



July 2025

Levels of care quality standard: Matching the right care to needs and goals




Knowledge Institute
on Child and Youth Mental Health and Addictions



Suggested citation

The Knowledge Institute on Child and Youth Mental Health and Addictions. (2025). Levels of care quality standard: Matching the right care to needs and goals.

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Funded by: **Ontario** 

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Executive summary

The quality standard presented in this document offers guiding principles for developing, implementing, and continually improving models for high-quality levels of care.

This standard is intended for agencies devoted to community-based child and youth mental health and substance use health, as well as for allied sectors across Ontario. Allied sectors include early learning and childcare, education, public health, primary care, youth justice, child protection, child welfare services, and adult mental health, substance use health, and addictions.

The standard can be tailored to a community's specific needs and values. It was developed according to the Knowledge Institute on Child and Youth Mental Health and Addictions' (the Knowledge Institute) standard development process¹ and draws on our expertise in research, performance measurement, evaluation, engagement, quality improvement, and implementation science.

A quality standard is a resource that has clear, practical, and ambitious statements describing the practices, processes, and supports required to provide the highest quality care, based on the best available evidence. Standards are essential to a system that is driven by accountability and continuous improvement. The standard presented in this document is:

- Focused on levels of care models that serve infants, children, young people, and their caregivers receiving services within the child and youth mental health, substance use health, and addictions sector, including for concurrent mental health and substance use health and addictions concerns.

1 For more information about our standard development process, please see our [Standard development process brief](#).

Executive summary

- Intended to be used in the community-based child and youth mental health, substance use health, and addictions sector (the sector) in Ontario. It encourages collaboration and partnerships with allied sectors and allied professionals to bring high-quality levels of care models to life within and across communities.
- Intended to be used by system and agency leaders, as well as service providers delivering care in agency settings.
- Designed to be easily accessible and understandable. Children, young people, and caregivers are engaged in creating levels of care models and/or receiving community-based care, so this standard is designed to be accessible to them.

Rather than proposing rigid definitions and rules, the standard is based on a set of 10 core principles (Table 1). These principles are designed to support agencies in developing, implementing, and continually improving a levels of care model relevant to their context that will lead to the best possible outcomes for children, young people, and caregivers. The standard is accompanied by a suite of resources for agencies implementing and measuring the quality standard.

Table 1. Core principles of developing and implementing high-quality levels of care



Building blocks of levels of care

1. **Levels of care are client centred.** Clients are at the forefront of decision making. Clients' needs, goals, experiences, circumstances, and readiness for care are recognized and respected throughout their levels of care journey.
2. **Levels of care involve caregivers.** Levels of care support and strengthen the caregiving system by creating space to collaborate with caregivers, and valuing and responding to their perspectives and needs in the context of the child or young person's care.
3. **Levels of care advance equitable care and outcomes.** Levels of care specifically and transparently advance equitable pathways, care, and outcomes for children, young people, and caregivers.



Creating levels of care

4. **Levels of care are co-developed with young people and caregivers.** Agencies co-create, monitor, and maintain levels of care with young people and caregivers to ensure the model is relevant, client centred, and effective.
5. **Levels of care are rooted in community and collaboration.** Agencies create levels of care in partnership with other agencies and organizations within and across sectors to ensure comprehensive and responsive levels of care.
6. **Levels of care are built on a complete and multifaceted continuum of care.** Levels of care address a full spectrum of needs and goals through a comprehensive continuum of care, including different types and intensities of care.



Pathways into, through, and out of levels of care

7. **Levels of care are timely and easy to access.** Levels of care are designed with access points and pathways that allow children, young people, and caregivers to easily enter and re-enter levels of care as needed, when needed.
8. **Level(s) of care are matched to the client's needs and goals.** Children, young people, and caregivers are engaged in a process to align the best care and treatment with their mental health and substance use health and addictions needs and goals.
9. **Movement through levels of care is seamless.** Levels of care are designed with pathways that allow children, young people, and caregivers to move through and out of levels of care seamlessly, adapt to their needs and goals, and maintain progress continuously over time.



Sustaining levels of care

10. **Levels of care focus on continuous improvement.** Levels of care are adapted and improved based on the evolving needs of the community.

Note. The core principles are **not** listed in priority order and should be considered together.

Language matters

Clear and respectful language is important for effective and safer communication. Here, we have defined several key terms that are used frequently throughout the quality standard. For the full glossary, please see [Appendix A](#).

- **Care** is an overarching term that refers to the provision of what is necessary to support a person’s health and well-being. Levels of care include many services, sectors, and partners, as well as a range of mental health and substance use health and addictions services. For the purposes of this standard, we use the term “care” to encompass all services within levels of care, which range in frequency, intensity, and duration (for example, wellness, promotion, prevention, early identification, brief services, aftercare, and intensive services). In this standard, care encompasses the full range of services and interventions that are focused on supporting the well-being of children, young people, and caregivers, including specific, evidence-based treatment modalities. Throughout the standard, when relevant, we use the word “**treatment**” to refer explicitly to evidence-based interventions that address specific mental health and substance use health conditions and symptoms (for example, substance use disorder, depression, anxiety). Treatment can include individual therapy, group therapy, inpatient treatment, day treatment, live-in treatment, and secure treatment. This list is not exhaustive. The language we use for care throughout is taken and adapted from Ontario Ministry of Health’s *Roadmap to wellness* (2020).
- **Caregivers** includes people who support and look out for one another. They can be connected through family, biology, emotions, culture, or legal ties. The term also includes individuals recognized by the client as important for their well-being (Ontario Centre of Excellence for Child and Youth Mental Health, 2021a; 2021b). Examples of caregivers include family members such as parents, siblings, grandparents, aunts and uncles, as well as other supportive individuals, like partners, Elders, mentors, peers, and legally appointed guardians. A group of people connected by the support, care, and supervision of an individual is referred to as a “**caregiving system**.”

Language matters

- **Children and young people** encompass birth to age 25 and include infants, children, adolescents, and transition-aged youth. We use the term “children” to refer to ages 12 and under and “young people” and “youth” to refer to ages 13 to 25. When applicable, we are specific about infant and early years (0 to 6 years old; Infant and Early Years Mental Health Promotion, 2024).
- **Clients** are defined in this document as children and young people from birth to age 25. In some cases, caregivers or the entire caregiving system are also identified as clients. For example, caregivers play an important role in the care, and the immediate and sustained well-being, of infants, children, and young people. As such, many members of the caregiving system (e.g., family, parents, siblings, etc.) may be identified as the client for care. There may be circumstances in which community-based child and youth mental health agencies provide care and services to caregivers, such as education, family navigation, and skill-building (Ontario Ministry of Health, 2024). All clients are people who have consented to care through an informed consent process.
- **Culturally specific care** refers to healthcare that integrates and honours the beliefs, values, and practices of a particular cultural group and is tailored to meet the unique needs of the group from the outset. Other terms that are often used to describe similar approaches to care include “culturally affirming,” “culturally relevant,” and “culturally responsive”. In this document, we use the term “culturally specific” to highlight that care aligned with a client’s culture is not an afterthought, but an imbedded priority from the start.
- **Equity** can be defined as both a process and an outcome. Advancing equity requires acknowledging, naming, and dismantling oppressive systems and barriers reinforcing historical and existing inequities that limit access to opportunities such as mental health, substance use health, and addictions care. As a process, equity can be advanced in many ways, such as co-developing with communities the policies and practices that impact their lives, or applying an equity lens or framework to programs and services. As an outcome, equity is the absence of differential outcomes based on social, economic, demographic, or geographic characteristics. It is important to note that equity is not the same as equality (University of British Columbia, n.d.).

Language matters

- **Evidence** in this standard refers to information from academic and grey literature, lived and living expertise, service provider experiences, and traditional knowledge and wise practices used to inform decision-making processes and practices. **Evidence-based** practice is often defined as using the best available clinical research and expertise to make decisions, relying on individual or synthesized research studies to inform decision making. **Evidence-informed** practice expands on evidence-based practice by also including the lived and living expertise of clients or communities to inform decision making (Woodbury & Kuhnke, 2014). In this document, we use “evidence-based practice” when processes or practices are informed by the best available clinical research (for example, assessments), and we use “evidence-informed practice” when processes or practices are informed by research, data, and collaborative decision making between clients, service providers, and caregivers.
- **Safer** is used in some contexts instead of “safe” to communicate that feeling safe is specific to each person and that no space can feel safe to everyone. This term also reflects that discrimination and harassment occur even when great effort has been put forth to prevent them, and that improving safety is an ongoing, active process (Sexual Assault Centre of Edmonton, 2020).
- **Service providers and agency leaders** have overlapping, but distinct, roles. In this document, service providers are professionals that provide care and treatment to infants, children, young people, and caregivers at community-based mental health, substance use health, and addictions agencies. Some examples of service providers include child and youth workers, youth service workers, psychiatrists, psychologists, psychotherapists, physicians, nurses, allied health professionals, and social workers. They provide care and treatment under the direction of agency leaders, who may also be known as Executive Directors, Chief Executive Officers, Directors or Managers. Agency leaders provide leadership and ensure good governance practices. They may also manage local planning efforts, verify the agency provides care following the direction of Ontario’s Ministry of Health, and ensure that care and treatment are aligned with the needs of the community they serve.
- **Substance use health** is the continuum of substance use and people’s experiences with substances. The continuum includes no use of substances on one end and substance use disorder on the other. Substance use health recognizes that along the continuum there are health effects, risks, and benefits associated with substance use, and that stigma can be experienced at any point along the continuum (Community Addictions Peer Support Association [CAPSA], 2023).



**What are
quality standards?**

What are quality standards?

A **quality standard** is a resource that has clear, practical, and ambitious statements describing the practices, processes, and supports required to provide the highest quality care, based on the best available evidence. Standards are essential to a system that is driven by accountability and continuous improvement. They help reduce systemic inequities and improve service quality and outcomes for children, young people, and caregivers.

There are many points of alignment between this standard and other system-level initiatives taking place within Ontario's child and youth mental health and substance use health and addictions sector, including [Right time, right care](#), the [Ontario Intensive Treatment Pathway](#), care pathways for [infant and early years](#), and continuous, improved [engagement](#) of young people and caregivers. Within each core principle, we highlight the points of alignment this standard has with many other guidance documents across our sector and other sectors, and demonstrate their applicability at individual, organization, and systems levels.

This quality standard is an educational, informational resource only. It does not replace or have the force and effect of the law and does not provide clinical or legal advice. The standard does include promising practices that reinforce the importance of the Ministry of Health's legislation and its regulations, such as privacy, informed consent, and the rights of clients. If there is any conflict or differences between the standard and legislation, the law will take precedence.

This quality standard is principles-based, meaning it describes a set of core principles that are the foundation of high-quality care (International Organization for Standardization, 2015). It is up to the people or agencies who are implementing the quality standard to use their judgement when applying each core principle to their community. In this way, principles-based standards guide consistent and high-quality care that is specific to the context of each community (Mughal et al., 2022; 2025).

What are quality standards?

Ontario's communities are unique in their strengths, needs, and challenges, so it is important to make standards accessible and equitable (National Mental Health and Substance Use Health Standardization Collaborative, 2024). The impact of colonialism – as well as existing and ongoing racism, discrimination, inequities, and oppression – continue to affect the mental health, substance use health, and addictions outcomes of communities across the province. Also contributing to ongoing harm are social determinants of health, including racism, intergenerational trauma, poverty, unstable housing, and limited access to culturally specific mental health, substance use health, and addictions services (Canadian Human Rights Commission, 2023).

We held consultations and reviewed literature to explore the relevance of principles-based quality standards for agencies serving people and communities affected by racism, colonialism, and other forms of discrimination and oppression. Communities include, but are not limited to, Indigenous Peoples, Black, African, and Caribbean Canadians, 2SLGBTQIA+ individuals, Francophone people, and newcomers. Our discussions highlighted the pervasive systemic barriers faced by communities affected by discrimination and oppression in accessing mental health, substance use health, and addictions services in Ontario, as well as the promising role of this principles-based standard in addressing these challenges and creating pathways for a more equitable future.

What are quality standards?

The consultations reinforced the ineffectiveness of the traditional one-size-fits-all approach, as each community has unique barriers, needs, and strengths. We heard:

- There is a need for flexible, principles-based, and person-centered quality standards that can be adapted to the unique context of each community.
- It is vital to recognize and address intersecting identities such as race, ethnicity, gender identity, and sexual orientation when developing effective and inclusive mental health, substance use health, and addictions services.
- Holistic, culturally specific care is important when addressing disparities in accessing services within the sector. This approach acknowledges that mental well-being is deeply interconnected with other aspects of health and life.²

To bring about meaningful change and continuously improve the sector, we need to make a commitment to prioritize holistic, collaborative, and culturally specific care. By doing so, we can create a system that dismantles racist, oppressive, and discriminatory beliefs, practices, and structures; supports wellness; honours cultural identities and ways of knowing; and promotes resilience within individuals, circles of care, and communities.

2 [The Truth and Reconciliation Commission's Calls to Action](#) highlight the need for culturally specific and holistic approaches to care. Integrating these principles into our standards can significantly contribute to healing and reconciliation. It emphasizes the importance of grounding mental health services in culture and language, which is vital for the well-being of Indigenous children, young people, and families.

About this quality standard

What are levels of care models?

In levels of care models, different types and intensities of care are organized from least to most intensive. Clients are matched with an optimal level or levels of care and can move through levels as needed. People are matched according to their individual needs and goals in the present moment and as their needs shift and change over time (Berger et al., 2022; Body Brave, n.d.; Centre for Innovation in Campus Mental Health, 2019; Cornish et al., 2017). Levels of care models are also known as stepped care models and were inspired by continuum of care models, which include a spectrum of care.

