GETTING STARTED WITH THE ONTARIO PERCEPTION OF CARE TOOL FOR MENTAL HEALTH AND ADDICTIONS: SUPPORTIVE HOUSING VERSION

AN IMPLEMENTATION GUIDE FOR SUPPORTIVE HOUSING SERVICE PROVIDERS

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camh

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Supportive Housing Implementation Guide

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Part 1: Introduction to the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)

Evaluating service users' perceptions of care is an important way to measure client experiences within the health care system, and can be used to bring about change in areas such as enhancing access, quality of care, client-centeredness, and safety. Ontario's mental health and addiction system, which comprises both community providers and hospital-based services, recognizes the value of quality improvement (QI) initiatives as a vehicle to improve service delivery, and this approach has been endorsed in varying capacities by the Canadian Mental Health Association, Addictions and Mental Health Ontario,[1] and Health Quality Ontario.[2] There is a growing emphasis on client perception of care and its inclusion as a key indicator in QI plans, and the Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA) provides a credible and comprehensive method to address this need.

Over the past few years, there has been a movement away from "client satisfaction" language, as measures of client satisfaction tend to be highly skewed and therefore may not always be able to inform QI plans in a clear way. Measures of perception of care, on the other hand, ask more directly about a client's experience in relation to what is expected as standard practice among providers.

The OPOC-MHA was developed through the Centre for Addiction and Mental Health's (CAMH) Client Satisfaction/Perception of Care Project as part of the Ontario Drug Treatment Funding Program (DTFP) between 2011 and 2014. Four versions of the tool are available.

[1] https://amho.ca/our-work/e-qip/

[2] http://www.hqontario.ca/quality-improvement

The tool's focus on actionable items makes it ideal for promoting QI initiatives within a program, a provider, or across the broader system. Within Ontario, the OPOC-MHA is now being implemented within Ministry of Health and Long Term Care (MOHLTC) funded addiction and mental health services by CAMH's Provincial System Support Program (PSSP) and with significant support from key stakeholders.

This implementation guide is intended for supportive housing service providers who are using the OPOC-MHA for Supportive Housing questionnaire as part of their QI and performance monitoring work; however, it also has value for health system planners and program evaluators. For more detailed information about the OPOC-MHA project, including its background and instrument development and validation processes, please refer to the "more information" links at the end of this guide or the OPOC-MHA Implementation Guide Fourth Edition.

This guide is divided into four sections:

- **Part 1:** "About the OPOC-MHA" introduces the original OPOC-MHA and the OPOC-MHA for Supportive Housing project and tool.
- **Part 2:** "Implementing the OPOC-MHA for Supportive Housing" includes information that will assist with survey administration and implementation is provided. A discussion of implementation challenges with individuals with complex needs, as well as Frequently Asked Questions, are also included.
- **Part 3:** "Entering and Extracting Data" contains information about entering data to the OPOC-MHA website and extracting data into reports are included.
- **Part 4:** "Using the Results for Evaluation and Quality Improvement" discusses the value of OPOC-MHA for Supportive housing as a QI and evaluation tool, along with tips for data analysis and reporting.

About the OPOC-MHA

The original OPOC-MHA is a validated and extensively tested questionnaire developed by CAMH to measure client perception of care in mental health and addiction services. It is endorsed by both Accreditation Canada and the Canadian Centre for Accreditation as an instrument approved for use for assessing client satisfaction/perception of care. The tool is available in both English and French and is designed for people 12 years of age and older with a literacy level of grade-six or higher. There are currently four versions of the tool designed for use in mental health, addictions, and concurrent disorder programs with people with addiction and/or mental health challenges, as well as their family members/supporters:

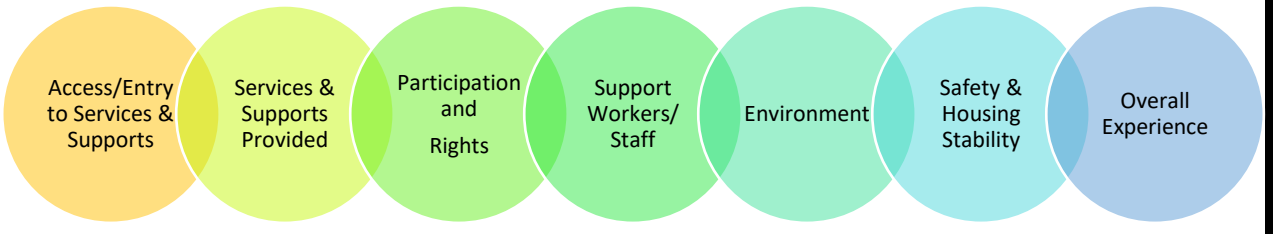
1) OPOC-MHA for Registered Clients and Family Members/Supporters;
2) OPOC-MHA for Non-Registered Clients/Family Members/Supporters;
3) OPOC-MHA for Caregivers and Family Members; and
4) OPOC-MHA for Supportive Housing

This supplement of the implementation guide will discuss implementation of the OPOC-MHA for Supportive Housing. Please refer to the Implementation Guide Fourth Edition for information on other version of the OPOC-MHA.

OPOC-MHA for Supportive Housing Version

The supportive housing version of the tool is to be completed by residents or tenants of organizations providing permanent supportive housing or longer term transitional housing in Ontario. The supportive housing version of the OPOC-MHA contains a total of 38 items across seven quality domains. The tool also provides respondents with the opportunity to provide written, open-ended comments related to each of the seven domains.

The tool evaluates perception of care across the following seven domains for the supportive housing version:



In addition, tenants are asked to report their gender, age, language, ethno-cultural background, sexual orientation, and current housing status. These questions are asked so that providers and funders are able to identify potential inequities in service or access. When data are combined across many tenants, perception of care can be summarized by demographic information collected. While this is addressed further in Part 2 of this guide, it is important to note that all items in the OPOC-MHA must be administered in their entirety; however the tenant is free to elect not to respond to some questions.

Part 2: Implementing the OPOC-MHA for Supportive Housing

Administration Essentials

The OPOC-MHA was designed for widespread use and adoption across the entire MOHLTC funded mental health and addictions sector. The uptake of the OPOC-MHA is being supported by provincial and local governments; however, most of the implementation planning occurs at the provider or program level. This ensures that the tool is responsive to the structure of the program or service, appropriate for its service users, and congruent with existing QI initiatives in place at the organization, if applicable. While implementation can and will vary by service, there are four key requirements regarding administration that must be met in accordance with the Memorandum of Understanding for providers funded by the MOHLTC, or end-user license agreement for providers outside of the scope of supported implementation.

1. Provide the Entire Questionnaire

The questionnaire must be provided to tenants in its entirety. Providers are not permitted to add, change, reorder, or omit any of the existing questions. Respondents should be clearly informed that they can opt out of answering a question, but the tool itself must be provided in full. In other words, the choice to omit a question should be the respondent's and not that of program staff or managers. Since one of the benefits of the tool is that it will allow for comparisons between similar programs across the province, all programs should administer identical versions of the tool to their respective tenants. Providers or programs may provide a separate form or set of questions specific to their program if they choose to do so. It is important, however, to administer the OPOC-MHA **before** the other questions to ensure maximum benefit from the tool.

