Summary of Implementation Evaluation Report

Executive summary

The Ontario Perception of Care Tool for Mental Health and Addiction Tool (OPOC) is a validated, standardized measure of client experience for substance use, mental health and concurrent disorders services. The OPOC-MHA tool gathers client feedback on the quality of care received across both community and hospital settings, and brings the client's voice forward as a source of evidence to support program, agency and system quality improvement efforts.

There are currently five versions of the OPOC specific for different client groups:

- Registered Clients for people who have completed intake into an organization, and are entered into the client record management system;
- Non-Registered Clients for people who are receiving services but may not have completed an intake or been entered into an organization's client management system;
- Caregivers for those who are not personally receiving mental health and addictions services, but supporting a loved one who is receiving care;
- Supportive Housing for residents of supportive housing, and
- Crisis, for clients of crisis or single-session services.

Background system context

Ontario is striving towards a mental health and addiction (MH&A) sector in which services are, at their core, person and family-centred. *Roadmap to Wellness*, the province's MH&A plan, put forward a strong and clear quality improvement (QI) agenda for health care services with a focus on measuring performance and enhancing quality of care. The OPOC aligns with many MH&A sector initiatives that aim to create more coordinated, responsive, client-centred services throughout the province. The OPOC, developed through Health Canada's former Drug Treatment Funding Program (DTFP), has been implemented across Ontario since 2015.

The Implementation team at the Provincial System Support Program (PSSP) at the Centre for Addiction and Mental Health (CAMH) has tracked risks, issues, and positive impacts related to this initiative since the beginning; however, a sector-wide evaluation activity had not been undertaken. After six years of implementation experience, contributions by nearly 250 organizations, and over 100,000 surveys administered, PSSP engaged the MH&A sector in this comprehensive evaluation.

History of the OPOC

The development of OPOC began with a literature review in 2010, followed by a provincial environmental scan of client experience tools implemented by MH&A organizations, a rigorous

development process with a program advisory committee in 2011, and pilot testing with 23 MH&A organizations in 2012. These pilot sites, comprising 82 programs in total, represented a cross-section of MH&A agencies in Ontario and included a diversity of programs and clientele.

The original two OPOC versions, designed for registered clients and non-registered clients and family members, were developed as part of Health Canada's former DTFP. PSSP developed three subsequent customized versions in collaboration with community partners: Caregiver and Supportive Housing versions in 2019, and a Crisis version in 2020. The initial funded project was designed to assess the acceptability, utility, and psychometric properties of OPOC for use in publicly funded MH&A services in Ontario. This initial project also aimed to examine the feasibility of implementing this tool on a large scale and the usefulness of the OPOC's results, as well as to estimate the implementation requirements with respect to staff burden and time, training needs, and other resources.

In 2015, PSSP began providing OPOC implementation support across the province. This includes support from both the OPOC Implementation Team who provide coordination, coaching, evaluation, administrative and knowledge mobilization support, and the Data Systems Team (DATIS), who built and maintain the application and the central OPOC database, and who provide ongoing service desk support and data reporting. Over time, OPOC implementation supports have evolved to focus on QI and increasing the rigor of survey administration.

Objectives of evaluation

1. To assess the acceptability and utility of the OPOC for MH&A after six years of implementation in the Ontario MH&A sector.
2. To explore potential adaptations or modifications to the tool (all versions) to ensure it remains relevant for stakeholder and sector needs.
3. To explore potential adaptations or modifications to the web-based platform, provincial data repository, and reporting portal.

Methods

This evaluation was completed using a mixed-method approach, gathering data from multiple stakeholder groups, via surveys (n = 135), eight focus groups (n = 42), and three key informant interviews.

Findings

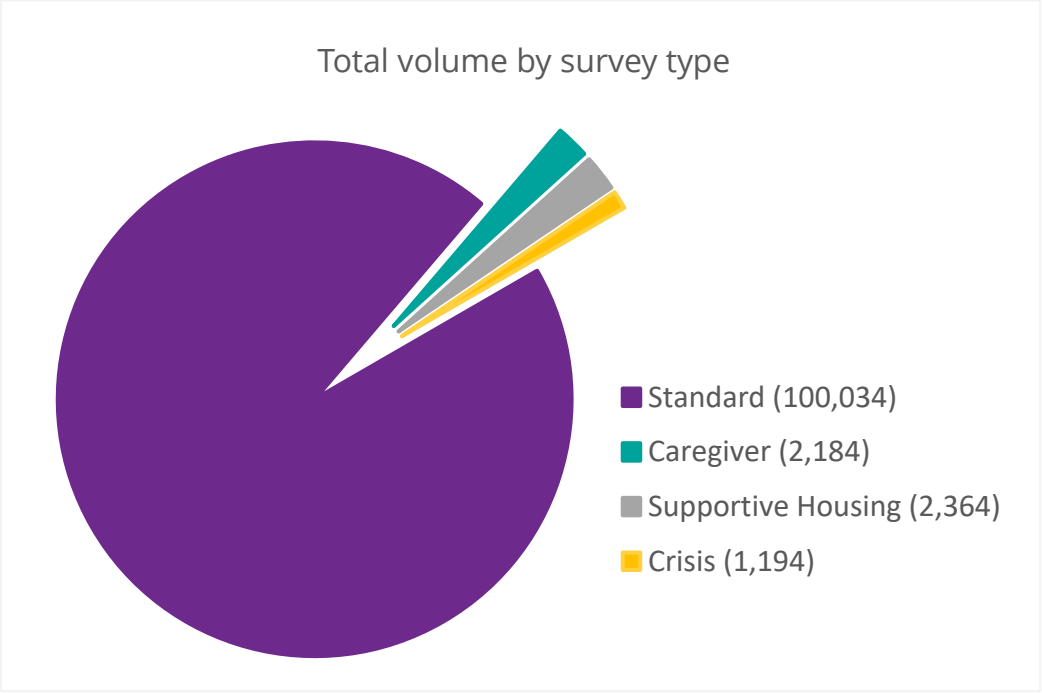
Five key questions guided the current evaluation. The evaluation questions and key findings are summarized below.