Levels of care models in child and youth mental health, substance use health, and addictions care are a promising approach to achieving key priorities, such as:

- Improving access to and satisfaction with care (Child and Youth Mental Health Lead Agency Consortium [Lead Agency Consortium], 2021; Cornish et al., 2017; Mental Health Commission of Canada et al., 2023; School and Community System of Care Collaborative, 2022).
- Enhancing continuity of care (Tobon et al., 2015).
- Advancing health equity and holistic care that address social determinants of health (Foundry, 2023; Mental Health Commission of Canada, 2016; Mental Health Commission of Canada et al., 2023).
- Ensuring timely access to care (Centre for Innovation in Campus Mental Health, 2019; Mental Health Commission of Canada et al., 2023; Munter, 2023; Wolf et al., 2022), including specialized and intensive services (Children's Mental Health Ontario, 2020; Lead Agency Consortium, 2021).

About this quality standard

The foundational elements of high-quality levels of care models should be consistent across communities, but the way they look and feel will depend on the needs of that community and the resources they have available.

Why is this quality standard needed?

Levels of care models are being used in mental health, substance use health, and addictions care settings across North America for different reasons and in different ways, but do not incorporate clear principles to drive a cohesive vision of client centred, community-specific care (Berger et al., 2022; Mughal et al., 2022; 2025). We identified significant gaps and criticisms in how levels of care models are structured and implemented, especially for children, young people, and caregivers. Specifically, we found that levels of care models:

- Do not always have a full range of services from health promotion to the specialized, intensive treatment that children, young people, and caregivers need (Duncan et al., 2020; Mental Health Commission of Canada, 2018).
- Are not consistently created in collaboration or partnership with other agencies within the sector or with other sectors that play an important role in care, like early learning and childcare, education, public health, primary care, youth justice, child protection, child welfare services, and the adult mental health, substance use health, and addictions sector (Knowledge Institute, 2023b; Rush, 2010; School and Community System of Care Collaborative, 2022; Sheikhan et al., 2023).
- Lack the integration of care needed to provide concurrent mental health, substance use health, and addictions care (Addictions and Mental Health Ontario, 2020; Chan et al., 2023; Fischer et al., 2016; Knowledge Institute, 2023c).
- Do not consistently describe how to match the most optimal – appropriate, effective, efficient – levels of care to the needs and goals of children and young people (Berger et al., 2022; Grant et al., 2020).
- Can be too rigid and do not provide children, young people, and caregivers with flexibility to receive the right care at the right time (Berger et al., 2022; Mughal et al., 2022; 2025; Shah et al., 2021).
- Do not consistently embed and advance equitable pathways and outcomes, nor provide culturally specific (Edwards et al., 2022; Fante-Coleman & Jackson-Best, 2020; Kurzawa et al., 2021; Settapani et al., 2018; Sheikhan et al., 2023) or developmentally appropriate care (Badesha et al., 2023; Berger et al., 2022; Cornish et al., 2017; Markoulakis et al., 2023; Mental Health Commission of Canada, 2020).

Introducing a quality standard for levels of care will establish guiding core principles to ensure the foundational elements of high-quality levels of care models are adapted to the local context of the communities that use them (Mughal et al., 2022; 2025).

What is the scope of this standard?



Infants, children, and young people do not move through levels of care in isolation. Caregiving systems, or the group of support individuals, play an important role in supporting the wellbeing and needs of clients.

This quality standard focuses on levels of care models that serve infants, children, young people, caregivers and caregiving systems receiving services within the child and youth mental health, substance use health, and addictions sector, including for concurrent mental health and substance use health and addictions concerns. Even though mental health and substance use health and addictions are distinct, they connect in important ways. For children and young people with concurrent mental health and substance use health and addictions needs, it is important to address both at the same time (Knowledge Institute, 2023c; 2024b).

The core principles and promising practices within this standard are written at a high level to be inclusive of infants, children, young people, caregivers, and caregiving systems across the spectrum of wellness and need, as well as sociodemographic factors (for example, age, location, race, ethnicity, and culture). As a result, the core principles and promising practices do not identify specific and important populations. These include but are not limited to infant and early years; transition years; children, young people and caregivers who are Indigenous, Black, 2SLGBTQIA+, newcomers and refugees, Francophone; children, young people and caregivers from Northern, rural and remote communities; and the intersection of these identities. Though written at a high level, the standard has been developed in consultation with individuals with diverse perspectives to ensure that it is inclusive and as adaptable as possible to the needs, strengths, and values of communities.

Some specific considerations for individuals belonging to communities that are impacted by discrimination and oppression are highlighted in the practical examples and implementation considerations of each core principle.

About this quality standard

This quality standard is intended to support Ontario’s community-based child and youth mental health, substance use health, and addictions agencies – and the individuals who work and access care and treatment in the sector – to develop, implement, and make continuous improvements to a levels of care model that is relevant to their context. A high-quality levels of care model is a systems effort and cannot be achieved by one agency or sector alone. Many others play an important role in connecting children, young people, and caregivers to care and treatment, and in supporting their physical, social, and spiritual needs. Early learning and childcare, education, public health, primary care, youth justice, child protection and child welfare, and adult mental health, substance use health, and addictions services all have a part in helping to improve and sustain the mental health and substance use health goals and outcomes for clients in a levels of care model.

This quality standard encourages agencies to collaborate and partner with individuals, groups, and agencies within the sector and across other sectors (Ontario Ministry of Health, 2024) to bring a high-quality levels of care model to life. This approach is consistent with the sector’s program guidelines and requirements (Ministry of Children and Youth Services, 2015).

The standard can be used by:

- Professionals – including clinicians, researchers, agency leaders, and service providers who work in their agencies – to know what care and treatment they should be providing in levels of care, and to support them in developing and implementing a levels of care model in their communities.
- System-level leaders and policymakers, to support the people, agencies, and communities they serve to develop and implement a levels of care model by making policies and providing resources. System-level decision-makers in the sector include the Ontario Ministry of Health and the Lead Agency Consortium.
- Young people and caregivers, so they can feel confident to self-advocate, and to support their understanding of what high-quality care looks like and what they can expect when receiving care or co-developing a levels of care model with agencies in communities.



For a list of what is and is not included in this quality standard, please see [Appendix B: Inclusion criteria for this quality standard](#)

How was this standard developed?

This quality standard was developed using the Knowledge Institute's standard development process, which is outlined in our [Standards development process brief](#). Our process strengthens principles-based standards through early considerations of measurement and implementation science, as well as our engagement with the quality standards advisory committee (QSAC) and our partners. The development process is iterative, and we continuously adapt and improve it based on ongoing evaluation.

Engagement with a wide spectrum of individuals and communities is essential to ensuring that standards are important, meaningful, and impactful to young people, caregivers, and key community partners, and that they do not perpetuate harms. At the core of our work is a commitment to equity, diversity, inclusion, and accessibility through a focus on meaningful engagement and health equity, and by striving to address geographic disparities and barriers to access. Our standard development process incorporates a [health equity impact assessment](#) and applies a health equity lens. It outlines specific considerations and activities to engage with key audiences throughout the standard's development and mobilization. We are committed to continuing and strengthening these important reflections, conversations, activities, and partnerships, and continuously improving the standard development process.

We consistently review our quality standards and take action to uphold, revise, or retire standards. This supports sound decision-making and alignment with current promising practices. We will continue to connect with groups and individuals to inform this work.



For an overview of the evidence that was used to support the development of this standard, please see [Appendix C: Data collection process for the Levels of care quality standards](#)

How to use this standard

Overview of core principles

The quality standard consists of 10 core principles (Table 1) that describe the practices, processes, and supports that underpin development, implementation, and maintenance of high-quality levels of care. The care described in this document is not necessarily a reflection of care that is currently available or how it is delivered. The goal of this document is to support the development, implementation, and continuous improvement of high-quality levels of care models that result in the best mental health, substance use health, and addictions outcomes for children, young people, and caregivers.

How to use this standard



Table 1. Core principles of developing and implementing high-quality levels of care

Building blocks of levels of care

1. **Levels of care are client centred.** Clients are at the forefront of decision making. Clients' needs, goals, experiences, circumstances, and readiness for care are recognized and respected throughout their levels of care journey.
2. **Levels of care involve caregivers.** Levels of care support and strengthen the caregiving system by creating space to collaborate with caregivers, and valuing and responding to their perspectives and needs in the context of the child or young person's care.
3. **Levels of care advance equitable care and outcomes.** Levels of care specifically and transparently advance equitable pathways, care, and outcomes for children, young people, and caregivers.



Creating levels of care

4. **Levels of care are co-developed with young people and caregivers.** Agencies co-create, monitor, and maintain levels of care with young people and caregivers to ensure the model is relevant, client centred, and effective.
5. **Levels of care are rooted in community and collaboration.** Agencies create levels of care in partnership with other agencies and organizations within and across sectors to ensure comprehensive and responsive levels of care.
6. **Levels of care are built on a complete and multifaceted continuum of care.** Levels of care address a full spectrum of needs and goals through a comprehensive continuum of care, including different types and intensities of care.



Pathways into, through, and out of levels of care

7. **Levels of care are timely and easy to access.** Levels of care are designed with access points and pathways that allow children, young people, and caregivers to easily enter and re-enter levels of care as needed, when needed.
8. **Level(s) of care are matched to the client's needs and goals.** Children, young people, and caregivers are engaged in a process to align the best care and treatment with their mental health and substance use health and addictions needs and goals.
9. **Movement through levels of care is seamless.** Levels of care are designed with pathways that allow children, young people, and caregivers to move through and out of levels of care seamlessly, adapt to their needs and goals, and maintain progress continuously over time.



Sustaining levels of care

10. **Levels of care focus on continuous improvement.** Levels of care are adapted and improved based on the evolving needs of the community.

Note. The core principles are **not** listed in priority order and should be considered together.

How to use this standard

In this document, each core principle is explained in more detail through:

- **Quality statements:** Describe the core principle and its defining characteristics using clear, practical, and ambitious statements.
- **Promising practices:** Outline each quality statement in detail to describe what the core principle looks like and feels like.
- **Practical examples:** Illustrate some relevant ways the core principle is being applied in the sector.
- **Quotes from young people and caregivers:** Reveal what the core principle means to them.
- **Descriptions for different audiences:** Provide the intended outcomes and uses of the core principle for (a) children, young people, and caregivers; (b) service providers and agency leaders; and (c) system decision-makers (funders, policy makers, and government bodies).
- **Quality indicators:** Suggest ways agencies can measure how well the core principle is being implemented and how it is improving care in their community. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).
- **Implementation considerations:** Describe some potential barriers to implementing the core principle and identify any mitigating strategies.
- **Related standards and guidelines:** Demonstrate alignment with other guidance documents including national and provincial standards and guidelines.

Measurement, implementation, and knowledge mobilization

Using, mobilizing, and evaluating the quality standard is as important as the quality standard itself.

Measurement and evaluation are key processes to move the vision of this document into practice. For each core principle, we suggest a range of indicators that agencies can consider when evaluating how the core principle is being implemented and how it is improving care in the community. Suggested indicators can be found in each section of the quality standard, to illustrate which indicators may be mapped to each core principle. For information on how to calculate and interpret the indicators, including methods for collecting data and examples of tools to use, please see our [Quality standards measurement guide](#), and the standard-specific indicator workbook.³

Agencies devoted to child and youth mental health and substance use health have developed or made progress in developing a continuum of services that meet the needs of children, young people, and caregivers in their communities (Ontario Ministry of Health, 2024). These efforts and existing models are a valuable foundation for how to move the quality standard into action. The standard includes resources and knowledge mobilization supports that are rooted in implementation science and build on the strengths of existing efforts throughout the province. These resources can be used and adapted by anyone implementing the quality standard in their agency or community.

³ To access a standard-specific indicator workbook, please contact us at info@cymha.ca.



Core principles



Building blocks of levels of care



Core principle 1:

Levels of care are client centred

Clients can include infants, children, young people, and caregivers.

Quality statement

Clients are at the forefront of decision making. Clients' needs, goals, experiences, circumstances, and readiness for care are recognized and respected. Throughout their levels of care journey:

- Care decisions are evidence-informed and collaborative.
- Care decisions are centred on and driven by the health and well-being needs of infants, children, and young people.
- Service providers share and understand information collaboratively with clients, continually, and over time.

Promising practices

Throughout the levels of care journey, care decisions are evidence-informed and collaborative. To inform decisions, service providers identify and use the best available evidence from a variety of sources, alongside the values and preferences of clients. Routine progress and outcome monitoring is shared back with clients to help inform collaborative decision making in a way that is easy to understand and developmentally appropriate. Clients are seen as experts in their own experiences, with the right to actively participate in decision making throughout their levels of care journey, based on individual circumstances and their own best interests. The consent and well-being of the child or young person is central to care decisions. Care decisions will look different for all clients

Core principle 1:

Levels of care are client centred

(children, young people, caregivers) based on individual circumstances like age, maturity, capacity, existing barriers, and available supports, and can change over time. Service providers continue to seek informed consent with clients and identify services that best meet clients' needs and goals as they move into, through, out of, and back into levels of care.

Throughout the levels of care journey, care decisions are centred on and driven by the health and well-being needs of infants, children, and young people. The unique preferences, rights, experiences, values, goals, and needs of clients are considered throughout and drive care decisions in their levels of care journey. Based on their individual circumstances, the right level(s) of care – and the best time and place to access it – will look different for clients in the present moment and over time. In some cases, greater support from service providers and caregivers is beneficial or necessary, like during the infant and early years and when developmental and cognitive disorders are present.

