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A guide to implementing the Levels of care quality standard

Knowledge Institute
on Child and Youth Mental Health and Addictions

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For information about this guide, please contact info@cymha.ca

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About this guide

Levels of care quality standard

Ontario's child and youth mental health and addictions agencies are creating and implementing levels of care models to:

- Address systemic burdens, including increasing demand for care and long wait times.
- Improve access to high-quality care.
- Meet the unique needs of children and young people in their respective communities.

The Levels of care quality standard: Matching the right care to needs and goals establishes guiding principles for communities across the province to demonstrate what levels of care should look and feel like, leading to optimal outcomes. The quality standard contains quality statements, promising practices, quotes, practical examples, descriptions for different audiences, quality indicators, implementation considerations, and references related to standards and guidelines for each of its guiding core principles.

Who should use this guide?

This guide is intended for anyone implementing the Levels of care quality standard in their mental health agency or community, specifically those working in Ontario's child and youth mental health and addictions sector. This includes mental health professionals, administrative support staff, program managers, and leadership in an agency setting.

How to use this guide

This guide describes three stages of implementation: Plan, Do, Sustain (Knowledge Institute, 2024). Following these three stages can help you better manage the complex process of implementing a quality standard. However, they don't need to be followed in sequence. Implementation is often non-linear and iterative, so you may move back and forth between stages or complete some activities concurrently. These stages can be adapted and customized to your local context.

About this guide

After reviewing the Levels of care quality standard, use this guide to determine:

- What is being done well, and what changes you want to see.
- What can be expanded or leveraged.
- Who needs to do what differently.
- How you will bring about change.

You may already be doing a lot of work that aligns with the Levels of care quality standard. Our goal is to help you identify areas of improvement, document your change processes, and measure your progress.

It can take a long time to see change. We're here to help! Reach out to the Knowledge Institute (info@cymha.ca) for more information about our dedicated supports. You can also access other resources referenced in this guide, including:

- **Informational one-pager:** Communicate what the quality standard is about.
- **Service mapping activity:** Assess your current available services and determine where to focus implementation efforts.
- **Quality standards measurement guide:** Monitor and track your progress to demonstrate your commitment to implementing the Levels of care quality standard.

Getting started

What does it mean to implement the Levels of care quality standard?

Implementing a quality standard is an intentional, ongoing process toward a common aspirational vision, rather than a one-time effort.

Implementing the Levels of care quality standard involves continuous efforts to meet each quality statement, driving improvements across the entire system of care. This process strengthens foundational elements such as establishing and sustaining levels of care, defining pathways into, within, and out of care, and enhancing overall care quality.

Principles-based implementation

The Levels of care quality standard is principles-based. Principles-based standards promote a flexible, community-centred approach where each quality statement can be applied uniquely within the context of communities. Each principle can be demonstrated in different ways to account for contextual opportunities and barriers.

Implementing principles-based standards can be challenging because they rely on guiding values and ideals rather than specific actions or prescriptive rules. While this approach offers flexibility and promotes equity, it can be confusing to understand which actions you need to take to demonstrate each core principle. Implementing principles-based standards requires dedication and creativity, as implementation is likely to vary between organizations and contexts.

Movement toward the principles is what matters most. The process or initiative you're implementing could include actions that demonstrate a promising practice from the quality standard. For example, one agency might develop a new intake process, while another might focus on improving existing relationships with another local healthcare organization to streamline service awareness efforts. Even though these agencies are working to implement the same quality standard and enhance access, the specific approaches and actions can vary. How you put these into practice should align with your local context, ensuring changes are tailored to the needs and resources of your agency.

Engaging young people and caregivers

Check out the Youth engagement quality standard and Family engagement quality standard to learn more about engagement in organizational and systems-level initiatives.

Meaningful youth and family engagement can ensure your implementation efforts align with the unique needs and preferences of potential service users and clients.

Here are some ways to engage young people and caregivers in implementing the Levels of care quality standard.

