CMHO
Children's Mental Health Ontario
Santé mentale pour enfants Ontario

Insights Report

Ontario Health Teams and Community Child and Youth Mental Health

April 2023

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About CMHO

Children's Mental Health Ontario (CMHO) is a provincial association that represents approximately 85 community child and youth mental health centres across the province. Our member agencies account for the majority of publicly funded child and youth mental health services, serving almost 130,000 clients annually.

As a provincial association, we advocate for investments, policies, and programs for children, youth, and families seeking mental health services in Ontario. Our primary goal, as outlined in our Strategic Plan 2020-2023, is to promote a coordinated and high-performing system of care so that all children and young people get the mental health supports they need to thrive.

ABOUT THIS REPORT

CMHO works in collaboration with members and key sector partners to support and lead policy changes and advocacy initiatives for child and youth mental health. Our reach and relationships enable us to convene engagement activities critical to policy change, from research to consensus-building to the development and implementation of policy solutions. With the insights gained from surveying our members, we feel well equipped to contribute to the dialogue on Ontario's health system transformation, particularly as it relates to integration of care through emerging Ontario Health Teams (OHTs).

ABBREVIATIONS

CMHO = Children's Mental Health Ontario

CYMH = Child and Youth Mental Health

MCCSS = Ministry of Children, Community and Social Services

MHA = Mental Health and Addictions

MOH = Ministry of Health

OH = Ontario Health

OHTs = Ontario Health Teams

Introduction

Health system transformation is underway across Ontario. This transformation is facilitated by numerous legislative changes since 2019, intended to improve the health system through stronger care connections, continuity of care and comprehensive integration of care.[1] As part of this vision, OHTs are meant to enable localized health planning, population health management, and team approaches to care, all aligned with the 'Quadruple Aim' goals, with equity as a focal point (often referred to as the 'Quintuple Aim'):

1. Improving the health of populations
2. Improving the patient and caregiver experience
3. Improving provider experience
4. Better value
5. Health equity

Achieving the Quadruple/Quintuple Aim goals, a framework that has been utilized for health system reform worldwide *(Sikka et al., 2015)*, will ultimately require the engagement and involvement of the entire health sector, including community-based CYMH agencies. Community CYMH agencies deliver ministry defined core mental health services with wraparound mental health care (and sometimes social services) for children, youth and families.

Although OHTs were introduced in 2019, there is considerable variability in the work and progress to date. This is in part due to the COVID-19 pandemic, but also due to the design of the approach which recognized different starting points for each OHT based on readiness. While the development of OHTs presents opportunities for innovation, the ground-up approach simultaneously generates many contextual considerations, challenges, and ideas about how best to implement this model of care.

At CMHO, we have prioritized support for our members since health system restructuring was first initiated. CMHO has shared information about OHTs, supported dialogue on OHT applications, and presently, continues to lead conversations with members, sector partners, and the government on how to optimize the integration of mental health services. To further inform these discussions, CMHO sought to better understand the current landscape of OHT and CYMH integration efforts through a member survey which was launched in spring/summer 2022. This survey asked respondents about their current or planned level of engagement and their experience navigating emerging OHTs within respective regions.

[1]For more information, refer to the Ontario Ministry of Health webpage on Ontario Health Teams (OHTs), as well as their Guidance Document, "Ontario Health Teams: Guidance for Health Care Providers and Organizations." The OHTs were first announced in February 2019: https://news.ontario.ca/en/backgrounder/51360/building-a-connected-public-health-care-system-for-the-patient

The purpose of this report is to summarize perspectives and experiences shared through the survey and includes key examples from CMHO members to situate successes and challenges, as well as enablers and barriers. Also of note, is that the survey was undertaken during a complicated time with several unique and ongoing pressures for health system providers, including COVID-19 recovery and health human resource challenges. Data also continues to emerge about increasing mental health needs among children and youth (with disproportionate impacts for equity deserving communities), and ongoing challenges related to inflation and affordability that continue to impact key determinants of health. While the system collectively navigates these uncertain times, the survey data and this report are a necessary and key first step to support decision-makers and CYMH agencies in moving forward together in health system transformation.

Background and Context Setting

ABOUT INTEGRATED CARE

Integrated care can broadly be understood as an approach that aims to enable greater coordinated and connected health care (see Concept of Integrated Care from the International Foundation for Integrated Care). This approach is viewed as a remedy to traditional, siloed care by bridging multiple types of services and providers to facilitate connected and holistic care that is patient-centered (*Embuldeniya et al., 2021*). Internationally, many different models of integrated care have emerged (e.g., Accountable Care Organizations in the United States). As jurisdictions explore these models, several practices and principles have also emerged, such as the importance of establishing shared values and integrating/embedding digital solutions, to name just a few (see 9 Pillars for Integrated Care). Similarly, there are also commonly experienced barriers to integration efforts, such as administrative or resource barriers (*Auschra, 2018*).