Service providers share and understand information collaboratively with clients, continually, and over time, in a way that reflects and responds to the client's language and accessibility preferences and needs. Service providers work to build rapport and trust through communication with clients. Clear communication and continuous collaboration are essential for informed consent and to empower clients to actively participate in care planning, as they move into, through, out of, and back into levels of care.



Practical examples

- Clients understand their rights through an informed consent process.
- Clients help define their progress by collaborating with staff to create goals and develop action plans.
- Clients are empowered to understand the evidence base and legislation underpinning care recommendations, and are given space and time to ask questions and discuss with service providers.
- Agencies have a formal commitment, through policies and practices, to collaborate with children, young people, and caregivers. These collaborations are supported equally at each level of care and are sustained throughout the levels of care model.

Core principle 1:

Levels of care are client centred

- After a session, the content of the session and its alignment to the client's goals are reviewed. A plan for the next session and/or homework is co-developed as appropriate.
- During the infant and early years, caregiving systems (including caregivers and the infant or child in their care) are clients. Care and treatment is focused on the health and well-being needs of the infant or child and could include interventions focused on the caregiving system as a whole.



What young people and caregivers told us

“[Being client centred] would include allowing the care recipient to voice what care needs they have and what works and/or doesn't work for them. It allows them to be an active participant in their care.”

-Young person

“As a client, I would want to be informed of all the evidence-based options for treatment, hear my clinicians' stories/testimonials from other clients about efficacy/safety, and then share my values for what treatment I prefer. For example, I value non-invasive and holistic approaches to mental health care.”

- Young person

“How can we support [clients to accept] change even when they are not yet ready? We [must show them that we] are not ticking boxes; we care and are trying to support them in their decisions.”

- Young person



What this means for our audiences

To children, young people, and caregivers

You feel empowered to actively participate in decision making in a way that suits your individual circumstances, and you feel that your needs, preferences, and goals are prioritized when discussing service options within and at different levels of care. You discuss progress toward your goals with service providers, and service providers share the data they collect with you to help decide on next steps in your care, together. You are able to communicate with service providers in a format, style, and language that is accessible and easy for you to understand. You feel that your wishes, goals, and concerns are acknowledged, incorporated, and respected.

Core principle 1:

Levels of care are client centred

To service providers and agency leaders

As service providers, you collaborate with clients when making decisions related to their care and you consider individual and family circumstances that may impact their ability to engage in decision making. You respect their needs, preferences, goals, and decisions regarding their care. You discuss progress with clients as it relates to their goals, and you share the data you collect with them to help inform your conversations and collaboration on next steps for care. You communicate with clients in a format, style, and language that is accessible and easy to understand. As agency leaders, you ensure service providers have the resources, knowledge, and skills, and are supported by organizational policies and procedures, to confidently engage in collaborative, evidence-informed decision making with clients.

To system decision makers

You establish formal commitments with agencies (for example, through protocols and memorandums of understanding) to engage in collaborative decision making with clients at system, agency, and individual levels. This includes shared decision making related to an agency's care framework and communication, as well as the client's individual care plan. You invest in creating levels of care that address the needs and goals of clients throughout developmental stages, from infant and early years to transition-aged young people.

Quality indicators: Suggestions for measuring this core principle

- Percentage (%) of clients who collaborated with service providers to make care decisions.
- Percentage (%) of clients who report that their preferences, rights, experiences, values, goals, and needs were considered when making care decisions.
- Percentage (%) of clients who report that they received clear information in a way that reflects and responds to their language and accessibility preferences and needs to make informed care decisions.



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Core principle 1:

Levels of care are client centred

Implementation considerations***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.

Related standards and guiding documents

- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\)](#).
- Health Standards Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services](#).
- HealthCareCAN & Mental Health Commission of Canada. (2021). [The quality mental health care framework](#).

Core principle 1:

Levels of care are client centred

- Mental Health Commission of Canada. (2016). [Guidelines for recovery-oriented practice.](#)
- Persi, J., & Greenham, S. (2020). [Ontario Network of Child & Adolescent Inpatient Psychiatry Services: Service guide, standards, benchmarks, & literature review: Standard 2. Psychological safety, dignity, rights, inclusion & participation. December 3, 2020 Update.](#)

Sources

- Bridge the Gap, n.d.; Fisher et al., 2022; Johnson et al., 2015; Thunderbird Partnership Foundation et al., 2011; Turuba et al., 2022



Core principle 2: Levels of care involve caregivers

Quality statement

Levels of care support and strengthen the caregiving system by creating space to collaborate with caregivers, and by valuing and responding to their perspectives and needs in the context of the child or young person's care.

- Service providers share and understand information collaboratively with caregivers to enhance communication and amplify the importance of caregivers' roles.
- Service providers work with children and young people to determine how to best involve caregivers in care.
- Caregivers collaborate with service providers and the child or young person in their care to identify the level(s) of care that best meets the child or young person's needs.
- Agencies support caregivers to receive care and treatment alongside children and young people.

Promising practices

Service providers share and understand information collaboratively with caregivers to enhance communication and amplify the importance of caregivers' roles in nurturing the well-being and addressing the needs of infants, children, young people, and the caregiving system. Service providers share information with caregivers collaboratively about what they can expect and how to best support the child or young person's journey through levels of care. There are mechanisms for caregivers to share information with service providers. Service providers work to build rapport and trust through communication that respects the privacy and confidentiality of the child or young person in care and/or treatment. The information shared by service providers is responsive to the caregivers' linguistic, cultural, and accessibility needs and preferences. This information is shared continually and over time, while respecting confidentiality and privacy of the child or young person.

Service providers work with children and young people to determine how to best involve caregivers in care. This is achieved with informed consent and in consultation with caregivers, if it is safe and appropriate to do so. Engaging caregivers requires an individualized approach and

Core principle 2:

Levels of care involve caregivers

considers the preferences, developmental needs, and home environment of each child or young person, as well as the caregivers' capacity to be involved. Service providers collaboratively explore options with children and young people on how caregivers could support their well-being and care throughout their levels of care journey. During infant and early years, service providers focus on the primary caregiving relationship, beginning as early as pregnancy. Service providers collaborate with the child or young person to identify who they consider to be caregivers and who they would like to be involved, and not involved, in their care. Informed consent and consultation is revisited as much as needed, over time.

Caregivers collaborate with service providers and the child or young person in their care to identify the level(s) of care that best meets the child or young person's needs when it is safe and appropriate to do so.

Clients and service providers collaboratively discuss all options available, highlighting benefits and risks and assessing how the needs and goals of the client align with each option. Disagreements in service planning between caregivers and children and young people are acknowledged and addressed collaboratively.

Agencies support caregivers to receive care and treatment alongside children and young people to enhance and support the well-being of the entire caregiving system. Service providers and clients discuss the needs of the caregiver(s), and reinforce caregivers' ability to support children and young people throughout their levels of care journey. Caregivers are provided access to supports and resources, either through the agency's services or through a referral along the continuum of care. This could include peer support, information and education on mental health, substance use health, and addictions, and where appropriate and possible, therapeutic interventions beginning as early as in pregnancy. Caregivers should be able to connect to support regardless of the level(s) of care accessed by the child or young person. These supports for caregivers should be re-established as the care for the child or young person changes over time. In cases where caregivers would like to be involved but children and young people do not give their consent, caregivers are supported in their own care journey. They are provided with the supports and resources they need to develop skills and knowledge to enhance caregiving and optimally support the child or young person.

Core principle 2:

Levels of care involve caregivers



Practical examples

- Caregivers are supported in understanding laws related to consent and privacy, and how they can continue to support the child or young person in their care by collaborating with service providers and exploring ongoing supports for themselves.
- Caregivers access information provided by staff, so they fully understand what each service and level of care entails. This can include information from an agency's website and educational content about the caregivers' role in the mental health and substance use health of the infant, child or young person in their care. Information can also include resources on early identification of mental health, substance use health and addictions concerns; referrals to other community supports related to social determinants of health; self-care strategies; and advice on how to navigate the system of care.
- Staff listen to the needs and desires of caregivers. Caregivers are involved in the treatment process and care planning when appropriate and when informed consent has been obtained.
- Regardless of their level of involvement in a child or young person's care/treatment, caregivers have access to a range of supports throughout levels of care, including:
 - Family support groups led by peers, or professionals, or both.
 - Peer support services, where people with lived expertise can help provide emotional and social support to other caregivers.
 - Supportive therapy conducted in person, virtually, or by telephone.
 - Educational workshops and seminars.
 - Online information and opportunities.
- Along with psychological needs, the physical, social, and spiritual needs of caregivers are supported to enhance access to and participation in care, such as through the provision of childcare for other dependants during appointments.



What young people and caregivers told us

"I think this principle would include inviting caregivers into some appointments and sessions. It would include ensuring that caregiver needs are being met alongside the child or young person and providing additional resources or referrals, if needed. It would also include ensuring that the caregivers are involved in the care plan for the child or young person and ensuring that they are able to support in the at-home care plan."

- *Young person*

Core principle 2:

Levels of care involve caregivers

“Caregivers often feel helpless as their youth reach an age where they don’t need consent and parent present. Help to find ways to bridge the [caregiver and young person] together. The caregiver needs support, too. How to support their child, acknowledge the difficulties and stress on caregivers and the impact it often has in [their] own mental health. Help them put on their oxygen mask first...”

- Caregiver

“Let’s say you have [a young person] who’s in a higher level of care, like an inpatient or day treatment, and they are unexpectedly discharged without proper discharge planning. Supports should be in place prior to any transition from/to all levels of care, especially higher level to lower levels. Loved ones often transition back to our homes, and we do not necessarily have access to community resources or necessarily know how to support our loved ones. There needs to be adequate communication, education, and supports for both the youth and the family members who continue to provide care for their loved ones. Community supports need to be in place prior to discharge.”

- Caregiver



What this means for our audiences

To children and young people

Your caregiver can be involved throughout your care journey, and you can change your mind about how much your caregiver is involved as your own needs change over time. Consent to involve your caregiver will be an ongoing process that is reviewed each time a care transition is made. Service providers will share with your caregiver only the information that you have agreed on together. At all levels of care, your service provider(s) will offer support to your caregiver. This could include information and education, peer support, and options for therapeutic interventions. These are offered to your caregiver even if similar supports have been offered at previous levels or with other service providers. With your consent, service providers will communicate with your caregiver using a format, style, and language that is accessible and easy for you and your caregiver to understand.

Core principle 2:

Levels of care involve caregivers

To caregivers

As the infant, child, or young person in your care moves through levels of care, you feel acknowledged, supported, informed, and included. Your involvement in levels of care is centred in the safety of the infant, child, or young person in your care. As children and young people become more independent, your involvement is centred in the consent of the child or young person. You understand that consent can change during the child or young person's care journey. You feel that your health and well-being are recognized and valued. As a client of care, you are offered informational and therapeutic supports, with the aim to help you optimize your ability to support and sustain the well-being of the infant, child, or young person in your care. Service providers communicate with you using a format, style, and language that is accessible and easy for you to understand.

To service providers and agency leaders

Together, you recognize the importance of caregiver health and well-being and how it relates to the health and well-being of infants, children, and young people. You ensure caregivers have access to information, education, and resources, and you communicate with them in a format, style, and language that is accessible and easy for them to understand. As service providers, you work with children, young people, and caregivers continuously over time to identify how caregivers are engaged in care throughout the care journey. When appropriate, you collaborate with caregivers on decisions that are made at each level of care. You communicate with caregivers when a child or young person changes their consent related to the involvement of a caregiver. As agency leaders, you ensure that service providers are equipped to navigate challenges that may arise. Resources are available at each level of care to support caregivers' access to care, including peer support resources. You ensure that information is available in a variety of formats and languages at your agency.

To system decision makers

You implement policies prioritizing the support of caregiving systems, the privacy of clients, and continued consent to involve caregivers throughout all levels of care. You invest in creating levels of care that support the caregiving system to be involved in care in a way that is appropriate across levels, developmental stages, and individual needs and goals.

Core principle 2:

Levels of care involve caregivers

Quality indicators: Suggestions for measuring this core principle

- Percentage (%) of caregivers who report feeling valued as a member of the care team.
- Percentage (%) of children and young people who collaborated with service providers to determine how to best involve caregivers in their care.
- Percentage (%) of caregivers who collaborated with the child or young person and the service provider when making care decisions, when it was safe and appropriate to do so.
- Percentage (%) of caregivers who were referred to or offered support along the continuum of care (information and education, peer support, therapeutic interventions).



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations

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.

Core principle 2:

Levels of care involve caregivers

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.

Related standards

- Mental Health Commission of Canada. (2016). [Guidelines for recovery-oriented practice](#).
- Ontario Centre of Excellence for Child and Youth Mental Health. (2021a). [Quality standard for family engagement](#).
- Persi, J., & Greenham, S. (2020). [Ontario Network of Child & Adolescent Inpatient Psychiatry Services: Service guide, standards, benchmarks, & literature review: Standard 2. Psychological safety, dignity, rights, inclusion & participation. December 3, 2020 Update](#).

Sources

- Haskell et al., 2016; Johnson et al., 2015; Knowledge Institute on Child and Youth Mental Health and Addictions, 2023c; Kulkarni et al., 2019

Core principle 3:

Levels of care advance equitable care and outcomes



Core principle 3:

Levels of care advance equitable care and outcomes

Quality statement

Levels of care specifically and transparently advance equitable pathways, care, and outcomes for children, young people, and caregivers.