- Create spots on your implementation or evaluation team for young people and caregivers.
- Get feedback at advisory meetings about current services or host focus groups to hear about their experiences.
- Use client journey mapping to learn about their efforts to seek support.
- Create surveys or review intake assessments about their service experiences.
- Craft policies while consulting young people and caregivers through interviews and focus groups.
- Develop service awareness campaigns with young people and caregivers.
- Share and explain the benefits of reading and using the Levels of care quality standard.

Stage 1: Plan

In this stage of implementation, you can:

- Develop buy-in.
- Create a team.
- Assess your current state.
- Define your goals.
- Draft an implementation workplan.

Develop buy-in

- **Build leadership support** by ensuring people in decision-making positions are committed to implementing the Levels of care quality standard. They should be aware of what changes may occur and be prepared to allocate resources to the project.
- **Review related organizational procedures or policies** related to levels of care, including standards of care or referral processes.
    - Engage decision-makers in discussion about the goals, benefits, and potential challenges of implementing the Levels of care quality standard.
    - Discuss how the quality standard aligns with your organization's vision, values, and strategic priorities.
- **Identify and request any resources** needed to make changes happen (staff, equipment, honoraria for young people and caregivers).

- **Establish a shared language and understanding of key concepts** so everyone involved in implementing the quality standard is aligned on the same ideas, goals, and principles.
  - Use the Informational one-pager to introduce the quality standard to your organization's staff. Consider: Will you share this information in a meeting, town hall, newsletter, email, or webinar? How will it impact workflows? How can staff get involved to learn more?
  - Encourage anyone involved in implementation to read the quality standard.

- **Identify who is interested or will be affected by implementing the Levels of care quality standard.** Key partners you may want to engage include:
  - Young people and caregivers.
  - Leadership or managers.
  - Project management and quality improvement staff.
  - Service providers.
  - Other child and youth mental health and addictions organizations in your community.
  - Other mental health organizations, including adult mental health.
  - Education sector partners.
  - Indigenous organizations and service providers.
  - Francophone organizations and service providers.
  - Other youth-serving organizations in your community.
  - Funders or systems partners.

Create a team

- **Bring together an implementation team.** The implementation team will be responsible for implementing the quality standard, reporting on progress, and sustaining positive changes.
  - Identify and include people who will bring the necessary skills, expertise, decision-making authority, and commitment.
  - Establish clear roles, responsibilities, and ways of working.
  - Set up regular team meetings and communicate meeting times, agendas, locations, and expectations.
  - Enhance your team's knowledge, skills, and capabilities so they can be more prepared to contribute to the implementation project.

Are you new to implementation? Learn more in our implementation toolkit, Moving ideas to action!

Assess your current state

- **Collect data about your processes and practices** to understand which resources contribute to levels of care.
  - Use the Service mapping activity to create a list or directory of available mental health and substance use health and addictions services. This process will help you understand the current state of services, including what's working well and where there are opportunities for improvements.
  - Using the quality indicators provided with the core principles, review how your current work contributes to each quality statement.

Refer to the Quality standards measurement guide and reach out to the Knowledge Institute (info@cymha.ca) to access the standard-specific indicator workbook.

  - To identify other factors influencing implementation, like potential barriers or facilitators, make sure to:
    - Have discussions with staff.
    - Review any literature specific to your area.
    - Interview and survey partners for their perceptions.
    - Host focus groups with young people and caregivers.
    - Collect data showing the effectiveness of your current services.

Check whether you are prepared to proceed. Implementing the Levels of care quality standard means taking one small step at a time. You can discuss the following questions with your implementation team to see if the necessary facilitators are in place to help you take those initial steps (adapted from Collaborative for Implementation Practice, n.d.). If there are gaps, focus on putting facilitating structures into place to strengthen your team's preparedness for implementation.

- **Leadership**
  - Does leadership have a shared understanding for the goals and principles of the quality standard?
  - Have leaders created opportunities for teams to come together and learn about the quality standard?
  - Have leaders created opportunities for teams to come together and develop an implementation plan?
- **Organization**
  - Have you collaboratively developed tools to establish partner roles and responsibilities?
  - Do you have resources allocated to collect and evaluate data?
- **Competency**
  - Have you engaged young people and caregivers to identify what they need from mental health services and where to access services?
  - Are there opportunities for training and development to enhance competencies in the quality standard (coaching, clinical supervision, other)?
  - Is there a dedicated team or individual responsible for overseeing the implementation process?

