

Waypoint
Centre for Mental Health Care

Clinical Services Plan

2012-2017



CENTRE *for* MENTAL HEALTH CARE
CENTRE *de* SOINS *de* SANTÉ MENTALE

*Advancing Understanding.
Improving Lives.*

*Avancer la compréhension.
Améliorer la vie.*

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Executive Summary

Waypoint embarked on a clinical services planning process in January 2011 to review current programs and services, taking into account the evolving needs of our patient/client communities, and identifying gaps to guide the hospital in planning future service delivery. An environmental scan and a review of local, provincial and federal planning for mental health and addictions services were also undertaken. In April 2011, a community engagement process with internal and external stakeholders was initiated. Seven communities of practice were identified as important to the role of our specialized tertiary care mental health centre:

- Mental Illness and Developmental Delay
- Child and Adolescents
- Law and Mental Illness
- Addictions
- Mental Illness in an Aging Population
- Severe and Persistent Mental Illness
- Community Integration as fundamental to all the identified populations

The communities of practice became an important foundation for analyzing “the ideal patient/client experience” and identifying improved service delivery approaches. A consensus summit was held in August 2011 to obtain further input from stakeholders. Recommendations were presented to the Steering Committee in February and consultation with key stakeholders such as the Clinical Advisory Panel, Medical Staff and Leadership Team occurred in March. The final draft of the clinical services plan was forwarded to the Board for approval in April 2012.

Four foundational themes underlying future directions across the hospital have been identified:

- Waypoint’s role as a specialized tertiary mental health centre
- Philosophy of recovery
- Culturally competent care
- Trauma informed care in a culture of least restraint

The move of the forensics patients to a new building will occur in 2014, which will lead to a sequence of events including the vacating and demolition of two Waypoint buildings and the relocation of some departments. Accordingly, a new master space planning process is underway to consider the overall site and accommodation of future programs and services.

The clinical services plan outlines seventeen recommendations related to configuration of programs and services with accompanying community integration considerations.



A Proud History

The original 380-acre site was chosen by Governor John Graves Simcoe as the naval and military base to protect the Upper Great Lakes from American threats in the aftermath of the War of 1812. Perched at the entrance of Penetanguishene Harbour, the site retains its commanding – and restorative - view of Severn Sound.

A Long History of Service Delivery

Waypoint has had a long history; the Boys Reformatory of Upper Canada was established in the abandoned barracks in 1859, continuing the economic link between the local people and government institutions. The barracks were consumed by fire in 1870 and the resulting structure, currently known as the Waypoint Administration Building, is the oldest on the grounds and one of several registered historic sites.

The First of its Kind

By 1904 it was clear that the Boys Reformatory was not suitably located in Penetanguishene. The remaining boys were relocated to other provincial institutions or community placements and the 1870 Administration Building was converted into an “asylum for the insane”. In 1933, the first four wards of the Oak Ridge Building were constructed. Originally intended to provide custodial care to the “criminally insane”, Oak Ridge was the only institution of its kind in Canada at the time. Prior to 1933, mentally disordered offenders were shunted around the province to locations of convenience. The Oak Ridge Building eventually grew into an active treatment centre that has won world recognition for its research and innovative programs. Since patients/clients rarely moved on in the early days, a second construction of four wards was added to Oak Ridge in the mid- 1950’s to accommodate a growing patient/client population and Waypoint’s reputation as a leader in the provision of care for severely mentally ill patients/clients.

Psychotropic drugs, developed in the late 1950’s, and the development of a psychosocial rehabilitation model made it possible to stabilize and discharge many patients/clients who had formerly been confined to Ontario’s psychiatric hospitals. The trend to de-institutionalize patients/clients to appropriate community placements continues to this day. Around 1970, the number of patients/clients in residence at the hospital reached a record 650. In 1969 the name of the institution was changed to the Mental Health Centre and work was begun on the newest major structure on the site – the Toanche Building.

Adapting and Changing

Over the years, many of Waypoint’s buildings have been demolished. Others have been built and some, such as the Administration Building, have been extensively renovated and put to more contemporary use. Through all of this, Waypoint has continued to adapt to new therapies and treatment philosophies.

Divested from the Ministry of Health and Long-Term Care in December 2008, we are now a public hospital governed by a community representative board of directors and sponsored by the Catholic Health Corporation of Ontario. Located 150 km northwest of Toronto, on Georgian Bay in the town of Penetanguishene, Waypoint is part of the North Simcoe Muskoka Local Health Integration Network, (LHIN) while the Forensics Division of Waypoint serves a provincial role in providing the only maximum security Forensics beds in the province.



Waypoint Today

Today, Waypoint Centre for Mental Health Care, under a promise of Advancing Understanding, Improving Lives is a fully accredited 312-bed specialized mental health centre providing an extensive range of both acute and longer-term psychiatric inpatient and outpatient services to Simcoe County, Dufferin County and Muskoka/Parry Sound. Over the years, its leadership in the provision of forensic services has grown. Waypoint is Ontario's only maximum secure forensic program for clients served by both the mental health and justice systems. The hospital is recognized for the provision of exceptional care to those most needing mental health services, research of severe behaviours associated with mental illness and for its contributions to the understanding of mental illness. The result of extensive strategic planning, Waypoint has a clear focus on education and research and is formally affiliated with the University of Toronto. Waypoint's Research Department is internationally recognized for its contributions to scientific knowledge on violence, and the assessment and treatment of mental disorders.

A Mix of Regional and Provincial Programs

Currently, the Regional and Provincial divisions offer a combined maximum of 312 beds. Waypoint plays a large role in the community, acting as a resource and operating an Outpatient Services Program and Rehabilitation Program, both located in Midland. Buildings have come and gone and so have many dedicated staff and volunteers who have devoted their working lives and spare time to caring for the mentally ill. Waypoint's long heritage as a leader in the treatment of mental illness is currently sustained by over 1,100 employees, including physicians, from a wide range of disciplines and about 80 dedicated volunteers.

The **Regional Programs** located in Toanche, Brebeuf and Bayfield buildings offer an acute care inpatient program and outpatient services, as well as five specialized regional programs: Dual Diagnosis, Minimum Secure Forensic Services, Concurrent Disorders, Psycho Social Rehabilitation and Geriatric Services. This division is committed to serving those individuals who have been diagnosed with a complex, serious mental illness who have continuing multiple and complex needs which cannot be met at the primary and secondary levels of service. While these illnesses may be more difficult to treat or manage and may require a higher level of support, the end goal is to transition patients/clients back to the community.

The **Provincial Forensic Programs** offer programming in the maximum security Oak Ridge building (soon to be relocated to a new development). It is Ontario's only high security forensic mental health program and all of the patients/clients are adult males. The majority of patients/clients are detained pursuant to the Mental Disorders Part of the Criminal Code of Canada; however, some are detained pursuant to the Mental Health Act of Ontario.

The Provincial Forensic Programs specialize in the treatment and management and specialized care of patients/clients whose institutional behaviour presents a risk to the safety of the patient/client or to others, and who cannot be safely managed in any less secure hospital environment.

See Appendix 2 for a detailed listing of existing programs and services.

Capital Redevelopment

Construction is well underway for the \$471 million new forensic building and campus addition at Waypoint. Built on the hospital's existing site, the new secure forensic building will replace the 160-bed Oak Ridge and 20-bed Brebeuf buildings, offering a larger, more modern space for treatment and care of people with mental health disorders who have been involved with the criminal justice system.

This major 353,000 sq. ft. redevelopment project, when complete, will consolidate Waypoint into a more efficient, integrated, patient and family centered complex. It will include a new entrance for the new forensic building and existing administration and Toanche regional program buildings.

A new gym, pool, cafeteria, lobby, conference centre and offices for volunteer services, research and academics and organizational development are also part of the expansion.

The new building, designed with input from staff at all levels, will allow Waypoint to serve patients/clients in a 21st century environment and will provide an ideal setting for the provision of high-quality compassionate care. The modern and bright facility will have a 'residential' texture and feel, yet will be equipped with contemporary and appropriate safety and security systems. Waypoint's forensics team will have new clinical space to provide treatment as well as to support teaching and research pursuits.

Construction is expected to be completed in late 2013 with the transfer of patients/clients and services planned for the spring of 2014.

Strategic Plan

Following divestment from the Ministry of Health and Long Term Care in 2008, Waypoint embarked on two parallel strategic planning processes to focus on corporate and academic and research priorities. The hospital's Mission, Vision and Values were affirmed as follows:

Mission

We are a Catholic hospital committed to providing excellence in specialized mental health and addictions services grounded in research and education and guided by faith-based values.

Vision

As an inspired organization, we will change lives by leading the advancement and delivery of compassionate care.

Values

Caring

We will treat every person with compassion and sensitivity.

Respect

We will recognize the inherent worth of every person and treat them with courtesy.

Accountability

We will be ethical, transparent and responsible for our actions and results.

Innovation

We will be creative and discover, apply and share new knowledge.

Strategic Areas of Focus

Five strategic areas of focus have been identified:

- People We Serve

We will provide expert services that foster healing and inspire hope.

- People Who Serve

We will promote a safe, positive and innovative workplace where staff and volunteers are engaged and individual and collective achievements are celebrated.

- Corporate Performance

We will foster a culture of accountability by leveraging best practices and informed decision-making.

- Partnerships

We will be an effective partner, seeking out opportunities to improve care and services, build knowledge and enhance system capacity and sustainability.

- Research and Academics

We will be a leading centre for the study of aggressive and high risk behaviors associated with mental illness and addictions.

Research and Academic Strategy

A separate Research and Academics strategic plan was developed in 2009-2010. With the assistance of SHI Consulting Inc. and led by the Research Task Force – an ad hoc committee of thirteen internal stakeholders with diverse clinical and research backgrounds – an extensive strategic planning process was conducted to develop a long term vision and strategy for Research and Academics at Waypoint Centre for Mental Health Care. Consultations with ten external thought leaders from leading academic institutions around the world and a hospital wide survey identified the hospital's key areas of strength, critical gaps/challenges and potential opportunities for growth. The Task Force established the following goals: to develop and communicate new knowledge, to provide leadership in academic mental health care, to actively pursue partnerships to enhance research, education and training, and to retain and attract the best and the brightest talent. The strategic plan also recommended the establishment of a Centre for the study of aggressive and high risk behaviors associated with mental illness, addictions and dementia. The Research and Academics Strategic Plan and the new Centre will capitalize and build on Waypoint's history and international reputation in research into the assessment and treatment of violence and aggression amongst the mentally ill. In 2011, Waypoint finalized an affiliation agreement with the University of Toronto and Waypoint is now a Community Affiliated teaching hospital and academic health science centre.