- Levels of care include culturally specific perspectives of well-being and approaches to care.
- Levels of care are shaped in partnership with individuals with lived expertise, particularly with people and communities impacted by racism, colonialism, and other forms of oppression and discrimination.
- Levels of care include specific and actionable considerations to provide equitable pathways to and outcomes of care.

Promising practices

Levels of care include culturally specific perspectives of well-being and approaches to care.

At all levels of care, there is access to care approaches that are culturally specific, identity-affirming, and safe for children, young people, and caregivers. This includes creating space to bring in important support people (such as Elders, Healers, and extended caregivers and networks) along with providing holistic and trauma-informed care.

Levels of care are shaped in partnership with individuals with lived expertise, particularly with people and communities impacted by racism, colonialism, and other forms of oppression and discrimination.

Agencies work with people and communities, including those who are not accessing care but could benefit from it or have unmet mental health, substance use health, and addictions needs. Agencies assess the current state of levels of care, develop a continuum of care, match processes and pathways to care, and evaluate progress for continuous improvement. An important part of creating culturally safer partnerships is recognizing the strengths of individuals and communities, as well as the historical and current discrimination and oppression that communities have experienced and continue to experience. Strong partnerships equalize power, create mutually beneficial opportunities, and establish open communication and critical self-reflection on values, beliefs, and assumptions.

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. Culturally specific and identity-affirming care is advanced throughout each level of care in policies and practices across organizational domains. This includes:

- Aligning organizational values and policies with anti-oppressive and anti-racist efforts, and sustaining this commitment through transparency and accountability.
- Partnering and collaborating early and continually with communities, and the organizations that serve people and communities, that are impacted by racism, colonialism, and other forms of oppression and discrimination to develop and implement culturally specific care and pathways at each level of care.
- Engaging with clients and communities to provide culturally specific care.
- Developing and retaining a workforce that represents the communities it serves and is knowledgeable about anti-oppressive, anti-racist, and culturally specific care.
- Developing and implementing processes and practices to evaluate and improve equitable care and outcomes.



Practical examples

- Services are offered in inclusive, accessible, and inviting spaces, and in the client's preferred language.
- Agencies hold and maintain French language services designations and deliver French language services in accordance with applicable laws.
- Clients have access to gender-affirming care.
- Service providers acknowledge and seek to understand the cultural realities of the clients they serve with humility. For instance, the Seven Grandfather Teachings – a set of Anishinaabe guiding principles – are incorporated into Indigenous care and are available alongside Western approaches.
- The demographics of service providers reflect the diversity of the communities they serve.

Core principle 3:

Levels of care advance equitable care and outcomes

- Agencies uphold anti-oppressive and anti-racist policies. Service providers are trained to identify potentially oppressive and racist processes and practices in the context of their work, and respond to power imbalances.
- The medicine wheel is used as a framework for a holistic care approach to address mental health, substance use health, and addictions across all levels of need.



What young people and caregivers told us

“There’s a lot of stigma; not just in Muslim communities, but also South Asian communities... I don’t think I really got access to care until I got to university. [And] then, once I did start talking to people, I’m like, “Oh, you’re telling me I should cut off my family... just don’t show up to your family events.” That literally would never work. So, I think... trying to find not just representation, but also having people that understand what is mental health care and what does it mean [to them]? This is an important one. I think this is an ongoing conversation.”

- *Young person*

Culturally specific levels of care can be critical for ensuring that children, young people, and caregivers see representation of what “healthy” means to them and their families or communities and doesn’t perpetuate shame or stigma.

- *Focus group, paraphrased*



What this means for our audiences

To children, young people, and caregivers

At all levels of care, you have access to service providers and care options that are specific to and honour your culture, identity, and strengths. As you move through levels of care, you feel safe in an environment that is free from stigma, recognizes the impact of trauma, and respects your right to live a healthy, fulfilling life.

To agency leaders and service providers

As service providers and agency leaders, you recognize historical, systemic, and current racism, colonialism, and other forms of oppression and discrimination, and how they negatively affect the children, young people, and caregivers who are impacted. You recognize that oppression

Core principle 3:

Levels of care advance equitable care and outcomes

and discrimination show up in different ways across each level of care (for example, live-in treatment), and you work with partners within your levels of care to ensure each level advances equitable care, pathways, and outcomes. As agency leaders, you strive to build and retain a diverse, confident, and competent workforce and to provide safer, culturally specific, and identity-affirming care.

To system decision makers

You advance equitable and identity-affirming care at all levels of care. You make actionable commitments that respect communities in Ontario impacted by oppression and discrimination. These commitments could include investing in, building, and maintaining collaborative partnerships with agencies and organizations that serve these communities.

Quality indicators: Suggestions for measuring this core principle

- Percentage (%) of children, young people, and caregivers who report that they have access to care that is culturally specific, identity-affirming, and safe.
- Existence of roles that allow for individuals with lived expertise to be partners in the design, implementation, and evaluation of levels of care (Yes/No).
- Number (#) of agreements or Memorandums of Understanding (MOU) across levels of care that establish partnerships with community partners and organizations to deliver and/or create pathways to culturally specific care.
- Percentage (%) of service providers trained to provide care that is anti-oppressive, anti-racist, and culturally specific.
- Development of a written plan to advance equitable care and outcomes with clear actions, timelines, roles and responsibilities, indicators of progress, and processes for monitoring and evaluation (Yes/No).



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Core principle 3:

Levels of care advance equitable care and outcomes

Implementation considerations

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.

Related standards and guidelines

- Children’s Mental Health Ontario. (2025). [Growing together: Advancing health equity in Ontario’s community child and youth mental health system.](#)

Core principle 3:

Levels of care advance equitable care and outcomes

- First Nations Health Authority and Health Standards Organization. (2022). [HSO 75000:2022€ British Columbia cultural safety and humility standard.](#)
- Health Quality Ontario. (2018). [Northern Ontario health equity strategy.](#)
- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\).](#)
- Health Standard Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services.](#)
- HealthCareCAN & Mental Health Commission of Canada. (2021). [The quality mental health care framework.](#)
- Mental Health Commission of Canada. (2016). [Guidelines for recovery-oriented practice.](#)
- Persi, J., & Greenham, S. (2020). [Ontario Network of Child & Adolescent Inpatient Psychiatry Services: Service Guide, Standards, Benchmarks, & Literature Review: Standard 2. Psychological Safety, Dignity, Rights, Inclusion & Participation. December 3, 2020 Update.](#)
- Thunderbird Partnership Foundation, Indigenous Services Canada, & Health Canada. (2011). [Honouring our strengths: A renewed framework to address substance use issues among First Nations people in Canada.](#)

Sources

- Berry, 2023; Duncan et al., 2020; Fisher et al., 2022; Frayme, 2021; Haskell et al., 2016; Johnson et al., 2015; Knowledge Institute on Child and Youth Mental Health and Addictions, 2023c; Kulkarni et al., 2019; Kurzawa et al., 2021; Marchand et al., 2022; Schutte et al., 2022; Settipani et al., 2018; Sheikhan et al., 2023; Thunderbird Partnership Foundation et al., 2011



Creating levels of care



Core principle 4:

Levels of care are co-developed with young people and caregivers

Quality statement

Agencies co-create, monitor, and maintain levels of care with young people and caregivers to ensure the model is relevant, client centred, and effective.

- Young people and caregivers are engaged at both organizational and system levels from the outset to meaningfully co-design, implement, and co-monitor levels of care in communities. They are engaged continually and over time.

Promising practices

Young people and caregivers are engaged at both the organizational and system levels to meaningfully co-design, implement, and co-monitor levels of care in communities. They are engaged continually and over time. What meaningful co-development looks like is co-determined with young people and caregivers, who are valued as key partners in decision making. As agencies work within communities to create levels of care, they bring young people and caregivers into systems- and agency-level conversations and decision making from the outset. Evidence drives these collaborative conversations, and agencies share normative data and empirical evidence with young people and caregivers in a way that is accessible to them. Young people and caregivers who are currently, have previously, or have not yet been able to access care are all engaged in these co-development activities.

Core principle 4:

Levels of care are co-developed with young people and caregivers



In co-development activities with infants and young children, caregivers can be engaged to represent the voice and perspectives of the caregiving system and the infants or young children they care for.



Practical examples

- An agency has the capacity to carry out meaningful engagement strategies. This includes training staff to enhance skills and knowledge on how to safely, effectively, and meaningfully engage those with lived expertise, along with providing time and resources to facilitate engagement activities.
- Young people and caregivers are engaged through advisory committees, focus groups, and staff positions (like representatives on boards of directors or hiring committees for service providers), where they can influence organizational decision making and strategic planning. They can leverage their ideas and lived expertise to help develop levels of care, service design, and service delivery.
- Evaluation plans, surveys, and other monitoring tools for levels of care are co-developed between agency staff and young people and caregivers.



What young people and caregivers told us

Co-developing levels of care with young people looks like giving young people options, communicating and showing respect to young people, and including diverse voices. Co-development results in reducing stigma and being responsive to needs as they change over time.

- *Focus group, paraphrased*

“When you co-develop with caregivers, you get perspectives and insights that no one else has on what may work, or not. This is critical because a lot is expected of caregivers, whether they are a parent, auntie, foster parent, partner, or legal guardian. Often, they may feel overwhelmed themselves. Caregivers and families need to know they will be heard when it comes to the care and support that they want their child or youth to have access to.”

- *Caregiver*

Core principle 4:

Levels of care are co-developed with young people and caregivers

**What this means for our audiences****To children, young people, and caregivers**

You see and take part in opportunities for meaningful engagement related to developing, implementing, and monitoring levels of care in your community. You are continually given opportunities to contribute to the decision making related to the continuum of care, services offered, and collaborative pathways in your community's levels of care. You are provided with data and evidence that is relevant and understandable and can help inform your conversations and decision making as you work with agencies to co-develop levels of care. You feel that your contributions are valued, and you are shown how engagement activities have made an impact at the organization or in the community. At each level, you can receive care that is informed by the lived experiences and expertise of children, young people, and caregivers.

To agency leaders and service providers

As service providers and agency leaders, you value the expertise of young people and caregivers and commit to co-developing, implementing, and monitoring levels of care in your community. You collect data (including normative data) and evidence to support decision making and share it in a way that is inclusive, accessible, and relevant to young people and caregivers. As agency leaders, you dedicate time, staff, funding, and resources to create and sustain meaningful engagement activities with a diverse and inclusive group of young people and caregivers.

To system decision makers

You value the expertise of young people and caregivers in co-developing, monitoring, and maintaining levels of care. You commit to meaningful engagement by creating or reinforcing structures and processes that include and support young people and caregivers in community-level decision making and policy development over time. You support infrastructure for agencies to collect data that is relevant to all key partners and decision makers.

Quality indicators: Suggestions for measuring this core principle

- Engagement of a youth and/or family advisory committee to provide opportunities for young people and caregivers to be part of key decisions and as co-developers for levels of care (Yes/No).

Core principle 4:

Levels of care are co-developed with young people and caregivers

- Percentage (%) of resources (evaluation or implementation plans, surveys) to support levels of care that were co-developed or created in consultation with young people and caregivers.
- Percentage (%) of young people and caregivers who report that they were meaningfully engaged in the design, implementation, and evaluation of levels of care.
- Percentage (%) of young people and caregivers who were recognized (for example, honoraria) for their contributions and expertise.
- Percentage (%) of young people and caregivers who were informed about how their participation in engagement activities impacted the design, implementation, and/or evaluation of levels of care.



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations

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 [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.

Core principle 4:

Levels of care are co-developed with young people and caregivers

- 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.

Related standards and guidelines

- Canadian Centre on Substance Abuse. (2010). [Building on our strengths: Canadian standards for school-based youth substance abuse prevention \(version 2.0\)](#).
- Ontario Centre of Excellence for Child and Youth Mental Health. (2021a). [Quality standard for family engagement](#).
- Ontario Centre of Excellence for Child and Youth Mental Health. (2021b). [Quality standard for youth engagement](#).

Sources

- Abba-Aji et al., 2019; Knowledge Institute on Child and Youth Mental Health and Addictions, 2023c; Kulkarni et al., 2019; Marchand et al., 2022; Settapani et al., 2018

Core principle 5:

Levels of care are rooted in community and collaboration



Core principle 5:

Levels of care are rooted in community and collaboration

Quality statement

Agencies create levels of care in partnership with other agencies and organizations within and across sectors to ensure comprehensive and responsive levels of care.

- Levels of care have strong partnerships and collaboration between agencies and organizations within and across sectors.
- Levels of care are grounded in collaboration, communication, and data-sharing.
- Levels of care are responsive and flexible to the specific context of the communities they serve.
- Levels of care build on promising initiatives and resources in the community.

Promising practices

Levels of care have strong partnerships and collaboration between agencies and organizations within and across sectors.

These may include early learning and childcare, education, public health, youth justice, child protection and child welfare services, primary care, and adult mental health, substance use health and addictions. Partnerships help create levels of care that are comprehensive and provide a full continuum of care. These relationships improve navigation and continuity of care through referral pathways and improved communication and information-sharing. Partnerships also improve integrated care initiatives and underpin holistic support of clients and caregiving systems at each level of care, so that their physical, emotional, social, and spiritual needs are also addressed. This improves and sustains mental health, substance use health, and addictions care goals and outcomes.