2. Ensure Anonymity

The administration of the OPOC-MHA for Supportive Housing should ensure anonymity. Names or any other types of personal identifiers, such as client or insurance numbers, are not to be written anywhere on the tool. Having a location where tenants can return the

questionnaire, such as a drop box in a common area, is one way of ensuring an individual's survey remains anonymous. Furthermore, the results of tool administration should not be linked electronically to any other identifying tenant or personal health information.

3. Ensure Completion is Voluntary

It must be clearly communicated that completion of the OPOC-MHA for Supportive Housing is voluntary. To maintain integrity of the data, responses to questionnaires and surveys must be provided in the absence of any coercion, either direct or implied. In the case of the OPOC-MHA for Supportive Housing, this means that a respondent's decision to complete the questionnaire should not have any consequences towards any other aspect of their services, and should not result in differential treatment by staff.

4. Provide Facilitation as Needed

Pilot testing demonstrated the value of facilitation when administering the questionnaire. Facilitation was shown to be helpful in engaging tenants in QI initiatives and in resolving any confusion over individual items in the questionnaire, thereby maximizing completion rates. Tenants were more motivated to complete the questionnaire after it was explained that the objective was to improve the services they were receiving. In addition, an introduction to the questionnaire is a great opportunity to address common questions that arise during administration such as items pertaining to services provided by the agency and/or landlord, and the use of "not applicable" response category. Staff can also use this opportunity to provide instruction and guidance to minimize errors that impact data quality (see page 27 for more information). In addition to the facilitation provided with the questionnaire itself, staff should also anticipate some facilitation may be needed with the technology used for the electronic administration given varying levels of familiarity and comfort among tenants. It is important to think of facilitation as the process of explaining the purpose and rationale of the survey rather than guiding specific responses, although some respondents may require more intensive assistance than others depending on their needs.

Survey Distribution and Timing

There are a variety of ways the OPOC-MHA for Supportive Housing can be administered. There is no one prescribed way, as this depends on the practices of each provider or program as well as the unique aspects of the tenant population. The tool can be completed on paper or electronically through the www.opoc.ca website, which is described in Part 3 of this guide. Surveys can be distributed in a group setting or individually, and either in person, through email, or with regular mail. The following chart identifies common strengths and weaknesses of each administration method.

	Paper Survey	Electronic Survey
Pros	• Most tenants are already familiar and comfortable with completing paper surveys, forms, and assessments • Some respondents feel that paper administration is more personal • Paper allows survey to be offered to hard-to-reach tenants who may lack access to computer technology or the Internet • Group administration is possible with a group size that exceeds available computing resources	• The immediate entry into OPOC-MHA database eliminates need for staff data entry • OPOC keys can be e-mailed to potential respondents, as long as service providers aren't tracking which keys go to specific addressees (maintain privacy) • The electronic version of the survey may appear less overwhelming compared to receiving entire paper document
Cons	• Handwriting may be illegible or difficult to read • Time consuming to individually and manually enter surveys into database • Need to track completed surveys until they are entered into the database • OPOC keys could be misplaced, detached, or separated from the paper surveys themselves • Paper survey may appear overwhelming in length	• Some individuals may find it difficult to use the web site • Entering responses to open-ended questions by tablet can be tedious due to limited typing functionality on most devices (i.e., virtual keyboard only) • Radio buttons appear tiny in certain sections, which could lead to erroneous responses if not closely monitored • Group administration is limited to the number of available computers as clients are unlikely to wait for an available device to complete survey

Regardless of the administration method, the goal should be to maximize participation. When the OPOC-MHA for Supportive Housing is being implemented, it may be useful to designate one staff member to facilitate the distribution, administration, and collection of the tool. Ideally, the designated staff member should not be directly involved in any clinical or support work with the tenants in order to minimize potential concerns tenants may express regarding maintenance of their anonymity.

The OPOC-MHA for Supportive Housing was specifically designed to be distributed at any point in the support or housing process. It is up to each provider or program to determine when they will distribute and collect the tool. Examples include providing the tool to each tenant on a monthly or annual basis. Comments about each administration type are included in the comparison chart below. One of the questions in the demographic section of the OPOC-MHA for Supportive Housing asks the tenant how long they have been in their current housing situation. This allows the data to be organized in the analysis according to respondents' length of stay in their housing. A provider may choose to use the OPOC-MHA at different points in time to examine how perceptions of care may change as their length of stay increases. Flexibility in time of administration is intended to provide these options to providers or programs, including specific evaluation requirements. However, in keeping with the QI focus of the tool, providers are discouraged from soliciting feedback only after successful or planned transition out of supportive housing, as valuable contributions from tenants who do not reach this stage would not be captured. The tool should also be administered as consistently as possible to allow better comparison between survey results.

Frequency	Comments
Quarterly	• Can be timed to coincide with balanced scorecards, QI plans, or MSAA/LHIN/funder reporting requirements • Quarterly administration with same cohort of tenants is unlikely to produce significant change in responses
Monthly, Bi-monthly, or Semi-Annually	• Less frequently employed administration approaches that could be used for specific purposes such as program evaluation • More frequent administration with same cohort of tenants is unlikely to produce significant change in responses

Annually	• Most common administration frequency • Can be timed to coincide with balanced scorecards, QI plans, or MSAA/LHIN/funder reporting requirements
Ongoing	• Requires manual tracking of participating services • Requires ongoing human resources to retrieve, collate, and process completed surveys • More common among services that have frequent discharge/transition from service
Occasionally (blitz)	• Popular administration approach, often conducted annually • Allows service provider to plan and organize personnel required to support widespread implementation

One important point with respect to timing the person's survey administration is that all items in the OPOC-MHA for Supportive Housing are phrased in the past tense. Pilot work identified some challenges with this, which may require some facilitation during data collection. It may be helpful to note to respondents that they are responding based on their experience to date, and their perception may change in a later stage of service involvement. If administering when a tenant is transitioning out of supportive housing, it is ideal to do so after all core programming, including transition/discharge planning, has taken place.

Introducing the OPOC-MHA for Supportive Housing to Survey Respondents

Providing a general introduction about the questionnaire to prospective respondents both encourages participation and ensures completeness and accurate responses. When introducing the questionnaire, it is helpful to let respondents know that the OPOC-MHA for Supportive Housing is a tool used for QI purposes, and, on average, takes about 10-20 minutes to complete. It is also recommended that the structure of the questionnaire be explained. A sample introductory script has been provided below, which can be used or adapted for providers' purposes. Key components of a good introduction are included in this sample script. In the event that providing an in-person introduction is not feasible, providers should consider attaching a cover letter with the same information contained in the script. Please refer to the appendix for the letter of information.

Sample Introductory Script for Supportive Housing Tenants

As part of your participation in (name of service) here at (name of provider), we really value your opinion regarding your personal experiences with us. We would very much appreciate it if you would be willing to tell us about your experiences by completing this survey. This information is completely confidential and will not be connected in any way to you personally, to the services you receive here, or your tenant records. Anything you would like to tell us is very valuable to us, and will be used only for the purpose of making the quality of services better here for our residents. We want to continue to improve our services here every day and sharing your experience will help us do that. Please do not use any names or identifying information in the responses.

There are 38 questions related to your experience with our housing support services and about housing itself, followed by 12 questions about you. It takes most people between 10 and 20 minutes to complete this survey, but there is no time limit, and you can take a break if needed. Not all items will apply to everyone, so if a question does not apply to you, please check the "Not applicable" box rather than leave the answer blank.

