



Using OCAN in Recovery Oriented Practice

Supporting Client Centred Conversations

November 23 & 24, 2017

Agenda

- **Introduction**
 - *OCAN and Recovery Oriented Practice*
- **Pembroke Regional Hospital - Sarah Selle**
 - *Applying OCAN to Choice and Partnership Approach (CAPA)*
- **Fred Victor - Deqa Farah**
 - *Using OCAN with an Anti-Oppression/Health Equity Lens*
- **CMHA Sudbury/Manitoulin - Shirley Gilpin**
 - *Using OCAN in Recovery Practice: Challenges and Strategies*
- **Next Webinar Topic**
 - *OCAN Version Update*



What best describes your role(s) in the mental health sector?



Introduction

Background

The Ontario Common Assessment of Need (OCAN) was selected by the sector in 2009



WHY?

- OCAN supports recovery oriented practice through:
 - The inclusion of a client self assessment
 - Prompting conversations between clients and workers about needs, strengths and goals
 - Informing service plans focused on what is most important to the client

Why have a webinar on this topic?

At the OCAN Community of Interest (CoI) Think Tank event held in June 2017, the following recommendation was made:

“The sector should refocus on the primary purpose of OCAN: to enhance recovery oriented conversations between clients and staff “



Mental Health Commission of Canada: Guidelines for Recovery Oriented Practice



Mental Health
Commission
of Canada

Commission de
la santé mentale
du Canada

2015 Guidelines for Recovery Oriented Practice: Mental Health Commission of Canada 2015

Guidelines for Recovery Oriented Practice

*The experience and insights of people living with mental health problems are at the heart of recovery-oriented culture. Recovery-oriented approaches **recognize the value of this lived experience and bring it together with the knowledge and skills of mental health practitioners.****

OCCAN engages the person with lived experience and the person with assessment knowledge in a conversation focused on a person's needs, strengths and goals



**2015 Guidelines for Recovery Oriented Practice: Mental Health Commission of Canada 2015*

Guidelines for Recovery Oriented Practice

*Adopting a recovery-oriented approach builds upon the belief that people will recover, and that **people are able to identify what it is that they need**. Recovery-oriented services are there to support people so that they have the opportunity to **make decisions about their own path of recovery**.**

OCAN Consumer Self Assessment

No Need = this area is not a serious problem for me at all									
Met Need = this area is not a serious problem for me because of the help I am given									
Unmet Need = this area remains a serious problem for me despite any help I am given									
<div>Rating need →</div>									
1. Accommodation	<table border="1"><tr><td>No Need</td><td>Met Need</td><td>Unmet Need</td><td>I Don't Want to Answer</td></tr><tr><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr></table>	No Need	Met Need	Unmet Need	I Don't Want to Answer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No Need	Met Need	Unmet Need	I Don't Want to Answer						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>						
What kind of place do you live in?									
Comments									

OCAN Summary of Actions

Priority	Domain	Action
1	Accommodation	Submit application for supportive housing

*2015 Guidelines for Recovery Oriented Practice: Mental Health Commission of Canada 2015

Guidelines for Recovery Oriented Practice

*A recovery approach focuses on the **values, hopes and dreams of each person.****