Waypoint has academic and education partnerships with:

- Beechwood Private Hospital
- Brock University
- Cambrian College
- Canadian Career College
- Canadian Hospital Association
- Centennial College
- Creative Careers Barrie
- Cryston Enterprises Inc/Academy of Learning
- Dalhousie University(School of Social Work)
- Dorset House School of Occupational Therapy
- Durham College
- Fanshaw College
- Fleming College
- George Brown College
- Georgian College
- Humber College
- Lakehead University
- Laurentian University
- The Learning Centres
- Loyalist College of Applied Arts & Tech
- McMaster University
- Midland Secondary School
- Mohawk College
- Northern College Kirkland Lake
- Northern School of Medicine
- Ontario Business College
- Penetanguishene Secondary School
- Queen's University
- Simcoe County District School Board
- St Augustine's Seminary Toronto
- St Lawrence College
- St Teresa's High School
- Trent University
- University of Ottawa
- University of Toronto
- University of Victoria
- University of Windsor
- Western University
- Wilfred Laurier University
- York University

Information Systems Strategic Plan

An information systems strategic plan has been developed which has resulted in the recent implementation of a five year tactical plan. The vision is to collect clinical and administrative information only once, easily, and completely, at its source; provide access to information simply and conveniently, when and where it is needed; to support the workforce in its use of new systems and its adaption to new processes. The ultimate goal is to move toward an electronic health record.

Human Resources Strategic Plan

A human resources plan has also been established based on Human Resources Best Practices. Part of the larger corporate strategic plan, the HR plan has the five following objectives:

- Develop a skilled workforce
- Develop a valued workforce
- Foster open dialogue and communication
- Promote a healthy, safe and accessible environment
- Attract and retain the best talent

Other Areas of Development

In addition, there were three additional features of Waypoint that were considered in the planning process: Master Space Plan, planning within the LHIN's Care Connections processes and Waypoint's New Front Door. These initiatives are described below.

Waypoint's Master Space Planning Process

The hospital is currently issuing a Request for Proposals to develop the new Master Space Plan for the entire campus. This plan will take into account space that is vacant or will be vacated in future and will outline a space plan for the short term, medium term and long term needs of the hospital.

Waypoint within Care Connections

One of the key priorities in the North Simcoe Muskoka LHIN Integrated Health Services Plan (2010) involved designing a better health care system. This resulted in the creation of Care Connections, a plan with 12 areas of focus, three of which relate to mental health and addictions. Waypoint has been designated as the lead organization for Mental Health and Addictions over a three year time frame. Waypoint has specific responsibilities for two of the three initiatives as per Figure 1 (right).

Specifically, the three mental health and addictions initiatives of Care Connections are as follows:

1. Redistribution of Schedule 1 Acute Mental Health Beds (Divestment of Admission and Assessment Program).

Currently Waypoint has 31 Schedule 1 acute mental health beds in its Admission and Assessment Program (AAP). Under consideration for many years and now supported by the North Simcoe Muskoka Local Health Integration Network Care Connections planning, these beds will be

Mental Health and Addictions System Oversight Structure



Figure 1: MH&A System Oversight Structure

relocated to Royal Victoria Hospital and Georgian Bay General Hospital. The current plan is for 11 beds to be added to the existing RVH unit in 2012 and the remainder to a new 20-bed unit at GBGH in approximately two years.

This supports best practice and meets government expectations for location of acute care services. Patients/clients have access to emergency and other diagnostic services for all health needs helping to address medical clearance concerns. They will be treated in a community hospital for short-term illness reducing the stigma associated with admission to a psychiatric hospital. The acute care setting will also allow psychiatric professionals to work collaboratively and directly with primary care professionals.

The majority of acute mental health care in Ontario is provided at community and general hospitals. The redistribution of the beds has provided an opportunity to revisit the longstanding goal of having the three acute care sites (Royal Victoria Hospital, Orillia Soldiers' Memorial Hospital and Georgian Bay General Hospital) operate as a single integrated system, relating in a consistent way with the larger system of community and tertiary services. Waypoint will continue to be a partner with all hospitals and community agencies providing acute mental health services for the continuum of care for all mental health patients/clients.

2. Build Mental Health and Addictions Capacity for Children and Adolescent

The general assignment of the Mental Health and Addictions Child and Adolescent Project Steering Committee is to build much needed mental health and addictions capacity for children and adolescents. Working with partners in education, early intervention, justice, health, and child and youth services, the vision is to build a system with "Clear, timely and equitable access to a results-oriented continuum of age and stage appropriate services for all children and youth dealing with mental health or addictions challenges or at risk of developing them."

3. Enhance Crisis Management and Community Resources

This piece of Care Connections work is led by the Canadian Mental Health Association, Simcoe County. The Crisis Management and Community Resources Steering Committee is preparing and will implement action recommendations on how to better manage mental health and addictions crises when they occur and how to minimize their occurrence. Waypoint is a full participant in this process.

Waypoint's New Front Door

Waypoint's 'New Front Door' will create a portal to provide user friendly access to care for the patients/clients, families, service providers we serve. In the future, Waypoint will no longer have acute care beds which account for approximately 60% of our current admissions. The New Front Door will incorporate standardized processes and one centralized portal to access all Waypoint clinical services.



Scanning the Waypoint Environment

A scan of the Waypoint environment must take into consideration the regional and provincial context within which it operates as well as the known prevalence of major mental illness.

Regional Context

Waypoint provides its mix of regional services primarily to residents of the geography of the North Simcoe Muskoka LHIN, as shown in Figure 2. Additionally, Waypoint explicitly serves residents of the West Parry Sound and Dufferin County areas, and works in partnership with other specialty hospitals and neighbouring providers, as required, to ensure specialized needs are addressed regardless of geography. The total population of the North Simcoe LHIN geography in 2008 was approximately 447,217, distributed as follows, which roughly represents 3.5% of the total Ontario population¹.

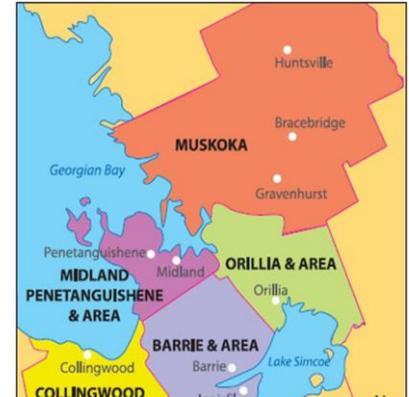


Figure 2: Scan of the Waypoint Environment

LHIN Sub-District	Population (2008)
Collingwood & Area	55,245
Barrie & Area	226,029
Orillia & Area	56,086
Midland Penetanguishene & Area	49,938
Muskoka Area	59,919
Total	447,217

Table 1: Population of the North Simcoe LHIN geography (2008)

The large geography presents transportation-related accessibility challenges for inpatients/clients and their families, and also challenges Waypoint in providing specialized follow-up services in the community. For example, approximately 13% of the population is distributed across Muskoka, which is half of the geography of the LHIN.

The LHIN has a higher percentage of seniors 65+ (15.2%) living in the region than Ontario (13.6%) and anticipates an especially high growth over the next 10 years in the Midland Penetanguishene and Muskoka areas, 52% and 48% respectively. By 2016, North Simcoe Muskoka LHIN is expected to have 47% more people with dementia (2,600+ people) than in 2006².

NSMLHIN has a significant Aboriginal population, with the Midland Penetanguishene area having the greatest proportion at 11.1% and Orillia area having the second highest proportion due to the First Nation reservations, in contrast to 1-3% across the remaining planning areas.

NSMLHIN also has a significant French speaking population, with the highest proportion in the Midland Penetanguishene area at 8.1%.

¹ Care Connections Current State Report (draft April 2010)

² Care Connections Current State Report (draft April 2010)

Regional Service System

Waypoint provides its specialized tertiary psychiatric services in the context of an array of other hospital and community based mental health and addictions services. Within the LHIN, it relates to five other general hospitals, two of which (the Royal Victoria Regional Health Centre and Orillia Soldiers' Memorial Hospital) also provide Schedule 1 acute care services. Additionally, there are 11 separately funded adult community mental health programs, the largest of which is the Canadian Mental Health Association, Simcoe County, and three community based children's mental health services, Kinark Child and Family Services and New Path Youth and Family Service, serving Simcoe County, and Family, Youth and Child Services of Muskoka.

Provincial Context

Waypoint is one of ten former provincial psychiatric hospital service providers. Within the province, Waypoint has a large and unique role in the provision of forensics services, with its 160 beds at the provincial division offering the only maximum security unit in the province. In this capacity, Waypoint has engaged other stakeholders in discussions about the creation of a Provincial Forensics Network and is currently working on an Evidence Based Best Practice in Forensics Mental Health Project in collaboration with Forensics Directors across the province. Further, it is noted that Waypoint's regional and provincial efforts will be attuned to direction set out in the recently released provincial mental health and addictions strategy, *Open Minds, Healthy Minds*. The strategy aims to reduce the burden of mental illness and addictions by ensuring all Ontarians have timely access to an integrated system of excellent, coordinated and efficient promotion, prevention, early intervention, and community support and treatment programs. The first three years of the strategy is focused on the needs of children and youth.