INTEGRATED CARE & ONTARIO HEALTH TEAMS

Within the Ontario context, the Connected Care Act, 2019 was passed to optimize integrated care at the population-level through the development of Ontario Health Teams, "to provide a new way of organizing and delivering care that is more connected to patients in their local communities."[2] Achieving this vision ultimately requires multiple levels of integration (*Evans et al., 2020*) such as:

- Structural integration (e.g., governance models, integrated financial models)
- Functional integration (e.g., policies, pathways, and protocols to support integration)

This legislation also created a central agency, Ontario Health, whose mandate includes supporting the provincial government in connecting, coordinating, and modernizing the province's health care system, including the development of OHTs.

These OHTs are essentially "groups of providers and organizations that, at maturity, will be clinically and fiscally accountable for delivering a full and coordinated continuum of care to a defined population."[3] This work and progress towards maturity is guided by eight OHT Building Blocks.[4]

[2]For more information about Ontario Health Teams, visit the Ministry of Health's webpage: https://health.gov.on.ca/en/pro/programs/connectedcare/oht

[3]For more information about Ontario Health Teams, visit the Ministry of Health's webpage: https://health.gov.on.ca/en/pro/programs/connectedcare/oht

[4]There are eight Ontario Health Teams building blocks that have been described in documents from the Ministry of Health. For more information, visit https://health.gov.on.ca/en/pro/programs/connectedcare/oht/docs/guidance_doc_en.pdf

51
approved OHTs in Ontario

Number of OHTs: At the time of the survey launch, there were 51 approved OHTs in Ontario.[5] However, three new OHTs announced and approved in October 2022 bring the current total to 54. These OHTs are all at various stages of development since they were approved at different points in time through a cohort model. *Note: this number does not include "Innovative health teams" which have differentiating characteristics, such as Kids Come First Health Team (further described in this report).*

The expectation is that OHTs will provide integrated, comprehensive, and connected care to an **attributed population** within a geographic region *(see call-out box)*. Within this approach, OHTs have begun their work by focusing on priority populations as a starting point.

What are Attributed Populations?

This refers to "the population that the Ontario Health Team is responsible for and on which outcomes and costs will be calculated." Every resident in Ontario is attributed to an OHT based on natural linkages between patients, providers, and health services. For more information: Ontario Health Teams Guidance for Providers and Organizations

Notably, a review of OHTs found that **just over 60% have identified Mental Health and Addictions (MHA) as a priority** for their initial work. In some cases, this was specified by population (e.g., older adults and mental health), while others adopted a lifespan approach. Over time, however, all OHTs will provide a full and coordinated continuum of care, which would include MHA for their attributed population.

Indeed, this evolution towards greater standardization has already progressed with an announcement from the Ministry of Health (MOH) and Ontario Health (OH) in November 2022. The Path Forward provided new direction to establish a focus on four initial clinical pathways, alongside changes to governance structures (e.g., articulating who needs to be involved in decision-making, such as community MHA). Although MHA is not one of the four initial pathways, the announcement acknowledges that many OHTs have focused on MHA to date, and further recognizes the importance of prioritizing MHA as a future pathway. The impact of this new direction on how OHTs function remains to be seen.

INTEGRATED CARE & CHILD AND YOUTH MENTAL HEALTH

The goals of greater integration within mental health and addictions services and improved access are reinforced in the province's *Roadmap to Wellness (2020)*, which seeks to develop and implement a comprehensive and connected mental health and addictions system for all Ontarians. This strategy is further supported by the creation of the Mental Health and Addictions Centre of Excellence, whose mandate includes enabling and driving the effective implementation of the *Roadmap to Wellness*, in addition to overseeing the delivery and quality of mental health and addictions services and supports.

[5]Given the timing of this survey launch, from March to August 2022, the additional 3 OHTs that were announced in October 2022 (bringing the total to 54 OHTs) are not captured in this report.

As a starting point, it is important to acknowledge where the MHA sector is naturally structured by various types of integration *(Canadian Mental Health Association Ontario, 2010)*.

- **Interpersonal Integration:** Many community MHA providers operate with interpersonal integration which refers to care that is interdisciplinary or collaborative, often with wraparound supports for the client as well as the family *(Evans et al., 2020; Singer et al., 2020)*.
- **Process Integration:** The community MHA sector further demonstrates integration through processes of care management, care coordination and referrals *(see definition by Evans et al., 2020)*.

The community-based CYMH sector is also structured by these types of integration: CYMH agencies deliver specialized mental health care that is provided by a range of providers, including psychotherapists, social workers, psychologists and child and youth care practitioners. CYMH providers work together to deliver treatment and wraparound supports tailored to the unique needs of each child, youth and family. These approaches, which includes case management, are based on government-defined core services across a continuum of care, from brief to moderate to intensive services.