O CAN Consumer Self Assessment

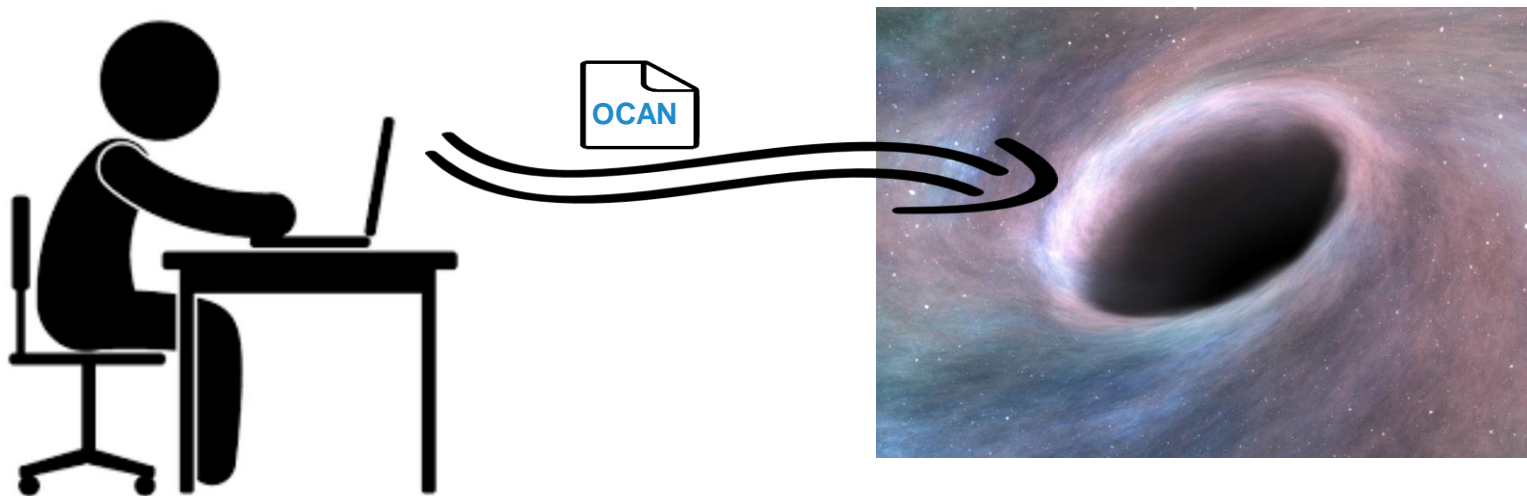
Please write a few sentences to answer the following questions:

- What are your hopes for the future?
- What do you think you need in order to get there?
- How do you view your mental health?
- Is spirituality an important part of your life?
- Is culture (heritage) an important part of your life?

**2015 Guidelines for Recovery Oriented Practice: Mental Health Commission of Canada 2015*

Let's Debunk the Myths*

- OCAN is for data collection only and has no clinical value
- OCAN takes clinicians away from direct service
- No one ever looks at the OCAN – it goes into a black hole