Levels of care are grounded in collaboration, communication, and data-sharing

that respects data privacy, security, and sovereignty. This includes Indigenous data sovereignty; communities have ownership, control, access, and possession of data and information about themselves. Strong partnerships and collaboration are the cornerstone of improved quality in several domains.

Core principle 5:

Levels of care are rooted in community and collaboration

Levels of care are responsive and flexible to the specific context of the communities they serve. This approach should be guided by the knowledge, expertise, and experiences of the community, including specific populations who are not currently accessing care but who have unmet needs and could benefit from care. Effective communication and a shared commitment between partners ensure that agencies are responding to mental health, substance use health, and addictions trends and priorities through a whole-community approach, and not in silos.

Levels of care build on promising initiatives and resources in the community, using existing strengths to enhance efficiency and minimize duplicated efforts. It is not always necessary to create new services when developing and implementing levels of care; instead, emphasis is on integrating existing services and leveraging partnerships to ensure that children, young people, and caregivers receive the right care.



Practical examples

- Multi-disciplinary teams made up of partners from different care sectors co-ordinate client care. These teams can include healthcare professionals like case managers, psychiatrists, psychologists, youth service workers, social workers, allied health professionals, Indigenous care providers, peer supporters, outreach workers, system navigators, and general practitioners. Together, these teams have the range of experiences and awareness of other services needed to co-ordinate access to care for a client.
- The Band Representative is involved in family court proceedings involving First Nations Children, ensuring that decisions prioritize the child or young person's mental health, substance use health, and addictions needs. This collaboration between family court proceedings and community resources promotes culturally appropriate care.
- System planning tables set out strategic plans for how services will be co-ordinated to improve health and wellness in the community. Community service co-ordination might include representatives from across sectors (public health, education, and others) to help create levels of care (for example, through [Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people](#)).

Core principle 5:

Levels of care are rooted in community and collaboration

- An agency has agreements to help navigate referral processes between community organizations. These include memorandums of understanding and data-sharing agreements that can facilitate the sharing of client records.
- There is engagement with French language communities and an active offer of French language services.
- Agencies are aware of the resources available throughout their community that intersect with the mental health and substance use health of children, young people, and caregivers (housing supports, for example). Agencies provide information on how to access these resources and service providers follow up with clients on accessing these services.
- Following social prescribing models, service providers help connect people with local, non-clinical community services that promote well-being through social connection and recreation, like volunteering and physical activity programs.



What young people and caregivers told us

“Systems are siloed and don’t work together making it a patchwork for families to figure out – then we are kicked out!”

- Caregiver

“...As soon as I turned 18, even though I was still in high school, [I was discharged from care]. They didn’t really look at my experience holistically to be like, ‘Well, she’s still in high school. She still needs to get her high school credits and still needs care.’ And so it got really messy.”

- Young person



What this means for our audiences

To children, young people, and caregivers

You experience efficient care co-ordination, including timely access and smooth transitions in care at various levels, because of strong partnerships and collaboration among service providers. The process for matching to care is simple and clear, and you do not have to repeat your story at every step. You are aware that partners are continually working together to ensure you receive the right care, in the right place, as your needs and goals change over time. You feel your community is wrapped around you and your journey through levels of care.

Core principle 5:

Levels of care are rooted in community and collaboration

To service providers and agency leaders

As service providers, you stay informed about the unique needs and realities of the community you serve and continue to work in partnership with young people to ensure each level of care is responsive to their needs. As agency leaders, you are proactive and seek out opportunities to collaborate with partners from different agencies and across sectors to develop and implement levels of care that are co-ordinated and that reduce redundancies and repetition. You invest time and resources to maintain strong partnerships, including communications protocols and data-sharing agreements. You fund and support infrastructure to ensure that communication and data-sharing between providers respect ongoing consent, data privacy, security, and sovereignty, including Indigenous data sovereignty.

To system decision makers

To co-develop levels of care, you promote collaboration within and between communities and sectors by facilitating platforms where agencies can share insights and information and explore opportunities for joint initiatives and care co-ordination. You advocate for flexible funding models that allow agencies to direct resources toward forming strategic partnerships. You recognize and value diverse perspectives of communities in designing, implementing, and evaluating levels of care. You support infrastructure to ensure that communication and data-sharing between providers respect ongoing consent, data privacy, security, and sovereignty, including Indigenous data sovereignty.

Quality indicators: Suggestions for measuring this core principle

- Number (#) of referral pathways between agencies and across sectors established across levels of care.
- Existence of a system to communicate and share information between agencies and across sectors (Yes/No).
- Percentage (%) of clients who move through levels of care with sustained communication, information-sharing, and follow-up until they transition out.
- Percentage (%) of children, young people, and caregivers who report that they are satisfied with care planning and co-ordination during transitions.

Core principle 5:

Levels of care are rooted in community and collaboration

- Assessment of community needs through population health data, including race-based, linguistic, Indigenous identity, and sociodemographic data, when developing, implementing, and evaluating levels of care models (Yes/No).



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations

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 5:

Levels of care are rooted in community and collaboration

Related standards and guidelines

- First Nations Information Governance Centre. (2014). [OCAP: Ownership, Control, Access and Possession](#).
- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\)](#).
- Health Standard Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services](#).
- HealthCareCAN & Mental Health Commission of Canada. (2021). [The quality mental health care framework](#).
- Persi, J., & Greenham, S. (2020). [Ontario Network of Child & Adolescent Inpatient Psychiatry Services: Service Guide, Standards, Benchmarks, & Literature Review: Standard 2. Psychological Safety, Dignity, Rights, Inclusion & Participation. December 3, 2020 Update](#).

Sources

- Australian Government Department of Health, 2019; Centre for Innovation in Campus Mental Health, 2019; Foundry, 2023; Frayme, 2021; Heid et al., 2022; Johnson et al., 2015; Knowledge Institute on Child and Youth Mental Health and Addictions, 2023c; Kulkarni et al., 2019; Mental Health Commission of Canada et al., 2023; Okpalauwaekwe et al., 2022; School and Community System of Care Collaborative, 2022; Shaligram et al., 2022; Settapani et al., 2018; Thunderbird Partnership Foundation et al., 2011

Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care



Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care

Quality statement

Levels of care address a full spectrum of needs and goals through a comprehensive continuum of care, including different types and intensities of care.

- Levels of care provide a complete continuum of care.
- At each level of care, risk is managed and crisis supports are available.
- Each level of care is defined and created using an evidence-informed approach.
- Levels of care improve integrated care initiatives in communities.

Promising practices

Levels of care provide a complete continuum of care that includes varied types and intensities of care to meet the needs, goals, and preferences of children, young people, and caregivers. Care is organized from least to most intensive. Different needs and goals are addressed related to mental health, substance use health, and addictions, and varied intensities and co-morbidities are managed effectively. A continuum of care is created in collaboration with young people, caregivers, and community partners to ensure that each level of care has options that are developmentally appropriate, culturally specific, and identity-affirming. The types of care and treatment available are clearly defined, as are the needs and goals that care and treatment can address, who is providing the care, and the settings in which care is provided.

Levels of care will look different depending on the needs of the community for which they are designed and implemented. High-quality levels of care include:

- Wellness, health promotion, prevention, and early identification **at all levels, for all children, young people, and caregivers in the community**, with a focus on physical, mental, and substance use health and addictions concerns. Specific activities may include health literacy, harm reduction, recreation, building awareness, skills- and resilience-building, peer support, learning, and screening.

Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care

- Low-intensity care for children, young people, and caregivers with mild or situational mental health, substance use health, and addictions concerns. Care options may include self-care management and mental health and substance use health and addictions information (written or electronic materials), self-guided resources, peer support, brief services, and short-term outpatient care.
- Moderate-intensity care for children, young people, and caregivers who need and would benefit from targeted, evidence-based treatment with the goal of reaching a specific clinical outcome. Care options may include service co-ordination, psychotherapy, concurrent/substance use health care, medication, group therapy, peer support, individual therapy, family services, and virtual care.
- Moderate- to high-intensity care for children, young people, and caregivers who need and would include benefit from specialized, intensive treatment. Treatment options specialized consultation, assessment and treatment, court supports or diversion, early psychosis intervention, concurrent/substance use health treatment, medication, live-in treatment, inpatient hospital services, and acute care.
- Highly specialized, intensive care for children, young people, and caregivers with severe and complex needs. Treatment options include live-in treatment and inpatient hospitalization with inter-professional teams.

At each level of care, risk is managed and crisis supports are available.

There are processes and practices in place that support the management of risk of harm to self or others and ensure crisis supports are always available. Service providers at each level of care know how to recognize someone in crisis and how to provide support. This may look different across levels of care.

Each level of care is defined and created using an evidence-informed approach. Evidence informs care options and the resourcing and infrastructure needed to bring them to life. An evidence-informed approach uses multiple sources of evidence, such as research, literature, lived and living expertise, service provider experiences, and traditional knowledge. Data and evidence (for instance, populations-based needs assessments) illustrate the needs of the community at a point in time and is gathered continually and over time. Evidence informs:

Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care

- The resources needed to develop and implement levels of care.
- If levels of care can provide the best match for a client's concerns.
- The elements of levels of care that are working well, missing, and not working or underused. These elements could include the continuum of care; the pathways into, through, and out of care; and the process of matching to care.

Levels of care improve integrated care initiatives in communities.

At every level, non-healthcare supports and practical needs across other domains are considered. These domains can include early learning and childcare, education, housing, financial security, and employment. This approach reinforces health promotion, prevention efforts, holistic care, accessibility, skill development, recreation, and community-building for clients and caregiving systems. These considerations also support the sustainability of mental health, substance use health, and addictions care. Referrals to, and co-ordination with, other health and non-health-related supports are made as needed.



Practical examples

- Care options for clients range from awareness-raising, proactive supports and self-management, to more intensive treatment levels like psychiatric consultation.
- Young people and caregivers are aware of and can access crisis supports at any time, regardless of their identified levels of care or diagnosis.
- Universal prevention and health promotion approaches are initiated in the community to promote health and wellness. These could include health literacy programs for mental health, substance use health, and addictions, as well as campaigns to reduce stigma.



What young people and caregivers told us

“I think this would look like crisis planning, safety planning, and developing appropriate care plans depending on [the client's] level of need.”

- *Young person*

When agencies and organizations aren't knowledgeable about one another, including how eligibility criteria or services offered align across agencies and organizations, it can create redundancies and barriers to access services.

- *Caregiver, paraphrased*

Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care

**What this means for our audiences*****To children, young people, and caregivers***

As you journey through levels of care, you have access to options of care that meet your needs, goals, preferences, and readiness. You understand the range of care options available to you as your needs and goals change over time. You know who is providing each option and where you can access those options. Throughout your levels of care journey, you are aware of and can access crisis supports at any time.

To service providers and agency leaders

As service providers, you identify and build relationships, collaborating with other agencies in your community to identify the care options that already exist. Through these relationships, you co-ordinate care to offer a complete and comprehensive continuum of care to children, young people, and caregivers as part of the levels of care model. As agency leaders, you build and maintain partnerships in your community to leverage strengths, identify gaps, and build a complete and responsive continuum of care. You ensure that staff have the appropriate training and competencies to address concurrent care needs, or the knowledge and confidence to refer clients to agencies that provide concurrent care.

To system decision makers

You look at the care options available in your community's levels of care. You leverage existing strengths and focus on addressing gaps in a continuum of care through appropriate allocation of funding and resources. Your communications clearly and consistently define levels of care.

Quality indicators: Suggestions for measuring this core principle

- Existence of a continuum of services reflecting wellness and health promotion, low-intensity care, moderate-intensity care, moderate- to high-intensity care, and highly specialized, intensive care (Yes/No).
- Rate (#) of service utilization by each level of care.
- Percentage (%) of children, young people, and caregivers who receive information about crisis supports.
- Use of evidence from various sources (research, literature, lived and living expertise, service provider experiences, and traditional knowledge) to inform the creation and design of levels of care (Yes/No).

Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care

- Percentage (%) of clients with an identified concurrent disorder, co-occurring need (developmental, learning, physical, other), or non-healthcare/practical need (education, housing, financial security, employment) who were offered care and/or referred to another service.



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations

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.

Related standards and guidelines

- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\)](#).
- Health Standard Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services](#).

Core principle 6:

Levels of care are built on a complete and multifaceted continuum of care

- Newfoundland Labrador Department of Health and Community Services, Health Canada, & Rush, B. (2015). [Concurrent disorders guidelines.](#)
- School and Community System of Care Collaborative. (2022). [Right time, right care: Strengthening Ontario's mental health and addictions system of care for children and young people.](#)
- Thunderbird Partnership Foundation, Indigenous Services Canada, & Health Canada. (2011). [Honouring our strengths: A renewed framework to address substance use issues among First Nations People in Canada.](#)

Sources

- Australian Government Department of Health, 2019; Berger et al., 2022; Bridge the Gapp, n.d.; Centre for Innovation in Campus Mental Health, 2019; Duncan et al., 2020; Fischer et al., 2016; Fisher et al., 2022; Haskell et al., 2016; Johnson et al., 2015; Kulkarni et al., 2019; Rush, 2010; Rush & Saini, 2016; Thunderbird Partnership Foundation et al., 2011; Wolpert et al., 2014



Pathways into, through, and out of levels of care



Core principle 7:

Levels of care are timely and easy to access

Quality statement

Levels of care are designed with access points and pathways that allow children, young people, and caregivers to easily enter and re-enter levels of care as needed, when needed.

- There are defined access points and pathways⁴ to access levels of care for specific populations.
- Access points and pathways to all levels of care are co-ordinated and aligned among community partners within and across sectors.
- Access points and pathways to enter and re-enter levels of care are visible and clearly communicated to children, young people, and caregivers.
- Clients can access services in level(s) of care in a timely manner.

