

# Update on the Ontario Structured Psychotherapy Program

JUNE 10, 2021

This session begins at 12:00 p.m. (EST)

## AGENDA

- **Opening Remarks** by *Michelle Rossi*
- **Overview of the OSP program** by *Michelle Rossi & Danyal Martin*
- **Ontario Structured Psychotherapy Program: The North Simcoe Muskoka Experience (thus far)** by *Heather Bullock*
- **Ontario Structured Psychotherapy Program: Primary Care Perspective** by *Andrew Bilton*
- **Questions & Answers** – Please send questions through the **Q&A box**
- **Closing Remarks** by *Michelle Rossi*

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**Ontario  
Health**

# Ontario Structured Psychotherapy Program

## Provincial Expansion

Presentation to primary care organizations

MICHELLE ROSSI & DANYAL MARTIN    JUNE 10, 2021



**Ontario Health**  
Mental Health and Addictions  
Centre of Excellence

# Purpose

- Overview of OSP as a provincial program
- Background on expansion
- Next steps in service planning and selection of service delivery sites



# OSP program

- Provides access to evidence-based, short-term, cognitive behavioural therapy (CBT) and related approaches to adult Ontarians with depression, anxiety, and anxiety-related conditions, with no out-of-pocket costs to participants.
- Delivered by non-MDs with standardized training and supported by clinical consultants; embeds measurement-based care; centralized access and assessment
- Currently available in four regions in Ontario, and is being scaled up to be available province-wide
- Delivered through regional networks as a coordinated provincial program with BounceBack provided centrally to all networks via CMHA-YSS

# OSP pilot

- Ministry of Health supported a 3-year pilot program that began in 2016/17, with the goal of expanding the availability of psychotherapy services for Ontarians with depression and/or anxiety
- The program is modeled on Improving Access to Psychological Therapies (IAPT) in England, with modifications to accommodate Ontario's health system
- The pilot was supported by the Provincial Services Support Program (PSSP) at CAMH, with the engagement of stakeholders from across the system.

# OSP pilot

- Pilot was offered in four regions:
  - Four provincial psychiatric hospitals (Waypoint, Ontario Shores, CAMH, Royal) serving as hubs delivering treatment through hub and spoke model (over 60 delivery sites e.g., CHCs, FHTs, community MH agencies, colleges/universities)
  - The hospitals acted as the Network Lead Organizations (NLOs) and they partnered with providers who are service delivery sites (SDSs)
  - NLOs and SDSs have been providing “high-intensity” therapy
  - CMHA providing “low-intensity” therapy (BounceBack)

Implementation of stepped care is a work in progress

# OSP pilot



Coordinated access



Delivered by a regional network with planning and administration led by a hub



Standardized clinical training and program guidance



Ongoing clinical consultation



Standardized data collection at all sites from intake, assessment, through treatment.



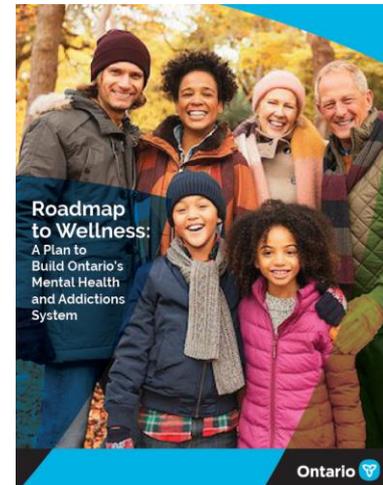
Outcome driven with regular reporting at the hub level of recovery rates (target 40%) and reliable improvement rates (target 60%)



# Transition from pilot to program

As of April 30, 2020:

- The 4 Network Lead Organizations had enrolled 6697 clients
  - 40% recovery rate
- BounceBack had enrolled 16 104 clients
  - 41% recovery rate
- Promising results → decision to scale up the program
- OSP included in pillar #3 of Roadmap to Wellness:  
*“implementing innovative solutions”*



# OSP Core Components

1. Service is delivered through a network model
2. Access is centralized within each network
3. Service delivery is based on a stepped care model
4. Evidence-based psychotherapy and related approaches are provided for the treatment of depression, anxiety, and related conditions
5. Standardized blended training and clinical consultation program
6. Measurement-based care is used to facilitate client progress through the use of standardized tools
7. Collection and use of standardized data for program planning, quality improvement, and performance management within and across the networks, in order to achieve the goals of OSP
8. Meaningful engagement of people with lived experience, families, and communities to inform planning, implementation, quality, and monitoring of OSP
9. OSP promotes an integrated Mental Health and Addictions system, including seamless care within the sector and with the broader health and social systems



# Program Expansion

# Ontario Structured Psychotherapy Expansion

- Based on **Readiness Criteria** and a 2-part **Request for Regional Structured Psychotherapy Service Plan process**, the MHA COE worked with the OH regions to recommend to the MOH for approval **six** health service providers to be new **Network Lead Organizations (NLOs)**. This is in addition to the existing four NLOs.
- Together, the **10 NLOs** will work with the MHACOE and regional partners to expand the Ontario Structured Psychotherapy Program (OSP) to provide services to people across the province.

# Readiness Criteria: NLO Shortlist

A Network Lead Organization (NLO) should be capable of leading system-building activity and supporting their Regional OSP Network.

## Clinical accountabilities

- Mental health and psychotherapy expertise; experience delivering these services
- Access to clinical leadership in cognitive behavioural therapy (CBT)
- Stepped care model, including standardized intake and triage assessment
- Training completion and clinical consultation
- Performance management and quality improvement
- Measurement-based care
- Equitable access and service delivery, and ability to facilitate access to tertiary care, when required

## Governance accountabilities

- Building open, transparent, accountable relationships between partners
- Convening partners to collaboratively develop goals and a vision for delivering high quality regional services
- Engagement in local Ontario Health Team(s)

## Fiscal accountabilities

- Developing and managing program partnership and funding agreements including flowing funds and monitoring budgets and expenditures

## Administrative accountabilities

- Data system management including data collection, quality assurance and ability to securely transfer data externally
- Decision support
- Local planning and capacity building
- Regional communications
- Engaging clients in local planning and quality improvement

*Regions also took into consideration previous or ongoing system initiatives or investments.*

*NLOs could be hospitals, community mental health agencies, or large primary care teams, if they have the experience, ability and capacity to meet the above criteria. If a region lacks such an organization, additional time and investments will be required to develop capacity within an existing HSP.*

