

Legislative
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of Ontario



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STANDING COMMITTEE ON PUBLIC ACCOUNTS

PERFORMANCE AUDIT: COMMUNITY-BASED CHILD AND YOUTH MENTAL HEALTH PROGRAM

(2025 SPECIAL REPORT OF THE OFFICE OF
THE AUDITOR GENERAL OF ONTARIO)

1st Session, 44th Parliament
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The Honourable Donna Skelly, MPP
Speaker of the Legislative Assembly

Madam,

Your Standing Committee on Public Accounts has the honour to present its Report and commends it to the House.

A handwritten signature in black ink, reading "Tom Rakocevic".

Tom Rakocevic, MPP
Chair of the Committee

Queen's Park
October 2026

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1st Session, 44th Parliament

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INTRODUCTION

On October 20, 2025, the Standing Committee on Public Accounts held public hearings on the performance audit of the Community-Based Child and Youth Mental Health Program (*2025 Special Report of the Auditor General of Ontario*). The Ministry of Health (Ministry) funds and oversees the Child and Youth Mental Health (CYMH) Program.

The Committee welcomes the Auditor's findings and recommendations and now presents its own findings, views, and recommendations. The Committee requests that the Ministry provide the Clerk of the Committee with written responses to the recommendations within 120 calendar days of the tabling of this report with the Speaker of the Legislative Assembly, unless otherwise specified.

ACKNOWLEDGEMENTS

The Committee extends its appreciation to officials from the Ministry. The Committee also acknowledges the assistance provided by the Office of the Auditor General, the Clerk of the Committee, and Legislative Research.

OVERVIEW: CHILD AND YOUTH MENTAL HEALTH PROGRAM

In 2023/24, the Ministry provided over \$530 million to 222 organizations, primarily community-based service providers, to provide CYMH services to children, youth, and their families. These agencies provide services such as counselling, therapy, and intensive treatment.

For CYMH program delivery purposes, the province is divided into 33 service areas. Each service area is led by a lead agency, which is responsible for overseeing and coordinating the delivery of core CYMH services in the area and working with other agencies and partners (e.g., hospitals and school boards) to establish service pathways. There are seven core CYMH services, which range from prevention services, to counselling and therapy, to intensive treatment. The Ministry also funds agencies that provide more specialized services, such as secure treatment (for children or youth who are a risk to themselves and/or others).

Ontario Health, a Crown agency, also plays a role in the delivery of mental health services. It is responsible for overseeing health-care planning and delivery in the province, including programs such as Youth Wellness Hubs. Through its Mental Health and Addictions Centre of Excellence, Ontario Health is also responsible for operationalizing *Roadmap to Wellness*, the Province's 2020 mental health and addictions strategy. In conjunction with the Ministry, Ontario Health also funds and oversees adult mental health services.

AUDIT OBJECTIVE AND SCOPE

The audit objective was “to assess whether the Ministry, in partnership with Ontario Health and community-based CYMH agencies, have effective processes in place to:

- fund, plan and oversee that evidence-based mental health services are provided to children, youth and their families in the community in a timely, equitable and co-ordinated manner, and in accordance with legislation, agreements and policies; and
- measure and report publicly on the results and effectiveness of these services in meeting intended objectives.”

MAIN CONCLUSIONS OF THE AUDIT

Overall, the audit found that the Ministry “did not have fully effective processes in place to allocate funds and plan and oversee mental health services delivered by CYMH service providers ... in accordance with legislation, agreements and policies.” Services were not always provided in an evidence-based, timely, equitable, and coordinated manner, and allocated funding “did not fully reflect the current needs of people in different parts of Ontario or programs in areas with the highest needs.”

The audit also found that the Ministry did not routinely measure or report publicly on the results and effectiveness of services in meeting their intended objectives.

The audit report included 22 recommendations to the Ministry.

ISSUES RAISED IN THE AUDIT AND BEFORE THE COMMITTEE

The Committee heard that in 2020, the government established *Roadmap to Wellness*, a plan to build a comprehensive and connected mental health and addictions system. The plan was supported by a commitment to invest \$3.8 billion over ten years.

According to the Ministry, a key achievement under the plan was the creation of the Mental Health and Addictions Centre of Excellence within Ontario Health. Working with the Ministry, the Centre of Excellence is a “centre point” of accountability for mental health and addictions care. The Committee also heard that since fiscal year 2019/20, almost \$800 million in new base funding has gone into services and supports through *Roadmap to Wellness*, including more than \$200 million for the CYMH sector.