We understand that the last section contains questions about you that are personal. Please answer only the questions you feel comfortable answering. This information is important, however, as it helps us ensure that all tenants, regardless of age, gender, ethnicity, or sexual orientation, are treated fairly.

Please read over the information sheet, and if you require any assistance completing the survey, I will be nearby to help. You are making an important and valuable contribution to improving the quality of services here at (name of provider) and across Ontario by sharing your experience. I will provide you with an information sheet to read over, but do you have any questions before you begin?

Administration with Tenants with Complex Challenges

There are groups with whom the OPOC-MHA for Supportive Housing has not been extensively piloted. For example, the tool was not piloted extensively with those with multiple challenges or complex clinical presentations, such as individuals with a serious and persistent mental illness, intellectual disability, severe cognitive impairment, or a learning disability. These individuals may also have comorbid substance use, physical limitations such as tremors, or take psychotropic medications which can affect processing ability or function. This section describes some of the implementation challenges associated with these tenant groups along with practical adaptations employed during survey administration.

Common Concerns

1. ***My tenants find the wording of some questions to be confusing, unclear, or beyond their reading level.***

   Generally, survey administrators or facilitators may need to provide basic interpretation of words or phrases, but they are discouraged from giving an in-depth interpretation of the item to a participant. Among those who struggle to understand the questions, it may be necessary to explain the questions in greater detail than usual and stay nearby should the respondent become confused or distracted. It is especially important to be patient and calm when providing your explanation. It may also be helpful to rephrase the statements as questions (using the same wording) and ask the client directly in this format. For example, the statement "The wait time for accessing housing choices was reasonable for me" can be restated as "Did you feel that the wait time accessing housing options was reasonable *before* you became a tenant here?" If yes, the level of agreement (strongly agree versus agree) can be discerned through a follow-up question, or if the respondent is only able to provide yes/no responses, consistently coding one level of agreement is recommended.

2. ***The tenant answered the entire survey in "code" and the results are unusable.***

   Generally speaking, tenants who are impaired or distressed should not complete the questionnaire until they are in an appropriate condition to do so. It is okay for tenants to

stop and start again in the same day. If a respondent comes back to the survey a few days later, it is better for them to start a new survey. For example, a tenant diagnosed with schizophrenia who consistently experiences disorganized speech or behaviour may not be appropriate for this survey. However, tenants whose level of disorganization fluctuates may be able to provide meaningful survey results at a later point in time. In this case, it is recommended that facilitators attempt to administer the survey again.

3. ***The respondents understand the questions, but they are struggling to answer them using the scaling system provided.***

   The abstract nature of the Likert-type scale used in the survey can be challenging for some respondents to understand. If participants understand the categorical responses (strongly agree, agree, etc.) but not the numerical responses used on the paper version of the survey (e.g., 1, 2, 3 4), facilitators can recreate the categorical responses on a separate sheet of paper for participants to reference. Then, using this as a reference, they can guide or circle the client's appropriate response on the survey.

Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable

   If tenants are struggling to understand the scaling system in any format, it may be necessary to resort to a binary, "thumbs up or thumbs down" system and then code the answer accordingly. Although not ideal, data should be consistently coded as agree or disagree so that one of the directional responses is not skewed by using a strongly agree or disagree category.

4. ***My tenant looked at the paper survey and seemed overwhelmed. The website version was much more tolerable.***

   If tenants seem overwhelmed by the paper survey, the online version may be a suitable alternative since questions only appear one domain at a time. This allows the respondent to focus on each question as it is being asked and may appear less daunting than a multipage paper document. However, please note that some tenants have limited experience with

technology, including tablets or personal computers, and may find this approach intimidating as well. Ideally, providers will offer both administration options so the one most suitable for each tenant's preference is available.

5. ***My tenant is very interested in completing the survey, but finds some of the language or terminology confusing.***

   In the following two sections, several items and terms are further clarified for definitional purposes. If, even after clarifying survey items and providing alternative methods of administration, tenants still find the process challenging or overly taxing, it is reasonable to assume they will not be able to complete the survey.

Frequently Asked Questions about Administration

This section provides responses to questions that were frequently encountered during the pilot or early-adopter implementation.

1. ***What is an OPOC key?***

   An OPOC key is a unique code that allows a tenant to enter the OPOC-MHA website to complete the survey, and/or allows for data entry of an OPOC-MHA for Supportive Housing completed on paper. OPOC keys have two purposes:

   - They allow organizations to keep track of response rates; and,
   - They allow participants to provide feedback about a particular program.

   The OPOC keys are only used for these two purposes and are not saved once a survey is completed. In addition, OPOC keys are not linked to any identifying or personal health information about the tenant.

2. ***What if a respondent neither agrees nor disagrees with the statement described?***

   For the original version of the OPOC-MHA, omitting a "neutral" response option in the OPOC-MHA was an intentional decision by the project team based on stakeholder input

during the development and pilot testing stages. As a result, clients are encouraged to think about whether they are more in agreement or disagreement with a given statement and answer accordingly. This survey design was maintained in the Supportive Housing version to align with feedback from the original OPOC-MHA.

3. ***My tenant is receiving services from multiple programs within my agency or there is an independent landlord involved. Which services should my tenant reflect on when answering the questionnaire?***

   From time to time, tenants will participate in more than one program by the same provider to meet their complex needs for treatment or support, especially within agencies that offer separate mental health and addiction support programming in addition to housing support. Under this circumstance, it is important to communicate to tenants the scope of services for which they are answering the questions in the OPOC-MHA for Supportive Housing, whether it is for a specific program or service or for overall services received within a provider. There have been situations, however, where the same staff members work with the same tenants through multiple programs, and it would be problematic to separate the programs for reporting purposes. It is encouraged that, wherever possible, tenants answer surveys for separate programs, but if this isn't feasible, programs can be combined. Please note, that when creating reports, multiple programs can be combined to produce single reports, but artificially-combined programs cannot be deciphered later on. This allows for the possibility that data can be reviewed separately for each of the two programs. To summarize, it is conceivable, but not ideal, that a provider could ask respondents to complete the questionnaire for the overall services they receive. In this case, although questionnaires may be distributed through multiple programs, clients should complete the questionnaire only once. These options are at the discretion of the provider, but it is important to recognize the limitations of this type of mass reporting with respect to QI initiatives.

Another common issue pertains to the agency's relationship with independent landlords or property owners. Tenants may require additional instruction depending on the landlord-tenant relationship at your agency. For example, if a provider is not the tenant's direct landlord, it may be helpful to explain to the respondent that some questions will pertain to the landlord/property owner and some questions will pertain to the support services provided by the agency. Though the provider may not have direct control over questions pertaining to landlord services, the information gathered by these items can still be helpful for QI purposes.

4. What if a tenant needs help understanding a question?

There is a difficult but important balance in how much assistance to offer someone if they ask for help understanding an item. The facilitator may assist with some basic interpretation of words or phrases. However, it is very important to avoid giving an overall in depth interpretation of the item to a participant. One common phrase the staff used during the pilot project of the questionnaire when this circumstance arose was "whichever response you feel is most correct."