Define your goals

- **Decide where to focus your implementation efforts.** Validate gaps and identify improvement opportunities using a service map, information from your discussions, or indicator data about the current state of levels of care.
- **Determine what you will do to align with promising practices in the quality standard.** Here are some questions you can answer with your implementation team to help define what you will do for each quality statement:
  - What are the gaps that exist between the current state and the promising practices in the quality standard?
  - What are we already doing well that we can build on?
  - Are we meeting all the criteria in the quality statement, partially or not at all?

Stage 1: Plan

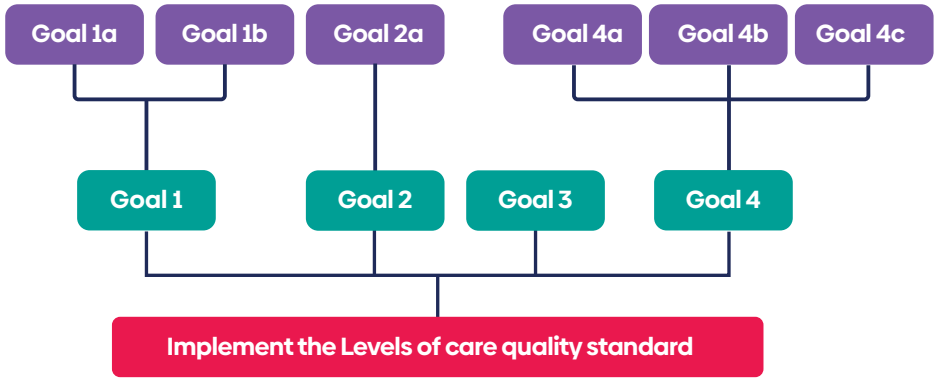
Refer to the practical examples in the quality standard for ideas about what the core principle could look like in practice. Remember, there isn't a single way to demonstrate the promising practices in the quality standard — examples can be adapted to fit your needs.

- **Record your ideas based on what you plan to do and how you can evaluate it.**
  - Use the Goal planning template in Appendix A to record and prioritize your ideas.
  - Download the Goal planning template here.
- **Stay informed of any emerging priorities or work in your organization that align with your goals.** Consider how they can be leveraged to support implementation.
- **Consider prioritizing "quick wins"** – the simple changes that require low effort. Sometimes, quick wins are smaller, achievable goals. You can conceptualize these as the building blocks toward larger, overarching long-term goals:

Short-term:
Quick wins (milestones that contribute to your larger goals)

Medium-term:
Larger scale goals that will inform your implementation workplan

Long-term:
Project goal



Draft an implementation workplan

Include timepoints to "reflect and revise" throughout your workplan to proactively address barriers and assess progress toward your goals.

- **Organize your goals based on priority to help determine where to start.** For lower-priority goals that may be implemented later, decide when you will revisit them.
- **Choose your implementation strategies.** Think of strategies as HOW you will reach your goals. Strategies often address specific barriers. For instance, if a key barrier is that people in the community don't know about the services or when they are available, the goal can be to increase access to services. This can be done using strategies like adjusting service hours to better meet community needs and actively promoting awareness of services and hours within the community.
- **Develop an implementation workplan to organize who will do what and by when**. Include the changes you want to see happen based on your current state and priorities. This workplan can be used by the implementation team to track timelines, accountability, and milestones.
  - Change and adapt this Implementation workplan template to suit your needs.

Stage 2: Do

In this second stage of implementation, you can:

- Action your plan.
- Make adaptations as needed.
- Start small.
- Use improvement cycles.