Many CYMH agencies are considered 'multi-service' given their provision of both health and social services, such as child welfare, youth justice, and autism services, to name a few. Several CYMH agencies are also co-located with integrated youth service hubs known as Youth Wellness Hubs. These integrative efforts are critical as clients often have intersecting needs that benefit from integrated (versus siloed) approaches to care.

While the aforementioned approaches are aligned with OHT integration efforts, there are also unique considerations to note and explore as OHTs work to integrate CYMH services *(see Table 1 below)*. Namely, CYMH services are provided through a geographically based model, with 33 identified service areas, each with a Lead Agency. The CYMH Lead Agencies work to advance system-level priorities and are responsible for service planning within their service area. There are certain specialized treatment and intensive services, such as secure treatment and live-in-treatment that are delivered in some parts of the province. Additionally, while most CYMH agencies/services are funded through the Ministry of Health, others (e.g., infant and early mental health promotion) are either partially or fully funded through the Ministry of Children, Community and Social Services (MCCSS). This is important to consider for future integration, given the vision to have funding flow through OHTs.

Table 1: Context Setting for Child and Youth Mental Health (CYMH) and Ontario Health Teams (OHTs)

	Child and Youth Mental Health	Ontario Health Teams
Current Structure	Geographically based; almost 200 CYMH agencies in 33 service areas (with Lead Agencies) across five MCCSS/MOH defined regions	Attributed Population within a geographic region; over 50 approved OHTs (and "Innovative health teams") across six Ontario Health regions
Funding	• MOH • MCCSS	• MOH • Ontario Health (at maturity)
Approach	Integrated and wraparound mental health care for children, youth and families within each service area	Integrated care across all health services for all populations, aligned with Quadruple Aim
Service Delivery	CYMH core services are delivered in each service area, with some services delivered regionally	At maturity, OHTs will deliver the full continuum of care services Presently, almost 60% of OHTs have a MHA focus.[6] At maturity, all health services, including MHA, will be integrated within an OHT

[6]Based on a CMHO scan, most OHTs (60%) have included mental health and addictions as a priority.

Key Survey Findings

CMHO surveyed members at two time points, in March and August 2022, with a participation rate of over 70% (n = 62) and representation across all five MOH/MCCSS regions. **For details on methodology, approach and limitations, refer to Appendix 1.**

The survey had two key objectives:

- To understand current engagement and involvement with OHTs; this included scope and level of participation, such as how many agencies are involved, and the extent of the engagement, recognizing that there is considerable variation given the nature of OHT development.
- To capture the experiences to date with OHT engagement (or planned engagement); this included deepening knowledge of current experiences with OHTs as it relates to successes (i.e., emerging best practices) and challenges (i.e., barriers).

Part 1. What does engagement look like for community CYMH?

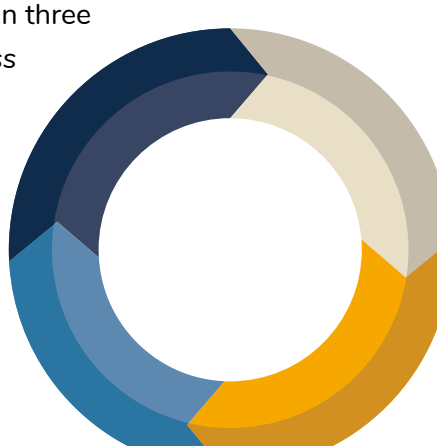
As a key starting point, CMHO sought to understand engagement between CYMH agencies and emerging OHT structures. Engagement was broadly defined to capture the various levels and types of participation in recognition of the diversity in approaches and processes among the 51 approved OHTs.[7]

For example: Common roles/language include signatory, partner, decision-maker, and senior lead, to name a few.

Results indicate that a large majority of agencies (89%) are aware of OHTs in their region, and the majority are involved with at least one OHT. At the same time, there are a number of agencies that are not involved. The findings suggest that this is not due to lack of knowledge or awareness *(see below)*.

OHT Involvement/Engagement

- **71% of respondents (n = 44) indicated involvement with at least one OHT**, with most (40%) selecting that they are involved in only one OHT; 18% in two OHTs; and 13% in three or more. *(Note: From a regional analysis perspective, there was similarity across all five MOH/MCCSS regions).*



[7]This survey was completed before the additional three OHTs were approved in October 2022, and as such, this survey may not fully capture engagement of CYMH with all 54 OHTs.