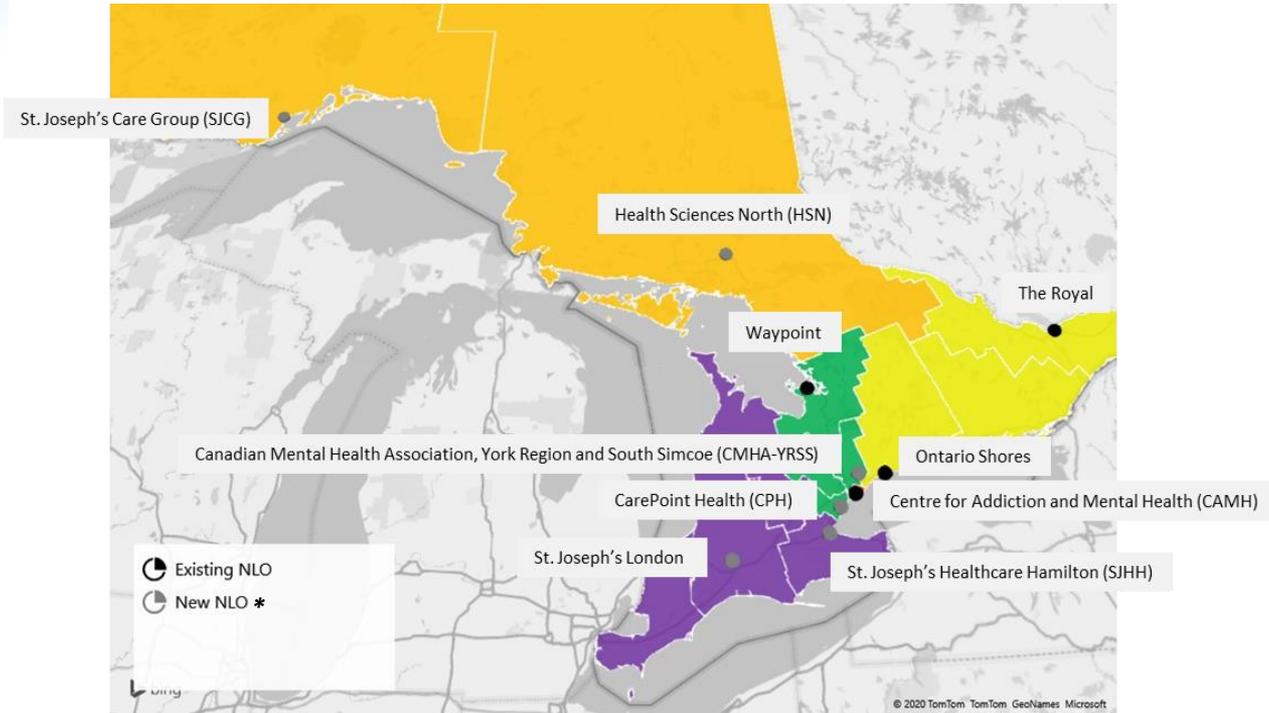
# Request for service plan for OSP

The Request for Regional Structured Psychotherapy Service Plans is a 2-part proposal:

- ✓ **Part 1:** Identifies the NLO within a region that will lead the development of a Regional Psychotherapy Network that will have the ability to provide core OSP Program components
  - Required sign-off by the CEO of potential NLO and OH Regional Transitional Lead
- **Part 2:** Identifies the necessary partnerships with SDSs within regions to ensure equitable, coordinated and comprehensive structured psychotherapy for their clients with in-scope mental health conditions.
  - Requires sign off by the CEO of potential NLO, OH Regional Transitional Lead, and CEOs of any SDSs



# Provincial coverage after Part 1 and catchment area discussions



## *Catchment areas*

- Planning assumptions
- Understand client need by service area
- Understand current service provision and demand by service area
- Inform funding methodology
- Support clear communication to referring providers
- Delineated by OH regional demarcations

**No client should be turned away anywhere across the province. NLOs should ensure that client access to the OSP program is not restricted to those residing within these defined catchment areas.**



# Next Step:

## Request for Service Plans – Part 2

Identify the **necessary partnerships with Service Delivery Sites** within regions, to ensure equitable, coordinated and comprehensive structured psychotherapy for their clients with in-scope mental health conditions.



# Understanding the role of the Service Delivery Sites

# Role of service delivery sites

Regional psychotherapy networks are made up of:

- **Service Delivery Sites (SDS)** who provide care to clients who are referred to the regional network. Service Delivery Sites could be community mental health and addictions agencies, family health teams, community health centres, family service organizations, or eventually, schools, universities, women's shelters, etc.
- One **Network Lead Organization (NLO)** who provides quality and administrative oversight and support for providers in their network to implement and operate OSP in accordance with program standards.
- Service delivery will primarily be provided through Service Delivery Sites with the administrative backbone being provided through the network lead organization for the regional networks.

# Role of service delivery sites within the network

- The majority of service delivery within an OSP network should be provided by clinicians based out of SDSs in the community rather than through the NLO.
- It is an expectation that SDS clinicians will be employed by the SDS, unless there are documented reasons for an SDS to have NLO-employed clinicians.
- All eligible clients living within an OSP network's catchment area will be able to access OSP, and all providers will be able to refer their patients to the program. Access will not be restricted to pre-existing clients of delivery sites.
- NLOs are ultimately accountable for the performance of their network, but Ontario Health will monitor and manage the performance of the program as a whole. Data collection provides visibility into outcomes, where volumes are being delivered, and how resources are being deployed across the networks.



# Expectations of an SDS

- **Enter into an agreement** with the NLO for the delivery of clinical services and related activities (e.g., data collection, training and clinical consultation, use of MBC, program fidelity, quality improvement)
- Collaborate with the NLO to **hire clinicians** that reflect the communities they serve
- **Offer higher intensity services** in-person and through virtual modalities in accordance with the *OSP Clinical Guidelines* and *Clinical Protocol*
- Collaborate with the NLO to **ensure clinicians meet the training, consultation, and credentialing requirements**, as outlined in the *OSP Training and Supervision Guidelines*
- In collaboration with NLOs, **regularly review data quality and completeness** to monitor adherence to the program's data requirements, and work with support from NLO to address any concerns.
- **Solicit feedback from clients** on experience with measurement-based care, including from clients from priority populations, and share relevant data to support quality improvement efforts.
- Collaborate with the NLO to **transfer data regularly** for submission to OSP's central data repository for analysis. Data is used performance management, quality monitoring, and improvement.
- Collaborate with the NLO to review and use demographic data to inform current access and **planning for services** for priority populations.

# Common components of a transparent process

- Selection process will prioritize achieving program expectations and will be fair and transparent.
- Common elements, with local customization to allow for engagement of different local structures (e.g., OHTs, established MHA tables), will include:
  - Understanding of community need across the geography of the network
  - Current state assessment of existing providers
  - Open outreach to providers to share overview of program, eligibility and expectations of SDSs, how organizations can express an interest in being an SDS, and rollout plan for selection including geographic and population prioritization
  - Application of criteria provided by the OSP program (as on previous slide)
  - Ongoing communication regarding status of selection process and development of network
- It is expected that the selection of SDSs will be iterative, with additional SDSs added as the network matures, as SDSs become ready for onboarding, and as funding is available to support growth.
- Existing NLOs will be expected to follow similar processes in the identification and prioritization of any new SDSs within their networks.



# Next steps

- At the NLO level: Completion of the service plans (e.g. engagement, implementation plans for key program infrastructure)
- At the provincial level: continued program optimization
  - provincial vendor of record for measurement-based care
  - refinement of funding formula
  - scorecards/dashboards/data and reporting enhancements
  - advancement of clinically and culturally appropriate Indigenous program



# End state vision

- People, who otherwise would face barriers to access, benefit from a robust provincial program providing high-quality treatment for anxiety and depression
- Focused on outcomes, client experience
- Proof points for:
  - equity in access, experience and outcomes
  - value for money
- Efficient and integrated with the broader health system for seamless client experience
- OSP is one aspect of a system of mental health and addictions services providing high quality services to Ontarians.