The Ministry also said that this year, the provincial budget included an investment of more than \$303 million over three years to “stabilize” the community-based mental health and addictions services sector. This investment will provide a 4% increase to the sector’s base funding to support community mental health programs including services for children, youth, and their families.

The Committee also heard that the government has “committed to addressing” all 22 of the Auditor’s recommendations, which will require a coordinated and phased approach. The Ministry is already undertaking several initiatives to respond to the recommendations from now through 2027. It is focused on actions

that will have a direct, timely impact on services and build on initiatives already underway. In particular, over the next two years, the Ministry is focused on

- filling service gaps, including those related to intensive treatment;
- supporting better coordination and consistency across sectors and the province;
- improving the quality of data the Ministry gathers; and
- strengthening the management and oversight of the CYMH system.

With respect to improving the quality of data the Ministry gathers, the Centre of Excellence is working on a Data and Digital Initiative. Broadly, this initiative includes creating a standard provincial data set, building a central repository of mental health and addictions data, and providing the mental health and addictions sector with recording and analytics to drive quality improvement.

The Ministry also noted that implementing some of the Auditor's recommendations will take more than two years, as some actions depend on broader system change that can take time to implement effectively. There is also more work to be done to better coordinate work across health, education, and child welfare sectors.

Timeline to Implement Recommendations

The Committee had some concern about the length of time it may take to implement some of the Auditor's recommendations and asked what the Ministry sees as its endgame to meet the urgent need.

The Ministry said that the government's approach starts with the *Roadmap to Wellness* strategy and the \$3.8 billion investment over ten years. The government has also added \$200 million in new base funding for CYMH. That includes the \$22 million investment in the Ontario Intensive Treatment Pathway. The Pathway focuses on community-based intensive services, which is one of the areas that Auditor suggested looking at expanding. While the Pathway is being developed, the government has also invested in a number of other services to address waitlists, treatment options, and opportunities for children and youth.

The Ministry also noted that it is providing tools that children and youth can access in different forms, including virtually. The Ministry said that it is critical to have a system where everyone knows where and how to access services.

Performance Measures and Coordination with Other Ministries

The Committee asked what types of performance or outcome measures the Ministry is using or developing to evaluate its progress. The Ministry said that it has short-term, medium-term, and longer-term items to work on. In the short-term—by 2027—the Ministry wants to have a performance monitoring framework for the oversight of agencies and to improve wait-time definitions and data collection so that it is collecting standardized data. The Ministry is doing this data standardization work through the Centre of Excellence.

The Ministry also said that it collects data now from agencies through the Business Intelligence (BI) Solution around perceptions of care and outcomes. It also has the Transfer Payment Ontario system (TPON), which is more focused on financial data. Looking forward, one of the key elements the Centre of Excellence is working on is improving the type of data the Ministry gets.

Much is happening in that regard through the Data and Digital Initiative at the Centre of Excellence. First, they are rolling out a provincial data standard so that every community-based organization that receives funding for mental health and addictions is required to provide data to one standard. The Ministry is also funding opportunities for agencies to update their data and information systems so that it will be easier for them to submit data and different types of technology can speak to one another. The technology will allow the Ministry to pull data nightly, rather than agencies having to submit it manually.

Regarding whether the Ministry is obtaining results for funding provided, the Ministry said that it does get some performance and financial data now. Eventually, once the CYMH sector is onboarded onto the Data and Digital Initiative (anticipated to occur in 2026/27), the Ministry will be able to collect a whole range of indicators and assess quality outcomes.

Another key element of tracking performance is the establishment of a core services framework. One of the commitments of *Roadmap to Wellness* is to develop an across the lifespan (i.e., child to adult) core services framework. Currently, there are seven core services for CYMH. The Ministry is planning to build in more core services, and the Centre for Excellence will be developing minimum program expectations and quality standards for each service. When those are established, the Ministry will be able to compare agency performance against a set of standard expectations.

The Committee also asked if the Ministry is considering tapping into data from other areas such as the justice or health sector, as it is often challenging for service providers to show a return on investment beyond their own sector. For example, a child who receives an early intervention may not end up in the emergency room or the justice system later.