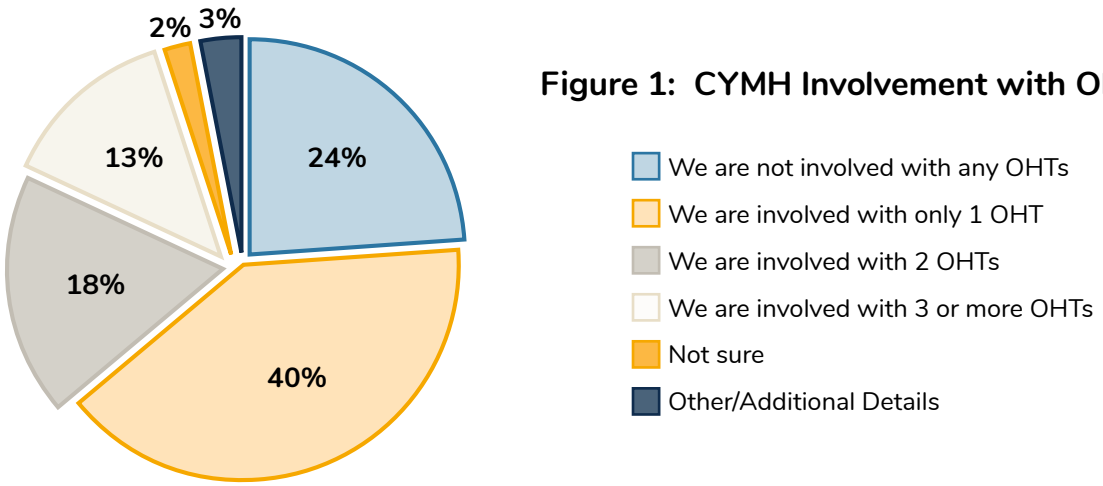


Figure 1: CYMH Involvement with OHTs

- **24% of respondents (n = 15) shared that they are not currently involved with any OHTs**; this is not due to a lack of knowledge about OHTs. Some respondents have experienced challenges with reaching out to OHTs, while others characterized their involvement as 'informal'.
    - Notably, some Indigenous service providers shared concerns about joining OHTs that were not Indigenous led or did not have a specific Indigenous focus. There were also concerns about the risk of repeating colonial processes.
- **86% of respondents shared that the Executive Director/CEO of their agency was (or if not currently, in the future would be) involved in OHT work**; this is followed by 36% and 32% noting that Clinical Leaders and Operational Leads were involved, respectively.
- **76% of respondents indicated utilization of at least one type of OHT resource to support their learning** and/or engagement with OHTs (e.g., Rapid-Improvement Support and Exchange or RISE).[8]

Governance and Working Groups

For some respondents, there is clear involvement in governance and leadership through formalized processes, including as a 'signatory' for the OHT, which is the formal recognition of the CYMH agency in the governance structure for the OHT. Notably, of the respondents that are involved in at least one OHT, 61% are signatory.

The survey further revealed that the extent of CYMH involvement and work-to-date also varies. About two-thirds of respondents are participating in at least one OHT committee/working group; and 31% are involved in three or more committees or groups. Working groups and committees have varying levels of scope and specificity, where some are focused on children and youth specifically (e.g., "Youth Planning Table"), and others that focus on MHA more broadly (e.g., "Mental Health and Community Services Working Group").

61%
of those involved in at least one OHT are a signatory member

65%
are part of at least one working group/ committee

44%
that are signatory (with at least one OHT) are also participating in at least one working group/committee

[8]RISE is one example of a resource that has been offered to OHTs to support development and implementation of integrated care. The Ministry of Health webpage on Ontario Health Teams provides resources to support teams in advancing this model. These resources can be found under the "Ontario Health Teams Central Program of Supports" on the website: https://health.gov.on.ca/en/pro/programs/connectedcare/oht

Work-to-Date: Mental Health and Addictions

There are various types of MHA activities that have emerged or are starting to emerge, where mental health is a priority area for the OHT. Most respondents (63%) indicated that there is MHA work (in at least one OHT where they are involved); this work is largely in the early stages of development through the formation of working groups, committees and tables. Other respondents are supporting the development and/or delivery of MHA services *(see Table 2 for details)*. While there are some CYMH-specific activities, the larger majority represents lifespan MHA or is adult-focused, and includes work on access/navigation, pathways, and data or environmental scanning to understand the current scope of needs. There were no notable differences from a regional perspective.

Table 2: Examples of Mental Health and Addictions Work-to-Date

Types of MHA Work	Additional Details and Examples
Access, Coordination and Navigation	• Establishing hub models and navigation supports for MHA access • Improving service coordination between adult and child/youth sectors *Note: A prominent example for children specifically includes a regional access model for children known as "1Call1Click"*
Data Collection and Service Mapping	• Collecting data on the MHA needs of the attributed population • Establishing an 'inventory' of mental health and addictions services to support planning
Pathways	• Working with primary care and acute care (e.g., hospitals) to support pathways (e.g., diverting clients from emergency departments) and referrals between sectors
Services	• Developing integrated care teams and delivering integrated MHA services, such as Integrated Crisis Response • Additional examples of MHA services that are being delivered through OHTs include: counselling and therapy, eating disorders supports, and mobile MHA clinics

Building Awareness About CYMH

It should also be noted, that while the majority of respondents are involved in OHT development in some capacity, many respondents also identified that their OHT partners had little understanding or knowledge of the CYMH sector; this was a predominant finding of the survey regardless of whether MHA was a priority population for the OHT. Several respondents emphasized that increasing awareness and understanding of the CYMH sector and its roles would facilitate and support engagement efforts and connection to the OHT's priorities, including lifespan MHA work.

