Scope & Applicability

Scope

The clinical and operational standards apply to all intensive live-in treatment services for children and youth with serious mental illness delivered through Ontario's Regional Intensive Treatment Networks.

Clinical Standards establish expectations for clinical practice, therapeutic interventions, and treatment approaches—including assessment and treatment planning, interdisciplinary team functioning, trauma-informed and evidence-based interventions, family engagement, transitions and discharge, and the therapeutic milieu that supports healing and recovery.

Operational Standards establish expectations for the organizational workforce, infrastructure, and system-level functions that enable high-quality clinical treatment—including organizational accountability and governance, workforce development and management, ongoing learning and competency development, physical space and environment, safety and risk management, equity, diversity, inclusion and anti-racism/oppression, data, measurement and outcomes, and information technology and information management.

Together, these standards define what children, youth, and families can expect from intensive live-in treatment services across Ontario, and what is required of organizations, regional networks, and provincial systems to deliver safe, effective, equitable, and accountable care.

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Applicability

The standards are structured around the Regional Intensive Treatment Network (RITN) hub-and-spoke model of the Ontario Intensive Treatment Pathway (OITP), with expectations differentiated by the distinct roles and responsibilities at each level of the system.

RITN Hubs	RITN Spokes
Hubs are lead organizations within each region with enhanced clinical capacity to deliver treatment to children and youth with the most complex mental health needs. Hubs serve as anchors for their Regional Intensive Treatment Networks (RITNs), providing both direct intensive treatment and clinical leadership across the network.	**Spoke** organizations are live-in treatment providers connected to a Regional Intensive Treatment Network Hub, delivering services to children and youth with serious mental illness who require specialized clinical expertise accessed through consultative relationships with the hub and broader network. Spokes will deliver services along the intensive continuum and not all spokes will deliver live-in treatment.
Hub organizations are characterized by: • Enhanced clinical capacity, including direct access to child and adolescent psychiatry, psychology, and other specialized clinical expertise as part of their core team • Capacity to serve youth with the highest complexity who require ongoing, intensive treatment from clinical experts—not solely consultative support • Regional leadership responsibilities, including coordination, quality assurance, and clinical consultation across the network • Infrastructure for specialized programming, outcome measurement and reporting, and quality improvement systems	**Spoke (Live-In Treatment) organizations are characterized by:** • Capacity to serve youth with serious mental illness requiring intensive live-in treatment • Consultative access to specialized clinical expertise through relationships with hub organizations and the regional network, rather than necessarily employing these specialists directly • Connection to regional infrastructure, including shared training, quality improvement supports, and clinical consultation • Varied organizational size and scope, ranging from smaller community-based programs to larger organizations with multiple service lines
Hub-specific expectations in these standards address: • Direct service delivery at the highest intensity level • Regional coordination and network leadership • Provision of clinical consultation and expertise to spoke organizations • Regional quality monitoring and improvement • Coordination of shared resources (e.g., psychiatric consultation, specialized training) • Oversight functions, including compliance support and remediation before provincial escalation	**Spoke- (Live-In Treatment) specific expectations in these standards address:** • Direct service delivery meeting provincial standards for quality, safety, and outcomes • Active participation in regional network structures and processes • Utilization of hub-provided clinical consultation and specialized expertise • Contribution to regional data collection, quality improvement, and shared learning • Compliance with provincial standards with support from hub organizations • Collaboration with the hub and other spoke organizations to ensure youth are matched to appropriate levels of care

Relationship to Existing Frameworks, Regulations, and Legislation

The clinical and operational standards complement and work in collaboration with existing legal, regulatory, and policy frameworks governing live-in treatment services in Ontario, including:

- Ontario's Quality Standard Framework for Children and Young Persons in Licensed Residential Settings (MCCSS)
- Child, Youth and Family Services Act (CYFSA)
- Accessibility for Ontarians with Disabilities Act (AODA)

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- French Language Services Act
- Personal Health Information Protection Act (PHIPA)
- Applicable provincial legislation, regulations, and ministry directives
- Relevant provincial quality standards
- Relevant accreditation quality standards

The Knowledge Institute on Child and Youth Mental Health and Addictions Live-In Treatment Quality Standard: Core Principles and Quality Statements

The Knowledge Institute on Child and Youth Mental Health and Addictions is developing a quality standard to enhance live-in mental health treatment for children and young people in Ontario. This standard will help establish a consistent, evidence-informed framework that guides the delivery of high-quality, intensive treatment. The standard aims to support the best care outcomes, reduce system inequities, and drive continual improvement across the province.

The quality standard will identify specific core principles (or themes) that represent the most important considerations for live-in treatment. In the quality standard, each core principle is accompanied by particular quality statements.

Core principles and quality statements are defined in consultation with the QSAC. The core principles are:

- Caregiver involvement
- Client-centred
- Concurrent disorders and complex needs
- Continuous quality improvement
- Equity, diversity, inclusion, anti-racism
- Evidence-based clinical program models and treatment modalities
- Matching to the right services
- Purposeful integration of treatment and care
- Staff capacity, competencies, well-being and retention
- Transitions out of treatment

5 Eligibility, Navigation & Access

Rationale

Children, youth, families and caregivers have timely, equitable access to live-in treatment through a coordinated system with streamlined entry points, clearly defined eligibility criteria, and dedicated navigation support that matches young people to the right level of treatment at the right time.

5.1 Centralized Referral and Navigation:

A clear, accessible "front door" enables families and caregivers to access services through multiple channels, reducing navigation complexity and minimizing the burden of seeking treatment. Families and caregivers receive dedicated navigation support throughout the referral and admission process, including peer support and clear information about available services and expectations.

#	Criterion	Spoke	Hub	Accountable
5.1.1	Establish standardized regional referral processes that align with regional and provincial intake mechanisms.		•	Regional Leadership
5.1.2	Provide clear, accessible information about available services across the region, eligibility criteria, expected timelines, and what to expect during admission.		•	Regional Leadership
5.1.3	Assign dedicated navigators to support child, youth and families throughout referral, screening, and admission.		•	Regional Leadership
5.1.4	Maintain consistent contact with families during waiting periods, providing updates and connecting them with interim supports.		•	Regional Leadership
5.1.5	Participate in centralized "front door" entry points that allow families and caregivers to access services through multiple channels.	•		Clinical Leadership
5.1.6	Use provincially standardized referral forms and processes that align with regional and provincial intake mechanisms.	•	•	Clinical Leadership
5.1.7	Accept referrals from multiple sources, including self-referrals, family referrals, primary care, schools, child welfare, and hospital emergency departments.	•	•	Clinical Leadership

5.2 Inclusive and Responsive Access:

Access points and pathways are designed to respect cultural identity and language needs, with Indigenous-specific pathways and French-language services available from the first point of contact.

