



**Ontario
Health**

OCCAN Refresher Training Activities

**Ontario Common Assessment of Need
(OCCAN)**

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Introduction

This Refresher Training manual is a resource that organizations can use to improve the quality of the Ontario Common Assessment of Need (OCAN). Implementing the activities in the manual can also improve client and staff experiences using OCAN.

OCAN is an evidenced-based tool used in the community mental health sector to inform service planning and day-to-day practice. Embedded in the tool is the internationally used well researched toll from the U.K. called the [Camberwell Assessment of Need \(CAN\)](#). The OCAN aligns with a recovery approach to practice with the inclusion of a client self-assessment and a process that encourages client involvement in identifying needs and priority actions to address needs. The goal of OCAN is support consistent quality care for clients/service users.

OCAN data is used at client, program, organizational, regional and provincial levels for service and systems planning. Using the information from OCANs supports positive client outcomes. For these reasons, it's important to ensure that OCANs completed at your organization are of high quality.

In addition to completing the OCAN eLearning course, it is recommended that organizations develop a refresher training program by selecting and implementing activities in this manual.

TIPS for using the manual:

- Identify the people in your organization to develop and implement refresher training.
 - It is recommended that each organization have 1 or 2 OCAN trainers.
 - It is also helpful to involve others, e.g., managers, direct service “super users”, client input, quality improvement or OCAN committee.
- Review this manual and determine which activities to implement.
- Use the information from the manual to plan the selected activities.
- Determine the frequency of your refresher training program (e.g., Staff complete training annually).
- A goal of these activities is to get staff comfortable with using OCAN reference materials.
- Review the reference materials and incorporate staff use of the materials as part of the activities.
- Implement the selected refresher training activities.
- Evaluate the activities and adjust based on staff feedback.

1. Correcting OCAN Data Quality Issues* *Highly recommended to do this activity with new and existing staff*

Intent	<p>Some analysis done on provincial OCAN data has determined that the quality of the data is good overall. However, quality issues were identified for some fields in the OCAN. The intent of this activity is to address quality issues by training staff on how to enter information accurately in those fields. The goals are to:</p> <ul style="list-style-type: none"> • Improve the quality of OCAN information. • Increase the amount of data entered in fields with significant percentages of missing/unknown data.
Duration	<ul style="list-style-type: none"> • ~1 hour
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 1 – 20 people.
Reference Materials	<ul style="list-style-type: none"> • <i>Improving OCAN Data Quality Resource (pg. 5)</i> • OCAN Dictionary (large document – use “Ctrl F” to search for field definitions) • OCAN Form • Need Rating Reference • Domains Definitions and Examples • Data Fields and Values
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff and include the intent of the activity. • Review the <i>Improving OCAN Data Quality Resource (pg. 5)</i> . • Become familiar with the reference materials so you can describe them to staff. • Ensure the staff group has access to the reference materials.
Instructions for Facilitating the Activity	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials one by one, briefly describe them and encourage staff to use them. • Walk through the <i>Improving OCAN Data Quality Resource (pg. 5)</i> with staff. • As you walk through each item, pause, and ask staff to contribute their questions, comments, and ideas so the exercise includes discussion. E.g., <i>Are you surprised that this field in OCAN is often getting missed? Why do you think that is? What are the challenges? What are your ideas for increasing responses?</i>

Improving OCAN Data Quality Resource

1. Improving Data in Fields with Significant % Missing/Unknown Data

General Tips:

- *Make sure your client is aware that they are not required to answer questions they aren't comfortable responding to.*
- *You can also decide not to ask some of the questions if you think it will impede your engagement with the client or interfere with the immediate service the client requires.*
- *For most questions, you have the option to enter "Prefer Not to Answer" or "Do Not Know". If you do not have information for an OCAN field, enter one of those options rather than leaving it blank.*
- *Consider if this may be due, in part, to staff's comfort level in having a conversation with clients about some fields. You may be missing important information to better understand and support your client.*
- *The goal is Not to have 100% response for every field*
- *The goal is to improve response rates for the fields below by implementing strategies that are helpful for clients and respect the client's decisions whether to share the information.*
- *Refer to the reference materials as you review the information and actions in Table 1 to improve data for the fields with significant rates of missing or unknown data.*

2. Correcting Errors in Entering OCAN Information

- *Refer to the reference materials as you review the information and actions in Table 2 to improve data for the fields with a significant rate of errors.*

Table 1: Improving Data in Fields with Significant % Missing/Unknown Data

Fields	Information and Actions
<p>The following socio-demographic information:</p> <ul style="list-style-type: none"> • Racial or Ethnic Group • Citizenship Status • Education • Sexual Orientation 	<ul style="list-style-type: none"> • Socio-demographic data provides information that can help you provide better care. • The information describes key characteristics of your client that helps you better understand and address their specific needs. • This can lead to better decisions on services for your client. • For example: Learning that a client is a refugee will prompt you to deliver or access services that focus on addressing barriers, stress and potential trauma associated with migration and settlement. • This data is also being used at an aggregate level to improve equitable access to health care for diverse communities. <p>Actions:</p> <ul style="list-style-type: none"> • Use the above points to explain why you’re asking these questions to your client. • Whenever possible gather this information from clients or other sources. • If you do not have information for these fields, select “Prefer Not To Answer” or “Do Not Know”. Do not leave it blank. • Click on the link for more information on collecting socio-demographic information: <p>Measuring Health Equity - Demographic Data Collection (torontohealthequity.ca)</p>
<p>Do You live with anyone?</p>	<ul style="list-style-type: none"> • This field captures who the client lives with at the time OCAN is completed. • For many OCANs, this field has been left blank. • This is likely an omission error as most staff know who clients are living with. <p>Actions:</p> <ul style="list-style-type: none"> • Complete this field selecting all options that apply. E.g., Parents & Non-relatives • If you do not have information for these fields, do not leave it blank. Select “Prefer Not to Answer” or “Do Not Know”
<p>Family Doctor Information</p> <p>Psychiatrist Information</p> <p>Family Doctor Information</p>	<ul style="list-style-type: none"> • 2 fields in OCAN. Does the client have a: 1) Family doctor; and 2) Psychiatrist. • Options are: <i>Yes, no, None available, Prefer not to answer</i> and <i>Do not know</i> • For a significant number of OCANs, these fields have been left blank • For coordination of care, it’s important for providers to have information about client’s access to doctors