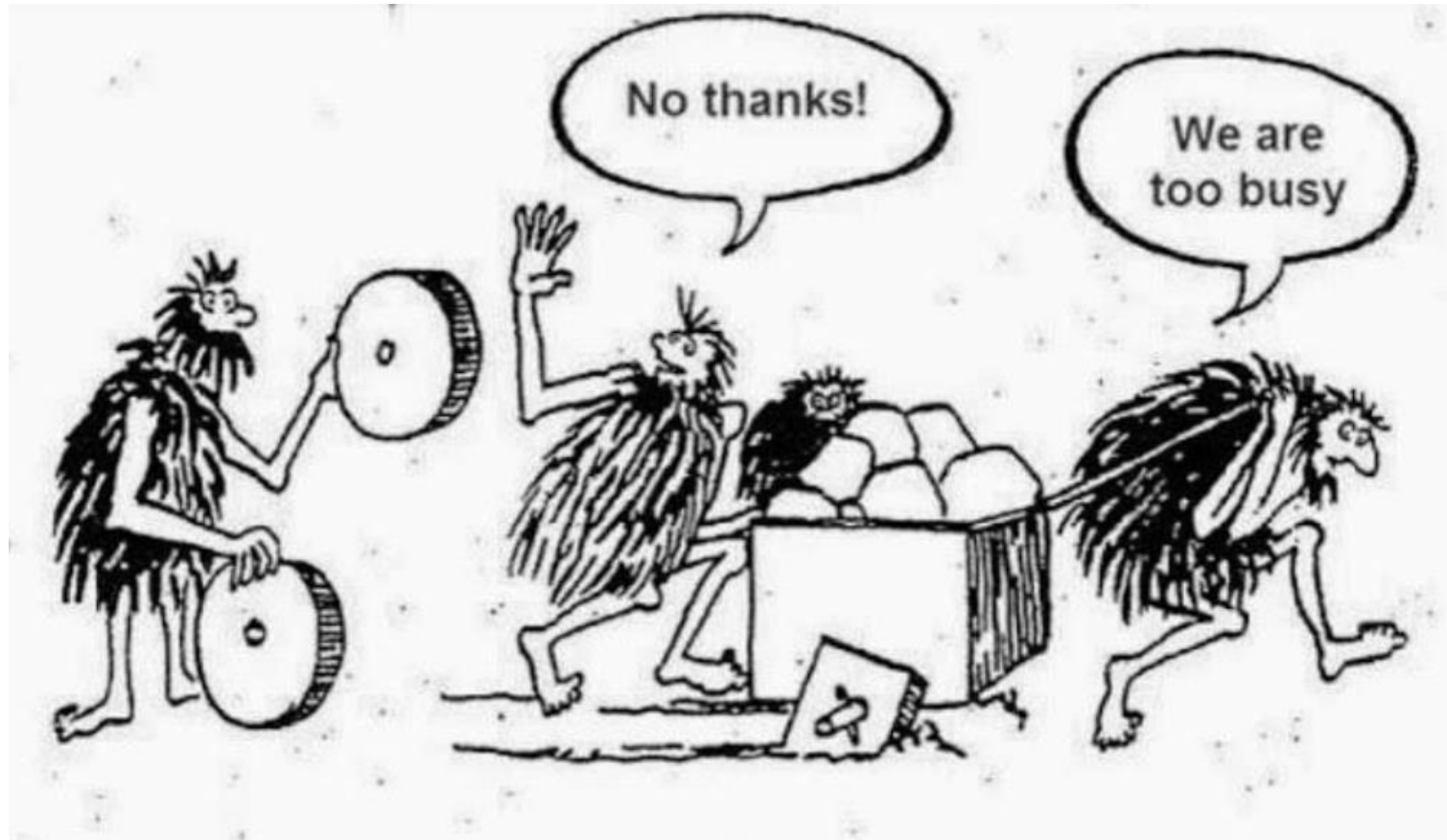


If this is how you feel, something has to change

**Jennifer Berger, Canadian Institute for Health Information*

Sensitivity Level: Low

There's a better way



**Dr. Val Ulstad, Adaptive Leadership*

Sensitivity Level: Low

You have the Power to Change!



*Take a step back, reflect and adjust your approach to using
OCAN that is more recovery focused*

Tips for using OCAN

- The main purpose of OCAN is to enhance conversations
- Have the conversation and document the important pieces of information using the “template” of OCAN
- “Unknowns” are OK
- Use an approach that:
 - Is guided by the client
 - Fits your style of practice
 - Respects the diversity of people’s needs and is culturally responsive
 - Aligns with the context of the service

“You know you’re doing OCAN well when it doesn’t look like you’re doing OCAN”, Dr. Mike Slade, developer of the Camberwell Assessment of Need (CAN)

Sharing Client and Clinician Perspectives using OCAN*

Enhancing Conversations

Compare self and staff assessments

- A guide for the person with lived experience and the clinician to share their ideas
- Use variances as an opportunity to discuss recovery goals

Client highlights their priority recovery goal

- e.g. To live independently

Clinician links this with other goals that the client may not have identified

- e.g. To develop skills in order to successfully live independently: food, looking after the home, budgeting

**Canadian Mental Health Association – Toronto*

Recovery Focused Team Work using OCAN

- OCAN assessments can be used as a guide to structure client reviews at team meetings (or supervision sessions)

Example*

- Early Psychosis Intervention team uses OCAN as the framework for treatment plan presentations
- Schedule presentations according to OCAN due dates
- 15 min presentations per client - content of presentation includes:
 - Summary of client self assessment
 - 3 unmet needs, 3 met needs, client strengths, safety concerns, importance of spirituality and culture in client's life, and clients hopes for the future
- Information elicits treatment/service recommendations from multidisciplinary team

**St. Michael's Hospital*

OCAN is Completed - Now What?

Making OCAN information useful

- Refer to OCAN content through the course of your work with the client:
 - Review client driven service plans
 - Highlight accomplishments
 - Discuss new areas of need
 - Support intentional, action oriented work to help clients achieve their goals
 - Link each interaction/conversation with OCAN domains and actions



Pembroke Regional Hospital Mental Health Services: Applying OCAN to the Choice and Partnership Approach (CAPA)

Sarah Selle
Casework Team Lead
Sarah.selle@prh.email

Community Mental Health Programs Using OCAN

- Intake(CHOICE Appointment) - NEW
- Case Management
- ACTT
- MASH(Mental Health/Addictions And Support in Housing)
- First Episode Psychosis
- You-it

Challenges with Using OCAN

1. Low completion rate
2. Lacked value in Mental Health Services of Renfrew County (MHSRC)
3. No 'refresher' training
4. Initial Assessment and Initial OCAN repetitive

Changes We Made

1. Low completion rate

OCAN audit introduced to identify low completion rate barriers and to identify where we are and where we need to go