#	Criterion	Spoke	Hub	Accountable
5.2.1	Establish distinct pathways for Indigenous youth, incorporate traditional healing approaches, and address unique challenges of northern and remote Indigenous communities.		•	Regional Leadership
5.2.2	Conduct service mapping to identify Francophone service capacity and gaps across the region.		•	Regional Leadership
5.2.3	Conduct service mapping to identify Indigenous service capacity and gaps across the region.		•	Regional Leadership
5.2.4	Obtain consent following developmentally appropriate consent processes.	•	•	Clinical Leadership

#	Criterion	Spoke	Hub	Accountable
5.2.5	Identify preferred language at first contact including actively offer French-language services to Francophone youth and families.	•	•	Clinical Leadership
5.2.6	Use destigmatizing communications and service descriptions that resonate with equity-deserving communities.	•	•	Clinical Leadership

5.3 Wait List and Capacity Management:

Wait lists and bed capacity is actively managed with clear communication about expected timelines, interim support options, and mechanisms to prevent cascading waits across service levels.

#	Criterion	Spoke	Hub	Accountable
5.3.1	Manage and monitor a regional centralized transparent waitlist system with clear processes for prioritization based on clinical acuity and risk.		•	Regional Leadership
5.3.2	Manage and monitor a regional centralized transparent program and bed capacity system.		•	Regional Leadership
5.3.3	Actively manage local wait lists with clear, transparent, and documented processes for prioritization based on clinical acuity and risk, regularly updated in coordination with the regional network.	•	•	Clinical Leadership
5.3.4	Communicate expected wait times to children, youth and families at referral and maintain regular contact and reassessment if conditions change.	•	•	Clinical Leadership
5.3.5	Provide feedback to referral sources about placement decisions, including reasons for non-admission.	•	•	Clinical Leadership

5.4 Inclusive Eligibility Criteria:

Eligibility criteria is clearly documented, communicated, and inclusive of youth with complex needs, avoiding exclusions that leave vulnerable populations without appropriate services. Please see the eligibility criteria in APPENDIX A: Eligibility Criteria.

#	Criterion	Spoke	Hub	Accountable
5.4.1	Follow the eligibility and inclusion criteria set out in *APPENDIX A: Eligibility Criteria*	•	•	Clinical Leadership
5.4.2	Publicly communicate eligibility criteria on organizational websites and through referral materials.	•	•	Clinical Leadership
5.4.3	Publicly consolidate and communicate program eligibility criteria, including specialized services.		•	Regional Leadership

What Children, Youth, Families and Caregivers Can Expect

You can access intensive treatment services through a single, comprehensive entry point using multiple channels. You receive clear information about eligibility criteria, expected wait times, and available services.

A dedicated navigator supports you throughout the referral and admission process, and you are connected to interim supports while waiting. Pathways respect your cultural identity and language needs, including Indigenous-specific pathways.

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6 Clinical & Risk Screening

Rationale

Children, youth, families and caregivers receive comprehensive, trauma-informed screening using standardized, culturally adapted tools that assess clinical needs and risk factors, with results informing individualized safety planning.

6.1 Standardized Clinical Screening

Standardized, evidence-informed screening tools are selected that incorporate strengths-based and trauma-informed approaches with flexibility for population-specific adaptations.

Screening processes measure both clinical needs and protective factors, including family/caregiver functioning and engagement, recognizing that supportive home environments influence appropriate level of care determinations. Screening tools are culturally validated and adapted for diverse populations, with tools available in multiple languages

#	Criterion	Spoke	Hub	Accountable
6.1.1	Implement standardized screening tools (including clinical, risk and suicide prevention) across the region.		•	Regional Leadership
6.1.2	Maintain flexibility to use population-specific adaptations of screening tools while ensuring results remain comparable.		•	Regional Leadership
6.1.3	Build pathways with access to immediate crisis supports and services for children and youth during screening process.		•	Regional Leadership
6.1.4	Use standardized, validated screening tools to assess clinical needs and determine appropriate level of care.	•	•	Team
6.1.5	Ensure screening processes assess primary diagnosis/presenting concern, secondary concerns, age and developmental stage, severity/complexity, and readiness for service.	•	•	Clinical Leadership
6.1.6	Maintain clinical discretion for additional specialized screening based on individual presentation.	•	•	Team
6.1.7	Support families and caregivers to be active participants in screening, with their perspectives integrated into findings.	•	•	Team
6.1.8	Engage cultural brokers or community partners when screening youth from populations requiring specialized cultural knowledge.	•	•	Team
6.1.9	Follow screening processes that incorporate trauma-informed principles, recognizing trauma prevalence among youth referred to live-in treatment.	•	•	Team
6.1.10	Communicate screening results to children, youth, families, and caregivers in developmentally appropriate approaches in their preferred language.	•	•	Team

6.2 Standardized Risk Screening

Standardized risk screening is a critical foundation for ensuring child and youth safety and appropriate placement. Risk screening connects directly to individualized safety planning processes, with documentation accessible to all team members and regular review based on identified risk levels.

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#	Criterion	Spoke	Hub	Accountable
6.2.1	Establish clear escalation pathways and protocols from screening to licensed professionals for comprehensive risk assessment when indicated.		•	Regional Leadership
6.2.2	Use validated risk screening tools as part of standard screening processes.	•	•	Team
6.2.3	Follow protocols with immediate planning and actions based on positive risk screening.	•	•	Team
6.2.4	Establish clear escalation pathways and protocols from screening to licensed professionals for comprehensive risk assessment when indicated.		•	Regional Leadership

6.3 Suicide Prevention and Safety Planning

Comprehensive suicide prevention approaches include environmental safety, standardized universal screening, individualized safety planning, and ongoing reassessment. Safety plans are developed collaboratively with children and youth, incorporating their protective and risk factors, coping strategies, and emergency contacts in culturally safe approaches.