<p>Psychiatrist Information (cont'd)</p>	<p>Action:</p> <ul style="list-style-type: none"> Complete this field. If the client does not have a doctor because there is none available in their area select “None available” If you do not have information for these fields, do not leave it blank. Select “Prefer Not to Answer” or “Do Not Know”
<p>Emergency Department Visits in the last 6 months for mental health reasons</p>	<p>A significant number of OCANs have this marked as “Unknown” One way of measuring the impact of community mental health services is identifying if there is a decrease in emergency department visits over time. This field is required to measure this.</p> <p>Action:</p> <p>Complete this field if possible Get the information from client self-report or other sources Options are: <i>None, 1, 2-5 or 6+</i>. With these ranges, you have the leeway to estimate. For information on how OCAN data can be used click on Examining the need profiles of patients with multiple emergency department visits for mental health reasons</p>
<p>Need and Help Ratings for the following domains:</p> <p>Food</p> <p>Intimate Relationships</p> <p>Sexual Expression</p> <p>Need and Help Ratings for the following domains:</p> <p>Food</p> <p>Intimate Relationships</p>	<ul style="list-style-type: none"> There is a high percentage of staff entering the need rating “Unknown” for the Food, Sexual Expression, and Intimate Relationships domains. Although, it may be reasonable to see a higher number of “Unknown” need ratings for some domains, it’s important to review the domain definitions and discuss strategies for giving clients the opportunity to talk about these areas if they require support. Use your judgement and do not pressure clients to respond. <p>Actions:</p> <ul style="list-style-type: none"> Review the Domains Definitions and Examples for Food, Intimate Relationships and Sexual Expression Food: This is an unmet need if the client is not getting an adequate diet due to difficulties with shopping, storage and/or cooking of food or because inadequate or culturally inappropriate food is being provided. Intimate Relationships: This includes, not only romantic/sexual relationships, but other close personal relationships as well. This is an unmet need if the client is at risk in a current intimate relationship or identifies a lack of and desire to have a close relationship. Sexual Expression: This is an unmet need if the client expresses a need for sexual contact. Also, this is an unmet need if there are difficulties due to

<p>Sexual Expression</p> <p>(Cont'd)</p>	<p>medication side effects, as well as a lack of safe sex practices and inadequate contraception. If the client has no sexual contact and is happy with their current situation, then the need rating is No need.</p> <ul style="list-style-type: none"> • Within teams or in supervision, share approaches to having conversations about these domains with your clients. • Ask staff that are rating need and help more frequently in these areas to share the questions they ask clients. Also share when to “back off” as clients should not feel pressured to respond. • Review this tip and discuss in teams: Some domains may feel embarrassing or be counter-therapeutic to assess. However, although domains such as sexual expression can be awkward to introduce, if discussed skilfully this does give an opportunity for people to talk about areas, they might find too embarrassing to bring up themselves. It is worth remembering that sexual dysfunction as a side effect of anti-psychotic medication is often not reported, unless specifically asked about. Similarly, risk of violence and suicide should be assessed with sensitivity, using questions such as: ‘Do you ever have problems with your temper?’ and ‘Do you ever feel you can’t cope with all your problems?’. For every domain, the service user can choose not to answer, and this should be made clear. The need rating for that domain is then recorded as Unknown.
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Table 2: Correcting Errors in Entering OCAN Information

Fields	Information and Actions
<p>Have you been hospitalized due to your mental health? If Yes,</p> <p>Number of admissions</p> <p>Number of days</p>	<ul style="list-style-type: none"> The timeframe for this field is important to understand. It has an added complexity because it varies depending on the <i>Reason for OCAN</i>. If it's the <i>Initial OCAN</i>, the timeframe is hospitalizations for the past 2 years. If it's a <i>Reassessment OCAN</i>, the timeframe is hospitalizations since the last OCAN. <i>The recommended standard for reassessments is every 6 months.</i> One way of measuring the impact of community mental health services is identifying a decrease in hospitalizations over time. This field is required to measure this. <p>Actions:</p> <ul style="list-style-type: none"> Complete this field if possible. Get the information from client self-report or other sources. Ensure you follow the instructions for timeframe.
<p>Service Initiation Date</p> <p>Exit Date</p> <p>Exit Disposition</p>	<ul style="list-style-type: none"> These fields are in the <i>Mental Health Functional Centre Use</i> section of the OCAN. There is missing data in the <i>Service Initiation Date</i>. Some of the missing data may be correct as it should be left blank if the client is waiting for the service. The functional centre information should be completed for each service type the client is involved in within your organization. The <i>Exit Date</i> and <i>Exit Disposition</i> identifies that the client is discharged from a functional centre/service type. When a client is discharged, the <i>Exit Date</i> and <i>Exit Disposition</i> should be entered on the next OCAN. If the client is receiving other services at your organization, on the subsequent OCANs, remove the functional centre information where the client is no longer receiving service. A Discharge OCAN is only completed when the client is leaving the organization, i.e. discharged from all functional centres. Functional centres with the same <i>Service Initiation Date</i>, <i>Exit Date</i> and <i>Exit Disposition</i> are incorrectly being left on multiple OCANs for a client. <p>Actions:</p> <ul style="list-style-type: none"> Enter the <i>Service Initiation Date</i> unless the client is waiting for the service. Complete functional centre information for each service type the client is involved in within your organization. Enter the <i>Exit Date</i> and <i>Exit Disposition</i> when a client has been discharged from a functional centre. If the client is receiving other services at your organization,

