Characteristics of OITP Clinical Populations

The purpose of this paper is to provide guidance to developers of the OITP models and provincial standards as the OITP begins to provide needed services to address the identified treatment gaps for children and youth with the most intensive needs and support providers and the CYMH sector to appropriately refer a child or youth when they have been assessed as requiring intensive mental health treatment in an out of home setting.

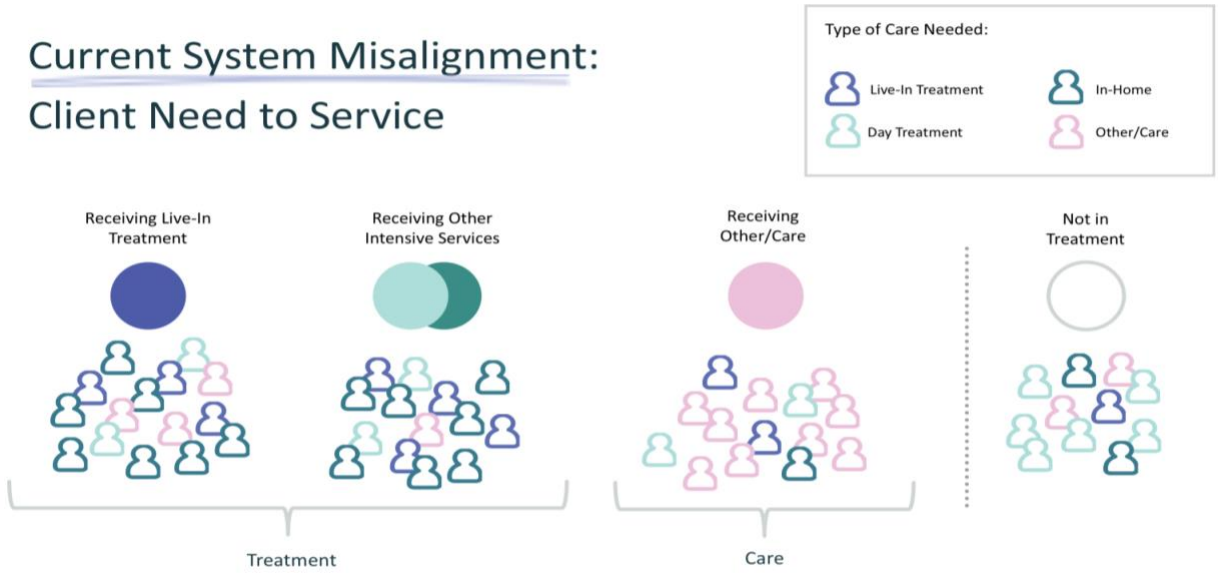
Child and Youth Mental Health Live-In Treatment

Child and Youth Mental Health Live-In Treatment (LIT) is an out-of-home program intended to provide intensive and evidence-based mental health interventions for children and youth who have significant mental health challenges, often together with substantial behavioural responses, which cannot be effectively addressed through office, school, or home-based services.

For these children and youth, a LIT placement for a number of months can be a critical component in their mental health treatment plan. Noting that out-of-home placement is intrusive and can significantly affect a child or youth's family and community circumstances, sometimes in a negative manner, a live-in treatment placement requires careful consideration as a potential treatment option. For the right children and youth at the right time, when appropriate treatment and intervention is available and determined to be likely to achieve treatment goals and improved short- and long-term outcomes, LIT can be highly effective.

Live-in treatment is, and must be, provided as part of an integrated continuum of intensive treatment that includes in-home treatment, day treatment, respite and effective transitions, and supported by robust clinical case management and effective service coordination at the local and regional level. These service components operate within the context of the CYMH sector and health system.