#	Criterion	Spoke	Hub	Accountable
6.3.1	Use standardized, evidence-informed screening tools to identify suicide risk, including protective and risk factors, individual/ environmental/ systemic factors, documentation, and referral processes.	•	•	Team
6.3.2	Develop individualized safety plans collaboratively with youth based on screening and assessment results.	•	•	Interdisciplinary Clinical Team
6.3.3	Regularly reassess and update safety plans based on changing needs and risk levels.	•	•	Team

What Children, Youth, Families and Caregivers Can Expect

Upon contacting support, you receive a screening that assesses both your strengths and challenges using consistent, proven tools. Your family's perspectives and observations are valued and may be included as an important part of the process. Screening is conducted in a safe, respectful way that recognizes you may have experienced difficult or traumatic events.

Staff pay attention to pacing, environment, and how they interact with you to ensure you feel comfortable. If any safety concerns are identified, a personalized safety plan is developed with you and your caregivers, connected to any crisis services you are already using. The entire process respects your cultural background and identity, and is available in your preferred language, so you fully understand what is happening and what the results mean.

7 Live-In Treatment Admission

> *Rationale*
>
> *Admission decisions are made through a coordinated, interdisciplinary process based on clinical screening, risk assessment, and input from the child, youth, family, caregiver and team to ensure young people are matched to the least restrictive, most appropriate setting that meets their unique needs, preferences, and circumstances.*

7.1 Live-In Treatment Intake and Admission

The admission decision is made by an interdisciplinary team based on the screening findings. It indicates moving towards the next steps, including conducting a comprehensive assessment and providing immediate intensive services before establishing a placement decision and move-in date.

#	Criterion	Spoke	Hub	Accountable
7.1.1	Lead assignment of the Interdisciplinary Clinical Team in collaboration with spoke organizations.		•	Regional Leadership
7.1.2	Conduct regular interdisciplinary team reviews of referrals to enhance appropriate placement decisions.		•	Regional Leadership
7.1.3	Assign a single contact person to each family throughout referral, screening, and admission, responsible for answering questions, providing updates, and coordinating communication.	•	•	Interdisciplinary Clinical Team
7.1.4	Participate in regular interdisciplinary team reviews of referrals to enhance appropriate placement decisions.	•		Team
7.1.5	Document and communicate admission decisions with clear rationale aligned to eligibility criteria and clinical presentation.	•	•	Interdisciplinary Clinical Team

7.2 Interim Intensive Support

Interim intensive supports prior to Live-In Treatment that includes therapeutic interventions help prepare children, youth families and caregivers for intensive treatment while maintaining therapeutic momentum and preventing crisis escalation. Therapeutic interventions may include initiating treatment, family and caregiver education, and crisis planning that prepare youth and families for intensive treatment.

#	Criterion	Spoke	Hub	Accountable
7.2.1	Lead coordination of interim intensive in-home or community-based support during the pre-move-in period across hub-and-spoke sites		•	Regional Leadership
7.2.2	Monitor youth safety and stability during the transition period and provide escalation pathways to immediate support.		•	Regional Leadership
7.2.3	Provide intensive support during the period between placement decisions and move-in based on individual child and youth needs..	•	•	Interdisciplinary Clinical Team

What Children, Youth, Families and Caregivers Can Expect

Decisions about whether live-in treatment is proper for you are made by a team that includes you, your family/caregiver, and professionals from different areas who know you and your situation. You have a single, consistent contact person who answers your questions, keeps you updated, and coordinates communication throughout the process.

The team considers your unique needs, preferences, and circumstances to ensure you are matched to the right level of treatment. It avoids rushed decisions and ensures you receive a clear explanation of the admission decision, including next steps for immediate support and what to expect during the comprehensive assessment process.

8 Comprehensive Assessment

Rationale

Following admission, children, youth, families and caregivers participate in a comprehensive, trauma-informed assessment that evaluates multiple domains, including clinical needs, presenting behaviours, physical health, family functioning, cultural and spiritual factors, trauma history, and social determinants of health, to inform individualized treatment planning.

The assessment process incorporates in-person components, flexible modalities, and culturally validated tools, with parallel family/caregiver assessment occurring simultaneously to identify strengths, needs, and family-focused interventions. ***Please see APPENDIX E: Comprehensive Assessment Framework for additional information.***

8.1 Interdisciplinary Assessment Team

Interdisciplinary assessment teams include core disciplines such as psychiatry, nursing, social work, psychology, behaviour specialists, and child and youth workers, with access to specialized consultants for specific populations and a trauma-informed approach throughout. Hubs facilitate access to specialized assessment consultants through hub-based resource pools when individual programs cannot sustain dedicated positions.

#	Criterion	Spoke	Hub	Accountable
8.1.1	Lead assignment of the Interdisciplinary Clinical Team in collaboration with spoke organizations.		•	Regional Leadership
8.1.2	Ensure assessment teams include core disciplines (psychiatry, nursing, social work, psychology, child and youth workers), facilitating access to specialized consultants through hub-based resource pools.		•	Regional Leadership
8.1.3	Ensure all assessment team members use a trauma-informed approach throughout the assessment process		•	Regional Leadership
8.1.4	Designate a primary contact person to maintain accountability and coordination throughout the assessment journey	•	•	Interdisciplinary Clinical Team
8.1.5	Collaborate with Hub to access specialized consultants for specific populations (Indigenous care, 2SLGBTQI+, neurodevelopmental conditions).	•	•	Interdisciplinary Clinical Team

8.2 Standardized Comprehensive Assessment

Comprehensive assessments evaluate multiple domains to develop a holistic understanding of the child/youth and their context. Assessment processes incorporate trauma and violence-informed principles, recognizing that trauma may be rooted in historical, familial, cultural, and societal factors, and require a culturally informed understanding of protective factors and healing approaches.

