPERTY)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10b of the Consumer Information Summary in the Full OCAN and question 9b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the Power of Attorney for property's telephone extension, if required.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.11. GUARDIAN

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 10c of the Consumer Information Summary in the Full OCAN and question 9c of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of an individual who, by written or court order or by the effect of a statute, is given custody of both the consumer and their property, should the consumer prove unable to manage their own affairs. Consumers fitting this category are minor children or mentally-ill adults. (www.duhaime.org/LegalDictionary/G/Guardian.aspx)</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	Consumer has a guardian.
No	Consumer does not have a guardian.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.11.12. NAME (GUARDIAN)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10c of the Consumer Information Summary in the Full OCAN and question 9c of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the name of the guardian if identified.</p>
Status	Optional
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.13. ADDRESS (GUARDIAN)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10c of the Consumer Information Summary in the Full OCAN and question 9c of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the street number, unit, suite or apartment number, street name, street type, and street direction of the consumer's guardian.</p>
---------------------------	---

	The city, province and postal code for the consumer's guardian can also be included in this field. (www.canadapost.ca)
Status	Optional
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.14. PHONE NUMBER (GUARDIAN)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10c of the Consumer Information Summary in the Full OCAN and question 9c of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the guardian's telephone number where they can be reached.</p>
Status	Optional
Response Type	Text
Data Length	32
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.15. EXT (GUARDIAN)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10c of the Consumer Information Summary in the Full OCAN and question 9c of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the guardian's telephone extension, if required.</p>
Status	Optional
Response Type	Text
Data Length	16
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.11.16. AREAS OF CONCERN (FINANCE/PROPERTY)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10d of the Consumer Information Summary in the Full OCAN and question 9d of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate if the consumer has any concerns in financial decisions that are being made by themselves or on their behalf.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	Consumer has concerns over financial/property decisions that are being made for them.
No	Consumer does not have any concerns over financial/property decisions that are being made for them.
Do not know	Information is not known at the time of the assessment.

2.11.17. AREAS OF CONCERN (TREATMENT DECISIONS)

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 10d of the Consumer Information Summary in the Full OCAN and question 9d of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To indicate if the consumer has any concerns over treatment decisions that are being made by themselves or on their behalf.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	Consumer has concerns on treatment decisions that are being made for them.
No	Consumer does not have any concerns on treatment decisions that are being made for them.
Do not know	Information is not known at the time of the assessment.

2.12. AGE IN YEARS FOR ONSET OF MENTAL ILLNESS

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 11 of the Consumer Information Summary in the Full OCAN and question 10 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the age at which the consumer first experienced symptoms of mental illness.</p>
Status	Optional

	Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.
Response Type	Number & Select List (select one)
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Age	Text field to capture age in numbers, e.g. 16.
Estimate	If the age entered is not accurate and is estimated, then this option should be selected.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.
N/A	Does not apply to the consumer since consumer has never experienced symptoms of mental illness.

2.13. AGE OF FIRST PSYCHIATRIC HOSPITALIZATION

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 12 of the Consumer Information Summary in the Full OCAN and question 11 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the age at which the consumer first registered as an inpatient for mental health services if the consumer has been hospitalized in the past.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Number & Select List (select one)
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Age	Text field to capture age in numbers, e.g. 16.
Estimate	If the age entered is not accurate and is estimated, then this option should be selected.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.
N/A	Does not apply to the consumer since consumer has never been hospitalized due to mental health illness.

2.14. MOST RECENT DATE CONSUMER ENTERED YOUR ORGANIZATION (YYYY-MM)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 13 of the Consumer Information Summary in the Full OCAN and question 12 of the Consumer Information Summary in the Core and Core + Self OCAN.</p>
---------------------------	--

	Intent: To capture the first date of the consumer's most recent episode of continuous care in the HSP, regardless of functional centre.
Status	Optional Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.
Response Type	Date & Select List
Data Length	8
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM
Estimate	If the dates entered are not accurate and are estimated, then this option should be selected.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.
N/A	Does not apply to the consumer since OCAN might be conducted at intake and the consumer has not started to receive services from your HSP.

2.15. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACIAL OR ETHNIC GROUP? (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 14 of the Consumer Information Summary in the Full OCAN and question 13 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the racial or ethnic group the consumer identifies with.</p> <p>This information is self reported by the consumer. The list below is provided by SNOMED CT which is considered to be the most comprehensive, multilingual clinical healthcare terminology in the world. (www.ihtsdo.org/snomed-ct/)</p> <p>"Race" is used to categorize people into different groups usually based on observable physical characteristics (e.g. skin colour) but can also include characteristics such as accent, dress, beliefs, etc. These differences have no basis in biology (humans share 99.9% of DNA) and is now recognized as a social construct. While race is not biologically identifiable, "certain groups have become racialized through a social process that marks them for unequal treatment based on perceived differences". While race is a construct, the experience of living with racism is real. The Ontario Human Rights Commission expands that "these assumptions (racism) have become deeply embedded in systems and institutions that have evolved over time. Racism operates at a number of levels, in particular, individual, systemic, and social". Therefore, racial categorization and racial discrimination continue to shape the lives and opportunities of those who are categorized as 'racialized people'. While "race" is not disconnected from ancestral or familial ties, "ethnicity" is now the dominant term to refer to groups of people who share a</p>
----------------------------------	---

	common ancestry and/or cultural heritage. While interconnected, race and ethnicity can provide unique pieces of information (e.g. Black– African, Black– Caribbean). <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>	
Status	Mandatory	
Response Type	Select List (select one)	
Data Length	N/A	
Version(s) Available	All	
Included in Self-Assessment	No	
Valid Categories		
Null (left empty/blank)	Asian – East (e.g. Chinese, Japanese, Korean)	Asian – South (e.g. Indian, Pakistani, Sri Lankan)
Asian – South East (e.g. Malaysian, Filipino, Vietnamese)	Black – African (e.g. Ghanaian, Kenyan, Somali)	Black – Caribbean (e.g. Barbadian, Jamaican)
Black – North American (e.g. Canadian, American)	First Nations	Indian – Caribbean (e.g. Guyanese with origins in India)
Indigenous/Aboriginal – not included elsewhere	Inuit	Latin American (e.g. Argentinean, Chilean, Salvadoran)
Metis	Middle Eastern (e.g. Egyptian, Iranian, Lebanese)	White – European (e.g. English, Italian, Portuguese, Russian)
White – North American (e.g. Canadian, American)	Mixed Heritage (e.g. Black-African & White-North American) Please specify	Other
Prefer not to answer	Do not know	

2.16. WHICH OF THE FOLLOWING BEST DESCRIBES YOUR RACIAL OR ETHNIC GROUP? – OTHER OR MIXED HERITAGE - PLEASE SPECIFY

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 14 of the Consumer Information Summary in the Full OCAN and question 13 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the racial or ethnic group the consumer identifies with if not found in the list of options.</p>
Status	<p>Optional</p> <p>If “Other” is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.17. CITIZENSHIP STATUS (SELECT ONE)

OCAN Reference and Intent	OCAN Reference: Identified as question 15 of the Consumer Information Summary in all OCAN types.
---------------------------	--

	<p>Intent: To indicate the legal citizenship status of the consumer in Canada.</p> <p>Citizenship stems from the <i>Citizenship Act</i>. Although the Act does not provide a definition of citizenship it does note that both Canadian-born and naturalized citizens are entitled to the same rights, powers and privileges and are subject to the same obligations, duties and liabilities. Most consumers have a single citizenship but some have more than one. Consumers may be Canadian by birth (this includes consumers born in Canada and consumers born outside Canada to Canadian parents) or Canadian by naturalization (landed immigrants who have applied for and been granted, citizenship). Consumers may be Canadian by birth and yet hold the citizenship of another country. Consumers may also be Canadian by naturalization and also hold citizenship of their country of birth or some other country. (http://www.statcan.gc.ca)</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Canadian Citizen	<ol style="list-style-type: none"> 1. In general, a consumer is a Canadian citizen if they were born in Canada. A consumer is not a Canadian citizen if the consumer was born in Canada and at the time of birth, their parents were neither Canadian citizens nor permanent residents, and at least one parent had diplomatic status in Canada. 2. In general, a consumer is a Canadian citizen if the consumer became a citizen through the naturalization process in Canada (i.e., consumer was a permanent resident [a landed immigrant] before becoming a citizen). 3. In general, a consumer is a Canadian citizen if the consumer was born outside Canada and one of their parents was a Canadian citizen at the time of the consumer's birth. If a consumer's parent was either born in Canada or naturalized in Canada (i.e., the parent was a permanent resident [a landed immigrant] before becoming a citizen) the consumer is regarded as the first generation born outside Canada. 4. A consumer may be a Canadian citizen if the consumer was born outside Canada between January 1, 1947, and April 16, 2009 inclusively; to a Canadian parent who was also born outside Canada to a Canadian parent (the consumer is the second or subsequent generation born outside Canada). (www.cic.gc.ca)
Permanent Resident	<p>As a permanent resident, the consumer can receive certain rights and privileges, even though the consumer remains a citizen of their home country. As a permanent resident, the consumer and their dependants have the right:</p> <ol style="list-style-type: none"> 1. To receive most social benefits that Canadian citizens receive, including health care coverage.

	<ol style="list-style-type: none"> To live, work or study anywhere in Canada. To apply for Canadian citizenship. To protection under Canadian law and the Canadian Charter of Rights and Freedoms. <p>As a permanent resident, the consumer and their dependants cannot:</p> <ol style="list-style-type: none"> Vote or run for political office. Hold certain jobs that have a high-level security clearance requirement. Remain in Canada if convicted of a serious criminal offence and have been told to leave the country. <p>(www.cic.gc.ca)</p>
Temporary Resident	<p>Consumer is from a designated country who is visiting Canada for a temporary purpose, such as for tourism, visiting family or friends, or on a business trip.</p> <p>(www.cic.gc.ca)</p>
Refugee	<p>A consumer is considered a refugee if they fear persecution for reasons related to race, religion, nationality, or membership in a particular social group or political organization, or:</p> <ol style="list-style-type: none"> is outside their home country and is unable, by reason of fear, or is unwilling to avail themselves of the protection of that country, or not having a country of origin, is outside their country of habitual residence and is unable or, by reason of fear, unwilling to return to that country. <p>(www.irb.gc.ca)</p>
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.18. WERE YOU BORN IN CANADA?

OACN Reference and Intent	<p>OACN Reference: Identified as question 16 of the Consumer Information Summary in all OACN types.</p> <p>Intent: To identify whether the person was born in Canada or immigrated to Canada.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Yes	Yes the person was born in Canada.
No	No the person was not born in Canada.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment

2.18.1. IF NO, WHAT YEAR DID YOU ARRIVE IN CANADA?

OACN Reference and Intent	<p>OACN Reference: Identified in question 16 of the Consumer Information Summary in all OACN types.</p>
----------------------------------	--

	Intent: To capture the year the client arrived in Canada.
Status	Optional
Response Type	Number
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text (YYYY)

2.19. DO YOU HAVE ANY ISSUES WITH YOUR IMMIGRATION EXPERIENCE? (SELECT ALL THAT APPLY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 17 of the Consumer Information Summary in the Full OCAN.</p> <p>Intent: To capture any prevailing issues as perceived and identified by the consumer and related to their immigration to Canada.</p> <p>An immigrant consumer is defined as one who is not (or at some point was not) a citizen of Canada. An immigrant need not be seeking Canadian citizenship or the right to remain in Canada permanently.</p> <p>'Issues' in this context can be understood to include the Consumer's concerns, considerations, questions, anxieties, etc.</p> <p>In identifying the Consumer's immigration issues Staff relies primarily on the Consumer's own perceptions. Ultimately Staff identifies, qualifies and/or categorizes such reasons based on the Staff's best judgement and all available information.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
None	<p>Either consumer is not an immigrant or the immigrant consumer does not identify any issues related to his/her immigration.</p> <p>If this data element contains "None" it cannot contain any other value.</p>
Lack of understanding of the Canadian system/resources	The Immigrant consumer identifies issues related to his/her lack of understanding of the Canadian system and/or its available resources
Applying previous work experience/professional qualifications	The immigrant consumer identifies issues related to the application of his/her non-Canadian experience and/or qualifications to achieving employment, education or standing in Canada. Issues may be related to the Consumer's unemployment, perceived 'under-employment', lack of

	opportunity, discrimination related to the Consumer's work-experience or qualifications, etc.
Separation from family members/significant others	The immigrant consumer identifies issues related to his/her separation from family members and/or significant others as a result of a move to Canada. Separation from family includes circumstances where the Immigrant Consumer's family is left behind in a refugee camp (see next category).
Family left behind in refugee camp	The immigrant consumer identifies issues related to his/her separation from family members and/or significant others who are (or were) in a refugee camp. If this data element contains "Family left behind in refugee camp" it can be assumed to also contain "Separation from family members/significant others".
Experience with war/incarceration/torture	The immigrant consumer identifies issues related to his/her experience (or the experiences of those close to the Consumer) with war, incarceration and/or torture.
Refugee camp	The immigrant consumer identifies issues related to his/her own experience in a refugee camp.
Experience with other trauma	The immigrant consumer identifies issues related to his/her own trauma other than that experienced as part of war, incarceration, time in a refugee camp, torture or separation from family/significant others (see categories above).
Other	The immigrant consumer identifies issues other than those described above. If this data element contains "Other" see data element "Do you have any issues with your immigration experience? (Other)" below.
Prefer not to answer	The immigrant consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.19.1. DO YOU HAVE ANY ISSUES WITH YOUR IMMIGRATION EXPERIENCE? – OTHER

OCAN Reference and Intent	<p>Reference: Identified in question 17 of the Consumer Information Summary in the Full OCAN.</p> <p>Intent: To capture staff's brief summary of the immigrant consumer's perceived and identified issue(s) if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.20. CAN YOU TELL ME ABOUT YOUR IMMIGRATION EXPERIENCE?

OCAN Reference and Intent	Reference: Identified as question 18 of the Consumer Information Summary in the Full OCAN.
---------------------------	---

	<p>Intent: To capture a brief summary of the immigrant consumer's immigration experience as perceived and described by the consumer and as categorized in data elements as they appear in question 17 of the Consumer Information Summary in the Full OCAN.</p> <p>An immigrant consumer is defined as one who is not (or at some point was not) a citizen of Canada. An immigrant need not be seeking Canadian citizenship or the right to remain in Canada permanently.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.21. EXPERIENCE OF DISCRIMINATION (SELECT ALL THAT APPLY)

OCAN Reference & Intent	<p>Reference: Identified as question 19 of the Consumer Information Summary in the Full OCAN.</p> <p>Intent: To capture the prevailing nature of the consumer's experience of discrimination (if any).</p> <p>Discrimination is defined as the consumer's perception of any person's behaviour or response towards him/her that the Consumer:</p> <ul style="list-style-type: none"> characterizes as negative and harmful; <u>and</u> relates to his/her own abilities, race, ethnicity, gender, mental or emotional state, etc. <p>Discrimination is most often perceived in the behaviour of those holding a 'position of power' over the consumer.</p> <p>Discrimination does not generally apply to the behaviour of the consumer's immediate family members.</p> <p>Discrimination as categorized below may be experienced by the consumer even if he/she does not actually have the specific 'characteristics' upon which the discrimination is seemingly based. For example, the consumer may be discriminated against because he/she appears to be of a particular ethnic background or race even if this is not the case.</p> <p>In categorizing the Consumer's experience of discrimination, Staff relies primarily on the Consumer's own perceptions. Ultimately Staff identifies, qualifies and/or categorizes such experiences based on the Staff's best judgment and all available information.</p> <p>Note: For simplicity the category definitions below are written in the present tense but should be understood to include experiences that occurred in the past as well.</p>
-------------------------	--

Status	Optional Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Disability	The consumer is experiencing discrimination related to his/her physical or mental abilities.
Ethnicity	The consumer is experiencing discrimination related to his/her belonging to a nationally or culturally-based social group.
Gender	The consumer is experiencing discrimination related to his/her gender. Genders includes 'male' and 'female' but may also include various other combinations of physical and socially-constructed roles, behaviours, activities, and attributes such as transsexual, two-spirited, intersex, etc.
Immigration	The consumer is experiencing discrimination related to his/her not being (or at some point not having been) a citizen of Canada.
Mental Illness	The consumer is experiencing discrimination related to his/her emotional state or mental condition.
Race	The consumer is experiencing discrimination related to his/her belonging to a racial division or group.
Religion	The consumer is experiencing discrimination related to his/her system of faith and worship.
Sexual Orientation	The consumer is experiencing discrimination related to his or her identified sexual attraction to a particular gender.
Other	The consumer is experiencing discrimination related to a quality not listed in the categories above. If this data element contains "Other" see data element "Experience of Discrimination – Other" below.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

2.21.1. EXPERIENCE OF DISCRIMINATION – OTHER

OCAN Reference and Intent	Reference: Identified in question 19 of the Consumer Information Summary in the Full OCAN. Intent: To specify the category of the Consumer's experienced discrimination if not found in the list of options.
Status	Optional If "Other" is selected, provide specific information using the free text field.
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.22. WHAT LANGUAGE WOULD YOU FEEL MOST COMFORTABLE SPEAKING IN WITH YOUR HEALTH SERVICE PROVIDER? (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 20 of the Consumer Information Summary in the Full OCAN and question 17 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the language that the client would prefer to speak in with their health-care provider at the time OCAN is conducted.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>	
Status	Mandatory	
Response Type	Select List (select one)	
Data Length	N/A	
Version(s) Available	All	
Included in Self-Assessment	No	
Valid Categories		
English	Flemish	Hindi
French	Frisian	Kurdish
Algonquin	German	Panjabi (Punjabi)
Atikamekw	Norwegian	Pashto
Blackfoot	Swedish	Persian (Farsi)
Carrier	Yiddish	Sindhi
Chilcotin	Bosnian	Sinhala (Sinhalese)
Chipewyan	Bulgarian	Urdu
Cree	Croatian	Malayalam
Siouan languages (Dakota/Sioux)	Czech	Tamil
Athapaskan languages	Macedonian	Telugu
Dogrib	Polish	Japanese
Gitksan	Russian	Korean
Inuinnaqtun	Serbian	Cantonese
Inuktitut, n.i.e.	Serbo-Croatian	Chinese, n.o.s. [2]
Kutchin-Gwich'in (Loucheux)	Slovak	Mandarin
Malecite	Slovenian	Taiwanese
Mi'kmaq	Ukrainian	Lao
Mohawk	Latvian	Khmer (Cambodian)
Montagnais	Lithuanian	Vietnamese
Naskapi	Estonian	Bisayan languages
Nisga'a	Finnish	Ilocano
North Slave (Hare)	Hungarian	Malay
Ojibway	Greek	Tagalog (Pilipino, Filipino)
Oji-Cree	Armenian	Akan (Twi)
Shuswap	Turkish	Swahili
South Slave	Amharic	Creoles
Tlingit	Arabic	ASL

Italian	Hebrew	Dari
Portuguese	Maltese	Karen
Romanian	Somali	Nepali
Spanish	Tigrinya	Prefer not to answer
Danish	Bengali	Do not know
Dutch	Gujarati	Other

2.22.1. WHAT LANGUAGE WOULD YOU FEEL MOST COMFORTABLE SPEAKING IN WITH YOUR HEALTH SERVICE PROVIDER? – OTHER

OCAN Reference and Intent	<p>Reference: Identified in question 20 of the Consumer Information Summary in the Full OCAN and question 17 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the language that the client would prefer to speak in with their health-care provider at the time OCAN is conducted, if not found in the list of options. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Status	Optional If “Other” is selected, provide specific information using the free text field.
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.23. LANGUAGE OF SERVICE PROVISION (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 21 of the Consumer Information Summary in the Full OCAN and question 18 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the language in which the service is provided. <i>(CDS Manual v 4.06)</i></p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Please refer to the data element “What language would you feel most comfortable speaking with your health care provider?” for the list of valid categories	

2.23.1. LANGUAGE OF SERVICE PROVISION – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 21 of the Consumer Information Summary in the Full OCAN and question 18 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the language in which the service is provided if not found in the list of options. (CDS Manual v 4.06)</p>
Status	<p>Optional</p> <p>If “Other” is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.24. WHAT IS YOUR MOTHER TONGUE? (SELECT ONE)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 22 of the Consumer Information Summary in the Full OCAN and question 19 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the client's mother tongue.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Please refer to the data element “What language would you feel most comfortable speaking with your health care provider?” for the list of valid categories.	

2.24.1. WHAT IS YOUR MOTHER TONGUE? – OTHER

OCAN Reference and Intent	<p>OCAN Reference: Identified in question 22 of the Consumer Information Summary in the Full OCAN and question 19 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the client's mother tongue if not found in the list of options.</p>
Status	<p>Optional</p> <p>If “Other” is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	256
Version(s) Available	All
Included in Self-Assessment	No

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.25. IF YOUR MOTHER TONGUE IS NEITHER FRENCH NOR ENGLISH, IN WHICH OF CANADA'S OFFICIAL LANGUAGES ARE YOU MOST COMFORTABLE?

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 23 of the Consumer Information Summary in the Full OCAN and question 20 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the official language (French or English) in which the consumer is most comfortable.</p>	
Status	Mandatory	
Response Type	Select list (select one)	
Data Length	N/A	
Version(s) Available	All	
Included in Self-Assessment	No	
Valid Categories	Definitions	
English		French

2.26. DO YOU CURRENTLY HAVE ANY LEGAL ISSUES? (SELECT ALL THAT APPLY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 24 of the Consumer Information Summary in the Full OCAN and question 21 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture legal issues the consumer is currently facing or previously faced that is clinically relevant to the current mental health assessment.</p>	
Status	Mandatory	
Response Type	Select List (select all that apply)	
Data Length	N/A	
Version(s) Available	All	
Included in Self-Assessment	No	
Valid Categories	Definitions	
Civil	The consumer is currently facing civil issues such as property/domestic issues, breach of contract, etc.	
Criminal	The consumer is currently facing issues due to a crime.	
None	The consumer does not have any legal issues.	
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.	
Do not know	Information is not known at the time of the assessment.	