Action your plan

- **Follow through on your goals** and put the strategies in your implementation workplan into practice. Consider tackling any quick wins first to build momentum and move toward achieving your longer-term goals.
- **Ensure roles and responsibilities are clearly communicated** across the team. For each activity, assign the most responsible person (MRP) and attach a specific timeline for completion within your workplan. This can help ensure accountability and keep the team on track.
- **Consult with the partners you identified during buy-in** so there is ongoing support for implementation. Remember to communicate with everyone involved early and often about changes.

Implementation researchers have developed frameworks, like the consolidated framework for implementation research (CFIR), that can help you identify barriers and facilitators to implementation (Damschroder et al., 2009). This framework assesses key domains such as intervention characteristics and organizational context and helps ensure that all relevant factors are considered. For more information on using the CFIR, refer to the CFIR User Guide.

Make adaptations as needed

- **Recognize that as you put your implementation workplan into action, new barriers may arise.** Being transparent with your team about these challenges is key. Challenges are normal, and you can take steps to address them.
- **Use feedback loops to assess new barriers,** such as regular check-ins with partners, reflective sessions, or progress reviews. The data you've collected on indicators (participation rates and engagement activities, for example) can also show how barriers may be impacting your objectives.
- **If needed, tailor your strategies.** Adapt your approach to address specific barriers, promote equity, or respond to local needs. For example, if in-person training presents a challenge due to travel time or accessibility for participants, consider offering the training online.
- **Acknowledge that barriers vary between communities.** Each community is unique. Some challenges may be resolved with minor adjustments, while others require more innovative and intensive solutions. It is helpful to consider multiple strategies and choose those that best suit your community's particular situation.

We identified barriers and mitigating strategies through literature and with system partners related to the Levels of care quality standard (Appendix B). Consider: Are any of these relevant to your area? How might you address similar barriers in your context? Use the Barriers and strategies template in Appendix C to record your ideas.

Download the Barriers and strategies template here.

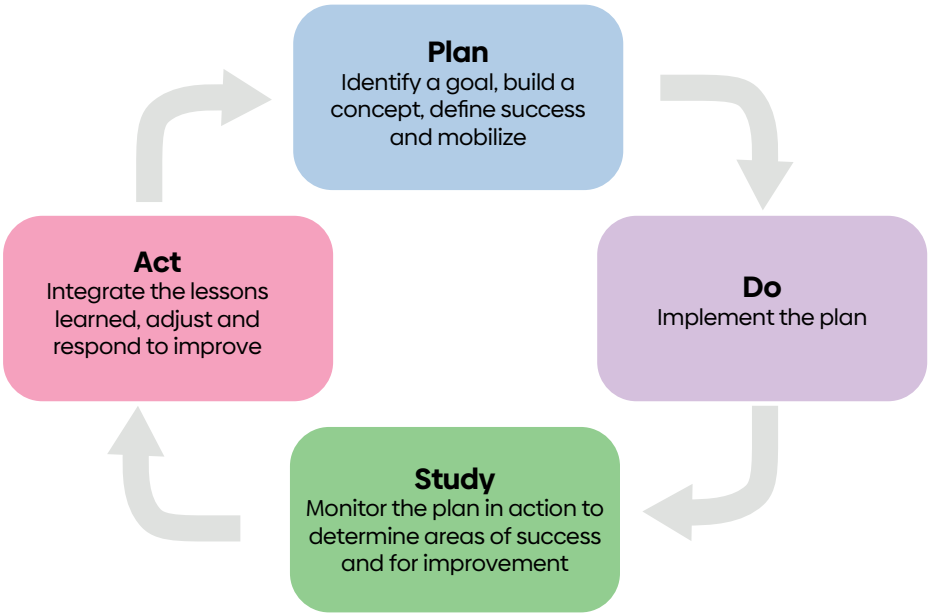
Start small

- **Start small with a pilot-test** project to help refine your implementation strategies on a smaller scale before full deployment or expansion. Think about initiating your change with and within:
  - A single staff department or service team.
  - A specific client population.
  - Smaller geographical areas.
  - Shorter time frames.
  - A limited number of clients.
  - Champions of the quality standard.