4 Access points refer to the first point of contact for children, young people, and caregivers to get information about care that is available (Optimus SBR, 2022). Pathways to access levels of care refer to the structures and processes that guide children, young people, and caregivers as they move from access points to the professionals that can match them to the right level(s) of care (Knowledge Institute, 2023c).

Core principle 7:

Levels of care are timely and easy to access

Promising practices

There are defined access points and pathways to access levels of care for specific populations. Levels of care have multiple and varied access points to enter and rapidly re-enter as needed, including access points that meet children, young people, and caregivers where they are in their community. This allows children, young people, and caregivers to access care without feeling they must meet a specific threshold of severity or intensity of need to seek care.

Multiple and varied access points to enter and re-enter levels of care are:

- Co-located, with multiple supports by different organizations available at one location.
- Offered at times that meet clients' needs, including evening hours and on weekends.
- Offered in the client's preferred format (in person or virtual). Clients can switch between formats.
- Offered in spaces that are comfortable for clients, like homes, schools, and other "third places" in the community.

Access points and pathways to all levels of care are co-ordinated and aligned among community partners within and across sectors. Where services are not offered, referrals are made to community organizations or to other areas, even beyond geographical service boundaries. Clients can access multiple levels of care simultaneously to meet different needs and/or sustain wellness and care outcomes. Communication, collaboration, and data-sharing between community partners ensures that children, young people, and caregivers do not have to repeat their story when accessing level(s) of care.

Access points and pathways to enter and re-enter levels of care are visible and clearly communicated to children, young people, and caregivers. There are specific considerations for communicating pathways to levels of care that are destigmatizing and specific to the linguistic, cultural, and accessibility needs of children, young people, and caregivers who are currently, have previously, and have not yet been able to access care.

Core principle 7:

Levels of care are timely and easy to access

Clients can access services in level(s) of care in a timely manner.

Resources and information on mental health, substance use health, and addictions are readily available at all levels. Resources are up-to-date, evidence-based, culturally specific, and youth-specific, and may include self-guided resources. Services are available at the best time for clients based on the level(s) of care to which they are matched. Staff are aware of and understand data that reflects current wait times. Staff share this information regularly with clients in a way that is easy to understand, and provides a sense of the time it will take to receive care. While clients wait to access the level(s) of care they are matched to, service providers ensure interim support is available and that clients are provided with regular check-ins.

**Practical examples**

- Clients navigate the care options available to them using service navigation supports and information from service providers. Service providers might also initiate warm transfers between services, clinicians, and other community supports.
- Services are offered through accessible and convenient methods for clients and caregivers. For instance, services:
 - Have accessible points of entry, especially for children, young people, and caregivers who face additional or complex barriers. This includes outreach services, in-person services in the agency or in the community, or virtual services at times when children, young people and caregivers are available, such as extended hours after school and work.
 - Provide options for self-referral and referrals from service providers that are available through various channels including online, by phone, or in person at the agency or in the community (early learning and childcare centers, schools, primary care).
 - Offer same-day access to screening and options for clients to receive care in lower levels (self-care management, mental health, substance use health, and addictions information, brief services, and others) while waiting for the care they are matched to or in between higher acuity service appointments.
 - Have procedures in place for follow-up with children, young people, and caregivers when an appointment is missed.

Core principle 7:

Levels of care are timely and easy to access

- Mental health, substance use health, and addictions information and self-guided resources include details related to when and how a client should contact a professional for crisis support and how to match to a level(s) of care that fits their needs and goals more optimally.
- A co-ordinated referral system helps identify potential risk factors such as housing insecurity, substance use, and client history. Clients and caregivers are consulted on barriers and challenges to accessing care.



What young people and caregivers told us

“It is annoying to retell my story... The more you retell your story you start to lose the details that are important.”

-Young person

“The system is actually stressful and [wait lists] are so long. Sometimes you do not show up because you are frustrated.”

- Young person



What this means for our audiences

To children, young people, and caregivers

You have many different points of access to levels of care, allowing you to enter or re-enter the optimal level(s) of care in a way that is best for your individual circumstances. Points of access to levels of care are visible to you in your community. If there are waitlists for accessing the level(s) of care that are matched to your needs and goals, you are given other options, and you are made aware of and connected to other supports while you are waiting. You are able to access health promotion and wellness services regardless of what other levels of care you are accessing.

To service providers and agency leaders

As service providers, you are transparent about the time it takes for children, young people, and caregivers to be screened or assessed for care, as well as to receive care at the optimal level (to see a service provider, for example). You help children, young people, and caregivers understand the help available to them while they are waiting for care and guide them in connecting to other necessary supports. As agency leaders, you work within your agency and collaborate with others to provide and clearly communicate multiple points of access to levels of care so that your services meet children, young people, and caregivers at the place and time when they are available.

Core principle 7:

Levels of care are timely and easy to access

You build and maintain relationships with other agencies and organizations within the sector and across other sectors to align communication about access points to enter and re-enter levels of care. You ensure data collection processes are in place to estimate wait times, and that data on wait times are shared with service providers.

To system decision makers

You are dedicated to ensuring that levels of care are easy to access and flexible in your communities. You do this by allocating funds and resources, and building flexibility in policies and mandates, to increase agencies' capacity to respond to a variety of care needs.

Quality indicators: Suggestions for measuring this core principle

- Percentage (%) of children, young people, and caregivers who were offered services at times (evenings and weekends), in formats (in person and virtual) and locations that met their needs.
- Percentage (%) of children, young people, and caregivers who report that they are satisfied with their ability to find and access services.
- Length (#) of time that children, young people, and their caregivers wait to begin services.
- Percentage (%) of clients that receive timely care.
- Percentage (%) of clients who are offered interim support while waiting for services.



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations**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.

Core principle 7:

Levels of care are timely and easy to access

- 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.

Related standards and guidelines

- First Nations Information Governance Centre. (2014). [OCAP: Ownership, Control, Access and Possession](#).
- Government of Nova Scotia. (2012). [System level standards for concurrent disorders](#).
- Government of Nova Scotia. (2013). [System level standards for community-based addiction services](#).
- Health Quality Ontario. (2020). [Transitions between hospital and home](#).
- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\)](#).
- Health Standards Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services](#).
- HealthCareCAN & Mental Health Commission of Canada. (2021). [The quality mental health care framework](#).
- Newfoundland Labrador Department of Health and Community Services, Health Canada, & Rush, B. (2015). [Concurrent disorders guidelines](#).

Sources

- Abba-Aji et al., 2019; Centre for Innovation in Campus Mental Health, 2019; First Nations Information Governance Centre, 2014; Fisher et al., 2022; Frayme, 2021; Halsall et al., 2019; Haskell et al., 2016; Johnson et al., 2015; Marchand et al., 2022; Mental Health Commission of Canada, 2018; Settapani et al., 2018

Core principle 8:

Level(s) of care are matched to the client's needs and goals

**Core principle 8:**

Level(s) of care are matched to the client's needs and goals

Quality statement

Children, young people, and caregivers are engaged in a process to align the best care and treatment with their mental health and substance use health and addictions needs and goals.

- Agencies engage children, young people, and caregivers in a process that uses validated, evidence-based tools to match care and treatment to clients' needs and goals.
- The process of matching the right levels of care is a collaborative process and rooted in the evidence and best judgement of the service provider. The process to match to care and treatment can occur both in the present moment and over time.
- The process of matching to the right level(s) of care (intake, screening, assessments) is clear and co-ordinated. It aligns needs and goals to a full continuum of care and allows more than one level of care at a time to be matched.
- If a child or young person has not yet provided enough information to confidently match a level(s) of care to their needs and goals, but the child or young person still express the need for support, the best level(s) of care is matched based on the needs and concerns they have expressed.

Promising practices

Agencies engage children, young people, and caregivers in a process that uses validated, evidence-based tools to match care and treatment to clients' needs and goals. These tools are specific for children, young people, and caregivers depending on their individual circumstances, such as their developmental stage, language, cultural safety, and cognitive ability. Service providers have the resources and training to use evidence-based tools. They have the comfort and knowledge needed to refer clients to the right care and treatment, including for concurrent mental health, substance use health, and addictions concerns. Young people who refuse to complete tools are not denied care and/or treatment.

Core principle 8:

Level(s) of care are matched to the client's needs and goals

The process of matching the right levels of care is a collaborative process and rooted in the evidence and best judgement of the service provider. The process to match to care and treatment can occur both in the present moment and over time. Collaborative decision making is rooted in evidence, informed by the expressed needs and goals of clients, and based on the best judgement of the service provider. As part of the collaborative process, children, young people, and caregivers are informed of and aware of what assessments and re-assessments looks like: the tools that are used, the information that is collected, and how it will support them in their journey through levels of care. All care and treatment options that support the expressed needs and goals of clients are discussed, including benefits and risks and how the caregiving system can be included and supported.

The process of matching the right level(s) of care (intake, screening, assessments) is clear and co-ordinated. It aligns needs and goals to a full continuum of care and allows more than one level of care at a time to be matched. Screening tools are brief and simple and clearly indicate next steps. Similarly, mental health, substance use health, and addictions self-guided and educational resources clearly identify their scope and purpose and include information on how to access additional support. Agencies establish clear criteria for matching to different and/or multiple levels of care, as well as for moving through and out of them. This provides flexibility for the preferences and circumstances of children, young people, and caregivers as they shift over time. Clients can be matched to more than one level of care at a time to maintain care progress or to address more than one need at a time. If children, young people, and caregivers are matched to a level(s) of care that is not available at the agency where they are seeking care and/or treatment, they are offered other options and supported in accessing those options if they choose to. These tools and their matching criteria are agreed upon and consistently used by all partners in levels of care. Assessments and re-assessments are provided only when needed to determine the nature of needs and goals.

Core principle 8:

Level(s) of care are matched to the client's needs and goals

If a child or young person has not yet provided enough information to confidently match a level(s) of care to their needs and goals, but the child or young person still express the need for support, the best level(s) of care is matched based on the needs and concerns they have expressed. In this case, focus shifts to building a therapeutic relationship, understanding barriers to engagement (individual, social, or systemic/ structural), and working with the child or young person's priorities for care and/or treatment at whichever point they have entered the levels of care model. All screening and assessment that is done works to counter the stigma around mental health, substance use health, and addictions, including conversations on personal stigma, social stigma, and structural stigma. Important aspects in access to care and treatment include collaborative care planning, opportunities to access lower intensities of care (activities aimed to promote health and well-being, or access to mental health and substance use health and addictions information), and ongoing supports.

**Practical examples**

- A standardized screening tool (like [HEADS-ED](#) or [CALOCUS](#)) or an assessment tool (like [InterRAI](#)) is used to help match children, young people and caregivers to the right level(s) of care.
- A standard process dictates when re-assessments occur within each level, based on clear criteria set out for staff or at the client's request.
- The eligibility criteria to access services and supports at each level are clearly defined and made available – in a pamphlet or on a website, for instance.
- Reasons for service refusals are documented and addressed at the care and treatment planning level. These reasons are continually monitored to determine whether they are tied to equity, social determinants of health, service capacity issues, or other similar factors that the agency can address.
- Children, young people, and caregivers can access care and treatment through a standardized intake process.
- Interpretation and translation services are provided to ensure that children, young people, and caregivers can engage in the screening and assessment process and fully understand their care and treatment options using the language they are most comfortable with.

Core principle 8:

Level(s) of care are matched to the client's needs and goals

**What young people and caregivers told us**

“We have tried to access care outside of our area and it’s hard to know where to start. And if you do reach out based on what you can find online, often you don’t meet their criteria after you have jumped through many hoops.”

- *Caregiver*

“[I should be able to receive] additional supports outside of [the] main service, if needed... [I] need a support person to go to with questions... help me to understand resources [and what services look and feel like], for example, what happens if I call the crisis line? I need practice [to build skills and confidence].”

- *Young person*

**What this means for our audiences*****To children, young people, and caregivers***

When you are ready, you collaborate with service providers to match you with the right level(s) of care. The process for matching to care is clearly communicated to you, and you are aware of the tools that are being used, what information they will collect, and how it will support matching the right level(s) of care to your needs and goals. You do not have to repeat your story at every step. If you are not ready to engage in screening and assessment, you work with a service provider to find interim resources or information, build trust, and identify how they can meet you where you are.

To service providers and agency leaders

As service providers, you collaborate with children, young people, and caregivers in the screening and assessment process. You clearly communicate the process for matching to one or more levels of care and all available care options. As agency leaders, you ensure your agency has a process for matching the most optimal level(s) of care to the needs and goals of clients using evidence-based, culturally safe, and developmentally appropriate measures. Your agency’s process is consistent and clearly defined, with flexibility embedded to adjust the matching process as needed depending on the child or young person’s readiness and circumstances. You ensure that service providers are aware of the matching process and feel comfortable and competent to conduct activities that match clients to the most optimal level(s) of care.

Core principle 8:

Level(s) of care are matched to the client's needs and goals

For system decision makers

You devote ongoing resources in the system to ensure there are sufficient service providers who are equipped with the knowledge, resources, and support to confidently and accurately match the best level(s) of care to the needs and goals of clients. This includes investing time and funding to support agencies to acquire, receive training on, and co-ordinate the use of validated tools.