2.26.1. COMMENT ON LEGAL ISSUES

OCAN Reference and Intent	OCAN Reference: Identified as question 25 of the Consumer Information Summary in the Full OCAN and question 22 of the Consumer Information Summary in the Core and Core + Self OCAN.
---------------------------	--

	Intent: To capture comments on legal issues the consumer is currently facing or previously faced that is clinically relevant to the current mental health assessment.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

2.27. CURRENT LEGAL STATUS (SELECT ALL THAT APPLY)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 26 of the Consumer Information Summary in the Full OCAN and question 23 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture consumers who are served in one of the legal status categories based on their legal status at the time of the assessment.</p> <p>Multiple legal status categories can be selected for the same unique individual admitted. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Pre-Charge	
Pre-charge Diversion	Pre-charge diversion removes a case from the usual criminal justice process, (where the accused consumer with mental illness has committed a minor offence) and allows the Police to use their discretion in laying charges and diverting a case. There are various pre-charge diversion programs.
Court Diversion Program	The Court Diversion Program redirects the case from the criminal justice process to mental health services if certain conditions are met. In certain circumstances, for example, the accused consumer with mental illness will not be prosecuted but rather referred to a hospital or facility for treatment.
Pre-Trial	
Awaiting fitness assessment	<p>In criminal proceedings, if there are concerns about whether the accused consumer with mental illness should go to trial, the court can, at any point of the proceedings, order that the accused consumer's mental condition be assessed.</p> <p>Once the accused consumer is assessed, the court will then make a final decision as to whether the accused is fit to stand trial.</p>
Awaiting trial (with or without bail)	If the accused consumer is found to be fit to stand trial, he/she will then be subject to the usual court process and will have to wait to be tried. The accused may/may not remain in custody pending trial. If the accused is to

	<p>remain in custody, he/she may, in certain circumstances, be detained in a hospital.</p> <p>The term "bail" is used to refer to whether the accused consumer should not be released pending trial. In certain circumstances, an accused consumer can be released on bail provided that person agrees to certain conditions, i.e. attending counselling or treatment, abstaining from alcohol, etc.</p>
Awaiting Criminal Responsibility Assessment (NCR)	Consumer may or may not remain in custody pending trial. The term "bail" is often used to refer he/she is required to appear in court; an alternative definition is: in criminal proceedings, the time between the laying of a criminal charge by police and a determination by the court of whether a criminal offence actually occurred.
In community on own recognizance	Judgments allowing a defendant to remain free without bail based on his/her likelihood of appearing at trial - takes into account such things as local family, ties to the community and/or a steady job.
Unfit to stand trial	<p>Under section 2 of the Criminal Code, an accused consumer may be unfit to stand trial if that person is "unable to on account of mental disorder to conduct a defence at any stage of the proceeding before a verdict is rendered or to instruct counsel to do so, and, in particular, unable to on account of mental disorder to:</p> <ol style="list-style-type: none"> 1. understand the nature or object of the proceedings 2. understand the possible consequences of the proceedings, or 3. communicate with counsel
Custody Status	
ORB detained - community access	If an accused consumer is found unfit to stand trial or where a verdict of not criminally responsible on account of mental disorder has been rendered, the court or the Ontario Review Board (ORB) can order that the accused be detained in a hospital, health/mental health facility, etc. The detention order may include conditions specifying the facility or conditions relating to privileges for access to the community, etc.
ORB conditional discharge	If an accused consumer is found unfit to stand trial or where a verdict of not criminally responsible on account of mental disorder has been rendered, the court or the Ontario Review Board (ORB) can order that the accused be discharged subject to conditions.
On parole	Parole is a means of releasing the consumer to serve the remaining portion of his/her sentence in the community under supervision.
On probation	Probation is a sentence that releases the accused consumer under supervision, but requires that the individual obey certain conditions.
Outcomes	
Charges withdrawn	When charges are withdrawn against the accused, no further legal action will be taken against the accused relating to the particular matter in question.
Stay of proceedings	A stay of proceedings is a suspension of the court proceedings.
Awaiting sentence	Awaiting sentence is when the accused consumer is found guilty and is waiting for the court to impose a sentence.
NCR	Not Criminally Responsible – Under the <i>Criminal Code</i> an accused consumer can be found not criminally responsible if he/she commits an act or omission while suffering from a mental disorder that renders him/her incapable of appreciating the nature or quality of the act or omission or of knowing that it was wrong.
Conditional discharge	A conditional discharge is when the accused consumer is not convicted, but found guilty or pleads guilty, and may be discharged by the court on certain terms or conditions.

Conditional sentence	A conditional sentence is a sentence that can be served in the community where the accused consumer will typically have to meet certain conditions, i.e. comply with a curfew, stay at home, etc.
Restraining order	Restraining orders are most commonly used in family law, stalking, harassment and sexual assault cases. A restraining order will prohibit the accused consumer from, among other things, staying away from people, stop communicating with people and stop hurting, harassing or threatening people.
Peace bond	A peace bond is a court order that sets out conditions to protect the safety of others and/or their property. The accused consumer will not get a criminal record for signing a peace bond. A breach of the peace bond, however, may result in a criminal charge.
Suspended sentence	A suspended sentence is when a conviction is recorded, but the court finds that the sentence need not be imposed, provided that the accused consumer meets certain conditions set by the court.
Incarceration	Client is currently in a correctional facility.
Other	
No legal problems (includes absolute discharge and time served – end of custody)	The court may provide the accused with an absolute discharge (meaning that they will not have a criminal record for their act or omission) or may, when an accused has been found guilty of, or pleads guilty to, an offence under the Criminal Code; relieve the accused from being sentenced, without conditions. Absolute Discharge: Where a verdict of not criminally responsible on account of mental disorder has been rendered, and it is believed the accused is not a significant threat to the safety of the public, the court or the Ontario Review Board can order that the accused be discharged absolutely.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment

2.28. GENERAL COMMENTS

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 27 of the Consumer Information Summary in the Full OCAN and question 39 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture additional comments by the assessor.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3. STAFF ASSESSMENT

OCAN is an assessment that helps to capture consumer views as a standard and formal part of their discussions with their assessor. It is comprised of two main parts: the optional Consumer Self-Assessment and the Staff Assessment. Where possible, it is recommended that the consumer be given the opportunity to complete their self-assessment as the first part of the process. Following the Consumer Self-Assessment, the discussion will inform the Staff Assessment which is completed as a last step.

Important points to communicate to the consumer:

Use of consumer responses

The answers consumers provide to questions in OCAN will be used to help them get the support they need. This information may only be used and shared with other agencies if the consumer agrees. A consumer may refuse to share any information they wish, and may change their mind at a later time. Choosing not to complete OCAN will not prevent consumers from receiving services.

1. Information collected using the self-assessment represents their view of where they are today.
2. Sharing that information can be an essential part of getting the services they need.
3. They decide how and when their information is used and shared with others.

3.1. DOMAIN 1: ACCOMMODATION (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person needs and is living in sheltered or subsidized accommodation.
2. To determine if the person is homeless, precariously housed, or his/her home lacks basic facilities such as water and electricity.

3.1.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person lack a current place to stay?</p> <p>Intent: To capture the assessor's view on any needs the consumer may have related to their housing.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Assessor may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No Serious Problem)	Consumer does not need support for accommodation. For example: 1. Consumer receives help seeking a larger apartment.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need in accommodation which is met through supports. For example: 1. Consumer is living in supportive housing. 2. Consumer is receiving informal or formal support to sustain accommodation.
2 – Unmet Need (Serious Problem)	Consumer has a need in accommodation which requires support. For example: 1. Consumer is "couch surfing" and has been asked to move tomorrow. 2. Consumer is ready for discharge but has no accommodation. 3. Consumer is homeless.
9 – Not Known	Consumer needs for accommodation are unknown.

3.1.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with accommodation does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer is receiving for their accommodation from friends or relatives.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with accessing accommodation from family or friends.
1 – Low help	<p>Consumer receives some/occasional help with accessing or improving accommodation. For example:</p> <ol style="list-style-type: none"> 1. Peers linked consumer to an agency for rent subsidy consideration. 2. Consumer receives family help to fill out forms for accommodation referral.
2 – Moderate help	<p>Consumer receives regular help with accessing or improving accommodation. For example:</p> <ol style="list-style-type: none"> 1. Family has helped organize unit this month. 2. Best friend visits and helps with home repair and upkeep.
3 – High help	<p>Consumer receives substantial help with accessing or improving accommodation. For example:</p> <ol style="list-style-type: none"> 1. Family pays rent and frequently problem-solves with landlord and neighbours. 2. Consumer is living with family who oversees all home maintenance.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.1.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with accommodation does the person receive from local services?</p> <p>Intent: To capture how much help the consumer is receiving for their accommodation from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services for accessing or improving accommodation.
1 – Low help	Consumer receives some/occasional help with accessing or improving accommodation. For example: 1. Community mental health HSP trustee assisting with consumer direct rent payment service. 2. Consumer receives start-up funding for accommodation.
2 – Moderate help	Consumer receives regular help with accessing or improving accommodation. For example: 1. Consumer receives assistance in getting furniture regularly. 2. Consumer regularly attends mental health services learning skills to keep accommodation.
3 – High help	Consumer receives substantial help with accessing or improving accommodation. For example: 1. Consumer receives frequent advocacy support around accommodation issues. 2. Consumer receives frequent help in finding suitable accommodation. 3. Consumer is living in supervised accommodation.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.1.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with accommodation does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs for their Accommodation from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with accessing or improving accommodation.
1 – Low help	Consumer needs some/occasional help with accessing or improving accommodation. For example: 1. Community mental health HSP trustee needs to assist with consumer direct rent payment service. 2. Consumer needs to receive start-up funding for accommodation.
2 – Moderate help	Consumer needs regular help with accessing or improving accommodation. For example: 1. Consumer needs to receive assistance in getting furniture regularly.

	2. Consumer regularly needs to attend mental health services learning skills to keep accommodation.
3 – High help	Consumer needs substantial help with accessing or improving accommodation. For example: 1. Consumer needs to receive frequent advocacy support around accommodation issues. 2. Consumer needs to receive frequent help in finding suitable accommodation. 3. Consumer needs to be living in supervised accommodation.
9 – Do not know	Not known if the consumer needs help from local services.

3.1.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to housing.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.1.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to housing. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.1.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer
---------------------------	--

	and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.1.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.1.9. WHERE DO YOU LIVE? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN and as question 24 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture where the consumer lives at the time of the OCAN (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Approved Homes & Homes for Special Care	Includes facilities operated by PPHs for consumers living in the community and subsidized, special housing and support facilities with 24-hour staffing for residents. (CDS Manual v 4.06)
Correctional/Probation Facility	Jail, penitentiary, or halfway house operated for correctional service recipients. (CDS Manual v 4.06)

Domiciliary Hostel	Municipally-funded, privately owned and operated accommodation providing room and board. (CDS Manual v 4.06)
General Hospital	Includes inpatient (mental health, medical/surgical or obstetric) unit of a general hospital in an alternate level of care (ALC) bed. Note that consumers only reside in ALC beds until they have a 'home' to be discharged to. (CDS Manual v 4.06)
Psychiatric Hospital	Includes specialty mental health hospitals, PPHs and divested PPHs. (CDS Manual v 4.06)
Other Specialty Hospital	Includes specialty rehabilitation, complex continuing care units/hospitals. (CDS Manual v 4.06)
No fixed address	Includes living in the streets, rooming with a friend, etc. (CDS Manual v 4.06)
Hostel/Shelter	Temporary housing for the homeless. (CDS Manual v 4.06)
Long term care facility/ Nursing Home	Residence that provides 24-hour skilled or intermediate nursing care. (CDS Manual v 4.06)
Municipal Non-Profit Housing	Apartments owned by the municipal government that offers rent-geared-to-income housing. (CDS Manual v 4.06)
Private Non-Profit Housing	Units in shared or self-contained apartments owned and managed by community based non-profit corporations. Excludes rooming/boarding houses. (CDS Manual v 4.06)
Private House/Apt. – SR Owned/Market Rent	Any house, condominium, or apartment in the community owned or rented by the consumer at market rate. (CDS Manual v 4.06)
Private House/Apt. – Other/Subsidized	Any house, condominium, or apartment in the community rented by the consumer at a subsidized rate or rented/owned by individual other than the consumer. (CDS Manual v 4.06)
Retirement Home/Senior's Residence	Non-regulated facilities for the elderly including consumers at or over retirement age. (CDS Manual v 4.06)
Rooming/Boarding House	Rented room that is part of a house where bathrooms and kitchen may be communal and meals may be provided, e.g. Habitat. (CDS Manual v 4.06)
Supportive Housing – Congregate Living	Residence of mental health service including consumers with varying levels of supervision and support services. (CDS Manual v 4.06)
Supportive Housing - Assisted Living	Community-based housing with support services and supervision in a shared living arrangement with non-relatives for the developmentally delayed/disabled service recipients. (CDS Manual v 4.06)
Other	Includes other categories not listed above. (CDS Manual v 4.06)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.1.10. WHERE DO YOU LIVE? – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN and as question 24 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the living situation for a consumer if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.1.11. DO YOU RECEIVE ANY SUPPORT? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN and as question 25 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the amount of residential support currently provided to the consumer.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Independent	<p>Consumers who are performing tasks or are capable of performing tasks required to maintain their residence without any assistance. Such tasks include cooking, cleaning, and paying bills.</p> <p>(CDS Manual v 4.06)</p>
Assisted/Supported	<p>Consumers who require some assistance or coaching from family or staff to perform tasks required to maintain their residence.</p> <p>(CDS Manual v 4.06)</p>
Supervised Non-facility	<p>Consumers who are able to perform very few tasks related to maintaining their residence and require significant assistance and coaching.</p> <p>(CDS Manual v 4.06)</p>
Supervised Facility	<p>Consumers who require fully-supervised treatment facilities.</p> <p>(CDS Manual v 4.06)</p>
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.1.12. DO YOU LIVE WITH ANYONE? (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN and as question 26 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture who the consumer lives with at the time OCAN is conducted.</p>
Status	Mandatory
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
No-on my own	Consumer lives alone. (CDS Manual v 4.06)
Spouse/Partner	Consumer lives with spouse/partner, girlfriend or boyfriend, in a common-law relationship. (CDS Manual v 4.06)
Children	Consumer lives with children. (CDS Manual v 4.06)
Parents	Consumer lives with parents. (CDS Manual v 4.06)
Relatives	Consumer lives with relatives other than spouse/partner, children or parents. (CDS Manual v 4.06)
Non-relatives	Consumer lives with non-relatives (includes service recipients living in institutions and group homes). (CDS Manual v 4.06)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.1.13. DO YOU LIVE WITH ANYONE? – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 1: Accommodation</i> of the Staff Assessment in the Full OCAN and in question 26 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture who the consumer lives with at the time OCAN is conducted if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.2. DOMAIN 2: FOOD (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to buy and prepare meals.
2. To determine if the person is unable to prepare meals and has meals/food provided.
3. To determine if the person is on a very strict diet and is eating inappropriate food.

3.2.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have difficulty in getting enough to eat?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to food.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for food. For example: 1. Consumer buys food and cooks meals independently.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need for food which is met through supports. For example: 1. Consumer is unable to prepare food and has meals provided. 2. Consumer requires ongoing help with cooking and shopping. 3. Consumer requires “meals on wheels” supplemented by family meals.
2 – Unmet Need (Serious Problem)	Consumer has a need for food which requires support. For example: 1. Consumer does not have food for entire month. 2. Consumer sometimes uses food banks, eats at mission services and is often hungry.
9 – Not Known	Consumer needs for food are unknown.

3.2.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with getting enough to eat does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer is receiving with accessing food from friends or relatives.</p>
Status	Optional
	Mandatory if Need Rating in this domain is rated at “1” or “2”.
Response Type	Select List (select one)

Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help for accessing food from family or friends.
1 – Low help	Consumer receives some/occasional help with accessing food. For example: 1. Consumer's family provides transportation to grocery store occasionally. 2. Consumer's friend showed him how to access food bank.
2 – Moderate help	Consumer receives regular help with accessing food. For example: 1. Consumer belongs to a group that shops and cooks regularly. 2. Consumer receives regular family help buying groceries & planning meals.
3 – High help	Consumer receives substantial help with accessing food. For example: 1. Consumer lives with family/friends that provide all meals.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.2.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with getting enough to eat does the person receive from local services?</p> <p>Intent: To capture how much help the consumer is receiving with accessing food from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services for accessing food.
1 – Low help	Consumer receives some/occasional help with accessing food. For example: 1. Consumer sometimes accesses food banks. 2. Staff occasionally provides cooking life skills session.
2 – Moderate help	Consumer receives regular help with accessing food. For example: 1. Consumer regularly attends program to cook & take home meals. 2. Staff regularly provides in-home meal preparation & skills teaching.
3 – High help	Consumer receives substantial help with accessing food. For example: 1. Consumer is provided all meals by housing facility. 2. Consumer receives diabetic meals from "meals on wheels" – Monday through Friday.

9 – Do not know	Not known if the consumer is receiving help from local services.
-----------------	--

3.2.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with getting enough to eat does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs for accessing food from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services for accessing food.
1 – Low help	<p>Consumer needs some/occasional help with accessing food. For example:</p> <ol style="list-style-type: none"> 1. Consumer sometimes needs to access food banks. 2. Staff occasionally needs to provide cooking life skills session.
2 – Moderate help	<p>Consumer needs regular help with accessing food. For example:</p> <ol style="list-style-type: none"> 1. Consumer regularly needs to attend program to cook & take home meals. 2. Staff regularly needs to provide in-home meal preparation & skills teaching.
3 – High help	<p>Consumer needs substantial help with accessing food. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to be provided all meals by housing facility. 2. Consumer needs to receive diabetic meals from "meals on wheels" – Monday through Friday.
9 – Do not know	Not known if the consumer needs help from local services.

3.2.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to food.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.2.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to food. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.2.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.2.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 2: Food</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.3. DOMAIN 3: LOOKING AFTER THE HOME (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to look after the home.
2. To determine if the person requires and is receiving help looking after his/her home.
3. To determine if the state of the home is unkempt and is a potential health/social hazard.

3.3.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have difficulty looking after the home?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to looking after their home.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports for looking after the home. For example:</p> <ol style="list-style-type: none"> 1. Consumer's home may be untidy, but the person keeps it basically clean.
1 – Met Need (No/Moderate Problem due to help given)	<p>Consumer has a need in looking after the home which is met through supports. For example:</p> <ol style="list-style-type: none"> 1. Consumer's family members provide considerable practical help because person is unable to care for home. 2. Consumer requires regular help from worker with skills teaching and cleaning.
2 – Unmet Need (Serious Problem)	<p>Consumer has a need in looking after the home which requires. For example:</p> <ol style="list-style-type: none"> 1. Consumer struggles to care for home and has been threatened with eviction.
9 – Not Known	Consumer needs for looking after the home are unknown.

3.3.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after the home does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer is receiving with looking after their home from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
----------------------------------	---

Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help for looking after their home from family or friends.
1 – Low help	Consumer receives some/occasional with looking after their home. For example: 1. Consumer's family have paid for some housecleaning services 2. Consumer's friends provide occasional help when it is requested
2 – Moderate help	Consumer receives regular help with looking after the home. For example: 1. Consumer has a very supportive friend who regularly helps clean 2. Consumer's family visits regularly and helps with household tasks
3 – High help	Consumer receives substantial help with looking after the home. For example: 1. Consumer lives with family who look after all household chores
9 – Do not know	Not known if the consumer is receiving help from friends or relatives

3.3.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after the home does the person receive from local services?</p> <p>Intent: To capture how much help the consumer is receiving with looking after the home from local services. Help received from local services is referred to as formal help.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services with looking after the home.
1 – Low help	Consumer receives some/occasional help with looking after the home. For example: 1. Staff provides some house-cleaning assistance. 2. Local services assist with child proofing home.
2 – Moderate help	Consumer receives regular help with looking after the home. For example: 1. Life skills coach regularly visits.

3 – High help	Consumer receives substantial help with looking after the home. For example: 1. Consumer has 24-7 on-site assistance. 2. Local services provide complete assistance.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.3.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after the home does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs with looking after their home from local services.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at “1” or “2”.
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with looking after the home.
1 – Low help	Consumer needs some/occasional help with looking after the home. For example: 1. Staff needs to provide some house-cleaning assistance. 2. Local services need to assist with child proofing home.
2 – Moderate help	Consumer needs regular help with looking after the home. For example: 1. Life skills coach needs to visit regularly.
3 – High help	Consumer needs substantial help with looking after the home. For example: 1. Consumer needs to have 24-7 on-site assistance. 2. Local services need to provide complete assistance.
9 – Do not know	Not known if the consumer needs help from local services.

3.3.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to looking after the home.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.3.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to looking after the home. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	500
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.3.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.3.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 3: Looking After the Home</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.4. DOMAIN 4: SELF-CARE (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person keeps basically clean.
2. To determine if the person needs and is getting help with self-care.
3. To determine if the person's hygiene places them at risk medically/socially.

3.4.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have difficulty with self-care?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to self-care.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for self-care. For example: 1. Consumer's appearance may be eccentric or untidy, but basically clean.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need in self-care which is met through supports. For example: 1. Consumer needs and gets help from Occupational Therapist regarding self-care.
2 – Unmet Need (Serious Problem)	Consumer has a need in self-care which requires support. For example: 1. Personal hygiene is a threat to health and social acceptance.
9 – Not Known	Consumer needs for self-care is unknown.

3.4.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with self-care does the person receive from friends or relatives?</p>
----------------------------------	--

	Intent: To capture how much help the consumer is receiving with self-care from friends or relatives. Help received from friends or relatives is referred to as informal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with self-care from family or friends.
1 – Low help	Consumer receives some/occasional help with self-care. For example: 1. Consumer's friend occasionally helps with laundry; hair washing, etc.
2 – Moderate help	Consumer receives regular help with self-care. For example: 1. Consumer receives regular phone call prompts from family. 2. Consumer's friend visits regularly to provide practical aid.
3 – High help	Consumer receives substantial help with self-care. For example: 1. Consumer lives with family and receives substantial assistance.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.4.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 3a in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN. How much help with self-care does the person receive from local services? Intent: To capture how much help the consumer is receiving with self-care from local services. Help received from local services is referred to as formal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services for self-care.
1 – Low help	Consumer receives some/occasional help with self-care. For example: 1. Staff sometimes helps with individual access to podiatry services. 2. Occupational Therapist assessment completed to determine needs.
2 – Moderate help	Consumer receives regular help with self-care. For example: 1. Staff regularly assists client with personal care schedule through a series of regular home visits and telephone prompts.
3 – High help	Consumer receives substantial help with self-care. For example: 1. Consumer receives substantial contact from home care & visiting nurses.

	2. Consumer lives in a retirement home that attends to all self-care needs.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.4.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with self-care does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs for self-care from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with self-care.
1 – Low help	<p>Consumer needs some/occasional help with self-care. For example:</p> <ol style="list-style-type: none"> Staff sometimes needs to help with Consumer's access to podiatry services. Occupational Therapist assessment needs to be completed to determine needs.
2 – Moderate help	<p>Consumer needs regular help with self-care. For example:</p> <ol style="list-style-type: none"> Staff regularly needs to assist consumer with personal care schedule through a series of regular home visits and telephone prompts.
3 – High help	<p>Consumer needs substantial help with self-care. For example:</p> <ol style="list-style-type: none"> Consumer needs to receive substantial contact from home care & visiting nurses. Consumer needs to live in a retirement home that attends to all self-care needs.
9 – Do not know	Not known if the consumer needs help from local services.

3.4.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to self-care.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions

Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.4.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to self-care. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.4.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.4.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 4: Self-Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.5. DOMAIN 5: DAYTIME ACTIVITIES (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is engaged in personally meaningful daytime activities.
2. To determine if the person needs and is getting help to find and/or participate in personally meaningful daytime activities.
3. To determine if the person is not engaged in and is seeking meaningful daytime activities.

3.5.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have difficulty with regular, appropriate daytime activities?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to daytime activities.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for daytime activities. For example: 1. Consumer is adequately occupied with household/social activities
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need in daytime activities which is met through supports. For example: 1. Consumer is unable to occupy self, so attending day program.
2 – Unmet Need (Serious Problem)	Consumer has a need in daytime activities which requires support. For example: 1. Consumer is afraid to leave their home and is unhappy about the situation meaningfully.
9 – Not Known	Consumer needs for daytime activities are unknown.

3.5.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives in finding and keeping regular and appropriate daytime activities?</p>
---------------------------	---

	Intent: To capture how much help the consumer is receiving with daytime activities from friends or relatives. Help received from friends or relatives is referred to as informal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with daytime activities from family or friends.
1 – Low help	Consumer receives some/occasional help with daytime activities. For example: 1. Consumer's friends provide encouragement to ride the bus together to the fitness class. 2. Consumer is occasionally included with family activities.
2 – Moderate help	Consumer receives regular help with daytime activities. For example: 1. Consumer involved regularly in church volunteer work. 2. Consumer enjoys regular social group.
3 – High help	Consumer receives substantial help with daytime activities. For example: 1. Consumer's family provides phone prompt every morning to remind person to attend work resulting in satisfactory work attendance.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.5.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services in finding and keeping regular and appropriate daytime activities?</p> <p>Intent: To capture how much help the consumer is receiving with daytime activities from local services. Help received from local services is referred to as formal help.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services for daytime activities.
1 – Low help	Consumer receives some/occasional help with daytime activities. For example: 1. Consumer occasionally attends day program.

2 – Moderate help	Consumer receives regular help with daytime activities. For example: 1. Consumer receives regular daycare support for children in order to attend educational upgrading.
3 – High help	Consumer receives substantial help with daytime activities. For example: 1. Consumer receives substantial help from job coach. 2. ACT team drives client to job daily.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.5.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services in finding and keeping regular and appropriate daytime activities?</p> <p>Intent: To capture how much help the consumer needs for daytime activities from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with daytime activities.
1 – Low help	Consumer needs some/occasional help with daytime activities. For example: 1. Consumer occasionally needs to attend day program.
2 – Moderate help	Consumer needs regular help with daytime activities. For example: 1. Consumer regularly needs to receive daycare support for children in order to attend educational upgrading.
3 – High help	Consumer needs substantial help with daytime activities. For example: 1. Consumer needs to receive substantial help from job coach. 2. ACTT team needs to drive client to job daily.
9 – Do not know	Not known if the consumer needs help from local services.