Table 2: Correcting Errors in Entering OCAN Information

Fields	Information and Actions
<p>Service Initiation Date</p> <p>Exit Date</p> <p>Exit Disposition (Cont'd)</p>	<p>on subsequent OCANs, remove the functional centre information where the client is no longer receiving service.</p> <div data-bbox="511 472 771 772" style="border: 1px solid black; padding: 5px; margin: 10px 0;"> <p>4. Mental Health Functional Centre Use (for the last 6 months)</p> <p>Mental Health Functional Centre 1</p> <p>OCAN Lead: <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Staff Worker Name:*</p> <p>Staff Worker Phone Number:*</p> <p>Organization LHMN:*</p> <p>Organization Name:*</p> <p>Program Name:*</p> <p>Program Number:*</p> <p>Functional Centre Name:*</p> <p>Service Delivery LHMN:*</p> <p>Referral Source:*</p> <p>Request for Service Date (YYYY-MM-DD):</p> <p>Service Decision Date (YYYY-MM-DD):</p> <p>Accepted:</p> <p>Service Initiation Date (YYYY-MM-DD):</p> <p>Exit Date (YYYY-MM-DD):</p> <p>Exit Disposition:</p> </div> <div data-bbox="828 472 1437 798" style="border: 1px solid black; padding: 10px; margin: 10px 0;"> <p>*Dates reflect for:</p> <p>Initial OCAN: the status at the point the assessment is taking place</p> <p>Reassessment OCAN: the client's involvement in services since the last OCAN assessment</p> <p>*Enter Exit date and exit disposition when a client is discharged from a service. If you continue to complete OCANs because the client is still active in your organization, remove that functional centre information on the subsequent OCANs</p> <p>*A Discharge OCAN is completed when the client has been discharged from all functional centres in your organization</p> </div>

2. Facilitated Group Discussion on OCAN Content

Intent	<p>This activity is intended to support the quality of OCANs completed by staff by reinforcing OCAN knowledge and clarifying OCAN standards and definitions. The activity includes questions to facilitate discussion and provides staff with an opportunity to ask their questions and provide feedback. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are completed accurately. • Remind staff of the reference materials they should use to help them complete OCANs accurately. • Share ways of approaching the OCAN interview as a conversation rather than a paper questionnaire. • Share strategies for completing the reassessment.
Duration	<ul style="list-style-type: none"> • ~ 1 hour
Format	<ul style="list-style-type: none"> • Face to face or virtual group meeting. • Preferred approach is a group of 5-12 staff members; however, it can be done with over 12 people. For large groups, consider facilitated breakout groups and a “Report Back” to the large group. • Assign note taker to capture key themes and actions from the discussion.
Reference Materials	<ul style="list-style-type: none"> • Camberwell Assessment of Need (CAN) Q&A Training Resource (pg.13) • <u>OCAN Dictionary (large document – use “Ctrl F” to search for field definitions)</u> • <u>OCAN Form</u> • <u>Need Rating Reference</u> • <u>Domains Definitions and Examples</u> • <u>Data Fields and Values</u>
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff group and include the intent of the activity. Ask staff to bring their questions about OCAN to the meeting. • Set up virtual meeting and/or book room for face-to-face meeting. • Become familiar with the reference materials so you can describe them to staff. • Ensure the staff group has access to the reference materials. • Review the CAN Q & A Training Resource (pg. 13) and decide which questions to include. • Assign note taker with instructions to only summarize key themes and actions.

2. Facilitated Group Discussion on OCAN Content

<p>Instructions for Facilitating the Activity</p>	<p>Describe the intent and goals of the activity.</p> <p>Show the reference materials one by one and briefly describe them. Encourage staff to use them if they get stuck on an item in the OCAN.</p> <p>Facilitate OCAN discussion using the following questions and instructions as a guide:</p> <ul style="list-style-type: none"> • What do you like about OCAN? • What are your concerns about using OCAN? <i>As concerns are raised, discuss/share ideas and strategies to address concerns and record follow-up actions.</i> • What specific questions do you have about OCAN? <i>Respond to as many questions as you can during the meeting using reference materials as needed. For remaining questions, ensure you communicate responses following the meeting.</i> • Review the Need Rating Reference together. <i>Explain that this is the metric in OCAN where accuracy and consistency amongst staff is important. Are there any questions about the need rating definitions? Do you have any examples where it was challenging to rate need?</i> • What strategies do you use for the OCAN interview to be a conversation rather than a paper questionnaire? • How do you guide the conversation for your clients to prioritize the summary of actions? • Reassessment: <i>Share the following:</i> <i>The recommended standard is to complete an OCAN ever 6 months. Research has demonstrated that doing a regular review of needs with clients improves outcomes. Updating the service plan by having clients and staff identify needs that have been addressed, new needs that have emerged and make revisions to goals is an effective practice. However, it is challenging to keep up with getting OCANs done.</i> <ul style="list-style-type: none"> ➤ What do you find challenging about reassessments? ➤ What are some strategies and/or feedback you have for getting reassessments completed more efficiently? • Ask questions you selected from the Review the CAN Q & A Training Resource (pg. 13). <i>Have staff respond and review responses provided in the reference</i> • What information from the OCAN will you use in your day-to-day practice? <p>Have Note taker record key themes and actions from the discussion and ensure follow-up as needed</p>
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Camberwell Assessment of Need (CAN) Q & A Training Resource

The following question and answers (Q&A) are from the [From the Camberwell Assessment of Need, 2nd Edition](#) and the [CAN website](#).