Prevalence of Mental Illness

Across Canada, 1 in 5 individuals will experience mental illness in their lifetime³. Some additional fast facts:

- While 8% of Canadians will experience depression at one point in their lifetime, approximately 4-5% of the population is depressed at any given time⁴.
- Women are twice as likely to experience depression as men⁵.
- An estimated 90% of suicide victims have a diagnosable mental illness.
- In 2005, approximately 8% of Ontarians and 8.3% of residents within the North Simcoe Muskoka (NSM) LHIN reported having suicidal thoughts in their lifetime⁶.
- Additionally, as noted in Care Connections documentation⁷ related to mental health and addictions:
 - NSM residents exhibit mood disorders more than the provincial average (9.3% vs. 6.9%), as well as more anxiety disorders (7.6% vs. 5.6%).
 - NSM has a greater rate of Emergency Department visits per year related to mental health and addictions at 13.1 visits per 1000 people as compared to 12.1 in Ontario.
 - NSM LHIN has the 2nd highest rate of admissions to adult mental health units in hospitals across the province.

Severe & Persistent Mental Illness

³ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009.

⁴ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009.

⁵ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009.

⁶ Government of Ontario. *Mental Health and Addictions in Ontario LHINs*. April 2008.

⁷ Care Connections Current State Report (draft April 2010)

The term severe and persistent mental illness is used to describe conditions such as schizophrenia, schizoaffective disorder, bipolar disorder and major depression because of the significant impact it has on a person's normal life activities. The Mood Disorders Society of Canada reports that schizophrenia affects 1% of Canadians, and that 40-60% of people with the condition attempt suicide. In fact, people with schizophrenia are 15-20 times more likely to die by suicide than the general population. In Ontario, schizophrenia accounted for⁸:

- 4.6% of OHIP-billed visits to Ontario physicians for mental health fee-schedule codes in 2005/06;
- 7.9% of diagnoses reported during contacts to Mental Health Service Information Ontario in 2006/07;
- 81% of Assertive Community Treatment service recipients in 2006/07;
- 10.2% of Emergency Department visits for mental health conditions in 2006/07; and
- 20.8% of acute separations for mental health conditions from designated beds in 2005/06.

Bipolar disorder affects 1% of Canadians, and rates of the conditions are roughly equal between men and women. Persons with bipolar disorder will spend, on average, eight years before their attempts to get help are successful and most will see four doctors before obtaining the correct diagnosis⁹.

Forensic Services in Ontario

As shown in Table 2, in 2008 there were 701 forensic beds in Ontario, of which Waypoint operated 180 (approximately 23%)¹⁰.

Facility	Forensic Beds (2008)		
	# Minimum	# Medium	# Maximum
Centre for Addiction and Mental Health	83	74	0
Waypoint Centre for Mental Health Care	20	0	160
North Bay Regional Health Centre	24	28	0
Providence Care Mental Health Services	0	30	0
Royal Ottawa Mental Health Centre (Royal Ottawa Health Care Group - Ottawa)	0	43	0
Brockville Mental Health Centre (Royal Ottawa Health Care Group - Brockville)	0	59	0
St Joseph's Health Care – London Regional Mental Health Care St. Thomas	40	40	0
St Joseph's Health Care - Hamilton	22	20	0
Thunder Bay Regional Health Sciences Centre	0	20	0
Ontario Shores Centre for Mental Health Sciences	50	62	0
Total	239	376	160

Table 2: Ontario Forensic Mental Health Bed #s (2008). Some hospitals have been renamed since 2008.

General Bed Pressures

Provincial forensic services continue to experience an excess of demand over supply in relation to court-ordered forensic assessment and treatment. On any given week, according to the Offender

⁸ Government of Ontario. Mental Health and Addictions in Ontario LHINs. April 2008.

⁹ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009.

¹⁰ "Minimum, Medium and Maximum" Beds now replaced by "General and Secure" Beds

Tracking Information System data, the number of persons waiting represents between 15 and 20% of the total forensic remand assessment capacity. There are data limitations with respect to the Offender Tracking Information System, however, and even allowing for potential over-counting in some locations in the province, the shortfall exists. In this area, Waypoint already makes a very significant contribution to addressing these pressures.

The forensic system also has pressures in the supply of services for persons with Ontario Review Board (ORB) dispositions. A significant number of individuals are awaiting inter-hospital transfers. There does not appear to be a specific program type or security level associated with these individuals. The main focus of the ORB bed pressures is in the GTA but there are small pressures distributed across the province.

There will be 36 new beds becoming operational in F2011/12 in the GTA and these should have a positive impact on the ORB bed pressure.

Co-occurring Disorders and Forensics

It appears that there are growing pressures in relation to forensic services for individuals with dual diagnosis, developmental disabilities, Autism Spectrum Disorder and Fetal Alcohol Syndrome Disorder on the basis of anecdotal information and of some of the litigation in the forensic system. The prime data source for this type of information is the Resident Assessment Instrument-Mental Health (RAI-MH) which is designed to capture this information. Unfortunately, due to a very low completion rate for the data fields related to these categories by the forensic programs as a whole, the RAI-MH does not provide useful data. The Forensic Mental Health Section of RAI-MH has surveyed the forensic programs twice for snapshot information on these populations and it appears that they represent approximately 10% of the forensic inpatients. In order to obtain higher quality information, a study has been funded to gather better information about these populations but it has not yet been completed.

Transitional Age Youth and Forensics

At this point, there is a little data on forensic pressures with respect to transitional youth because this population is the responsibility of the Ministry of Children and Youth Services.

(MCYS). Some young people are served by the adult forensic system but this service is provided on a one-off basis. Overall, the pressure on the adult forensic system to serve transitional youth is quite low, but there is room for

improvement as has been highlighted recently by a number of cases. MCYS has the lead for addressing forensic service pressures for transitional youth and the Forensic Mental Health Section will undoubtedly be involved in the near future.

Canada	Ontario	North Simcoe Muskoka
13.6%	15.9%	18.8%

Table 3: Prevalence of High-Risk Drinking

Addictions & Substance Abuse

Addictions are defined in two ways: psychological dependence (individual believes the substance is necessary for social functioning) and physiological dependence (increased tolerance, withdrawal symptoms and health problems related to substance intake)¹¹.

As it relates to high-risk drinking, that prevalence of high-risk drinking within the North Simcoe Muskoka LHIN is higher than Ontario and Canada^{12 13}. In 2006/07, 5% of all contacts with Ontario's Drug and Alcohol Registry of Treatment came from within North Simcoe Muskoka. According to the Centre for Addictions and Mental Health, men are 2.6 times more likely than women to meet the criteria for substance dependence¹⁴. Problem gambling is also a concern, given the number of gambling facilities within the LHIN. Five percent (5%) of Canadians and 3.8% of Ontarians are considered problem gamblers. The Mood Disorders Society of Canada reports that approximately 80% of problem gamblers say they gamble to modulate their moods, and between 50-80% say they have had suicidal thoughts. In 2006/07, 4.1% of all calls made to Ontario's Problem Gambling Helpline came from within North Simcoe Muskoka.

Concurrent Disorders

Concurrent disorders refer to situations where individuals suffer from "both a mental illness and a substance use disorder"¹⁵. The Centre for Addictions and Mental Health reports that the prevalence of combinations of mental illnesses and substance use depends on the disorder¹⁶. Table 4 highlights the percentage of people who will have a substance use disorder in their lifetime if they experience the associated mental illness in their lifetime.

In 2005/06 within Ontario, there were 13,806 interactions with patients/clients experiencing a concurrent disorder. Almost 4 in 5 of these were in an acute care setting rather than a specialty facility like Waypoint. Men accounted for 61.9% of these interactions, and 67.7% involved individuals under 44 years of age.

Additionally, within Waypoint's inpatient population, it is estimated approximately 50 to 60 percentage have a co-occurring substance abuse issues.

Disorder	Prevalence of Co-occurring Substance Use Disorder
Anxiety disorder	24%
Major Depression	27%
Bipolar Disorder	56%
Schizophrenia	47%

Table 4: Disorder Prevalence

¹¹ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009.

¹² Government of Ontario. *Mental Health and Addictions in Ontario LHINs*. April 2008.

¹³ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009.

¹⁴ Centre for Addictions & Mental Health. *Mental Health and Addictions Statistics*. [online] Available at: http://www.camh.net/News_events/Key_CAMH_facts_for_media/addictionsmentalhealthstatistics.html. Accessed: November 11, 2011.

¹⁵ Waypoint Community of Practice "Law & Mental Illness and Addictions" Value Proposition Submission, October 2011

¹⁶ Centre for Addictions & Mental Health. *Family Guide to Concurrent Disorders*.

Dual Diagnosis

The Canadian Mental Health Association describes dual diagnosis as someone with a mental illness and a co-developmental disability. Approximately 38% of people with a developmental disability also have a mental health problem. In 2005/06 within Ontario, there were 861 interactions with dual diagnosis patients/clients. Almost 7 in 10 of these were in an acute care setting rather than a specialty facility like Waypoint. Men accounted for 54.5% of these interactions, and 71% involved individuals under 44 years of age.

Psychogeriatrics

Psychogeriatrics refers to a sub-specialty of psychiatry which deals with mental health issues among older individuals. Among seniors living in residential care facilities in Canada, nearly half (44%) have a diagnosis of and/ or symptoms of depression¹⁷. Mental health services are often not available to seniors where they live, an important consideration given the limited mobility of this population.

Consider these sobering statistics:

- 10-25% of seniors experience mental disorders; by age 80, dementia affects one in three people.
- 80-90% of nursing home residents are living with mental illness or some form of cognitive impairment.
- More elderly seniors are facing particularly acute challenges that include high rates of Alzheimer's disease and related dementias, and for men, a significant incidence of suicide.
- Specialized treatment programs and support services for seniors are lacking, as are the research and knowledge exchange for their development and improvement .
- Alzheimer's Disease is quite pervasive among seniors, with 1 in 13 individuals over 65 and 1 in 3 over 85 being affected.

Mental Illness, Children & Youth

Mental illness has a significant impact on Canada's children and youth. Estimates suggest that at least 70% of mental health problems and illnesses have their onset during childhood and adolescence¹⁸. The Mood Disorders Society of Canada reports that approximately 15% of children and youth are impacted by mental illness at any point in time, that 70% of all mental illness among adults is onset during younger years, and that the age of onset for schizophrenia is between 15-25 years of age¹⁹.