# Ontario Structured Psychotherapy Program: The North Simcoe Muskoka Experience (thus far)

Heather L Bullock, PhD

Executive Lead, OSP

Waypoint Centre for Mental Health Care

# A Reminder

- Regional program delivering structured psychotherapy (CBT) to people with mild-to-moderate depression and/or anxiety, incl. PTSD
- \$5 million annual budget + one-time funds
- Distributed model: services across region through partnerships with primary care, community mental health and family services\*
- 28 therapists + clinical consultants/trainers, intake screeners and more
- Waypoint is Network Lead Organization
- Centralized access at Waypoint
- In process of implementing a stepped care pathway (lower intensity and higher intensity services)

# OSP - NSM by the Numbers

## FY 2020/21\*

1517

referrals received

923

clients enrolled

401

clients completed  
high-intensity  
treatment

9%

self-identified as  
Indigenous

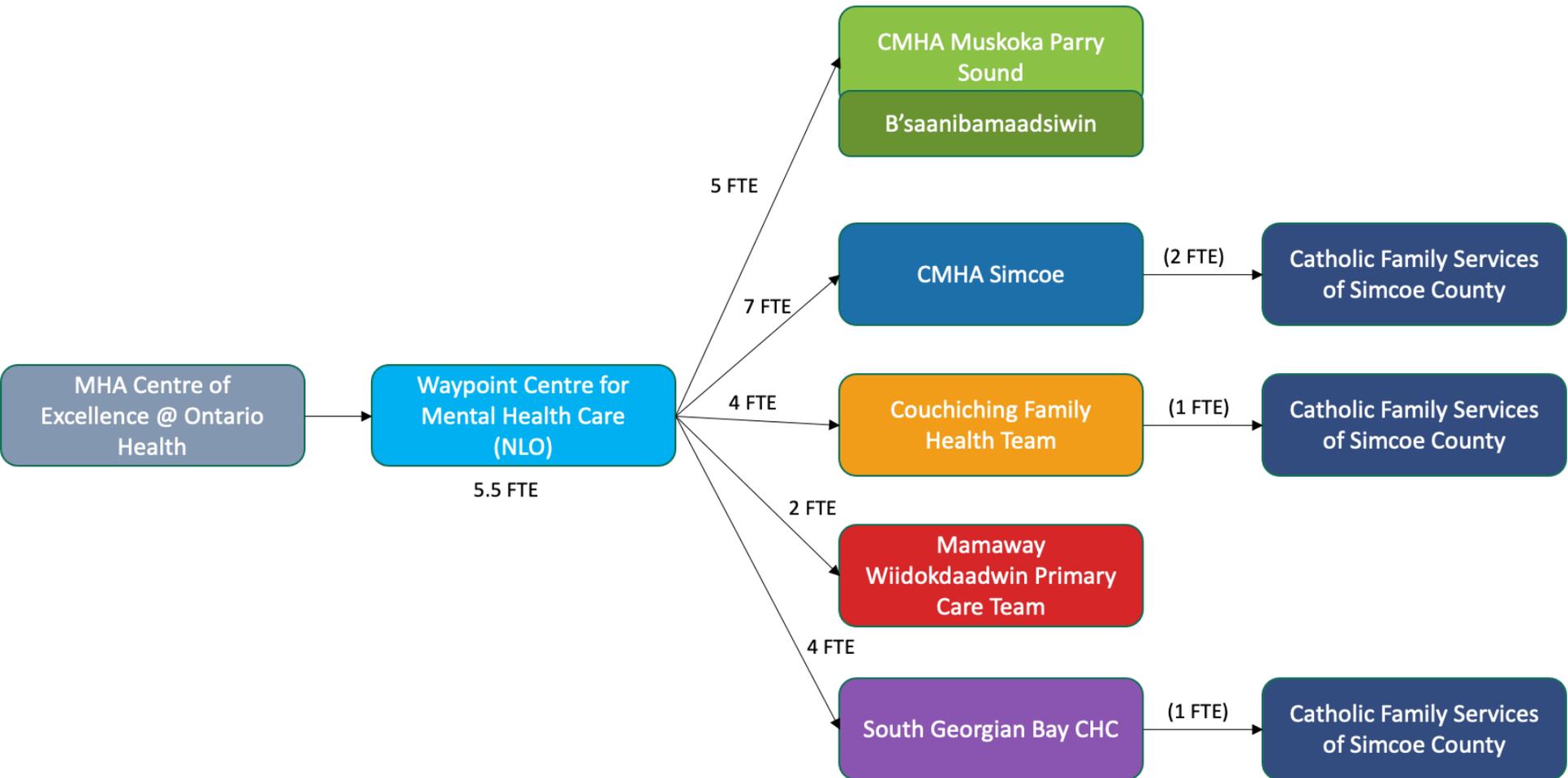
84.3%

clients moving to  
recovery

72

average days wait  
(referral to first session)

# North Simcoe Muskoka+ OSP Regional Network Funding & Reporting Accountability Relationships



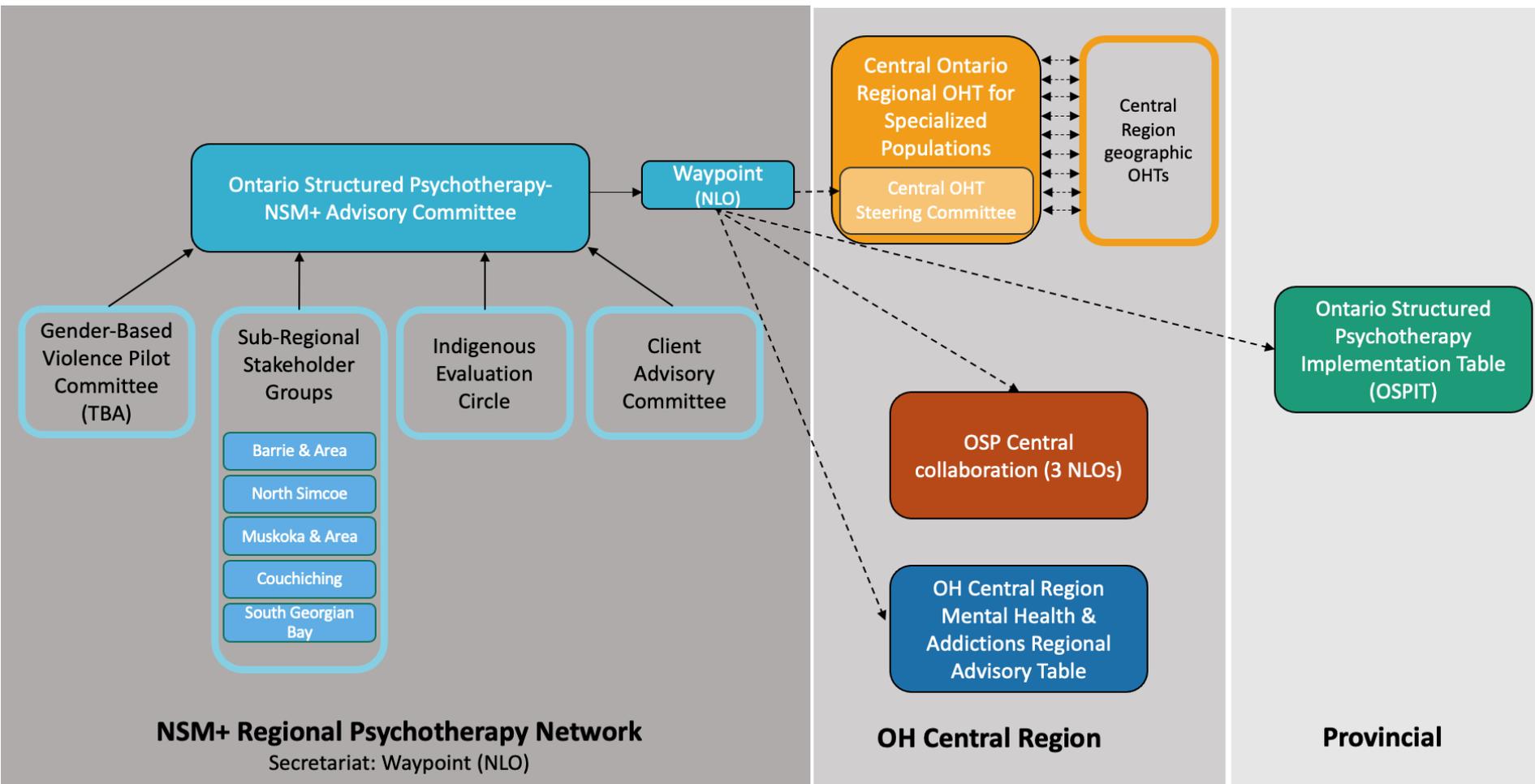
# North Simcoe Muskoka+ OSP Regional Network