Review the Q&A below and decide on the ones you will use in the **Group Discussion Activity**

1. What time is covered in the OCAN?

- Needs in the last month are assessed.

2. Should the staff rate need in the same way the client rated need

- No. Staff and service user ratings are different, so rating them the same means you'll lose the information about where there are different perspectives.

3. Is it acceptable to use different sources of information?

- Yes. It is good practice to use the full range of information available. Possible sources of information include an interview with the service user, family members, clinical notes, information from a referrer and other staff or agencies involved in the service user's care.

4. Can the OCAN be completed without the client self-assessment?

- Yes. Sometimes this may be necessary when the service user is unwilling or unable to give their perspective on their needs. However, research indicates that staff and clients do not rate identically, so information is lost when only one perspective is assessed.

5. How long do OCAN assessments take to complete?

- The Full OCAN can take anywhere from 0.5 to 2 hours depending on depth of assessment and level of negotiation of action plan.

6. What are some tips for rating need?

- A practical approach to rating the domain is to establish if there is a current serious problem.
 - If there is a current serious problem the rating is an Unmet need
 - If there is not, is this because the person is getting help (rating of Met need) or because there is no issue in this domain (rating of No need)
 - Just because there is currently no serious problem, the need rating is not automatically No Need. For example, someone with diabetes who is physically well because of their prescribed insulin would be rated as Met need for physical health.
- A need can exist for a variety of reasons. Someone with a diagnosis of a mental illness involving the symptoms of psychosis may currently be unable to do their shopping because of a sprained ankle. They should be rated as having an Unmet need in the Food domain, even though this need is not related to their mental health problems.
- **What is the need rating if the service user says there is still a serious problem despite receiving help?** Unmet need
- **What is the need rating if the service user says they still experience some difficulties, despite receiving help?** If the service user perceives the intervention as reducing the problem to a moderate level, then the need rating is Met need. If they perceive the problem as still being serious then the need rating is Unmet need. If in doubt, ask whether they see the problem as manageable with the current level of help. The difference

between a Met and Unmet need is a matter of judgement, and the judgement of the staff and the service user may differ.

- **What is the need rating when the service user refuses all help offered?** The service user rating is No need or Unmet need depending on whether they perceive a need to exist. The staff rating is Unmet need. This is one reason why the presence of an unmet need should not be taken as showing inadequate care.
- **What is the need rating if the service user's perception is that there is no problem, but they are receiving help?** Always record the service user's stated perspective for the self-assessment even if this appears irrational or inconsistent with what is known about them. If they say that there is no problem, it may be helpful to ask if they are receiving any help in that area. If they are, ask them what the help is for. If they acknowledge that the help prevents the problem occurring, then the need rating is Met need. If they say that the help is not connected with the problem, or that they are not getting any help, then the need rating is No need.

7. What are some tips about specific domains?

- **Accommodation: the service user lives with their parents** - For the service user rating, ask whether they live with their parents because of mental health or other problems. If the response is no then the need rating is No need, and if the response is yes then the need rating is Met need or Unmet need. If the staff assessment is that the service user is living with their parents because of their mental health problems, then the staff need rating is Met need or Unmet need. If the staff assessment is that most people like the service user but without mental health problems would still live with their parents, then the staff need rating is No need.
- **Food: the service user cannot cook** - Normally this would be rated Met need if acceptable help is given or Unmet need if not. The exception is that in some cultures, men are not expected to know how to cook, in which case the rating is No need. As always, cultural norms for the service user's community should be considered when rating.
- **Sexual expression: the service user has no sexual contact**- If the service user is happy with their current situation, then the need rating is No need. If they see it as a problem, then the need rating is Unmet need.
- **Money: the service user has no money**- Rate Met need if they are getting enough financial help from others, or Unmet need if their financial problems are not receiving enough help.

8. Does every domain need to be assessed?

- No. Some domains may feel embarrassing or be counter-therapeutic to assess. However, although domains such as sexual expression can be awkward to introduce, if discussed skilfully this does give an opportunity for people to talk about areas, they might find too embarrassing to bring up themselves. It is worth remembering that sexual dysfunction as a side effect of anti-psychotic medication is often not reported, unless specifically asked about. Risk of violence and suicide should be assessed with sensitivity, using questions such as: 'Do you ever have problems with your temper?' and 'Do you ever feel you can't cope with all your problems?'. For every domain, the service user can choose not to answer, and this should be made clear. The need rating for that domain is then recorded as Unknown.

9. Do I rate the domain if our clinical team would not offer an intervention for that particular problem?

- The domains were widely agreed to be relevant domains of need. Irrespective of whether the team would address this problem, the problem should be rated if it exists. For some domains, one type of help that might be offered is a referral to a more appropriate agency.