Quality indicators: Suggestions for measuring this core principle

- Percentage (%) of children and young people who are matched to care using an evidence-based tool.
- Percentage (%) of clients who seek care but do not meet the criteria for a specific level of care.
- Percentage (%) of clients who seek care but do not meet the criteria for a specific level of care and are offered or referred to other care options.
- Percentage (%) of clients who are followed until an outcome of the referral is confirmed.
- Percentage (%) of clients who believe the services and supports they received matched their expressed needs and goals.



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations***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.

Core principle 8:

Level(s) of care are matched to the client's needs and goals

- 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.

Related standards and guidelines

- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\)](#).
- Health Standards Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services](#).
- HealthCareCAN & Mental Health Commission of Canada. (2021). [The quality mental health care framework](#).
- Newfoundland Labrador Department of Health and Community Services, Health Canada, & Rush, B. (2015). [Concurrent disorders guidelines](#).

Sources

- Abba-Aji et al., 2019; Centre for Innovation in Campus Mental Health, 2019; Costello et al., 2023; Fisher et al., 2022; Grant et al., 2020; Johnson et al., 2015; Knowledge Institute on Child and Youth Mental Health and Addictions, 2023c; Kulkarni et al., 2019; Wolf et al., 2022



Core principle 9: Movement through levels of care is seamless

Quality statement

Levels of care are designed with pathways that allow children, young people, and caregivers to move through and out of levels of care seamlessly, adapt to their needs and goals, and maintain progress continuously over time.

- The journey through and transition out of all levels of care is responsive to the needs, circumstances, and goals of children, young people, and caregivers as needs shift and change over time.
- Children, young people, and caregivers have flexibility to move through and out of levels of care according to their individual needs, circumstances, and goals.
- Clear and co-ordinated pathways allow children, young people, and caregivers to move through and out of levels of care seamlessly.

The journey through and transition out of all levels of care is responsive to the needs, circumstances, and goals of children, young people, and caregivers as needs shift and change over time. Routine progress and outcome monitoring are conducted with clearly defined timelines and criteria for reassessments, and are reviewed with children, young people, and caregivers as part of care and treatment planning. These activities are circumstance-informed and are adjusted depending on the client's needs and the care environment. To maintain transparency, progress is shared with children, young people, and caregivers where possible.

Children, young people, and caregivers have flexibility to move through, out of, and back into levels of care as needed according to their individual needs, circumstances, and goals. Children, young people, and caregivers can be matched to more than one level of care at a time, depending on their unique needs, goals, and circumstances within levels of care. They are matched to the right level(s) of care from the outset and do not have to start at the lowest intensity of care if it does not fit their needs and goals. Children, young people, and caregivers have access to health promotion and wellness supports regardless of the level of care to which they are matched. If clients are meeting their goals, they may transition to a lower-intensity level of care for ongoing support or

Core principle 9:

Movement through levels of care is seamless

maintaining wellness, or they may be discharged. If clients are not meeting their goals or the intended outcomes, a new assessment and/or review of needs and goals may be conducted, and a shared decision may be made to move to a different service or level of care.

Clear and co-ordinated pathways allow children, young people, and caregivers to move through and out of levels of care seamlessly.

Pathways are built using shared language and understanding among all community partners across sectors along each level of care. Service providers are responsible for ensuring communication, important information (such as clinical status, goals of care, plan of treatment, care plan, and health information needs), and therapeutic relationships are shared and move with the child or young person as they journey through levels of care – even beyond geographical service boundaries. Service providers ensure that children, young people, and caregivers are provided with information on how to connect or re-gain access to care if a disconnect occurs. To facilitate smooth transitions through and out of levels of care, service providers ensure that clients stay connected throughout transitions. Discharge planning and ongoing supports begin as early as possible.

**Practical examples**

- Service providers and mental health, substance use health, and addictions information and self-guided resources use standard naming conventions or acronyms to describe and explain services.
- Children, young people, and caregivers can access more than one service at a time – for instance, they can be involved in both individual and group therapy.
- Service navigators or another community support help clients find and access treatment and understand their care plans.
- Transition-aged young people have the flexibility to continue care and are given the support they need to transition to the adult healthcare system.
- A co-ordinated multi-sectoral consent form is used across agencies to reduce the number of forms required.
- Ongoing support is offered following discharge. Service providers explain clear next steps for clients to access care if needed, including through community-based care supports.

Core principle 9:

Movement through levels of care is seamless

- Clients move from less to more, or from more to less intensive care as their needs and strengths evolve. For instance, a young person currently accessing peer support services may later seek or be referred to more intensive programming, like individual therapy, to address an emerging issue. They will continue to have access to health promotion and wellness supports regardless of what level of care is matched to their needs and goals are matched to.



What young people and caregivers told us

“If things stabilize for a while and a youth’s file is closed, when/if things become challenging again you should be able to re-access the service without having to start all over again.”

- Caregiver

As young people move through levels of care, it is important that they are supported in building skills, confidence, and ability to access care.

- Focus group, paraphrased



What this means for our audiences

To children, young people, and caregivers

You work with service providers to create a tailored and flexible care and/or treatment plan, within levels of care, that meets your goals. The pathways to your care are well-defined and easy to navigate. If you get disconnected from care or when you leave care, you feel confident that you are supported and can find the resources you need.

To service providers and agency leaders

As service providers, you work with children, young people, and caregivers to ensure they fully understand their care options and are supported with navigating their care, as needed. You facilitate smooth transitions of essential care information and relationships over time as children, young people, and caregivers move into, through, and out of levels of care. As agency leaders, you co-ordinate with partners in the community to create a shared vision and strategy, with clearly defined roles and structures, to create seamless pathways through levels of care.

To system decision makers

You include a focus on levels of care in core service delivery planning.

Core principle 9:

Movement through levels of care is seamless

Quality indicators: Suggestions for measuring this core principle

- Definition of time points to monitor children's and young people's progress, to reassess their needs, and assess their treatment outcomes (Yes/No).
- Percentage (%) of children, young people and caregivers who access more than one level of care at a time.
- Percentage (%) of children, young people, and caregivers who report that they experienced seamless transitions.



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations**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.

Related standards and guidelines

- Health Standards Organization. (2025). [CAN/HSO 76000:2021 \(R2025\) – Integrated people-centred health systems \(Reaffirmation\)](#).
- Health Standard Organization. (2023). [CAN/HSO 22004:2023 – Mental health and addictions services](#).

Sources

- Algonquin College, n.d.; Australian Government Department of Health, 2019; Haskell et al., 2016; Shah et al., 2021; Sheikhan et al., 2023



Sustaining levels of care



Core principle 10:

Levels of care focus on continuous improvement

Quality statement

Levels of care are adapted and improved based on the evolving needs of the community.

- Frameworks are established to monitor and evaluate levels of care.
- Data, feedback, and emerging evidence are used to address challenges and adjust levels of care.
- Agencies demonstrate commitment through ongoing training and professional development.
- There are methods of mobilizing knowledge that bring people within and between sectors together.

Promising practices

Frameworks are established to monitor and evaluate levels of care.

Key performance indicators and feedback from service providers, children, young people, and caregivers are used to inform improvement plans. Feedback is collected through various mechanisms to ensure all voices are heard and valued, including those who have stopped accessing services or are not accessing services but who may benefit from services in levels of care. Feedback mechanisms respect data sovereignty, safety, privacy, and consent.

Core principle 10:

Levels of care focus
on continuous improvement

Data, feedback, and emerging evidence are used to address challenges and adjust levels of care. Evidence through other sources (research, knowledge mobilization, communities of practice, lived expertise) is also used to make improvements to levels of care models. Processes are in place to ensure that what has been learned through evaluation informs practice and drives continuous improvement and is done in collaboration with young people and caregivers whenever possible. This ensures that levels of care models constantly evolve and effectively respond to the needs of the communities and clients served.

Agencies demonstrate commitment through ongoing training and professional development. Staff knowledge, skills, and best and wise practices related to providing care in levels of care models remain up to date. Across levels of care, staff are provided with training and professional development opportunities, including opportunities to exchange perspectives, experiences, and learning. A culture of ongoing learning helps service providers adapt to the evolving care landscape.

There are methods of mobilizing knowledge that bring people within and between sectors together to build a common understanding of challenges and successes, exchange ideas and practices, and work collaboratively to find solutions to challenges. Feedback and improvements are shared with clients, partners, and the community using language that is clear and easy to understand and in formats that are visible and accessible. This exchange of information is used to continually improve levels of care across the continuum in collaboration with young people, caregivers, and communities.



Practical examples

- Lead agencies include a focus on levels of care in their core service delivery plan. Services are reviewed regularly with the agency's child and youth community mental health, substance use health, and addictions planning tables, and with core service delivery planning tables.
- Staff receive training (for example, the [Provincial Training Initiative for intensive treatment](#)) and engage in other opportunities for shared learning, like communities of practice, workshops, and conferences. These and other professional development opportunities increase skills, knowledge, and confidence to address the treatment needs of children and young people with complex and significant needs.

Core principle 10:

Levels of care focus
on continuous improvement

- Agencies make ongoing efforts to understand who is being served, as well as who is not being served, to identify inequitable levels of care options and pathways. These efforts might include engagement with young people and caregivers, and using data-monitoring reports and data dashboards to assess trends in client needs and provide real-time information. Other data resources like information from public health further supports the identification of gaps and improvement areas.
- Communications resources (tip sheets, presentations, briefing notes) that reinforce the importance of accurate data entry and interpretation are made available to service providers.
- Young people and caregivers regularly provide feedback through activities like surveys (for example, using the [Ontario Perception of Care Tool for Mental Health and Addictions](#)), focus groups, and youth and caregiver advisory councils. The feedback informs improvements to levels of care planning. Agencies ensure transparency by sharing updates with staff and clients through co-developed evaluation reports, which are also posted to the agency's website.
- Agencies attend conferences and communities of practice on quality and levels of care. These knowledge mobilization opportunities provide essential space and time for people to come together to share information.



What young people and caregivers told us

Continuously improving levels of care looks like creating opportunities for engagement and communication (for example, surveys) to ensure clients are satisfied with care and meeting their goals, as well as understanding who isn't being served but could benefit from accessing levels of care.

- Focus group, paraphrased

“Highlight youth and Indigenous [peoples] voices in data and [share this information] with leadership.”

- Young person

Core principle 10:

Levels of care focus
on continuous improvement

**What this means for our audiences*****To children, young people, and caregivers***

You have different ways to provide feedback – directly, confidentially, or anonymously – on the care you are receiving and how it is working for you within each level of care. The feedback you provide is used to inform changes and continually improve levels of care models. Agencies share back what they have heard and the specific actions they are taking to address feedback. You have the opportunity to actively participate in quality improvement through engagement activities and other forms of communication (surveys, for example).

To service providers and agency leaders

As service providers, you are provided with time and resources to regularly participate in training and professional development opportunities to ensure your knowledge and skills related to evaluation and monitoring are up to date. Additionally, you actively contribute to knowledge mobilization activities and opportunities. As agency leaders, you are receptive to feedback from children, young people, and caregivers, which is shared with your quality improvement team to inform changes to levels of care. Quality improvement efforts should also include young people and caregivers directly whenever possible. Key performance indicators, their outcomes, and changes made in response are made available in a language that is clear and understandable.

To system decision makers

You support a culture of ongoing learning and quality improvement within organizations by allocating resources for professional development, shared learning, knowledge mobilization opportunities, and quality improvement activities. Data management systems are implemented to facilitate collecting, analyzing, and sharing relevant information across agencies that develop and implement levels of care. Key performance indicators, outcomes, and changes made in response are made available to the public in a language that is clear and understandable.

Core principle 10:

Levels of care focus
on continuous improvement

Quality indicators: Suggestions for measuring this core principle

- Development of a measurement plan to evaluate how well levels of care are being implemented (Yes/No).
- Percentage (%) of feedback collected from young people and caregivers that is reviewed and used to inform improvements to levels of care.
- Percentage (%) of staff who pursue training and professional development opportunities to enhance their knowledge, skills, and best and wise practices related to providing care in levels of care models.
- Existence of a feedback loop to share improvements with clients, partners and the community using language that is clear and easy to understand and in formats that are visible and easy to access (Yes/No).



Please note that mixed methods data collection is recommended. For technical details to measure and calculate the indicators, please refer to our [Quality standards measurement guide](#).

Implementation considerations

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](#).

Core principle 10:

Levels of care focus
on continuous improvement

- 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.

Related standards and guidelines

- Canadian Centre on Substance Abuse. (2010). [Building on our strengths: Canadian standards for school-based youth substance abuse prevention \(version 2.0\)](#).
- Health Standards Organization. (2021). [CAN/HSO 76000:2021 – Integrated people-centred health systems \(Reaffirmation\)](#).
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About us

For more than two decades, the Knowledge Institute on Child and Youth Mental Health and Addictions (the Knowledge Institute) has been bringing people and knowledge together to strengthen care for infants, children, young people, and caregivers. As a trusted partner and advisor to several of Ontario's ministries, we collaborate across sectors to drive high-quality mental health, substance use health, and addictions care. We mobilize evidence, strengthen knowledge and skills, and accelerate system change to improve services for mental health, substance use health, and addictions across Ontario.

The Knowledge Institute invests in the development of provincial quality standards for the child and youth mental health and substance use health and addictions sector. Throughout 2018 and 2019, we developed two quality standards (Quality Standard for Youth Engagement and Quality Standard for Family Engagement) and, in 2020, a quality guideline (Quality Guideline for Virtual Walk-In Services). Since then, we have been conducting research and providing resources and supports, to support agencies to implement these standards. To learn more about our work, please visit our [quality standards webpage](#).