#	Criterion	Spoke	Hub	Accountable
8.2.1	Standardize and monitor assessment approaches ensuring consistency across hub and spoke sites while allowing flexibility for population-specific adaptations.		•	Regional Leadership
8.2.2	Maintain regional pools of qualified specialists (for example, psychologists, speech-language pathologists, occupational therapists) for assessments.		•	Regional Leadership
8.2.3	Maintain and coordinate access to specialized assessment services (diagnostic, psychoeducational, neuropsychological evaluations) across the regional network.		•	Regional Leadership

#	Criterion	Spoke	Hub	Accountable
8.2.4	Conduct comprehensive assessments evaluating multiple domains including clinical needs, presenting behaviours, cultural and spiritual factors, trauma history, and social determinants of health. The assessments includes relevant diagnostic and psychoeducational assessments based on need.	•	•	Interdisciplinary Clinical Team
8.2.5	Complete full assessment of physical health needs including medical history, infectious disease screening, sexual health, medication review, and vaccinations.	•	•	Interdisciplinary Clinical Team
8.2.6	Identify existing primary care relationships and establish approaches for maintaining medical management during treatment.	•	•	Interdisciplinary Clinical Team
8.2.7	Incorporate trauma-informed principles in assessment, recognizing trauma may be rooted in historical, familial, cultural, and societal factors.	•	•	Interdisciplinary Clinical Team
8.2.8	Conduct parallel family/caregiver assessment simultaneously, evaluating strengths, needs, cultural identities, and support systems.			Interdisciplinary Clinical Team

8.3 Assessment Timelines and Approach

Comprehensive assessments are conducted following admission and before placement, with intensive in-home supports provided throughout the assessment period. The assessment approach is considered as part of treatment engagement, with relationship building and initial interventions during this period contributing to therapeutic outcomes

It incorporates in-person components rather than relying solely on virtual methods, ensuring a thorough evaluation of individual needs, informed by ongoing feedback and observed outcomes. Flexible service modalities are incorporated, where appropriate, to accommodate family and caregiver needs, geographic considerations, and clinical suitability.

#	Criterion	Spoke	Hub	Accountable
8.3.1	Monitor assessment timelines and support organizations to meet targeted timeframes (2 to 6 weeks timeline).		•	Regional Leadership
8.3.2	Complete comprehensive assessments prior to establishing a placement decision and move-in date, with intensive in-home support during assessment.	•	•	Interdisciplinary Clinical Team
8.3.3	Prioritize in-person assessment components to ensure thorough evaluation including home environment, safety, family dynamics, and therapeutic relationships.	•	•	Interdisciplinary Clinical Team
8.3.4	Leverage virtual components to enhance accessibility, including online tools and resources.	•	•	Interdisciplinary Clinical Team

8.4 Ongoing Assessment and Measurement-Based Treatment

Regular and circumstance-triggered assessments using consistent measurement tools track progress, evaluate treatment effectiveness, and inform transition readiness decisions. Measurement-based treatment approaches inform immediate treatment adjustments rather than retrospective review, enabling real-time monitoring, trend analysis, and collaborative review of progress with children, youth and families and caregivers.

#	Criterion	Spoke	Hub	Accountable
8.4.1	Establish consistent measurement tools and intervals across hub and spoke sites to enable comparison and quality improvement.		•	Regional Leadership
8.4.2	Implement screening as a continuous process integrated throughout the treatment journey, with standardized tools administered at regular intervals to measure treatment progress, monitor changes in symptoms, and assess readiness for step-down or transitions in treatment.	•	•	Interdisciplinary Clinical Team

#	Criterion	Spoke	Hub	Accountable
8.4.3	Implement ongoing assessment at regular intervals and when there is a change in status, using consistent outcome measurement and assessment tools.	•	•	Interdisciplinary Clinical Team
8.4.5	Share progress data with youth and families in accessible formats to support engagement and shared decision-making.	•	•	Interdisciplinary Clinical Team

What Children, Youth, Families and Caregivers Can Expect

Before you move into live-in treatment, you and your family/caregivers will participate in a thorough assessment that helps the team understand your strengths, challenges, health, cultural background, and what you need to succeed. The assessment looks at all areas of your life, including your physical health, education, cultural and spiritual needs, and connections to family and community, not just your mental health. Also your family's perspectives, strengths, and needs are assessed at the same time.

The process is conducted in a safe, respectful way that recognizes your cultural identity and any difficult experiences you may have had or are having. You receive support during the assessment period, and a primary contact person keeps you informed and coordinates the process. Assessment is available in your preferred language and is adapted to your unique needs.

9 Live-In Treatment Placement Decision

Rationale

Following admission and comprehensive assessment, placement decisions determine the specific live-in treatment program that best matches the child/youth's needs, preferences, and circumstances. Decisions are made collaboratively with the child/youth, family/caregiver, and interdisciplinary team, systematically considering the least restrictive appropriate setting, proximity to home and natural supports, program specialization, and population-specific factors.

9.1 Placement Decision Framework

Placement decisions systematically consider the least restrictive appropriate setting, with live-in treatment reserved for children and youth whose needs cannot be met through community-based or intensive in-home programs. Decisions prioritize proximity to home communities while recognizing circumstances in which specialized services farther away may better meet the child and youth needs, with clear documentation of the rationale when placing youth distant from family/caregivers and natural supports.

#	Criterion	Spoke	Hub	Accountable
9.1.1	Maintain current information on program capacity, specialization, and availability across all sites.		•	Regional Leadership
9.1.2	Lead placement recommendations in collaboration with Interdisciplinary Clinical Team, matching children and youth to programs that best meet their needs. • Consider the match between youth's clinical presentation, goals, and program's defined focus, intensity, and specialization. • Prioritize placements close to youth's home community, maintaining clear documentation when placement away from family is required.		•	Regional Leadership with Interdisciplinary Clinical Team
9.1.3	Ensure placement recommendations and decisions systematically consider the least restrictive appropriate setting, reserving live-in treatment for youth whose needs cannot be safely met through community-based programs.		•	Regional Leadership
9.1.4	Follow provincial protocols for inter-regional placements when specialized services are not available within the home region.		•	Regional Leadership

9.2 Child and Youth Voice in Placement Decision

Placement processes ensure youth have a meaningful voice in placement decisions through structured opportunities to express preferences, identify support persons, and participate in placement meetings. Programs provide developmentally appropriate consent processes, recognizing that younger adolescents may need additional support, and involve families/caregivers as active participants, with their perspectives integrated into decision-making.

