

**Recommended Health Equity (HE) priorities for the Ontario  
Structured Psychotherapy (OSP) program: Final report of the  
Health Equity Task Group**

**May 2023**

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on behalf of the OSP Health Equity Task Group

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## A message from the OSP Health Equity Task Group Chair

In April 2022, the OSP Health Equity (HE) Task Group was formed to provide recommendations to the OSP Program on two to three focused areas of action that will strengthen OSP's ability to provide equitable access, experiences, quality of care and client outcomes for identified priority populations. The HE Task Group members were recruited to ensure a broad range of knowledge, skills and experiences in roles across the OSP Program. Balance was also sought to ensure representation from both Network Lead Organizations (NLOs) and Service-Delivery Sites (SDSs) and across regions, and to reflect experience working with a variety of priority populations.

Using dialogue and consensus-based decision-making, the HE Task Group has identified three equity-focused priorities for OSP. If advanced, these priorities would make a meaningful difference in enabling OSP to strengthen equitable access and achieve equitable outcomes for priority populations. This final report describes an overview of the consultation process, feedback and key themes that emerged from those consultations, as well as the final recommendations for the OSP Program.

I want to thank members of the HE Task Group, all of whom brought a diverse range of knowledge, skills and expertise to make invaluable contributions to this work. I want to acknowledge the contributions of each OSP table member and stakeholder group who participated in consultations as well as the staff at the Mental Health and Addictions Centre of Excellence (CoE). Last, but not least, a very special mention of the Provincial System Support Program (PSSP) staff who not only provided secretariat support to the HE Task Group but were the backbone for this work.

### Task Group members

|                       |  |
|-----------------------|--|
| Adam Wheeler          | Lawyer, Social Worker and Person with Lived Experience of Mental Illness             |
| Aseefa Sarang (Chair) | Executive Director, Across Boundaries  |
| Caitlin Davey         | Clinical Consultant with OSP West  |
| Charity Fleming       | Registered Social Worker, Psychotherapist  |
| Diana Burrage         | Former OSP Client, member of Waypoint OSP Client Panel                               |
| Genevieve Arturi      | Director for OSP Service, Hawkesbury & District General Hospital                     |
| Melanie Ducharme      | OSP Program Manager for Health Science North   |
| Naomi Ennis           | Clinical Lead, Care Point Health   |
| Noor Sharif           | Clinical Consultant and Equity Lead, Care Point Health                               |
| Raelene Prieto        | Manager, Women's Health in Women's Hands Community Health Centre                     |
| Sandi Bell            | Social justice, human rights and equity expert, and former Human Rights Commissioner |
| Vinita Puri           | Population Health Manager, Women's Health in Women's Hands Community Health Centre   |

Sincerely,



Aseefa Sarang  
Chair, OSP Health Equity Task Group  
Executive Director, Across Boundaries

## Recommendations

The OSP Health Equity Task Group recommends that the OSP Program advance actions at the provincial and service-delivery level to achieve the following three outcomes in the next two to three years:

1. Performance expectations for serving priority populations are clearly articulated and incorporated within accountability agreements with NLOs and SDSs, ensuring that enablers are in place for SDSs
2. The membership of OSP governance and oversight tables, committees, and working groups includes diverse people with knowledge and skills in lived experience and equity analysis
3. Equity/ARAO clinical core competencies are developed, adopted, measured and advanced by the OSP Program through structures, resourcing, and program and performance expectations.

We also recommend that:

4. The Health Equity Task Group be refreshed in order to support the development and implementation of the health equity priorities.

## Introduction

The vision of the OSP Program is to make publicly funded, evidence-based psychotherapy and related approaches available to people across Ontario who experience depression, anxiety and anxiety-related conditions. Recognizing that the OSP Program's services should reflect the needs of the populations it serves in communities across Ontario, achieving equity is one of five goals of the OSP Program (see Appendix A for the OSP Program Vision and Goals). Within the context of OSP, equity is achieved when the needs of populations who are at higher risk of not having access to evidence-based psychotherapy and related approaches are targeted to attain:

- high rates of access across all groups
- high rates of recovery across all groups
- excellent quality of care and excellent care experiences across all group.