> "Start with a common understanding of the children's mental health sector. Then explore further alignment with adult sector."
> - *CYMH Agency Leader*

> "...OHT interest and/or awareness of children and youth mental health is low. I recently joined a quality committee on mental health that previously was not inclusive of children & youth...the focus was adults only."
> - *CYMH Agency Leader*

ENGAGEMENT SUMMARY & KEY TAKEAWAYS

1. Involvement/engagement with OHTs is not uniform among CYMH agencies, and how the relationship is defined varies, ranging from a small group that are either not involved or are 'informally involved' (through receiving key OHT communications) to more 'formally involved' through being a signatory or involved at leadership levels.
   - Along the spectrum of engagement, there are some CYMH agencies that are a part of multiple OHTs.
2. Overall, several CYMH agencies are actively participating in working groups and committees (ranging from MHA committees to broader governance committees), and sometimes leading this work.
3. Many CYMH agencies indicate the need to develop awareness with OHT partners about the CYMH sector and their roles/structures; this is critical to supporting CYMH engagement, but also to bolster the OHT's MHA work and activities.

Part 2. What is the OHT experience for CYMH agencies?

CMHO sought to better understand the member experience to date, including any successes or challenges in engagement and participation efforts.

Challenges and/or questions among respondents spanned the continuum of OHT work, from the initial stages of engagement to current work priorities and planning for integrated care in the long-term. Respondents were also given the opportunity to reflect on the future state of OHTs and to share ideas about how to optimize the delivery of child and youth mental health services through OHTs.

Challenges with Engagement

Top and most frequently reported challenges included (n = 44):

1. Difficulty with Navigating Partnerships
2. Alignment of Priorities
3. Lack of Clarity

Partnerships

52% reported establishing & navigating partnerships as a challenge related to engaging with an OHT or multiple OHTs (e.g., not seen as "full partners" in an OHT)

Priorities

45% identified challenges where priorities between the OHT and CYMH agency are not aligned, making it difficult to participate (e.g., OHT is not focused on MHA or on adult MHA only)

Lack of Clarity

25% shared that the current work lacks clarity (e.g., how to work with multiple OHTs with varied processes, how OHTs work with existing structures, such as CYMH Lead Agencies)

Despite these challenges, CMHO members continue to participate in OHTs. Yet there are challenges for specific service providers, for example

- Indigenous service providers commented that Urban Indigenous organizations are often left out of engagement activities and there are questions about how to best serve Indigenous communities through this structure.
- Francophone service providers commented with uncertainty on how OHTs will engage with Francophone services to support the delivery of care for Francophone communities.

At the same time, there is a recognition that these challenges, are in part, a natural artifact of the "ground-up" and "low-barrier" approach of OHT development, including OHTs determining their priority areas and structures for the first years of work. However, as standardized approaches and MHA pathways are implemented (see *"The Path Forward" announcement from November 2022*), there may be future opportunities to ensure greater clarity, and facilitate alignment and synergies between OHTs and CYMH.

> "How will OHTs ensure equitable engagement, inclusion, collaboration, and/or respect and support for a parallel OHT process for Indigenous serving organizations?"
> *- CYMH Agency Leader*

> "At this time, we have been unable to secure a seat at the table with any of the OHTs in [our region]. We are currently knocking on doors to see if we can be invited in. There has been no outreach to our agency from any of the existing OHTs in [our region].."
> *- CYMH Agency Leader*

Challenges with CYMH Integration

CMHO also asked survey respondents to consider and reflect on the goals of integrated care, the vision for the maturity of OHTs, and considerations for integrating CYMH services.

For this section of the survey, CMHO utilized existing literature on key challenges with integrating care. In particular, there were six key domains of challenges identified *(Auschra, 2018)*.

Based on these domains of challenges *(see call-out box)*, respondents were given the option to select however many of the six barriers they felt were real or anticipated for the integration of CYMH with OHTs. Respondents were also given the option to provide other or additional information.