#	Criterion	Spoke	Hub	Accountable
9.2.1	Follow developmentally appropriate consent policies, recognizing younger youth and children may need additional support.	•	•	Interdisciplinary Clinical Team
9.2.2	Provide accessible information about program options to support informed decision-making by youth and families.	•	•	Interdisciplinary Clinical Team
9.2.3	Provide structured opportunities for youth to express preferences, identify support persons, and participate in placement meetings.	•	•	Interdisciplinary Clinical Team
9.2.4	Ensure families/caregivers are active participants in placement decisions, with their perspectives integrated into decision-making.	•	•	Interdisciplinary Clinical Team

9.3 Preparing for Stay

A structured orientation process familiarizes children, youth, families, and caregivers with the physical environment, daily routines, relevant policies, staff roles and responsibilities, and expectations for participation in treatment. It provides multiple opportunities to ask questions before and immediately after moving in.

#	Criterion	Spoke	Hub	Accountable
9.3.1	Lead move-in preparation including facility tours, visits, family meetings, and graduated engagement activities.	•	•	Team
9.3.3	Provide structured orientation including physical space, daily routines, relevant policies, and staff introductions.	•	•	Team
9.3.4	Provide children and youth with clear, age-appropriate information about their rights and responsibilities.	•	•	Team
9.3.5	Discuss with families and caregivers about their role in treatment, visiting expectations, and communication protocols.	•	•	Team

What Children, Youth, Families and Caregivers Can Expect

After it is decided that live-in treatment is right for you, the team works with you and your family/caregiver to find the specific program that best matches your needs, goals, and circumstances. You can share your preferences, may visit the program, meet staff, and ask questions before you move in. The team considers what matters to you, including staying close to home, your cultural identity, language, and connections to community.

10Child and Youth Driven Treatment and Goal Planning

Rationale

Treatment and goal plans are co-developed with children, youth, families and caregivers through a collaborative, team-based process that addresses all life domains, including mental health, physical health, developmental needs, education, social functioning, spiritual/cultural needs, substance use, family/caregiver functioning, and accommodation, using integrated planning approaches.

Plans are informed by comprehensive assessment formulation and findings, incorporating evidence-informed practices tailored to individual needs, and include ongoing measurement to track progress and determine readiness for transition to less intensive services. ***Please see APPENDIX F: Treatment and Goal Planning Framework for additional information.***

10.1Individualized Evidence-Informed Practice Selection

Transdiagnostic intervention selection is guided by comprehensive assessment findings, clinical formulation, and collaborative decision-making with the child, youth, family and caregiver. Selection criteria consider the individual's unique profile rather than applying standardized protocols, recognizing that youth in live-in treatment often present with complex, overlapping conditions requiring tailored approaches.

#	Criterion	Spoke	Hub	Accountable
10.1.1	Support training in transdiagnostic approaches enabling staff to address common processes underlying diverse presentations.		•	Regional Leadership
10.1.2	Support cross-site learning about effective intervention matching for priority populations.		•	Regional Leadership
10.1.3	Facilitate access to specialized consultation when intervention selection requires expertise not available within Interdisciplinary Clinical Team.		•	Regional Leadership
10.1.4	Select evidence-informed interventions based on individualized assessment findings, including youth age, developmental stage, trauma history, diagnostic presentation, cultural identity, and individual strengths and preferences. This includes documenting the rationale for intervention selection, linking chosen approaches to assessment findings, clinical formulation, and treatment goals.	•	•	Interdisciplinary Clinical Team
10.1.5	Establish integrated treatment planning across relevant sectors which may include health, education, youth justice, and child welfare systems.	•	•	Interdisciplinary Clinical Team
10.1.6	Adjust and adapt intervention effectiveness through measurement-based care and adjust approaches based on youth response and progress.	•	•	Interdisciplinary Clinical Team
10.1.7	Develop specialized treatment planning approaches for priority populations with culturally specific interventions and identity-affirming goals	•	•	Interdisciplinary Clinical Team

10.2Child and Youth Driven Goal Development

Child and youth preferences, needs, and goals guide the development of individualized programming. Goal and treatment plans are co-developed through meaningful youth participation with an aim of instilling hope. Treatment plans use plain language, avoid clinical jargon, incorporate visual elements where helpful, and are provided in preferred languages to ensure youth understand and can explain their treatment goals.

#	Criterion	Spoke	Hub	Accountable
10.2.1	Ensure child and youth preferences, needs, and goals guide individualized programming, with treatment plans co-developed through meaningful youth participation.	•	•	Interdisciplinary Clinical Team

#	Criterion	Spoke	Hub	Accountable
10.2.2	Develop goal and treatment plans with aim of instilling hope and building on strengths and protective factors.	•	•	Interdisciplinary Clinical Team
10.2.3	Use plain language accessible across literacy levels, avoid clinical jargon, incorporate visual elements, and provide translations in preferred languages.	•	•	Interdisciplinary Clinical Team
10.2.4	Ensure child and youth understand their treatment goals and can explain them in their own words.	•	•	Interdisciplinary Clinical Team
10.2.5	Support child and youth ownership of treatment and goal plans, including ability to maintain their own copy with full authority to share or withhold.	•	•	Interdisciplinary Clinical Team
10.2.6	Incorporate cultural, spiritual, and community-based goals into treatment planning.	•	•	Interdisciplinary Clinical Team

What Children, Youth, Families and Caregivers Can Expect

Your treatment plan is developed with you. Your preferences, goals, and hopes guide your treatment, and you participate meaningfully in creating and updating your plan. Your plan is written in a way you can understand and explain, and you receive your own copy that you control. Your family/caregiver is involved from the beginning, with their strengths and needs also considered in planning.

Your plan addresses all areas of your life, including your physical health, education, cultural and spiritual needs, and connections to family and community, not just your mental health. Planning for your future is included as part of the process when you are ready, so you always know what you're working toward. Your progress is tracked regularly and shared with you so you can see how you're doing.

11 Family/Caregiver Engagement and Treatment

Rationale

Families and caregivers are co-recipients of treatment, not visitors or observers. Sustainable change requires parallel work with families and caregivers, addressing their own needs, building their capacity, and transforming relational patterns.

11.1 Recognition of Diverse Family Structures

All family configurations are embraced, and engagement strategies are adapted to each family's unique structure and dynamics.