2. Lacked value in MHSRC

OCAN domains chart completed that is specific to Mental Health Services of Renfrew County

3. No 'refresher' training

New Casework Team Lead position focused on refresher training for all staff. Clinical Meetings with at least one OCAN Summary of Actions presented
Away Days

4. Initial Assessment and Initial OCAN repetitive

CAPA implemented and OCAN used as Intake Tool in first (Choice appointment)with Service

Choice and Partnership Approach

A Service Transformation Model

Combining client's perspective on their recovery with clinicians expertise on services and skills in a timely manner

Doing the right things = On the right goals

With the right people = With the right skills

At the right time = No waits

Intake using CAPA

- Initial phone Call to Intake worker
 - (Gain-ss completed for Self-Referrals, assessments collected from referral source, Choice Appointment booked within two weeks of initial phone call)
- Choice Appointment
 - Allocated 90 minutes
 - 1-3 contacts(face-to-face, phone, collateral info gathering)
 - **Using OCAN self-assessment to help Client Identify their needs and goals**
 - At Minimum: MMS, **OCAN Self-assessment**, Choice Letter completed
 - If Partnering with MHSRC service: **OCAN Staff-Assessment**, Locus completed
- Partnership (Appointment)
 - Review Choice Letter
 - **Review OCAN Summary of Actions**
 - Discuss program intensity and estimated duration of service
 - Treatment Plan Development and Implementation

Self-Assessment Completion Rate

- 85% of OCANs have Self-Assessment portion completed
- Complete with client for engagement (rarely given to client to complete on own)
- Help staff find Self-Assessment value:
 - Use Self-Assessment as a way to empower clients to identify what is important to them.
 - Use it as a tool to guide work with client.

Conversational Approach

'If it is alright with you, I am going to ask you to fill out a brief questionnaire covering areas of life in which any person could have difficulties. The questions will help you to identify some of your current needs. It may also help identify your strengths and areas in which you are doing well. Once you have finished, we can talk about your needs and who may be able to support you.'

For Example:

- 26 year old client referred by police after several mental health police contacts. Client with concurrent disorder - diagnosed with schizo-affective disorder and substance abuse
- Released from Hospital on Community Treatment Order
- Choice appointment scheduled with social worker at hospital prior to discharge.
- Choice appointment scheduled in office
- Client accompanied to Choice appointment with parents
- Past psychiatric admission/consultation notes forwarded to Intake prior to Choice appointment
- Self-assessment completed – unmet needs in psychological distress, company and psychotic symptoms identified
- Staff assessment completed – unmet needs in the following domains ...

OCAN Summary of Actions

PEMBROKE REGIONAL HOSPITAL
705 MCKAY ST

Referral #: M*16-808
Patient: Test_36 First_36 (CPI# 36)

Completion Date:
Assessment: 2091

Priority	Domain	Actions
11	03-looking after the home	As therapeutic alliance strengthens with client, monitor need and agreement for housing support
9	05-daytime activities	<ul style="list-style-type: none"> - Assess and monitor client's daily routine - Provide bi-weekly appointments as per CTO order - Consider OT referral for meaningful activity development upon Stabilization from acute phase of illness
7	06-physical health	Explore willingness to participate in Metabolic Monitoring and weight management
1	07-psychotic symptoms	<ul style="list-style-type: none"> - Monitor Medication Compliance - Initial and ongoing communication with CTO psychiatrist - Provide ongoing psychoeducational interventions to increase acceptance of illness and cope with symptoms
3	08-condition and treatment	<ul style="list-style-type: none"> -Provide psychoeducation with regards to medication and medication compliance -Support family with regards to treatment options and medication compliance
2	09-psychological distress	Support client to work on her self-identified goal of controlling her outbursts
4	10-safety to self	<ul style="list-style-type: none"> -Continue to monitor suicidal thoughts - Assist client to develop crisis plan
5	11-safety to others	-Support client in reaching her self-identified goal of changing her intimidating behaviour as she reports that people often misintrepet her
10	12-alcohol	-Consider arranging consultation with ACTT Addictions worker to speak with client about alcohol use and assess for stage of change
6	13-drugs	Consider arranging consultation with ACTT Addictions worker to speak with client about substance use and assess for stage of change
12	14-other addictions	Support client to access Nicotine Replacement Therapy if desired
8	15-company	<ul style="list-style-type: none"> - Assist client with social skills coaching as self-identifies in lacking social abilities at times - Consider possible exposure therapy to social situations
13	22-transport	Consider registering with Carefor Transportation in future to decrease responsibility and dependence on parents