It is not enough to merely state a commitment to equity. Intentional, engaged and coordinated actions must be taken in order to create accessible, safe, and dignified services for all people (Health Equity Maturity Model (HEMM), 2021). To that end, in March 2022, the OSP Advisory Committee endorsed a HEMM, which articulates the way that the OSP Program will look and feel across basic, evolving and mature levels of health equity (see Appendix A). At that time, a task group was also created in order to provide recommendations to the OSP Program on priorities for focused areas of action at both the provincial and service-delivery levels that will enable the OSP Program to advance along the HEMM continuum and strengthen OSP's ability to achieve its equity goal.

This report aims to describe the work undertaken by the HE Task Group during the 2022–2023 fiscal year. More specifically, this report aims to:

1. summarize the HE Task Group's process and decision-making criteria
2. share key findings from the consultations with stakeholders and tables from across the OSP Program
3. recommend two to three health equity priorities that the OSP Program should advance in order to strengthen equitable access and quality of care for priority populations.

## Overview of the HE Task Group's approach

The HE Task Group met bi-monthly in order to fulfill its purpose (see Appendix B for the Group's Terms of Reference). The HE Task Group's work was divided into three phases:

1. **Develop an initial list of potential priorities:** The Task Group began by identifying and refining an initial list of health equity priorities, grounded in the HEMM. The group utilized a survey to collect ideas from each HE Task Group member and refined them through dialogue to develop an initial list of health equity priorities that met the decision-making criteria.

2. **Gather input:** Under the direction of the Task Group, PSSP led consultations with key stakeholders and OSP oversight tables including the Clinical and Training Table, NLO Community of Practice, OSP Advisory Committee, Indigenous Evaluation Circle and SDSs. A modified Delphi method was employed to initiate the discussions and bring out diverse viewpoints. Key informants with specialized knowledge or skills were consulted individually to further investigate some feedback raised during the group consultations.
3. **Recommend priorities:** Finally, the HE Task Group considered the feedback provided through the consultations and, through consensus-based decision making, identified three recommendations for focused area of action that meet the decision-making criteria of *impact*, *feasibility*, and *balance*.

## Criteria

The following decision-making criteria guided the HE Task Group's deliberations and decisions.

- **Impact** is defined as an area of focus that reflects the social and structural context and would meaningfully advance equitable access, experiences, quality of care and patient outcomes for identified priority populations.
- **Feasibility** means that meaningful action can be advanced within two to three years and resources can be allocated to support the actions.
- **Balance** means that the area of focus addresses priorities across NLOs and for the mental health system as whole in order to meet the needs of the program's priority populations.

## Key findings from the consultations

On behalf of the HE Task Group, PSSP led consultations between November 2022 and January 2023 with OSP's stakeholder engagement and oversight structure and key partners (Table 1 below provides an initial list of areas of focus and outcomes for consultation).

**Table 1**

*Areas of Focus and Outcomes (Draft for Consultation)*

| Area of focus in HEMM                                     | Outcome  |
|---|--|
| Oversight   | The membership of OSP governance and oversight tables, committees, and working groups includes diverse people with knowledge and skills in lived experience and equity analysis.   |
| Culturally Adapted CBT                                    | Review of existing Culturally Adapted Cognitive Behavioural Therapy (CA-CBT) programs for OSP from a clinical and implementation perspective is developed by PSSP for consideration by the CoE and other program stakeholders. |
| Culturally and Linguistically Responsive Service Delivery | Clients are served by individuals who have training, ongoing capacity building, and clinical consultation on accessible services, client-centered care, trauma-informed care, trans-   |

| Area of focus in HEMM           | Outcome   |
|---------------------------------|---|
|                                 | affirming care, anti-Black and anti-Indigenous racism, anti-oppression, cultural safety and multi-cultural counselling principles.  |
| Measurement-Based Care and Data | Measurement-based care tools have been translated and validated for identified populations.   |
|                                 | Clinicians have the knowledge, skills, and ongoing support needed to incorporate measurement-based tools and deliver measurement-based care in culturally-responsive ways for different populations.  |
|                                 | Data governance frameworks (such as <a href="#">EGAP</a> and <a href="#">OCAP</a> ) have been explored for implementation within the OSP Program. Considerations for implementation and potential recommendations to better align OSP data governance with relevant frameworks have been developed. |
| Accountability                  | Performance expectations for serving priority populations are clearly articulated and incorporated within accountability agreements with NLOs.  |