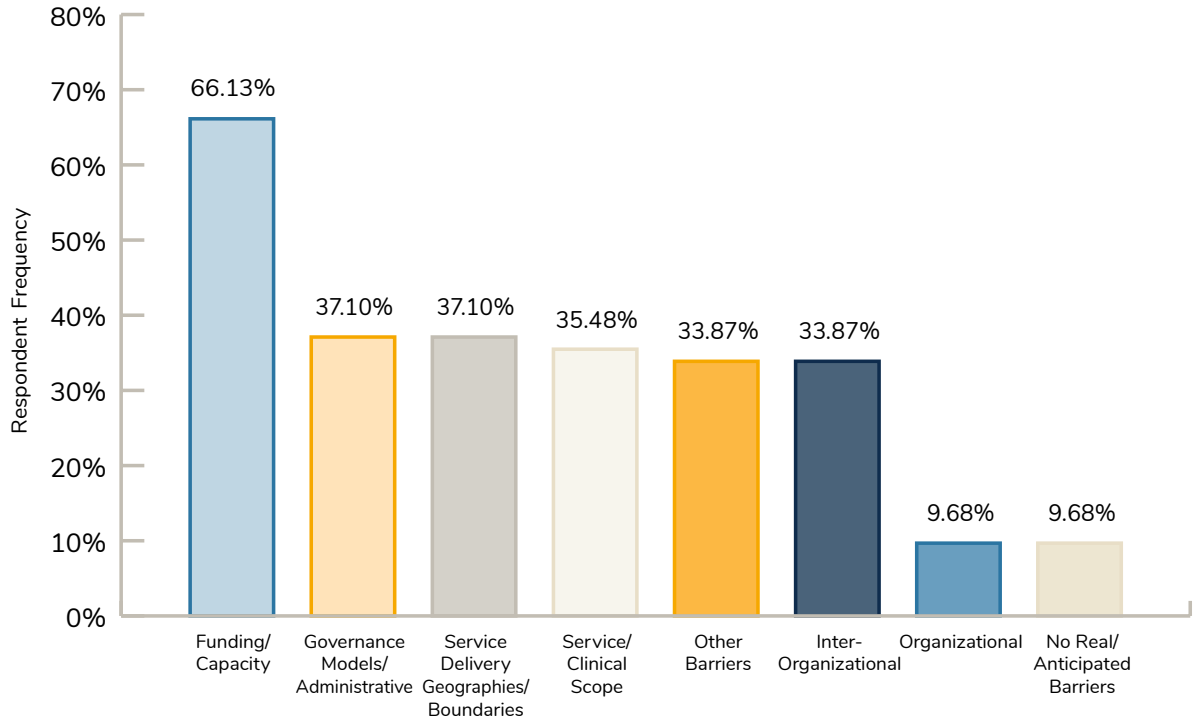
What are common barriers to integration?

The conceptualization of potential barriers to integrated care was informed by academic literature. Through this review, six key domains of barriers for integration were identified:

1. Governance/Administrative
2. Funding/Capacity
3. Inter-Organizational
4. Organizational
5. Service Delivery
6. Clinical Issues/Scope

Notably, **almost 90% of respondents (n = 55) identified at least one real or anticipated barrier with CYMH integration with OHTs, and 10% said that there were no real or anticipated barriers. These findings are further illustrated in Figure 2:**

Figure 2: Key Challenges/Barriers in Integrating CYMH Services with OHTs



Note: Respondents (n = 62) did not rank barriers. Respondents were able to select multiple options. For those that selected 'Other Barriers/Additional Details' (n = 21), all provided additional comments.

Top and most frequently reported challenges included (n = 62):

1. Funding/Capacity (66%)
2. Governance (37%); and Service Delivery/Geography (37%)
3. Clinical Scope (36%)

Funding/capacity was the predominant barrier for respondents and was attributed to multiple factors including utilizing resources to engage with either multiple working groups within an OHT and/or multiple OHTs. Currently, agencies are not specifically funded to work with their OHTs, and this has impact on capacity, especially on smaller organizations. However, funding as a barrier also arises in the context of how members will be funded in the future, especially if they are multi-service and receive funding from multiple ministries *(see **Appendix 2** for more details)*. The possibility that future funding will flow through OHTs means that organizations have to prioritize OHT engagement to ensure they have a 'seat at the table'.

Additionally, governance, service delivery/geography, and clinical scope were noted as challenges. In particular, these domains present challenges related to how and which OHTs to engage with based on geography, and also given the varied priorities for the first years of OHT work *(see **Appendix 2** for more details)*.

With regards to clinical scope, members shared that even in OHTs where MHA is prioritized, the current work is largely focused on the adult population. And even more generally, it would appear that very few OHTs have taken a focus on pediatric populations.

There are concerns that children and youth will be "left behind" in the development of OHTs and that this will present challenges in the long-term for OHT and CYMH integration, especially if OHTs start to build out their own MHA services *(see call-out box, CYMH and Distinct Role in MHA)*. Consequently, questions have emerged about the timing and sequencing of integration efforts, and when/how to be involved especially if CYMH is not currently a priority among OHTs.

CYMH and Distinct Role in MHA

Several survey respondents reflected on the unique needs of children and youth when considering lifespan approaches to MHA. CYMH agencies operate and offer services in the context of the child/youth's family, and they also play a role in providing and/or working with other community & social services (e.g., developmental, child welfare, etc.), and other youth serving community organizations.