Choice Letter: Mock Client



A Service Provided by Pembroke Regional Hospital

Mental Health Services of Renfrew County
705 Mackay Street
Pembroke, ON K8A 1G8
Tel: (613) 732-8770 Ext. 8005
Fax: (613) 735-8238
www.pemreghos.org

Date: November 17, 2017

Name: Jane Doe

Address: 111 Main Street
Pembroke, ON

In order to improve access to services for persons referred to Mental Health Services of Renfrew County, our program is implementing the Choice and Partnership Approach (CAPA). CAPA is a collaborative approach where clients (you) and service providers (us) work together to explore goals, services available in the community (Choice Point Services) and the roles of the client and service provider.

On October 20, 2017 a referral was made for Jane Doe to MHSRC. A CHOICE appointment was held on November 17th, 2017 where we completed screeners, assessments and reviewed information and services to support the identified mental health issue(s).

In collaboration with Sarah Selle the following Choice Point(s) identified were:

Self-identified goals to work towards:

- Controlling her outbursts
- Changing her behaviour as people often misinterpret her
- Follow guidelines set out by Community Treatment Order

Services best suited to help get there:

- Mental Health Services of Renfrew County ACT Team
- (Consider) Behaviour Modification Program Referral

Self-directed homework:

- Contact Dr Smith to confirm date and time of next appointment
- Inquire with Pharmacy regarding medication delivery

If you have any further questions please contact Sarah Selle at 613-732-8770, extension 8099.

If you or someone you know is experiencing a crisis please call our crisisline at 1-866-996-0991 or visit crisisline.ca.

Sincerely,
Sarah Selle
Casework Team Lead

*Leading, Learning,
Caring*

Benefits of CAPA(and OCAN) at Intake

- Collaborative and respectful
 - Client has choice in recovery
 - Understand client's identified needs
- Increased engagement
 - Client accessing (the best suited) service sooner
 - Unmet needs in certain domains trigger a possible referral to certain functional centres
- Not having to wait to be redirected to a better suited service(outside agency)
- Standardized Intake and assessment process across workers, offices, functional centres....
 - Better balance between clinical judgment and standardized assessments
- Significantly reduced wait times

Not Just at INTAKE.....

- ◉ Continue to use OCAN Summary of Actions as Care Plans when working with existing clients.
- ◉ Self- Assessment guides the conversation and allows the client to focus on what is important and relevant to them
- ◉ Ongoing use of OCAN language: unmet needs, met needs, goals and actions
- ◉ New: weekly team meetings – One presentation of recent OCAN
- ◉ Decreased need for client to 'tell their story' - Internal referrals should have an OCAN completed within 30 days prior to referral

Next Steps

- Ongoing Audit(increase completion rate by 10% quarterly)
- Review strategy for using OCAN with clients who have partnered only with Social Recreation functional centre
- Using OCAN to support good discharge planning
- Questions, comments or suggestions:
 - Sarah.selle@prh.email
 - 613-732-8770 ext 8099



fred victor

Helping people find place & purpose



Using OCAN with An Anti- Oppression/Health Equity Lens

Deqa Farah, Senior Manager

Mental Health & Addiction Housing First Programs

Fred Victor

DFARAH@fredvictor.org

Things to Consider

☐ Every Person in Certain Respects is

- Like All Other People
- Like Some Other People
- Like No Other Person

☐ Invisible Social Identities

☐ One Does Not Represent The Many



Introducing OCAN

- What are some things that might be of concern with filling out OCAN – give prompts and examples around language, confidentiality, how the information will be used, etc.
- What do you want to focus on most?
- Alternatively you can askIs there anything I need to be aware of in order for me to support you the best way possible?