For example, if your larger implementation goal is to introduce a new client intake process in your organization, a pilot could focus on first testing the process within one department. It would follow the same steps to implement, like training staff and incorporating change management strategies, but with fewer staff and clients involved. Insights and feedback from this smaller-scale test could help refine the process for full implementation across the organization.

Use improvement cycles

- **Integrate continuous improvement methods to review and revise as you move through implementation.** An effective method to advance your implementation outcomes and build sustainability is through plan, do, study, act (PDSA) cycles (The W. Edwards Deming Institute, 2022). The PDSA cycle has four steps but works as a cyclical process:



Remember to document any changes in your implementation workplan.

Stage 3: Sustain

In the third stage of implementation, you can:

- Evaluate your progress.
- Maintain momentum.

Evaluate your progress

- **Track your progress** toward meeting the promising practices in each quality statement through surveys, focus groups, and informal conversations. Implementing the Levels of care quality standard is an ongoing process rooted in continuous quality improvement. From the beginning of your implementation journey, you will assess your implementation efforts by evaluating processes and outcomes.
  - Implementation processes: Focus on how the implementation is carried out, including timelines, adherence to planned steps, and overall efficiency of the intended workplan.
  - Implementation outcomes: Show the impact of the implementation, like whether the desired changes and quality standard goals are achieved as a result of implementation.
- **Summarize and share your evaluation results** to inform all relevant partners and guide your decision-making.
- **Adjust your course of action** as needed. It may be necessary to revisit your goals and make changes to your implementation workplan.

For more information about planning, doing, and using evaluation, check out our program evaluation toolkit, Clearer insights, greater impact.

Refer to the Quality standards measurement guide for more information on monitoring your progress and communicating your findings.

Stage 3: Sustain

To learn more about knowledge mobilization strategies, refer to our knowledge mobilization toolkit, Doing more with what you know. This toolkit can help you decide how to use information on levels of care to make improvements and increase your impact.

Maintain momentum

- **Celebrate your wins.** Achieving and celebrating milestones ensures everyone sees the impact of the work they do. It also increases buy-in for changes that may affect the way people work.
- **Communicate and share your progress.** As you monitor and evaluate your progress, continue to share lessons learned to promote accountability and transparency. Communicate in ways tailored to your intended audience — staff, community members, other organizations, or funders — using infographics, webinars, conference presentations, reports, and social media.
- **Participate in collective spaces** to foster collaboration, knowledge-sharing, problem-solving, and skill-building. Connect with others who are implementing the Levels of care quality standard through online forums, conferences, workshops, expert tables, or communities of practice.

Moving forward together

Implementation is an ongoing and intentional process. To sustain your implementation efforts, you will need to review changes as they happen and work toward all quality statements. The mental health and substance use health needs of infants, children, young people and their caregivers is always in shift, and to continue providing quality services, we must continually adapt to be responsive.

Pause and reflect. Take the time to step back and reflect on your progress, experiences, successes, and challenges. Reflective practice can help you think about why certain outcomes occurred and the factors that influenced them.

If you have questions about this guide or quality standards, please contact us at: The Knowledge Institute: info@cymha.ca.

References

Collaborative for Implementation Practice. (n.d.). Drivers best practices checklist.

Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: A consolidated framework for advancing implementation science. *Implementation Science, 4,* 50.

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The W. Edwards Deming Institute. (2022). PDSA Cycle (Plan-Do-Study-Act).

Appendix A

Goal planning template

This goal planning template can help your team decide how to begin implementation by focusing efforts, resources, and timelines. To use this goal-planning template, work through these steps with your implementation team to set, score, and prioritize goals aligned with the Levels of care quality standard: Matching the right care to needs and goals.

1. List your goals, including any main objectives and elements that are specific, measurable, achievable, relevant, and time-bound (SMART). Ensure each goal is linked to a core principle and quality statement (or multiple) and begin thinking about how to assess the results of the goal.
2. Score each goal on a scale for these dimensions:
    - **Feasibility:** How achievable is this goal given your resources, time, and current capacity?
    - **Importance:** How critical is this goal to your organization and meeting client and caregiver needs?
3. Total the scores for each goal by adding the scores for feasibility and importance.
4. Rank the goals based on total scores as Low, Medium, or High priority. Higher total scores indicate higher priority relative to each other, but you can weigh some dimensions more heavily if needed (i.e. if importance is the primary concern).