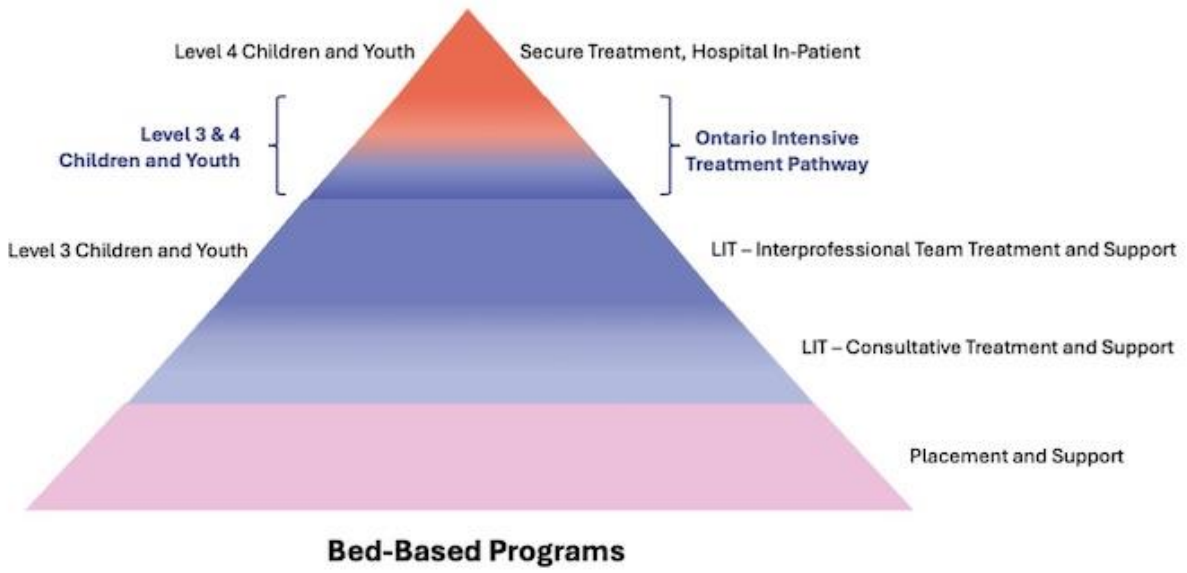
In Ontario:



- The current system is fragmented, leading to inconsistent service availability, inequitable access, and a lack of clarity regarding best practices and clinical standards for treatment pathways.
- LIT lacks a standardized and coordinated framework, including no standardized admission criteria.
- Clinical capacity is variable across LITs and often determined by available funding rather than clients' assessed needs.
- Too often, services are determined by the availability of bed capacity rather than the availability of the treatment necessary to respond to an individual's assessed needs, leaving many children without timely access to appropriate care.

Ontario's child and youth mental health providers have identified the need for CYMH live-in treatment services to be organized in a tiered system that distinguishes 'placement' in a bed-based program from 'treatment' in a bed-based program, and that treatment service levels should be categorized based on the capacity of the treatment services to meet different levels of client need and complexity. Foundational for all tiers is the provision of a caring, therapeutic environment.

Critically, they identify a service gap for children and youth with the most intensive needs and highest behavioural risks. These services must be planned provincially, with the most specialized (and most expensive/least utilized) services offered at the regional and provincial levels.



Ontario Intensive Treatment Pathway

To begin addressing these issues and as part of the Ministry of Health's investments in child and youth mental health services across the province, the **Ontario Intensive Treatment Pathway (OITP)** initiative was created in 2024. This initiative seeks to develop and implement an evidence-based model for treatment for children and youth with intensive needs to address long-standing treatment gaps improve equity of access to service, positive client experience and treatment outcomes; and establish consistent and standardized pathways, processes and performance, balanced with optimization of existing investments and capacity. It must promote innovation and continuous improvement and align and clarify system roles and responsibilities with a focus on service excellence and improved system function.

A foundational first step in beginning to build the OITP is determining which children and youth with intensive needs may be most likely to experience positive outcomes from the new model.

Vision Statement:
Ontario's youth and young adults with serious mental illness have timely access to effective, inclusive, respectful, and individualized intensive treatment with family and community supports to enable their best futures.