Between 15 - 21% of children and youth in Ontario have at least one mental health issue. The most common mental illnesses for children and youth (ages 15 to 17) are anxiety disorder, attention/deficit/hyperactivity, conduct disorder, depression and substance abuse. Ontarians between the ages of 15 and 24 are three times more likely to have a substance use problem than people over age 24.

Anxiety and depression is the most common illness among this age category. About 6.5% of youth experience anxiety, with 4% of these cases being considered severe. 5% experience depression before the age of 19. As a result, suicide is a serious issue among youth, with 24% of all deaths among 15-24 year olds being attributed to suicide.²⁰

In 2011, the Ministry of Health & Long-Term Care released *their 'Open Minds, Healthy Minds'* mental health strategy. The first three years of its implementation will be focused on children and youth, with three key goals:

¹⁷ Analysis in Brief: Depression Among Seniors in Residential Care, Canadian Institute for Health Information, 2010

¹⁸ A Framework for Mental Health Strategy in Canada, Mental Health Commission of Canada, 2009

¹⁹ Mood Disorders Society of Canada. *Quick Facts on Mental Illness and Addictions in Canada*, 3rd Edition. November 2009

²⁰ Every Door is the Right Door Towards a 10-Year Mental Health and Addictions Strategy, A Discussion Paper, Province of Ontario, July 2009

- Providing children, youth and families with fast access to high quality service.
- Identifying and intervening in child and youth mental health issues early.
- Closing critical service gaps for vulnerable children and youth, children and youth at key transition points, and those in remote communities.

First Nations, Métis and Inuit Mental Health Issues

The effects of colonization on First Nations, Inuit and Métis people have eroded cultural practices and “contributed to social and economic marginalization of indigenous people who have long experienced poorer mental health outcomes – such as rates of depression, anxiety, substance abuse and suicide that can be many times greater than the rates in the general population”²¹.

Indigenous peoples are renewing and developing approaches to healing that have been demonstrated to promote recovery of indigenous people suffering from serious mental illness. Many of these healing practices “draw on the importance of cultural identity and self determination, integrate traditional knowledge and the wisdom of elders/healers with non indigenous approaches and recognize the close relationship between mental health, addictions, and intergenerational trauma.”²² These approaches are good examples of culturally safe healing practices.

When these practices are provided to indigenous patients suffering from serious mental illness, at times in conjunction with psychiatric practices, they have been most effective in promoting recovery.

The rate of suicide among First Nation, Métis and Inuit compared to the general population is alarmingly high, with the suicide rate for some First Nations and Métis is 5-6 times and Inuit 11 times the national average. It is also noted that 33% experience sadness and/or depression over extended periods.²³

Mental Health in the Workplace

The Mood Disorders Society of Canada reports that the annual losses to the Canadian economy due to mental illness in the workplace are \$33-billion²⁴. Related to this economic impact is the substantial cost to employee benefit programs. It is estimated that mental illness is related to 75% of short-term disability claims and 79% of long-term disability claims. The Centre for Addictions and Mental Health estimates that each week at least 500,000 employed Canadians are unable to work due to mental illness. Consequently, 56% of Canadian employers believe that the continuous rise in employee mental health claims is a serious concern.

Stigma

The Centre for Addictions and Mental Health defines stigma as “negative attitudes (prejudice) and negative behaviour (discrimination) toward people with substance use and mental health problems.”

The Mood Disorders Society of Canada reports the following percentages of people with a mental illness who experienced stigma:

- 56% within their own family

²¹ Toward Recovery and Well Being, Mental Health Commission of Canada. P 17-18 2009

Health Canada, First Nations Inuit and Aboriginal Health: Mental Health and Wellness www.hc-sc.gc.ca/fniah-spnia/promotion/mental/index-eng.php

²² Toward Recovery and Well Being, Mental Health Commission of Canada. P 17-18 2009

The Strategic Action Plan for First Nations and Inuit Mental Wellness. Health Canada, First Nations, Inuit and Aboriginal Health, 2007.

²³ Excerpted from the Barrie Area Native Advisory Council “Culture Card”

²⁴ Mood Disorders Society of Canada. **Quick Facts on Mental Illness and Addictions in Canada**, 3rd Edition. November 2009.

- 52% from friends
- 44% from their primary care physician
- 32% from other health care professionals
- 30% within their workplace

Waypoint Demographics and Utilization

Detailed demographic and utilization data can be found in Appendix 1. The following highlights are offered:

- The profile of admissions to Waypoint is relatively young, with 80% of all admission being under the age of 55.
- The largest age cohort is individuals of age 25 to 34, constituting 22% of all admissions.
- Individuals age 65 plus constitute 9% of all admissions.
- The gender split is weighted to males (56% in regional programs, 100% in provincial programs).
- Yearly admission and discharge numbers have varied over the last three years, primarily related to the impact of ALC days and improved admission processes.
- Occupancy rates have increased over the last three years, from 81% to 89% in the regional programs, and from 90% to 96% in the provincial programs.
- ALC days in regional programs have decreased significantly since first captured in July 2009 (32%), primarily due to improved success at placing long stay legacy patients from the Bayview Dual Diagnosis Program and the Psychosocial Rehabilitation Program into the community . Each of these programs saw an approximate 50% ALC reduction over the three years. However,
- ALC days have increased by 21% in the Geriatric Services Program over the past three years.
- ALC Days (see Appendix 1) represent capacity that is not available for specialized treatment or active care.
- Addictions issues are significant among Waypoint clients. Of all individuals admitted over the past four and a half years, between 50% and 60% had indications of substance abuse issues.
- As of 2010/11, Waypoint was serving 1390 registered outpatients, approximately half through the Community Support Teams of the various specialized programs and half through the Outpatient Services Department in the form of case management services.
- The greatest number of Community Support Team clients are seen through the Geriatric Services Program.
- The greatest intensity of community support is provided to Psychosocial Rehabilitation outpatients.
- The Outpatient Services Program currently provides case management services to approximately 700 unique clients.



Clinical Vision, Foundational Themes and Assumptions

Our Clinical Vision

In fulfilling Waypoint’s commitment to improve the lives of our patients/clients and their families, our vision statement is our guide: “As an inspired organization, we will change lives by leading the advancement and delivery of compassionate care grounded in research and education and guided by faith-based values.” Our clinical vision is informed by the philosophy of recovery. As our new name, Waypoint, symbolizes, our goal is to be a point on each patient/client’s journey. Embedded in our vision is the belief that a positive work environment for all staff promotes the best outcomes for our patients/clients. Waypoint aspires to be an employer of choice and to create a culture that is attractive and inspiring for clinicians, students and researchers. As the sole specialized tertiary mental health centre in the region and the only maximum security forensic program in the province, Waypoint is committed to collaborating with all of our partners to advance the mental health service delivery system both locally and provincially.

Purpose of the Clinical Services Plan

The Clinical Services Plan (CSP) builds upon the Human Resources Strategic Plan, the Corporate Strategic Plan, the Research & Academic Strategic Plan, the Information Systems Strategic Plan, and the Capital Redevelopment Plan and will guide and direct programs and services for a 5-10 year planning horizon.

Board of Directors Clinical Services Plan Resolution April 7, 2011
Be it resolved that the development of the Clinical Services Plan at MHCP will take into account the evolving needs of our patient communities and the role of a tertiary mental health facility in the broader system of care.

Intended Outcomes

In 2011, Waypoint embarked on a planning process to establish core programs and services required to meet the mental health needs of the population and communities served. The CSP, inclusive of an environmental scan of socio-demographics and incidence and prevalence of mental illness, was designed intentionally to ensure incorporation of three foundational themes.

Foundational Themes and Assumptions

The following elements are understood to be foundational to the clinical services plan.

Waypoint’s Role as a Specialized Tertiary Mental Health Centre

Waypoint must continue its role as a specialized tertiary mental health centre, consistent with its stated mission of “providing excellence in specialized mental health and addictions services grounded in research and education and guided by faith-based values”.



Figure 3: Waypoint’s Role as a Specialty Tertiary Mental Health Centre

As a specialized hospital, Waypoint provides care by way of inter-professional teams with high levels of expertise and support, and with the capacity to perform comprehensive psychiatric assessments in a secure setting. The people we serve need specialized mental health and addictions care, provided with compassion and sensitivity.

Formal Adoption of the Recovery Philosophy

Waypoint is formally committed to the adoption of the Recovery Philosophy. The Recovery Philosophy is grounded in patient/client and family centred care which recognizes the patient/client's autonomy, dignity and personal choice. A respectful, mutually accountable therapeutic relationship provides the foundation for growth and recovery. Staff/patient/client interactions demonstrating integrity, kindness, humanity and compassion, work to instill hope as we support the patient/client journey. The philosophy also recognizes the critical importance to a person's recovery of peer support, employment, adequate housing, education, leisure activities, spirituality, support of family and friends and meaningful participation in the community.

Enhancement of Culturally-Competent Care

Tied to a philosophy of recovery, Culturally Competent care is about providing services that are accessible to diverse groups. In mental health this is particularly important, since ethnicity, culture or religion can affect the understanding and interpretation of symptoms, illness and treatment. Cultural competency training assists organizations to move towards the goal of achieving health equity.

Enhancement of Trauma-Informed Care in a Culture of Least-Restraint

Trauma-informed organizations, programs, and services are based on an understanding of the particular vulnerabilities and/or triggers that trauma survivors experience (that traditional service delivery approaches may exacerbate), so that these services and programs can be more supportive, effective and avoid retraumatization. In providing mental health services, trauma informed care is an integral part of recovery orientated practice which clearly acknowledges and articulates that no one understands the challenges of the recovery journey from trauma better than the person living it. Survivors frequently encounter services that mirror the power and control experienced in the abusive relationships that caused the past trauma. In the traditional program of services, healing and recovery is difficult and the risk of retraumatization is real.