The Ministry said that the Data and Digital Initiative is a key component of tracking those kinds of issues. One of the initiatives the Ministry is rolling out is OHIP-level data collection, so that it can start to follow a person through the system; for example, it would be able to see whether a person has accessed a CYMH program and later ended up in hospital.

The Ministry also reported that it is collaborating with the Ministry of Children, Community and Social Services and the Ministry of Education to develop a cross-sector protocol to support earlier collaboration and coordinated service delivery across various sectors that support children and youth, and to define roles in planning and providing comprehensive multidisciplinary support for youth with complex special needs. This protocol is expected to be in place by 2027/28.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

1. The Ministry of Health continue its work with the Ministry of Children, Community and Social Services and the Ministry of Education on the development of a cross-sector protocol to improve collaboration and coordination of service delivery and include an update on this work in its 120-day response to the Committee, by geographic service area.
2. The Ministry of Health continue its work with the Ministry of Children, Community and Social Services and the Ministry of Education, and, where appropriate, the Ministry of the Attorney General and the Ministry of the Solicitor General, to improve data alignment and develop shared data standards that support coordinated service delivery and provide better insight into long-term outcomes for youth interacting with multiple systems.
3. The Ministry of Health, in collaboration with Ontario Health's Mental Health and Addictions Centre of Excellence, implement a standardized and validated performance-measurement framework for community-based child and youth mental health services, supported by consistent definitions, data quality safeguards, and mechanisms for comparability across agencies once the Data and Digital Initiative is implemented.

Access to Intensive Services and Secure Treatment

The audit found that some areas of the province do not offer a full suite of services for more severe mental health issues. In particular, intensive treatment services (for children and youth with impaired functioning due to mental health issues) were not available in all service areas and secure treatment (for children or youth who are a risk to themselves or others) was only available at three facilities, based in the Greater Toronto Area and Ottawa.

The Ministry said that work is underway to establish the Ontario Intensive Treatment Pathway, a new, community-based service model. The Pathway is intended to improve access to new and existing services for children and youth with complex mental health needs. Among other things, the Pathway will

- create regional treatment networks that will be responsible for delivering and managing access to a coordinated system of intensive treatment for children and youth within their geographical service area;
- establish quality guidelines and standards for live-in treatment programming; and
- address long-standing treatment gaps in the community by increasing the availability of evidence-based and specialized clinical treatment.

The Pathway has a formalized governance structure including advisory subgroups and research. An Indigenous steering committee has also been established to work with the Ministry to design and implement an intensive services model that is “culturally grounded and structured to better meet the needs of Indigenous children, youth and their families.”

The Committee asked how quickly the \$22 million investment in intensive services will translate into more services for young people. The Ministry said that it is working to establish the first regional networks that will be part of the Pathway. By the end of fiscal year 2025/26, the Ministry hopes to have issued the call for proposals to identify providers that are going to be “the hub and centre” for delivery of a large proportion of care. Quality standards must also be established, and some work must be done to identify where the gaps are. The Ministry expects services for live-in treatment within the Pathway to be at full capacity in 2027/28, with some starting in 2026/27.

While that work is underway, the Ministry is continuing to invest in preparation for the Pathway to go live. For example, last year, the Ministry invested almost \$14 million in intensive services to support stabilization, reduce waitlists, and build sector capacity. The Ministry also spent almost \$3 million in expanding Indigenous-led intensive services in the North.

The Committee noted the lack of secure treatment facilities in Northern Ontario and asked when communities in the North can expect an investment to fill that gap. The Ministry said that while it would not technically meet the need of a secure treatment program, the Ontario Intensive Treatment Pathway will allow the Ministry to identify opportunities for more secure treatment programming. There has also been investment for government to expand the number of secure treatment placements in Eastern Ontario and Ottawa. The Ministry said that some expansion is underway, but there are opportunities to assess for more need.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

4. The Ministry of Health continue its work to develop quality guidelines and standards for live-in treatment programs as part of the Ontario Intensive Treatment Pathway and ensure that those guidelines and standards are developed in collaboration with Francophone and Indigenous partners to ensure they meet the needs of those communities.
5. The Ministry of Health establish firm service expansion volume targets and the means to ensure that volume targets are met to increase access to intensive services.
6. The Ministry of Health ensure that the Intensive Treatment Pathway development is delivered on time and that planning for service expansion happens concurrently.
7. The Ministry of Health continue its phased implementation of the Ontario Intensive Treatment Pathway and use this process to identify service gaps across regions, including in Northern Ontario, and include in its 120-day response the steps it is taking to enhance access to appropriate treatment options for children and youth with complex needs.
8. The Ministry of Health prioritize establishing secure treatment beds in regions that lack them, such as western and Northern Ontario, for children and youth with severe mental health conditions.