While the OITP will address some long-standing service gaps, many of the current challenges providers experience are outside of the scope of this work. The range, distribution and capacity of Ontario's existing bed-

based services will also need to continue to be key considerations in the appropriate treatment pathway for each individual child or youth. As this paper at this time is intended to inform the ongoing development of the OITP, such as the clinical model, treatment modalities and specifics around standards, it is intended to provide directional signals rather than definitive program guidelines. Throughout this paper there are specific examples offered for illustrative or clarifying purposes; these should be considered as such rather than an exhaustive list of possible considerations.

Identifying Clinical Populations to be Served

In 2025, OITP commissioned the **OITP Clinical Populations Report** to examine recent research to begin to identify the clinical populations of children and youth with significant needs most likely to benefit from LIT.

Drawing on that analysis of recent research, the purpose of this paper is to provide guidance to developers of the OITP models and provincial standards as the OITP begins to provide needed services to address the identified treatment gaps for children and youth with the most intensive needs and support providers and the CYMH sector to appropriately refer a child or youth when they have been assessed as requiring intensive mental health treatment in an out of home setting. With the completion of the models and standards work, the format and substance of this paper will evolve to include the relevant attributes of the model or specific clinical treatment options or standards. Throughout this paper, when you see the following symbol, it indicates an area or topic likely to benefit from the outcomes of that work.

Many of the mental health challenges and behaviours that children and youth and their families seek help for are common to most, if not all, bed-based child and youth mental health services. In an effective, tiered system of intensive services, the assessment of the degree of the acuity, persistence, complexity and risk of the child or youth's challenges and the availability of the required clinical and program capacity to respond to those assessed needs should determine where a child or youth is best placed to achieve the best possible treatment outcomes and client and provider experience. The right treatment, in the right place and at the right time.

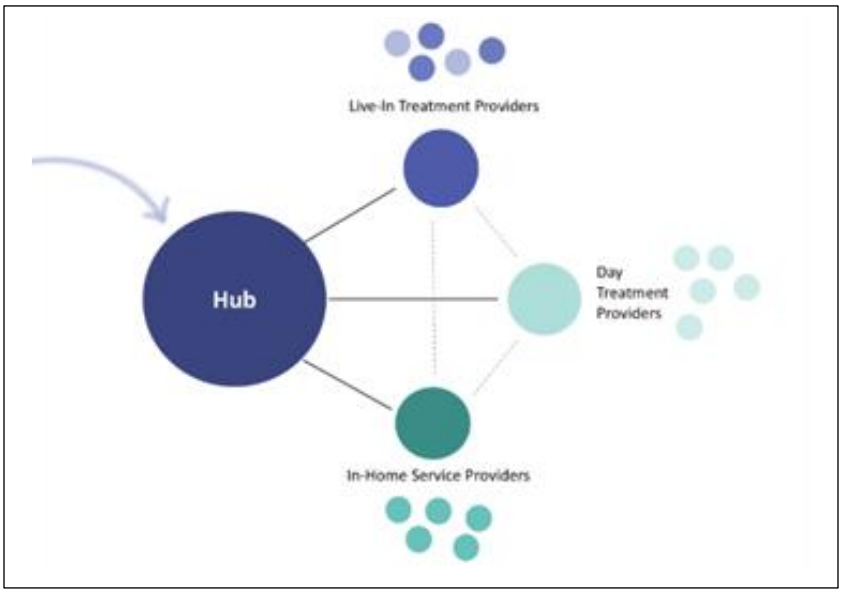
Generally, the new clinical capacity being created through the OITP will effectively treat children and youth experiencing those commonly occurring mental health challenges (e.g. anxiety, depression, trauma, etc.) where their mental health challenges and associated risks are significantly impairing their daily functioning at home, school and in the community (see chart below). However, importantly, these youth also present with significant co-occurring issues (comorbidities) that increase the complexity of the clinical presentation, elevate risks, impede recovery, and necessitate a more comprehensive, integrated, and often multidisciplinary approach to care to achieve positive outcomes and ensure safety.