5. What if a respondent needs help with language interpretation?

If a tenant speaks a language other than English or French, they may be able to access an interpreter through the provider. Interpreters are trained to convey information while avoiding significant interpretation of the participant's response.. On a broader scale, the project team is exploring ways to make the OPOC-MHA accessible in other languages while still maintaining instrument validity and adhering to copyright restrictions.

6. Are there tenants for whom the OPOC-MHA for Supportive Housing is not appropriate?

As described in the previous section, while the OPOC-MHA for Supportive Housing was designed to have broad use across mental health and addiction supportive housing programs, there may be some programs where there are implementation challenges associated with using the tool. The tool was broadly designed for mental health and

addiction permanent supportive housing organizations. To a lesser extent, this version could also be used in rent supplement programs or transitional housing programs offering longer stays.

Within specific programs, however, it is recommended that clear inclusion and exclusion criteria be developed ahead of time so that staff are not arbitrarily deciding who is eligible to complete the survey. It is reasonable, for example, to exclude tenants in crisis or clients currently under an Application by Physician for Psychiatric Assessment (Form 1) under the *Mental Health Act.*

7. Has the OPOC-MHA been adapted with a cultural lens for Indigenous people?

During its development of the original tool, the OPOC-MHA was presented for consultation at the Braiding Wisdoms forum in October 2013. This forum included approximately 30 leaders and staff representing a wide range of services for First Nations, Inuit and Métis peoples. Based on this consultation and feedback, some changes were made to the language contained in the tool while still preserving its validity and intended broad use. During the pilot testing of the OPOC-MHA, just over five percent of clients filling out the tool self-identified as First Nations, Inuit, or Métis.

8. Is implementation of the OPOC-MHA mandatory?

The OPOC-MHA is a recommended tool to fulfil service agreement requirements to obtain and report client/tenant satisfaction or perception of care data. At the time of publication, several Local Health Integration Networks (LHINs) and provider associations have shown an interest in mandating the tool but this varies extensively by region. Several areas of Ontario, for example, have named the OPOC-MHA specifically in its Multi-Sector/Multi-Sectoral Accountability Agreements (MSAAs) as the required tool to collect client feedback data. Overall, the OPOC-MHA is highly congruent with expectations outlined in MSAAs regarding collecting client feedback data.

9. ***Is it appropriate to have volunteers or peer supporters assist with implementation, or should this be limited to staff employed by a provider?***

   The use of volunteers to assist with implementation is a strategy that has been employed successfully in survey administration by some providers. Early implementation work demonstrated that volunteers can be used effectively as long as the volunteers are provided with the same instruction as staff about not arbitrarily selecting who receives the survey, interpreting questions for tenants, or becoming too involved in the participant's response process. As with clinical or support staff, anyone who is involved in survey administration should be far enough removed from the tenant completing the survey so as not to unduly influence their responses, create the illusion of coerced participation, or, in the case of paper surveys, be able to identify the respondents later on based on unique responses. At CAMH, this approach was used successfully and the project team would be pleased to share the training materials it used with volunteers upon request.

10. ***We piloted the OPOC-MHA for Supportive Housing and have an established implementation plan for it. Can we continue to use the tool as we have been up to this point?***

    As a result of pilot testing, minor changes were made to the tool; therefore, it is important that providers use the final version of the tool. As for existing implementation plans, providers are encouraged to connect with the Implementation Specialist assigned to their area to ensure that programs continue to be organized appropriately for reporting purposes and that access to the central database has been arranged, as this was not available during the pilot implementation phase. Coaching support is provided by the Provincial System Support Program (PSSP) at CAMH as part of its overall approach to support OPOC-MHA implementation and ensure that providers' experiential learning is shared province-wide.

11. ***Is the survey website compatible with tablets and cell phones, and are there any plans to develop a mobile application?***

Early usability testing has demonstrated functionality with the OPOC-MHA website on cell phones and tablets running both Apple and Android operating systems. In fact, many service providers are using tablets exclusively to administer the survey. At this time, we are currently working on a tablet/mobile application. This will make administration on tablets and cellphones a lot easier.

12. What should I do if a question in the survey isn't applicable to the services my organization provides? Can I just skip it?

It is best that you do not skip a question on the OPOC-MHA for Supportive Housing. Instead, instruct respondents to select the N/A option if a question does not apply to them. This provides helpful information when looking at the provincial aggregated reports and can also help when looking at your own data. This also helps inform the system as a whole, where there may be gaps in services.

13. Why are 12 demographic questions included in the survey?

As mentioned above, the participants are asked to respond to several demographic items, including questions on gender, age, language, ethno-cultural background, sexual orientation, and current housing status. These questions are asked so that providers and funders are able to identify potential inequities in service or access. When data are combined across many tenants, perception of care can be summarized based on different demographics. The specific demographic questions used in the OPOC-MHA for Supportive Housing are adapted from the *We ask because we care: The Tri-Hospital + TPH health equity data collection research project*[3]*,* which represents the latest evidence on socio-demographic questions developed in Ontario for health services. Though the questions may be difficult for some tenants to answer, the Ontario Human Rights Code encourages the collection of this kind of data when the purpose is to monitor discrimination and promote

[3] Wray, R., Agic, B., Bennett-AbuAyyash, C., Kanee, M., Tuck, A., Lam, R., Mohamed, A., & Hyman, I, for the Tri-Hospital + TPH Steering Committee. (2013). *We ask because we care: The Tri-Hospital + TPH health equity data collection research project: Summary Report.* Toronto: ON.

equity. If a respondent does not feel comfortable answering specific demographic questions, he or she can choose not to respond.

Frequently Requested Information about Specific Items or Terms

This section provides information regarding several of the items and terms that required clarification during the pilot testing of original OPOC-MHA and the supportive housing version.

1. ***Why is a question on transitional housing (Item 11) included in the survey?***
   In early stages of the development, community engagement sessions indicated that the OPOC-MHA for Supportive Housing should remove language around discharge or finishing the program/treatment as to better adhere to tenancy security best practices within the supportive housing sector. However, feedback from the community recommended that it would still be important to include an item on transition out of housing in order capture the full range of housing supports available at some agencies.

2. ***What is meant by "I am offered opportunities to become involved with others (e.g. join social groups or become involved in special projects)" in item 7?***
   During the pilot of the supportive housing version, some agencies asked if this item referred to the social activities offered by their agency or if it referred more generally to activities offered in the broader community. This depends on the supports and programming offered by your organization. Item 7 was added to the survey to measure the extent to which individuals experience social isolation or exclusion, as many supportive housing agencies are interested in reducing isolation or exclusion among tenants. If your agencies does not offer social activities/recreation specific programming, please instruct respondents to consider opportunities to become involved with others in the broader community outside of the agency.

3. ***Why does the demographics section include a question about age (Item 1)?***

   This question provides choices of age groups as response categories. If a tenant is having trouble choosing a category, she can either write down her date of birth or age if completing a paper version of the survey. Staff who enter the data into the database can code it accordingly.

4. ***Why does the demographics section ask about sexual orientation (Item 6)?***

   In pilot testing, there was concern about asking people to voluntarily identify their sexual orientation given the highly sensitive nature of this question. Although the purpose for this question is to facilitate reviewing the results through an equity lens, some respondents may not feel comfortable answering this question or understand why it is included. Furthermore, agencies that work specifically with youth reported that this question would be difficult to assess as a young person's response may fluctuate throughout their adolescence as well as during their time in treatment. As the survey captures information at a particular point in time, it is okay if a respondent's response changes over time. Lastly, as with all items, if a participant remains uncomfortable answering this question, he/she can be reminded that he/she can opt not to answer it.