Throughout the consultations, stakeholders consistently noted that:

- ensuring that there is diverse membership in the OSP Program’s governance and oversight structures is imperative, and action in this area is essential in order to operationalize other priorities and in supporting the OSP Program to meet its equity goal
- performance expectations and accountability agreements are critical drivers for advancing equity overall across OSP and for each outcome
- the term “priority populations” needs to be better defined in order to operationalize most priorities and advance equity more broadly across OSP.

Stakeholders found most priority outcomes to be interrelated and essential in advancing equity within the program. They expressed difficulty in having to choose two to three outcomes to advance for the immediate future. It was, however, also recognized that some outcomes require fewer resources and to be less time intensive than others. A number of outcomes are also being addressed through other work streams and/or would be advanced more effectively at a later time.

Many stakeholders and tables identified culturally-adapted CBT as having a high impact on improving equity for priority populations in OSP; however, they noted that defining priority populations within the context of OSP and the implications for service delivery is an important first step before this work could meaningfully advance.

Many stakeholders also noted that the tools currently being utilized by OSP are not meeting the needs of diverse clients and that there should be a focus on identifying and incorporating tools that are

culturally-specific or relevant rather than training clinicians to use existing tools in more culturally-responsive ways for different populations.

For a more detailed overview of the consultation findings, see Appendix C.

## Recommendations

After carefully considering all of the feedback from the stakeholder consultation sessions, the HE Task Group reached consensus on the following recommended outcomes:

### Recommendation 1

**Performance expectations for serving priority populations are clearly articulated and incorporated within accountability agreements with NLOs and SDSs, ensuring that enablers are in place for SDSs.**

Rationale: Throughout the stakeholder consultations, the stakeholders identified having clear performance expectations for serving priority populations as foundational to strengthening the OSP Program's ability to target populations who may have less access to evidence-based psychotherapy and related approaches: a key goal of the OSP Program. Accountability agreements establish the operational and performance expectations of NLOs. Given that the OSP Program has long stated a desire to prioritize priority populations, there is a need to clearly articulate an approach to priority populations and integrate appropriate performance expectations for serving these groups within accountability agreements. This clarity would enable NLOs and SDSs to strategically prioritize and allocate their resources, identify and address systemic barriers, and monitor progress toward providing equitable access and quality care for these populations.

Some activities that could be undertaken in order to achieve this outcome include:

- reviewing and clearly defining priority populations for the OSP Program
- proposing an approach for serving priority populations for the OSP Program
- analyzing data to assess the extent to which the OSP Program is currently serving priority populations
- identifying equity indicators for inclusion in accountability agreements
- developing a report summarizing the findings, considerations and recommendations for accountability agreements
- incorporating recommendations and indicators into accountability agreements and updating the funding model to account for new expectations.

### Recommendation 2

**The membership of OSP governance and oversight tables, committees, and working groups includes diverse people with knowledge and skills in lived experience and equity analysis**

Rationale: Throughout the consultations, ensuring greater diversity in lived experience, as well as skills in equity analysis, was seen as a fundamental step in better meeting the needs of diverse populations



across Ontario and making progress toward the OSP Program’s equity goal. Homogenous advisory and/or decision-making tables do not occur by chance. Rather, they are symptomatic of a lack of intentional recruitment and/or a failure to action commitments to equity and anti-racism (Stuart and Foisy, 2020). Incorporating diverse, intersectional lived experiences and skills in equity analysis across OSP’s governance and oversight structures will be a critical next step to ensuring the implementation of a program that meets the needs of diverse Ontarians.