3.5.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to daytime activities</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.5.6. ACTION(S) (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OACAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to daytime activities. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OACAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.5.7. BY WHOM (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OACAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OACAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.5.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OACAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OACAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.5.9. WHAT IS YOUR CURRENT EMPLOYMENT STATUS? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN and as question 27 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's current employment status. (CDS Manual v 4.06)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Independent/Competitive	Consumer is self employed. (CDS Manual v 4.06)
Assisted/Supported	Support was provided to the consumer to find position and/or continued support received by service recipient to help maintain employment. (CDS Manual v 4.06)
Alternative businesses	Consumer employed in a part-time or full-time position in alternative businesses developed and operated by consumer/survivor employees. (CDS Manual v 4.06)
Sheltered Workshop	Groups of consumers who work together in isolated settings. These placements should pay minimum wage and are located within the HSP. (CDS Manual v 4.06)
Non-paid work experience	Consumer engaged in regular work activity without compensation, includes volunteer work. (CDS Manual v 4.06)
No employment - other activity	Consumer is in school, parenting, or retired and not engaged in any employment activity. (CDS Manual v 4.06)
Casual/Sporadic	Consumer who is occasionally engaged in casual paid work. (CDS Manual v 4.06)
No employment - of any kind	Consumer not engaged in any employment activity. (CDS Manual v 4.06)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.5.10. ARE YOU CURRENTLY IN SCHOOL? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN and as question 28 of the Consumer Information Summary in the Core and Core + Self OCAN.</p>
----------------------------------	---

	Intent: To capture the consumer's current enrolment in a formal education program at the time the assessment is conducted. (CDS Manual v 4.06)
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Not in school	Consumer is not currently enrolled in any educational program.
Elementary/Junior High School	Consumer is enrolled in primary grades, junior kindergarten to grade 8.
Secondary/High School	Consumer is enrolled in high school grades 9 to 12.
Trade School	Consumer is enrolled in a trade school.
Vocational/ Training Centre	Enrolled in formal vocational/technical training course. (CDS Manual v 4.06)
Adult Education	Enrolled in formal course offered by adult education facility. (CDS Manual v 4.06)
Community College	Enrolled in program offered by community college. (CDS Manual v 4.06)
University	Consumer is enrolled in university training without completion (National Ambulatory Care Reporting System Manual 2010–2011)
Other	Enrolled in education program not listed in the categories above. (CDS Manual v 4.06)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.5.11. ARE YOU CURRENTLY IN SCHOOL? – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN and in question 28 of the Consumer Information Summary in the Core and Core + Self OCAN. Intent: To capture the consumer's current education status if not found in the list of options.
Status	Optional If "Other" is selected, provide specific information using the free text field.
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.5.12. BARRIERS IN FINDING AND/OR MAINTAINING A WORK/VOLUNTEER/EDUCATION ROLE
(SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: Identifies the prevalent barriers that the consumer faces (or has faced) in his/her establishing and/or maintaining work, volunteer roles or education in Canada.</p> <p>Barriers are understood as a significant source of difficulties, problems or frustrations.</p> <p>If Staff does not recognize any such barriers or if the consumer has no need for work, volunteer roles or education, then this data element contains Null (it is left blank/empty).</p> <p>Consumers that are employed and/or engaged in volunteer work or education may still face (or may still have faced) barriers.</p> <p>In identifying barriers Staff relies primarily on the Consumer's own perceptions. Ultimately Staff identifies, qualifies and/or categorizes such barriers based on the Staff's best judgment and all available information.</p> <p>Note: For simplicity, the category definitions below are written in the present tense but should be understood to include barriers faced in the past.</p>
Status	Optional
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Addictions	The Consumer's addiction(s) is (are) a barrier to his/her employment, volunteer roles or education. Addictions may be such a barrier even if the consumer does not acknowledge them.
Cognitive abilities	The Consumer's perceived cognitive limits are a barrier to his/her employment, volunteer roles or education.
Confidence	The Consumer's low self-esteem or low self-confidence is a barrier to his/her employment, volunteer roles or education.
Contemplative	The Consumer's lack of work, volunteer roles or education is an evident source of problems for the consumer and/or his/her dependants. While the consumer intends to pursue the required employment, volunteer roles or education, he/she remains ambivalent. The consumer is understood to be in a <i>stage of change</i> generally corresponding to "Contemplative,"
Disclosure	An employer, co-worker or administrator has acquired the Consumer's disclosed information on his/her mental condition and this has led to barriers. Such disclosure may also lead to stigma (see category below).

Financial ODSP cut off	The Consumer's concern that a job, volunteer role or attending school will trigger a decrease in Ontario Disability Support Program (ODSP) is a barrier to his/her employment, volunteer roles or education.
Funding for Training	The Consumer's lack of available funds for training (or to pursue training) is a barrier to his/her employment, volunteer roles or education.
Lack of Resume	The Consumer's lack of documented work, volunteering or schooling is a barrier; "Lack of resume" may include circumstances where: <ul style="list-style-type: none"> – the consumer has limited relevant experience; – the consumer has problems acquiring 'official' documentation related to past work, volunteering or education; or – the consumer lacks the skills/resources required to effectively document his/her experience.
Language Comprehension	The Consumer's limited ability to speak or understand a particular language is a barrier to his/her employment, volunteer roles or education.
Literacy	The Consumer's limited ability to read or write a particular language is a barrier to his/her employment, volunteer roles or education.
Medication Side Effects	The Consumer's legitimate use of medication is a barrier to his/her employment, volunteer roles or education.
Physical Health	The Consumer's state of physical health (as opposed to mental health) is a barrier to his/her employment, volunteer roles or education.
Pre-contemplative	The Consumer's lack of work, volunteer role or education is an evident source of difficulty for the consumer and/or his/her dependants, however, the consumer does not recognize these difficulties or the impact on they have on those around him/her. The consumer is understood to be in a <i>stage of change</i> generally corresponding to "Pre-contemplative."
Stigma	Stigma has been defined as: the phenomenon whereby an individual with an attribute which is deeply discredited by his/her society is rejected as a result of the attribute. Stigma is the process by which the reaction of others spoils normal identity. A stigma of an attribute such as mental illness, for example, can lead to discrimination in finding or maintaining a work/volunteer/education role. This stigma can also be internalized, leading to an individual believing they cannot get or maintain such a role.
Symptoms	The evident symptoms of the Consumer's mental or emotional condition are a barrier to his/her employment, volunteer roles or education.
Transportation	The Consumer's limited access to affordable transportation or items related to/necessary for using transportation (e.g., a driver's licence) is a barrier to his/her employment, volunteer roles or education.
Other	The consumer is facing barriers to his/her employment, volunteer roles or education that are not identified above. If this data element contains "Other" see data element "Barriers in finding and/or maintaining a work/volunteer/education role – Other" below.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.

3.5.13. BARRIERS IN FINDING AND/OR MAINTAINING A WORK/VOLUNTEER/EDUCATION ROLE – OTHER (STAFF ASSESSMENT)

OCCAN Reference and Intent	OCCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCCAN.
----------------------------	---

	Intent: To capture a generalized categorization of prevalent barriers that the consumer faces (or has faced) in his/her establishing and/or maintaining work, volunteer roles or education in Canada if not found in the list of options.
Status	Optional If "Other" is selected, provide specific information using the free text field.
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.5.14. BARRIERS IN FINDING AND/OR MAINTAINING A WORK/VOLUNTEER/EDUCATION ROLE (SELECT ALL THAT APPLY) – COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 5: Daytime Activities</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional comments by the assessor.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.6. DOMAIN 6: PHYSICAL HEALTH (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is physically well.
2. To determine if the person requires and is receiving treatment for physical ailments.
3. To determine if the person has untreated physical ailments, including side effects.

3.6.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 1 in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN. Does the person have any physical disability or any physical illness? Intent: To capture the staff's view on any needs the consumer may have related to physical health. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.
----------------------------------	--

Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for physical health. For example: 1. No physical health problems.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a physical health condition which is met through supports. For example: 1. Consumer has high blood pressure – monitored & treated. 2. Consumer has HIV/AIDS – sees a specialist regularly.
2 – Unmet Need (Serious Problem)	Consumer has a physical health condition which requires support. For example: 1. Consumer has Type 2 Diabetes and doesn't follow diet or medication regime. 2. Consumer has cardiovascular issues, obesity, and joint pain causing mobility problems and does not follow medical regime.
9 – Not Known	Consumer needs for physical health is unknown.

3.6.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives for physical health problems?</p> <p>Intent: To capture how much help the consumer is receiving for better physical health from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with maintaining physical health from family or friends.
1 – Low help	<p>Consumer receives some/occasional help maintaining physical health. For example:</p> <ol style="list-style-type: none"> 1. Consumer's family interprets doctor's instructions after appointments. 2. Consumer's family reminds client to get periodic lithium level tests. 3. Church volunteer provides consumer occasional rides to appointments.
2 – Moderate help	<p>Consumer receives regular help maintaining physical health. For example:</p> <ol style="list-style-type: none"> 1. Consumer's friend provides regular transport & support to attend diabetic clinic.

3 – High help	Consumer receives substantial help maintaining physical health. For example: 1. Consumer's family administers all medication and provides transportation to all appointments. 2. Consumer's family provides substantial help to manage chronic illness.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.6.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services for physical health problems?</p> <p>Intent: To capture how much help the consumer is receiving for better physical health from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services with maintaining physical health.
1 – Low help	Consumer receives some/occasional help maintaining physical health. For example: 1. Staff linked consumer to clinic for investigation of fainting spells.
2 – Moderate help	Consumer receives regular help maintaining physical health. For example: 1. Consumer visits Nurse Practitioner regularly. 2. Consumer regularly visits Registered Nurse who monitors hypertension and provides health teaching.
3 – High help	Consumer receives substantial help maintaining physical health. For example: 1. Consumer has been recently diagnosed with Diabetes and is receiving daily home support services
9 – Do not know	Not known if the consumer is receiving help from local services.

3.6.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services for physical health problems?</p> <p>Intent: To capture how much help the consumer needs for better physical health from local services.</p>
----------------------------------	--

Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services for maintaining physical health.
1 – Low help	Consumer needs some/occasional help to maintain physical health, for example: 1. Staff needs to link consumer to clinic for investigation of fainting spells.
2 – Moderate help	Consumer needs regular help for maintaining physical health, for example: 1. Consumer needs to visit Nurse Practitioner regularly. 2. Consumer regularly needs to visit Registered Nurse who monitors hypertension and provides health teaching.
3 – High help	Consumer needs substantial help for maintaining physical health, for example: 1. Consumer has been recently diagnosed with Diabetes and needs to receive daily home support services.
9 – Do not know	Not known if the consumer needs help from local services.

3.6.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to physical health.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.6.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to physical health. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512

Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.6.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.6.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.6.9. MEDICAL CONDITIONS (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the Consumer's prevalent medical conditions, if any, as reported to or as judged by the assessor.</p> <p>Data in this data element does not necessarily represent a record of the consumer's medical diagnosis.</p>
---------------------------	---

	<p>Medical conditions captured in this data element may reflect a doctor's diagnosis either as reported by the consumer or as found in collateral sources.</p> <p>For help in understanding the categories, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, and/or International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p> <p>Only if the consumer has no medical diagnosis (and staff has no such suspicions) should this data element contain Null (be left empty/blank).</p>
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Acquired Brain Injury (ABI)	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Alzheimer's	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Arthritis	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Autism	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Breathing problems	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Cancer	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Cirrhosis	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).

Communicable disease	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Diabetes Type 1	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Diabetes Type 2	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Diabetes Type 3	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Diabetes Other	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Eating disorder	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Epilepsy	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Hearing impairment	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Heart condition	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Hepatitis A	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Hepatitis B	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Hepatitis C	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Hepatitis D	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i>

	International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
HIV	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
High blood pressure	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
High cholesterol	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Intellectual disability	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Low blood pressure	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Obesity	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Osteoporosis	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Pregnancy	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Seizure	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Sexually Transmitted Infection (STI)	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Sleep Problems (e.g. Insomnia)	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Skin conditions	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).

Stroke	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Thyroid	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Vision impairment	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Other	The consumer has medical conditions that are not identified in the categories above.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.6.10. MEDICAL CONDITION (SELECT ALL THAT APPLY) – AUTISM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the consumer's type of Autism if the data element "Medical Conditions" above is selected "Autism".</p> <p>If known, please "<i>Specify</i>" the type of Autism:</p> <ul style="list-style-type: none"> • Autistic Disorder • Asperger's Disorder • Pervasive Developmental Disorder • Child Disintegrative Disorder • Rett's Syndrome
Status	Optional
Response Type	Text
Data Length	128 characters
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.6.11. MEDICAL CONDITIONS – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the consumer's type of medical condition if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text

Data Length	128
Version(s) Available	Full OCAN
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Record the consumer's "Other" medical condition(s).

3.6.12. MEDICAL CONDITIONS (SELECT ALL THAT APPLY) – COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional comments by the assessor.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.6.13. MEDICATION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> under the instruction: "List all current medications (including prescribed and alternative/over the counter medication)" of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the name or description of medication(s) that the consumer is currently and legitimately taking to address physical and mental health concerns.</p> <p>There are multiple copies of this data element – each copy captures one medication. This data element is related to (multiple) data elements "<i>Source of Information; Dosage, Frequency and Route; Taken as prescribed?; Help is Provided?; and Help is needed?</i>" (see below).</p> <p>Medications may either be reported by the consumer or may be found in collateral sources.</p> <p>Consumer may take medications under a health practitioner's guidance or as prescribed. Medications may be considered "alternative" or "over the counter".</p> <p>Medications captured in this data element should not include those the consumer takes to satisfy his/her addiction (see data elements in <i>Domain 13: Drugs</i> and <i>Domain 14: Other Addictions</i>).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Name or description of a medication the consumer is currently and legitimately taking.

3.6.14. SOURCE OF INFORMATION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> under the instruction: "List all current medications (including prescribed and alternative/over the counter medication)" of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the source of information on the Consumer's legitimately-taken medication(s).</p> <p>There are multiple copies of this data element. Each copy captures only one source as it relates to the corresponding Medication data element (see above).</p> <p>If more than one source is available for the same medication, Staff identifies the one deemed 'most reliable'.</p> <p>If the corresponding Medication data element is Null (left empty/blank) any data in this data element is invalid.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Consumer	Data in the corresponding Medication data element was reported by the Consumer.
Health Provider	Data in the corresponding Medication data element was obtained from a health practitioner (other than those also categorized below – i.e., Home for the aged, Long Term Care Home, etc.).
Homes of the Aged	Data in the corresponding Medication data element was obtained from the staff/health practitioners in a retirement home.
Hospital (at discharge or hospital record)	Data in the corresponding Medication data element was obtained from hospital staff/health practitioners.
Justice (e.g. Probation Order)	Data in the corresponding Medication data element was obtained from the Justice system.
Long Term Care Home	Data in the corresponding Medication data element was obtained from staff/health practitioners in a Long Term Care Home.
Pharmacy	Data in the corresponding Medication data element was obtained from staff in a pharmacy.
Physician	Data in the corresponding Medication data element was obtained from a physician.

Significant Other	Data in the associated Medication data element was obtained from the Consumer's spouse, partner, family or close friend.
-------------------	--

3.6.15. DOSAGE, FREQUENCY AND ROUTE (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> under the instruction: "List all current medications (including prescribed and alternative/over the counter medication)" of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the dosage of the Consumer's legitimately-taken medication(s).</p> <p>There may be multiple copies of this data element. Each copy captures a dosage as it relates to a corresponding Medication data element (above).</p> <p>Dosages are best described in the form <quantity> per <time period> where quantity is a measure of weight or volume and time period is in hours or days.</p> <p>If the corresponding Medication data element is Null (left empty/blank) any data in this data element is invalid.</p>
Status	Optional
Response Type	Text
Data Length	256
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Dosage of corresponding Medication data element (above). Typically in the form <quantity> per <time period>.

3.6.16. TAKEN AS PRESCRIBED (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> under the instruction: "List all current medications (including prescribed and alternative/over the counter medication)" of the Staff Assessment with the Full OCAN.</p> <p>Intent: With respect to the medications legitimately taken by the consumer - captures the Consumer's self-reported adherence to his/her physician's prescription, health practitioner's advice or the general instructions from the medication's manufacturer.</p> <p>If the consumer is not taking his/her medication as prescribed/advised/instructed it is for reasons other than to satisfy the Consumer's addiction. Medications that are taken to satisfy his/her addiction are captured in <i>Domain 13: Drugs</i> and <i>Domain 14: Other Addictions</i>.</p>
---------------------------	---

	<p>There are multiple copies of this data element. Each copy captures the Consumer's adherence to the prescription/advice/instructions as it relates to a corresponding Medication data element (see above).</p> <p>Staff leaves data element blank/empty (element should contain Null) if the consumer does not want the data element to be collected.</p> <p>If the corresponding "Medication" data element is Null (left empty/blank) any data in this data element is invalid.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer reports taking corresponding medication as prescribed/advised/instructed.
No	The consumer reports not taking corresponding medication as prescribed/advised/instructed for reasons other than to satisfy an addiction (see <i>Domain 13: Drugs</i> and <i>Domain 14: Other Addictions</i>)
Do not know	Information is not known at the time of the assessment.

3.6.17. HELP IS PROVIDED (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> under the instruction: "List all current medications (including prescribed and alternative/over the counter medication)" of the Staff Assessment with the Full OCAN.</p> <p>Intent: To capture a sense of whether or not adequate help is provided to the consumer to manage his/her use of legitimate medications.</p> <p>Considerations: In determining whether help is provided and sufficient, Staff primarily relies on the Consumer's perspective. Ultimately Staff identifies, qualifies and/or categorizes the Consumer's response based on the Staff's best judgment and all available information.</p> <p>There are multiple copies of this data element. Each copy captures whether help is provided for each corresponding Medication data element (see above).</p> <p>If the corresponding Medication element is Null (left empty/blank) any data in this data element is invalid.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>

Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer has adequate help in taking his/her medication.
No	The consumer does not have adequate help to take his/her medication.
Do not know	Information is not known at the time of the assessment.

3.6.18. HELP IS NEEDED (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 6: Physical Health</i> under the instruction: "List all current medications (including prescribed and alternative/over the counter medication)" of the Staff Assessment with the Full OCAN.</p> <p>Intent: To capture whether or not the consumer requires help to manage his/her use of legitimate medications.</p> <p>Considerations: In determining whether help is needed, Staff primarily relies on the Consumer's perspective. Ultimately Staff identifies, qualifies and/or categorizes the Consumer's response based on the Staff's best judgment and all available information.</p> <p>There are multiple copies of this data element. Each copy captures Consumer's need for help as it relates to a corresponding Medication data element (see above).</p> <p>Staff should leave data element blank/empty (the data element should contain Null) if the consumer does not want the data element to be collected.</p> <p>If the corresponding Medication data element is Null (left empty/blank), any data in this data element is invalid.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer needs help taking/managing his/her medication.
No	The consumer does not need help taking/managing his/her medication.
Do not know	Information is not known at the time of the assessment.

3.6.19. MEDICATIONS – ADDITIONAL INFORMATION (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 6: Physical Health</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional comments by the assessor.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.7. DOMAIN 7: PSYCHOTIC SYMPTOMS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has no positive symptoms, is not at risk for symptoms and is not on medication.
2. To determine if the person is on medication or needs help for symptoms.
3. To determine if the person currently has positive symptoms and is at risk.

3.7.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 1 in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN. Does the person have any psychotic symptoms? Intent: To capture the staff's view on any needs the consumer may have related to psychotic symptoms. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for psychotic symptoms. For example: 1. Consumer has psychotic symptoms, but is not at risk.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has psychotic symptom(s) which is met through supports. For example: 1. Consumer's symptoms are well controlled by medications. 2. Consumer's symptoms are distressing, but manageable due to support from family.
2 – Unmet Need (Serious Problem)	Consumer has psychotic symptom(s) which requires support. For example: 1. Consumer experiences intense positive symptoms and requires help

	<ol style="list-style-type: none"> Consumer requires frequent re-admissions to service due to unmanageable psychotic symptoms. Consumer highly disorganized, forgets medications and is quite confused.
9 – Not Known	Consumer needs for psychotic symptoms are unknown.

3.7.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives for these psychotic symptoms?</p> <p>Intent: To capture how much help the consumer is receiving for treating their psychotic symptoms from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with managing psychotic symptoms from family or friends
1 – Low help	<p>Consumer receives some/occasional help managing psychotic symptoms. For example:</p> <ol style="list-style-type: none"> Occasional phone calls from friends who promote adherence to medication Consumer's family provides some transportation to attend appointments
2 – Moderate help	<p>Consumer receives regular help managing psychotic symptoms. For example:</p> <ol style="list-style-type: none"> Consumer's family regularly visits to monitor symptoms
3 – High help	<p>Consumer receives substantial help managing psychotic symptoms. For example:</p> <ol style="list-style-type: none"> Consumer's friends drop in daily to offer support
9 – Do not know	Not known if the consumer is receiving help from friends or relatives

3.7.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services for these psychotic symptoms?</p> <p>Intent: To capture how much help the consumer is receiving for treating their psychotic symptoms from local services. Help received from local services is referred to as formal help.</p>
----------------------------------	---

Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services for managing psychotic symptoms.
1 – Low help	Consumer receives some/occasional help managing psychotic symptoms. For example: 1. Consumer has occasional contact with psychiatrist to monitor psychotic symptoms 2. Staff provides some coaching and support regarding coping strategies
2 – Moderate help	Consumer receives regular help managing psychotic symptoms. For example: 1. Consumer receives regular support from staff monitoring condition 2. Consumer attends day program regularly to help increase ability to manage psychotic symptoms
3 – High help	Consumer receives substantial help managing psychotic symptoms. For example: 1. Consumer is experiencing first episode psychosis and is admitted to acute care 2. ACT team provides substantial in-home medication support to Consumer
9 – Do not know	Not known if the consumer is receiving help from local services.