Throughout several survey questions, respondents noted that the CYMH sector is not well understood by other parts of the health system, which is a challenge for both engagement with OHTs, as well as planning for integration of services in the long-term.

> "How [do we] maintain the integrity of our services given that child and youth mental health is not well understood by OHT partners?"
> *- CYMH Agency Leader*

> "With so many OHTs, how do we maintain the focus of meeting the needs of children youth and families when partner agencies have different ideas of priorities or want to build out their own mental health services (e.g., hospitals, family health teams)."
> *- CYMH Agency Leader*

Overall, there are consistent challenges that respondents are grappling with regarding integration of CYMH with OHTs. Furthermore, the findings indicate that despite the ground-up and localized nature of OHTs, there are some key considerations for CYMH integration that need to be applied across all OHTs.

Successful Integration: Enablers and Facilitators

Despite these challenges, the surveyed CYMH agencies appear keen to support health system transformation. Respondents were asked to think about key enablers and facilitators for successful integration, and they provided very detailed and robust reflections. The following key themes emerged:

- **Alignment and Understanding:** This includes a common understanding of community children's mental health sector and their roles, aligning this specific population's needs to broader objectives (e.g., lifespan mental health), but bearing in mind the distinctive CYMH features and structures.
- **Collaboration and Resources:** Ensuring CYMH partners are part of the discussion and meaningful engagement, while recognizing resources are constrained, especially given the number of OHTs, and their geographic distribution and lack of alignment with existing CYMH service areas.
- **(Provincially) Shared Vision and Strategy:** A shared vision of CYMH across the province is critical, with the goal of preventing fragmentation and/or duplication; this may require more coordination and guidance from OH/MOH partners.

Based on the responses, it is clear that these enablers and facilitators are equally important and operate synergistically, further illustrated by the quotes below:

Successful integration refers to...

> "A client centric system that supports service navigation support from least intensive to more intensive supports with seamless transitions. Where funding is equitable across sectors and retention of qualified staff is a priority."
> *- CYMH Agency Leader*

> "Well funded CYMH service sector that is well resourced and has clear developed pathways to other service streams including the adult mental health services."
> *- CYMH Agency Leader*

> "Safe transitions between children/youth and adult MH services, better access to acute services in MH, adequate funding and services to support MH diagnosis, address the very long wait times for child and youth services and supports."
> *- CYMH Agency Leader*

In some cases, respondents are actively putting these enablers into practice as they work with their OHT partners. For example, some respondents reported that their experience has been positive to date, as they are actively engaged and finding opportunities to advance CYMH activities within the lens of lifespan mental health priorities.

Other respondents have taken lead roles on working groups/committees to advance CYMH initiatives. Notably, in the East Region, the Kids Come First innovative health team *(see call-out note below)* has also yielded numerous successes, particularly in helping to shape promising practices for CYMH. Ultimately, CYMH agencies are invested in optimizing the transformation process to better meet the needs of children, youth and families as it relates to mental health and addictions.

About Kids Come First

Kids Come First is an 'innovative health team' that spans and serves the East region. This health team further prioritized child and youth mental health, addictions and substance use health (MHASUH) and created a MHASUH Working Group early in the team's development. Given their focus on children and MHASUH, Kids Come First worked closely with CYMH agencies and Lead Agencies in the East Region, leveraging existing work and priorities in the sector, where appropriate. To date, Kids Come First has produced notable successes, including their "*1Call1Click.ca*" initiative to support access and navigation of CYMH services. The early learnings from this model and their key activities may help to inform CYMH activities in other OHTs.

EXPERIENCE SUMMARY & KEY TAKEAWAYS

1. The experience of participation in OHTs has been variable. CYMH agencies are navigating this space in different ways and are questioning the timing, role and how to meaningfully continue their participation.
2. There are many real and anticipated barriers for integration in the long-term that need to be addressed (e.g., funding, governance, service geography). Bringing CYMH agencies into the process early on will be beneficial for addressing these barriers.
3. While OHTs will ultimately focus on their localized needs, there are commonalities in approaches, principles, and practices that all OHTs will have to consider, as it relates to the integration of child and youth mental health services.

Conclusions and Looking Ahead

Current health system transformation through OHTs aims to provide better and connected care for all Ontarians, including children and youth. With a population health management approach and guided by the Quadruple (or Quintuple) Aim, OHTs have worked and continue to work with their respective communities to move the province closer to this vision.

This report situates the current context for OHTs and provides reflection on the early experiences of these integrated teams, from the perspectives of child and youth mental health agencies that are members of CMHO. Primarily, the report findings demonstrate that there is considerable variability in the experiences and levels of engagement, with some CMHO member agencies engaging with multiple OHTs, and others that are navigating which OHTs to be part of, and to what extent. At the same time, the majority of CMHO members have identified OHTs as a critical opportunity to support children's health and have had success in demonstrating this transformation through key initiatives, working groups, and committees.