5. ***At my agency, tenants sign lease directly with landlords rather than with us. Which questions on the survey would pertain to a third party landlord?***

   Our implementation team encourages agencies using the supportive housing version of the OPOC-MHA review the survey to determine which questions would apply to the services and supports they provide and which questions would apply to services provided by the landlord or property owner. Depending on the services and supports provided, the following items may apply to the landlord rather than the implementing agency: 10, 16, 25-30.

6. ***My LHIN allows us to use items from the original OPOC-MHA to meet current client satisfaction reporting requirements under our MSAA. Are these items included in the supportive housing version of the OPOC-MHA?***

Each LHIN is different, but some have allowed the use of OPOC-MHA items to meet the reporting requirements for client satisfaction measures. Below is a recommendation of the transferability of the items used by some LHINs:

LHIN Question	Applicable Original OPOC-MHA Item	Applicable Supportive Housing Version Item
Wait times	1. The wait time for services was reasonable for me.	2. The wait time for accessing housing choices was reasonable to me.
Information about medication	10. I received clear information about my medication (i.e., side effects, purpose, etc.)	N/A
Involvement in care treatment	12. I was involved as much as I wanted to be in decisions about my treatment services and supports.	12. Opportunities are provided to give input into my housing.
Formal Complaint/ Request	16. If I had a serious concern, I would know how to make a formal complaint to this organization.	15. If I had a serious concern, I would know how to make a formal complaint or request.
Treated with dignity and respect	18. I was treated with respect by program staff.	24. I am treated with respect by staff.
Treatment plan at program discharge	27. Staff helped me develop a plan for when I finish the program/ treatment.	11. If in transitional housing, staff are helping with a plan for my next steps.
Treatment plan meeting needs at program discharge	28. I have a plan that will meet my needs after I finish the program/ treatment.	N/A
Service effectiveness	30. The services I have received have helped me deal more effectively with my life's challenges.	34. The services and supports I receive help me deal more effectively with my life's challenges.
Service quality	31. I think the services provided here are of high quality.	35. I think the services provided here are of high quality.
Service recommendation	31. If a friend were in need of similar help I would recommend this service.	36. If a friend were in need of similar help I would recommend this service.

The OPOC Community of Practice

If you still have questions or issues that you are encountering when implementing the OPOC-MHA for Supportive Housing, the OPOC community of practice is a great resource to check. The Community of Practice brings together people who share a common goal to collaborate, and to share and promote new knowledge to improve the understanding in a particular area. Providers can use the platform to share successes, challenges and creative strategies, while connecting with others who are also using and implementing the OPOC-MHA.

It is also a great resource for discussing quality improvement initiatives. The Community of Practice (CoP) brings together a wide range of service providers from across Ontario's mental health and addictions system who recognize the value of quality improvement initiatives as a mechanism to not only enhance client outcomes and contribute to program evaluation, but also to strengthen and transform system-level performance. The CoP is hosted on EENetConnect at https://www.eenetconnect.ca/g/provincial-opoc-cop. If you are not sure how to join, please ask the Implementation Specialist supporting your LHIN area.

Part 3: Entering and Extracting Data

General Principles of Data Entry

Since surveys can be administered both electronically and on paper, consolidating all the collected data in one database is a necessary first step before commencing data analysis. Data collected electronically are automatically stored in a database accessible at www.opoc.ca, while data collected via paper surveys will need to be entered into this website by providers after completed surveys are returned by tenants. When entering paper survey data specifically, it is important to be aware of the following errors which can affect the quality of the data.

1. **Missing response:** If no option is circled or checked for an item, leave the corresponding entry in the web form blank.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. When I first started looking for help, services were available at times that were good for me.	1	2	3	4	N/A

2. **Multiple responses**: Respondents may sometimes check off or circle more than one option for an item (e.g., circling both "agree" and "disagree" to indicate they are ambivalent about the question). This should be considered a missing response, with the corresponding entry left blank on the web form.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. When I first started looking for help, services were available at times that were good for me.	1	2	3	4	N/A

3. **Unclear response**: If the respondent has made a response that does not clearly fall into one category (e.g., a check mark or circle that is drawn on the border between two options), this should also be treated as a missing response.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. When I first started looking for help, services were available at times that were good for me.	1	X 2	3	4	N/A

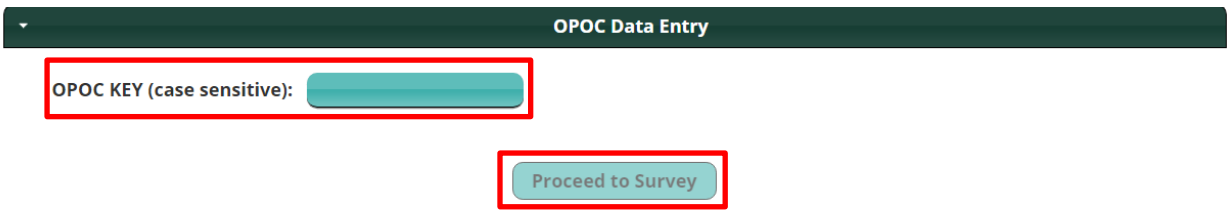
4. **Notes next to response categories**: Occasionally respondents will make notes next to a response category or question, rather than in the designated space for open-ended responses, to provide additional comments. If the comments provide a detailed description of the respondent's perception of care relating to one or more items, this information should be analyzed together with data collected through the open-ended questions. In the following example, the tenant provided a strong endorsement for the organization in regards to this particular question. This information is valuable and should be recorded as qualitative data, even though it was not written in the expected location on the survey.

	Strongly Disagree	Disagree	Agree	Strongly Agree	Not applicable
Access/Entry to Services					
1. When I first started looking for help, services were available at times that were good for me.	1	2	3	(4)	N/A

"You have the most flexible intake hours out of any organization I have come across. Thank you!!!"

Entering Data in the Website from Paper Surveys

1. Locate the OPOC key that is attached to the paper copy of the OPOC. This can be found on the second page of the client letter PDF.
2. Enter the OPOC key. **Please ensure that the key you are entering has been distributed and is no longer under the Distribution List tab. If it has not been distributed yet, you will be sent to the OPOC home page upon entering the key and clicking on the Proceed to Survey button.**
3. Click on "**Proceed to Survey".**
4. Enter the respondent's exact responses to all questions directly into the survey.



PLEASE NOTE: It is **VERY IMPORTANT** that you click the submit button at the end of the survey. If you do not, the data will not show up on your reports. Please ensure you complete that step once you are on the last page of the survey.

If you need more instructions on this process, please see the OPOC Website Navigation Guide.

Extracting Data with Reports

Health Service Providers will be able to extract raw data and generate customizable reports through a password-protected interface. **Please see the Reporting Platform Navigation Guide to see what those reports look like and how to use the reporting platform.**

Part 4: Using the Results for Evaluation and Quality Improvement

Quality Improvement is a systematic approach to making changes that are intended to lead to better client outcomes, stronger system performance, and enhanced professional development.[4] The OPOC-MHA has significant potential to contribute to QI initiatives in mental health and addiction services because included items reflect actionable qualities or characteristics of the program or service. The OPOC-MHA may be used to evaluate the effectiveness of programs or services introduced by providers, as well as to continuously measure and monitor QI objectives.