## 26 Current Service Locations



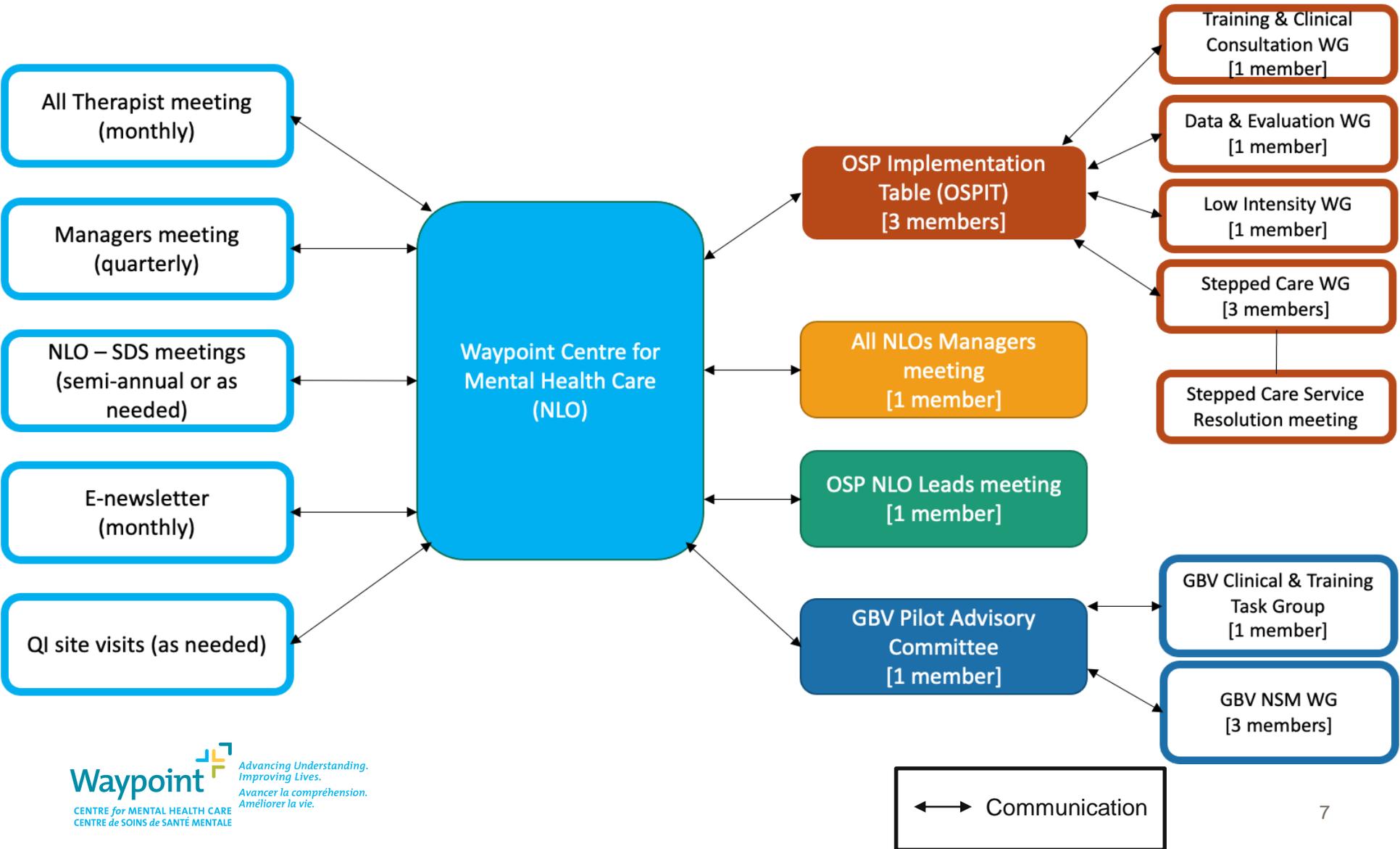
# North Simcoe Muskoka+ OSP Regional Network

## Regional Collaboration & Advisory Structures



# North Simcoe Muskoka+ OSP Network

## Implementation, Communication & Quality Improvement Mechanisms



# Monitoring & Quality Improvement

# OSP Dashboard - updated weekly

The screenshot displays the Waypoint BI Portal interface. At the top, the header includes the Waypoint logo, the text "Waypoint BI Portal", and utility icons for settings, download, and a notification bell showing "1". Below the header is a navigation bar with "Favorites" and "Browse" options. A breadcrumb trail shows "Home > OSPP". A secondary navigation bar contains "File", "View", "Explore", and "Refresh" options.

The main content area features a large image of a modern building interior with a wooden wall and large windows. The text "Ontario Structured Psychotherapy Program" is overlaid on the image. Below the image, a small caption reads "Photo credited to CannonDesign from cannondesign.com".

To the right of the main image is a sidebar titled "Report Pages" with a list of report categories: Summary, Referrals, Enrollments, Wait Times, Clients Receiving Treatment, Clients Completed Treatment, Client Outcomes, Partner Performance, Utilization Matrix, Utilization Trending, Client Demographics, Main Problem, and Data Quality.

At the bottom, a horizontal navigation bar contains the following tabs: Home, Summary, Referrals, Enrollments, Wait Times, Clients Receiving Treatment, Clients Completed Treatment, and Client Outcomes\_NewFormuli.

# At a Glance (showing last FY 2020/21)

## Ontario Structured Psychotherapy Program

## Program Summary

2020 / 2021

98

Average Total Wait Time

1516

Referrals

1166

Screenings

923

Enrollments

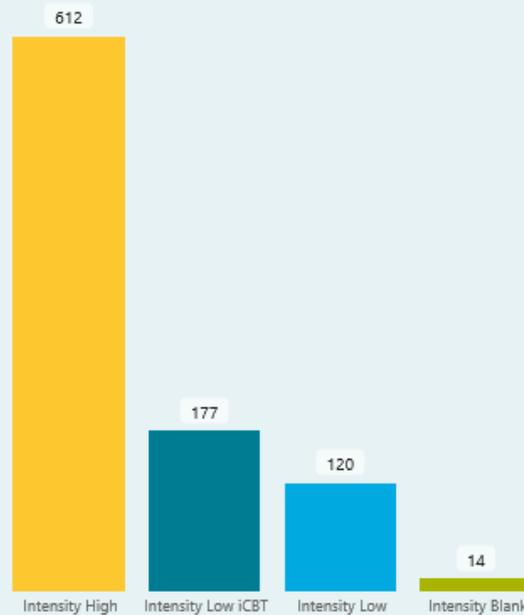
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Clients Receiving Treatment