Provision of a Suite of Treatment Modalities

In addition to the above foundational elements, Waypoint also affirms its commitment to providing comprehensive holistic care encompassing, for example:

- Psychotherapy: Any form of therapeutic interaction or treatment contracted between a professional and the patient/client and/or family.
- Behavioural Therapy: Approach to psychotherapy based on learning theory which aims to treat psychopathology through techniques designed to reinforce desired behaviour and eliminate undesired behaviour.
- Pharmacotherapy: Treatment based on drugs or pharmaceuticals.
- Electroconvulsive Therapy (ECT).
- Physical Care: Refers to physical interventions such as Metabolic Syndrome Interventions- Services: primary care to optimize medical/physical health.
- E-services, including Telepsychiatry.
- Patient/client Education
- Peer Support
- Rehabilitation and Skill Development
- Therapeutic Recreation
- Employment and Housing Services

- Investigative Assessment and Consultative Specialties
- Palliative Care Services
- An array of additional supports including Dental Services, Lab Services, Optometry Services
- Transitional Services for both inpatients and outpatients that promote community integration
- Research in severe behaviors associated with mental illness
- Integrated Knowledge Translation

Populations Served

The emphasis in the development of the Clinical Services Plan was to think first about the populations to be served, and then review existing services and consider what new approaches should be introduced or what changes might be made at the program level to enhance services. While programs generally are and will continue to be aligned with broad categories of populations, it is recognized that needs and individual situations cut across programs. That being said, consistent with its role as a specialty hospital, Waypoint will work with its community partners to serve the following broad categories of individuals in need.

Persons with Severe and Persistent Mental Illness

Severe and persistent mental illness is used to describe conditions such as schizophrenia, schizoaffective disorder, bipolar disorder and major depression, and other psychiatric illnesses that have a significant impact on a person's normal life activities. Waypoint will continue to serve persons with severe and persistent mental illness as inpatients and outpatients.

Persons with Mental Illness and Developmental Delay

Waypoint will continue to serve Persons with Mental Illness and Developmental Delay as inpatients and outpatients.

Aging Persons with Mental Illness

Waypoint recognizes there are two broad aging populations to consider – persons with dementia-related issues and persons with non-dementia-related mental illnesses. Waypoint will serve both of these populations, including the provision of specific services in the regional program focused on inpatients, outpatients and day hospital patients including behavior support services where we will play a leadership role with the LHIN Behavioral Support Services initiative.

Persons with Mental Illness and Involvement with the Law

Waypoint will continue to serve persons with mental illness who have come into conflict with the law as both inpatients and outpatients.

Persons with Addictions and Mental Illness

Waypoint will continue to serve individuals with mental illness and addictions issues (concurrent disorders) as inpatients and outpatients.

Youth with Mental Illness

Waypoint will continue to serve youths age 16 and over as inpatients and outpatients in the regional programs, and will continue to develop a regionally available tele-psychiatry consultation service for the age group 16 to 25. Working with its community partners and through the LHIN Care Connections process, Waypoint will continue to explore how it can best contribute to the development of much needed psychiatric capacity for children and youth.

Community Integration is fundamental to all the identified populations above and aims to improve life outcomes for clients when discharged or, for those patients who are long term residents within Waypoint, an improved experience of community within the organization.

Note on terminology:

Patient is the term generally used for the inpatient population.

Client is the term generally used for the outpatient and community population

Family is defined as whoever the patient/client identifies as family - may be a relative or someone identified as a “natural support” to the patient/client



About our Clinical Services Planning Process

KPMG was engaged by Waypoint to work in partnership with the hospital to develop the plan. The process unfolded in two parts:

Identification of interdisciplinary, pan-organizational Communities of Practice (CoPs).

Employing a methodology known as Value Proposition Planning, professionals from across all Waypoint programs came together to identify unique pan-programmatic areas where the hospital could make targeted investments; and

Environmental scanning, data and clinical service review. This resulted in an analysis of Waypoint’s current programs and an assessment of where the hospital could make targeted investments in particular program or service offerings.

A detailed description of the process can be found in Appendix 3.

To launch the process, Waypoint hosted a Visioning Summit in April 2011 to engage internal and external stakeholders to identify gaps in the service delivery system, to discuss Waypoint’s role as a tertiary mental health centre and then reflect on the “ideal patient/client experience” and how to integrate our planning across the system. Arising from the Visioning Summit, seven priority communities of practice were identified, as shown in Figure 4.

Following the Visioning Summit, Community of Practice Teams were established for each area,

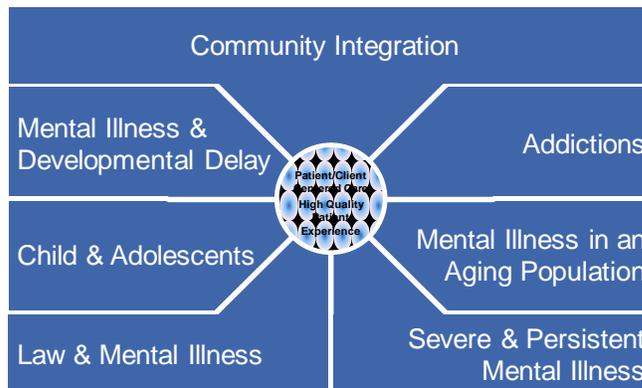


Figure 4: Communities of Practice

which met four times to further articulate the ideal patient/client experience for their population and make specific recommendations following a prescribed template. Those recommendations were then presented at a Consensus Summit held in August 2011 to which a mix of internal staff and external partners were invited. Participants were asked to rank the value propositions against criteria for review by the Steering Committee (see Appendices 6 and 7 for details as to membership and attendance at the Visioning and Consensus Summits).

Subsequent to the Consensus Summit and review by the Clinical Services Plan Steering Committee, a number of recommendations were selected to move on to the Value Proposition stage. See Appendix 8.

In its review of the community of practice recommendations, the steering committee identified a number of very good recommendations for incorporation into Waypoint’s ongoing planning processes and assigned them as such. See Appendix 9 for Value Propositions approved by the Steering Committee.



Future Programs and Services

Continuation of Current Initiatives

The following initiatives currently underway will be incorporated in the Clinical Services Plan.

Acute Care Bed Divestment Planning – Waypoint will divest 11 beds of the Admission and Assessment Program over the coming short term and the remaining 20 beds in the longer term as outlined by the Care Connections planning process of the North Simcoe Muskoka LHIN.

Access to Care, New Front Door Project - With the divestment of the Admission and Assessment Program, which currently serves as a primary access point to many of Waypoint's Regional Programs, there is an opportunity to create a new centralized access point or New Front Door that will ensure standardized and efficient access to all Waypoint programs and services.

Least Restraint Implementation Committee - to promote the further development of an organizational-wide culture that supports patient and staff safety and supports a quality patient experience in a least restraint environment. To ensure the existence of appropriate policies, processes, knowledge translation, training, evaluation and continuous quality improvement utilizing the principles of recovery and trauma informed care.

Metabolic Syndrome Task Force and related activities - to develop a hospital-wide program to identify inpatients and outpatients at risk for Metabolic Syndrome and to promote a holistic and standardized approach to their care and treatment, tied to a philosophy of recovery.

Introduction of new patient assessment and data base for outpatients/clients – A new Ministry policy direction requires all outpatient services use a standardized assessment and data base, the Ontario Common Assessment of Need (OCAN), which will be implemented in 2012-13 in the outpatient program.

Senior Friendly Hospital Initiative – This initiative is about improving the health and well-being of seniors in hospital. Evidence shows seniors' health declines, the longer they stay in hospital, as a result of complications, lack of activity and infections.

ECT for Provincial Forensic Program Patients/clients - Planning is underway to provide ECT services at the Oak Ridge site to ensure that all Waypoint patients/clients have access to ECT. The ECT program serving the regional division programs and North Simcoe Muskoka LHIN will continue in its current service delivery format in partnership with Georgian Bay General Hospital.

Dialectical Behaviour Therapy (DBT) Project in Active Socialization Program and Georgianwood Concurrent Disorders Program – Based on best practice, a Dialectical Behaviour Therapy project is underway, which combines Cognitive Behaviour Therapy with mindfulness techniques to help reframe thoughts and perceptions and control emotional dysregulation.

Transitional Age Youth Tele-psychiatry - The Transitional Age Youth Tele-psychiatry Consultation Service provides a one-time consultation for youth ages 16 to 24 in the area experiencing serious mental health concerns or at risk of developing them. It is currently being piloted in the Midland / Penetanguishene area, with the intention of making it available across the LHIN.

Quality Initiatives - Patient Identification, Medication Safety, Risk Assessment - there is a continuous emphasis across the hospital on quality and patient/client and staff safety with a variety of projects underway, further supported by the hospital's annual Quality Improvement Plan.

Behavioral Support System - This LHIN sponsored project is focused on older adults with cognitive impairments due to dementia, mental health problems, addictions or other neurological conditions and associated responsive behaviours. Waypoint is the "host agency" for the community portion of this initiative.

New Initiatives

The move of the forensics patients to the new building will occur in 2014 which will lead to a sequence of events including the vacating and demolition of both the Oak Ridge and the Brebeuf buildings and the relocation of the Pharmacy Department, and the Cafeteria and some other food service operations from the Toanche Building, and the Volunteer Department and Organizational Development from Administration. The Research Department will also be relocated. Accordingly, the proposed timing for the implementation of new initiatives is categorized according to pre and post move, related to the new building.