Acknowledgements

This quality standard was developed with the support and expertise of many people. We are thankful for their valuable perspectives throughout the standard development process. The participation and engagement of Quality Standard Advisory Committee (QSAC) members and Knowledge Institute staff, whose names are listed in alphabetical order by first name⁵, were instrumental in the development of this quality standard. We are grateful to the many young people and caregivers, system and agency leaders, service providers, researchers, and scientists who also generously provided their time and expertise during standard development. We would also like to acknowledge the advisories who contributed to the development of this quality standard: The Kids Come First Youth and Family/Caregiver Partners, The Knowledge Institute's Youth and Family Advisory Councils, Mental Health Commission of Canada's Youth Council, and Youth Net/Réseau Ado's Youth Advisory Committee.

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Acknowledgements

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Appendices

Appendix A: Glossary of terms

Care

Care is an overarching term that refers to the provision of what is necessary to support a person's health and well-being. Levels of care include many services, sectors, and partners, as well as a range of mental health and substance use health and addictions services. For the purposes of this standard, we use the term "care" to encompass all services within levels of care, which range in frequency, intensity, and duration (for example, wellness, promotion, prevention, early identification, brief services, aftercare, and intensive services). In this standard, care encompasses the full range of services and interventions that are focused on supporting the well-being of children, young people, and caregivers, including specific, evidence-based treatment modalities. Throughout the standard, when relevant, we use the word "treatment" to refer explicitly to evidence-based interventions that address specific mental health and substance use health conditions and symptoms (for example, substance use disorder, depression, anxiety). Treatment can include individual therapy, group therapy, inpatient treatment, day treatment, live-in treatment, and secure treatment. This list is not exhaustive. The language we use for care throughout is taken and adapted from Ontario Ministry of Health's *Roadmap to wellness* (2020).

Caregivers

Caregivers include people who support and look out for one another. They can be connected through family, biology, emotions, culture, or legal ties. The term also includes individuals recognized by the client as important for their well-being (Ontario Centre of Excellence for Child and Youth Mental Health, 2021a; 2021b). Examples of caregivers include family members such as parents, siblings, grandparents, aunts and uncles, as well as other supportive individuals, like partners, Elders, mentors, peers, and legally appointed guardians. A group of people connected by the support, care, and supervision of an individual is referred to as a "caregiving system."

Children and young people

Children and young people encompass birth to age 25 and include infants, children, adolescents, and transition-aged youth. We use the term “children” to refer to ages 12 and under and “young people” and “youth” to refer to ages 13 to 25. When applicable, we are specific about infant and early years (0 to 6 years old; Infant and Early Years Mental Health Promotion, 2024).

Clients

Clients are defined in this document as children and young people from birth to age 25. In some cases, caregivers or the entire caregiving system are also identified as clients. For example, caregivers play an important role in the care, and the immediate and sustained well-being of infants, children, and young people. As such, many members of the caregiving system (e.g., family, parents, siblings, etc.) may be identified as the client for care. There may be circumstances in which community-based child and youth mental health agencies provide care and services to caregivers, such as education, family navigation, and skill-building (Ontario Ministry of Health, 2024). All clients are people who have consented to care through an informed consent process.

Community-based child and youth mental health, substance use health, and addictions agencies

Navigating Ontario’s system for child and youth mental health, substance use health, and addictions involves many providers and organizations across different sectors, all dedicated to delivering mental health, substance use health, and addiction services to children, young people, and caregivers. Ontario’s community-based child and youth mental health and addictions agencies are publicly funded and operate across 33 service areas in 5 regions (CMHO, n.d.). There are 31 Lead Agencies that serve Ontario’s 33 service areas to improve care in their service area through local planning efforts alongside the more than 190 Core Service Provider agencies that also provide care across Ontario. The Lead Agencies work together as a group, known as the Child and Youth Mental Health Lead Agency Consortium, to plan and provide leadership at the provincial level (Child and Youth Mental Health Lead Agency Consortium, 2019).

Complex mental health

Some children or young people experience significant, multiple, rare, or persistent mental health challenges that can impact their functioning at home, at school, and in the community. These are considered complex needs and often require intensive services. “Complex” also refers to the mental health needs of children and young people who have other conditions or challenges that impact the services they require, like developmental disabilities, autism spectrum disorder, or substance use disorder (Knowledge Institute on Child and Youth Mental Health and Addictions, n.d.).

Community/sector partners

These are individuals and organizations who contribute to knowledge and expertise for child and youth mental health, substance use health, and addictions care. They can be from (but not limited to) early learning and childcare, education, public health, primary care, child and youth mental health, substance use health, and addictions, child protection and child welfare services, youth justice, parents/caregivers, and government.

Concurrent disorders

When someone is experiencing mental health and substance use health concerns at the same time, we call it a concurrent disorder. For example, an individual with schizophrenia who has a cannabis use disorder (Knowledge Institute on Child and Youth Mental Health and Addictions, 2023b; 2024c).

Continuum of care

Continuum of care models include a spectrum of types and settings of care and treatment that reflect the concerns and severity of symptoms of clients. Principles of continuum of care models have inspired similar models, including levels of care. While both models include a spectrum of care and treatment that reflects the needs of the clients being served, levels of care include an additional component that matches and allows for movement.

Culturally specific care

Culturally specific care refers to healthcare that integrates and honours the beliefs, values, and practices of a particular cultural group and is tailored to meet the unique needs of the group from the outset. Other terms that are often used to describe similar approaches to care include “culturally affirming,” “culturally relevant,” and “culturally responsive”. In this document, we use the term “culturally specific” to highlight that care aligned with a client’s culture is not an afterthought, but an imbedded priority from the start.

Equitable care

Equitable care is about care outcomes that are not impacted based on gender, ethnicity, socioeconomic status, or other characteristics, while ensuring that the needs of every individual are met fairly and effectively (Banerjee, 2020; Cunningham et al., 2022; National Academies of Sciences, Medicine Division, & Committee to Evaluate the Department of Veterans Affairs Mental Health Services, 2018; Rooddehghan et al., 2017).

Equity

Equity can be defined as both a process and an outcome. Advancing equity requires acknowledging, naming, and dismantling oppressive systems and barriers reinforcing historical and existing inequities that limit access to opportunities such as mental health, substance use health, and addictions care. As a process, equity can be advanced in many ways, such as co-developing with communities the policies and practices that impact their lives or applying an equity lens or framework to programs and services. As an outcome, equity is the absence of differential outcomes based on social, economic, demographic, or geographic characteristics. It is important to note that equity is not the same as equality (University of British Columbia, n.d.).

Evidence

Evidence in this standard refers to information from academic and grey literature, lived and living expertise, service provider experiences, and traditional knowledge and wise practices used to inform decision-making processes and practices. Evidence-based practice is often defined as using the best available clinical research and expertise to make decisions, relying on individual or synthesized research studies to inform decision making. Evidence-informed practice expands on evidence-based practice by also including the lived and living expertise of clients or communities to inform decision making (Woodbury & Kuhnke, 2014). In this document, we use “evidence-based practice” when processes or practices are informed by the best available clinical research (for example, assessments), and we use “evidence-informed practice” when processes or practices are informed by research, data, and collaborative decision making between clients, service providers, and caregivers.

Implement, implementation, implementing

“Implement” means putting a plan, thing, or idea into action (Knowledge Institute on Child and Youth Mental Health and Addictions, 2024b).

Key performance indicators

Key performance indicators are measurable and objective metrics that help assess how well a program, organization, or system is doing. They let us see progress toward a goal in a clear and quantifiable way.

Knowledge mobilization

Knowledge mobilization focuses on ensuring that evidence is meaningful, understandable, and practical for those who need it. Knowledge mobilization supports organizations by offering access to the best available evidence to guide their work. It also involves actively engaging partners to close the gap between new research and its application in practice (Knowledge Institute on Child and Youth Mental Health and Addictions, 2023a).

Levels of care

Levels of care models include different types and intensities of care that are organized from least to most intensive. Clients are matched to an optimal level of care and can move through levels as needed. People are matched according to their individual needs and goals in the present moment and as their needs shift and change over time (Berger et al., 2022; Body Brave, n.d.; Centre for Innovation in Campus Mental Health, 2019; Cornish et al., 2017). Levels of care models are also known as stepped care models and were inspired by continuum of care models, which also include a spectrum of care.

Multisectoral partners

Multisectoral partners, typically organizations and individuals, that collaborate across sectors, including healthcare, public health, early learning and childcare, education, youth justice, primary care, child protection and child welfare services, other social services, community organizations, and government agencies in child and youth mental health and substance use health and addictions contexts. The objective is to address the complex challenges related to mental health and substance use health in young populations through co-ordinated efforts. Strategies may involve joint programming, shared resources, and integrated services to create a comprehensive approach supporting the mental well-being of children and young people.

Peer support

Peer support refers to care that is provided by and for individuals with lived and living expertise. Peer support exists on a continuum from a reciprocal, naturally occurring relationship in community settings on one end, to intentional, one-directional relationships in service settings on the other end (Ontario Centre of Excellence for Child and Youth Mental Health, 2016).

Performance measurement

Performance measurement involves regularly gathering information to monitor the progress of a policy, program, or initiative at any given time. It helps track the achievement of planned outcomes and observe performance trends over time (Ontario Centre of Excellence for Child and Youth Mental Health, n.d.).

Quality assurance

Quality assurance involves establishing standards and ensuring that programs consistently meet those quality levels, such as minimum standards for brief services or the timeliness of client appointments (Ontario Centre of Excellence for Child and Youth Mental Health, n.d.).

Quality improvement

Quality improvement involves taking steps to increase the efficiency and effectiveness of processes and activities within an organization. It is a continuous effort aimed at consistently enhancing programs to achieve improved results for all partners (Knowledge Institute on Child and Youth Mental Health and Addictions, 2024a).

Quality standard

A quality standard is a resource that has clear, practical, and ambitious statements describing the practices, processes, and supports required to provide the highest quality care, based on the best available evidence. Standards are essential to a system that is driven by accountability and continuous improvement. They help reduce systemic inequities and improve service quality and outcomes for children, young people, and caregivers.

Safer

Safer is used in some contexts instead of “safe” to communicate that feeling safe is specific to each person and that no space can feel safe to everyone. This term also reflects that discrimination and harassment occur even when great effort has been put forth to prevent them, and that improving safety is an ongoing, active process (Sexual Assault Centre of Edmonton, 2020).

Service providers and agency leaders

Service providers and agency leaders have overlapping, but distinct, roles. In this document, service providers are professionals that provide care and treatment to infants, children, young people, and caregivers at community-based mental health, substance use health, and addictions agencies. Some examples of service providers include child and youth workers, youth service workers, psychiatrists, psychologists, psychotherapists, physicians, nurses, allied health professionals, and social workers. They provide care and treatment under the direction of agency leaders, who may also be known as Executive Directors, Chief Executive Officers, Directors or Managers. Agency leaders provide leadership and ensure good governance practices. They may also manage local planning efforts and make sure the agency provides care following the direction of Ontario's Ministry of Health and that care and treatment are aligned with the needs of the community they serve.

Substance use

Substance use is the consumption of any substance that affects a person's mood, emotions, or thoughts. This includes legal drugs such as alcohol and cannabis, and illegal drugs such as cocaine or heroin (Canadian Centre on Substance Use and Addiction, 2022).

Substance use health

Substance use health is the continuum of substance use and people's experiences with substances, including no use of substances on one end and substance use disorder on the other. Substance use health recognizes that along the continuum there are health effects, risks, and benefits associated with substance use, and that stigma can be experienced at any point along the continuum (CAPSA, 2023).

Appendix B: Inclusion criteria for this quality standard

Topic: What is the standard about?

- Levels of care for mental health, substance use health, and addictions needs and concerns.

Targeted population: Who is receiving care?

- Infants, children, young people, and their caregivers receiving services with the child and youth mental health, substance use health, and addictions sector.

Setting: Where is the standard being implemented?

- Intended for Ontario's community-based child and youth mental health and substance use health and addictions agencies in partnership with other sectors and organizations as part of the larger system.

Audience: Who is implementing the standard?

- Professionals, including clinicians; researchers; system- and agency leaders; service providers and policymakers; young people and caregivers.

Appendix C: Data collection process for the Levels of care quality standard

Table 2. Number of engagements conducted and data reviewed to inform the development of the Levels of care quality standard.

	Young people and caregivers	Community-based mental health and addictions agency staff	Sector partners (e.g., health, education, research, etc.)	Total data collection
Interviews	8 young people and caregivers engaged in 12 interviews.	59 staff engaged in 40 interviews.	17 individuals engaged in 16 interviews.	84 individuals engaged in interviews.
Focus groups	17 young people and caregivers engaged in 5 focus groups.	Not applicable.	Not applicable.	17 individuals engaged in focus groups.
Surveys	17 young people and caregivers engaged in 8 surveys. *	29 staff and sector partners engaged. **		46 total survey responses.
Quality Standard Advisory Committee meetings	10 youth and family advisors engaged over 3 meetings.	15 staff engaged over 3 meetings.	4 sector partners engaged over 3 meetings.	29 individuals engaged in the Quality Standard Advisory Committee over 3 meetings.
Literature reviews		86 research papers and reports reviewed.	18 of related standards and guidelines reviewed.	104 total research papers, reports, and related standards and guidelines reviewed.

Note:

*In one survey, a group of 10 young people completed the survey together.

**Due to the anonymity of the survey, we were unable to distinguish between respondents that identified as agency staff and respondents that identified as sector partners. As a result, we presented the total number of agency staff and sector partners combined.

280 total engagements and reviews of literature to inform the standard.



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