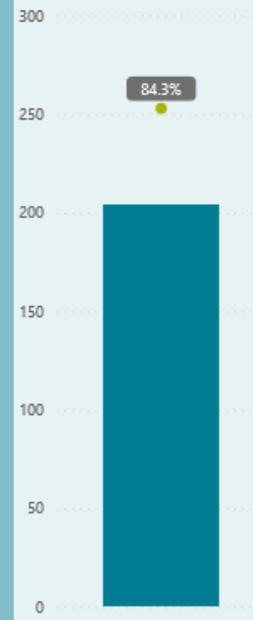
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Clients Completed Treatment

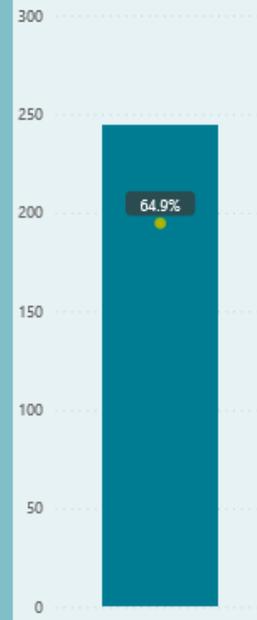
Enrollments by Intensity



Clients Moving to Recovery



Clients Showing Reliable Improvement



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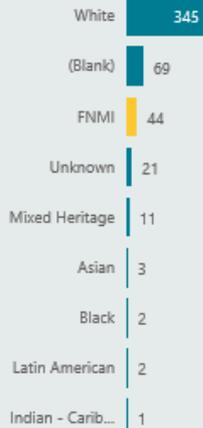
# Active Client Demographics

## Ontario Structured Psychotherapy Program

498

Active Clients

### Ethnicity

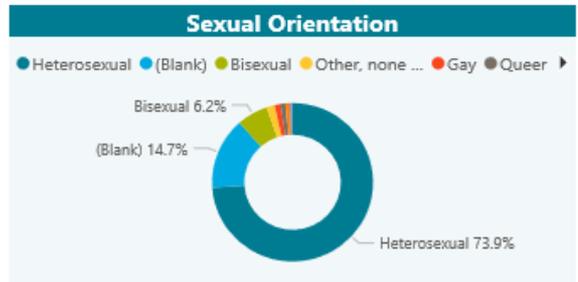
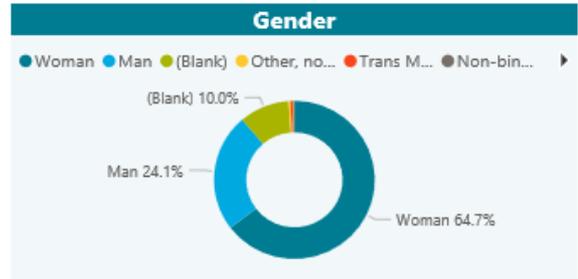
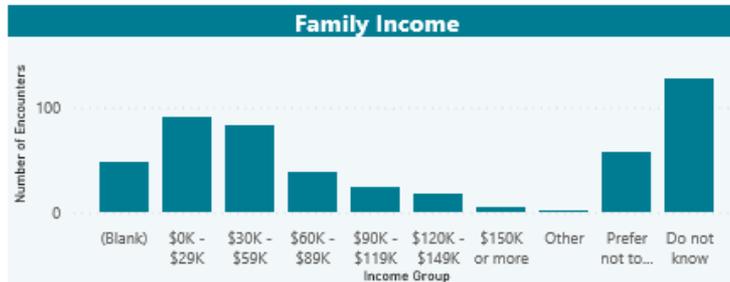
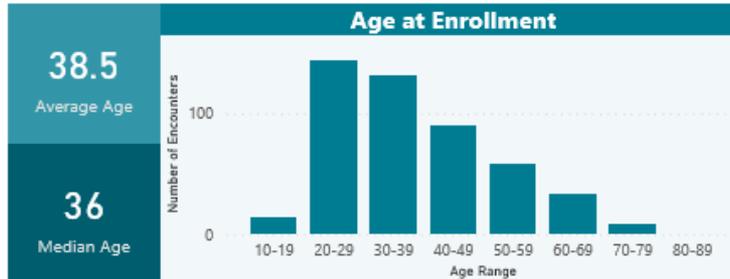


Data current as of Friday, May 7, 2021

## Active Client Demographics

Demographics of All Clients (Active & Inactive)

[Definitions](#)



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# Main Problem Descriptor – problem the client wants to work on