What we will do	Core principle and quality statement	How will we know we are doing it?	What do we need to make this work?	How feasible is this?	How important is this?	Total score	Priority
How this will look in practice (goals).	List the core principle and quality statement this aligns with most.	How success will be measured (refer to the Quality standards measurement guide and the standard-specific indicator workbook[1] for ideas).	List any required resources (staff, space, funding).	0 – not feasible to 5 – very feasible.	0 – not important to 5 – very important.	Sum of feasibility and importance scores.	Low, Medium, High.
Goal 1. Example: *Services are offered in inclusive, friendly, accessible, and inviting spaces, and in the client's preferred language.*	*Core principle 3: Levels of care advance equitable care and outcomes.* *Levels of care include specific and actionable considerations to provide equitable pathways to and outcomes of care.*	*Percentage (%) of children, young people and caregivers who report that they have access to care that is culturally specific, identity-affirming, and safe.*	*Bilingual staff, all forms available in both official languages, translation services.*	*2*	*5*	*7*	*High.*
Goal 2.							
Goal 3.							

1 To access a standard-specific indicator workbook, please contact us at info@cymha.ca.

Appendix B

Examples of barriers and strategies

These are some barriers and mitigating strategies we identified for each of the core principles in the Levels of care quality standard. The list is not comprehensive, and you may find some barriers apply to more than one core principle. Not all barriers will be applicable to every context.

Core principle 1:
Levels of care are client centred

Barriers

- There is a lack of trust between service providers and clients.
- There are misunderstandings between young people, service providers, and caregivers about care needs and goals.
- Service providers believe they know what is best. This could be due to ageism (staff dismissing perspectives of children and young people) or assumptions about the relative value of professional versus lived or living expertise.
- Children and young people or caregivers may desire a particular service when another level of care may be a better match for their needs.
- Service providers may feel that the policies and mandates of agencies conflict with the principles of client-centred care and a desired course of treatment, creating tension between agency leaders, service providers, and clients.

Mitigating strategies

- Service providers establish a therapeutic alliance with children and young people and caregivers, and follow collaborative decision-making processes.
- Agencies ensure service providers have the necessary resources to devote time to build trust and relationships with clients.
- Service providers listen to the needs and desires of clients and strive to respect their needs in decisions about their care.

Core principle 2:

Levels of care involve caregivers

Barriers

- It can take a lot of time to build trusting relationships between staff and caregivers.
- Staff may not be aware of family supports or culturally specific services for caregivers.
- Caregivers feel overwhelmed trying to navigate a system of care, causing them to disengage.
- Caregivers struggle with their own mental health, substance use health, and addictions concerns, impacting family dynamics.
- A caregiver and young person have conflicting goals, like caregivers wanting to be involved in care but the child or young person not granting consent. Staff may not have the skills to help resolve this conflict.
- It can be difficult to involve caregivers in care. For instance, when families are undergoing custody or decision-making rights through a court system it can impede the provision of services.

Mitigating strategies

- A definition of "caregivers" is understood by service providers and communicated to clients. This helps ensure the right people are supported.
- Agencies provide caregivers with lists or referrals to other support services.
- Staff receive ongoing mentoring and clinical supervision so they can solve problems with caregivers.
- Staff communicate regularly and effectively with caregivers.
- Staff receive training on how to engage with caregivers in care and treatment planning.
- The agency has caregiver engagement policies that guide a caregiver's involvement through each level of care. These include considerations on supporting caregivers even when they are not directly involved in the young person's care.

Core principle 3:

Levels of care advance equitable care and outcomes

Barriers

- There are a lack of culturally appropriate assessment tools or population-specific resources.
- A number of culturally specific services, including French language services, are fragmented, under-resourced, and under-staffed.
- There are systemic inequities (for example, fewer service and resource options like accessible internet available in rural versus urban centres).
- Clients are unable to access care due to service boundaries.
- There are few organizations representing communities impacted by racism, colonialism, and other forms of oppression and discrimination for sector agencies to connect with, leading to less culturally responsive and specific care. These organizations are often overloaded to meet the needs and goals of the communities they serve.

