


## Implementing a Community Mental Health Common Assessment for Improved Outcomes

In Ontario, Canada

David Smith, Project Manager, Community Mental Health  
Common Assessment Project  
(CMH CAP)


Continuing Care Health  
Building One Person One Record



## Community Mental Health in Ontario

- 300+ independently run non-profit organizations varying widely in size, geographic location, approach to services and technology adoption
- Majority of funding support (75+ %) is provided by Ministry of Health, with additional supplements from external sources/ other ministries
- 23 types of services offered, containing a broad range of programs
- Alliances exist between CMH programs connecting addictions agencies, in-patient departments, justice programs, intellectual disabilities programs and housing programs.

Continuing Care Health  
Building One Person One Record



## Community Mental Health in Ontario

- CMH organizations operate in multiple languages and / or provide specialized services for diverse cultural needs based on local requirements (i.e. native populations, refugees)
- Large number of assessment tools in use (estimated at 80+ tools)
- Strong formal network of and involvement by consumer groups, including approximately 5% of programs delivered by consumers
- Variety of service philosophies in operation with a strong focus on recovery
- Wide variation in worker accreditation (i.e. MSW, nursing, general degrees).


Continuing Care Health  
Building One Person One Record



## Our Approach

- Set up a system of sector leadership
- Focus on realization of anticipated benefits
- Identify the key risks up-front and build the project plan to mitigate the risks
  - Imposition of tool
  - Involvement of consumers
  - Alignment with recovery model
  - Highly diverse sector (all 'special')
  - Inadequate support
- Educate and support at all stages of the implementation
- Clear communication of visible progress, success stories and active peer mentorship

Continuing Care Health  
Building One Person One Record



## Sector Leadership


Steering Committee, accountable to Ontario's Ministry of Health, consisting of CMH Leaders, reps from Ministry and LHINs (the local health authorities)

```

    graph TD
      Steering[Steering Committee] --- Tech[Technical Decisions Reference Group]
      Steering --- Data[Data Elements Working Group]
      Steering --- Bus[Business Requirements Working Group]
      Tech -.-> Data
      Tech -.-> Bus
      Data --- Pilot[Pilot Co-ordinators]
      Bus --- Pilot
      Diversity[Diversity Reference Group] --- Data
      Diversity --- Bus
      Diversity --- Pilot
  
```

Reference and Working Groups consisted of subject matter experts from CMH organizations

Continuing Care Health  
Building One Person One Record




## Focus on Benefits:

The **Community Mental Health Common Assessment (CMHCA)** is a standardized, client-led decision making tool that allows key information to be electronically gathered in a quick, secure and efficient manner.

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

Continuing Care Health  
Building One Person One Record

## Risk 1: Imposition of tool



**Phase 1 – Initiation (gain sector buy-in)**

- Analysis of many assessments tools
- Selection of a core tool – Camberwell Assessment of Need
- Province-wide consultations
- Formation of working groups

**Phase 2 – Pilot (explore diversity in limited sample)**

- Piloting of the automated CMHCA in 16 CMH organizations
- Early learnings gatherings
- Recommendations to Ministry

**Phase 3 – Implementation (built on experience and learnings)**

- Provincial roll-out
- Integration with a changing CMH landscape
- Powerful information to drive enhanced consumer-centred care and system planning

6 Continuing Care Health  
Building One Person One Review  
Security Classification: Low

## Risk 2: Lack of Consumer Involvement




CMH consumers have been involved through:

- Input on the core tool selection
- Consumer representation on the CMH CAP steering committee and pilot working groups
- In pilot -- participating in consumer/survivor-led organizations and other pilot sites; sharing views through numerous evaluations
- Feedback at conference presentations to consumer groups

7 Continuing Care Health  
Building One Person One Review  
Security Classification: Low

## Consumer Involvement cont.



Consumers can now use a new approach to assessment

**Consumer Version**      **Staff Version**

Together identifying results, preferences and next steps

Staff version is completed through discussions with the consumer

**Establishing Met & Unmet Needs**

Classifying need:

- Unmet need
- Met need
- No need


**Establishing sources of Help**

What Help is being received?  
Is this enough?

- Informal help
- AND
- Formal help

8 Continuing Care Health  
Building One Person One Review  
Security Classification: Low

## Risk 3: Failure to align with Recovery Approach



Sample questions from the CMHCA

Please write a few sentences to answer the following questions.

What are your hopes for the future?

What do you need to achieve your goals?

How do you view your mental health?

In what way is spirituality an important part of your life?