## Ontario Structured Psychotherapy Program

70%

Treatment Description Completed

85.2%

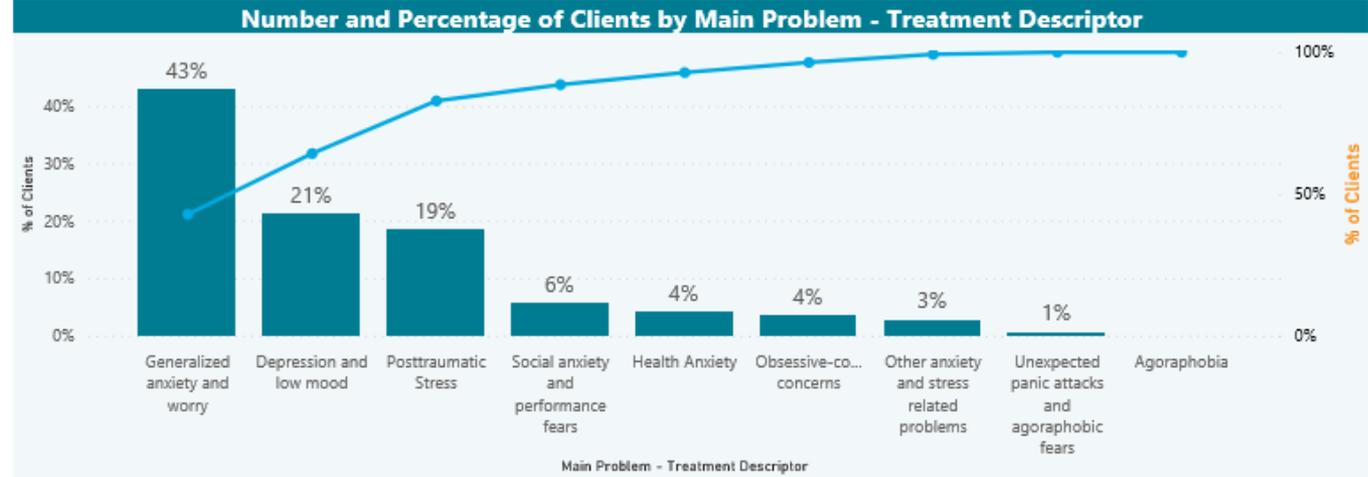
% of Clients w/ Initial MP

18.6%

% of Patients w/ change in MP

## Main Problem

 Definitions



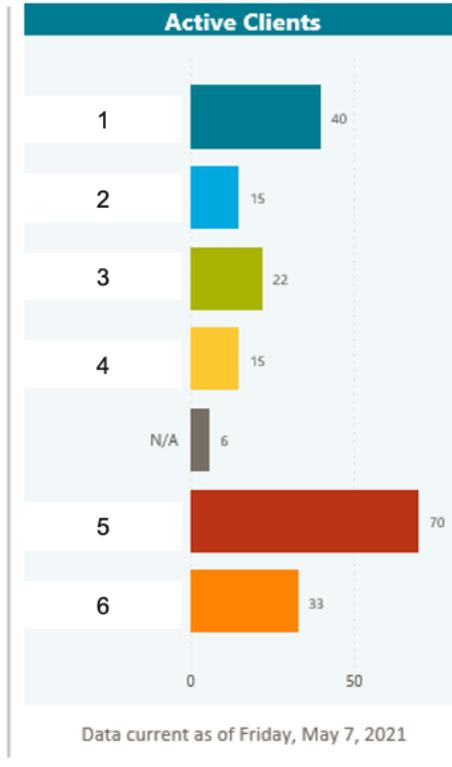
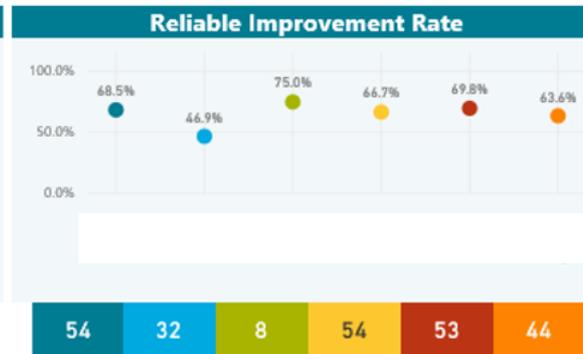
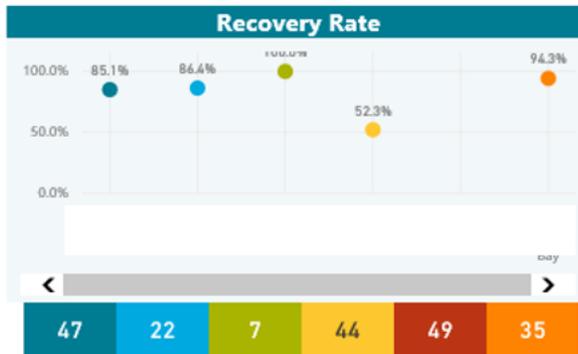
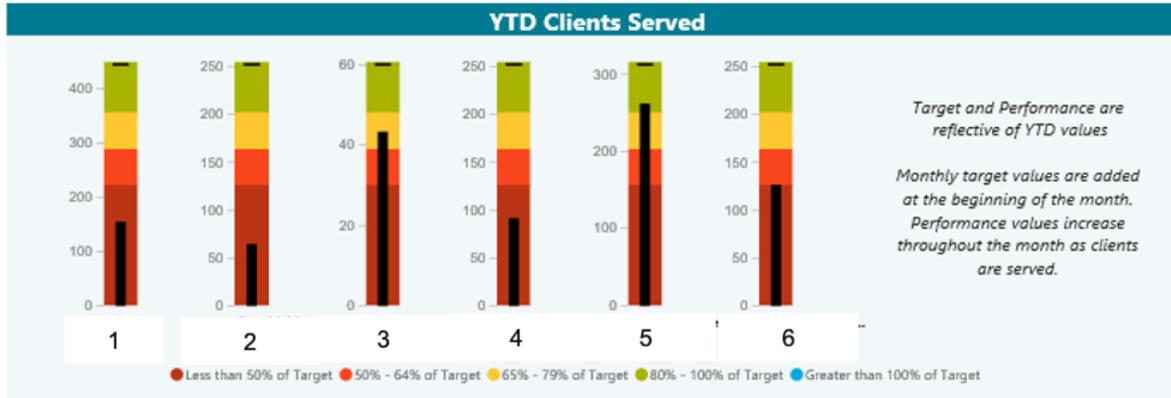
# SDS Performance (site names removed)