3.7.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services for these psychotic symptoms?</p> <p>Intent: To capture how much help the consumer needs for treating their psychotic symptoms from local services.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with managing psychotic symptoms
1 – Low help	Consumer needs some/occasional help managing psychotic symptoms. For example:

	<ol style="list-style-type: none"> 1. Consumer needs occasional contact with psychiatrist 2. Staff needs to provide some coaching and support regarding coping strategies
2 – Moderate help	<p>Consumer needs regular help in managing psychotic symptoms. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive regular support from staff monitoring condition 2. Consumer needs to attend day program regularly to help increase ability to manage psychotic symptoms
3 – High help	<p>Consumer needs substantial help in managing psychotic symptoms. For example:</p> <ol style="list-style-type: none"> 1. Consumer is experiencing first episode psychosis and needs to be admitted to acute care 2. ACT team needs to provide substantial in-home medication support to Consumer
9 – Do not know	Not known if the consumer needs help from local services

3.7.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to psychotic symptoms.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.7.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to psychotic symptoms. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.7.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.7.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.7.9. HAVE YOU BEEN HOSPITALIZED DUE TO YOUR MENTAL HEALTH? (SELECT ONE)
(STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN and as question 29a of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture whether the consumer has had any previous mental health admissions prior to the current assessment being conducted at the HSP.</p> <p>(DAD Abstracting Manual 2010–2011)</p> <p>If this is an Initial OCAN, then record services for the past two years.</p> <p>If this is a Reassessment, record since the last OCAN.</p>
Status	Mandatory
Response Type	Select List (select one)

Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Yes	Consumer has been hospitalized due to their mental health during the past two years
No	Consumer has not been hospitalized due to their mental health during the past two years
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.7.10. TOTAL NUMBER OF ADMISSIONS FOR MENTAL HEALTH REASONS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN and as question 29b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the total number of admissions for mental health reasons if the consumer has been hospitalized due to mental health reasons in the past two years.</p> <p>If this is an Initial OCAN, then list hospital admissions for the past two years.</p> <p>If this is a Reassessment, then list hospital admissions since last OCAN. (CDS Manual v 4.06)</p>
Status	<p>Optional</p> <p>Mandatory if "Have you been hospitalized due to your mental health" is indicated affirmatively or "Yes."</p>
Response Type	Number
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Number	Standard input for capturing integers

3.7.11. TOTAL NUMBER OF HOSPITALIZATIONS DAYS FOR MENTAL HEALTH REASONS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN and as question 29b of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture if the consumer has been hospitalized due to mental health reasons in the past two years. The staff should record the total number of hospitalization days for mental health reasons.</p>
---------------------------	---

	<p>If this is an Initial OCAN, then list total number of days spent in hospital for the past two 2 years.</p> <p>If this is a Reassessment, then list total number of days spent in hospital since last OCAN. (CDS Manual v 4.06)</p>
Status	<p>Optional</p> <p>Mandatory if "Have you been hospitalized due to your mental health" is indicated affirmatively or "Yes."</p>
Response Type	Number
Data Length	4
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Number	Standard input for capturing integers

3.7.12. HOW MANY TIMES DID YOU VISIT AN EMERGENCY DEPARTMENT IN THE LAST 6 MONTHS FOR MENTAL HEALTH REASONS? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN and as question 30 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture how many times the consumer has visited an emergency department due to their mental health</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
None	Consumer did not visit an emergency department in the last six months for mental health reasons.
1	Consumer visited an emergency department once in the last six months due to mental health reasons.
2 - 5	Consumer had between two and five visits to an emergency department in the last six months due to mental health reasons.
6+	Consumer had more than six visits to an emergency department in the last six months due to mental health reasons.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.7.13. COMMUNITY TREATMENT ORDER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN and as question 31 of the Consumer Information Summary in the Core and Core + Self OCAN.</p>
---------------------------	---

	<p>Intent: To capture if the consumer has been issued a CTO or not.</p> <p>CTOs are for :</p> <ol style="list-style-type: none"> 1. Consumers who suffer from serious mental disorders and who have a history of repeated hospitalizations and who meet the committal criteria for the completion of an application by a physician for a mental health assessment in the Mental Health Act; and 2. Involuntary mental health consumers who agree to a treatment/supervision plan as a condition of their release from a mental health facility to the community (http://www.health.gov.on.ca)
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Issued CTO	Consumer is on CTO at the time of the assessment.
No CTO	Consumer has not been issued a CTO.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.7.14. PSYCHIATRIC HISTORY – ADDITIONAL INFORMATION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional comments by the assessor.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.7.15. SYMPTOMS (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture assessor's identification of the consumer's actions/behaviours seen as indicators of the consumer's mental illness/condition.</p> <p>Categories listed below are commonly used as indicators for mental illness/conditions.</p>
---------------------------	---

	<p>The brief definitions provided are meant only to clarify the meaning of each category and should not be used as the basis by which Staff identifies such 'symptoms'. Staff should use their knowledge, training and best judgment along with all available information to qualify and categorize the Consumer's actions/behaviours.</p> <p>The actions/behaviours captured in this data element may be reported by the Consumer, they may be identified in collateral records or they may be prevalent at the time of the Staff Assessment.</p>
Status	Optional
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Agitation	The consumer displays agitation. He/she appears disturbed, excited, restless or 'overly active'.
Apathy	The consumer displays apathy. He/she appears to lack emotion or interest in things the consumer would normally consider important.
Delusions	<p>The consumer has apparent delusions.</p> <p>Defining delusions is necessarily controversial: They are typically considered to be 'false beliefs' however many 'normal' beliefs cannot be proven true or false. Delusions need not be fantastical. The consumer may in fact support his/her delusions with appropriate evidence.</p> <p>A delusion can be described as fixed (unrevised in the face of contrary evidence), particular to the consumer and unusual for the culture to which he/she belongs.</p> <p>A mark of delusion may also be the Consumer's bland or otherwise inappropriate response when his/her delusions are challenged.</p>
Difficulty in Abstract Thinking	The consumer struggles to understand things in general terms or within broader concepts and finds it difficult to generalize from a specific situation.
Disorganized Thinking	The consumer has difficulty forming logical or coherent thoughts. This disorganization may also extend to his/her communication. The consumer may jump rapidly between unrelated thoughts and in some cases his/her speech may be garbled and unintelligible.
Emotional Unresponsiveness	The consumer is emotionally unresponsive. He/she appears detached and uninvolved and does not express emotions that would otherwise seem natural and appropriate.
Grandiosity	The consumer displays grandiosity – a sustained view of the Consumer's own superiority (and/or the inferiority of others). The consumer may exaggerate his/her talents, capacity and achievements and/or may believe in his/her invulnerability. The consumer may also maintain a belief that he/she can only be understood by very special people.
Hallucinations	The consumer consistently senses things (sights, sounds, smells, tastes or sensations) that have no apparent source.

Hostility	The consumer shows ill-will, marked opposition, aggression and/or anger and may do so without any apparent provocation. The Consumer's hostility may be mild or violent.
Lack of Drive or Initiative	The consumer lacks energy, desire or motivation to begin or do things, even those things that are necessary, and/or otherwise important in the Consumer's life.
Lack of Spontaneity	The consumer acts and speaks slowly or very little and may lack original or spontaneous content in his/her conversation (also called alogia or a poverty of speech).
Physical Symptoms	The consumer moves with unusual slowness, shakes, and drools and/or displays actions/behaviours that have no apparent somatic (as opposed to mental/emotional) cause.
Poor Communication Skills	The consumer is unresponsive to other's interactions or conversation and may not make eye contact. Poor communication in this context is not related to the Consumer's hearing deficiency or inability to speak the Staff's language.
Social Withdrawal	The consumer appears to be absorbed in his/her 'own world' without regard to the activity or interactions of those around him/her.
Stereotype Thinking	The consumer appears to hold fixed and highly-generalized opinions of things and/or people to an extent that seems unnecessary and/or beyond reason.
Suspiciousness	The consumer is untrusting, guarded and/or fearful of the actions/intentions of others to an extent that seems unnecessary and without apparent reason.

3.7.16. SYMPTOMS – COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 7: Psychotic Symptoms</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional comments by the assessor.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left blank/empty)	Data element left empty/blank.
Text	Free form text

3.8. DOMAIN 8: INFORMATION ON CONDITION AND TREATMENT (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has received and understood information about their physical and mental health.
2. To determine if the person has not received or understood all information needed to make informed choices about treatment.
3. To determine if the person has not received information about condition and treatment.

3.8.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 1 in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.
---------------------------	---

	<p>Has the person had clear verbal or written information about condition and treatment?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to information on the consumer's condition and treatment.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports with obtaining information on condition and treatment. For example: 1. Consumer has a good understanding of their illness and its treatment.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need in obtaining information on condition and treatment which is met through supports. For example: 1. Consumer has not received or understood all information.
2 – Unmet Need (Serious Problem)	Consumer has a need in obtaining information on condition and treatment. For example: 1. Consumer has not received any information.
9 – Not Known	Consumer needs for information on condition and treatment is unknown.

3.8.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives in obtaining such information?</p> <p>Intent: To capture how much help the consumer is receiving in obtaining information on his/her condition and treatment for their illness from friends and relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with information on condition and treatment from family or friends.

1 – Low help	Consumer receives some/occasional help with information on condition and treatment. For example: 1. Family helps consumer to understand condition and keep file of pamphlets.
2 – Moderate help	Consumer receives regular help with information on condition and treatment. For example: 1. Peers meet regularly for information purposes.
3 – High help	Consumer receives substantial help with information on condition and treatment. For example: 1. Family attends all consumer appointments as well as family education sessions to reinforce health teaching with Consumer. 2. Friend obtains and organizes all information about Consumer's condition and keeps him/her informed.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.8.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services in obtaining such information?</p> <p>Intent: To capture how much help the consumer is receiving for obtaining information on his/her condition and treatment from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help with information on condition and treatment from local services.
1 – Low help	Consumer receives some/occasional help with information on condition and treatment. For example: 1. Agency provides consumer with pamphlets and video. 2. Psychiatrist provides consumer with information about medications.
2 – Moderate help	Consumer receives regular help with information on condition and treatment. For example: 1. ACT Staff provides consumer with regular health teaching.
3 – High help	Consumer receives substantial help with information on condition and treatment. For example: 1. Consumer receives intensive psycho-educational program. 2. Consumer receives substantial education around relapse prevention.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.8.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services in obtaining such information?</p> <p>Intent: To capture how much help the consumer needs in obtaining information on his/her condition and treatment from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with information on condition and treatment
1 – Low help	<p>Consumer needs some/occasional help with information on condition and treatment. For example:</p> <ol style="list-style-type: none"> 1. HSP needs to provide consumer with pamphlets and video 2. Psychiatrist needs to provide consumer with information about medications
2 – Moderate help	<p>Consumer needs regular help with information on condition and treatment. For example:</p> <ol style="list-style-type: none"> 1. ACT Staff needs to provide consumer with regular health teaching
3 – High help	<p>Consumer needs substantial help with information on condition and treatment. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive intensive psycho-educational program 2. Consumer needs to receive substantial education around relapse prevention
9 – Do not know	Not known if the consumer needs help from local services

3.8.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to information on condition and treatment.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.8.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to information on condition and treatment. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.8.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.8.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.8.9. DIAGNOSTIC CATEGORIES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN and as question 32 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the diagnosis as identified by a qualified diagnosing practitioner or self reported by the consumer.</p> <p>Diagnostic categories have been updated from the <i>Diagnostic and Statistical Manual version 4 (DSM-4)</i> to the current version (<i>DSM-5</i>). For each diagnostic category selected, staff can identify the source.</p> <p>For help in understanding the categories, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, and/or International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).</p>
Status	Mandatory
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Neurodevelopmental Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Schizophrenia Spectrum and Other Psychotic Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Bipolar and Related Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Depressive Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Anxiety Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Obsessive-Compulsive and Related Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Trauma- and Stressor-Related Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).

Dissociative Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Somatic Symptom and Related Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Feeding and Eating Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Elimination Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Sleep-Wake Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Sexual Dysfunctions	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Gender Dysphoria	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Disruptive, Impulse-Control, and Conduct Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Substance-Related and Addictive Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Neurocognitive Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Personality Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Paraphilic Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, <i>and/or</i> a qualified diagnosing practitioner).
Other Mental Disorders	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i>

	International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Medication-Induced Movement Disorders and Other Adverse Effects of Medication	For help in understanding this category, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, <i>and/or</i> International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).
Not Applicable	Consumer does not have a diagnosis.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.8.10. SOURCE OF DIAGNOSIS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN and in question 32 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the diagnosis as identified by a qualified diagnosing practitioner or self-reported by the consumer. This information is collected from a variety of sources, including self-report, and should not be used for diagnosis without being confirmed by a qualified diagnosing practitioner. For help in understanding the categories, please consult a qualified source (Diagnostic and Statistical Manual of Mental Disorders, and/or International Statistical Classification of Diseases and Related Health Problems, and/or a qualified diagnosing practitioner).</p>
Status	Optional
Response Type	Select List (select one)
Data Length	11
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Self-reported	Reported by the consumer
Diagnosing Practitioner	Reported by practitioner authorized to make diagnosis (e.g. physician)
Both	Reported by the client and practitioner authorized to make diagnosis

3.8.11. DO YOU HAVE ANY OF THE FOLLOWING DISABILITIES? (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN and question 33 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture additional information about the consumer's illness(es). "Disability" covers a broad range and degree of conditions, some visible and some not visible. A disability may have been present from birth, caused by an accident, or developed over time.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Status	Mandatory
Response Type	Select List (select all that apply).
Data Length	N/A

Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Chronic Illness	A disease or other health condition that is persistent or long-lasting in nature. The term <i>chronic</i> is usually applied when the course of the disease lasts for more than three months. Common chronic diseases include asthma, cancer, diabetes and HIV/AIDS. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Developmental Disability	(Also known as intellectual disability) refers to lifelong disabilities attributable to mental or physical impairments, manifested prior to age 18. Developmental disabilities can affect one's capacity for independent living, economic self-sufficiency, learning, mobility, use of language, self-care, and self-direction. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Drug or Alcohol Dependence	A person develops a physical or emotional "need" for a drug or for alcohol and is unable to control its use despite the negative impact it has on their life. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Learning Disability	A number of disorders which may affect a person's ability to acquire, organize, remember, understand or use verbal or nonverbal information. Learning disabilities often affect individuals who possess at least average abilities for thinking and/or reasoning. Learning disabilities can affect a person's ability to listen, speak, read, write and/or do math. They can also be associated with difficulties with social and emotional skills and behaviours. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Mental Illness	A significant pattern of changes in thinking, behaviour or emotions that may affect a person's ability to work or function socially. Common disabilities include depression, seasonal affective disorder, and anxiety disorders. A person with a mental health disability may experience reduced stamina, ability to handle stress and/or a lack of concentration, but may find it difficult to express this or even identify the disability. Social conditions such as poverty, income disparities, homelessness and housing instability, income insecurity, racism, sexism, and homophobia negatively impact mental health. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Physical Disability	Impairment which limits the physical function of one or more limbs or fine or gross motor ability. It also includes impairments which limit other facets of daily living, such as respiratory disorders and epilepsy. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Sensory Disability (i.e. hearing or vision loss)	Hearing impairment and visual impairment. Hearing impairment is the category of physical impairment that includes people who are deaf, deafened or hard of hearing. Visual impairment refers to those who suffer from various injuries to their eyes and/or impairments to their eyesight including partial or total blindness.

	<i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
None	Consumer currently does not have a disability.
Other (Please specify)	Consumer reports disability other than the options listed.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.8.12. DO YOU HAVE ANY OF THE FOLLOWING DISABILITIES? – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 8: Information on Condition and Treatment</i> of the Staff Assessment in the Full OCAN and in question 33 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture additional information about the consumer's illness(es) if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.9. DOMAIN 9: PSYCHOLOGICAL DISTRESS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person manages occasional or mild distress.
2. To determine if the person needs and is receiving support to manage distress.
3. To determine if the person is not receiving help for serious psychological distress.

3.9.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person suffer from current psychological distress?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to psychological distress.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN

Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for psychological distress. For example: 1. Consumer has mild distress or occasional anxiety.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need in psychological distress which is met through supports. For example: 1. Person has frequent panic attacks, but receives support from staff of the 24-hour Group Home.
2 – Unmet Need (Serious Problem)	Consumer has a need in psychological distress which requires support. For example: 1. Consumer is distressed and alternates between calling the distress centre nightly & going to the emergency room. 2. Consumer's 12 kg weight loss and insomnia appear to be linked to anxiety.
9 – Not Known	Consumer needs in psychological distress are unknown.

3.9.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives for this distress?</p> <p>Intent: To capture how much help the consumer is receiving for his/her psychological distress from friends and relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from family or friends with psychological distress.
1 – Low help	Consumer receives some/occasional help with psychological distress. For example: 1. Family calls occasionally to check in with consumer. 2. Spiritual leader occasionally drops in to visit consumer.
2 – Moderate help	Consumer receives regular help with psychological distress. For example: 1. Friends regularly discuss coping mechanisms 2. Consumer receives regular supportive phone calls from family
3 – High help	Consumer receives substantial help with psychological distress. For example: 1. Consumer reports meeting with church friends frequently for this purpose. 2. Friends meet frequently to manage stressful feelings.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.9.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services for this distress?</p> <p>Intent: To capture how much help the consumer is receiving for his/her psychological distress from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services for psychological distress.
1 – Low help	<p>Consumer receives some/occasional help with psychological distress. For example:</p> <ol style="list-style-type: none"> 1. Consumer attends "Prevent Panic Group" to increase coping strategies. 2. Consumer is receiving cognitive behavioural therapy occasionally for anxiety.
2 – Moderate help	<p>Consumer receives regular help with psychological distress. For example:</p> <ol style="list-style-type: none"> 1. Consumer is linked to Rape Crisis Centre after disclosure for regular therapy. 2. Consumer regularly attends support group and therapist regarding gender transition.
3 – High help	<p>Consumer receives substantial help with psychological distress. For example:</p> <ol style="list-style-type: none"> 1. Consumer meets with ACT and trauma specialist frequently. 2. Consumer receives ACT services daily to cope with anxiety.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.9.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services for this distress?</p> <p>Intent: To capture how much help the consumer needs for their psychological distress from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)

Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services with psychological distress.
1 – Low help	Consumer needs some/occasional help with psychological distress. For example: 1. Consumer needs to attend "Prevent Panic Group" to increase coping strategies 2. Consumer needs to receive cognitive behavioural therapy occasionally for anxiety.
2 – Moderate help	Consumer needs regular help with psychological distress. For example: 1. Consumer needs to be linked to Rape Crisis Centre after disclosure for regular therapy. 2. Consumer needs to regularly attend support group and therapist regarding gender transition.
3 – High help	Consumer needs substantial help with psychological distress. For example: 1. Consumer needs to meet with ACT and trauma specialist frequently. 2. Consumer needs to receive ACT services daily to cope with anxiety.
9 – Do not know	Not known if the consumer needs help from local services.

3.9.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to psychological distress.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.9.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to psychological distress. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.9.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.9.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 9: Psychological Distress</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.10. DOMAIN 10: SAFETY TO SELF (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has suicidal thoughts or self harm behaviours.
2. To determine if the person needs and is receiving help for suicidal and self harm behaviour.
3. To determine if the person is at risk of serious self harm.

3.10.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 1 in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.
---------------------------	--

	<p>Is the person a danger to him- or herself?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to safety to self.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports to reduce the risk of self-harm. For example: 1. Consumer is not at risk of self-harm.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need to reduce the risk of self-harm which is met through supports. For example: 1. Consumer has occasional thoughts of harming self, accesses crisis line.
2 – Unmet Need (Serious Problem)	Consumer has a need to reduce the risk of self-harm which requires support. For example: 1. Consumer admits to wandering into traffic. 2. Consumer has been hospitalized repeatedly for self mutilation.
9 – Not Known	It is not known if the consumer needs help due to risk of self-harm.

3.10.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>How much help does the person receive from friends or relatives to reduce the risk of self-harm?</p> <p>Intent: To capture how much help the consumer needs to reduce the risk of self-harm. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from family or friends to reduce the risk of self-harm.
1 – Low help	Consumer receives some/occasional help to reduce the risk of self-harm. For example:

	<ol style="list-style-type: none"> 1. Consumer calls friends when feeling unsafe. 2. Consumer calls family members as necessary.
2 – Moderate help	<p>Consumer receives regular help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Family monitor risk of harm regularly. 2. Friends provide emotional support regularly.
3 – High help	<p>Consumer receives substantial help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer calls on family member nightly. 2. Friends rotate in providing company to monitor risk of harm.
9 – Do not know	Consumer needs to reduce the risk of self-harm are unknown.

3.10.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>How much help does the person receive from local services to reduce the risk of self-harm?</p> <p>Intent: To capture how much help the consumer is receiving to reduce the risk of self-harm from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive any help from local services to reduce the risk of self-harm.
1 – Low help	<p>Consumer receives some/occasional help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer has a “Keep Safe Plan” on file with case manager. 2. Consumer calls crisis line when necessary.
2 – Moderate help	<p>Consumer receives regular help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer accesses mobile crisis team regularly. 2. Consumer receives therapy regularly.
3 – High help	<p>Consumer receives substantial help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer receives frequent risk assessment by ACT team. 2. Consumer receives intensive case management to monitor suicidal ideation.
9 – Do not know	Not known if the consumer is receiving help from local service.

3.10.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 3b in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.
---------------------------	---

	<p>How much help does the person need from local services to reduce the risk of self-harm?</p> <p>Intent: To capture how much help the consumer needs from local services to reduce the risk of self-harm.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help from local services to reduce the risk of self-harm.
1 – Low help	<p>Consumer needs some/occasional help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs a "Keep Safe Plan" on file with case manager. 2. Consumer needs to call crisis line when necessary.
2 – Moderate help	<p>Consumer needs regular help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs access to mobile crisis team regularly. 2. Consumer needs to receive therapy regularly.
3 – High help	<p>Consumer needs substantial help to reduce the risk of self-harm. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive frequent risk assessment by ACT team. 2. Consumer needs to receive Intensive Case Management to monitor suicidal ideation.
9 – Do not know	Not known if the consumer needs help from local services.

3.10.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture additional pertinent information related to safety to self.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.10.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p>
---------------------------	---

	Intent: To capture any Action(s) to take place to meet the consumer's needs related to safety to self. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.10.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.10.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.10.9. HAVE YOU ATTEMPTED SUICIDE IN THE PAST? (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.
---------------------------	--

	<p>Intent: To capture whether or not the consumer has attempted suicide in the past.</p> <p>Suicidal thoughts and self-injurious behaviours are not captured here (see data element "Do you currently have suicidal thoughts? below).</p> <p>In most cases Staff will rely upon the consumer's self-reporting of suicide attempts. Staff will also use his/her best judgment along with all available information to qualify the consumer's actions/behaviours.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer has attempted suicide.
No	The consumer has never attempted suicide.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.10.10. DO YOU CURRENTLY HAVE SUICIDAL THOUGHTS? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture whether or not the consumer has recently had (or is having) thoughts of causing themselves very serious harm or attempting suicide.</p> <p>The consumer may be making statements such as "I'm going to kill myself", "I wish I was dead" or "I wish I hadn't been born". The consumer may be getting the means to attempt suicide - such as getting a gun or stockpiling pills and/or the consumer may be preoccupied with death, dying or violence.</p> <p>In most cases Staff will rely upon the consumer's self-reporting of suicidal thoughts. Staff will also use his/her best judgment along with all available information to qualify the consumer's actions/behaviours.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer is presently having thoughts of causing themselves very serious harm or attempting suicide.
No	The consumer presently does not have thoughts of causing themselves very serious harm or attempting suicide.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.10.11. DO YOU HAVE ANY CONCERNS FOR YOUR OWN SAFETY? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture whether or not the consumer has recently had (or is having) concerns about their own safety.</p> <p>Concerns should include those of externally-caused harm, mild to serious intentional self-harm, or concerns about the Consumer's own behaviour that carries a high risk of serious harm. The consumer's thoughts of suicide should not be considered in this data element.</p> <p>To capture suicidal thoughts, please refer to data element "Do you currently have suicidal thoughts?" above.</p> <p>In most cases staff will rely upon the consumer's self-reporting of their safety concerns. Staff will also use his/her best judgment along with all available information to qualify the consumer's actions/behaviours.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Yes	The consumer has recently had (or is having) concerns about his/her own safety.
No	The consumer has not recently had (and does not have) concerns about his/her safety.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.10.12. RISKS (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture significant risks of harm to the consumer.</p> <p>The source of risk to the consumer may be external, due to 'risky' behaviours or attempts/thoughts of self-harm.</p>
Status	Optional
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Abuse/neglect	The consumer is at risk of emotional or physical abuse - from friends, family or those in his/her social/work/school circle - and/or the consumer him/herself are at risk of neglect from his/her caregiver and/or spouse.
Accidental self-harm	The consumer is engaging in behaviour(s) that carry a significant risk of harm – the consumer's behaviours may include extreme sports; walking alone late at night; having unsafe sex, multiple sex partners and/or using dangerous 'recreational' drugs; etc.
Deliberate self-harm	The consumer is at risk of deliberately harming themselves – this may include thoughts/plans of suicide (see above)
Exploitation Risk	The consumer is in a position where he/she may be used unjustly, illegally and/or cruelly for the significant benefit of another person – as an example, the consumer may be working 'under-the-table' without the benefit of labour regulation.
Other	The consumer is at risk of harm from a source or cause not listed above.

3.10.13. RISKS – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 10: Safety to Self</i> of the Staff Assessment in Full OCAN.</p> <p>Intent: To capture a brief summary of sources/causes of significant risk of harm to consumer if not found in the list of options.</p>
Status	<p>Optional</p> <p>If "Other" is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.11. DOMAIN 11: SAFETY TO OTHERS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has a history of violence or threatening behaviour.
2. To determine if the person is at risk of harming others and is getting help.
3. To determine if the person is engaged in behaviour resulting in harm to others.