9 Continuing Care Health  
Building One Person One Review  
Security Classification: Low

## Risk 4: Highly Diverse Sector



**Pilot diversity:**

- Coverage of all program types
- Geographic coverage of the province
- Small and Large orgs
- Rural and Urban
- Partnerships and stand-alone

Create provincial diversity reference group with reps from:

- Cultural groups
- Differing gender/sexual orientations
- Native groups
- Immigration support organizations

10 Continuing Care Health  
Building One Person One Review  
Security Classification: Low

## Risk 5: Inadequate support




**Project Implementation Model**

**Sustainability**

- Governance
- Transition, Planning & Support
- Long Term Education Planning
- Feedback

**Implementation Support**

- Support Centre (Digital Business Centre)
- Subject Matter Experts
- Project Support Portal
- Training Schedule & Facility Support
- Single Communication System & Support
- Project Planning Support
- Implementation Methodology
- Technical & Business Support
- Privacy & Security Toolkit
- Reporting & Monitoring
- Data Quality Review

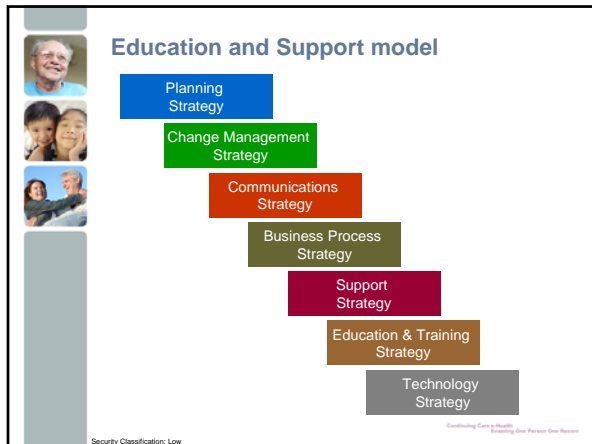
**Change Management**

- As Is To Be Process Mapping
- Risk Reduction
- Changeplan
- Communication Plan
- Change Readiness

**Education & Training**

- Core Staff Training
- Subject Matter
- Training Support
- Train the Trainer
- Educational Materials
- Subject Matter Content

11 Continuing Care Health  
Building One Person One Review  
Security Classification: Low



## The Road Test

### Planning Strategy: What was tested in Pilot

- Organization-led planning
- Partnership-led planning

### What the pilots said:

*"When I first heard that we would be completing a pilot of this magnitude in three months, I didn't believe it could be done. But because of the Project's strong planning processes, dedicated pilot champions and commitment by all, I was happily proved wrong!"*

Executive Lead, CMH Organization

Continuing Care Health  
Enabling One Person One Reason

Security Classification: Low

## The Road Test

### Change Management Strategy: What was tested in pilot

- Organization-by-organization business process mapping – "AS IS" and "TO BE" processes; gap analysis
- Organization-led change teams
- Project-led supports and communications

### What the pilots said:

*"I really appreciated the Team coming to our Site to hold a mid-point meeting to hear about our experiences with the CMHCA so far and to answer questions from our Change Team."*

Pilot Coordinator

Continuing Care Health  
Enabling One Person One Reason

Security Classification: Low

## The Road Test

### Communication Strategy: What was tested in pilot

- Pilot preparation – introduce CMHCA to pilots and support organizational communications activities (e.g., pilot guide, checklists, sample project plans)
- During pilot – provide ongoing communication pathways (e.g., online Portal, call centre, regular touch points with the Project team)

### What the pilots said:

*"Communications provided us with simple templates that we could use in our own organization. It made it so easy because I was able to adapt them to reflect my organization."*

Pilot Coordinator

Continuing Care Health  
Enabling One Person One Reason

Security Classification: Low

## The Road Test

### Business Process Strategy: What was tested in pilot

- Organization-by-organization business process mapping – "AS IS" and "TO BE" processes; gap analysis
- Introduction of the CMHCA in a variety of different assessment models

### What the pilots said:

*"This is the first time that we've really had to sit down and figure how we provide service to our community. Participating in the Pilot has helped to improve the way we deliver services. This, in itself, was a huge value for us as a pilot!"*

Pilot Coordinator

Continuing Care Health  
Enabling One Person One Reason

Security Classification: Low

## The Road Test

### Support Strategy: What was tested in pilot

- A high touch support program that included: an online Portal, a call centre, and peer supports
- Individual organization and partnership support models
- A mixture of face-to-face and online supports

### What the pilots said:

*I continue to be impressed with the amount of support the Project Team offers through the Support Centre and through the teleconferences. I have also been appreciative of the information that is posted on the portal.*

Pilot Coordinator

Continuing Care Health  
Enabling One Person One Reason

Security Classification: Low

## The Road Test

### Education Strategy: What was tested in pilot

**What the pilots said:**

*"I was nervous about taking this new approach but the training really prepared me. After delivering my first assessment, my anxiety disappeared."*