More Than Basic Demographics

14. What culture do you (consumer) identify with?		
15. Aboriginal Origin (select one)*		
<input type="checkbox"/> Aboriginal	<input type="checkbox"/> Non-aboriginal	<input type="checkbox"/> Consumer declined to answer <input type="checkbox"/> Unknown
16. Citizenship Status (select one)		
<input type="checkbox"/> Canadian citizen	<input type="checkbox"/> Temporary resident	<input type="checkbox"/> Consumer declined to answer
<input type="checkbox"/> Permanent resident	<input type="checkbox"/> Refugee	<input type="checkbox"/> Unknown
17. Length of time lived in Canada (number of years/months):		
18. Do you have any issues with your immigration experience? (select all that apply)		
<input type="checkbox"/> None	<input type="checkbox"/> Experience with war/incarceration/torture	
<input type="checkbox"/> Lack of understanding of the Canadian system/resources	<input type="checkbox"/> Refugee camp	
<input type="checkbox"/> Applying previous work experience/professional qualifications	<input type="checkbox"/> Experience with other trauma	
<input type="checkbox"/> Separation from family members/significant others	<input type="checkbox"/> Other _____	
<input type="checkbox"/> Family left behind in refugee camp	<input type="checkbox"/> Consumer declined to answer	
<input type="checkbox"/> Unknown		
19. Can you tell me about your immigration experience?		
20. Experience of Discrimination (select all that apply)		
<input type="checkbox"/> Disability	<input type="checkbox"/> Mental illness	<input type="checkbox"/> Other _____
<input type="checkbox"/> Ethnicity	<input type="checkbox"/> Race	<input type="checkbox"/> Consumer declined to answer
<input type="checkbox"/> Gender	<input type="checkbox"/> Religion	<input type="checkbox"/> Unknown
<input type="checkbox"/> Immigration	<input type="checkbox"/> Sexual Orientation	
21. Service recipient preferred language:*		
22. Language of service provision:*		

Relationships and Sexual Health

15. Company	Staff Rating
Are you happy with your social life? Do you wish you had more contact with others?	
1. Does the person need help with social contact?*	
<i>(If rated 0 or 9, skip questions 2 & 3 and proceed to the additional questions below)</i>	
2. How much help with social contact does the person receive from friends or relatives?	
3a. How much help does the person receive from local services in organizing social contact?	
3b. How much help does the person need from local services in organizing social contact?	
Comments:	
Action(s):	
By Whom:	
Review Date (YYYY-MM-DD):	
Have there been any changes to your social patterns recently? (select one)	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Consumer declined to answer <input type="checkbox"/> Unknown	
16. Intimate Relationships	Staff Rating
Do you have a partner? Do you have problems in your partnership/marriage?	
1. Does the person have any difficulty in finding a partner or in maintaining a close relationship?*	
<i>(If rated 0 or 9, go to the next domain)</i>	
2. How much help with forming and maintaining close relationships does the person receive from friends or relatives?	
3a. How much help with forming and maintaining close relationships does the person receive from local services?	
3b. How much help with forming and maintaining close relationships does the person need from local services?	
Comments:	
Action(s):	
By Whom:	
Review Date (YYYY-MM-DD):	
17. Sexual Expression	Staff Rating
How is your sex life?	
1. Does the person have problems with his or her sex life?*	
<i>(If rated 0 or 9, go to the next domain)</i>	
2. How much help with problems in his or her sex life does the person receive from friends or relatives?	
3a. How much help with problems in his or her sex life does the person receive from local services?	
3b. How much help with problems in his or her sex life does the person need from local services?	
Comments:	
Action(s):	
By Whom:	
Review Date (YYYY-MM-DD):	

Client's Stories – Liz*

Background

- Asian early 20's lives at home with parents
- Strict, over-protective fundamentalist Christian worldview parents
- Two years university
- Sexual trauma while going to school

What was most helpful?

- Focusing on connection to her core beliefs about religion as it relates to psychological distress

** Not real name*



Client Stories – Suha*

Background

- Iraqi female in mid-fifties, abusive marriage
- Homeless since arriving in Canada
- Two Masters degrees, worked in Women's Rights
- No formal diagnosis until she was hospitalized twice
- War trauma, rape, loss of son
- Addiction
- Christian

** Not real name or photo*



OCAN Assessment - Suha

Hopes and Dreams – “ I want to be free”

Most of the assessment information gathered in:

- Demographic questions
- Hopes and Culture
- Housing Domain

What was most helpful?