Ontario Structured Psychotherapy Program

## Partner Performance

2020 / 2021

Definitions

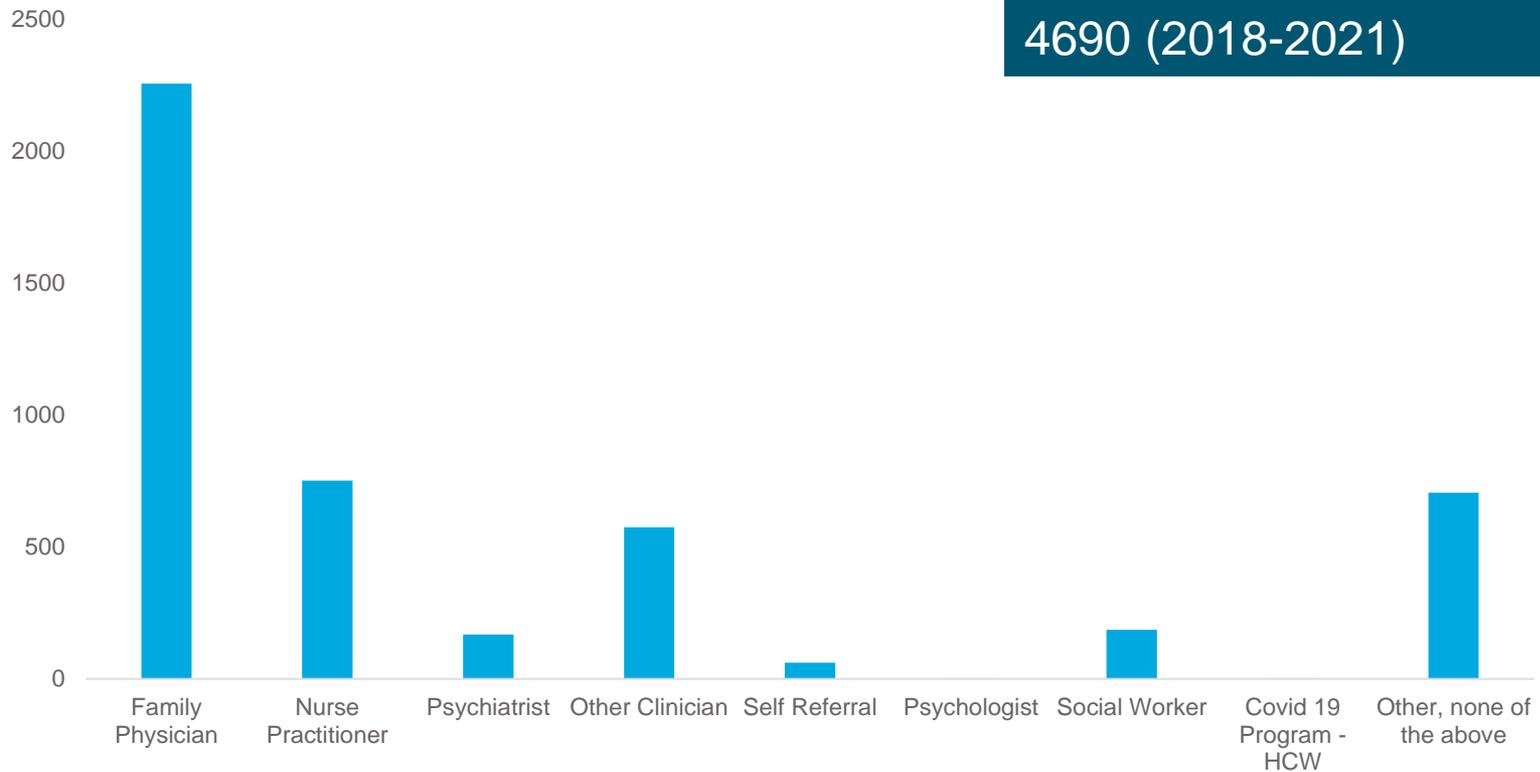


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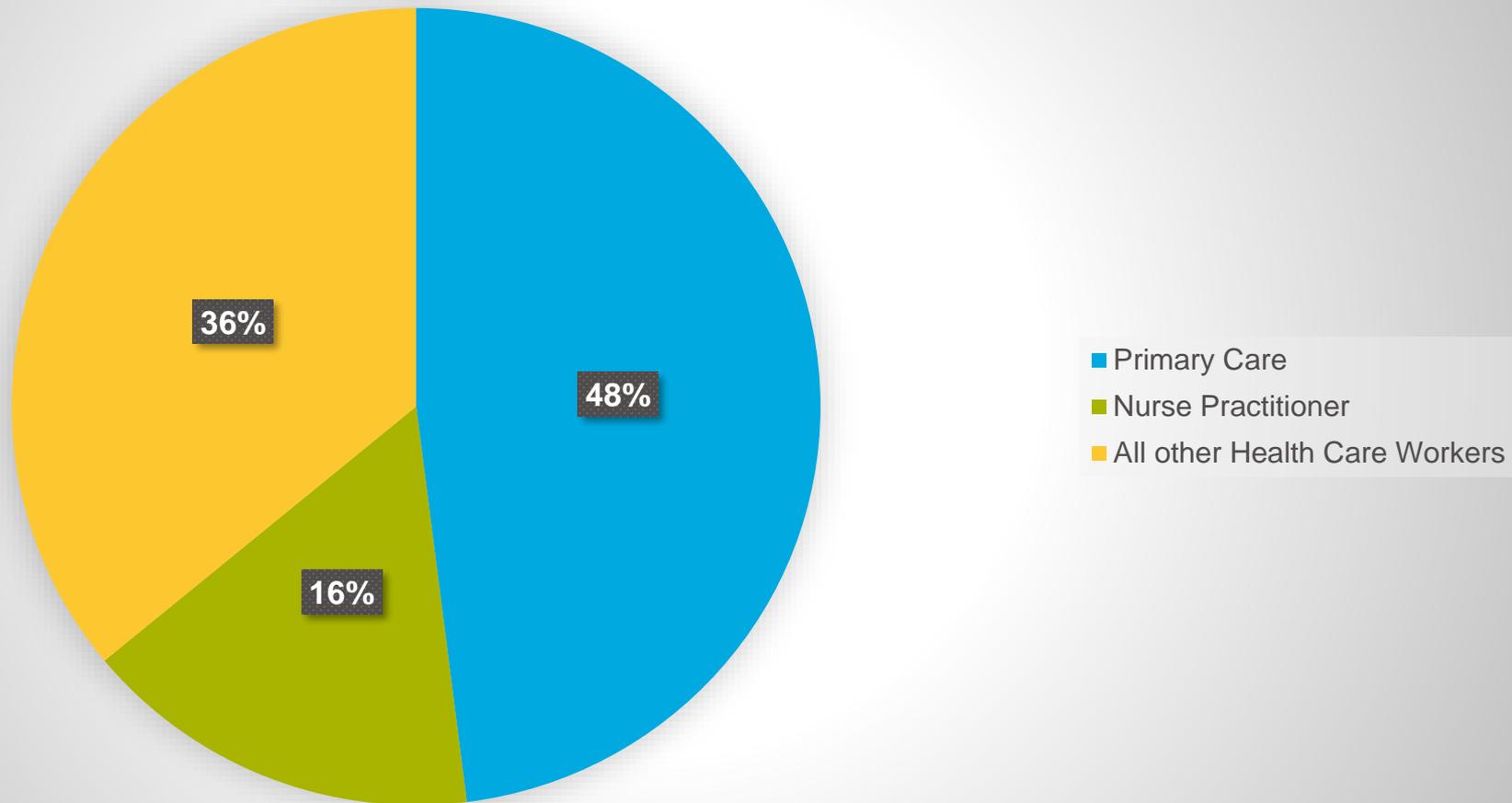
# Referral source distribution (2018-2021)

Total number of referrals:  
4690 (2018-2021)



# Most frequent referral source – Primary Care

## Referrals



# Communication with Primary Care

We communicate back to the referral source:

- For additional collateral information when required (e.g., to request a past psych consult report)
- When clients have completed the intake assessment (either notification that the client is on the waitlist, notification that they have been triaged to iCBT or BounceBack, or provides service navigation recommendations)
- When clients begin structured psychotherapy (and have come off the waitlist)
- When clients “step-up” or “step-down” (a true step down has only happened once)
- When clients complete structured psychotherapy

# Lesson Learned from Pilot Phase

- Working with local communities and embedding program with sensitivity to pre-existing relationships (i.e., between primary care, community mental health, post-secondary, etc.), helped select SDS partners that ‘made sense’ and effectively leverage those relationships
- Spirit of partnership and collaboration is important, including having hard conversations (when needed)
- Lack of funding and clear direction at times has been difficult and meant NLO had to take on significant risks (esp. financial)
- HHR has been our biggest challenge
- Having at least 2 therapists per SDS has helped develop sense of team and community
- PCPs did need to think about modifying existing care pathways to fit this service “in” but were able to do so, successfully
- Consultation with LHIN primary care leadership group was beneficial in development phase

# Ontario Structured Psychotherapy Program: Primary Care Perspective

**Presenter:**

Andrew Bilton, Executive Director





# CarePoint Health



- ❑ Opened in August 2019 in South-West Mississauga
- ❑ CarePoint Health is an interprofessional, team-based, primary care hub which aims to work with primary care providers (through affiliation) in our community to care for the well-being of the population
- ❑ Affiliation relationship is defined by provider's willingness to engage and participate in a shared care model for patients without co-location or a single governance structure.

## Key Features

### Expansion of Team-Based Care

Affiliated physicians (67 and growing) within our network have equitable access to team-based care for their patients most in need, regardless of the physician's funding model

### Integrated 'Hub'

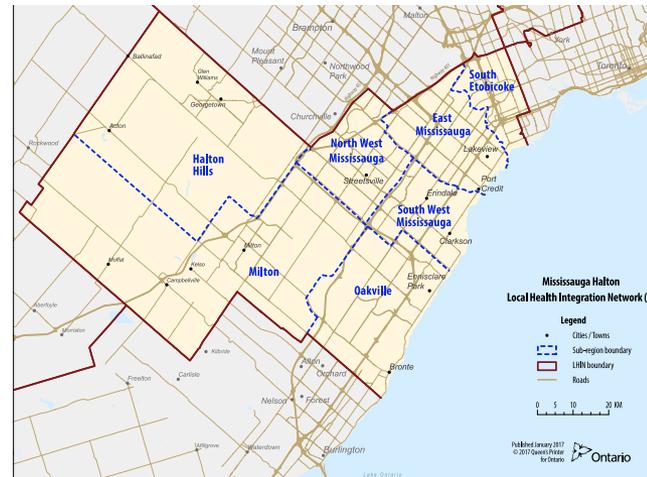
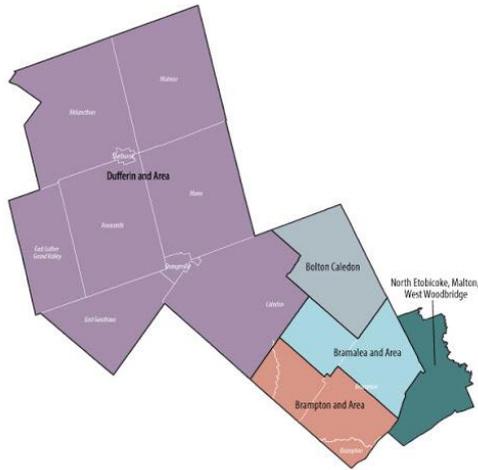
Inclusive of community partners, including agencies and specialists drop-downs, to offer programs and services onsite and virtually through our organization

### Create Care Networks

Creates a primary care network around which physicians in the area can organize/mobilize for health system planning, community of practice, promoting rapid learning and innovation, and optimizing local infrastructure to collectively respond to needs.