Services for Concurrent Addictions Disorders

The Committee noted the Auditor's finding that 70% of CYMH agencies that responded to the Auditor's survey felt that services for children and youth with concurrent mental health and addictions disorders are not sufficient. The Committee asked what is being done to close this gap.

The Ministry pointed to Youth Wellness Hubs as one mechanism to help close this gap. While they do not provide "the full care continuum" of addictions services (e.g., they do not offer withdrawal management), they do offer some addictions treatment services as well as mental health treatment and primary care. Currently, there are 22 hubs, with ten more in development.

The Ministry also said that although the CYMH program itself does not include addictions funding, there is addictions programming and funding for children and youth. In addition to Youth Wellness Hubs, AMANI (a network of organizations funded by the provincial government) provides integrated mental health and substance use care for Black youth aged 12 to 29. Preventative programming happens at schools and there are four or five live-in addiction treatment programs for children and youth. Some of the Homelessness and Addiction Recovery Treatment (HART) hubs focus on the child and youth population.

Further, as part of the development of the core services framework, the Ministry is looking to build out more services for child and youth addictions. Work is under way to finalize advice to government, but the core services framework will be a key component of a continuum of care approach to addictions care for children and youth.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

9. The Ministry of Health continue its work with Ontario Health to
 - a. build an evidence-based continuum of addictions care for children and youth that could be embedded in a comprehensive core services framework, including options for more intensive addictions treatment;
 - b. prioritize expanding access to treatment for concurrent disorders, leveraging existing programs; and
 - c. ensure access in all areas of the province.
10. The Ministry of Health, in its 120-day report, identify which Homelessness and Addiction Recovery Treatment (HART) hubs include programming or service components specifically for children or youth, including program descriptions related to substance use treatment and concurrent disorders treatment, and consider how this information can be communicated and incorporated into broader efforts to improve the visibility of available services.

Services for Transition-aged Youth

The audit found that despite the introduction of Youth Wellness Hubs to provide some services for transition-aged youth, young people transitioning to receive adult mental health services face barriers due to differences in available services between CYMH and adult programs, among other things. The Committee asked what steps the Province is taking to ensure that youth transitioning to adult services have seamless access to mental health and addictions support.

The Ministry said that there have been investments in both base funding for the mental health and addictions system at large as well as for children and youth. Currently, agencies are required to engage in transition planning and there is guidance to providers that they should be preparing for transitions to support children and youth as they come into adulthood. This guidance is outlined in program guidelines and requirements the Ministry has issued to support CYMH programming.

The Ministry also noted that Youth Wellness Hubs support transition-aged youth between 12 and 25, and that it is expanding the number of Hubs in the province. In addition, as noted earlier, AMANI serves Black youth between the ages of 12 and 29, providing mental health and substance use support across eight sites in southern Ontario.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

11. The Ministry of Health ensure that transition-aged youth are proactively offered a transitional care plan that ensures continuity aligned with their level of acuity, with the goal of minimizing and eliminating service gaps for youth with acute or complex needs.
12. The Ministry of Health share any analysis that it has on effectiveness of the Ministry's guidance to agencies on transition planning with the Committee in its 120-day report, with information broken down by children with mental health issues, substance use issues, and concurrent disorders, and consider evaluating the effectiveness of existing transition planning guidance as part of its work on the core services framework.

Innovation to Support Child and Youth Mental Health

The Committee asked what innovative steps the Province has taken to support the mental health and well-being of children and youth. The Ministry said that it has implemented several programs to provide timely intervention and low-barrier access to mental health and addiction services. One such program is One Stop Talk/Parlons Maintenant. The program was developed by the provincial lead agency consortium in 2019 under the leadership of Strides Toronto. It launched provincially in 2023. It offers virtual access to immediate, single-session therapy for children and youth and their families. Clinicians are rostered from agencies across the province and are available to any child or youth in Ontario no matter where they live.