3.11.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>Is the person a current or potential risk to other people's safety?</p> <p>Intent: To capture the assessor's view on any needs the consumer may have related to safety to others.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need support to manage the risk of harming others. For example:</p> <ol style="list-style-type: none"> 1. Consumer has no history of violence or threatening behaviour.
1 – Met Need (No/Moderate Problem due to help given)	<p>Consumer has a need managing the risk of harming others which is met with support. For example:</p> <ol style="list-style-type: none"> 1. Consumer is at risk of violence and receives intensive support. 2. Consumer accesses crisis bed when thoughts of violence are overwhelming.
2 – Unmet Need (Serious Problem)	<p>Consumer has a need managing the risk of harming others which requires support. For example:</p> <ol style="list-style-type: none"> 1. Consumer has breached probation on assault charges. 2. Consumer is a high risk to family who are now in a shelter. 3. Consumer is a convicted pedophile with constant thoughts.
9 – Not Known	Consumer's need managing the risk of harming others is unknown.

3.11.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives to reduce the risk that he or she might harm someone else?</p> <p>Intent: To capture how much help the consumer needs to reduce the risk of harming others from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	Optional

	Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help to manage the risk of harming others from family or friends.
1 – Low help	Consumer receives some/occasional help to manage the risk of harming others. For example: 1. Consumer occasionally calls family members to talk things out.
2 – Moderate help	Consumer receives regular help to manage the risk of harming others. For example: 1. Consumer's family regularly monitors emotional state. 2. Consumer's friends regularly provide emotional support.
3 – High help	Consumer receives substantial help to manage the risk of harming others. For example: 1. Consumer's friends rotate in providing company to monitor risk of harm to others. 2. Consumer's family frequently monitors emotional state.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives

3.11.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services to reduce the risk that he or she might harm someone else?</p> <p>Intent: To capture how much help the consumer is receiving to reduce the risk of harming others from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help to manage the risk of harming others from local services.
1 – Low help	Consumer receives some/occasional help to manage the risk of harming others. For example: 1. Consumer has monthly appointments with a probation worker. 2. Consumer calls crisis line when necessary.
2 – Moderate help	Consumer receives regular help to manage the risk of harming others. For example:

	<ol style="list-style-type: none"> 1. Consumer accesses mobile crisis team regularly. 2. Consumer has regular appointments with case manager to assist with anger management.
3 – High help	<p>Consumer receives substantial help to manage the risk of harming others. For example:</p> <ol style="list-style-type: none"> 1. Consumer receives frequent risk assessment by ACT team. 2. Consumer receives intensive court diversion support.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.11.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services to reduce the risk that he or she might harm someone else?</p> <p>Intent: To capture how much help the consumer needs from local services to reduce the risk of harming others.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help to manage the risk of harming others from local services
1 – Low help	<p>Consumer needs some/occasional help to manage the risk of harming others. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to have monthly appointments with a probation worker. 2. Consumer needs to call crisis line when necessary
2 – Moderate help	<p>Consumer needs regular help to manage the risk of harming others. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs access to mobile crisis team regularly. 2. Consumer needs to have regular appointments with case manager to assist with anger management.
3 – High help	<p>Consumer needs substantial help to manage the risk of harming others. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive frequent risk assessment by ACT team. 2. Consumer needs to receive intensive court diversion support.
9 – Do not know	Not known if the consumer needs help from local services.

3.11.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to safety to others.</p>
----------------------------------	---

Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.11.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to safety to others. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	500
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.11.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.11.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 11: Safety to Others</i> of the Staff Assessment in the Full OCAN.
---------------------------	--

	Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.12. DOMAIN 12: ALCOHOL (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if drinking is controlled.
2. To determine if the person requires and is receiving help for alcohol use.
3. To determine if current drinking has caused any harmful effects or loss of control of use.

3.12.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person drink excessively, or have a problem controlling his or her drinking?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to alcohol.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports with issues around alcohol. For example:</p> <ol style="list-style-type: none"> 1. Consumer has no problem with controlled drinking.
1 – Met Need (No/Moderate Problem due to help given)	<p>Consumer has a need with issues around alcohol which is met through supports. For example:</p> <ol style="list-style-type: none"> 1. Consumer has been a successful member of AA for 6 months.
2 – Unmet Need (Serious Problem)	<p>Consumer has a need with issues around alcohol which requires support. For example:</p> <ol style="list-style-type: none"> 1. Consumer has been diagnosed with liver disease and is still drinking. 2. Consumer has been hospitalized repeatedly for alcohol poisoning. 3. Consumer's current drinking habits are harmful or uncontrollable.

9 – Not Known	Consumer needs with issues around alcohol are unknown.
---------------	--

3.12.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives for this drinking?</p> <p>Intent: To capture how much help the consumer receives for their alcohol problem from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with issues around alcohol from family or friends.
1 – Low help	<p>Consumer receives some/occasional help with issues around alcohol. For example:</p> <ol style="list-style-type: none"> 1. Consumer's friend provides occasional rides to group therapy. 2. Consumer's family members lend support when asked.
2 – Moderate help	<p>Consumer receives regular help with issues around alcohol. For example:</p> <ol style="list-style-type: none"> 1. Consumer's family regularly monitors access to alcohol. 2. Consumer's friend regularly provides emotional support.
3 – High help	<p>Consumer receives substantial help with issues around alcohol. For example:</p> <ol style="list-style-type: none"> 1. Consumer calls on family member nightly for counselling. 2. Consumer's family manages money and access to alcohol.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.12.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services for this drinking?</p> <p>Intent: To capture how much help the consumer is receiving for their alcohol problem from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A

Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with issues around alcohol from local services.
1 – Low help	Consumer receives some/occasional help with issues around alcohol. For example: 1. Consumer has appointments with harm reduction counsellor when necessary.
2 – Moderate help	Consumer receives regular help with issues around alcohol. For example: 1. Consumer has regular discussions with Case Manager around use and coping strategies. 2. Consumer receives regular therapy at addictions agency.
3 – High help	Consumer receives substantial help with issues around alcohol. For example: 1. Consumer admitted to residential concurrent disorders program. 2. Consumer is receiving daily visits from addictions specialist on ACT.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.12.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services for this drinking?</p> <p>Intent: To capture how much help the consumer needs from local services for their alcohol problem.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with issues around alcohol from local services.
1 – Low help	Consumer needs some/occasional help with issues around alcohol. For example: 1. Consumer needs appointments with harm reduction counsellor when necessary.
2 – Moderate help	Consumer needs regular help with issues around alcohol. For example: 1. Consumer needs regular discussions with Case Manager around use and coping strategies. 2. Consumer needs regular therapy at Addictions agency.
3 – High help	Consumer needs substantial help with issues around alcohol. For example: 1. Consumer needs to be admitted to residential concurrent disorders program.

	2. Consumer needs to receive daily from addictions specialist on ACT.
9 – Do not know	Not known if the consumer needs help from local services.

3.12.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to alcohol.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.12.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to alcohol. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.12.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions

Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.12.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.12.9. HOW OFTEN DO YOU DRINK ALCOHOL? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the frequency of the consumer's consumption of an alcoholic drink.</p> <p>Alcohol refers to alcoholic drinks in all forms including wine and spirits. It may also include forms not meant for gross internal consumption e.g., mouthwash; aftershave; vanilla extract; etc.</p> <p>Staff will enter a number value in the most appropriate category in this data element to represent a notional quantity of alcohol consumed by the consumer.</p> <p>The category selected suggests the frequency of alcohol consumption.</p> <p>For example: If staff put a value of 4 in the category "Drinks monthly" this suggests the consumer has 4 drinks in a month.</p> <p>In most cases staff will rely upon the consumer's self-reporting of their alcohol consumption. Staff will also use his/her best judgment along with all available information to qualify the consumer's actions/behaviours.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	4
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Drinks Daily	Number of alcoholic drinks consumed by the consumer in a single day – If this data element contains number data in the "Drinks Daily" data/category no other category is valid.
Drinks 2-3 times weekly	Number of alcoholic drinks consumed by the consumer in a single session every few days – If this data element contains number data in the "Drinks 2-3 times weekly" category no other data/category is valid.
Drinks once a week	Number of alcoholic drinks consumed by the consumer in a single session every week – If this data element contains number data in the "Drinks once a week" category no other data/category is valid.
Drinks monthly	Number of alcoholic drinks consumed by the consumer in a single session every month – If this data element contains number data in the "Drinks once a month" category no other data/category is valid.

3.12.10. INDICATE THE STAGE OF CHANGE CONSUMER IS AT (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 12: Alcohol</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the Consumer's <i>stage of change</i> as relates to his or her problematic alcohol consumption as indicated in data element "Alcohol" above.</p> <p>In most cases Staff will rely upon the Consumer's self-reporting of their alcohol consumption, attitudes and behaviour. Staff will also use his/her best judgment along with all available information to qualify the Consumer's responses.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Pre-contemplation	The consumer's use of alcohol is an evident source of problems for the consumer and/or his/her dependants – however the consumer does not recognize these problems or their extent – he/she is understood to be in a <i>stage of change</i> generally corresponding to "Pre-contemplative."
Contemplation	The consumer's use of alcohol is an evident source of problems for the consumer and/or his/her dependants – while the consumer intends to change his/her alcohol consumption he/she remains ambivalent – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Contemplative."
Action	The consumer recognizes that his/her use of alcohol is a source of problems for the consumer and/or his/her dependants - the consumer is in the process of making changes in his/her life with the express aim of reducing his his/her alcohol consumption – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Action."
Maintenance	The Consumer's use of alcohol is no longer a source of problems for the consumer and/or his/her dependants - the consumer is making efforts to prevent relapse – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Maintenance."

Relapse Prevention	The Consumer's use of alcohol is no longer a source of problems for the consumer and/or his/her dependants - the consumer has the confidence and resources to avoid relapse – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Relapse Prevention" or "Termination."
--------------------	--

3.13. DOMAIN 13: DRUGS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has a physical or psychological dependency on prescribed, non-prescribed or illegal drugs.
2. To determine if the person is receiving help for physical or psychological dependency on prescribed non-prescribed or illegal drugs.
3. To determine if the person's current physical and/or psychological dependency on prescribed, non-prescribed or illegal drugs seriously impacts their quality of life.

3.13.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have problems with drug misuse?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to drugs.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports with issues around drug misuse. For example: 1. Consumer does not misuse drugs.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need with issues around drug misuse which is met through supports. For example: 1. Consumer is on a supervised Methadone program.
2 – Unmet Need (Serious Problem)	Consumer has a need with issues around drug misuse which requires support. For example: 1. Consumer misuses prescribed, non-prescribed or illegal drugs. 2. Consumer has a serious cocaine addiction that has caused frequent hospitalization.
9 – Not Known	Consumer needs with issues around drug misuse are unknown.

3.13.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 2 in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.
---------------------------	---

	<p>How much help with drug misuse does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer receives for their drug addiction problem from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with issues around drug misuse from family or friends.
1 – Low help	<p>Consumer receives some/occasional help with issues around drug misuse. For example:</p> <ol style="list-style-type: none"> 1. Consumer calls friends who are clean when feeling unsafe. 2. Consumer calls family members as necessary.
2 – Moderate help	<p>Consumer receives regular help with issues around drug misuse. For example:</p> <ol style="list-style-type: none"> 1. Consumer's family provides motivation to stay clean regularly. 2. Consumer's friend provides emotional support regularly.
3 – High help	<p>Consumer receives substantial help with issues around drug misuse. For example:</p> <ol style="list-style-type: none"> 1. Consumer calls on friends daily for support. 2. Consumer's family ensures no available money to buy drugs.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.13.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 13: Drugs of the Staff Assessment</i> in the Full OCAN.</p> <p>How much help with drug misuse does the person receive from local services?</p> <p>Intent: To capture how much help the consumer is receiving for their drug addiction problem from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions

0 – None	Consumer does not receive help with issues around drug misuse from local services.
1 – Low help	Consumer receives some/occasional help with issues around drug misuse. For example: 1. Consumer has appointments with harm reduction counselor when necessary.
2 – Moderate help	Consumer receives regular help with issues around drug misuse. For example: 1. Consumer attends weekly safe needle exchange and counselling. 2. Consumer receives regular therapy at addictions agency.
3 – High help	Consumer receives substantial help with issues around drug misuse. For example: 1. Consumer admitted to residential concurrent disorders program. 2. Consumer is receiving daily visits from addictions specialist on ACT.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.13.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified as question 3b in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OACAN.</p> <p>How much help with drug misuse does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs from local services for their drug addiction problem.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OACAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with issues around drug misuse from local services.
1 – Low help	Consumer needs some/occasional help with issues around drug misuse. For example: 1. Consumer needs appointments with harm reduction counselor when necessary.
2 – Moderate help	Consumer needs regular help with issues around drug misuse. For example: 1. Consumer needs to attend weekly safe needle exchange and counselling. 2. Consumer needs to receive regular therapy at addictions agency.
3 – High help	Consumer needs substantial help with issues around drug misuse. For example: 1. Consumer needs to be admitted to residential concurrent disorders program. 2. Consumer needs to receive daily visits from Addictions Specialist on ACT.

9 – Do not know	Not known if the consumer needs help from local services.
-----------------	---

3.13.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to drugs.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.13.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to drugs. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.13.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text
------	----------------

3.13.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.13.9. WHICH OF THE FOLLOWING DRUGS HAVE YOU USED? (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: Lists the types of drugs and/or substances that may be used by the consumer – the Consumer's use of any listed drug/substance is identified in the data element below "Drug used in the past 6 months/ever".</p> <p>Drugs in this data element refer to any non-prescribed substance (other than alcohol – see Domain 12) that is used by the consumer for the purpose of altering his/her mental/emotional state.</p> <p>This data element can also be used to record prescribed medication if intentionally used in excess of the prescribed amount.</p> <p>Drugs might also include medicine that would otherwise be available with a prescription as well as those that are typically sourced 'over the counter'.</p> <p>In most cases Staff will rely upon the Consumer's own disclosure to determine drug use. Staff will also use his/her best judgment along with all available information to qualify the Consumer's responses.</p> <p>For simplicity, the category definitions below are written in the present tense but should be understood to describe use at some time in the past as well.</p>
Status	Optional
Response Type	Select list (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions

Null (left empty/blank)	Data element left empty/blank.
Marijuana	The consumer uses marijuana (i.e., cannabis; bhang; keif; hashish; etc.). The use of medical (prescribed) marijuana should be captured in Domain 6 "Medication" (see above).
Cocaine (crack)	The consumer smokes, inhales or injects cocaine.
Hallucinogens (e.g. LSD, PCP)	The consumer uses drugs such as LSD; PCP; Mescaline; "magic mushrooms"; nitrous oxide; and/or other substances that induce qualitatively different experiences of consciousness – changing the way the consumer hears, tastes, smells or feels – such substances may also be broadly called "psychedelic" or "dissociative".
Stimulants (e.g. Amphetamines)	The consumer uses stimulant drugs such as Ecstasy, Ritalin, and/or Methamphetamine ("Meth") – drugs that cause alertness, euphoria, increased motor performance and energy - Cocaine is also considered a stimulant but its use should be recorded in the category "Cocaine (crack)" above.
Opiates (e.g. Heroin)	The consumer uses opiate drugs such as Heroin and/or morphine - drugs that produce pain relief, sleepiness and euphoria. Some Opiates are also available by prescription and over-the-counter such as Valium, Codeine, Percocet (oxycodone) and Demerol – these should be recorded in "Sedatives" and "Over-the-counter" below.
Sedatives (not prescribed or not taken as prescribed e.g. Valium)	The consumer uses sedative drugs that would otherwise be taken with a prescription such as Valium, Codeine, Percocet (oxycodone) and Demerol
Over-the-counter	The consumer uses drugs that are typically available 'over the counter' such as Codeine; cough syrup and Dramamine.
Solvents	The consumer intentionally inhales products that contain solvents such as cleaning fluids, spray paints, gasoline, rubber glue, hairspray, paint thinners and nail polish remover.
Other	The consumer uses a drug, a class of drug or a substance that is not listed in the categories above.

3.13.10. DRUG USED IN THE PAST 6 MONTHS/EVER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the consumer's use of a drug/substance at any time and/or within the last 6 months.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Past 6 months	Consumer has used the associated drug/substance in the past 6 months - not valid if the same category does not also contain "Ever".
Ever	Consumer has used the associated drug/substance in the past.

3.13.11. HAS THE SUBSTANCE BEEN INJECTED? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture if the consumer has injected any drug/substance at any time and/or within the last 6 months.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Past 6 months	<p>Consumer has injected a drug/substance identified in this domain within the past 6 months.</p> <p>Not valid if there were no selected drugs in the "Past 6 months" category and there were no select drugs in the "Ever" category.</p>
Ever	Consumer has injected a drug/substance identified in this domain at sometime in the past.

3.13.12. INDICATE THE STAGE OF CHANGE CONSUMER IS AT (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 13: Drugs</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the Consumer's <i>stage of change</i> as relates to his or her problematic drug/substance use as indicated in data element "Drugs" above.</p> <p>In most cases Staff will rely upon the consumer's self-reporting of their drug/substance use, attitudes and behaviour. Staff will also use his/her best judgment along with all available information to qualify the Consumer's responses.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Pre-contemplation	The Consumer's use of drugs/substances is an evident source of problems for the consumer and/or his/her dependants – however the consumer does not recognize these problems or their extent – he/she is understood to be in a <i>stage of change</i> generally corresponding to "Pre-contemplative".
Contemplation	The Consumer's use of drugs/substances is an evident source of problems for the consumer and/or his/her dependants – while the consumer intends to change his/her drug/substance use he/she remains ambivalent – the

	consumer is understood to be in a <i>stage of change</i> generally corresponding to "Contemplative".
Action	The consumer recognizes that his/her use of drugs/substances is a source of problems for the consumer and/or his/her dependants - the consumer is in the process of making changes in his/her life with the express aim of reducing his his/her drug/substance use – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Action".
Maintenance	The Consumer's use of drugs/substances is no longer a source of problems for the consumer and/or his/her dependants - the consumer is making efforts to prevent relapse – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Maintenance".
Relapse Prevention	The Consumer's use of drugs/substances is no longer a source of problems for the consumer and/or his/her dependants - the consumer has the confidence and resources to avoid relapse – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Relapse Prevention" or "Termination".

3.14. DOMAIN 14: OTHER ADDICTIONS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has a problem with behavioural addictions such as gambling, porn and/or sex.
2. To determine if the person needs and is receiving help for behavioural addictions.
3. To determine if the person's behavioural addictions seriously impact their quality of life.

3.14.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have problems with addictions?</p> <p>Intent: To capture the staff's view on any need the consumer may have related to other addictions.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports with addiction issues. For example: 1. Consumer has no other addictions.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need with addiction issues which is met through supports. For example: 1. Consumer has gambling addiction and uses support group to deal with problem.
2 – Unmet Need (Serious Problem)	Consumer has a need with addiction issues which requires support. For example:

	<ol style="list-style-type: none"> 1. Consumer unable to stop using internet porn sites and has lost job and wife. 2. Consumer is presently charged with shop lifting and is at high risk of being jailed again.
9 – Not Known	Consumer needs with addiction issues are unknown.

3.14.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with addictions does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer receives for other addictions they have from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with addiction issues from family or friends.
1 – Low help	<p>Consumer receives some/occasional help with addiction issues. For example:</p> <ol style="list-style-type: none"> 1. Consumer calls friends when feeling unsafe. 2. Consumer calls family members as necessary.
2 – Moderate help	<p>Consumer receives regular help with addiction issues. For example:</p> <ol style="list-style-type: none"> 1. Consumer's family monitors activities and access to the internet regularly. 2. Consumer's friends provide rides to support group regularly.
3 – High help	<p>Consumer receives substantial help with addiction issues. For example:</p> <ol style="list-style-type: none"> 1. Consumer calls on family member nightly for support. 2. Consumer's family paying for treatment.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.14.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with addictions does the person receive from local services?</p> <p>Intent: To capture how much help the consumer is receiving for other addictions they have from local services. Help received from local services is referred to as formal help.</p>
Status	Optional

	Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with issues around other addictions from local services.
1 – Low help	Consumer receives some/occasional help with addiction issues, for example: <ol style="list-style-type: none"> 1. Consumer occasionally meets with case manager to manage compulsions. 2. Consumer calls crisis line when necessary.
2 – Moderate help	Consumer receives regular help with addiction issues, for example: <ol style="list-style-type: none"> 1. Consumer accesses Mobile Crisis Team regularly. 2. Consumer attends individual and group therapy regularly.
3 – High help	Consumer receives substantial help with addiction issues, for example: <ol style="list-style-type: none"> 1. Consumer receives daily monitoring by ACT team to reduce behaviours and increase coping. 2. Consumer admitted to residential treatment home.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.14.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with addictions does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs from local services for other addictions.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with addiction issues from local services.
1 – Low help	Consumer needs some/occasional help with addiction issues. For example: <ol style="list-style-type: none"> 1. Consumer occasionally needs to meet with case manager to manage compulsions. 2. Consumer needs to call crisis line when necessary.
2 – Moderate help	Consumer needs regular help with addiction issues. For example: <ol style="list-style-type: none"> 1. Consumer needs access to mobile crisis team regularly. 2. Consumer needs to attend individual and group therapy regularly.

3 – High help	Consumer needs substantial help with addiction issues. For example: 1. Consumer needs to receive daily monitoring by ACT team to reduce behaviours and increase coping. 2. Consumer needs to be admitted to a residential treatment home.
9 – Do not know	Not known if the consumer needs help from local services.

3.14.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to other addictions.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.14.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's need related to other addictions. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.14.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128

Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.14.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.14.9. TYPE OF ADDICTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the nature of the consumer's addictions other than alcohol and drugs/substances as indicated in Domains 12 and 13 above.</p> <p>An addiction is evident in the repeated behaviour of the consumer due to his/her unusual tolerance for and dependency on something that is psychologically or physically habit-forming (e.g. alcohol or narcotic drugs). In addition, the Consumer's repeated behaviour has (or seriously risks) a significant negative impact to the consumer and/or his/her dependants, family, friends or co-workers.</p> <p>In most cases Staff will rely upon the Consumer's own perceptions to determine if the consumer has any additional addictions. Staff will also use his/her best judgment along with all available information to qualify the Consumer's responses.</p> <p>Staff should indicate in the comments which addiction the stage of change is related to.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter "Do not know" rather than leaving the field blank.</p>
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Gambling	The consumer displays an addiction to betting on sports or social outcomes or betting on games of chance.
Nicotine	The consumer uses tobacco on a regular basis.
Other	The consumer displays addictions to things other than alcohol and/or drugs (see above), gambling or nicotine.

3.14.10. TYPE OF ADDICTION – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Indicated as a component of data element “Other Addictions” above.</p> <p>Intent: To capture a brief summary of the Consumer’s other addiction(s) if not found in the list of options.</p>
Status	<p>Optional</p> <p>If “Other” is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.14.11. INDICATE THE STAGE OF CHANGE CONSUMER IS AT (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 14: Other Addictions</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the Consumer’s <i>stage of change</i> as relates to his/her problematic “other addiction” as indicated in data element “Other Addictions” above.</p> <p>In most cases Staff will rely upon the Consumer’s self-reporting of their drug/substance use, attitudes and behaviour. Staff will also use his/her best judgment along with all available information to qualify the Consumer’s responses.</p>
Status	<p>Optional</p> <p>Important: While technically optional, staff should enter “Do not know” rather than leaving the field blank.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions

Null (left empty/blank)	Data element left empty/blank.
Pre-contemplation	The Consumer's other addiction is an evident source of problems for the consumer and/or his/her dependants – however the consumer does not recognize these problems or their extent – he/she is understood to be in a <i>stage of change</i> generally corresponding to "Pre-contemplative."
Contemplation	The Consumer's other addiction is an evident source of problems for the consumer and/or his/her dependants – while the consumer intends to address his/her other addiction he/she remains ambivalent – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Contemplative".
Action	The consumer recognizes that his/her other addiction is a source of problems for the consumer and/or his/her dependants - the consumer is in the process of making changes in his/her life with the express aim of addressing his his/her other addiction – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Action".
Maintenance	The Consumer's other addiction is no longer a source of problems for the consumer and/or his/her dependants - the consumer is making efforts to prevent relapse – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Maintenance".
Relapse Prevention	The Consumer's other addiction is no longer a source of problems for the consumer and/or his/her dependants - the consumer has the confidence and resources to avoid relapse – the consumer is understood to be in a <i>stage of change</i> generally corresponding to "Relapse Prevention" or "Termination".