10. How do I rate level of help given if a service has been offered but the service user has refused it?

- Question 3a relates to actual receipt of help from formal services. If a service has been offered help but they have refused it, then they are not receiving any help and are rated No help.

3. Need Rating Buzz Activity

Intent	<p>This activity is intended to ensure that staff have an accurate understanding of how to rate Unmet need, Met need and No need. The activity provides an opportunity for staff to share their rationale for need ratings. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are rating Unmet Need, Met Need and No Need accurately. • Support agreement amongst staff on need ratings – interrater reliability.
Duration	<p>~ 0.25 to 0.5 hour</p>
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 3 - 20 people. • As this activity is short, you can add it on to another meeting or training activity.
Reference Materials	<ul style="list-style-type: none"> • Need Rating Reference • Domains Definitions and Examples • Buzz activity power point slides (provided as a separate attachment) • Buzz activity handout for staff (pg. 16) • Buzz activity answer key (pg. 17)
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Send meeting invite to staff and include the intent of the activity. • Provide staff with Need Rating Reference and Buzz activity handout. • Have power point in slide show mode so staff doesn't see the answers.
Instructions for Facilitating the Activity	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Review the Need Rating Reference together. Explain that this is the metric in OCAN where there needs to be accuracy and consistency amongst staff. Ask if there are any questions about the definitions? Ask staff to share examples where it was challenging to rate need? • Options: 1) Rate needs together on the spot as a group; 2) Provide staff with the Buzz activity handout and ask them to complete it before the meeting or give them 10-15 minutes at the beginning to complete it. • With either option, show Buzz Activity Power Point in slide show mode so staff doesn't see the answers • Ask staff to call out their response for each domain and to describe the rationale for selecting the need rating. Show correct need rating on the slide show <i>*Answers are animated on the slides and appear one at a time as you click the mouse or use arrow key.</i>

Buzz Activity Handout

Client information	Need Rating
Ritika is 16 years old and lives with her parents with no serious problems.	
Mohamed's roommate cooks them meals, but he often doesn't eat because it's not halal.	
John's apartment is cluttered with dirty clothes and old magazines. His mother comes to clean the apartment and do his laundry twice a month.	
Naveed showered yesterday. She is wearing a torn sweatshirt.	
David has been attending a vocational program twice a week, but he hasn't been showing up in the last 5 weeks.	
Maria is managing her diabetes by taking insulin as prescribed.	
Ahmed explained that "the voices are still there", but they've been reduced since taking neuroleptics over the past few months.	
Cynthia remembers being given a pamphlet about bipolar disorder, but it was a long time ago and she states that she doesn't understand her problem.	
Tanisha reports feeling more energetic and content. When she starts to feel anxious, she deals with it by going for an outdoor walk.	
Abdul said that he no longer hears voices telling him to cut himself. It stopped a few months ago, since his nurse is giving him injections.	
John fell asleep holding a lit cigarette and started a fire in his house. He and his parents had to evacuate and call in the fire department.	
Sarah has been attending AA. She continues to drink half a litre of vodka a day.	
Joe smokes 1-3 "joints" per week.	
With the support of his therapist, Albert has not engaged in online gambling this month.	
Don plays cards with a group of friends twice a week and regularly spends time with his brother's family.	
Reham is feeling lonely. She was very close with her sister, and they recently had an argument and stopped talking to each other.	
Jane is currently not sexually active, and she states she's "ok with it"	
Lee's mother comes over to babysit a couple times a month so Lee can go out with her friends.	
George lives with his elderly mother. Her health is deteriorating, and a nurse comes to the home 3 hours a day. Despite this support, George finds caring for his mother very stressful.	
Ashim has been in Ontario for 4 years now. He can communicate with his employer and fill out is kids' school forms.	
Bob has access to a computer with internet access at the group home.	
Anisa is missing her doctor's appointments because she is worried about getting on a crowded bus	
Jane regularly pays all her bills except for utilities. Her partner takes care of paying that bill.	
Conrad is eligible for ODSP, but he doesn't know how to apply for it.	

Buzz Activity Answer Key

Client information	Need Rating
Ritika is 16 years old and lives with her parents with no serious problems. <i>*Most 16-year-olds (with or without mental health problems) live with their parents so the rating is No Need. If the client was 40 and living with parents because of their mental health problems, the rating would be 1 – met need)</i>	0
Mohamed’s roommate cooks them meals, but he often doesn’t eat because it’s not halal. <i>*A serious problem because culturally appropriate food not available</i>	2
John’s apartment is cluttered with dirty clothes and old magazines. His mother comes to clean the apartment and do his laundry twice a month.	1
Naveed showered yesterday. She is wearing a torn sweatshirt.	0
David has been attending a vocational program twice a week, but he hasn’t been showing up in the last 5 weeks.	2
Maria is managing her diabetes by taking insulin as prescribed. <i>*Getting successful treatment for a physical health condition is considered a Met need</i>	1
Ahmed explained that “the voices are still there”, but they’ve been reduced since taking neuroleptics over the past few months.	1
Cynthia remembers being given a pamphlet about bipolar disorder, but it was a long time ago and she states that she doesn’t understand her problem.	2
Tanisha reports feeling more energetic and content. When she starts to feel anxious, she deals with it by going for an outdoor walk.	0
Abdul said that he no longer hears voices telling him to cut himself. It stopped a few months ago since his nurse is giving him injections.	1
John fell asleep holding a lit cigarette and started a fire in his house. He and his parents had to evacuate and call in the fire department. <i>*Inadvertent risks to the safety of others should be included – unmet need</i>	2
Sarah has been attending AA. She continues to drink half a litre of vodka a day.	2
Joe smokes 1-3 “joints” per week.	0
With the support of his therapist, Albert has not engaged in online gambling this month.	1
Don plays cards with a group of friends twice a week and regularly spends time with his brother’s family.	0
Reham is feeling lonely. She was very close with her sister and they recently had an argument and stopped talking to each other.	2
Jane is currently not sexually active, and she states she’s “ok with it”.	0
Lee’s mother comes over to babysit a couple times a month so Lee can go out with her friends.	0
George lives with his elderly mother. Her health is deteriorating, and a nurse comes to the home 3 hours a day. Despite this support, George finds caring for his mother very stressful.	1
Ashim has been in Ontario for 4 years now. He can communicate with his employer and fill out his kids’ school forms.	0
Bob has access to a computer with internet access at the group home.	1
Anisa is missing her doctor’s appointments because she is worried about getting on a crowded bus.	2
Jane regularly pays all her bills except for utilities. Her partner takes care of paying that bill.	0
Conrad is eligible for ODSP, but he doesn’t know how to apply for it.	2