Evaluation question 1: To what extent are the different versions of the OPOC being used across the MH&A sector?

Key findings:

- The OPOC Registered Client version is the primary survey administered across the province. Provincial data and data from our survey suggest that the customized versions of the OPOC survey have been underutilized so far.

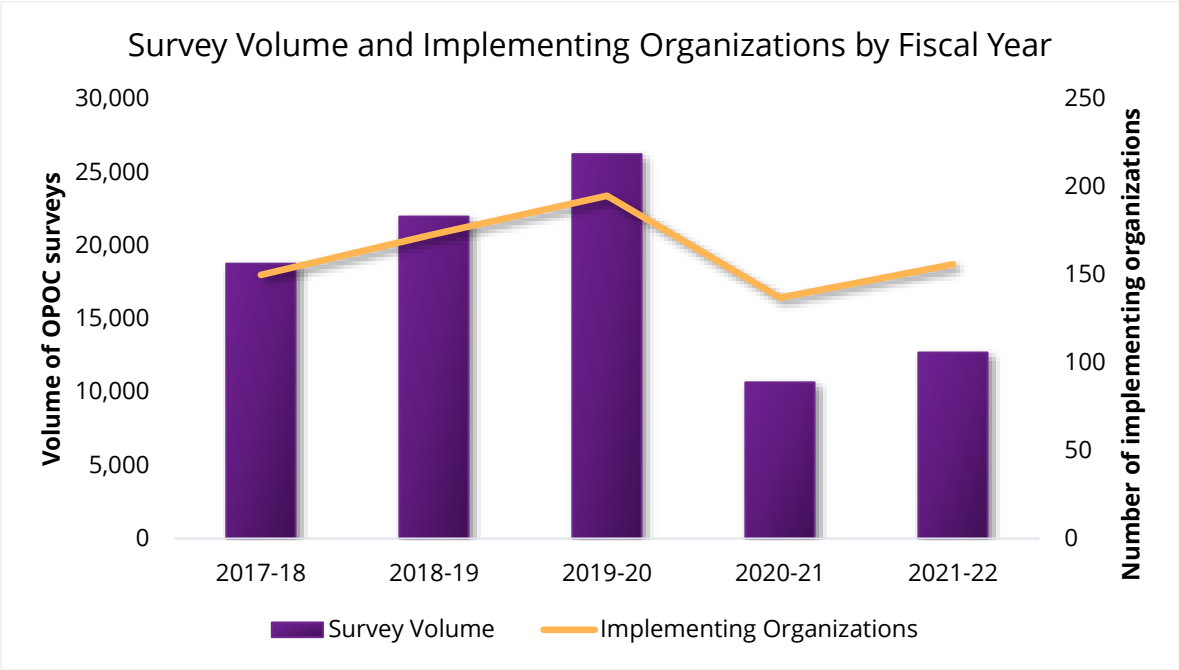
  Figure 1 – Total volume of OPOC surveys in the provincial database, by survey type (Standard, Caregiver, Supportive Housing, and Crisis)



- From March 1, 2016 to April 30, 2022, 258 organizations have completed at least one Standard OPOC survey. Seventy-eight organizations, or 30% of all implementing organizations, are responsible for the completion of approximately 80% of all Standard OPOCs.

- Case management, counselling and treatment, community treatment, support within housing, inpatient, short- and long-term outpatient counseling and family support services were the service types where the OPOC was used most frequently.
- Data suggests that organizations are, on average, administering fewer surveys than they were prior to the COVID-19 pandemic. Prior to COVID-19, OPOC had been gaining uptake annually, both in terms of survey volume and implementing organizations.

Figure 2 – Data showing survey volume and number of implementing organizations before and since the COVID-19 pandemic.