In Ontario, publicly-funded health service providers are required to have a Service Accountability Agreement with their LHIN that outlines responsibilities with regards to performance measurement and QI. The OPOC-MHA is designed to capture information about many common QI indicators such as safety, accessibility, client-centred service, equity, integration, effectiveness, and appropriate use of resources. For example, the percentage of clients agreeing[5] with specific items in the OPOC-MHA may be used to measure the following example quality dimensions:

Quality Dimension	OPOC-MHA Measure
Accessibility	*Percentage of tenants agreeing * with OPOC-MHA item #1 When I first needed help with housing choices were available that were a good fit for me*
	*Percentage of tenants agreeing * with OPOC-MHA item # 3 The location of housing choices was convenient for me.*

[4] http://www.hqontario.ca/quality-improvement

* Agreeing includes clients who selected “agree” or “strongly agree” on a particular item

Quality Dimension	OPOC-MHA Measure
Client-centred	Percentage of clients agreeing* with OPOC-MHA item #36 *If a friend were in need of similar help I would recommend this service.*
	Percentage of clients agreeing* with OPOC-MHA item #15 *If I had a serious concern, I would know how to make a formal complaint or request.*
	Percentage of clients agreeing* with OPOC-MHA item #22 *Staff is sensitive to my cultural needs. (e.g. language, ethnic background, race).*
Integrated	Percentage of clients agreeing* with OPOC-MHA item #6 *I receive enough information about other services and supports available to me.*
Effective	Percentage of clients agreeing* with OPOC-MHA item #34 *The services and supports I receive help me deal more effectively with my life's challenges.*
	Percentage of clients agreeing* with OPOC-MHA item #36 *I think the services and supports provided here are of high quality.*

Quantitative Data Analysis

Analyzing OPOC-MHA for Supportive Housing data may involve individual or grouped items. Proportions of response categories and mean scores of individual items as well as aggregated data can all provide important information about QI indicators. Generally speaking, information about the number and percentage of tenants who answered strongly agree, agree, and so on for individual questions are easier to interpret and present to stakeholders. However, if the purpose of compiling the data is to make comparisons over time, considering average scores is also worthwhile. Having said that, early data analyses have shown that, like client satisfaction data in general, OPOC-MHA results may be positively skewed. Monitoring changes in the proportion of clients who answer in a particular way is one way to mitigate this limitation. This is further described in the section, "Integrating Quantitative and Qualitative Data for Quality Improvement."

The implementation team recommends that provider-level data be analyzed and reported separately for different user groups, programs, and services when possible. These include:

- Supporters/family members and other tenants;
- Different services within the agency (e.g. ASH, mental health and justice, rent supplement, bricks and mortar); and Agencies that offer housing at various locations.

A Caution about Small Numbers

Although it is advantageous to examine data by specific tenant groups, it is sometimes difficult to collect a sufficient amount of data from a particular group to draw strong conclusions. This is especially challenging in smaller programs. It is important to avoid making decisions based on small sample sizes. For example, percentages based on small numbers may fluctuate dramatically from year to year even when differences are not meaningful because the variation could be attributed to chance. A related concern is the large fluctuation in a percentage if it is based on a small number of people in the denominator. Second, a breach of confidentiality may occur if providers release information in a way that allows an individual to be identified and reveals confidential information about that person. An example of this scenario would be reporting results of a group of transgendered tenants within a provider since it is likely that a very low proportion of the tenant population identify themselves this way. In addition, when producing multiple statistical tables based on a small sample, it is important to be mindful that it is possible that users can derive confidential information through subtraction. For this reason, data from groups with less than five respondents will not display in the standardized reports.

Data Reporting: Health Equity

It is important to illustrate the value of OPOC-MHA for Supportive Housing data to examine issues related to health equity. It is widely acknowledged that there is variation in mental health and addiction service needs and outcomes according to social and demographic indicators such as gender, age, racialized status, and sexual orientation. The OPOC-MHA includes many items that can be used to assess potential inequities in access, quality, and satisfaction of services received for different population groups. This information is critical to

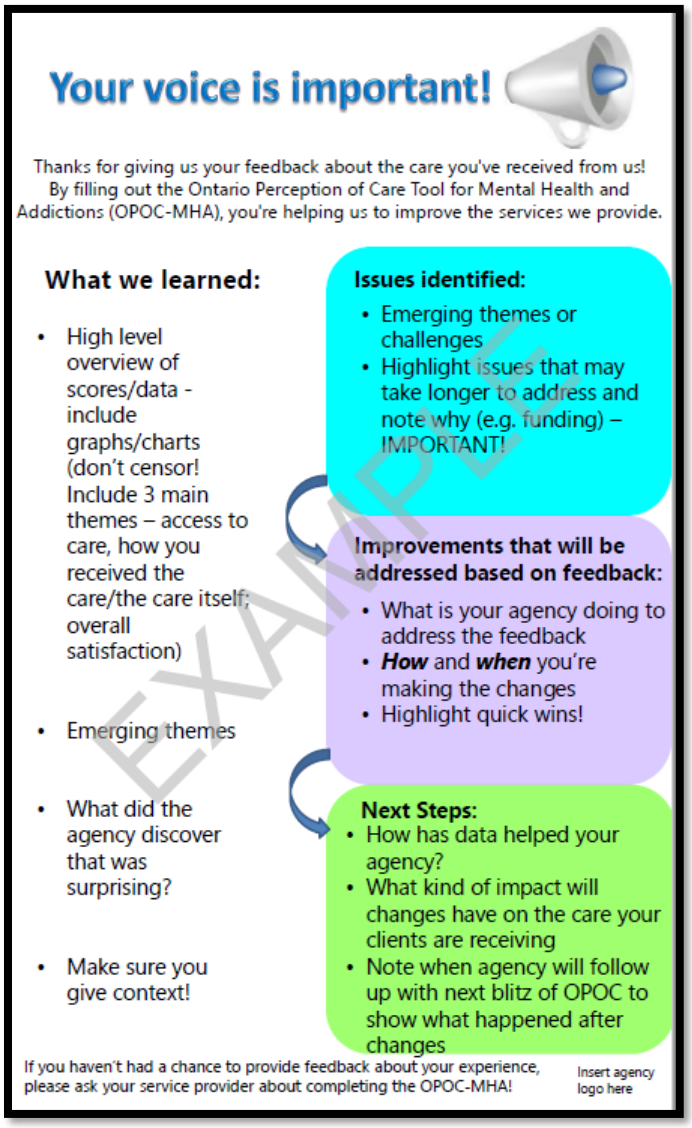
inform and address barriers specific to population groups, identify QI interventions and to monitor improvements over time. Also, as noted earlier, there should be some analysis undertaken to identify the difference between people who agreed to complete the OPOC-MHA and the total caseload. Comparing the characteristics of the tenant population with the population of the outside community is another potential way of examining whether the services are meeting the needs of diverse groups.