Children and youth and their parents can access the service by phoning the dedicated phone line or accessing the online services on the One Stop Talk website. After some questions, the child, youth, or parent is connected to a registered therapist for a session, which is free and lasts up to one hour. During the session, they discuss what the child or youth is going through and make a plan to move forward. If additional services are needed, a referral will be made. There is no limit to the number of times a child or youth can access the service. Since the launch of the program, almost 4,500 clinical sessions have been completed.

The Ministry also funds the Knowledge Institute on Child and Youth Mental Health and Addictions. The Institute is a provincial expert partner that mobilizes current evidence and knowledge and provides support to the CYMH and addictions sector. It works closely with lead agencies and the broader CYMH sector to make services more responsive to the needs of children and youth. The Institute is leading the development of quality standards for the CYMH sector with a current focus on live-in treatment services (a subset of intensive treatment services.)

The Ministry also said that it is also using technology to empower children and youth to access information through the funding of Resources Around Me, a searchable directory of over 40,000 free mental health, addictions and related services.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

13. The Ministry of Health explore ways to better communicate existing child and youth mental health and addictions services so that those in need know where to go and how to access services.
14. The Ministry of Health work with partners to explore opportunities to enhance the usability and accessibility of the Resources Around Me platform for children, youth, and families.
15. The Ministry of Health continue its work on improving coordinated access to child and youth mental health services as part of the Ontario Health-led Data and Digital Initiative and the renewed core services framework and provide an update to the Committee on improvements to access in its 120-day report.
16. The Ministry of Health identify evidence-informed innovations in the child and youth mental health sector and work to support their broader adoption as part of ongoing quality improvement efforts.
17. The Ministry of Health, through the work underway through Ontario Health's Mental Health and Addictions Centre of Excellence Data and Digital Initiative, develop and implement a plan to publicly report on wait times and time to first service, disaggregated by region, and include any steps taken to do so in its 120-day report to the Committee.

Human Resources and Wage Disparities

The audit found that CYMH agencies have been experiencing significant health human resources shortages. Further, there are significant pay disparities for clinical positions at community-based CYMH agencies compared to hospitals and schools, which contribute to staffing challenges. The audit also noted that recruitment and retention of staff has been difficult due to staff burnout with higher workloads at some agencies.

The Committee asked how the Ministry is going to address the issue of wage disparities and the difficulties the CYMH sector has recruiting and maintaining staff. The Ministry noted that the government made “across-the-board” increases to base funding for the child and youth sector of 5% in 2019 and 5% in 2023. The budget this past year referenced an additional \$303 million over four years, which amounts to a 4% increase to the sector.

The Committee noted that those increases were just above the rate of inflation, but that the wage discrepancies described in the audit report are in the range of 20-50% as compared to the acute care and education sectors. The Committee asked how CYMH agencies could be expected to match what is offered in other sectors with the amount of funding they are provided.

The Ministry said that addressing this issue is one reason a health human resources plan is needed. The Ministry has developed a health human resources strategy that looks at education expansion and clinical supports, scope of practice, pathways for international practitioners, and retention and distribution. The health human resources strategy is a global one, but the Ministry wants to create one that focuses specifically on the mental health and addictions sector next.

The Committee also learned that the Ministry is working with the Treasury Board Secretariat to collect workforce data from the community mental health and addictions sector. The Ministry said it would continue to work with mental health and addictions partners and the Centre of Excellence to develop additional measures to support health human resources capacity in the CYMH sector. Over the medium to long-term (two to five years), the Ministry will also “explore the feasibility and appropriateness of implementing workload guidelines and/or other quality/effectiveness guidance.”

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

18. The Ministry of Health develop and implement a dedicated human resources strategy for the community-based child and youth mental health sector to address workforce needs and wage disparities and include information on planned steps and projected timelines in its 120-day report to the Committee.
19. The Ministry of Health provide, in its 120-day response, high-level information on how the recent \$303 million investment in the child and youth mental health sector is being directed and allocated, disaggregated by region, to support service stability and capacity.

Monitoring Longer-Term Health Care Outcomes

The audit report identified the need to monitor longer-term outcomes of children and youth who receive mental health services and noted that the Ministry is unable to connect data from community-based mental health agencies to databases across the health care sector. To address this gap, the Auditor recommended that the Ministry work with lead agencies and Ontario Health to support agencies to collect health card numbers from clients in a way that respects privacy legislation.

According to the Ministry, it plans to work with the Centre of Excellence to assess making a health card reader program available for CYMH agencies. In addition, once the CYMH sector is onboarded to the Data and Digital Initiative, client records can be linked across the health journey and across the client's lifespan. The Ministry expects these measures to be implemented by March 2030.