# New OSP Network Lead Organization

- ❑ In Spring 2021, CarePoint Health was identified as a new OSP NLO
- ❑ Working with local providers, responsible for developing and providing oversight of the OSP network within the Mississauga, Halton, Brampton and Bramalea regions



**We are at the beginning of this journey...**

# Building on Existing Infrastructure & Pooling Our Knowledge and Expertise

- ❑ Back-office infrastructure and economies of scale can be difficult to achieve in primary care due to primary care organizations' relative size, resources and expertise
- ❑ Collaborating to leverage existing back-office capabilities of WayPoint together with primary care program leadership, engagement and service delivery to achieve optimal efficiencies
- ❑ All three Central Region NLOs (CarePoint Health, CMHA YSS, WayPoint) are working closely together on an integrated approach for OSP in our region



# How Does OSP Benefit Primary Care?

- Primary care is optimally positioned to drive the expansion of OSP in the community due to the long-standing relationships between community providers and the clients they serve



Currently *'haves and have nots'* in primary care - OSP furthers equitable access to community-based mental health support to primary care providers for their patients most in need



Community healthcare hubs/networks that can serve a population (can range from specialized to full wrap around interdisciplinary care)



Grows sustainable leadership, capabilities, and infrastructure in primary care to address the mental health needs of the population



Supports primary care's voice at the table in health system transformation and design including that of our patients, physicians and provider organizations



Advocating the primary care provider - patient relationship as central - engaging and communicating with PCPs as part of the team



Potential to leverage centralized resources to build broader competencies in measurement-based mental health care



Utilize local population health data to respond to the needs of patients and the community in more timely manner – learning and sharing data about our population to inform decision making

# Primary Care Perspective: How Does it All Fit Together?

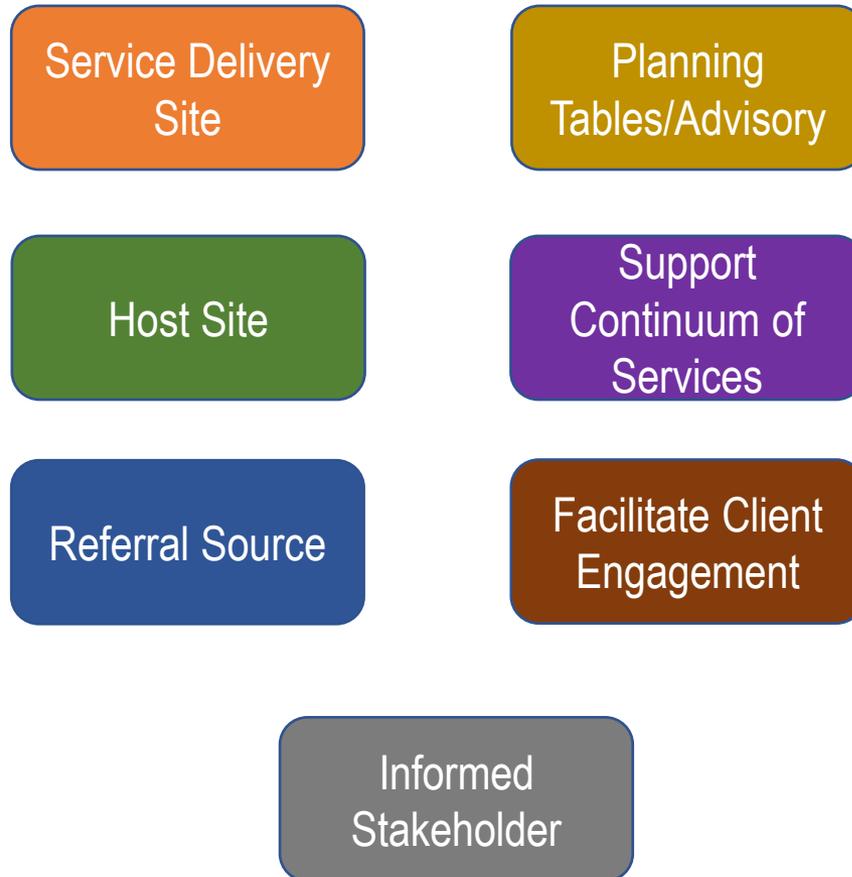
## We Will Need to Figure Some Things Out Along the Way

- ❑ Aligning the availability and delivery of the OSP program with current primary care mental health programs and services
- ❑ Maintaining primary care interprofessional team-based care relationships while adding a community-based service into an organization's programming
- ❑ Engaging OHTs that are at various stages of maturity
- ❑ Ensuring clear communications to providers (not creating yet another service navigation challenge for providers and patients)
- ❑ An evolving landscape locally, regionally and provincially – ensuring we stay aligned
- ❑ HHR – pandemic has strained available resources
- ❑ Information sharing within the circle of care – keeping primary care providers and their teams informed – can we leverage digital health tools?



***Primary Care's voice is needed to develop solutions that meet the needs of our patients, providers, and community***

# Encouraging Primary Care to Get Involved

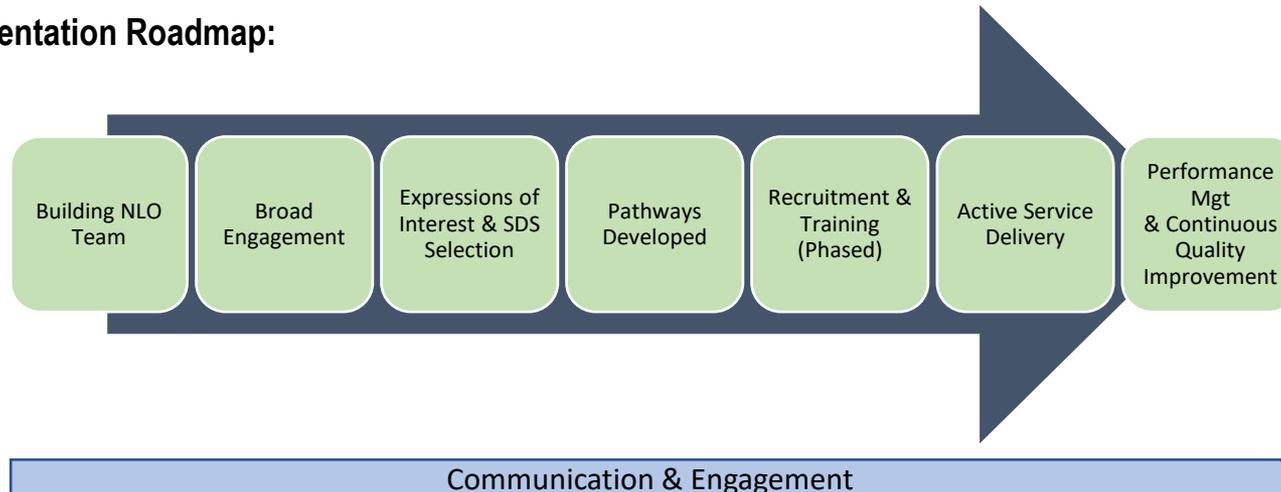


# Moving Forward

## Overall approach to developing the OSP network:

1. Iterative – get started, get better – beginning with a small number service delivery sites and add additional sites as we review demand for the program and identify unmet needs in the region
2. Inclusive and ensuring opportunities for organizations to participate and provide input into the development of OSP in their region
3. Coordination and collaboration with NLO partners in the region – working together to align services and build on organizational strengths
4. Focus on building services in community

## Implementation Roadmap:





# Questions and Answers

**Open the Q&A window** and type your question for the speakers. Click Send.

*Note: Check Send Anonymously if you do not want your name attached to your question in the Q&A.*