There is frequently a mismatch between the demographic profile of the population in a particular catchment area and people using various housing supports. The OPOC-MHA for Supportive Housing is designed to capture extensive demographic characteristics about service users such as gender, age and ethnic background. This information can be used to make comparisons with census or population data to determine if there is an underrepresentation of certain groups. In addition to using the OPOC-MHA to identify and address possible barriers to accessing services, the data may be used to create a profile of service users, to determine whether there is a need for new services or supports to better serve specific groups of tenants.

Providers may be interested in determining whether standards of equity are being met in the quality of services delivered. For example, you may be interested in determining whether all tenants perceive the environment as welcoming and socially inclusive. In this case, you may wish to examine environment indicators for different tenant groups. Is there a difference in the proportion (or mean) of males versus females in their perception of the environment being safe? Is there a difference in the proportion (or mean) of tenants of different ethnic backgrounds in finding the facility welcoming, non-discriminating and comfortable? In addition to looking at the percentages, mean scores, and scale scores of the data, it is important for the QI team to carefully review the open-ended comments provided by participants. These comments often provide additional details that help with interpretation of the quantitative indicators.

Sharing Results with Survey Respondents

Based on the contributions of the Persons with Lived Experience Panel at CAMH during early implementation, the project team strongly recommends that providers establish a protocol to share the survey results with service users. Establishing this practice upfront and informing tenants that results will be returned in this way encourages an increased response rate and provides support for the OPOC-MHA in general. The following poster template was developed by PSSP and can be used to articulate key findings with a wider audience of service users.



Qualitative Data Analysis

The OPOC-MHA allows participants to write supplementary comments after each section as well as at the end of the tool. Comments allow participants to highlight particular aspects of their services they found positive or concerning. If the OPOC-MHA is administered by a surveyor, in addition to comments provided in the open-ended questions in the questionnaire, respondents may also make verbal or written comments to questions during administration to provide more detail of their perception of care. It is important that such data are captured and entered into the database where the rest of the data are stored. Comments can subsequently be entered in the relevant qualitative comment section of the questionnaire. Consistent with the privacy expectations regarding OPOC-MHA administration, providers are reminded not to try to identify tenants based on open-ended responses.

As responses to the open-ended comments will not appear on the generated reports, it is the responsibility of the provider to analyze these qualitative data. Providers will be able to extract raw data in Microsoft Excel format, which will contain the open-ended comments that can easily be reorganized for analysis with cutting and pasting. Qualitative data does not need to be entered or tracked separately. While qualitative data analysis can be complex, the general purpose is to discover themes or issues contained in the information from participants. Ideally, the qualitative data will provide depth and insight into what was obtained through the quantitative responses to the questionnaire. Using a spreadsheet program like Microsoft Excel, each comment should be arranged with one comment per line and then reviewed according to the following procedure.[6]

[6] Larson, L., Malcolm, E., & Whelan Capell, J. (June, 2011). Analyzing outcomes data. Workshop at the 13th Annual Urban Initiatives Conference, Milwaukee, WI.

How to Analyze Qualitative Data

1. **Read through all the responses**

   Read through all of the responses to get an initial sense of the content and emerging themes. Having another person review the responses independently will help minimize the influence of your own biases on the data, especially if you are closely involved with the program.

2. **Develop categories**

   Develop categories that incorporate the topics that emerged in your initial review. For example, if the survey question asked people for suggestions on ways to improve a program, your categories might include things like "changes to content," "more group activities," or "no changes needed."

3. **Assign each response to a category (or categories)**

   Assign each comment to one or several categories (this is known as "coding"). There are many ways to accomplish the mechanics of coding, and Microsoft Excel can often be helpful. For example, you can arrange all your responses in one column, and label each comment in the adjacent column with the appropriate category. Alternatively, you can arrange the comments under the category headings by cutting and pasting the cell contents into the appropriate columns.

4. **Check your categories**

   Check to see if your categories are actually appropriate. You might find that most of your responses fall into one category and that the category could actually be broken into more specific subcategories. You might also find that you have some comments that fall into a new category altogether or that one of your categories only has one or two comments and can be merged with another.

5. **Review for major themes**

Review which of the categories have the most responses and, therefore, represent your major themes. Once you've done this, think about what the themes are really saying, and how they are applicable to your program. For example, it is one thing to say "most people wanted more group activities" but consider how you will explain this to others so that it will lead to program improvements.

6. **Identify patterns and trends**

   Identify which categories are related and where linkages, patterns and trends can be seen. Are the themes related in some way, or are there a series of unrelated points being mentioned? You may also want to keep track of key demographic characteristics in relation to the responses and patterns that emerge (e.g. gender, age, cultural background).

7. **Write-up your analysis**

   Summarize your analysis in such a way that it effectively communicates your findings to others, including frontline staff, managers, and tenants or family members. This would normally be in the form of descriptive text incorporating some of the comments that exemplify your major themes. You can use key quotes that reflect the theme(s) you have identified, being sure that they cannot be attributed to a particular individual. Your summary of themes may complement or clarify what you obtained through quantitative data, and your write-up can tie it all together.

Integrating Quantitative and Qualitative Data for Quality Improvement

After familiarizing yourself with the OPOC-MHA reporting portal and the reports it can generate, you are encouraged to take a more detailed look at the data to plan your QI project. There is no "right" way to look at data, but we encourage starting broad with a full report of all responses and then using the filters to narrow the data that are displayed. The real-time interactivity of the portal allows you to quickly and seamlessly generate reports with only the information included that is of interest to you. Be guided by curiosity and ask lots of questions! For example, as mentioned in the "Data Reporting: Health Equity" section, consider how

different populations are experiencing service at your organization. Do the results change based on the tenants' length of stay in housing or whether they belong to a particular gender? Use the filters to your advantage to answer any questions you may have.

The following guiding questions are also helpful when considering how your OPOC-MHA results can inform your quality improvement endeavors:

1. **What are your overall impressions of the data?**

   Begin by taking a first pass at the results, noting any general observations or reactions that you have. You can perform subgroup analysis later; just consider your first impressions to what you are reading.

2. **Do any of the results surprise you?**

   If your results are generally positive, as is often the case, there may be a few results that catch your attention. What is it about these results that surprise you or make them stand out from the rest?

3. **Who answered the survey?**

   Knowing who answered the survey is critical to understanding whose perspective is represented in the data. Similarly, it provides important information about whose perspective is missing, and what the implications are of that. Are the survey respondents reasonably similar to your tenant population in terms of age, sexual orientation, or population group? We aren't looking for a statistically representative sample, but you can use census data, existing demographic profile data for your organization, or similar secondary data to compare the survey sample to the broader population.

4. **Who answered the survey *differently*?**

   This is where subgroup analysis can be particularly helpful. By using the reporting portal and limiting responses to those provided by different groups or health equity populations, you can determine if particular groups of people answered your survey differently. You might

find that results are better or worse and across the board or isolated to particular questions. By addressing this question, you'll develop a better understanding of how care is experienced differently by program or according to the filters you apply, and whether a quality improvement activity for a particular group of clients should be considered.

5. **How is my overall response rate?**

   Considering your survey response rate is important for a couple of reasons. First, it provides an indication of how well your particular implementation method worked. Second, it offers clues as to whether you should collect more surveys or supplementary information before making widespread changes at your organization. Consider how many surveys were completed in relation to the number of tenants at your agency. Again, you do not need a particular sample size, but if the results suggest that particularly widespread or detailed quality improvement activities might be needed, have enough tenants provided input to inform that decision?