The Committee also asked why it will take until 2030 to bring in OHIP data collection technology to the CYMH sector. The Ministry responded that 2030 is the date by which it expects full implementation of the Auditor's recommendation and access to the Data and Digital Initiative infrastructure. This involves not just card readers but also moving CYMH providers onto the provincial data standard and making sure all the compliance systems are in place.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

20. The Ministry of Health support child and youth mental health agencies to collect health card numbers from clients, as recommended by the Auditor, and include in its 120-day response information on steps taken to implement this recommendation and any challenges encountered.
21. The Ministry of Health include, in its 120-day response, additional detail on how it plans to support data collection and reporting within the child and youth mental health sector as part of the Data and Digital Initiative.

Integration with the Adult Mental Health and Addictions Sector

The audit report noted that in 2010, the Select Committee on Mental Health and Addictions recommended that a single body be responsible for designing, coordinating, and managing the mental health and addictions sector. However, CYMH and adult mental health and addictions are still separately overseen by the Ministry of Health (CYMH) and Ontario Health (adult mental health and addictions). The Committee asked whether CYMH would be fully integrated with the rest of the mental health system or whether we will continue to have two organizations oversee mental health services in Ontario.

The Ministry responded that the Ministry of Health has legislative responsibility for CYMH and that legislative changes would need to be made to have Ontario Health do that type of work. The Ministry also reported that currently there is collaboration between the CYMH and adult sectors on several initiatives.

Going forward, the Ministry and Ontario Health will review their accountability agreement on a regular basis and identify appropriate changes to further define roles and responsibilities. The Ministry will also work with the Centre of Excellence and the Lead Agencies Consortium “to explore options for greater alignment being undertaken to implement *Roadmap to Wellness*.”

Committee Recommendation:

The Standing Committee on Public Accounts recommends that:

22. The Ministry of Health and Ontario Health review historical recommendations regarding unified oversight of mental health and addictions services, including those from the Select Committee on Mental Health and Addictions, and work to advance the underlying goals of improved coordination, clearer accountability, and more coherent service delivery across child, youth, and adult systems as part of ongoing *Roadmap to Wellness* implementation.

Transfer Payment Reconciliation

The audit found that the Ministry has not been timely in reconciling transfer payments made to CYMH agencies against what agencies had actually spent. Between 2020/21 and 2022/23, agencies received and did not spend about \$66 million, but as of July 2024, the Ministry had recovered only about \$1.6 million. The Committee asked about this audit finding and the Ministry’s plan to address the issue.

The Ministry said that it is making progress in completing outstanding reconciliations. It is prioritizing reviews by fiscal year and programs with the highest volume of outstanding reviews. The Ministry has implemented a plan for completing outstanding reconciliations, including adding staff to do the work, which is quite intensive. The Ministry is also implementing changes to its processes to be more efficient and limit the accumulation of volume over time and avoid future delays. The Ministry is “committed to completing all outstanding reconciliations” by the end of fiscal year 2025/26.

Committee Recommendations:

The Standing Committee on Public Accounts recommends that:

23. The Ministry of Health include information on whether it met its target to complete all outstanding transfer payment reconciliations by the end of fiscal year 2025/26 in its 120-day response to this report.
24. The Ministry of Health explore ways to optimize funding and distribution to ensure that the funding provided goes to services based on needs.