Some activities that could be undertaken in order to achieve this outcome include:

- conducting an environmental scan and undertaking key informant interviews
- developing draft recommendations and consulting with stakeholders
- presenting final recommendations to the OSP Advisory Committee for endorsement
- implementing recommendations as Terms of Reference are revisited.

### Recommendation 3

**Equity/Anti-Racist and Anti-Oppressive (ARAO) clinical core competencies are developed, adopted, measured and advanced by the OSP Program through structures, resourcing, and program and performance expectations.**

Rationale: As the OSP Program has scaled up, a need has emerged to situate expected health equity core competencies within a framework for use by frontline clinicians operating within the OSP Program at both NLOs and SDSs. *Competencies* are “specific, measurable knowledge, skills and attitudes needed to effectively perform a particular function or role. A competency serves as a human resource tool that puts the focus on worker behaviours” (PSRC, 2017). Although individual clinicians’ approaches - “worker behaviour” – is a key part of ensuring OSP clients receive equitable care, clinicians do not work in a vacuum. They need to be supported by their organizations and by the system to successfully acquire the knowledge and put into practice anti-racist, anti-oppressive and equity-centered skills. This will require measuring not only the practices of clinicians but also of SDSs and NLOs, and an adjustment of program resourcing and expectations to ensure that they are able to implement evidence-based equity/ARAO best practices.

Some activities that could be undertaken in order to achieve this outcome include:

- refining, prioritizing and endorsing health equity core competencies for clinicians through a Delphi process
- assessing the extent to which clinicians and coaches are practicing these competencies and where gaps might exist
- identifying options and implementation considerations for how these core competencies will be advanced through structures, resourcing, program and performance expectations and monitoring and evaluations.

In addition, the Health Equity Task Group is advancing a fourth recommended outcome:

#### Recommendation 4

**The Health Equity Task Group be refreshed in order to support the development and implementation of the health equity priorities.**

Rationale: Refreshing the HE Task Group is essential to ensure that the OSP Program is equipped to advance the identified priorities in meaningful and impactful ways.

Some activities that could be undertaken to achieve this outcome include:

- updating the HE Task Group's Terms of Reference and membership to ensure diverse knowledge and skills to oversee the recommended work priorities
- providing secretariat support for regular meetings to oversee and support the advancement of the health equity recommendations.

## Conclusion

The HE Task Group is recommending three equity-focused priorities for the OSP Program. These priorities include: (1) clearly articulating performance expectations for serving priority populations, (2) incorporating diversity in OSP governance and oversight tables and, (3) developing equity/ARAO clinical core competencies. Action on these recommendations are important steps that will enable OSP to meaningfully advance along the HEMM continuum and, ultimately, provide equitable access, experiences, quality of care and client outcomes for identified priority populations as well as aligning with the anti-racism framework of Ontario Health.

## References

Psychosocial Rehabilitation Canada (PSRC). (2017). [Competencies of Practice for Canadian Recovery-Oriented Psychosocial Rehabilitation Practitioners.](#)

Black Health Equity Working Group. (2021). [Engagement, Governance, Access, and Protection \(EGAP\): A Data Governance Framework for Health Data Collected from Black Communities.](#)

The First Nations Information Governance Centre. (May 2014). [Ownership, Control, Access and Possession \(OCAP\): The Path to First Nations Information Governance.](#)

Stuart, S. & Foisy, C. (2020), *Equity and Engagement in the Ontario Structured Psychotherapy (OSP) Initiative Spring/Summer 2020 Reflection.*

## Appendix A. OSP Program Vision and Goals

The vision of the OSP Program is to make publicly-funded, evidence-based psychotherapy and related approaches available to people across Ontario with depression, anxiety, and anxiety-related conditions. The program's services will reflect the needs of the populations it serves in communities across Ontario. This includes ensuring that all Ontarians with depression, anxiety, and anxiety-related conditions, including the program's priority populations, which are groups at higher risk of poor mental health outcomes, or who experience barriers to accessing care, are able to access the program. These specific populations include (but are not limited to):

- people without access to healthcare benefits and those living on a low income
- people who are Black, Indigenous and other people of colour
- Francophones
- people who identify as LGBTQ2S+
- people living with disabilities
- people living in remote areas.