4. Improving Self-Assessment Completion

Intent	<p>The OCAN supports a recovery approach to service delivery with the inclusion of a self-assessment. Where possible, the client is also involved in the overall OCAN process including prioritizing actions that are most important to them. The goals of this activity are to:</p> <ul style="list-style-type: none"> • Develop a consistent approach to introducing OCAN and the Self-Assessment to clients in your organization. • Improve client completion of the Self-Assessment. • Improve client’s understanding of the purpose of completing OCANs.
Duration	<ul style="list-style-type: none"> • 1 – 2 hours
Format	<ul style="list-style-type: none"> • Face to face or virtual meeting • 3 - 20 people
Reference Materials	<ul style="list-style-type: none"> • OCAN Self-Assessment Form • eLearning Module: Introducing the Self-Assessment (the 3rd module in the OCAN Self-Assessment Component section) Home - Common Assessments and IAR (thinkingcap.com) • OCAN Postcard and Script (pg. 21 & 22) developed by the OCAN Quality Improvement (QI) Network, a group of organizations doing collective QI work supported by the Excellence through QI Project (E-QIP) E-QIP – Excellence through Quality Improvement Project <ul style="list-style-type: none"> ➢ The Postcard and script are used with clients to describe the OCAN process and how to complete the OCAN self-assessment.
Instructions to Prepare for the Activity	<ul style="list-style-type: none"> • Log onto the OCAN eLearning Course, go to the OCAN Self-Assessment Component and review the 3rd module - Introducing the Self-Assessment <ul style="list-style-type: none"> ➢ Although staff have done this as part of completing the eLearning course, this module can be re-used in refresher training. The plan is to do this module together as a staff group. Prepare to facilitate the <i>Planning Exercise</i> in the module as a group. <i>*In addition to the questions asked in the Planning Exercise, you can create your own questions with the purpose of developing a consistent approach in your organization</i> • The OCAN QI Network is currently testing the use of the Postcard and Script with clients. They have agreed to share this with the sector as an approach that organizations can use to improve client understanding of OCAN and self-assessment completion. <ul style="list-style-type: none"> ➢ Review the postcard and script. Decide whether you would like to use it. Make any revisions you would like to the postcard and script in advance of the activity or use the current version and solicit feedback from staff as part of the activity. • Send a meeting invite to staff and include the intent of the activity • Assign note taker with instructions to summarize key themes and actions

4. Improving Self-Assessment Completion

Instructions for Facilitating the Activity	<p>Describe the intent and goals of the activity</p> <ul style="list-style-type: none">• As a group, do the OCAN eLearning, Introducing the Self-Assessment module. You can mention that they did this module on their own before.<ul style="list-style-type: none">➤ As a group, complete the Planning Exercise from the module➤ <i>Assign someone to take notes - IMPORTANT: The planning exercise in the eLearning environment allows you to take notes, but it does not save them. Therefore, note responses to the planning exercise questions outside of the eLearning platform where they can be saved and seen by participants (e.g. flipchart, electronic word document).</i>• If you decide to use the Postcard and Script, this can be the basis for the consistent approach you implement. For the activity, you can use either of the following 2 approaches:<ol style="list-style-type: none">1. In advance of the meeting, finalize the postcard and script for your organization. Provide them to staff and inform them that they will be using these materials with clients. Walkthrough the postcard and script with staff.2. Share the current version of the postcard and script. During the meeting, gather feedback from staff on the idea of using these tools and any potential revisions to these tools.• Facilitate role play activity.<ul style="list-style-type: none">Role Play #1 – New Client:<ul style="list-style-type: none">➤ Using the cover page of the self-assessment form as a guide, as well as the postcard & script (if using), divide staff in pairs and have them role play introducing OCAN and Self-Assessment instructions with the new client.➤ Ask one staff to play the client and the other the client’s worker. Switch roles and repeat.Role Play #2 – Existing Client:<ul style="list-style-type: none">➤ Before the roleplay, have a group discussion on what you would do differently to use these materials with existing clients who have done OCANs one or more times. Allow space for staff to come up with ideas. If needed, provide some suggestions. E.G. <i>“As you know, we do an OCAN together every 6 months and it’s time to do the OCAN reassessment together. Before we start, I want to spend a few minutes going over the reasons why we do OCANs and how it can help.... If the client has done a self-assessment before you could say “It’s helpful to have you do the self-assessment part of the OCAN again. This is an opportunity for you to identify the goals you’ve achieved, where you have needs and what goals you want to focus on now. So you’re not starting from scratch, here’s a copy of your last self-assessment, you can jot down what has changed”</i>➤ Divide into pairs and do the role play. One staff is the client and the other is the worker. Switch roles and repeat.
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4. Improving Self-Assessment Completion