This insights report further reveals that children and youth are typically not the priority population for OHTs at this time. And for mental health specifically, there are few OHTs that have focused on child and youth mental health at present, with most focused on lifespan or adult mental health. It is clear that OHTs and OHT partners share the understanding that, with time, all populations and their care will be connected through this model. However, there is recognition and strong agreement among our survey respondents that it is critical that children's needs are recognized and prioritized by OHTs to ensure the best possible outcomes for the stated vision of integrating care for the residents of Ontario. As a sector, we know that supporting our young people early in life means they are better set up for success and wellness in the long-term.

At CMHO, we look forward to supporting our members and OHTs in optimizing the integration opportunity to advance children's health, and children's mental health specifically. Primarily, we will continue working with our members and sector partners, acknowledging the importance of raising awareness and discussions within our sector about the challenges and opportunities, and how to utilize the current health system transformation approach to optimize the delivery of child and youth mental health services, across the province.

Appendix

APPENDIX 1. SURVEY METHODOLOGY

CMHO launched a survey regarding member engagement and understanding of OHTs during the spring and the summer of 2022. The survey was initially launched on March 30, 2022, and re-launched for a second round on August 16, 2022 to optimize the response rate. In both rounds of the survey, members had approximately two weeks to respond.

Through these two rounds of the survey, responses were collected from 73% of members. The survey captured responses across all five MOH/MCCSS regions: 29% from West; 24% from East; 19% from Toronto; 18% from Central; and 10% from North *(Note: The original survey was launched before Ontario Health officially established six regions)*.

This survey was comprised of 20 questions and responses were collected through SurveyMonkey. The first section of the survey focused on collecting demographic data including contact information, agency name, region, and service area. The remaining questions were specific to OHT engagement and experience. Within this survey, 17 out of 20 questions were mandatory and included a mix of responses that could be provided through drop-down options, multiple choice, and open text boxes. However, the majority of questions were qualitative. All respondents fully completed the survey, although for questions that were not mandatory, there were lower response rates (approximately 40% response rate for non-mandatory questions).

Analysis: The survey responses were analyzed and synthesized by two reviewers. For qualitative questions, an inductive content analysis approach was used to analyze responses. Key themes were summarized through descriptive syntheses in the report, along with direct quotes from respondents. For quantitative responses, questions were analysed based on the frequency and distribution of responses.

Limitations: After the initial release of the survey, Ontario Health transitioned to a six region model, compared to its preceding five interim health regions. In this transition, the North region was divided into two regions: North East and North West. And further to this, an additional three OHTs were approved in the province after the survey had launched. This survey does not reflect those changes. The survey also reflects CMHO's membership as of March 30, 2022, and therefore does not capture any changes thereafter. As recognized above, the survey represents issues facing OHT member agencies at the time of the survey release. As OHTs progress in Ontario, new issues may arise or be resolved and this report is not reflective of those changes.

APPENDIX 2. DETAILED ANALYSIS OF CHALLENGES FOR CYMH INTEGRATION

The following table provides additional details regarding member responses to challenges with CYMH integration with OHT structures.

What is the barrier?	Why is this a challenge for integration?
Funding and Capacity (i.e., resources, time)	• **Key themes included:** uncertainty about resources for supporting OHT work, sustainability of engaging with multiple OHTs, or impacts to future funding (e.g., agencies that are funded by multiple ministries/sources) • **One Respondent Stated** - *"Will child and youth mental health be funded through local OHTs? [...] How will agencies who belong to more than one OHT align?"*
Governance (i.e., partnerships, governance models)	• **Key themes included:** lack of clarity on how CYMH will be integrated in the long-term, especially given the Service Area/Lead Agency model, and lack of clarity on how regionally based services will be integrated • **One Respondent Stated** - *"How do CYMH agencies fit in the OHT models? Why should CYMH agencies continue to participate without clear direction from the province on the long-term plan?"*
Inter-Organizational (i.e., processes, communication, approaches)	• **Key themes included:** concerns about the difficulties (as well as sustainability) in managing partnerships across multiple OHTs that are at varying stages of development, have different resources and approaches (e.g., different resource requirements, different types/levels of roles and responsibilities) • **One Respondent Stated** - *"Will we continue to be able to belong to multiple OHTs?"*
Clinical Service Scope and Priorities and Geographies (i.e., priority populations)	• **Key themes included:** OHT focus/priorities not aligning with MHA or CYMH, concerns that OHTs are developing their own MHA services, creating greater duplication and fragmentation, and concerns among multi-service providers that having a diverse clinical scope creates uncertainty in navigating integration of the agency's services • **One Respondent Stated** - *"What is the plan for inclusion of the CYMH sector? Will CYMH be invited to partner and to also inform the process?"*

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