#	Criterion	Spoke	Hub	Accountable
11.1.1	Recognize and respect diverse family structures including single-parent, blended, 2SLGBTQIA+, and multigenerational families. "Family" defined by youth may include trusted adults beyond biological relationships.	•	•	All
11.1.2	Identify and engage trusted adults for youth without family involvement, recognizing connection to supportive adults is essential. And support youth in moving towards independence.	•	•	Team
11.1.3	Expand definition of family to include extended kinship networks central to Indigenous conceptions of family, with collective decision-making respected.	•	•	All
11.1.4	Work with child welfare workers who may serve as family/caregiver representative where no other family is available.	•	•	Team

11.2 Family/Caregiver as Co-Treatment Recipients

Families and caregivers receive treatment alongside youth, not as adjuncts to youth treatment. Caregivers participate in their own recovery journey, and receive services addressing their needs while supporting their child's treatment.

#	Criterion	Spoke	Hub	Accountable
11.2.1	Ensure family/caregiver treatment capacity across hub and spoke sites.		•	Regional Leadership
11.2.2	Build and nurture collaborative partnerships with the adult mental health provider system.		•	Regional Leadership
11.2.3	Establish clear expectations for family/caregiver participation at admission, including frequency of contact, participation in sessions, and engagement in their own therapeutic work.	•	•	Interdisciplinary Team
11.2.4	Recognize caregivers may have their own trauma histories, mental health needs, and barriers to engagement requiring sensitive, non-judgmental approaches.	•	•	Interdisciplinary Team
11.2.5	Assess and address practical barriers to engagement at intake, developing individualized engagement plans.	•	•	Interdisciplinary Team

11.3 Family/Caregivers Treatment Strategies and Approaches

Family and caregiver treatment includes parallel treatment for caregivers, structured weekend practice opportunities, embedded supports before and after care, and dedicated family support workers addressing practical needs.

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#	Criterion	Spoke	Hub	Accountable
11.3.1	Employ dedicated family support workers providing practical assistance with transportation, system navigation, and resource access.		•	Regional Leadership
11.3.2	Provide 24/7 on-call support for families and caregivers during home visits.		•	Regional Leadership
11.3.3	Coordinate access to adult mental health services for caregivers requiring support.		•	Regional Leadership
11.3.4	Implement strategies to eliminate transportation barriers (mileage reimbursement, transit support, shared transportation, on-site accommodation).		•	Regional Leadership
11.3.5	Coordinate family peer support resources and facilitate cross-program connections.		•	Regional Leadership
11.3.6	Assess caregiver mental health needs and facilitate pathways to adult mental health services	•	•	Interdisciplinary Team
11.3.7	Conduct family therapy using evidence-informed approaches addressing attachment, relational patterns, and family system dynamics.	•	•	Interdisciplinary Team
11.3.8	Deliver culturally adapted interventions respecting diverse family structures, providing materials in multiple languages, using cultural brokers.	•	•	Interdisciplinary Team
11.3.9	Develop alumni and family mentorship programs leveraging lived experience expertise.	•	•	Interdisciplinary Team
11.3.10	Provide family/caregiver peer support from intake through aftercare.	•	•	Interdisciplinary Team

What Children, Youth, Families and Caregivers Can Expect

Your family/caregivers are treated as partners in your treatment, not visitors. Family is defined based on how you define it, and not based on traditional structures. They receive their own support, including skills groups, therapy, and education about mental health and recovery. Programs work to remove barriers that make it hard for families to participate, including transportation assistance, translation services, and flexible scheduling.

Weekends are structured as practice time, with planning before visits, clear goals, and support available by phone. Families can connect with other families going through similar experiences for mutual support. For Indigenous families, extended family, Elders, and community are welcomed as part of the treatment team.

12 Trauma and Evidence-Informed Interventions

Rationale

Children, youth, families and caregivers receive treatment through a standardized trauma-informed framework that provides the foundation for all therapeutic interventions, with evidence-informed practices selected based on individual needs, developmental stage, cultural identity, and clinical presentation. Treatment is delivered by an interprofessional team using individualized, transdiagnostic, and developmentally appropriate approaches that address core treatment domains while maintaining flexibility to adapt to each child/youth's unique circumstances.

12.1 Clinical Model

Treatment programs address core treatment domains to ensure comprehensive, holistic treatment that meets the diverse needs of children and youth in live-in treatment.

A single, standardized trauma-informed organizational framework provides the foundation for all live-in treatment programs across the province, creating consistent therapeutic cultures, shared language, and coordinated approaches to understanding and responding to trauma. This framework is reinforced by required evidence-informed treatment domains implemented consistently across the region.

#	Criterion	Spoke	Hub	Accountable
12.1.1	Ensure consistent ARC framework implementation across all hub-and-spoke sites.		•	Regional Leadership
12.1.2	Monitor fidelity to ARC framework and provide support to organizations requiring additional implementation assistance.		•	Regional Leadership
12.1.3	Coordinate specialized intervention capacity across hub and spoke sites ensuring regional access.		•	Regional Leadership
12.1.4	Maintain Dialectical Behaviour Therapy (DBT) to fidelity for youth with recurrent suicidality, self-harm, and emotion dysregulation.		•	Regional Leadership
12.1.5	Maintain Cognitive Behavioural Therapy (CBT) to fidelity for children and youth who benefit.		•	Regional Leadership
12.1.6	Establish access to land-based and culturally-based interventions in partnership with Indigenous communities.		•	Regional Leadership
12.1.7	Facilitate partnerships with substance use health services to ensure integrated concurrent disorders treatment capacity across the region.		•	Regional Leadership
12.1.8	Ensure access to specialized developmental assessment and intervention consultation for youth with developmental delays or neurodevelopmental conditions.		•	Regional Leadership
12.1.9	Ensure access to specialized intervention expertise for complex populations through hub-based consultation or inter-regional specialist pools.		•	Regional Leadership
12.1.10	Adopt, train, and implement the Attachment, Regulation, and Competency (ARC) framework as the foundational trauma-informed model.	•	•	All
12.1.11	Recognize trauma may be rooted in historical, familial, cultural, and societal factors, requiring culturally informed understanding of trauma responses and healing.	•	•	All
12.1.12	Demonstrate capacity to address all core treatment domains through program or through formal partnerships within the regional network.	•	•	Leadership

#	Criterion	Spoke	Hub	Accountable
12.1.13	Maintain comprehensive toolboxes of evidence-informed practices within each domain, with clear selection criteria.	•	•	Leadership
12.1.14	Integrate substance use health interventions with mental health treatment simultaneously rather than sequentially.	•	•	Leadership
12.1.15	Cultivate a warm, responsive, relationally rich environment where children develop trusting, consistent, emotionally safe relationships with staff.	•	•	All
12.1.16	Ensure all interdisciplinary team members have shared understanding of treatment approaches, enabling consistent delivery.	•	•	Leadership
12.1.17	Focus on building safety and therapeutic alliance prior to initiating treatment interventions.	•	•	Team

12.2 Peer Support

Child and youth peer support is systematically incorporated as a core component of live-in treatment, recognizing that individuals with lived experience play a crucial role in helping others by affirming everyone's ability to recover, emphasizing strengths and capabilities, and normalizing the experience of mental distress.