Mitigating strategies

- Hire staff who can offer care in languages of the communities they serve — for instance, agencies can recruit qualified French language staff.
- Build pathways with other services that offer specialized care, beyond mental health, substance use health, and addictions. These could include, for example, early learning and childcare services, education services, housing services, faith-based organizations, legal aid, and social service agencies.
- Foster mutually beneficial partnerships that build capacity in culturally specific care and extend the reach of care pathways. This could include partnerships between organizations representing communities impacted by racism, colonialism, and other forms of oppression and discrimination, and other agencies that reduce assumptions in care and reduce stigma to accessing services. Joint and collaborative initiatives might include campaigns related to mental health, substance use health, and addictions awareness, for example.

Core principle 4:
Levels of care are co-developed with young people and caregivers

Barriers

- It can be difficult to recruit young people and caregivers who want to be engaged.
- Some engagement opportunities can feel tokenistic or decorative to young people and caregivers.
- Meaningful engagement initiatives cannot be supported because of a shortage of available staff or high staff turnover.
- There is a shortage of dedicated funding to devote time and resources to engagement opportunities.

Mitigating strategies

- Provide honoraria to recognize young people and caregivers for their contributions.
- Provide training opportunities for staff supporting engagement so they can create authentic opportunities for young people and caregivers. The Knowledge Institute offers supports for the youth engagement and family engagement quality standards.
- Establish clear communication strategies so young people and caregivers know what to expect and how their involvement contributes to levels of care.
- Leverage community partnerships through existing networks supporting mental health, substance use health, and addictions initiatives, such as advisory groups with Youth Wellness Hubs Ontario, the New Mentality, and Parents for Children's Mental Health Ontario.
- Consider engagement opportunities like consultation, involvement, and collaboration in addition to co-development.

Core principle 5:
Levels of care are rooted in community and collaboration

Barriers

- There are concerns among agencies and clients about policies, procedures, and processes related to privacy and data-sharing.
- There is a history of poor co-ordination and the absence of effective communication between organizations and across sectors.
- Within the community, there is stigma about mental health, substance use health, and addictions.

- Creating levels of care may require difficult conversations and decisions about redistributing programs, services, and resources.
- Relationships may be compromised, or trust may be lacking, due to negative experiences and harms among people and communities who experience racism, colonialism, and other forms of oppression, discrimination, and violence.

Mitigating strategies

- Improve communication by working with community partners to define the pathway to and through care and identify the providers who can support this pathway.
- Strive for safer and equitable spaces at planning tables so partners can fully participate in conversations about levels of care.
- Share success stories with community partners and report back about what is working.
- Define clear roles and responsibilities within and across organizations and sectors.
- Ensure there is agreement, common understanding, and shared language of eligibility criteria and program components in all levels of care within and across organizations and sectors.

Core principle 6:
Levels of care are built on a complete and multifaceted continuum of care

Barriers

- There is a lack of health human resources to support co-ordination of care and crisis supports.
- Geographically broad communities may have services that are dispersed and unavailable in some areas.
- There is a lack of partnerships between an agency and other youth- and health-serving organizations.
- Complex funding restrictions can make it unclear to people how an organization's mandate aligns with the services they provide.

Mitigating strategies

- Partner with other organizations to ensure clients can access care across a continuum — for example, with EarlyON centres that connect caregivers and infants with activities and family services, or with hospitals that offer acute services.
- Advocate for mandating and funding of types and intensities of care that are missing in the community's continuum of care.

- Partner with organizations to make care options available to clients beyond their geographical catchment areas.
- Build understanding about the mandates and service offerings of other youth- and health-serving organizations, using a service map.