3.15. DOMAIN 15: COMPANY (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to organize social/friend/family contact.
2. To determine if the person needs and receives help/support in organizing social contact.
3. To determine if the person feels lonely and isolated.

3.15.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 15: Company</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person need help with social contact?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to company. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports for social contact. For example:</p> <ol style="list-style-type: none"> 1. Consumer is able to organize social contact.

1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need for social contact which is met through supports. For example: 1. Consumer accesses social contacts through peer group and arranged social activities.
2 – Unmet Need (Serious Problem)	Consumer has a need for social contact which requires support. For example: 1. Consumer is isolated at home with no social contacts.
9 – Not Known	Consumer needs for social contact are unknown.

3.15.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 15: Company</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with social contact does the person receive from friends or relatives?</p> <p>Intent: To capture how much social help the consumer receives from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with social contact from family or friends.
1 – Low help	Consumer receives some/occasional help with social contact. For example: 1. Consumer occasionally calls friends when wanting company 2. Consumer calls family members as necessary.
2 – Moderate help	Consumer receives regular help with social contact, For example: 1. Consumer participates in weekend gatherings with family members 2. Consumer regularly attends social club activities.
3 – High help	Consumer receives substantial help with social contact, For example: 1. Consumer has contact with family members several times per day 2. Friends invite consumer over or drop by daily.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.15.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 15: Company</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services in organizing social contact?</p> <p>Intent: To capture how much social help the consumer is receiving from local services. Help received from local services is referred to as formal help.</p>
Status	Optional

	Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with social contact from local services.
1 – Low help	Consumer receives some/occasional help with social contact. For example: 1. Consumer attends recreational program as wanted. 2. Consumer invited to any social activities sponsored by local services.
2 – Moderate help	Consumer receives regular help with social contact. For example: 1. Consumer regularly attends a social rehabilitation program. 2. Consumer regularly helps to coach hockey teams with case manager's encouragement.
3 – High help	Consumer receives substantial help with social contact. For example: 1. Consumer receives intensive case manager services to bring out social contacts.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.15.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 15: Company</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services in organizing social contact?</p> <p>Intent: To capture how much social help the consumer needs from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with social contact from local services.
1 – Low help	Consumer needs some/occasional help with social contact. For example: 1. Consumer needs to attend recreational program as wanted. 2. Consumer needs to be invited to any social activities sponsored by local services.
2 – Moderate help	Consumer needs regular help with social contact. For example: 1. Consumer regularly needs to attend a social rehabilitation program. 2. Consumer regularly needs help to coach hockey teams with case manager's encouragement.
3 – High help	Consumer needs substantial help with social contact. For example: 1. Consumer needs to receive intensive case manager services to bring out social contacts.

9 – Do not know	Not known if the consumer needs help from local services.
-----------------	---

3.15.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 15: Company of the Staff Assessment</i> in the Full OCAN. Intent: To capture additional pertinent information related to company.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.15.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 15: Company of the Staff Assessment</i> in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to company. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.15.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 15: Company of the Staff Assessment</i> in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.

Text	Free form text
------	----------------

3.15.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 15: Company of the Staff Assessment</i> in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.16. DOMAIN 16: INTIMATE RELATIONSHIPS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person maintains close relationships.
2. To determine if the person needs and receives help for issues around close relationships.
3. To determine if the person is at risk in current relationship or identifies a need for a close relationship.

3.16.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have any difficulty in finding a partner or in maintaining a close relationship?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to intimate relationships.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports with intimate relationships. For example:</p> <p>1. Consumer has satisfactory relationships with family and/or partner.</p>
1 – Met Need (No/Moderate Problem due to help given)	<p>Consumer has a need with intimate relationships which is met through supports. For example:</p> <p>2. Consumer identifies problems in partnership with help from therapist.</p>

2 – Unmet Need (Serious Problem)	Consumer has a need with intimate relationships which requires support. For example: 1. Consumer experiences violence in relationship. 2. Consumer has no intimate relationship which causes feelings of loneliness.
9 – Not Known	Consumer needs with intimate relationships are unknown.

3.16.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified as question 2 in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OACAN.</p> <p>How much help with forming and maintaining close relationships does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer receives with maintaining intimate relationships from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at “1” or “2”.
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OACAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help forming and maintaining intimate relationship from family or friends.
1 – Low help	Consumer receives some/occasional help with forming and maintaining intimate relationship. For example: 1. Consumer receives some occasional help from family to problem solve relationship issues.
2 – Moderate help	Consumer receives regular help with forming and maintaining intimate relationships. For example: 1. Person receives regular assistance from friends in setting boundaries with others. 2. Consumer participates in regular social activities with best friend.
3 – High help	Consumer receives substantial help with forming and maintaining intimate relationships. For example: 1. Pastor provides frequent relationship counselling.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.16.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified as question 3a in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OACAN.</p> <p>How much help with forming and maintaining close relationships does the person receive from local services?</p>
-----------------------------------	---

	Intent: To capture how much help the consumer receives with maintaining intimate relationships from local services. Help received from local services is referred to as formal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help forming and maintaining intimate relationship from local services.
1 – Low help	Consumer receives some/occasional help with forming and maintaining intimate relationships. For example: 1. Consumer attends agency sponsored social events to meet new people.
2 – Moderate help	Consumer receives regular help with forming and maintaining intimate relationships. For example: 1. Consumer attends anger management therapy and social skills counselling regularly.
3 – High help	Consumer receives substantial help with forming and maintaining intimate relationships. For example: 1. Consumer receives substantial help in developing and implementing a plan to promote healthy relationships.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.16.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with forming and maintaining close relationships does the person need from local services in organizing social contact?</p> <p>Intent: To capture how much help the consumer needs with maintaining intimate relationships from local services.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help forming and maintaining intimate relationship from local services.
1 – Low help	Consumer needs some/occasional help with forming and maintaining intimate relationships. For example:

	1. Consumer needs to attend agency sponsored social events to meet new people.
2 – Moderate help	Consumer needs regular help with forming and maintaining intimate relationships. For example: 1. Consumer needs to attend anger management therapy and social skills counselling regularly.
3 – High help	Consumer needs substantial help with forming and maintaining intimate relationships. For example: 1. Consumer needs to receive substantial help in developing and implementing a plan to promote healthy relationships.
9 – Do not know	Not known if the consumer needs help from local services.

3.16.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to intimate relationships.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.16.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to intimate relationships. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.16.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OCAN.
---------------------------	--

	Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.16.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 16: Intimate Relationships</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.17. DOMAIN 17: SEXUAL EXPRESSION (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is satisfied with his/her sexual expression.
2. To determine if the person needs and receives help with issues related to sexual expression.
3. To determine if the person has serious sexual difficulty or engages in risky sexual behaviours.

3.17.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have problems with his or her sex life?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to sexual expression.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)

Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports with sexual expression. For example: 1. Consumer is satisfied with current sexual expression.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need with sexual expression which is met through supports. For example: 1. Consumer receives health teaching about erectile dysfunction. 2. Consumer and partner in counselling regarding communication, intimacy and sexuality.
2 – Unmet Need (Serious Problem)	Consumer has a need with sexual expression which requires support. For example: 1. Consumer engages in high-risk sexual behaviours.
9 – Not Known	Consumer needs for sexual expression are unknown.

3.17.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with problems in his or her sex life does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer receives for a better sex life from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with sexual expression from family or friends.
1 – Low help	Consumer receives some/occasional help with sexual expression. For example: 1. Consumer linked to community health clinic by a friend. 2. Consumer occasionally talks with family member about his sexual frustration.
2 – Moderate help	Consumer receives regular help with sexual expression. For example: 1. Consumer's partner attended several appointments to investigate causes of erectile dysfunction.
3 – High help	Consumer receives substantial help with sexual expression. For example: 1. Family paying for sex therapist.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.17.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with problems in his or her sex life does the person receive from local services?</p> <p>Intent: To capture how much help the consumer receives for a better sex life from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with sexual expression from local services.
1 – Low help	<p>Consumer receives some/occasional help with sexual expression. For example:</p> <ol style="list-style-type: none"> 1. Consumer occasionally visits psychiatrist to discuss side effects and alternative medications.
2 – Moderate help	<p>Consumer receives regular help with sexual expression. For example:</p> <ol style="list-style-type: none"> 1. Consumer regularly attends health teaching provided by agency. 2. Consumer regularly attends marital counselling regarding sexual issues in relationship.
3 – High help	<p>Consumer receives substantial help with sexual expression. For example:</p> <ol style="list-style-type: none"> 1. Consumer receives daily monitoring around impulse control associated with psychosis. 2. Consumer receiving daily monitoring around use of Depo Provera medication in order to reduce sexual urges.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.17.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with problems in his or her sex life does the person need from local services in organizing social contact?</p> <p>Intent: To capture how much help the consumer needs for a better sex life from local services.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with sexual expression from local services.
1 – Low help	Consumer needs some/occasional help with sexual expression. For example: 1. Consumer occasionally needs to visit psychiatrist to discuss side effects and alternative medications.
2 – Moderate help	Consumer needs regular help with sexual expression. For example: 1. Consumer regularly needs to attend health teaching provided by agency. 2. Consumer regularly needs to attend marital counselling regarding sexual issues in relationship.
3 – High help	Consumer needs substantial help with sexual expression. For example: 1. Consumer needs to receive daily monitoring around impulse control associated with psychosis. 2. Consumer needs to receive daily monitoring around use of Depo Provera medication in order to reduce sexual urges.
9 – Do not know	Not known if the consumer needs help from local services.

3.17.5. COMMENTS (STAFF ASSESSMENT)

OACAN Reference and Intent	OACAN Reference: Identified in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OACAN. Intent: To capture additional pertinent information related to sexual expression.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OACAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.17.6. ACTION(S) (STAFF ASSESSMENT)

OACAN Reference and Intent	OACAN Reference: Identified in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OACAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to sexual expression. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OACAN
Included in Self-Assessment	No
Valid Categories	Definitions

Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.17.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.17.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.17.9. WHAT IS YOUR SEXUAL ORIENTATION? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN and as question 14 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's sexual orientation. "Sexual orientation" is a term for the emotional, physical, romantic, sexual and spiritual attraction, desire or affection for another person. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A

Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Bisexual	A person who is attracted to both men and women. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Gay	A person who is mainly attracted to those of the same gender. This term is used by both men and women although many women prefer to be referred to as lesbian. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Heterosexual	A person who is primarily attracted to members of the opposite gender. Heterosexual people are often referred to as “straight.” <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Lesbian	A woman who is primarily or exclusively attracted to other women. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Queer	Formerly a term of disrespect, “queer” has been used recently by those who generally reject traditional sexual orientations and/or who find sexual identities such as gay, straight, lesbian or bisexual too restrictive. The term “queer” is often used by those who feel that mainstream culture is oppressive to those who reject heterosexual norms. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Two-Spirit	Traditionally in Aboriginal cultures, this person was one who had received a gift from the Creator – the privilege of housing both male and female characteristics within their spirit. Today, it is a generic term used mostly by some First Nations and Métis people to describe, from a cultural perspective, people who are known in non-Aboriginal society as either gay, lesbian, bisexual, intersex or trans. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i>
Other	Consumer reports sexual orientation other than the options listed.
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.17.10. WHAT IS YOUR SEXUAL ORIENTATION? – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 17: Sexual Expression</i> of the Staff Assessment in the Full OCAN and in question 14 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's sexual orientation if not found in the list of options.</p>
Status	<p>Optional</p> <p>If “Other” is selected, provide specific information using the free text field.</p>
Response Type	Text
Data Length	256

Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.18. DOMAIN 18: CHILD CARE

The intent of asking about this domain is:

1. To determine if the person is able to parent their children.
2. To determine if the person needs and receives help parenting their children.
3. To determine if the person is having serious difficulties parenting their children.

3.18.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have difficulty looking after his or her children?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to child care.</p> <p>The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff may ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports with child care. For example: 1. Consumer has no children under age 18 or no problem with looking after children.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need with child care which is met through supports. For example: 1. Consumer has difficulties with parenting and receives help.
2 – Unmet Need (Serious Problem)	Consumer has a need with child care which requires support. For example: 1. Children identified as at risk and supervised by Children's Aid Society. 2. Consumer currently unable to care for children.
9 – Not Known	Consumer needs with child care are unknown.

3.18.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after the children does the person receive from friends or relatives?</p>
---------------------------	--

	Intent: To capture how much help the consumer receives with looking after their children from friends or relatives. Help received from friends or relatives is referred to as informal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with child care from family or friends.
1 – Low help	Consumer receives some/occasional help with child care, For example: 1. Consumer attends "parents without partners" support group occasionally. 2. Family provides occasional child care.
2 – Moderate help	Consumer receives regular help with child care. For example: 1. Consumer receives parenting instruction, childcare and emotional support from family on a regular basis. 2. Friends regularly provide care for children.
3 – High help	Consumer receives substantial help with child care. For example: 1. Consumer lives with family who provide daily childcare.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.18.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after the children does the person receive from local services?</p> <p>Intent: To capture how much help the consumer receives with looking after their children from local services. Help received from local services is referred to as formal help.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with child care from local services.
1 – Low help	Consumer receives some/occasional help with child care. For example: 1. Consumer receives occasional health care for both herself and child 2. Staff links mom and child to community centre.
2 – Moderate help	Consumer receives regular help with child care. For example: 1. Consumer receives subsidized day care to support vocational needs.
3 – High help	Consumer receives substantial help with child care. For example:

	<ol style="list-style-type: none"> 1. Consumer receives frequent ACT in-home visits to monitor parenting skills. 2. Consumer receives frequent counselling related to plans to regain custody of children.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.18.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after the children does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs from local services with looking after their children.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with child care from local services.
1 – Low help	<p>Consumer needs some/occasional help with child care. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive occasional health care for both herself and child. 2. Staff needs to link mom and child to community centre.
2 – Moderate help	<p>Consumer needs regular help with child care. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive subsidized day care to support vocational needs.
3 – High help	<p>Consumer needs substantial help with child care. For example:</p> <ol style="list-style-type: none"> 1. Consumer needs to receive frequent ACT in-home visits to monitor parenting skills. 2. Consumer needs to receive frequent counselling related to plans to regain custody of children.
9 – Do not know	Not known if the consumer needs help from local services.

3.18.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to child care.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.18.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to child care. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.18.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.18.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 18: Child Care</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.19. DOMAIN 19: OTHER DEPENDENTS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to look after other dependents such as a loved one, a neighbour or a pet.
2. To determine if the person needs and receives help looking after other dependents.
3. To determine if the person is having serious difficulty looking after dependents.

3.19.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified as question 1 in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OACAN.</p> <p>Does the person have difficulty looking after other dependents?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to other dependents. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OACAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports with care for other dependents. For example:</p> <ol style="list-style-type: none"> 1. Consumer has no dependents or has no problem caring for dependents.
1 – Met Need (No/Moderate Problem due to help given)	<p>Consumer has a need with care for other dependents which is met through supports. For example:</p> <ol style="list-style-type: none"> 1. Consumer has difficulties coping with ill parent and receives support.
2 – Unmet Need (Serious Problem)	<p>Consumer has a need with care for other dependents which requires support. For example:</p> <ol style="list-style-type: none"> 1. Consumer currently unable to care for dependent.
9 – Not Known	Consumer needs with care for other dependents are unknown.

3.19.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OACAN Reference and Intent	<p>OACAN Reference: Identified as question 2 in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OACAN.</p> <p>How much help with looking after other dependants does the person receive from friends or relatives?</p>
-----------------------------------	---

	Intent: To capture how much help the consumer receives with looking after their dependents from friends or relatives. Help received from friends or relatives is referred to as informal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with care for other dependents from family or friends.
1 – Low help	Consumer receives some/occasional help with care for other dependents. For example: 1. Consumer's friends occasionally provide care for dependent.
2 – Moderate help	Consumer receives regular help with care for other dependents. For example: 1. Consumer's family regularly provides care for dependents.
3 – High help	Consumer receives substantial help with care for other dependent. For example: 1. Consumer lives with family who provides daily care for dependents.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.19.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 3a in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OCAN. How much help with looking after other dependents does the person receive from local services? Intent: To capture how much help the consumer receives with looking after their dependents from local services. Help received from local services is referred to as formal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with care for other dependents from local services
1 – Low help	Consumer receives some/occasional help with care for other dependents. For example: 1. Staff links consumer to support group.
2 – Moderate help	Consumer receives regular help with care for other dependents. For example:

	1. Consumer receives subsidized respite care to support vocational needs.
3 – High help	Consumer receives substantial help with care for other dependents. For example: 1. Consumer receives frequent ACT in-home visits to monitor coping.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.19.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with looking after other dependents does the person need from local services?</p> <p>Intent: To capture how much help the consumer needs from local services with looking after their dependents.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at “1” or “2”.
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help to care for other dependents from local services.
1 – Low help	Consumer needs some/occasional help to care for dependents. For example: 1. Staff needs to link consumer to support group.
2 – Moderate help	Consumer needs regular help to care for other dependents. For example: 1. Consumer needs to receive subsidized respite care to support vocational needs.
3 – High help	Consumer needs substantial help to care for other dependents. For example: 1. Consumer needs to receive frequent ACTT in-home visits to monitor coping.
9 – Do not know	Not known if the consumer needs help from local services.

3.19.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture additional pertinent information related to other dependents.</p>
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN

Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.19.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to other dependents. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.19.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.19.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 19: Other Dependents</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11

Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.20. DOMAIN 20: BASIC EDUCATION (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to read, write and understand English/French forms.
2. To determine if the person needs and receives help from others to read, write and understand English/French forms.
3. To determine if the person has serious difficulty reading, writing and understanding English/French forms.

3.20.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person lack basic skills in numeracy and literacy?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to basic education. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports for basic education. For example: 1. Consumer reads, writes and understands English/French forms.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need for basic education which is met through supports. For example: 1. Consumer receives help to pay all bills and read all correspondence.
2 – Unmet Need (Serious Problem)	Consumer has a need for basic education which requires support. For example: 1. Consumer has difficulty with reading, writing and understanding English/French forms.
9 – Not Known	Consumer needs for basic education are unknown.

3.20.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with numeracy and literacy does the person receive from friends or relatives?</p>
---------------------------	--

	Intent: To capture how much help the consumer receives with basic education from friends or relatives. Help received from friends or relatives is referred to as informal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with numeracy and literacy from family or friends.
1 – Low help	Consumer receives some/occasional help with numeracy and literacy. For example: 1. Consumer receives occasional help from friend to learn to read. 2. Consumer is referred to literacy group by family.
2 – Moderate help	Consumer receives regular help with numeracy and literacy. For example: 1. Consumer regularly receives bill payment and banking assistance from family.
3 – High help	Consumer receives substantial help with numeracy and literacy. For example: 1. Consumer's partner takes care of all matters requiring these skills.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.20.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 3a in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN. How much help with numeracy and literacy does the person receive from local services? Intent: To capture how much help the consumer receives with basic education from local services. Help received from local services is referred to as formal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with numeracy and literacy from local services.
1 – Low help	Consumer receives some/occasional help with numeracy and literacy. For example: 1. Staff arranged for volunteer to provide some occasional assistance and training.

2 – Moderate help	Consumer receives regular help with numeracy and literacy. For example: 1. Staff regularly provides help around paying bills, shopping and banking.
3 – High help	Consumer receives substantial help with numeracy and literacy. For example: 1. Frequent encouragement and assistance from Case Manager for consumer to attend educational upgrading. 2. Consumer attends daily English as a second language training at local community college.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.20.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with numeracy and literacy does the person need from local services in organizing social contact?</p> <p>Intent: To capture how much help the consumer needs from local services with basic education.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with numeracy and literacy from family or friends
1 – Low help	Consumer needs some/occasional help with numeracy and literacy. For example: 1. Staff needs to arrange for volunteer to provide some occasional assistance and training.
2 – Moderate help	Consumer needs regular help with numeracy and literacy. For example: 1. Staff regularly needs to provide around paying bills, shopping and banking.
3 – High help	Consumer needs substantial help needed with numeracy and literacy. For example: 1. Frequent encouragement and assistance needed from Case Manager for consumer to attend educational upgrading 2. Consumer needs to attend daily English as a second language training at local community college.
9 – Do not know	Not known if the consumer needs help from local services.

3.20.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.
---------------------------	---

	Intent: To capture additional pertinent information related to basic education.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.20.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture any Action(s) to take place to meet the consumer's needs related to basic education. These tasks can be assigned to the staff, consumer and/or any third party.</p>
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.20.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.20.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN.
---------------------------	---

	Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.20.9. WHAT IS YOUR HIGHEST LEVEL OF EDUCATION? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 20: Basic Education</i> of the Staff Assessment in the Full OCAN and as question 34 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the highest education level attained by the consumer at the time of the current OCAN. (http://www.statcan.gc.ca)</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
No Formal Schooling	Consumer has no formal education or training. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
Some Elementary / Junior High School	Consumer has completed some primary grades prior to high school. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
Elementary / Junior High School	Consumer has completed primary grades prior to high school. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
Some Secondary / High School	Consumer has completed some high school training without graduation. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
Secondary / High School	Consumer has completed high school diploma or certificate. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
Some College / University	Consumer has non-university or university training without completion. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
College / University	Consumer has completed university or college training with a degree. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.21. DOMAIN 21: COMMUNICATION (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to access or use the phone or computer.

2. To determine if the person needs and receives help with accessing or using the phone or computer.
3. To determine if the person has serious difficulties accessing or using a phone or computer.

3.21.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have any difficulty in getting access to or using a telephone?</p> <p><i>Although questions 1, 2, 3a and 3b refer to the access or use of the telephone only, include access or use of a computer when determining the need and help ratings. This will be updated in the next version of OCAN.</i></p> <p>Intent: To capture the staff's view on any needs the consumer may have related to accessing or using a phone or computer. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports with accessing or using a phone or computer. For example:</p> <ol style="list-style-type: none"> 1. Consumer can easily manage accessing or using a phone or computer.
1 – Met Need (No/Moderate Problem due to help given)	<p>Consumer has a need with accessing or using a phone or computer which is met through supports. For example:</p> <ol style="list-style-type: none"> 1. Consumer has to request access to or use of a phone or computer.
2 – Unmet Need (Serious Problem)	<p>Consumer has a need with accessing or using a phone or computer which requires support. For example:</p> <ol style="list-style-type: none"> 1. Consumer has no access or use of a phone or computer.
9 – Not Known	Consumer's needs with accessing or using a phone or computer are unknown.