Initiative	Rationale	Expected impact	Proposed Timing
1. Move forensic patients to a new purpose-built state-of-the-art facility in the spring of 2014.	Existing facilities sub optimal.	Enhanced quality of care and quality of work life for the Forensics Program. Two buildings will be vacated.	Planning begins immediately
2. Provide integrated mental health and addictions treatment for all Waypoint patients/clients with concurrent disorders as part of a hospital-wide strategy.	Supported by Value Proposition 4.	Improved interventions and treatment for all Waypoint patients/clients with addictions issues, no matter the program to which they have been admitted.	Planning to begin Pre Move
3. Relocate Regional Rehabilitation Services to the Toanche Building; until such time as this move occurs, conduct an interim service review to ensure accessibility to Rehabilitation Services to all Regional patients/clients.	To increase accessibility for patients/clients.	Enhanced quality of care for patients/clients, enhanced patient experience.	Pre Move for interim review Post Move for relocation
4. Align Provincial and Regional rehabilitation services under a single organization structure and consider how these services will interface with the proposed Treatment Malls.	More efficient organizational structure. Treatment Malls supported by Value Proposition 3.	Enhanced synergies across the hospital with one organizational structure for Rehab Services. Opportunities to coordinate the services within the Treatment Malls.	Pre Move
5. Review the structure and processes for the delivery of outpatient specialized tertiary services.	Supported by Value Proposition 1.	Optimized service effectiveness, efficiency and community integration for all outpatients/clients of all programs, including Homes for Special Care clients.	Pre Move
6. Conduct a feasibility analysis of the Beacon House proposition (Day Program and Step Down Residence) for individuals under the jurisdiction of the	Supported by Value Proposition 5.	More effective transitional planning/reduced bed-blocking, greater program capacity, improved supports for a high need clinical population.	Pre Move

Initiative	Rationale	Expected impact	Proposed Timing
Ontario Review Board.			
7. Develop a plan and process to review the names of regional and provincial programs and the name of the new building.	Launch of clinical services plan, new brand and adoption of recovery philosophy affords an opportunity to review and validate current language while also considering the need to clearly market Waypoint services to all referral sources.	Positive approach to operational readiness and renewed planning for regional programs.	Pre Move
8. Conduct feasibility study re splitting the Geriatric Psychiatry Program (GSP) to separate the patients with mental illness from the patients with dementia in the short term 5 year period. Determine future configuration of GSP in relation to psychogeriatrics and cognitive behavioural populations.	Best practice is to split these patient cohorts for therapeutic and treatment reasons.	Higher efficiency, skills development for the multi-disciplinary team, enhanced therapeutic environment for patients, potential opportunity to further enhance expertise in dementia and in Geriatric Psychiatry.	Pre Move
9. Continue to provide a leadership role in the Forensics Network.	De facto leadership role in Forensics as the only maximum security facility in the province.	Enhanced profile for Waypoint which advances our research and academic strategy.	Pre Move
10. Facilitate the development and implementation of best practices and youth friendly strategies across the organization.	Supported by Child and Adolescent Community of Practice Recommendation 3.	Enhanced patient/client experience.	Pre Move
11. Re-locate the Outpatient Services Program to a new site to provide more accessible services.	Current site is not accessible	Improved access and enhanced patient/client experience.	Pre Move

Initiative	Rationale	Expected impact	Proposed Timing
12. Determine future configuration of Psychosocial Rehabilitation Program (PSRP) including short and long stay components.	Best practice is to split the long and short stay patient cohorts for treatment and therapeutic reasons.	Higher efficiency, skills development for the multi-disciplinary team, enhanced therapeutic environment for patients/clients, potential opportunity to further enhance expertise in Anxiety and Mood Disorders and in Severe and Persistent Mental Illness.	Pre Move
13. Program review of inpatient beds on Bayview Dual Diagnosis Program.	To ensure consistency with the Collaborative Program Review being undertaken at two other psychiatric hospitals.	Positive impact for the Dual Diagnosis Program related to patient and staff safety.	Pre Move
14. Develop functional program to establish Treatment Malls for both regional and provincial patients/clients with severe and persistent mental illness.	Supported by Value Proposition 3.	Broader scope /menu of program availability for all patients/clients; increased program efficiencies, Increased engagement and client involvement seven days a week; standardized approach to program referral assessments and use of evidence-based practice.	Post Move
15. Provide integrated treatment for seniors and aging patients/clients across the organization by developing a formalized internal multi-disciplinary geriatric psychiatry consultation strategy and promoting a senior friendly hospital environment.	Supported by Value Proposition 2.	Better care for all seniors at Waypoint, no matter which program they have been admitted; increased knowledge exchange among programs; decreased lengths of stay; increased patient/client and staff satisfaction.	Post Move
16. Develop and implement a Community Integration Framework Across the Organization.	Supported by Value Proposition 1.	Infusion of evidence-supported shared practices, attitudes and supporting tools across the organization, resulting in improved life outcomes for clients upon discharge and, for long term patients/clients, an improved experience of community within the organization.	Post Move

Initiative	Rationale	Expected impact	Proposed Timing
17. Systematically evaluate best practice in relation to assessing and managing patients/clients (including evaluating Risk Needs Responsivity Model) with high risk behaviours.	Supported by Law and Mental Illness Community of Practice Recommendation .	Enhanced quality of care for patients/clients, potentially enhanced outcomes.	Post Move

Inpatient Programs: Recommendations for Future Configuration

The following chart shows the current bed configuration at Waypoint and recommendations related to future configuration based on the new initiatives that have been proposed.

Regional Programs	Current Beds and Occupancy Rate		Recommendations for Future Configuration	Related Initiative pages 23-26
Admission and Assessment Program	31	90%	11 beds will be divested in 2012 to RVH as part of the LHIN Care Connections planning process; the remaining 20 will be divested to GBGH (date undetermined).	
Bayview Dual Diagnosis Program	25	75%	Bed numbers will be reviewed as part of the Collaborative Dual Diagnosis Program Review being conducted in conjunction with Ontario Shores, Royal Ottawa and CAMH	13
Georgianwood Concurrent Disorders Program	12	98%	Will be reviewed subsequent to an analysis of requirements to develop Integrated Concurrent Disorders Program across the hospital.	#2
Geriatric Services Program	26	99%	As the sole specialized tertiary mental health centre in the region, we will create a centre of excellence in the LHIN for psychogeriatrics, including behavioural support. Future configuration of beds will be determined, giving consideration to the needs of psychogeriatric and cognitive behavioural populations.	# 8
Psychosocial Rehabilitation Program	38	95%	Future configuration of beds will be determined, giving consideration to the differing needs of short and long stay patient populations and the need to create short stay assessment/front door beds.	#12
Regional Forensic Services Program	20	95%	Beds will relocate to the new building.	#1
Provincial Programs				
Active Socialization Program	41	98%	Will relocate to new building as a 40 bed program.	#1, #17
Forensic Assessment Program	39	87%	Will relocate to new building as a 40 bed program.	#1, #17
Independent Living Program	42	99%	Will relocate to new building as a 40 bed program.	#1, #17
Structured Intervention Program	38	100%	Will relocate to new building as a 40 bed program.	#1, #17



Conclusions and Next Steps

Waypoint has undertaken a comprehensive process involving clients and internal and external stakeholders to explore the evolving needs of the communities it serves. Further, in order to identify gaps and future trends, it has conducted an environmental scan and review of local, provincial and federal planning initiatives with regard to mental health and addictions.

Having completed this work, Waypoint now has a document to guide the development of its clinical services through to 2017. This clinical service plan offers guidance in a number of areas:

- It affirms Waypoint's role as a specialty tertiary mental health centre with both a regional and provincial mandate, and lays out specific actions that will be taken to reinforce and enhance that role, thereby better serving its patients/clients, and better supporting its many community and hospital partners.
- It provides three additional foundational themes: a commitment to formally adopt a philosophy of recovery, a commitment to provide culturally competent care and, lastly, a commitment to provide trauma informed care in a culture of least restraint, all of which will require education and training to embed these themes across the hospital.
- The plan clarifies Waypoint's role with regard to specific patient/client populations and outlines the suite of treatment modalities that will be available to serve them.
- It provides a key reference document to inform the Master Space Planning process moving forward.
- And finally, the plan proposes specific service development initiatives to be implemented in accordance with timing related to the move of forensics patients to the new building in 2014. Many of the proposed initiatives are drawn directly from the efforts of staff and community partners through the "community of practice" and "value proposition" efforts; other initiatives reflect specific responses to long recognized issues and opportunities.

With Waypoint's future core programs and services now established, the organization will assess the required infrastructure and the appropriate composition of inter-professional teams (including education and training requirements and appropriate staffing) to support these services in future.

In order to ensure successful execution of the plan, all proposed initiatives will need to be further refined, leads assigned and work plans developed. It will be the responsibility of the senior management team, in consultation with staff, to outline specific next steps and to monitor implementation progress. It is proposed there be a formal annual review of implementation progress, and with the plan continuing to be refined as required, in accordance with new learnings and opportunities. The Board of Directors will provide oversight and monitor milestones achieved through the Balanced Scorecard Report.



Appendix 1–Waypoint Demographic and Utilization Data

Demographic Profile of Waypoint Patients

Tables 5 & 6 provide the demographic breakdown for Waypoint admissions in fiscal year 2010/11. As can be seen, the age of clients newly admitted to Waypoint is relatively young overall. Approximately 80% of regional admissions are under the age of 54, and for provincial programs, it reaches 90%.

The gender split for regional program admissions is slightly weighted to men at 56%, and the provincial program, of course, only serves men.

Age	Regional Programs		Provincial Programs	
	#	% of Total	#	% of Total
15-24	157	18%	52	24%
25-34	172	20%	66	30%
35-44	166	19%	42	19%
45-54	180	21%	34	16%
55-64	101	12%	15	6%
65 and over	86	10%	10	5%
Total	862	100%	219	100%

Table 5: Age Demographics of Waypoint Admissions - Regional and Provincial

Gender	Regional Programs		Provincial Programs	
	#	% of Total	#	% of Total
Male	481	56%	219	100%
Female	381	44%	0	0%
Total	862	100%	219	100%