Core principle 7:
Levels of care are timely and easy to access

Barriers

- There are long wait times to access service.
- Clients have complex needs.
- Service providers have limited time or knowledge to refer clients to the right level of care across sectors.
- There are inconsistent funding structures and service silos across organizations and sectors. These may be a result of policy-related barriers — for example, arbitrary or rigid age limits for providing service across settings.
- There are limited health and human resources, especially due to recruitment and retention issues.

Mitigating strategies

- Equip staff with knowledge of available services and supports.
- Provide information about levels of care in the community in ways that children, young people, and caregivers can understand. This includes explaining the care options available at each level, who provides the options, and where to access them.
- Develop shared commitment and regular communication across sectors to examine levels and types of services, build on strengths, and address gaps and barriers.

Core principle 8:
Level(s) of care are matched to the client's needs and goals

Barriers

- Assessment criteria are too rigid and remove choice or service eligibility for clients.
- Some of the domains in screening or assessment include topic areas that are outside an agency's programming — for example, asking about substance use health concerns at an agency that is mandated to provide care only for mental health.

- There are too many assessments or criteria within assessments across services, sectors, or levels. This takes up a lot of staff and client time, making the process more burdensome.
- Staff lack the knowledge and skills to complete assessments using certain tools like screening instruments or diagnostic interviews.
- There are different definitions and understanding of the language used in assessments. This can lead to a lack of consistency.
- Extra costs are associated with data collection, monitoring, maintenance assessments, and information systems.
- Screening tools lack a trauma-informed, anti-racist, or culturally sensitive approach.

Mitigating strategies

- Ensure matching criteria accounts for client preferences.
- Consolidate screening and assessments where possible to minimize duplication and burden on clients. This approach can reduce the number of times young people and caregivers are asked to share their stories between service providers and across sectors.
- Ensure that staff and clients understand the purpose and significance of screening and assessments. These are used to inform collaborative care planning and progress monitoring along the client's care journey.
- Train and educate staff and clinicians to administer screening and assessment tools and to interpret results.

Core principle 9:

Movement through levels of care is seamless

Barriers

- Agencies have inadequate resources, including a shortage of trained professionals, challenges in staff recruitment and retention, and unstable funding.
- There is a lack of communication and collaboration between service providers.
- There is an absence of standardized intake, screening, and assessment procedures to determine a level of care.

Mitigating strategies

- Diversify funding streams; seek alternative funding collaboratively and across sectors through grants and partnerships.
- Reduce staff turnover by working to enhance job satisfaction. Offer things like better pay, flexible work hours, and additional training opportunities that promote growth and skill development.
- Share service navigators across organizations to help align supports and reduce duplication.

Core principle 10:

Levels of care focus on continuous improvement

Barriers

- There is a lack of organizational quality or data support for data entry or visualization.
- There is insufficient planning to manage change or lead evidence-based decision making.
- People within organizations resist changes.
- There are inadequate mechanisms to evaluate and collect data.
- There is poor communication and dissemination of service delivery changes to staff, clients, and community partners.

Mitigating strategies

- Access support from intermediary organizations for program evaluation, change management, and quality improvement resources, such as the Knowledge Institute and E-QIP: Excellence Through Quality Improvement Project.
- Build collaborations to support ongoing quality improvement. For instance, lead agencies might support smaller core service providers who may not have the human resources dedicated to quality improvement efforts.
- Ensure staff have ongoing access to workforce development opportunities and supervision, allowing them to grow their skills and competencies.

Appendix C

Barriers and strategies template

For each goal you have prioritized in the Goal planning template, identify **potential barriers** (challenges you might encounter that will impact feasibility) and develop a mitigation plan (how you can overcome or address your identified barriers). Consider barriers and mitigating strategies related to various contextual factors, including the system setting, organization, individuals and their capabilities, opportunities, and motivations to change, as well as the intervention and implementation process. You can also identify **accountability** for the mitigation plan, like who will monitor and action strategies, and how often progress will be reviewed.

We identified barriers and mitigating strategies through literature and with system partners related to the Levels of care quality standard. This list can be found in Appendix B.

Use this template to guide your assessment:

What we will do	Potential barriers	Mitigation plan	Accountability
Goal 1.			
Goal 2.			
Goal 3.			

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