3.21.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives to make telephone calls?</p> <p><i>Although questions 1, 2, 3a and 3b refer to the access or use of the telephone only, include access or use of a computer when determining the need and help ratings. This will be updated in the next version of OCAN.</i></p>
---------------------------	--

	Intent: To capture how much help the consumer receives with accessing or using a phone or computer from friends and relatives. Help received from friends or relatives is referred to as informal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive assistance with accessing or using a phone or computer from family or friends.
1 – Low help	Consumer receives some/occasional assistance with accessing or using a phone or computer. For example: 1. Family provides one time security deposit to hook up telephone. 2. Family occasionally provides person with a calling card.
2 – Moderate help	Consumer receives regular assistance with accessing or using a phone or computer. For example: 1. Consumer goes across hall to regularly use friend's phone for local calls. 2. Family regularly takes messages on behalf of Consumer.
3 – High help	Consumer receives substantial assistance with accessing or using a phone or computer. For example: 1. Consumer lives with family who pays all bills and provides a private phone.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.21.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services to make telephone calls?</p> <p><i>Although questions 1, 2, 3a and 3b refer to the access and use of the telephone only, include access and use of a computer when determining the need and help ratings. This will be updated in the next version of OCAN.</i></p> <p>Intent: To capture how much help the consumer receives with accessing or using a phone or computer from local services. Help received from local services is referred to as formal help.</p>
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive assistance with accessing or using a phone or computer from local services.
1 – Low help	Consumer receives some/occasional assistance with accessing or using a phone or computer. For example: 1. Consumer living in group home and occasionally uses phone in private office. 2. Consumer receives coaching from case manager around use of telephone book.
2 – Moderate help	Consumer receives regular assistance with accessing or using a phone or computer. For example: 1. Staff regularly provides coaching around use of crisis line.
3 – High help	Consumer receives substantial assistance with accessing or using a phone or computer. For example: 1. ACT frequently monitors consumer's compulsive cell phone use.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.21.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services to make telephone calls?</p> <p><i>Although questions 1, 2, 3a and 3b refer to the access or use of the telephone only, include access or use of a computer when determining the need and help ratings. This will be updated in the next version of OCAN.</i></p> <p>Intent: To capture how much help the consumer needs from local services with accessing or using a phone or computer.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need assistance with accessing or using a phone or computer from local services.
1 – Low help	Consumer needs some/occasional assistance with accessing or using a phone or computer. For example: 1. Consumer living in group home and occasionally needs to use phone in private office 2. Consumer needs to receive coaching from case manager around use of telephone book.
2 – Moderate help	Consumer needs regular assistance with accessing or using a phone or computer. For example:

	1. Staff regularly needs to provide coaching around use of crisis line.
3 – High help	Consumer needs substantial assistance with phone or computer use. For example: 1. ACT frequently needs to monitor consumer's compulsive cell phone use.
9 – Do not know	Not known if the consumer needs help from local services.

3.21.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to accessing or using a phone or computer.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.21.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to accessing or using a phone or computer. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.21.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text

Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.21.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 21: Communication</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.22. DOMAIN 22: TRANSPORT (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person has the ability to use transportation.
2. To determine if the person needs and receives help with transportation needs.
3. To determine if the person has serious difficulties with transportation.

3.22.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have any problems using public transport?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to transportation. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	<p>Consumer does not need supports with transport and travel. For example:</p> <ol style="list-style-type: none"> 1. Consumer able to use public transport or has access to a car.

1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need with transport which is met through supports. For example: 1. Consumer requires and is receiving transportation allowance from ODSP. 2. Family provides transportation to doctor appointments, as the person has no other means of transport.
2 – Unmet Need (Serious Problem)	Consumer has transportation needs which require support. For example: 1. Consumer is unable to use public transportation. 2. Consumer unable to learn transit system. 3. Consumer has no access to public transit with and any available alternatives.
9 – Not Known	Consumer needs with transportation are unknown.

3.22.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with traveling does the person receive from friends or relatives?</p> <p>Intent: To capture how much help the consumer receives with transportation from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive assistance with transportation and travel from family or friends.
1 – Low help	Consumer receives some/occasional assistance with transportation needs. For example: 1. Family provides rides to medical appointments, social outings.
2 – Moderate help	Consumer receives regular assistance with transportation For example: 1. Consumer regularly travels with family for safety. 2. Consumer's friends regularly provide rides.
3 – High help	Consumer receives substantial assistance to travel. For example: 1. Consumer's family meets all transportation needs
9 – Do not know	Not known if the consumer is receiving help from friends or relatives

3.22.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help with traveling does the person receive from local services?</p>
---------------------------	---

	Intent: To capture how much help the consumer receives with transportation from local services. Help received from local services is referred to as formal help.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive assistance with transportation and travel from local services.
1 – Low help	Consumer receives some/occasional assistance to travel. For example: 1. Staff arranges for monthly bus pass for Consumer.
2 – Moderate help	Consumer receives regular assistance with transportation needs. For example: 1. Staff provides regular coaching around use of public transportation.
3 – High help	Consumer receives substantial assistance with transportation. For example: 1. Consumer is picked up by program bus to attend day program.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.22.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified as question 3b in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN. How much help with traveling does the person need from local services? Intent: To capture how much help the consumer needs from local services with transportation.
Status	Optional Mandatory if Need Rating in this domain is rated at "1" or "2".
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need assistance with transportation and travel from local services.
1 – Low help	Consumer needs some/occasional assistance to travel. For example: 1. Staff needs to arrange for monthly bus pass for consumer.
2 – Moderate help	Consumer needs regular assistance with transportation needs. For example: 1. Staff needs to provide regular coaching around use of public transportation.
3 – High help	Consumer needs substantial assistance with transportation. For example:

	1. Consumer needs to be picked up by program bus to attend day program.
9 – Do not know	Not known if the consumer needs help from local services.

3.22.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to transportation.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.22.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to transportation. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.22.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No

Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.22.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 22: Transport</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.23. DOMAIN 23: MONEY (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is able to manage their money and can buy essential items.
2. To determine if the person needs and receives help with managing money and budgeting.
3. To determine if the person has serious difficulties managing money and budgeting.

3.23.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN.</p> <p>Does the person have problems budgeting his or her money?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to money. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports with money. For example: 1. Consumer is able to buy essential items and pay bills.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need with money which is met through supports. For example: 1. Consumer receives money management services through a trustee arrangement.

2 – Unmet Need (Serious Problem)	Consumer has a need with money which requires support. For example: 1. Consumer often has no money for essentials or bills.
9 – Not Known	Consumer needs with money are unknown.

3.23.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives in managing his or her money?</p> <p>Intent: To capture how much help the consumer receives with money from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help with money from family or friends.
1 – Low help	Consumer receives some/occasional help with money. For example: 1. Consumer without a bank account receives occasional family help to cash cheques.
2 – Moderate help	Consumer receives regular help with money. For example: 1. Consumer’s family regularly supplement income.
3 – High help	Consumer receives substantial help with money. For example: 1. Consumer’s family manages all financial affairs.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.23.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services in managing his or her money?</p> <p>Intent: To capture how much help the consumer receives with money from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at “1” or “2”.</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No

Valid Categories	Definitions
0 – None	Consumer does not receive help with money from local services
1 – Low help	Consumer receives some/occasional help with money. For example: 1. Consumer receives life skills coaching regarding money. 2. Consumer is referred by staff to food bank to help stretch money. 3. Consumer receives occasional counselling around money management.
2 – Moderate help	Consumer receives regular help with money. For example: 1. Consumer regularly participates in money management program
3 – High help	Consumer receives substantial help with money. For example: 1. Consumer receives complete money management services via Public Guardian and Trustee. 2. Consumer receives help from case manager to ensure that rent and bills are paid and budget is maintained.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.23.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services in managing his or her money?</p> <p>Intent: To capture how much help the consumer needs from local services with money.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help with money from local services.
1 – Low help	Consumer needs some/occasional help with money. For example: 1. Consumer needs to receive life skills coaching regarding money. 2. Consumer needs to be referred by staff to food bank to help stretch money. 3. Consumer needs to receive occasional counselling around money management.
2 – Moderate help	Consumer needs regular help with money. For example: 1. Consumer regularly needs to participate in money management program.
3 – High help	Consumer needs substantial help with money. For example: 1. Consumer needs to receive complete money management services via Public Guardian and Trustee. 2. Consumer needs to receive help from case manager to ensure that rent and bills are paid and budget is maintained.
9 – Do not know	Not known if the consumer needs help from local services.

3.23.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN. Intent: To capture additional pertinent information related to money.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.23.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to money. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.23.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN. Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.23.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.23.9. WHAT IS YOUR PRIMARY SOURCE OF INCOME? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN and as question 35 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's primary source of income.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Employment	Consumer is either self-employed or employed through an employer. (CDS Manual v 4.06)
Employment insurance	Consumer is temporarily receiving employment assistance through the Canadian government while he/she looks for work or upgrading their skills. Consumers who are sick, pregnant or caring for a newborn or adopted child, as well as consumers who must care for a family member who is seriously ill with a significant risk of death, may also be assisted by Employment Insurance. (www.servicecanada.gc.ca)
Pension	Consumer's primary source of income is through a pension. (CDS Manual v 4.06)
ODSP	Consumer receives income primarily through the Ontario Disability Support Program which is provided to individuals 18 years of age or older who have a substantial physical or mental impairment that is continuous or recurrent and is expected to last one year or more. (www.ontla.on.ca)
Social assistance	Government sponsored assistance such as Ontario Works. Not including ODSP. (CDS Manual v 4.06)
Disability assistance	Private (including employer sponsored) insurance to cover disabilities. (CDS Manual v 4.06)

Family	Consumer is receiving assistance from family. (CDS Manual v 4.06)
No source of income	Consumer is not receiving any compensation or benefits and is currently not employed. (CDS Manual v 4.06)
Other	Income source is not listed in any of the categories above such as Workplace Safety and Insurance Board (WSIB), sheltered workshops, investment income, lottery and inheritance. (CDS Manual v 4.06)
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.23.1. WHAT IS YOUR PRIMARY SOURCE OF INCOME? – OTHER (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN and in question 35 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the consumer's primary source of income if not found in the list of options.</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.23.2. WHAT IS YOUR TOTAL FAMILY INCOME BEFORE TAXES LAST YEAR? (SELECT ONE) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN and as question 36 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the total family income before taxes last year. "Family income," also known as 'household' income, is the total income earned by a group of individuals sharing a common dwelling unit who are related by blood, marriage (including common-law relationships) or adoption or who live together and share resources. <i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	

\$0 - \$19,999	\$20,000 - \$29,999
\$30,000 - \$59,999	\$60,000 - \$89,999
\$90,000 - \$119,999	\$120,000 - \$149,999
\$150,000 or more	Prefer not to answer
Do not know	

3.23.3. HOW MANY PEOPLE DOES THIS INCOME SUPPORT? (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 23: Money</i> of the Staff Assessment in the Full OCAN and as question 37 of the Consumer Information Summary in the Core and Core + Self OCAN.</p> <p>Intent: To capture the number of people who the family income is shared with.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Person(s)	<p>The number of people who the family income is shared with. It can include people who are being supported abroad, the number of people who live together and share resources, and/or people who are related by blood, marriage (including common-law relationships) or adoption.</p> <p><i>Measuring Health Equity: Demographic Data Collection in Health Care – Participant Manual, 2018</i></p>
Prefer not to answer	Consumer does not want the information to be collected at the time of the assessment.
Do not know	Information is not known at the time of the assessment.

3.24. DOMAIN 24: BENEFITS (STAFF ASSESSMENT)

The intent of asking about this domain is:

1. To determine if the person is receiving his/her full entitlement of benefits.
2. To determine if the person needs and is receiving help in applying for and maintaining benefits.
3. To determine if the person has serious difficulty in receiving their entitled benefits.

3.24.1. NEED RATING QUESTION (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 1 in <i>Domain 24: Benefits</i> of the Staff Assessment in the Full OCAN.</p> <p>Is the person definitely receiving all the benefits that he or she is entitled to?</p> <p>Intent: To capture the staff's view on any needs the consumer may have related to benefits. The question above is only a guide to generate discussion between the staff and the consumer related to this domain. Staff can ask other questions related to this domain.</p>
Status	Mandatory
Response Type	Select List (select one)
Data Length	N/A

Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
0 – No Need (No serious problem)	Consumer does not need supports in receiving full entitlement to benefits. For example: 1. Consumer receives full benefit entitlement.
1 – Met Need (No/Moderate Problem due to help given)	Consumer has a need in receiving full entitlement to benefits which is met through supports. For example: 1. Consumer receives help to fill out benefit forms.
2 – Unmet Need (Serious Problem)	Consumer has a need in receiving full entitlement to benefits which requires support. For example: 1. Consumer is not receiving benefits and has no financial means of support.
9 – Not Known	Consumer needs for benefits are unknown.

3.24.2. HELP FROM FRIENDS OR RELATIVES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 2 in <i>Domain 24: Benefits</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from friends or relatives in obtaining the full benefit entitlement?</p> <p>Intent: To capture how much help the consumer receives with getting the benefits they are entitled to from friends or relatives. Help received from friends or relatives is referred to as informal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help in receiving full entitlement to benefits from family or friends.
1 – Low help	Consumer receives some/occasional help in receiving full entitlement to benefits. For example: 1. Consumer with no fixed address is using friend's home as a mail drop. 2. Family occasionally assists in completing benefit forms.
2 – Moderate help	Consumer receives regular help in receiving full entitlement to benefits. For example: 1. Person's family regularly advocates for increased benefits.
3 – High help	Consumer receives substantial help in receiving full entitlement to benefits. For example: 1. Person's family fights ODSP appeal.
9 – Do not know	Not known if the consumer is receiving help from friends or relatives.

3.24.3. HELP FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3a in <i>Domain 24: Benefits</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person receive from local services in obtaining the full benefit entitlement?</p> <p>Intent: To capture how much help the consumer receives with getting the benefits they are entitled to from local services. Help received from local services is referred to as formal help.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not receive help in receiving full entitlement to benefits from local services.
1 – Low help	<p>Consumer receives some/occasional help in receiving full entitlement to benefits. For example:</p> <ol style="list-style-type: none"> Staff occasionally monitors document submission for benefits. Nurse practitioner applies for consumer to receive special diabetic needs allowance.
2 – Moderate help	<p>Consumer receives regular help in receiving full entitlement to benefits. For example:</p> <ol style="list-style-type: none"> Staff assists consumer with regular communication with ODSP.
3 – High help	<p>Consumer receives substantial help in receiving full entitlement to benefits. For example:</p> <ol style="list-style-type: none"> Consumer cut off Ontario Works for failure to provide address and needs intense advocacy. Consumer has been denied ODSP and worker documents and helps to appeal the decision.
9 – Do not know	Not known if the consumer is receiving help from local services.

3.24.4. HELP NEEDED FROM LOCAL SERVICES (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as question 3b in <i>Domain 24: Benefits</i> of the Staff Assessment in the Full OCAN.</p> <p>How much help does the person need from local services in obtaining the full benefit entitlement?</p> <p>Intent: To capture how much help the consumer needs from local services with getting the benefits they are entitled to.</p>
Status	<p>Optional</p> <p>Mandatory if Need Rating in this domain is rated at "1" or "2".</p>
Response Type	Select List (select one)
Data Length	N/A

Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
0 – None	Consumer does not need help in receiving full entitlement to benefits from local services.
1 – Low help	Consumer needs some/occasional help in receiving full entitlement to benefits. For example: 1. Staff occasionally needs to monitor document submission for benefits. 2. Nurse practitioner needs to apply for consumer to receive special diabetic needs allowance.
2 – Moderate help	Consumer needs regularly help in receiving full entitlement to benefits. For example: 1. Staff needs to assist consumer with regular communication with ODSP.
3 – High help	Consumer needs substantial help in receiving full entitlement to benefits. For example: 1. Consumer cut off Ontario Works for failure to provide address and needs intense advocacy. 2. Consumer has been denied ODSP and Staff needs to document and help appeal the decision.
9 – Do not know	Not known if the consumer needs help from local services.

3.24.5. COMMENTS (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 24: Benefits of the Staff Assessment</i> in the Full OCAN. Intent: To capture additional pertinent information related to benefits.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.24.6. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	OCAN Reference: Identified in <i>Domain 24: Benefits of the Staff Assessment</i> in the Full OCAN. Intent: To capture any Action(s) to take place to meet the consumer's needs related to benefits. These tasks can be assigned to the staff, consumer and/or any third party.
Status	Optional
Response Type	Text
Data Length	512
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.24.7. BY WHOM (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 24: Benefits of the Staff Assessment</i> in the Full OCAN.</p> <p>Intent: To capture who the responsible party is for the Action(s) listed. The responsibility of the Action(s) can be assigned to the staff, consumer and/or any third party organization/agency depending on the specific Action(s).</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.24.8. REVIEW DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Domain 24: Benefits of the Staff Assessment</i> in the Full OCAN.</p> <p>Intent: To capture the date of when the listed Action(s) should be reviewed in order to ensure the progress/completion.</p>
Status	Optional
Response Type	Date
Data Length	11
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Date	YYYY-MM-DD

3.24.9. OPEN-ENDED RECOVERY QUESTIONS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the <i>Open-Ended Recovery Questions</i> section of the Staff Assessment in the Full OCAN. This section follows Domain 24 Benefits.</p> <p>Intent: To capture information that is shared during the assessment conversation in response to the questions below:</p> <ol style="list-style-type: none"> 1. What are your strengths and skills? 2. What are your hopes and goals for the future? 3. What do you need to accomplish your hopes and goals?
---------------------------	--

	4. Is spirituality an important part of your life? Please explain. 5. Is culture (heritage) an important part of your life? Please explain.
Status	Optional
Response Type	Text
Data Length	4000
Version(s) Available	Core + Self and Full OCAN
Included in Self-Assessment	Yes
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text.

3.24.10. PRESENTING ISSUES (SELECT ALL THAT APPLY) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the <i>Presenting Issues</i> section of the Staff Assessment in the Full OCAN and as question 38 in the Consumer Information Summary in the Core and Core + Self OCAN. This section follows the <i>Open-Ended Recovery Questions</i> section.</p> <p>Intent: To capture the symptoms, complaints, problems or reasons the consumer is seeking community mental health services. Issues should be identified using information as reported by the consumer or a responsible informant. (<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)</p>
Status	Mandatory
Response Type	Select List (select all that apply)
Data Length	N/A
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Activities of Daily Living	Consumer needs assistance to perform daily roles such as self care/personal hygiene, meal preparation, managing medications, banking, etc. (<i>CDS Manual v 4.06</i>)
Attempted Suicide	Consumer is a threat or danger to self. (<i>CDS Manual v 4.06</i>)
Educational	Consumer seeking assistance to continue with or upgrade their schooling. (<i>CDS Manual v 4.06</i>)
Financial	Consumer with financial management issues. (<i>CDS Manual v 4.06</i>)
Housing	Consumer seeking assistance to improve their housing situation. (<i>CDS Manual v 4.06</i>)
Legal	Consumer with pressing legal concerns (civil and/or criminal). Legal issue must be identified for Consumers where admission to the function is addressing any the following: <ol style="list-style-type: none"> 1. Facilitates release on bail. 2. Pre-charge diversion. 3. Court support. 4. Conditional discharge. 5. Alternative to incarceration.

	6. Release on parole or probation. (CDS Manual v 4.06)
Occupational / Employment / Vocational	Consumer seeking assistance to improve their employment situation. (CDS Manual v 4.06)
Physical Abuse	Consumer who is experiencing mental health symptoms due to physical assault. (CDS Manual v 4.06)
Problems with Addictions	Consumer with problems of substance abuse (e.g. alcohol, drugs) addiction. (CDS Manual v 4.06)
Problems with Relationships	Consumer with stress caused by marital, family, and other relationships and/or social issues. (CDS Manual v 4.06)
Problems with Substance Abuse	Consumer with problems of substance abuse (e.g. alcohol, drugs) addiction. (CDS Manual v 4.06)
Sexual Abuse	Consumer who is experiencing mental health symptoms due to sexual assault. (CDS Manual v 4.06)
Specific Symptom of Serious Mental Illness	Consumer with symptoms such as depression, hallucinations, delusions, etc. Includes issues related to symptom management and treatment engagement/compliance. (CDS Manual v 4.06)
Threat to Others	Consumer who is a threat or danger to others. (CDS Manual v 4.06)
Threat to Self	Consumer who is a threat or danger to self.
Other	Consumer with presenting problems other than the categories listed above. (CDS Manual v 4.06)

3.24.11. PRESENTING ISSUES – OTHER (STAFF ASSESSMENT)

OACN Reference and Intent	OACN Reference: Identified as a component of Presenting Issues above. Intent: To capture the presenting issue if not found in the list of options.
Status	Optional If "Other" is selected, provide specific information using the free text field.
Response Type	Text
Data Length	128
Version(s) Available	All
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text

3.25. SUMMARY OF ACTIONS (STAFF ASSESSMENT)

This section lists all the Action(s) associated to a Domain. At the end of each domain section of the OACN there is an Action(s) field, which is an optional text field. If there is an Action(s) associated to a particular domain, both the Domain and its associated Action will automatically be populated in the Summary of Actions table in the Domain and Actions column respectively.

Since the Action(s) field is an optional field, there can be from zero up to 24 domains listed in the Summary of Actions table. The User will then optionally prioritize the Domains and their associated Action(s) by assigning a numerical value from 1-24 by consulting with the consumer on which Action(s) to concentrate on first. The Staff cannot skip priority levels, i.e. the Staff cannot select priority value 2 before selecting priority value of 1. The priority levels start at 1 and descend down to 24.

3.25.1. PRIORITY (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Actions</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: This field will capture the priority of the domain and its associated Action(s) listed.</p>
Status	Optional
Response Type	Number
Data Length	2
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
1 to 24	Priority given to the Action(s) listed for each domain which identifies which Action(s) are more important to work on first.

3.25.2. DOMAIN (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Actions</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: This field will automatically populate the Domain that has an Action(s) associated to it. If the Domain does not have an Action(s) associated to it, the Domain will not be populated in the Summary of Actions table.</p>
Status	Optional
Response Type	Select List
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Domain Names	All the 24 domains that are part of the Assessment.

3.25.3. ACTION(S) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Actions</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: This field will automatically populate the Action(s) that has been associated to the domain. If the Domain does not have an Action(s) associated to it, the Action(s) and its domain will not be populated in the Summary of Actions table.</p>
Status	Optional

Response Type	Select List
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definitions
Null (left empty/blank)	Data element left empty/blank.
Domain Names	All the Action(s) that are associated with the 24 Domains in the Staff Assessment.

3.26. SUMMARY OF REFERRALS (STAFF ASSESSMENT)

This section lists all current and outstanding referrals that have been made for the Consumer. It lists what the optimal and actual referrals were for the consumer and the referral status. The referrals listed here can be both within or outside of community mental health.

Organizations can use the Summary of Referrals for internal purposes. This section can be used by Organizations to monitor why their Consumers are not receiving services from Optimal Referrals if Actual Referrals are different. Organizations can look into the issue internally and see what they can do to make sure that their Optimal Referrals are being met.

For example, if Organization A keeps on referring Consumers for housing services at Organization B as the Optimal Referral but the Actual Referral that the consumer gets accepted into is in Organization C, then Organization A can look into the issue in more detail to find out what the reason(s) are. They may find that Organization B has a long wait list for accepting Consumers into their housing service and in the future, Organization A should refer Consumers to other Organizations until a time when there is not a wait list.

All of the information in this table is optional. If this is the first OCAN for this Consumer, then there is no pre-population of this table. The Staff will simply fill out the table based on selections from the appropriate lists and enter information into the remaining text fields where necessary.

If this is not the first OCAN for the Consumer, then this table is pre-populated by the System based on the information captured in the previous OCAN for this Consumer. The Staff can make changes to all of the fields pre-populated from the previous assessment as well as to add/delete rows of information about referrals if updated information is available.

3.26.1. OPTIMAL REFERRAL (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in the <i>Summary of Referrals</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the optimal person or an agency to which the consumer was referred to either during the time the consumer is receiving services or after the completion of the service.</p> <p><i>(National Ambulatory Care Reporting System Manual 2010–2011)</i></p> <p>Depending on availability and wait list, the consumer might not be able to access the service the Staff would like them to access.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A

Version(s) Available	Full OCAN	
Included in Self-Assessment	No	
Valid Categories		
Null (left empty/blank)	Abuse Services	Addictions
Alternative Businesses	Assertive Community Treatment Teams	Mental Health Case Management
Child/Adolescent	Clubhouses	Community Development
Community Mental Health Clinic	Community Service Information and Referral	Counselling & Treatment
Early Intervention	Eating Disorder	Family Initiatives
Forensic	Diversion & Court Support	Health Promotion/Education – Awareness
Health Promotion/Education – Women's Mental Health	Homes for Special Care	Mental Health Crisis Intervention
Peer/Self-help Initiatives	Primary Day/Night Care	Psycho-geriatric
Short term Res. Crisis Support Beds	Social Rehabilitation/Recreation	Support within Housing
Vocational/Employment	Home and Community Care	Faith based - Church, Mosque, Synagogue, etc.
Dentist	Family Help Groups (Other than MH)	Older Adult & Geriatric Services
Optometrists	Police	Primary Care – CHC, FHT, FHG, FHN, GP
School	Self Help Groups (Other than MH)	Service Clubs
Social Services - ODSP, CPP, EI, etc.	Youth Services	Community Psychiatry
Private Practitioners	Food Bank/Soup Kitchens	Legal Counsel
Immigration/Settlement Services	Financial-Credit Counselling, Financial Planning	Fitness
Alternative Healing Options: Chiropractic, Acupuncture, Meditation, Herbalist, etc.	Parenting Supports: Child Care	CAS, CCAS, JCFS
General Hospital	Psychiatric Hospital	Other institution (e.g. rehabilitation, long-term care)
Inuit – Cultural Healing Services	Indigenous (non-specific) – Cultural Healing Services	Metis – Cultural Healing Services
First Nations – Cultural Healing Services	Psychotherapy	Non-Profit Housing
Shelter	Other	

3.26.2. SPECIFY (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Referrals</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the actual name of the program within an Organization for the optimal referral that the Staff wants to make for the Consumer.</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN

Included in Self-Assessment	No
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text.