- **Pulling it all together**
 - The overall goal is to improve the rate of self-assessment completion by developing a consistent approach to introducing OCAN and the self-assessment to clients.
 - Ask staff if they have any more feedback before this new consistent approach is finalized. Facilitate this discussion. E.g. *To have a consistent approach 100% of the time won't work because not all clients are the same. You will have clients that may not be able or willing to engage in this process and complete a self-assessment. How do we implement a consistent approach with flexibility?*
 - Let staff know that you're taking the information captured through this activity and incorporating it into a new approach.
 - ***Take the information and incorporate it into clear materials and instructions for staff to begin using. Get some help with this (e.g. managers and/or key direct service providers).***
 - ***3-6 months later, bring staff together to share feedback on how it's going.***

OCAN Postcard Resource

Side #1:

Ontario Common Assessment of Need

This is an overview of our approach to your recovery.

Assessment	<p>OCAN</p> <ul style="list-style-type: none"> Let's identify your needs and strengths
Plan	<p>Recovery Plan</p> <ul style="list-style-type: none"> Let's create your plan
Review	<p>Reassessment & Recovery Plan Update</p> <ul style="list-style-type: none"> Let's review your needs, progress and plan every six months.

Side #2:

Defining Your Needs

Covers 24 Domains: Identifying Areas of Needs

- Benefits
- Sexual Expression
- Other dependents
- Psychotic symptoms
- Money
- Alcohol

- Accommodation
- Education
- Child care
- Intimate relationships
- Other addictions
- Other dependents
- Child care
- Psychotic symptoms
- Safety to self
- Intimate relationships
- Other addictions
- Drugs
- Information on condition and treatment

- Food
- Transportation
- Looking after the home
- Self-care
- Daytime activities
- Physical health
- Communication
- Psychological distress
- Company
- Safety to others



NO NEED <small>Not a serious problem or doesn't apply to me</small>	Strengths <small>Not a serious problem because of help I'm given</small>	UNMET NEED <small>A serious problem despite help I'm given</small>	IDONT WANT TO ANSWER <small>I prefer not to respond</small>
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*For a high-resolution copy of the OCAN postcard, contact IAR_Submissions@ontariohealth.ca

OCAN Postcard Script

***The intention of this script is to help staff use the postcard to provide information:**

- To clients about the OCAN and Recovery Plan process.
- About what is covered in the OCAN and how to complete the self-assessment.

Note: The script is meant to be used as a guideline and wording can be adjusted depending on:

- The client's presentation – e.g., cognitive ability.
- Whether you're with a new client or an existing client who is familiar with OCAN.

First Side of the Post Card:

Let me show you the process we use to support you in your recovery. The main steps of the process are Assessment, Plan and Review. Let's break it down:

1. **Assessment:** The assessment we use is called the Ontario Common Assessment of Need or OCAN for short. OCAN is a tool that helps us identify your needs in different areas of your life and actions to address those needs. The OCAN also helps identify your strengths - areas where things are going well.
2. **Plan:** Using the information from the OCAN, we work together on a recovery plan. This part is about setting specific goals and determining the steps to achieve your goals. As part of this process, you decide on the priority – which goals are the most important to you.
3. **Review:** Periodically (every six months), we will have a conversation about how things are going. This is known as a reassessment and review of your recovery plan. We use OCAN again to highlight your progress and your strengths. It's also an opportunity to identify your needs at that point and discuss next steps. This leads to revising your recovery plan; to celebrate the goals you have accomplished and identify existing or new goals to focus on. Down the line, this review step could identify that you no longer need our services. We then switch to a discharge process focused on the goals you've achieved and helping you link to other services if needed.

Second Side of the Post Card:

- The OCAN has two parts: one portion is completed by you. It's called the self-assessment. We then have a conversation and I complete the other portion of the OCAN.
- It's holistic as both portions cover questions on a range of areas that we call "domains" to help identify areas of your life where you need support and where things are going well. **they are listed here.**
- Your answers in the self-assessment and the conversation we have will direct how we will work with you to provide services that will best meet your needs.
- The self-assessment is optional, and you only need to respond to questions that you are comfortable discussing.

We do encourage you to complete the Self-Assessment because...

- It gives you a voice by capturing your perspective.
- Services and supports are directed to areas that are most important to you.

Use these definitions along the bottom of this postcard to help you to complete the self-assessment.

You identify your needs by selecting one of the following options for each domain.

- **No Need means this is not a serious problem or doesn't apply to me**
- **Met Need means this is not a serious problem because of help I am given**
- **Unmet need means this is a serious problem despite help I'm given**
- **I don't want to answer: Feel free to tick this box off on any question you don't feel comfortable answering.**

I will go over it again when I show you how to complete the self-assessment.

Do you have any questions so far?

Are you ready for me to show you the self-assessment and explain in more detail how to complete it?

Instructions for Completing the Self-Assessment

****The 5 step instructions below are on the first page of the Consumer Self-Assessment. Show your client and walk through the steps together:***

1. Read the first life domain in the assessment (Accommodation) and consider your needs in that area of your life.
2. The questions just beneath the domain are there to help you think about whether this is a problem (area of need) and whether you're getting the help you need. Check off one of the four boxes to identify if you have needs in that domain. ***Use the postcard to review the definition for each need rating.***
3. Please provide comments to explain why you feel you have either, no need, an unmet need, or a met need so your worker can better understand why you chose your rating.
4. Following the 24 domains, there are 5 questions. Responding to these questions will capture what's important to you, your strengths, and your recovery goals.