The OITP will also be designed to treat children and youth with complex mental health challenges (e.g., bipolar, personality disorders, dissociative disorders, etc.) with significant functional impairment, where hospital stabilization or treatment in a secure setting to reduce acute symptoms is not or is no longer required, as the clients' diagnoses are managed/stable at time of admission to OITP.

Regional Intensive Treatment Networks

The OITP will be made up of a number of **Regional Intensive Treatment Networks (RITN)** that will enable effective clinical pathways into, through and out of intensive services and into hospital-based services, secure treatment, or LIT as the child or youth's assessed needs and risks change.

At maturity, the OITP will have several regional intensive treatment networks (RITNs) across the province. **RITNs,** through a **hub** and intensive services **spokes**, will:



- Add net new clinical capacity to address service gaps
- Link a range of required intensive services
- Establish and maintain clear clinical pathways into, through and out of the most intensive treatment
- Plan and deliver treatment according to a consistent clinical model and common clinical and program standards

The Regional Hubs will be responsible for provision of specialized clinical support to children and youth with the most intensive and significant needs, adopting provincially consistent standards and processes and applying them in their local context and designing and delivering a coordinated system of intensive treatment services, including pathways to other needed supports, to children and youth within their geographic service area. They will bring specialized clinical expertise and the highest level of live-in treatment services. In many ways they are aimed at filling the gap between what is in place today and what is needed. And they will work with their spokes to ensure coordinated and clear pathways.

Regional Intensive Treatment Networks (RITNs) provide a structured, therapeutic environment for children and youth who need ongoing mental health treatment, behavioural support, skill development, and facilitation of caregiver reintegration at a level greater than most existing live-in treatment programs can provide, but do not require acute hospitalization or a secure setting (see below). These services are ideal for those whose persistent mental health symptoms, likely presenting with various co-morbidities, significantly impair daily functioning at school, home, and socially. While a risk of harm to self or others may be present, the risk requires supportive management rather than acute intervention. RITN clients will benefit from the daily use of community partnerships, such as education, recreation, and vocational programs, to support stabilization and successful community integration.

RITNs address a broad spectrum of significant, chronic and/or persistent common mental health challenges, where the child or youth requires a highly structured, supervised, and therapeutic living environment. These services are appropriate for children and youth who can actively and safely engage in treatment therapies and daily programming.

Focus of Regional Intensive Treatment Networks (RITNs):
Longer-term stabilization, comprehensive assessment and treatment, life skills, caregiver reintegration.

Key Characteristics:

- Children and youth - with younger children showing greater potential for improvement
- Persistent mental health challenges that interfere with a child's/youth's ability to engage successfully in daily living routines
- Need for a highly structured, supervised, and therapeutic living environment, clinical intervention and stabilization management
- Daily use of community partnerships (education, recreation, vocation) to further support stabilization and integration into the community
- Ability to participate in daily programming and therapies
- Require less restrictions than hospital or secure treatment settings, but more supervision and staff support than live-in treatment

Common mental health challenges that can benefit from RITN intervention include mild, moderate, or severe symptoms of depression and anxiety (including obsessive-compulsive behaviours), particularly when accompanied by other psychiatric disorders. Individuals with a history of complex trauma, such as maltreatment, abuse, neglect, or traumatic life events like adoption, may also be suitable where they have co-occurring psychiatric issues.

RITNs can support those exhibiting behaviour and conduct challenges like defiance, attention deficits, hyperactivity, impulsiveness, aggression, anger, and delinquency, particularly when the behaviours are concurrent with other psychiatric disorders. For neurodevelopmental issues, RITNs are appropriate for individuals with mild or moderate intellectual disabilities, including autism, or those with below-average intellectual functioning, when there are co-occurring psychiatric disorders; however, severe or profound intellectual disabilities or autism will require highly individualized approaches that may or may not be able to be accommodated depending on the specific presentation.