Table 6: Gender Demographics of Waypoint Admissions Regional and Provincial

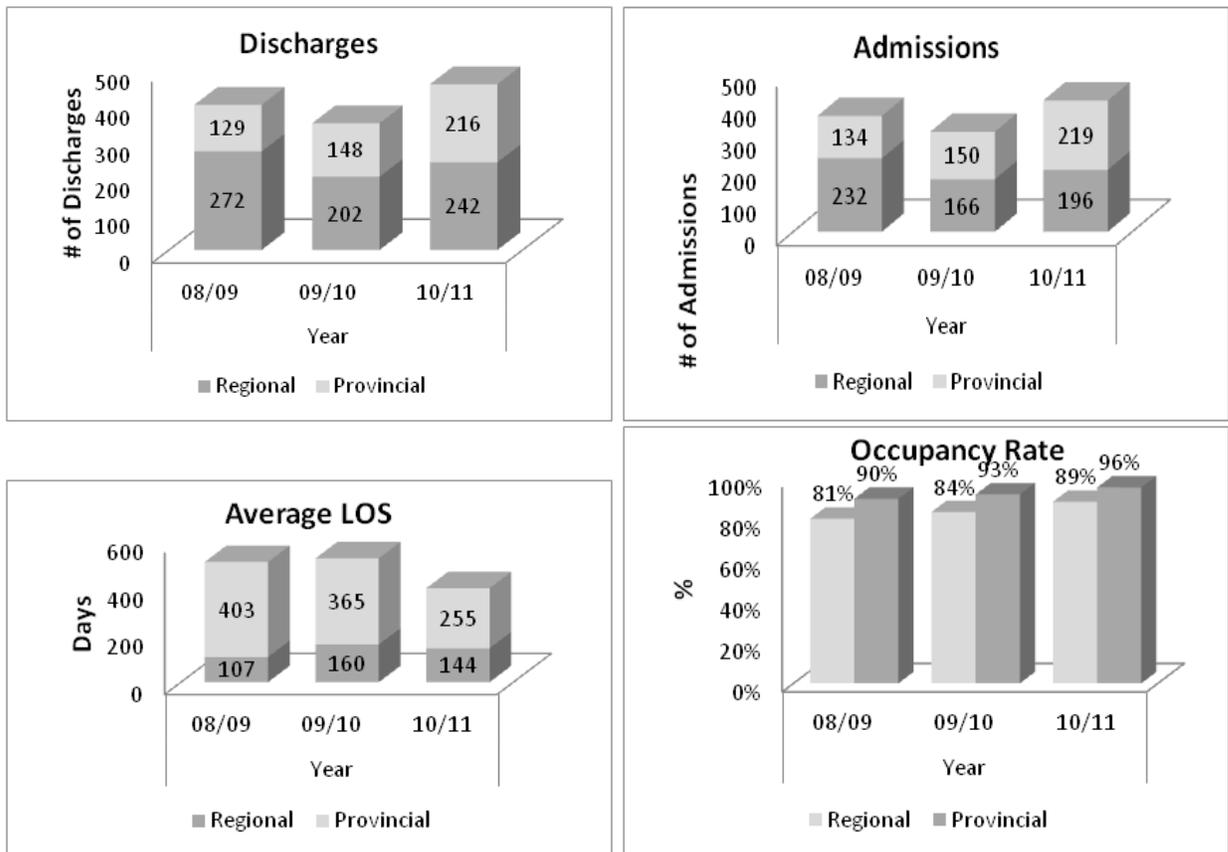
The above charts include Admission and Assessment Program (AAP) admissions in order to give an accurate reflection of Waypoint demographics. The charts on the ensuing pages do not include AAP admissions as the AAP program is being divested and will not be part of the range of clinical services offered in the future.

Highlights of Inpatient Services

Please note that:

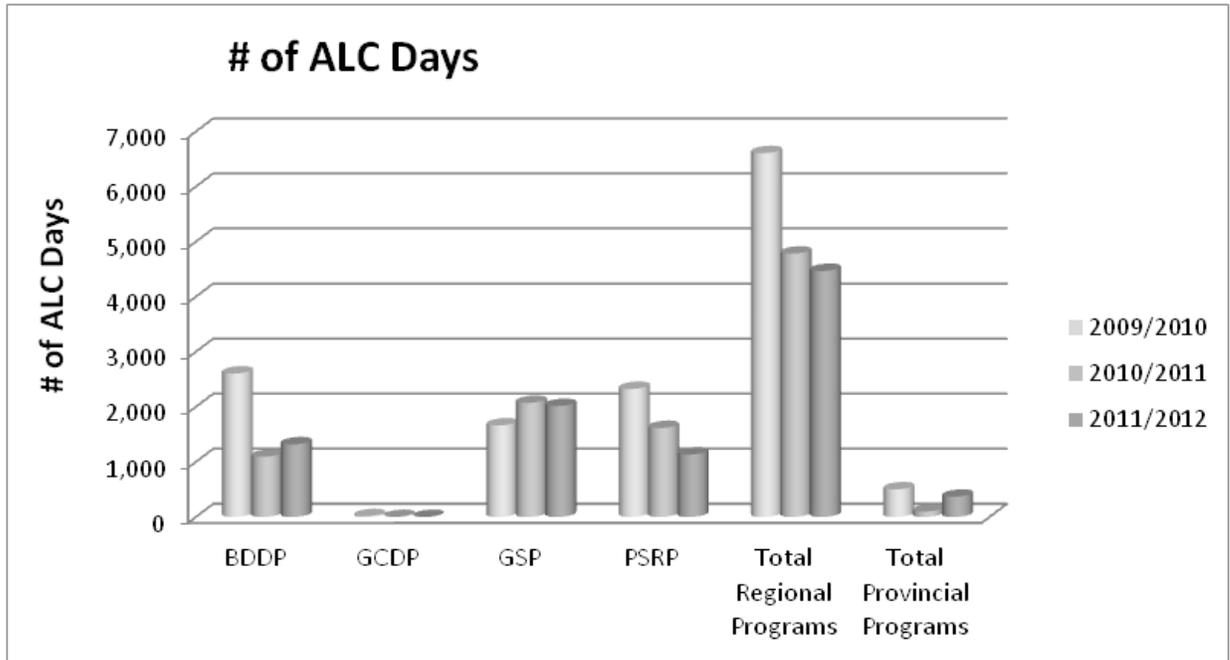
- Charts exclude admissions and discharges related to divestment at December 15, 2008. At that time, all patients had to be formally discharged and then admitted to the new corporation.
- Admissions and discharges in the regional programs decreased by 28% and 26%, respectively, from 2008/09 to 2009/10. ALC days may have contributed to the reduction in discharges and ultimately the acceptance of new admissions. Admission and discharges rebounded, however, in 2010/11, increasing by 18% and 20%, in part due to the reduction in ALC days and improved admission processes.
- Admissions and discharges increased in the provincial programs by 12% and 15%, respectively, in 2009/10 and significantly in 2010/11 by 46% and 62% primarily due to improved admission processes.

- The reduction in the average length of stay for the provincial programs from 365 days in 2009/10 to 255 days in 2010/11 can partly be explained by the discharges on the Structured Intervention Program of some very long term clients in that year. The average length of stay on the Structured Intervention Program went from 2,751 in 2009/10 to 1,342 for 2010/11. Process improvements in the Forensic Assessment Program also contributed to the reduced average length of stay in 2010/11.
- Occupancy rates for the provincial programs increased 3% year over year in the last three years. The regional programs occupancy increased by 3% in 2009/10 and 5% 2010/11.



The above charts exclude Admission Assessment Program (AAP) data.

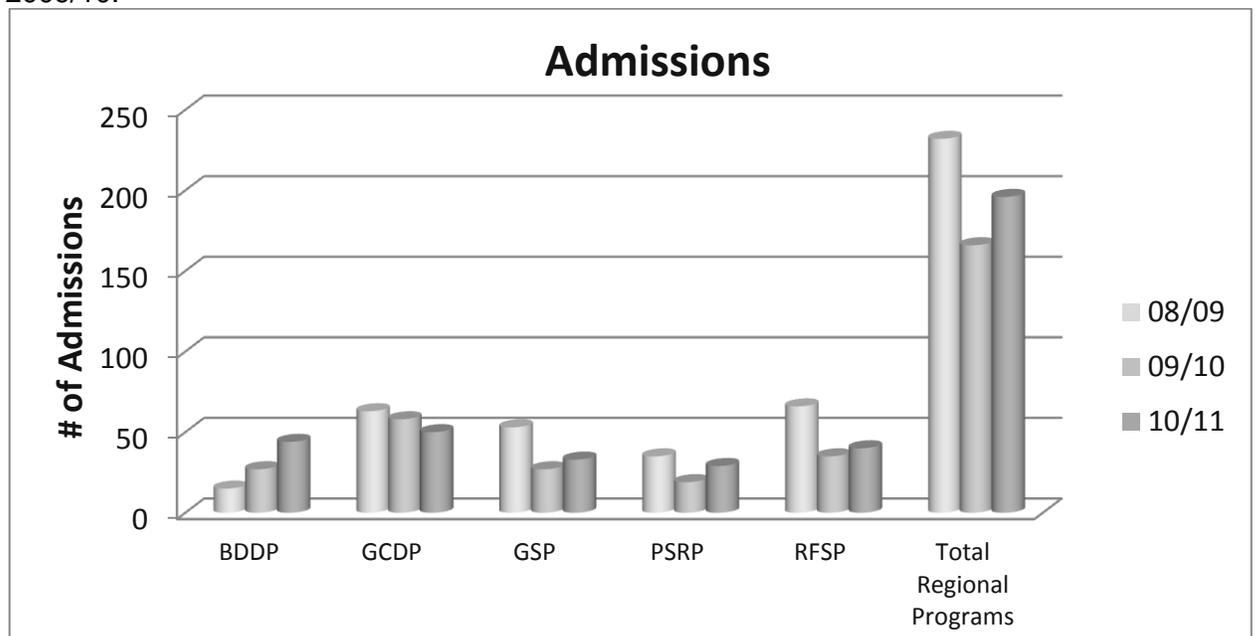
ALC day tracking commenced July 1, 2009. There is estimated to have been 6,600 ALC days in 2009/10 and 4,783 in 2010/11. Most ALC days can be attributed to regional program stays.