### Program goals:

- Effective:** High rates of recovery or clinical improvement across all participating clients, including those from the program's priority populations.
- Efficient:** Maximum effectiveness for minimum cost.
- Equitable:** Meeting the needs of clients who are at higher risk of not having access to evidence-based psychotherapy and related approaches by targeting the program's priority populations to achieve:
- high rates of access across all groups
  - high rates of recovery across all groups
  - excellent quality of care, and excellent care experience across all groups.
- Client-centred:** Clients have excellent care experiences that are culturally informed, safe, respectful, and developmentally appropriate.
- Accessible:** Clients, including clients from priority populations who were previously unable to access evidence-based psychotherapy and related approaches, will be able to access high quality care. In order to achieve this goal, the five dimensions of access will be addressed:
- i. **Approachability:** information on OSP will be more widely available across Ontario, including for priority populations
  - ii. **Acceptability:** factors that influence the social and cultural acceptability of OSP services for clients from priority populations will increase
  - iii. **Availability and accommodation:** a high volume of clients, especially from priority populations, will receive services in a timely manner
  - iv. **Affordability:** economic barriers to accessing evidence-based psychotherapy and related approaches will be minimized
  - v. **Appropriateness:** The provision of services that meet client and population needs will increase

## Appendix B. Health Equity Task Group Terms of Reference

Ontario Structured Psychotherapy Program (OSP)  
**Health Equity Task Group**  
 Terms of Reference

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### I. Background:

#### Ontario Health

[Ontario Health](#) is a health agency that was created in 2019 through the integration of existing provincial health agencies and programs. Ontario Health oversees health care delivery, improves clinical guidance, and provides support for providers to ensure better quality care for patients. Ontario Health will:

- build on the same standards of excellence and global recognition developed by many existing agencies across the health care system
- improve clinical guidance and offer more effective support for providers
- ensure health care dollars are used more efficiently by removing overlap in infrastructure and administration (for example, accounting, planning and human resources)
- advance digital-first approaches to health care, such as virtual care, and improve integration and efficiency of digital assets across the health system
- support, through its Mental Health and Addictions Centre of Excellence (MHA CoE), the mental health and addictions strategy provided for under the *Mental Health and Addictions Centre of Excellence Act, 2019*

#### The Mental Health and Addictions Centre of Excellence

##### **Foundations for Promoting and Protecting Mental Health and Addictions Services Act, 2019**

Establishing a Mental Health and Addictions Centre of Excellence (CoE) is a critical first step in laying the foundation on which to develop and maintain a mental health and addictions strategy. This strategy recognizes that mental health and addictions care is a core component of an integrated health care system. The Centre has been established within Ontario Health and will carry out the following:

- Put into operation the mental health and addictions strategy;
- Develop clinical, quality and service standards for mental health and addictions;
- Monitor metrics related to the performance of the mental health and addictions system;
- Provide resources and support to health service providers, integrated care delivery systems and others related to mental health and addictions; and

- Other functions as required.

### **Ontario Structured Psychotherapy Program**

The Ontario Structured Psychotherapy program (OSP) is a key component of the government's mental health and addiction strategy and will be the first of its kind in Canada in terms of its scope, scale, focus on quality, and public reporting on outcomes. Funded like OHIP, there will be no out-of-pocket costs for clients who participate in the program.

The program will be offered in various forms that best meet a client's needs, including telephone coaching and clinical counselling, psychoeducational groups, internet-based cognitive behavioural therapy and face-to-face group and individual counselling. In-person sessions are already available and are being scaled up.

Ontario will scale OSP to expand access for Ontarians to receive the right level of service at the right time in the right place. This will help ensure that higher-intensity services are available for people with greater needs as depression, anxiety, and anxiety-related conditions will be increasingly addressed earlier in a client's journey. This scaling will make care available in more places and formats, and will ensure that training is made available to more mental health and addictions professionals, alongside strong clinical support and supervision.