Lastly, RITNs can manage mild or moderate eating issues, such as anorexia and bulimia symptoms, with co-occurring psychiatric disorders, though severe eating disorders require close coordination with specialized, hospital-based programs and may not be able to be accommodated depending on the specific presentation. As the presence of co-occurring issues significantly increases the complexity and risk of any single issue, children and youth with co-occurring issues particularly require the comprehensive and intensive approach of RITNs.

Common Mental Health Challenges: The Clinical Populations Report research indicates these children/youth could benefit from LIT.	
Depression	Mild, moderate, or severe depressive symptoms *
Anxiety	Mild, moderate, or severe anxiety and/or obsessive-compulsive behaviours with psychosocial impairment *
Complex Trauma	History of maltreatment, abuse, and neglect. Traumatic events, including adoption, foster care, etc.*
Behavior and Conduct	Defiance, attention, hyperactivity, impulsiveness, aggression, anger, delinquency *

Neurodevelopmental	Mild or moderate intellectual disabilities (including Autism) and below average intellectual functioning * ± More severe or profound intellectual disabilities/ASD requires a highly individualized approach that may or may not be suitable based on presentation
Eating Disorders	Mild or moderate eating issues, including anorexia and bulimia symptoms * ± Severe eating issues managed in coordination with a specialized, hospital-based program
*For the Common Mental Health Challenges identified above, the presence of co-occurring issues (comorbidity) significantly escalates the complexity of the clinical presentation, elevates risks, impedes recovery, and often necessitates a more intensive, comprehensive, integrated, and potentially longer-term treatment approach, appropriate for RITN.	

Beyond these, RITNs also manage **complex mental health challenges** including individuals experiencing significant mood swings associated with Bipolar and related disorders, and those showing emerging personality disorders, such as unhealthy patterns of thinking and behaviour, including borderline personality traits. Individuals with dissociative disorders stemming from trauma, where they experience a disconnection from reality affecting memory, identity, and emotions, can also be supported if their condition is managed and stable upon admission.

Similarly, individuals with schizophrenia and psychotic disorders (e.g., hallucinations or delusions) can be admitted if their symptoms are managed and stable. RITNs can also assist youth experiencing gender dysphoria that significantly impacts their well-being, and those with sexual and paraphilic behaviours that cause distress or harm, provided these behaviours are managed and stable upon admission. It is important to recognize that, due to developmental factors, children—and to a lesser extent, youth—are rarely formally diagnosed with these complex mental health conditions. However, given that many of these conditions often emerge during adolescence, clients in RITNs may present with characteristics commonly associated with these more complex concerns.

Complex Mental Health Challenges: While the CPR did not identify any research evaluating outcomes for these complex presentations, they are often present in CYMH clients. Guided by considerations of RITN capacity, appropriate RITN presentations are described below.	
Bipolar and Related Disorders	Significant mood swings, cycling between periods of mania (or hypomania) and depression, impacting energy, behaviour, and cognitive function
Emerging Personality Disorders	Unhealthy patterns of thinking, functioning, and behaviour Borderline personality traits
Dissociative Disorders	Disconnection from reality, affecting memory, identity, emotions, and sense of self * Often stemming from trauma
Schizophrenia and Psychotic Disorders	Loss of touch with reality, experiencing hallucinations or delusions *
Gender Dysphoria	Distress when a person's gender identity differs from sex assigned at birth, significantly impacting well-being
Sexual and Paraphilic Behaviours	Sexual dysfunction

	Intense, recurrent sexual urges or behaviours involving atypical objects, situations, or non-consenting persons, causing distress or harm.*
*Managed/stable at time of admission to OITP.	

While children and youth with **primary substance abuse or significant medical needs** (like uncontrolled diabetes) require specialists until those needs are stabilized, enabling the child or youth to participate in treatment and programming, RITNs can support youth with co-occurring secondary substance abuse or minor medical needs (e.g., elimination or sleep-wake disorders) by leveraging specialized resources within the network.