3.26.3. ACTUAL REFERRAL (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Referrals</i> table of the Staff Assessment in the Full OCAN,</p> <p>Intent: To capture the actual person or an agency to which the consumer was referred to either during the time the consumer is receiving services or after the completion of the service.</p> <p>(<i>National Ambulatory Care Reporting System Manual 2010–2011</i>)</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	
Same as "Optimal Referral" (above)	

3.26.4. SPECIFY (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Referrals</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the actual name of the program within an Organization for the actual referral that Staff has accessed. This can be same as the optimal referral made by the Staff.</p>
Status	Optional
Response Type	Text
Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Text	Free form text.

3.26.5. REASONS FOR DIFFERENCE (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Referrals</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the reason why the optimal and actual referrals are not the same.</p>
Status	Optional
Response Type	Text

Data Length	128
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	
Null (left empty/blank)	Service does not exist
Service not available locally	Service not available due to language issues
Service not available due to financial issues	Service not available due to physical barriers – physical, vision, hearing
Exclusionary criteria	Excessive wait times for service
Wait list closed	Need exists but client not interested
Service available but only partially meets client's needs	

3.26.6. REFERRAL STATUS (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified in <i>Summary of Referrals</i> table of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture the status of the referral made for the Consumer.</p>
Status	Optional
Response Type	Select List (select one)
Data Length	N/A
Version(s) Available	Full OCAN
Included in Self-Assessment	No
Valid Categories	Definition
Null (left empty/blank)	Data element left empty/blank.
Received	Referral made by the Staff has been received by the organization the consumer is being referred to.
Accepted onto waitlist	Consumer has been put on waitlist within the organization the consumer was referred to due to limited availability.
Accepted into service	Consumer has been accepted into service by the organization the consumer is referred to.
Rejected	Consumer did not meet the criteria for service.
Withdrawn (by the client)	Consumer no longer needs mental health services or has withdrawn their application from the service.

3.27. COMPLETION DATE (YYYY-MM-DD) (STAFF ASSESSMENT)

OCAN Reference and Intent	<p>OCAN Reference: Identified as the Completion Date at the end of the Staff Assessment in the Full OCAN.</p> <p>Intent: To capture when the OCAN was completed. The assessment 'Start Date' and 'Completion Date' should span no more than 30 days.</p> <p>The 'Completion Date' refers to when the OCAN was completed.</p>
Status	Mandatory
Response Type	Date
Data Length	11
Version(s) Available	All

Included in Self-Assessment	Yes
Valid Categories	Definition
Date Format	YYYY-MM-DD

INDEX

- (Prior to) Discharge, 65, 66
Aboriginal, 116
Abuse/neglect, 220
Accepted, 23, 100, 296
Accidental self-harm, 220
Accommodation, 37, 38, 149, 150, 151, 152, 153, 154, 155, 156
Acquired Brain Injury (ABI), 182
Actions, 35
Activities of Daily Living, 290
Actual Referral, 35, 293
Addictions, 175, 227, 233, 294
Address, 22, 23, 24, 25, 71, 73, 103, 105, 107, 109, 117, 120, 121, 124, 126, 128, 130
Adult Education, 174
Age in Years for Onset of Mental Illness, 25
Age of first Psychiatric Hospitalization, 25
Agitation, 199
Alcohol, 48, 49, 224, 225, 226, 227, 228, 229, 230
Alternative businesses, 173
Alzheimer's, 182
Apathy, 199
Applying previous work experience/professional qualifications, 138
Approved Homes & Homes for Special Care, 153
Are you currently in school, 27, 173
Area of Concern, 25
Arthritis, 182
Assisted/Supported, 155, 173
Attempted Suicide, 290
Autism, 182, 185
Awaiting Criminal Responsibility Assessment (NCR), 146
Awaiting fitness assessment, 146
Awaiting sentence, 147
Awaiting trial (with or without bail), 146
Barriers in finding and/or maintaining a work/volunteer/education role, 28, 174, 176, 177
Basic Education, 56, 266, 267, 268, 269, 270
Benefits, 60, 61, 285, 286, 287, 288, 289
Breathing problems, 182
Can you tell me about your immigration experience, 25, 139
Canadian Citizen, 136
Cancer, 182
Casual/Sporadic, 173
Charges withdrawn, 147
Child Care, 54, 258, 259, 260, 261
Children, 156, 258
Cirrhosis, 182
Citizenship Status, 25
City, 22, 23, 24, 71, 103, 107, 118, 122
Civil, 144, 145
Cocaine (crack), 235, 236
Cognitive abilities, 175
College, 96, 111, 112, 113, 114, 115, 116, 174, 270
Comfort Level, 68
Communicable disease, 182
Community Treatment Orders, 29
Company, 51, 52, 244, 245, 246, 247
Completion Date, 35, 37, 67, 296
Concurrent Disorder (Substance Abuse), 207
Conditional discharge, 147, 290
Conditional sentence, 147
Confidence, 175
Consumer Capacity, 125, 128
Consumer declined to answer, 139, 141, 148, 155, 156, 173, 176, 184, 195, 197, 198, 218, 219, 270, 284
Consumer Declined to Answer, 81, 103, 107, 111, 121, 125, 127, 130, 132, 133, 134, 142, 145
Consumer Information Summary, 36, 62, 68, 69, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 117, 118, 119, 120, 121, 122, 123, 124, 132, 133, 134, 135, 137, 139, 140, 141, 142, 143, 144, 145, 148
Consumer Self-Assessment, 17, 21, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 67, 148
Contact Type, 24, 111
Contemplation, 230, 237, 243
Contemplative, 175, 230, 237, 243
Correctional/Probation Facility, 153
Court Diversion Program, 146
Criminal, 98, 144, 145, 146, 147, 148
Current Legal Status, 26
Custody Status, 147
Date (YYYY-MM) when Consumer first entered your Organization, 25
Date of Birth, 22, 36, 73
Daytime Activities, 41, 168, 169, 170, 171, 172, 173, 174, 176, 177
Deliberate self-harm, 220
Delusions, 199
Diabetes, 113, 178, 179, 180, 182, 183
Diabetes Other, 183
Diabetes Type 1, 182
Diabetes Type 2, 182
Diabetes Type 3, 182
Diagnostic Categories, 29
Difficulty in Abstract Thinking, 199
Disability, 140, 175, 283
Disability assistance, 283
Disclosure, 175
Disorganized Thinking, 199

Ministry of Health and Long-Term Care

Divorced, 81
 Do you currently have any legal issues, 26, 145
 Do you currently have suicidal thought, 30
 Do you have any concerns for your own safety, 30, 219
 Do you have any issues with your immigration experience, 25, 139
 Do you live with anyone, 26, 155, 156
 Do you receive any support, 26, 155
 Domain, 35, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 176, 177, 178, 179, 180, 181, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 200, 201, 202, 203, 204, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 291, 292, 293
 Domiciliary Hostel, 153
 Dosage, 28, 186, 187, 188
 Drinks 2-3 times weekly, 229
 Drinks Daily, 229
 Drinks monthly, 229
 Drinks once a week, 229
 Drugs, 49, 50, 230, 231, 232, 233, 234, 235, 236, 237
 Dual Diagnosis (Developmental Disability), 207
 Eating disorder, 183
 Eating Disorders, 16, 90, 94
 Educational, 290
 Elementary / Junior High School, 270
 Elementary/Junior, 173
 Email Address, 22
 Emotional Unresponsiveness, 199
 Employment, 16, 89, 94, 98, 117, 283
 Employment insurance, 283
 Epilepsy, 183
 Estimate, 74, 132, 133
 Ethnicity, 140
 Exit Date, 23, 101
 Exit Disposition, 23, 101
 Experience of Discrimination, 25
 Experience with other trauma, 139
 Experience with war/incarceration/, 138
 Exploitation Risk, 220
 Ext, 22, 23, 24, 25, 83, 123, 129, 131
 Family, 23, 92, 94, 96, 97, 102, 111, 113, 116, 138, 150, 201, 210, 214, 253, 259, 272, 275, 276, 283, 286, 294
 Family Doctor, 23, 102
 Family Doctor Information, 23, 102
 Family left behind in refugee camp, 138
 Female, 79, 80
 Financial, 175, 290, 294
 Financial ODSP cut off, 175
 First Name, 21, 69
 Food, 38, 39, 113, 156, 157, 158, 159, 160, 294
 Functional Centre Name, 23, 87, 93, 97, 98
 Functional Centre Number, 23, 88, 89, 90, 91, 92, 93, 94
 Funding for Training, 175
 Gambling, 242
 Gender, 22, 78, 141
 General Hospital, 96, 153
 Grandiosity, 199
 Guardian, 25, 129, 281
 Hallucinations, 199
 Hallucinogens (e.g. LSD, PCP), 235
 Has the substance been injected, 31, 236
 Have you attempted suicide in the past, 30, 217
Have you been hospitalized due to your mental health, 29, 195
 Health Card Number, 22, 74
 Hearing, 183
 Hearing impairment, 183
 Heart condition, 183
 Help is needed, 28, 186, 189
 Help is provided, 28, 189
 Hepatitis, 183
 High blood pressure, 183
 High cholesterol, 183
 High help, 150, 151, 158, 159, 162, 163, 166, 167, 170, 171, 178, 179, 180, 192, 193, 201, 202, 203, 210, 211, 212, 214, 215, 216, 222, 223, 226, 227, 232, 233, 239, 240, 245, 246, 249, 250, 253, 254, 255, 259, 260, 263, 264, 267, 268, 272, 273, 276, 277, 280, 281, 286, 287, 288
 HIV, 177, 183
 Hostel/Shelter, 154
 Hostility, 199
 Housing, 16, 76, 77, 78, 91, 94, 98, 154, 290
 How many times did you visit an Emergency Department in the last 6 months for Mental Health Reasons, 29
 How often do you drink alcohol, 31, 229
 I don't want to answer, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61
 Immigration, 141, 294
 In community on own recognizance, 146
 Independent, 155, 173
 Indicate the stage of change Consumer is at, 31, 32, 230, 237, 243
 Information on Condition and Treatment, 44, 200, 201, 202, 203, 204, 206, 207, 208
Initial OCAN, 29, 63, 65, 66, 195, 196
 Intellectual disability, 183
 Intimate Relationships, 52, 248, 249, 250, 251, 252
 Is culture (heritage) an important part of your life, 61
 Is spirituality an important part of your life, 61, 289
 Issued CTO, 198

Ministry of Health and Long-Term Care

Issuing Territory, 22, 75
 Lack of Drive or Initiative, 199
 Lack of Resume, 175
 Lack of Spontaneity, 199
 Lack of understanding of the Canadian system/resources, 138
 Language Barrier, 68
 Language Comprehension, 175
 Language of Service Provision, 26
 Last Name, 21, 69, 70
 Last Seen, 23, 24, 106
 Legal, 26, 290, 294
 Length of Assessment, 68
 Length of time lived in Canada (Number of years/months), 25
 LHIN Consumer Resides in, 22, 78
 Literacy, 68, 175
 Long term care facility/ Nursing Home, 154
 Looking After the Home, 39, 160, 161, 162, 163, 164
 Low blood pressure, 184
 Low help, 150, 151, 157, 158, 159, 162, 163, 165, 166, 167, 169, 170, 171, 178, 179, 192, 193, 201, 202, 203, 210, 211, 214, 215, 216, 221, 222, 223, 226, 227, 232, 233, 239, 240, 245, 246, 249, 250, 253, 254, 259, 260, 263, 264, 267, 268, 272, 273, 276, 277, 280, 281, 286, 287, 288
 Maintenance, 230, 237, 244
 Male, 79, 80
 Marijuana, 235
 Marital Status, 22
 Married or in Common Law Relationship, 80
 Medical Conditions, 28, 185
 Medication, 28, 186, 187, 188, 189, 190, 235
 Medications - Additional Information, 28
 MedicationSide Effects, 175
 Mental Health Condition, 68
 Mental Illness, 141
 Met Need, 17, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 67, 149, 157, 161, 165, 169, 177, 191, 201, 209, 214, 221, 225, 231, 238, 244, 248, 253, 258, 262, 266, 271, 275, 279, 286
 Middle Initial, 21
 Moderate help, 150, 151, 157, 158, 159, 162, 163, 166, 167, 170, 171, 178, 179, 192, 193, 201, 202, 203, 210, 211, 214, 215, 216, 221, 222, 223, 226, 227, 232, 233, 239, 240, 245, 246, 249, 250, 253, 254, 255, 259, 260, 263, 264, 267, 268, 272, 273, 276, 277, 280, 281, 286, 287, 288
 Money, 59, 60, 279, 280, 281, 282, 283, 284, 285
 Municipal Non-Profit Housing, 154
 Name, 23, 24, 25, 36, 82, 85, 103, 107, 117, 121, 130, 186
 NCR, 146, 147
 Nicotine, 242
 No CTO, 198
 No employment - of any kind, 173
 No employment - other activity, 173
 No fixed address, 153
 No Formal Schooling, 270
 No legal problems, 148
 No Need, 17, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 67, 149, 157, 161, 165, 169, 177, 191, 201, 209, 214, 221, 225, 231, 238, 244, 248, 253, 258, 262, 266, 271, 275, 279, 285
 No Serious Problem, 149
 No source of income, 283
 No/Moderate Problem due to help given, 149, 157, 161, 165, 169, 177, 191, 201, 209, 214, 221, 225, 231, 238, 244, 248, 253, 258, 262, 266, 271, 275, 279, 286
 None, 102, 107, 138, 145, 150, 151, 157, 158, 159, 161, 162, 163, 165, 166, 167, 169, 170, 171, 178, 179, 192, 193, 197, 201, 202, 210, 211, 214, 215, 216, 221, 222, 223, 226, 227, 232, 233, 239, 240, 245, 246, 249, 250, 253, 254, 259, 260, 263, 264, 267, 268, 272, 273, 276, 277, 280, 281, 286, 287
 Non-paid work experience, 173
 Non-relatives, 156
 Not in school, 173
 Not Known, 17, 125, 127, 130, 149, 157, 161, 165, 169, 178, 191, 201, 209, 214, 221, 225, 231, 238, 244, 248, 253, 258, 262, 266, 271, 276, 279, 286
 Null, 68, 70, 71, 72, 73, 74, 75, 80, 83, 85, 86, 87, 93, 95, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 136, 137, 138, 139, 140, 141, 143, 146, 155, 174, 176, 177, 181, 182, 185, 186, 187, 188, 189, 190, 196, 198, 200, 207, 209, 218, 219, 220, 229, 230, 235, 236, 237, 242, 243, 290, 291, 292, 293, 294, 295, 296
 Number of Drinks, 31
 Obesity, 184
 OCAN Lead, 21, 22, 64, 65, 81, 82
 Occupational / Employment / Vocational, 290
 ODSP, 175, 275, 283, 286, 287, 288, 294
 On parole, 147
 On probation, 147
 Opiates (e.g. heroin), 236
 Optimal Referral, 35, 293
 ORB conditional discharge, 147
 ORB detained - community access, 147
 Organization Name, 22, 84
 Organization Number, 22, 85
 Organizations LHIN, 22
 Osteoporosis, 184
 Other Addictions, 50, 238, 239, 240, 241, 242, 243
 Other Agency, 24, 120
 Other chronic illnesses, 208
 Other Contact, 24, 110
 Other Dependents, 55, 262, 263, 264, 265
 Other Illness Information, 29

Ministry of Health and Long-Term Care

Other physical disabilities, 208
 Other Specialty Hospital, 153
 Outcomes, 147
 Over-the-counter, 236
 Parents, 156
 Past 6 months, 236, 237
 Peace bond, 147
 Pension, 283
 Permanent Resident, 136
 Personal Care, 24
 Phone Number, 22, 23, 24, 25, 72, 83, 105, 109, 119, 123
 Physical Abuse, 290
 Physical Condition, 68
 Physical Health, 42, 176, 177, 178, 179, 180, 181, 185, 186, 187, 188, 189, 190
 Physical Symptoms, 199
 Poor Communication Skills, 199
 Postal Code, 22, 23, 24, 72, 104, 108, 119, 123
 Power of Attorney, 24, 25, 125, 127, 128
 Power of Attorney for Personal Care, 24, 125
 Power of Attorney for Property, 25
 Pre-Charge, 146
 Pre-charge Diversion, 146
 Pre-contemplation, 230, 237, 243
 Pre-contemplative, 176, 230, 237, 243
 Preferred Name, 22, 69, 70
 Pregnancy, 184
 Presenting Issues, 35, 290, 291
 Pre-Trial, 146
 Priority, 35, 292
 Private House/Apt. – Other/Subsidized, 154
 Private House/Apt. – SR Owned/Market Rent, 154
 Private Non-Profit Housing, 154
 Problems with Addictions, 291
 Problems with Relationships, 291
 Problems with Substance Abuse, 291
 Program Name, 22, 86, 87
 Program Number, 22, 86, 87
 Province, 22, 23, 24, 71, 74, 78, 104, 108, 118, 122, 123
 Psychiatric History, 198
 Psychiatric Hospital, 96, 153
 Psychiatrist, 23, 24, 106, 202, 203
 Psychiatrist Information, 23
 Psychological Distress, 45, 209, 210, 211, 212, 213
 Psychotic Symptoms, 43, 191, 192, 193, 194, 195, 196, 197, 198, 200
 Race, 141
 Reason for OCAN, 21, 63, 65
 Reason(s) for difference, 35
 Reassessment, 29, 37, 63, 65, 66, 195, 196
 Referral Source, 23
 Referral Status, 35
 Refugee, 136
 Refugee camp, 139
 Relapse Prevention, 230, 237, 238, 244
 Relatives, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 156
 Religion, 116, 141
 Request for Service Date, 23, 99
 Restraining order, 147
 Retirement Home/ Senior's Residence, 154
 Review, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 147, 148, 153, 160, 164, 168, 172, 181, 195, 204, 213, 217, 224, 228, 234, 241, 247, 252, 256, 261, 265, 269, 275, 278, 282, 289
 Risks, 30, 219, 220
 Rooming/Boarding House, 154
 Safety to Others, 47, 220, 221, 222, 223, 224
 Safety to Self, 46, 213, 214, 215, 216, 217, 218, 219, 220
 SDM Name, 24, 125
 Secondary / High School, 270
 Secondary/High, 173
 Sedatives (not prescribed or not taken as prescribed e.g. Valium), 236
 Seizure, 184
 Self, 16, 17, 18, 19, 21, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 78, 80, 81, 82, 83, 84, 85, 86, 87, 92, 93, 94, 95, 96, 97, 98, 99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 141, 142, 143, 144, 145, 148, 149, 153, 154, 155, 156, 157, 161, 164, 165, 166, 167, 168, 169, 172, 173, 174, 195, 196, 197, 204, 207, 208, 270, 283, 284, 285, 289, 294, 297
 Self-Care, 40, 164, 165, 166, 167, 168
 Separated, 81
 Separation from family members/significant others, 138
 Serious Problem, 149, 157, 161, 165, 169, 177, 191, 201, 209, 214, 221, 225, 231, 238, 244, 248, 253, 258, 262, 266, 271, 275, 279, 286
 Service Decision Date, 23, 100
 Service Delivery LHIN, 23
 Service Initiation Date, 23, 100
 Service Recipient Location (county, district, municipality), 22, 76
 Service Recipient Preferred Language, 26, 143
 Sexual Abuse, 291
 Sexual Expression, 53, 252, 253, 254, 255, 256, 257
 Sexual Orientation, 141
 Sexually Transmitted Infection (STI), 184
 Sheltered Workshop, 173
 Significant Change, 66
 Single, 80
 Skin, 184
 Skin conditions, 184
 Sleep Problems (e.g. Insomnia), 184
 Social assistance, 283
 Social Withdrawal, 199
 Solvents, 236
 Some Elementary / Junior High School, 270

Ministry of Health and Long-Term Care

Some Secondary / High School, 270
 Source of Information, 28, 186
 Specific Symptom of Serious Mental Illness, 291
 Specify, 35, 185, 294, 295
 Spouse/Partner, 156
 Staff Assessment, 17, 62, 63, 65, 66, 67, 69, 148, 152,
 153, 154, 161, 162, 163, 164, 165, 166, 167, 168, 169,
 170, 171, 172, 173, 174, 176, 177, 178, 179, 180, 181,
 185, 189, 191, 192, 193, 194, 195, 196, 197, 198, 200,
 201, 202, 203, 204, 206, 207, 208, 210, 211, 212, 213,
 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224,
 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235,
 236, 237, 238, 239, 240, 241, 242, 243, 245, 246, 247,
 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259,
 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270,
 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281,
 282, 283, 284, 285, 286, 287, 288, 289, 290, 292, 293,
 294, 295, 296
 Staff Name, 22
 Staff Phone Number, 22
 Start Date, 19, 36, 62, 67, 296
 Stay of proceedings, 147
 Stereotype Thinking, 200
 Stigma, 176
 Stimulants (e.g. amphetamines), 235
 Stroke, 184
 Summary of Actions. See , See , See , See , See , See ,
 See , See
 Summary of Referrals, 293, 294, 295, 296
 Supervised Facility, 155
 Supervised Non-facility, 155
 Supportive Housing - Assisted Living, 154
 Supportive Housing – Congregate Living, 154
 Suspended sentence, 147
 Suspiciousness, 200
 Symptoms, 176, 198
 Taken as prescribed, 28, 186, 188
 Telephone, 57, 270, 271, 272, 273, 274, 275

Temporary Resident, 136
 Threat to Others, 291
 Threat to Self, 291
 Thyroid, 184
 Total Number of Admissions for Mental Health Reasons,
 29
 Total Number of Hospitalization Days for Mental Health
 Reasons, 29
 Trade School, 174
 Transport, 58, 275, 276, 277, 278
 Transportation, 59, 176
 Type of Addiction, 32
 Unfit to stand trial, 146
 University, 174, 270
 Unknown, 63, 78, 81, 103, 107, 111, 121, 125, 127, 130,
 131, 132, 133, 134, 137, 139, 141, 142, 145, 148, 150,
 151, 154, 155, 156, 158, 159, 162, 163, 167, 170, 171,
 173, 174, 178, 179, 180, 184, 189, 190, 193, 195, 197,
 198, 202, 203, 206, 214, 215, 218, 219, 222, 232, 233,
 240, 246, 249, 250, 251, 253, 254, 255, 259, 260, 263,
 264, 267, 268, 270, 272, 273, 277, 280, 284, 286, 287,
 288
 Unmet Need, 17, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47,
 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61,
 67, 149, 157, 161, 165, 169, 177, 191, 201, 209, 214,
 221, 225, 231, 238, 244, 248, 253, 258, 262, 266, 271,
 275, 279, 286
 Version Code, 22, 75
 Vision, 184
 Vision impairment, 184
 Vocational, 174
 What is your current employment status, 27, 172
 What is your highest level of education, 34, 270
 What is your primary source of income, 34, 283, 284
 Where do you live, 26, 153, 154
 Which of the following drugs have you used, 31
 Widowed, 81