### **Provincial System Support Program**

The [Provincial System Support Program](#) (PSSP) at the Centre for Addiction and Mental Health works with communities, service providers, and other partners across Ontario to move evidence into action to create sustainable, system-level change. With offices in Toronto and across the province, PSSP is on the ground, collaborating with stakeholders to build a better system with expertise in implementation, knowledge exchange, evaluation and data management, and health equity and engagement.

PSSP provides backbone support to OSP. This includes project management, implementation guidance and activities, data management and performance measurement, capacity building, and health equity expertise. Additionally, PSSP is responsible for the development of the OSP Training program (e.g., development of training modules, overall curriculum development) as well as developing clinical guidance documents (e.g., screening and assessment guide and script; clinical protocol etc.).

This document sets out the Terms of Reference for the **HE Task Group**.

## **II. Purpose**

The purpose of the HE Task Group is to provide recommendations to the OSP Program on:

1. Priorities for focused areas of action at both the provincial and service-delivery levels that will enable the OSP Program to advance along the Health Equity Maturity Model continuum.

It is recognized that collective discussion and analysis is required to identify meaningful recommendations for change. Thus, the HE Task Group will work in conjunction with other OSP governance tables to ensure recommendations are meaningful and actionable. In order to center health

equity and lived experience analysis, this group will also include people who have direct experience of mental health and/or addiction challenges in addition to experiences of intersectional forms of oppression (racism, homophobia, transphobia, ableism, etc.; see x. Membership).

### III. **Accountability**

The HE Task Group will be accountable to the OSP Program.

### IV. **Responsibilities of the HE Task Group**

To fulfill its purpose, the HE Task Group will:

- Review and provide input into the process and decision-making criteria that the group will use to collaboratively identify and prioritize focused areas of action for health equity action across OSP
- Apply the prioritization process and decision-making criteria to develop and recommend focused areas for action that will meaningfully strengthen the OSP Program's ability to deliver equitable service to all Ontarians.
- Identify appropriate groups both within and external to OSP that should be consulted and ensure the integration of these perspectives into the Task Group's recommendations.
- Develop and recommend key considerations for implementing the prioritized focused areas of action at the service-delivery and provincial levels.

### V. **Responsibilities of table members:**

Task Group members will:

- Contribute to the co-development of a Group Agreement for how the members of the Health Equity Task Group will work together to ensure reciprocity, ethical dialogue and consensus-based decision-making during the prioritization process.
- Attend and actively participate in discussions, decision-making and information sharing (see vii. Attendance and viii. Frequency of meetings).
- Review meeting materials in advance, including meeting minutes and action items.
- Respect confidentiality of the Task Group as required and especially when discussions are in progress and/or decisions have not yet been finalized.
- Hold space for diverse perspectives, experiences, and analysis by practicing compassionate, ethical dialogue; upholding anti-racism and anti-oppression principles.

### VI. **Responsibilities of Chairs:**

The Chair will:

- Chair meetings and facilitate discussion in a fashion that creates safety for all Task Group members so that everyone can meaningfully contribute to the dialogue and decision-making.
- Provide leadership on matters relating to the work of the HE Task Group.
- Prepare for meetings by setting the agenda and developing materials for members.
- Ensure any disclosed conflicts of interests are managed appropriately.
- Facilitate ethical dialogue and consensus-based decision-making (as defined in vii. Decision Making).

## VII. Decision making

The HE Task Group will strive for consensus when making decisions. Consensus-based decision-making seeks to ensure that all ideas and concerns are heard and taken into account in an ethical and meaningful way, and necessitates a process in which members achieve agreement on decisions through dialogue. In this context, consensus will be defined not as 100% agreement but a decision that everyone supports even if it is not their preferred solution.

In the event that consensus cannot be reached, the decision-making approach will be decided on by the Chair.