#	Criterion	Spoke	Hub	Accountable
12.2.1	Create shared peer support worker pools to maximize peer mentor availability.		•	Regional Leadership
12.2.2	Provide specialized peer support training for priority populations (Indigenous, 2SLGBTQIA+, Francophone, equity-deserving groups).		•	Regional Leadership
12.2.3	Facilitate cross-site learning about effective peer support practices.		•	Regional Leadership
12.2.4	Establish formalized youth peer support programs with written policies, procedures, clear role definitions, and documented agreements.	•	•	Leadership
12.2.5	Recruit and train youth peer mentors, ensuring training covers trauma-informed approaches, boundaries, confidentiality, crisis recognition, and cultural humility.	•	•	Leadership
12.2.6	Provide regular clinical supervision and support for peer support workers, including debriefing and reflective practice.	•	•	Leadership
12.2.7	Implement systematic matching protocols pairing youth with peer mentors based on shared experiences, identities, and cultural backgrounds.	•	•	Leadership
12.2.8	Integrate peer support workers into interdisciplinary teams, including appropriate participation in treatment planning.	•	•	Leadership
12.2.9	Provide compensation and recognition for peer mentors, including honoraria, employment opportunities, or meaningful acknowledgment.	•	•	Leadership

What Children, Youth, Families and Caregivers Can Expect

Your treatment is grounded in a trauma-informed approach where all staff understand how trauma affects development and behaviour, and respond in ways that promote safety, healing, and growth rather than punishment or control. The specific therapies and interventions you receive are selected based on your unique needs, strengths, cultural background, and preferences, not a one-size-fits-all approach.

You and your family/caregiver participate in selecting interventions and understanding how they will help. Treatment addresses all areas of your life, including your mental health, relationships with family, behaviour, substance use if relevant,

and cultural and spiritual needs. Staff throughout the program—not just therapists—are trained to support your treatment and help you practice skills throughout the day. If you are Indigenous, culturally based healing approaches, including land-based therapies, are available as part of your treatment.

13 Daily Programming

Rationale

Daily programming is a therapeutic intervention, not simply activity scheduling. Treatment goals are integrated into every aspect of daily life, recognizing that the therapeutic milieu is central to treatment outcomes. Programming, including structured routines, skill-building opportunities, relationships with staff and peers, is individualized, developmentally appropriate, culturally responsive, and youth-directed, balancing therapeutic intensity with experiences that promote healthy development and community connection.

13.1 Child/Youth-Directed Programming

Youth are active participants in shaping their daily programming. Youth voice and choice in programming promotes engagement, skill development, and preparation for self-directed living after treatment.

#	Criterion	Spoke	Hub	Accountable
13.1.1	Establish mechanisms for youth to guide programming decisions, including regular feedback sessions, activity planning committees, and authority to modify schedules.	•	•	Team
13.1.2	Respond to youth feedback about programming, demonstrating that youth voice leads to meaningful change.	•	•	Team

13.2 Comprehensive Programming Framework

Daily programming addresses physical, emotional, social, spiritual, and cognitive domains through a holistic, strengths-based approach that builds problem-solving skills, flexibility, critical thinking, emotional regulation, and insight.

#	Criterion	Spoke	Hub	Accountable
13.2.1	Coordinate programming resources and expertise across hub and spoke sites.		•	Regional Leadership
13.2.2	Facilitate shared learning about effective programming approaches and innovative practices.		•	Regional Leadership
13.2.3	Implement holistic, strengths-based programming addressing physical, emotional, social, spiritual, and cognitive domains.	•	•	Team
13.2.4	Adapt daily programming to individual strengths and needs while maintaining consistent overall structure.	•	•	Team
13.2.5	Embed life skills training throughout daily routines (meal planning, cooking, cleaning, budgeting, self-care) as therapeutic interventions.	•	•	Team
13.2.6	Integrate physical activity with appropriate supervision into daily programming.	•	•	Team
13.2.7	Integrate nature and outdoor experiences, recognizing connection to nature amplifies therapeutic processes.	•	•	Team
13.2.8	Ensure daily activities reflect cultural diversity through culturally appropriate foods, celebration of heritage months, accommodation of religious practices.	•	•	Team
13.2.9	Implement weekend programming models with protocols for goal setting, family/caregiver coaching, and skill generalization.	•	•	Team

#	Criterion	Spoke	Hub	Accountable
13.2.10	Embed health promotion throughout daily routines including sexual health education, smoking cessation support, substance use education.	•	•	Team
13.2.11	Implement nutritional programming reflecting nutritional, emotional, social, and cultural needs, with youth participation in menu planning.	•	•	Team
13.2.12	Recognize mealtimes as therapeutic opportunities for social skill development and relationship building.	•	•	Team
13.2.13	Implement clear technology use policies balancing youth's need for connection with safety concerns.	•	•	Team
13.2.14	Provide assistive technologies and adaptive equipment for youth with disabilities.	•	•	Team
13.2.15	Provide or coordinate transportation for all treatment-related activities, school, community integration, and family visits.	•	•	Team
13.2.16	Design programming to be accessible across abilities, with sensory accommodations, mobility supports, and cognitive adaptations.	•	•	Team

What Children, Youth, Families and Caregivers Can Expect

Your daily life in treatment is designed to help you learn and grow, not just. You participate in planning activities and have choices about your day. Staff help you build life skills like cooking, budgeting, and self-care as part of daily routines. You have access to physical activity, outdoor experiences, and community outings.

Your cultural and spiritual practices are respected and supported, including access to cultural foods, religious observances, and, for Indigenous youth, land-based activities, ceremonies, and Elder teachings. Mealtimes, recreation, and daily routines are all part of your treatment. You have supervised access to technology and learn healthy technology habits. Transportation is provided for treatment activities, school, family visits, and community integration.