Checking Your (Statistical) Biases at the Door

When interpreting survey data in general, it is important to be mindful of common biases and assumptions that can influence how results are obtained and interpreted. Specifically, the following should be considered:

1. **Acquiescence Bias:** when survey respondents are ambivalent or neutral about a question, or unsure of what it is asking, there is a possibility that they will simply "agree" rather than seek clarification. To minimize this risk, it is important to provide facilitation and encourage respondents to seek assistance with survey items.
2. **Social Desirability Response Bias:** refers to the possibility that survey respondents will answer questions in a manner that will be viewed favorably by others, even if it is not an accurate reflection of their opinion. This may include over-reporting positive responses, under-reporting negative responses, or being selective with what information is included in the open-ended comments. To minimize this risk, the person providing facilitation should

not be directly providing services to the respondent. In this case, even with the assurance of anonymity, people may answer in a manner that reflects what their service provider would want to hear, "just in case" they find out how the person answered.

3. **Selection and Volunteer Response Bias:** when respondents are selected purposefully rather than randomly or based on some objective criteria, the results might be misleading because the group selected does not represent the actual population. This bias can also occur by restricting the survey to certain respondent groups. It is essential that we remain mindful of who was asked to complete the survey and who actually completed it in the first place, and not make critical decisions based on incomplete information.

4. **Simpson's Paradox:** refers to a phenomenon in probability and statistics in which a trend appears in several different groups of data but disappears or even reverses when these groups are combined. In the following example (see table below), we can see that question 27 appears as one of the areas of improvement on this organization's report based on the responses of all clients. Similarly, it appears on the report when responses are limited to clients in outpatient programs. Interestingly, however, when the report is limited to responses provided only by clients in inpatient programs, this item appears as an area of excellence. Had this agency only generated the first report for the overall client population, they may have undertaken a quality improvement exercise related to discharge planning. While the data do support this, it may have been unnecessary in the inpatient program where this appears to be occurring quite well already. To minimize this risk, run as many subgroup analyses as possible before embarking on a widespread quality improvement project.

Overall Group

Areas of Improvement (this table is auto populated based on top 5 average score of disagree and & strongly disagree)				
Question Type	**Domain**	**Average Score of Disagree & Strongly Disagree**	**Disagree %**	**Strongly Disagree %**
27. Staff helped me develop a plan for when I finish the program/treatment.	Discharge or Finishing the Program/Treatment	1.77	5.8%	1.7%

Outpatient Responses

Areas of Improvement (this table is auto populated based on top 5 average score of disagree and & strongly disagree)				
Question Type	**Domain**	**Average Score of Disagree & Strongly Disagree**	**Disagree %**	**Strongly Disagree %**
27. Staff helped me develop a plan for when I finish the program/treatment.	Discharge or Finishing the Program/Treatment	1.8	6.40%	1.60%

Inpatient Responses

Areas of Excellence (this table is auto populated based on top 5 average score of strongly agree and agree)				
Question Type	**Domain**	**Average Score of Disagree & Strongly Disagree**	**Disagree %**	**Strongly Disagree %**
27. Staff helped me develop a plan for when I finish the program/treatment.	Discharge or Finishing the Program/Treatment	3.6	46.3%	24.4%

5. **Confirmation Bias:** refers to a cognitive bias in which people tend to overvalue information that supports their previously-held beliefs, assumptions, or opinions. This behavior is often unintentional, but it is one of the cognitive biases that we can easily fall victim to because the supporting evidence or information often "feels right." When reviewing data, keep an open mind and don't limit findings to data that agrees with your point of view. Ask lots of questions, generate many reports, and seek additional information from survey respondents or agency staff when something is unclear.

6. **Confounding Variables**: refers to a third, unexplored factor that may be influencing the results or apparent relationship between two concepts. When alternative explanations are not appropriately considered, a perceived relationship between two variables may be

partially or entirely false. When you consider your results, it is important to think about whether alternative explanations could exist. For example, when implementing the standard client OPOC-MHA, an organization was surprised to see that all three discharge items (questions 27-29) appeared on its areas of improvement report. Having previously evaluated their discharge planning process, they wondered if an alternative explanation existed that could be providing false data. They wondered if clients who had not yet begun discharge planning were answering the items negatively, thus "dragging down" the overall results. Based on how they were administering surveys, they estimated that one-third of clients had not yet reached the stage of their program where they would develop a discharge plan. Looking at their report, they noticed that the response rate for all three discharge items was almost 86%, meaning an estimated 20% of clients answered this question when they had not yet reached this stage of the program. Going forward, the agency ensured that clients had a better understanding of the program components and timeline.

Question	Response Rate
27. Staff helped me develop a plan for when I finish the program/treatment	85.8%
28. I have a plan that will meet my needs after I finish the program/treatment.	85.7%
29. Staff helped me identify where to get support after I finished the program/treatment.	85.5%

For more information, please visit the following websites:

- OPOC Community of Practice: https://www.eenetconnect.ca/g/provincial-opoc-cop
- OPOC Orientation Webinar: https://www.surveymonkey.com/r/TWXY5S8
- About CAMH's Provincial System Support Program: http://improvingsystems.ca/about
- More on Quality Improvement: http://www.hqontario.ca/quality-improvement

Appendix A: Information Letter

Ontario Perception of Care Tool for Mental Health and Addictions (OPOC-MHA)
Tenant Information Letter

What is this about?
This questionnaire asks about your perceptions of the services or supports you have received from our agency/organization. This information is being collected to help us identify areas of strengths on which to build, and areas for improvement.

Why is this important?
Your feedback is very important and will help to enhance our programs, as well as supportive housing services across Ontario.

What will be involved?
As a tenant receiving our supportive housing services, we invite you to answer up to 38 core questions and some additional items (e.g. age, gender, language). It should take approximately 10-20 minutes to complete the questionnaire.

Is my participation voluntary?
Completing this questionnaire is completely voluntary. You do not need to complete this survey and all questions are optional. Choosing not to participate will not affect the service or support you receive in any way.

What are the risks and benefits?
There are no inherent risks or direct benefits to participating; however, the information you provide will help us understand how our services can be improved for others.

Is it confidential?
This questionnaire is anonymous and therefore all data collected will not be identified as your own responses. Your name or any personal identifiers (e.g. client number, insurance number) will not be included anywhere in the questionnaire. All responses will be securely stored on password protected computers and paper copies will be kept in a locked cabinet accessible only to the relevant staff. It is important to note that all staff are committed to maintaining your confidentiality and ensuring that the data collected in this questionnaire remain anonymous and no personal information or personal health information is inadvertently shared. Accordingly if you choose to include any comments in the questionnaire, please ensure that you do not include personal information (e.g. your name, your support worker's name, or specific details about your personal situation) that may be identifiable.

How is the information I provide going to be used?
Your responses will be combined with responses from many other people in a province-wide database maintained by the Centre for Addiction and Mental Health (CAMH). The combined information will be shared with our agency/organization, the Local Health Integration Network (LHIN) in your area, and the Ministry of Health and Long-Term Care to provide important feedback about our services. The combined information will also be included in reports generated by CAMH which are designed to help enhance mental health and addiction services across Ontario. Again, your individual answers will not be identified.

Thank you for your participation!

Appendix B: Which Version of the OPOC Should We Use?