## VIII. Scope

To ensure that the HE Task Group can achieve its purpose within the allocated time frame, the following activities will fall in/out of scope:

### In Scope

- Advancing the process to identify and prioritize focused areas of action for health equity that the OSP Program.
- Identifying key implementation considerations for actioning the prioritized focused areas of action.
- Building upon the existing knowledge, analysis and calls to action made by diverse service-user/survivor communities over decades, namely those from Black, Indigenous and People of Colour communities
- Liaising with other OSP governance tables to ensure there is awareness and buy-in of the HE Task Group's

### Out of Scope

- Providing advice and input into areas of work already underway within the OSP program that align with the Health Equity Maturity Model but are not directly related to the prioritization process. If the need for such advice and input arises, individual members of the HE Task Group may be asked for one-on-one consultation based on individual skill, experience, interest, and availability.



process, progress, and ultimate recommendations.

## **IX. Term**

This Terms of Reference will be in effect until August 2022 at which point the work of the task group is expected to be complete.

## **X. Membership**

Membership of the HE Task Group will consist of 810 people and will be chaired by a member of the HE Task Group. Up to two staff members each from PSSP and the CoE will be ex-officio members, not including the PSSP staff member who will be providing secretariat support.

Recognizing that each Task Group member will bring an intersectional analysis and a range of expertise, Task Group members will be recruited based on the need for a specific bundle of skills, knowledge, and experiences that will enable the HE Task Group's work. Balance will be sought to ensure representation from both NLOs and SDSs and across regions as well as to reflect experience working with a variety of priority populations.

The following bundle of skills, knowledge, and experiences will be sought:

- Knowledge and experience developing and delivering mental health services to one or more priority population.
- Clinical experience delivering clinical services within the context of OSP.
- Lived experience of mental health and/or addictions challenges.
- Lived experience of racism and other intersectional forms of oppression.
- Knowledge of the OSP Program from a service delivery and leadership perspective.
- Experience providing leadership in the area of health equity.
- Expertise in the development and delivery of equitable system-level initiatives.
- Expertise in monitoring and evaluating equity-focused initiatives.
- Knowledge of the OSP Governance Structure and the CoE's Stakeholder Engagement Structures

PSSP will canvas and recruit members in consultation with the CoE. Members as well as the Task Group Chair will be appointed for the full duration of the HE Task Group term, and membership is voluntary. Members who are not professionally affiliated with the OSP program will receive an honorarium, consistent with the CAMH and PSSP honoraria policy.

Members needing to step back from participating on the HE Task group will notify the Chair. A replacement will be selected by the Chair in collaboration with PSSP and the CoE.

**XI. Attendance**

To maintain continuity and consistency in discussions and group composition, members will strive to attend all meetings, participate in key informant interviews and/or provide input through written submissions).

Task Group members will not normally send a delegate on their behalf if they are unable to attend a meeting; however, in extraordinary situations, task group members may make a request to the Chair in advance of a meeting to get permission to send a delegate. If the Chair approve the request, then the meeting invitation will be forwarded by PSSP to the delegate.

**XII. Frequency of meetings**

The HE Task Group is expected to meet 3 times between April and August 2022.

**XIII. Communications and secretariat support**

PSSP will lead the secretariat and project management support for the HE Task Group. In collaboration with the MHA CoE, PSSP will:

- Schedule HE Task Group meetings, key informant interviews and consultations
- Coordinate and contribute to the preparation of meeting materials
- Report every other month to the CoE on progress via meetings or electronically on the work of the Health Equity Task Group and the progress of the Task Group in meeting its commitments.
- Lead the implementation of the priority setting process through consultations, reviews of the academic and grey literature, information gathering and synthesis, etc.
- Gather input on Task Group Members' experience of meetings and the priority setting process in order to adjust approach as needed and support improvement.
- Ensure meetings take place in venues and on platforms accessible to persons with disabilities.
- Distribute meeting materials in advance of the meetings.
- Offer guidance on discussions and recommendations based on expertise in implementation, knowledge exchange, health equity and the mental health and addiction system.
- Lead the implementation of consultations as part of the priority setting process.
- Assist in carrying out action items and contributing to overall planning.
- Link the HE Task Group's work with other OSP governance structures and bodies.