14 Transitions from Live-In Treatment

Rationale

Children, youth, families and caregivers are prepared for their transition back to the community gradually throughout treatment, with coordination and collaboration with community-based mental health agencies and across sectors, allowing for smooth transitions.

Aftercare support is conceptualized as treatment continuation rather than a separate service, individualized to the needs of children and young people, and is critical for maintaining gains made in live-in treatment and supporting successful reintegration into lower levels of care.

Planning for the future begins at or before admission and continues throughout the entire treatment period, with the circle of care involved from the outset.

14.1 Gradual Transition and Integrated Aftercare

Aftercare is treated as a continuation of treatment rather than a separate service. It includes a minimum three-month post-transition support period, with intensity gradually reduced, and contributes to the total duration of the treatment episode.

Support is enhanced at identified vulnerability points, including the initial two-week "honeymoon period" when challenges may re-emerge, at 90 days when relapse risk is highest, and through annual check-ins for 2–3 years post-transition.

#	Criterion	Spoke	Hub	Accountable
14.1.1	Coordinate aftercare capacity across the region ensuring all youth have access to post-transition support.		•	Regional Leadership
14.1.2	Establish protocols for aftercare when youth transition to different geographic areas within the region.		•	Regional Leadership
14.1.3	Create pathways to step-down service options within the network (day treatment, intensive outpatient, step-up, step-down).		•	Regional Leadership
14.1.4	Address geographic barriers through transportation support, satellite locations, and hybrid virtual/in-person models.		•	Regional Leadership
14.1.5	Establish crisis response infrastructure accessible during aftercare across all sites, with 24/7 consultation.		•	Regional Leadership
14.1.6	Co-design and document transition plans in collaboration with children, youth, families, and caregivers.	•	•	Interdisciplinary Clinical Team
14.1.7	Implement progressive home integration through graduated weekend visits beginning early in treatment, with structured planning sessions, weekend goals, debriefing processes, and increasing home time approaching discharge.	•	•	Team
14.1.8	Integrate aftercare workers during active treatment to build relationships before discharge.	•	•	Interdisciplinary Clinical Team
14.1.9	Ensure continuity of therapeutic relationships through aftercare, with same therapist and support workers continuing.	•	•	Interdisciplinary Clinical Team
14.1.10	Ensure 24/7 crisis response during weekend visits and aftercare.	•	•	Leadership
14.1.11	Provide minimum 3 months of aftercare with flexibility for extension, implementing graduated intensity reduction.	•	•	Interdisciplinary Clinical Team
14.1.12	Establish clear escalation protocols during aftercare to prevent emergency department utilization.	•	•	Leadership

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#	Criterion	Spoke	Hub	Accountable
14.1.13	Sustain peer support during aftercare, with frequency adjusted based on need.	•	•	Leadership

14.2 Length of Stay

Length of stay is based on individual clinical needs rather than predetermined timeframes, with regular assessment of progress toward specific goals and flexibility to extend or shorten based on treatment response. Evidence shows unnecessarily long stays cause institutionalization, disengagement, and social isolation, while premature transitions risk relapse and crisis.

#	Criterion	Spoke	Hub	Accountable
14.2.1	Monitor length-of-stay patterns across sites to identify trends toward extended stays or premature transitions.		•	Regional Leadership
14.2.2	Support utilization review processes ensuring length of stay aligns with clinical need.		•	Regional Leadership
14.2.3	Base length of stay on individual clinical needs, prioritizing shortest effective length achieving stabilization and essential skill building.	•	•	Interdisciplinary Clinical Team
14.2.4	Maintain flexibility to extend or shorten treatment based on response, recognizing healing trajectories vary.	•	•	Interdisciplinary Clinical Team
14.2.5	Conduct structured reviews during regular assessments of treatment response, goal achievement, and transition readiness.	•	•	Interdisciplinary Clinical Team

14.3 Warm Hand-off Transitions and Follow-Up

Effective transitions require coordinated planning across mental health, education, child welfare, and youth justice systems, with shared accountability for outcomes, joint care planning, and efforts to prevent children and youth from falling through sector gaps. Transitions may include overlapping periods where youth begin community services while completing treatment, supported by parallel systems and a gradual reduction in service intensity rather than abrupt termination.

#	Criterion	Spoke	Hub	Accountable
14.3.1	Provide dedicated navigation resources through transitions with clear understanding of available services and care plans.		•	Regional Leadership
14.3.2	Standardize communication tools and content related to transitions across the region.		•	Regional Leadership
14.3.3	Conduct transition planning meetings with all system partners present, ensuring coordinated messaging and warm handovers.	•	•	Interdisciplinary Clinical Team
14.3.4	Prepare comprehensive transition documentation supporting continuity while respecting privacy and youth preferences.	•	•	Interdisciplinary Clinical Team
14.3.5	Follow warm handoff protocols to ensure consistent transition quality.	•	•	Interdisciplinary Clinical Team

14.4 Transitional Aged Youth

Youth approaching 18 years of age require specialized transition protocols that address the unique challenges of moving to adult systems. These protocols emphasize developmental readiness rather than chronological age, early and coordinated engagement with adult services, prioritization of stable housing, and extended transition supports that bridge gaps between child and adult systems.

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#	Criterion	Spoke	Hub	Accountable
14.4.1	Establish partnerships with adult mental health, housing, and employment services ensuring seamless transitional age youth pathways.		•	Regional Leadership
14.4.2	Coordinate transitional-aged youth protocols across the region.		•	Regional Leadership
14.4.3	Develop specialized protocols for transitional age youth, including early adult service engagement beginning well before 18th birthday.	•	•	Interdisciplinary Clinical Team
14.4.4	Prioritize stable housing before transition, recognizing housing is foundational to maintaining gains.	•	•	Interdisciplinary Clinical Team
14.4.5	Provide extended transition supports bridging gaps between child and adult systems.	•	•	Interdisciplinary Clinical Team

What Children, Youth, Families and Caregivers Can Expect

Planning for your future is important and centred on your goals and needs. The treatment team works with you and your family to identify what needs to change for you to safely return home and what supports you'll need.

The length of your stay is based on your progress, not a set timeline. When you're ready to transition, you'll have overlap time where you start connecting with community services while still receiving support from your treatment team, not an abrupt ending. After you leave, you'll continue receiving support for at least three months, with crisis support available 24/7. Peer support from other youth and families who've been through similar experiences is available throughout your journey.