*For the reassessment in 6 months, part of the process is to complete the OCAN self-assessment again. Consider what you identified in your last self-assessment and what's changed since then. It's very helpful to understand your perspective and what's most important on you. Let's look at a couple of examples:

Domain # 6 – Physical Health:

Has your physical health been a problem (an area of need)? Are you getting the help you need?

- If you have a physical health issue that continues to be a problem, you will rate that as an unmet need. For example, if you have chronic back pain, even if your taking medication for it, but you find that it does not help alleviate the pain, you will select **unmet need**.
- Let's say you have diabetes, and your treatment is working (insulin, special diet), then it would be a **Met Need** because you have treatment that works.
- If you have no physical health issue you would select **No Need**.

Domain #16 – Intimate Relationships

Have close personal relationships been a problem (an area of need)? Are you getting the help you need?

- If you were very close with your sister when you were younger, but now you don't speak and it really upsets you, that would be an **unmet need**.
- If you and your spouse are receiving marital counselling and you find it helpful, that would be a **met need**.
- If you have a close and healthy relationship with your mother, that would be a **No Need**

- **Do you have any questions before you get started?**

5. OCAN Jeopardy Game

<p>Intent</p>	<p>This activity is intended to be a fun way to do an overall review of the purpose and content of OCAN. This activity is an extra quiz within the OCAN eLearning course, modelled after the game of Jeopardy. Although staff may have done this as part of completing the eLearning course, this module can be re-used in refresher training. If staff haven't been trained recently, they may have an incorrect understanding of some parts of the tool. The goals are to:</p> <ul style="list-style-type: none"> • Ensure that OCANs are completed accurately. • Re-energize staff on their use of OCAN through a fun activity. • Remind staff of the reference materials they should use to help them complete OCANs accurately. 																												
<p>Duration</p>	<p>~ 0.5 hour</p>																												
<p>Format</p>	<ul style="list-style-type: none"> • Face to face or virtual meeting. • 3 - 20 people • As this activity is short, you can add it on to another meeting or training activity 																												
<p>Reference Materials</p>	<ul style="list-style-type: none"> • OCAN eLearning Course: OCAN Quiz – last section of the eLearning Home - Common Assessments and IAR (thinkingcap.com) • OCAN Dictionary (large document – use “Ctrl F” to search for field definitions) • OCAN Form • Need Rating Reference • Domains Definitions and Examples 																												
<p>Instructions to Prepare for the Activity</p>	<ul style="list-style-type: none"> • Log onto the OCAN eLearning Course, go to the OCAN Quiz (last section of eLearning) and complete the OCAN extra quiz module. Home - Common Assessments and IAR (thinkingcap.com) <div data-bbox="656 1486 1058 1843" data-label="Table"> <table border="1"> <thead> <tr> <th colspan="4">OCAN JEOPARDY!</th> </tr> <tr> <th>OCAN Overview</th> <th>Name the Domain</th> <th>Consumer Self Assessment</th> <th>Staff Assessment</th> </tr> </thead> <tbody> <tr> <td>\$100</td> <td>\$100</td> <td>\$100</td> <td>\$100</td> </tr> <tr> <td>\$200</td> <td>\$200</td> <td>\$200</td> <td>\$200</td> </tr> <tr> <td>\$300</td> <td>\$300</td> <td>\$300</td> <td>\$300</td> </tr> <tr> <td>\$400</td> <td>\$400</td> <td>\$400</td> <td>\$400</td> </tr> <tr> <td>\$500</td> <td>\$500</td> <td>\$500</td> <td>\$500</td> </tr> </tbody> </table> </div> <ul style="list-style-type: none"> • Decide how you want to structure this as a group activity. Here are some options: 	OCAN JEOPARDY!				OCAN Overview	Name the Domain	Consumer Self Assessment	Staff Assessment	\$100	\$100	\$100	\$100	\$200	\$200	\$200	\$200	\$300	\$300	\$300	\$300	\$400	\$400	\$400	\$400	\$500	\$500	\$500	\$500
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\$500	\$500	\$500	\$500																										

5. OCAN Jeopardy Game

<p>Instructions to Prepare for the Activity (cont'd)</p>	<ul style="list-style-type: none"> ➤ Divide the group into 2 teams. Have Team A start and give the Team B a turn when Team A gets an answer wrong, or they get 3 correct answers in a row. Have someone keep track of each team's score ➤ Give individual people a turn and go around the room (if you keep score for this one, you may want to give an equal score instead of using the \$ amount on the jeopardy board) ➤ Ask the whole group every question and allow them to call out or write down the answer. • Consider having a prize for the winners or refreshments for everyone if face-to-face • Send meeting invite to staff and include the intent of the activity • Provide staff with access to reference materials • As this activity is short, you may consider adding it on to an existing team meeting or one of the other training activities in this manual
<p>Instructions for Facilitating the Activity</p>	<ul style="list-style-type: none"> • Describe the intent and goals of the activity. • Show the reference materials one by one and briefly describe them. Encourage staff to use them if they get stuck in this game and when doing their OCANs. • As a group, do the OCAN eLearning, OCAN extra quiz module. You can mention that they may have done this module on their own before. Now you're going to have fun with it as a group activity. • Facilitate the game using the structure you decided to go with.