Evaluation question 2: Is OPOC being implemented and used as intended?

Key findings:

- The OPOC administration process is designed to be flexible, with four specific administration requirements. Evaluation participants described the myriad of approaches they had implemented, and some identified ways in which current implementation of OPOC deviates from the original intended process. Examples included not using OPOC results to develop QI plans or activities, administering infrequently, not providing the Client Information Letter, not reviewing results in the centralized database, and not providing facilitation to clients completing the tool.

Evaluation question 3: What has been the impact of introducing OPOC to individual organizations and the broader MH&A sector?

Key findings:

- Survey and focus group participants described initiatives spanning the full spectrum of the project lifecycle, with some participants saying the data had not been used, others that planning had occurred but had not been executed, and finally, other providers speaking to the execution of QI activities.
- Challenges providers faced in interpreting and applying their results included low response rates, questioning the validity of results, and concerns about data management and interpretation.
- The findings illustrate unrealized opportunities to use OPOC at the broader system level.

Evaluation question 4: What has been the experience with respect to training, competency, and ongoing support?

Key findings:

- OPOC keys are unique survey codes, which link each survey to a specific program. This code is entered on the OPOC website to access the survey, while maintaining anonymity of the respondent. Many participants identified OPOC keys as a challenge, and said they would prefer a new structure.
- Asking survey participants to rate their level of satisfaction with statements about PSSP's implementation supports resulted in the highest proportion of "not applicable" survey responses, showing that PSSP can do better at promoting their materials.
- Some focus group and survey participants discussed the technological aspects of the reporting portal and website, with the results highlighting a training gap amongst some participants.

Evaluation question 5: Are there any modifications that could improve the tools or the implementation process, update to current context, and/or maximize sustainability going forward?

Key findings:

- When asked to identify the additional supports that would benefit their OPOC implementation, the four most common survey responses reflected fundamental aspects of the survey administration process, including help in determining administration frequency and the appropriate administration approach, as well as administering the OPOC virtually, and for developing QI plans
- Providers reported that collecting sociodemographic questions can be difficult for staff to facilitate, and labelled this section of questions as complex, and that the list of possible response options can be overwhelming to clients.

- Participants in the focus groups and survey provided specific recommendations to improve the OPOC tool and its administration process. These focused mostly on the survey length and the language used.
- Service providers frequently commented on the length of the OPOC. The most frequently identified reason for not administering the tool was that clients are not receptive to it or that they find the process burdensome.

Recommendations

1. Provide coaching around OPOC fundamentals of administration, including on distribution approaches, sampling, as well as further training on data collection, especially regarding sociodemographic data.
2. Develop and provide training on use of OPOC data for quality and equity improvement opportunities.
3. Establish indicators based on OPOC items.
4. Target high-volume implementing organizations to identify specific factors associated with their successful uptake. These learnings could be leveraged and shared broadly with others in the sector.
5. Increase awareness of all versions of the OPOC, particularly the tailored versions (i.e., Caregiver, Supportive Housing, Crisis and translated versions).
6. Investigate the lack of uptake across certain service types.
7. Continue to raise awareness of existing OPOC resources and knowledge exchange products.
8. Work with implementing organizations to reprise the client engagement activity of 2017 to complement clinician perspectives, as efforts to obtain client feedback as part of this evaluation were not reportable.
9. Consider further exploration of the implementation experience of child and youth sector agencies.
10. Explore need for other versions (youth, brief).
11. Explore alternatives to OPOC keys and assess effectiveness of OPOC links. Monitoring this new feature, along with investigating if any improvements to the OPOC keys are necessary, is recommended.
12. Explore modifications to the language used in OPOC questions to enhance clarity, relevance, ease of administration and to ensure the language reflects current terminology and best practices.
13. Identify opportunities to shorten the OPOC, after psychometric analysis is completed.

Limitations

Sampling Strategy: The evaluation did not obtain a representative sample, and organizations were able to forward the survey to as many staff as they wanted. This led to overrepresentation of some organizations and underrepresentation of others. In addition, the evaluation did not capture the perspective of organizations who have never implemented OPOC, which could have provided critical insights into the barriers they faced.

Language and Geographic diversity: The recruitment and data collection tools were in English only, which may have been a barrier to participation for francophone providers. In addition, geographic representation among participants was unevenly distributed across Ontario Health (OH) regions.

Potential bias: As the intermediary organization responsible for OPOC implementation, PSSP was in a position of bias by leading this evaluation. Two evaluators co-led all aspects of the evaluation in order to mitigate actual or perceived bias.

The COVID-19 pandemic: The survey launch and initial focus group recruitment both occurred in January, 2022, during Ontario's Omicron wave. This challenging and competing priority may have limited respondents' capacity to participate in the evaluation.

While the evaluation findings may be impacted by the above limitations, they nonetheless provide data to inform next steps, as well as several feasible opportunities for ongoing quality improvement and further investigation.