- Really identified with hope and dreams.
- “What do you mean by ‘I want to be free’? What would that look like for you?”
 - Talked about hearing voices, the power of the voices
 - Explored being homeless
 - Symptom management

Client example – Ali*

- 45 year old Somali male
- Undocumented refugee
- In Canada for 20 years
- High use of the system (criminal justice, shelters, hospitals)

** Not real name or photo*



Assessing cultural factors

- Cultural explanations of presenting issue(s)
- Cultural factors in environment & psychosocial functioning
- stressors, supports
- Cultural elements in client-worker relationship
- Significance of cultural factors in overall assessment



For more information

DFARAH@fredvictor.org

<http://eenet.ca/the-racialized-populations-and-mental-health-and-addictions-community-of-interest>

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Using OCAN in Recovery Oriented Practice

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Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous

BE MIND FULL
CHAMPIONS FOR POSITIVE MENTAL HEALTH SINCE 1918

Recovery Oriented Practice



- CMHA Sudbury/Manitoulin has incorporated recovery oriented practice into all of our programs including justice, housing, case management and managed alcohol program
- Recovery Oriented Practice: Boston University Approach to Rehabilitation
 - Rehabilitation Readiness
 - Readiness
 - Overall Rehabilitation Goal
 - Achieving Valued Roles



Incorporating OCAN into Recovery Outcomes

- Most programs use the **Full OCAN**
- Domains from OCAN were used to help develop “**Personal Goals**”
- **Personal goals:**
 - are short term
 - help to address immediate unmet needs
 - help individuals feel motivated and on track
 - break down the long term goal
 - keep track of the small successes in a person’s recovery journey



Use of OCAN in Case Management

- Case management is based on individual goals in the environments of social, living, working and learning
- OCAN assists in determining and prioritizing goals
- Completing the OCAN every six months assists in reviewing goal completion, successes and challenges
- Often after original needs are met, new needs and goals are identified
- Assists in reviewing progress and determining graduation from program



Case Management Client Story

- Female accessing case management services
- Worker and client compared initial OCAN completed with current OCAN completed, looking at met and unmet needs
- Discovered that client's needs are now met
- Conversation occurred regarding client graduating from services as she accomplished her recovery goals
- A new unmet need has emerged in the **Food** domain: Worker helped individual to access nutritionist
- Individual and worker agreed that individual no longer needed CMHA services



Harm Reduction Home: Managed Alcohol Program

- Managed Alcohol Program is targeted towards individuals with chronic alcohol dependency and are of the most vulnerable in our community
- Interdisciplinary team of Doctor, Nurses, Social Worker, Residential Workers
- Early stages of OCAN implementation
- Domains outline a broad range of individual needs
- Can assist in determining suitability to program
- Focuses on needs identified by individual and worker
- Care plan created based on OCAN unmet needs that were identified



Challenges

- Staff buy-in:
 - Extra work
 - Not understanding the value and purpose
- Not standardized across programs:
 - Different psychosocial assessment used in justice program
- Time frames for completion
- Monitoring re-assessment cycle
- Lack of regular training



Addressing Challenges: Standardization

- Justice Program has been using a psychosocial assessment, created by CMHA, for the past several years
- Currently in the process of switching to using OCAN instead of previous assessment, as it captures all information in its 24 domains
- OCAN can be used in ways that assist with developing diversion plan, by outlining unmet needs
- Domains are broad which makes it easier to capture important information
- Staff will be receiving training on how to use OCAN within each program



Addressing Challenges: Recovery Focused Refresher Training

- Annual refresher training will be provided for all staff
- Targeted training for each program

Objectives of Refresher Training:

- To Strengthen the link between OCAN and recovery oriented practice
- To improve staff buy-in
- Increased comfort level in using OCAN tool



Refresher Training Content

- Refresher training will include:
 - Link between recovery values and OCAN values
 - Creating goal plans based on OCAN
 - Consumer & staff role playing
 - Scenarios to discuss needs and ratings
 - Specific program objectives, e.g. how to use OCAN in diversion planning
 - Review of OCAN reports and the benefits for individuals, staff and organization
 - Interactive exercises



OCAN and Recovery



OCAN supports Recovery Oriented Practice by:

- Ensuring that the individual's voice is heard
- Helping to determine if an individual is appropriate for services
- Developing recovery goals based on what is most important to the client
- Encouraging conversation and rapport building
- Improving standardization among CMHA programs, as well as other community mental health programs
- Helping to determine when a person should graduate from services
- Improving coordination through the sharing of OCANs between service providers

Questions, comments or suggestions:

sgilpin@cmha-sm.on.ca



Canadian Mental
Health Association
Mental health for all

Association canadienne
pour la santé mentale
La santé mentale pour tous