Pilot Coordinator

Security Classification: Low

## The Road Test

### Technology Strategy: What was tested in pilot

- A multi-vendor approach was chosen for the pilot
- Selected pilots partnered with their existing vendors to deliver a pilot solution based on a set of common requirements/standards

**What the pilots said:**

*Using a multi-vendor approach has enabled us to use our existing Vendor because it allows us to make the best use of the technology and IT knowledge base we currently have. This is the best approach for us, considering our current technology. If we needed to change vendors for this pilot, it would have had a huge impact on our workload capacity.*

*Using existing technology makes it easy for our staff to get comfortable with the automation of the common assessment.*

Executive Lead

Security Classification: Low

## Clear communication of success...

Consumer Feedback (from Pilot, February – July, 2008)	Percentage of Respondents
Completing the assessment has:	
1. Improved communication with my worker	65%
2. Helped me have a say in my service plan	66%
3. Helped me focus on my goals	68%
The assessment was useful for assessing my needs.	74%
My answers are helping my worker understand me better	84%

Source: Caislyn Evaluation, August 2008

Pilot Coordinator Feedback (from Pilot, February – July, 2008)	Percentage of Respondents
Using the CMHCA helped:	
1. Provide staff with an accurate assessment of consumers' needs	81%
2. Identify consumer needs earlier than they might have using previous processes	56%
3. Identify consumer needs that might not have been identified normally	56%

Source: Pilot Coordinator Survey, July 2008

Security Classification: Low

## What we're hearing!

Consumer/survivor feedback

*"Coming for a meeting about my mental health I would not have thought to share information about my money situation. It has been causing me great stress. Because the tool asked about this area I now have information about resources that could help me out. I feel more hope now."*

*"At first I thought there were a lot of questions but when the assessment was finished I felt differently. I now see that the agency wanted to make sure they did not miss any areas that could affect my mental health."*

*"It (the new, shorter version of the CMHCA currently being piloted) showed me what needs I need to work hard on and some I just need more help with."*

Security Classification: Low

## CMH CAP Data Samples

Research shows hospitalization days are less when unmet needs are converted to met needs

### % of Need - Staff Rating

Need Category	% Unmet Need (staff)	% Met Need (staff)	% No Need (staff)
01 Assessment	100.0%	0.0%	0.0%
02 Food	88.9%	11.1%	0.0%
03 Clothing	88.9%	11.1%	0.0%
04 Self-Care	79.5%	20.5%	0.0%
05 Shelter	100.0%	0.0%	0.0%
06 Personal needs	25.0%	75.0%	0.0%
07 Programs	88.9%	11.1%	0.0%
08 Consumer	79.5%	20.5%	0.0%
09 Transportation	100.0%	0.0%	0.0%
10 Psychological	100.0%	0.0%	0.0%
11 Safety in Client	87.5%	12.5%	0.0%
12 Income	79.5%	20.5%	0.0%
13 Drug	88.9%	11.1%	0.0%
14 Activities	88.9%	11.1%	0.0%
15 Community	22.2%	77.8%	0.0%
16 Income	88.9%	11.1%	0.0%
17 Basic Expenses	88.9%	11.1%	0.0%
18 Education	88.9%	11.1%	0.0%
19 Health Education	88.9%	11.1%	0.0%
20 Insurance	88.9%	11.1%	0.0%
21 Transport	88.9%	11.1%	0.0%
22 Money	88.9%	11.1%	0.0%
23 Security	100.0%	0.0%	0.0%

Security Classification: Low

## CMH CAP Data Samples


Outcomes are better if consumer defined needs are the focus of care plans. Outcomes are also better when there is alignment between consumer focus needs and system needs

### Need Rating - Staff vs. Consumer

Need Category	Difference Need Rating (staff-consumer)
01 Assessment	0.0
02 Food	0.0
03 Clothing	0.0
04 Self-Care	0.0
05 Shelter	0.0
06 Personal needs	0.0
07 Programs	0.0
08 Consumer	0.0
09 Transportation	0.0
10 Psychological	0.0
11 Safety in Client	0.0
12 Income	0.0
13 Drug	0.0
14 Activities	0.0
15 Community	0.0
16 Income	0.0
17 Basic Expenses	0.0
18 Education	0.0
19 Health Education	0.0
20 Insurance	0.0
21 Transport	0.0
22 Money	0.0
23 Security	0.0

Security Classification: Low

**Q&A**



24

Security Classification: Low

Combining Care & Health  
Enabling One Person One Record

**Point of Contact**

For any inquiries you may have about the Project, please use the Contact information listed below:



**David Smith at Blue Pebble:**

**Phone:** 416 – 363 - 3900  
**e-mail:** [dsmith@bluepebble.ca](mailto:dsmith@bluepebble.ca)

25

Security Classification: Low

Combining Care & Health  
Enabling One Person One Record