Primary Substance Abuse and/or Medical Needs:
Youth who have a primary presentation of significant substance abuse and/or have primary medical needs (e.g., uncontrolled diabetes, severe infections) could be diverted to the appropriate specialist until such needs are no longer deemed to impede fully participating in mental health treatments.
Youth who present with secondary substance abuse and/or medical needs (e.g., elimination disorder, sleep-wake disorder) could be supported via specialized resources within the RITNs.

Critical to RITN capacity to effectively respond to children and youth with the most intensive and complex needs is the provincial clinical and program model under development. The OITP Clinical Populations Report (2025) and other available research suggests that to effectively respond to children and youth with intensive and complex needs and risks, RITNs will need to provide comprehensive services, enabled by an interdisciplinary structured assessment protocol, individualized treatment planning using measurement-based care. Intensive treatment will involve various behavioural interventions, and evidence-based therapies that respond to assessed treatment needs and robust medication management. An interdisciplinary staffing model, access to highly specialized resources as needed and a defined, predictable, and supportive structured care environment is required.

The OITP Clinical Populations Report strongly indicates that no less critical is that RITN staff build a caregiver alliance with each client's caregivers, whether family or other, to realize strong and lasting treatment gains, and enable smoother transitions for clients. During transition between components of the RITN or other parts of the child and youth mental health system, transition support is a key component, with early and collaborative discharge planning, ensuring continuity of care through warm hand-offs to structured after-care services and case management. Given the complexity of RITN clients and the prevalence of trauma in these populations, RITN services must be trauma-informed, creating an environment that recognizes and responds to the impact of trauma by prioritizing safety, empowerment, and healing.

This will be developed in detail in the OITP clinical and operational model and standards.

Other Bed-Based Child and Youth Mental Health Services

To further illuminate the role and capacity of the new RITNs, the other bed-based child and youth mental health services are briefly described in the context of RITNs. Interdisciplinary clinical judgment is always required to determine the most appropriate response to a child or youth.

Other Bed-Based CYMH Services:	*Who/When:*	*What:*
Live-In Treatment (LITs)	Children and youth whose mental health challenges are less complex and less acute and who require less intensity and specialization of treatment but higher level of care and supervision than non-residential services • chronic or persistent mental health challenges • ability to participate in daily programming and therapies • do not pose an immediate risk of harm to themselves or others • In-home or in-community treatment is insufficient or unsafe	Stabilization, comprehensive assessment and treatment, life skills development, and caregiver reintegration highly structured, supervised, and therapeutic living environment
Hospital emergency departments	A child or youth is experiencing an acute mental health crisis including: • psychosis or suicidal ideation • immediate risk of harm to themselves or others • acute functional impairment	Short-term crisis stabilization, ensuring safety, managing medication, and conducting acute assessments, 24/7 supervision
Psychiatric Intensive Care Unit (PICU) or other hospital inpatient services (note variability across hospitals)	A child or youth with severe mental health issues and risk behaviours requires comprehensive psychiatric assessment and short-term stabilization: • persistent danger to themselves or others • an inability to maintain safety in less restrictive environments • complex co-occurring conditions requiring a structured therapeutic setting with 24/7 medical and psychiatric supervision.	Comprehensive psychiatric, psychological, and developmental assessments, stabilization, and intensive treatment.

Secure Treatment (note variability across secure treatment providers)	A youth (or exceptionally a child) with severe mental health issues and risk behaviours requires detailed psychiatric and other assessments and extended treatment:
	• common/complex mental health challenges and
	  ○ significant risk to themselves or others
	  ○ a persistent risk to themselves or others
	  ○ a recent risk to themselves or others
	• unsuccessful treatment and safety in less restrictive settings
	• primary substance abuse and/or significant medical needs that co-occur with their mental health and risk profiles
		A highly specialized, supervised, structured and secure youth setting providing assessments, treatment and community reintegration

Step Up/Step Down (under development)	*This section will be developed in consultation with the emerging Step Up/Step Down (SUSD) programs, noting anticipated variability across developing programs.*	*This section will be developed in consultation with the emerging SUSD programs, noting anticipated variability across developing programs.*