CONSOLIDATED LIST OF COMMITTEE RECOMMENDATIONS

1. The Ministry of Health continue its work with the Ministry of Children, Community and Social Services and the Ministry of Education on the development of a cross-sector protocol to improve collaboration and coordination of service delivery and include an update on this work in its 120-day response to the Committee, by geographic service area.
2. The Ministry of Health continue its work with the Ministry of Children, Community and Social Services and the Ministry of Education, and, where appropriate, the Ministry of the Attorney General and the Ministry of the Solicitor General, to improve data alignment and develop shared data standards that support coordinated service delivery and provide better insight into long-term outcomes for youth interacting with multiple systems.
3. The Ministry of Health, in collaboration with Ontario Health's Mental Health and Addictions Centre of Excellence, implement a standardized and validated performance-measurement framework for community-based child and youth mental health services, supported by consistent definitions, data quality safeguards, and mechanisms for comparability across agencies once the Data and Digital Initiative is implemented.
4. The Ministry of Health continue its work to develop quality guidelines and standards for live-in treatment programs as part of the Ontario Intensive Treatment Pathway and ensure that those guidelines and standards are developed in collaboration with Francophone and Indigenous partners to ensure they meet the needs of those communities.
5. The Ministry of Health establish firm service expansion volume targets and the means to ensure that volume targets are met to increase access to intensive services.
6. The Ministry of Health ensure that the Intensive Treatment Pathway development is delivered on time and that planning for service expansion happens concurrently.
7. The Ministry of Health continue its phased implementation of the Ontario Intensive Treatment Pathway and use this process to identify service gaps across regions, including in Northern Ontario, and include in its 120-day response the steps it is taking to enhance access to appropriate treatment options for children and youth with complex needs.
8. The Ministry of Health prioritize establishing secure treatment beds in regions that lack them, such as western and Northern Ontario, for children and youth with severe mental health conditions.
9. The Ministry of Health continue its work with Ontario Health to
 - a. build an evidence-based continuum of addictions care for children and youth that could be embedded in a comprehensive core services framework, including options for more intensive addictions treatment;

- b. prioritize expanding access to treatment for concurrent disorders, leveraging existing programs; and
 - c. ensure access in all areas of the province.
- 10. The Ministry of Health, in its 120-day report, identify which Homelessness and Addiction Recovery Treatment (HART) hubs include programming or service components specifically for children or youth, including program descriptions related to substance use treatment and concurrent disorders treatment, and consider how this information can be communicated and incorporated into broader efforts to improve the visibility of available services.
- 11. The Ministry of Health ensure that transition-aged youth are proactively offered a transitional care plan that ensures continuity aligned with their level of acuity, with the goal of minimizing and eliminating service gaps for youth with acute or complex needs.
- 12. The Ministry of Health share any analysis that it has on effectiveness of the Ministry's guidance to agencies on transition planning with the Committee in its 120-day report, with information broken down by children with mental health issues, substance use issues, and concurrent disorders, and consider evaluating the effectiveness of existing transition planning guidance as part of its work on the core services framework.
- 13. The Ministry of Health explore ways to better communicate existing child and youth mental health and addictions services so that those in need know where to go and how to access services.
- 14. The Ministry of Health work with partners to explore opportunities to enhance the usability and accessibility of the Resources Around Me platform for children, youth, and families.
- 15. The Ministry of Health continue its work on improving coordinated access to child and youth mental health services as part of the Ontario Health-led Data and Digital Initiative and the renewed core services framework and provide an update to the Committee on improvements to access in its 120-day report.
- 16. The Ministry of Health identify evidence-informed innovations in the child and youth mental health sector and work to support their broader adoption as part of ongoing quality improvement efforts.
- 17. The Ministry of Health, through the work underway through Ontario Health's Mental Health and Addictions Centre of Excellence Data and Digital Initiative, develop and implement a plan to publicly report on wait times and time to first service, disaggregated by region, and include any steps taken to do so in its 120-day report to the Committee.

18. The Ministry of Health develop and implement a dedicated human resources strategy for the community-based child and youth mental health sector to address workforce needs and wage disparities and include information on planned steps and projected timelines in its 120-day report to the Committee.
19. The Ministry of Health provide, in its 120-day response, high-level information on how the recent \$303 million investment in the child and youth mental health sector is being directed and allocated, disaggregated by region, to support service stability and capacity.
20. The Ministry of Health support child and youth mental health agencies to collect health card numbers from clients, as recommended by the Auditor, and include in its 120-day response information on steps taken to implement this recommendation and any challenges encountered.
21. The Ministry of Health include, in its 120-day response, additional detail on how it plans to support data collection and reporting within the child and youth mental health sector as part of the Data and Digital Initiative.
22. The Ministry of Health and Ontario Health review historical recommendations regarding unified oversight of mental health and addictions services, including those from the Select Committee on Mental Health and Addictions, and work to advance the underlying goals of improved coordination, clearer accountability, and more coherent service delivery across child, youth, and adult systems as part of ongoing *Roadmap to Wellness* implementation.
23. The Ministry of Health include information on whether it met its target to complete all outstanding transfer payment reconciliations by the end of fiscal year 2025/26 in its 120-day response to this report.
24. The Ministry of Health explore ways to optimize funding and distribution to ensure that the funding provided goes to services based on needs.