## Appendix C. Key feedback from consultations

| Area of focus   | Outcome  | Key feedback   |
|---|--|--|
| Oversight   | The membership of OSP governance and oversight tables, committees, and working groups includes diverse people with knowledge and skills in lived experience and equity analysis.   | <ul style="list-style-type: none"> <li>Stakeholders consistently noted that diverse membership in oversight is imperative, and action in this area is essential in order to operationalize the other HE Priorities and in generally supporting the OSP Program to meet its equity goal.</li> <li>It was also noted that achieving this outcome would not require significant time or resources.</li> </ul>   |
| Culturally-Adapted CBT                                    | Review of existing Culturally Adapted Cognitive Behavioural Therapy (CA-CBT) programs for OSP from a clinical and implementation perspective is developed by PSSP for consideration by the CoE and other program stakeholders.   | <ul style="list-style-type: none"> <li>Many stakeholders and tables identified CA-CBT as having a high impact on improving equity for priority populations in OSP. However, it was noted that defining priority populations within the context of OSP and the implications for service delivery is an important first step before this work could meaningfully advance.</li> </ul>   |
| Culturally and Linguistically Responsive Service Delivery | Clients are served by individuals who have training, ongoing capacity building, and clinical consultation on accessible services, client-centered care, trauma-informed care, trans-affirming care, anti-Black and anti-Indigenous racism, anti-oppression, cultural safety and multi-cultural counselling principles. | <ul style="list-style-type: none"> <li>Multiple stakeholder groups consistently identified this outcome as a priority.</li> <li>It was suggested that the HE Task Group define “culturally responsive”.</li> </ul>   |
| Measurement-Based Care and Data                           | Measurement-based care tools have been translated and validated for identified populations.  | <ul style="list-style-type: none"> <li>A number of stakeholders noted that the current measurement-based care tools that are used in OSP are not meeting the needs of diverse clients. Stakeholders suggested that the focus should be on identifying and incorporating culturally-specific or relevant tools rather than simply translating and validating current tools.</li> <li>It was also noted that work to define priority populations in the context of OSP needs to be undertaken first in order to support equitable decision making around translation.</li> </ul> |

| Area of focus  | Outcome   | Key feedback  |
|----------------|---|---|
|                | <p>Clinicians have the knowledge, skills, and ongoing support needed to incorporate measurement-based tools and deliver measurement-based care in culturally-responsive ways for different populations.</p>   | <ul style="list-style-type: none"> <li>• It was identified that there is a significant overlap between this outcome, Outcome 3, 4 and 7.</li> <li>• Many stakeholders noted that the tools currently being utilized by OSP are not meeting the needs of diverse clients and the focus should be on identifying and incorporating tools that are culturally-specific/relevant rather than training clinicians to use existing tools in more culturally-responsive ways for different populations.</li> <li>• Multiple stakeholders also advocated that this outcome be expanded to include other roles in addition to clinicians (e.g., coaches and intake workers who have significant interactions with clients).</li> </ul> |
|                | <p>Data governance frameworks (such as <a href="#">EGAP</a> and <a href="#">OCAP</a>) have been explored for implementation within the OSP Program. Considerations for implementation and potential recommendations to better align OSP data governance with relevant frameworks have been developed.</p> | <ul style="list-style-type: none"> <li>• This outcome was generally ranked low by most stakeholder groups, with the exception of the Indigenous Evaluation Circle and Indigenous stakeholders.</li> <li>• It was also noted that Ontario Health is leading work in the area of Indigenous data governance, which could be leveraged if this outcome were to be implemented at a later stage.</li> </ul>   |
| Accountability | <p>Performance expectations for serving priority populations are clearly articulated and incorporated within accountability agreements with NLOs.</p>   | <ul style="list-style-type: none"> <li>• This outcome was consistently identified as a priority across stakeholders and tables groups.</li> <li>• Participants noted that performance expectations and accountability agreements are critical drivers for advancing equity overall across OSP and for each outcome.</li> <li>• However, it was noted that the term “Priority populations” needs to be better defined in order to operationalize most priorities and advance equity more broadly across OSP.</li> </ul>  |