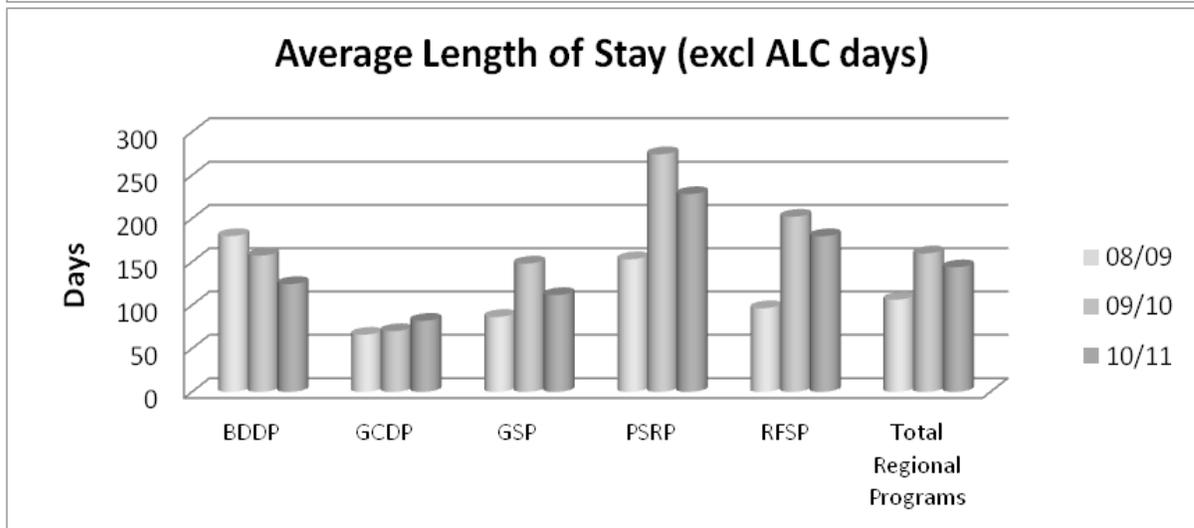
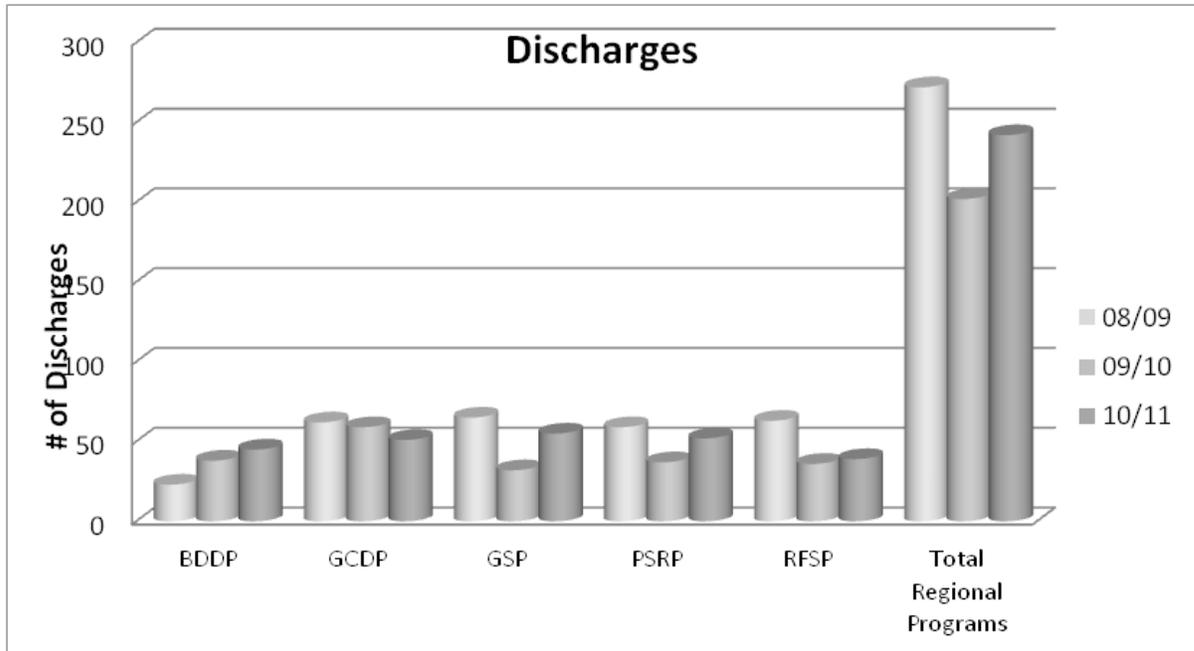


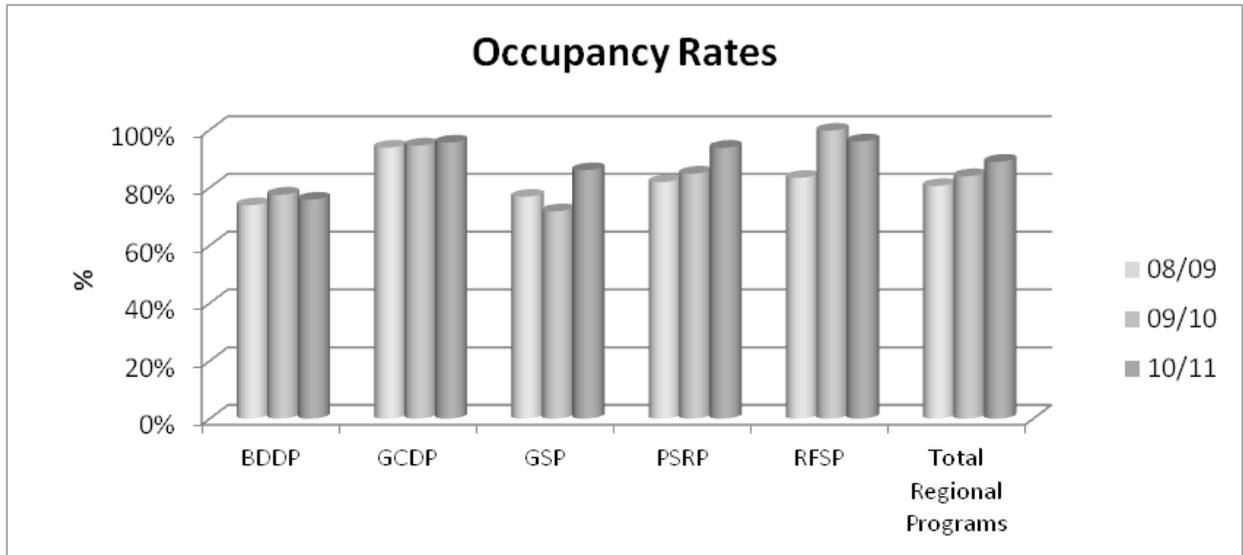
Overview of Regional Program

Program Legend	
BDDP	Bayview Dual Diagnosis Program
GCDP	Georgianwood Concurrent Disorders Program
GSP	Geriatric Services Program
PSRP	Psychosocial Rehab Program
RFSP	Regional Forensic Services Program

All regional programs experienced a decrease in admissions from 2008/09 to 2009/10 with the exception of BDDP, primarily due to an increase in average length of stay. However, with the exception of GCDP, all regional programs experienced an increase in admissions from 2009/10 to 2010/11. All programs with the exception of CGDP were affected by a high number of ALC days in 2009/10.







All regional programs experienced a significant increase in the average length of stay from 2008/09 to 2009/10 with the exception of BDDP and GCDP as evidenced by the decrease in admissions and discharges. The average length of stay decreased in 2010/11 primarily due to process improvements and pressures in the region for specialized mental health services. Occupancy rates have increased in all the regional programs with the exception of BDDP and GCDP. The BDDP rate decreased slightly, due to a combination of factors: increased client acuity related to co-morbid medical conditions, increased need for behavioural management, and first episode autism and autism associated disorders. RFSP experienced a slight decrease 2010/11.

Regional Program ALC Days

Overall, there has been a decrease in Regional Program ALC days since first tracked in 2009/10. The decrease has been the greatest in Bayview Dual Diagnosis and Psychosocial Rehabilitation Programs at approximately 50%. The Geriatric Services Program has seen its ALC days rise by 21%. The BDDP reduction has been largely due to a comprehensive plan by the centralized network (Ministry of Community and Social Services) and Waypoint to place long stay legacy patients in the community. The PSRP reduction is due to dedicated process to place long stay legacy patients in the community.

ALC days in regional programs represents capacity that otherwise would be available for specialized care and active treatment.

ALC Days Regional Programs

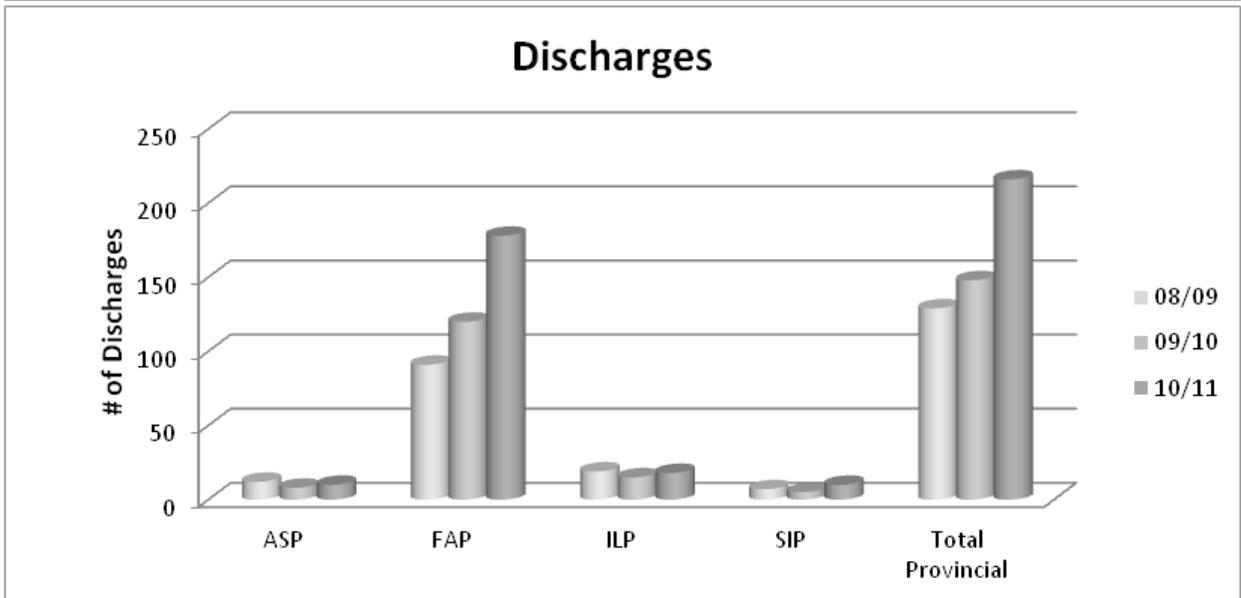
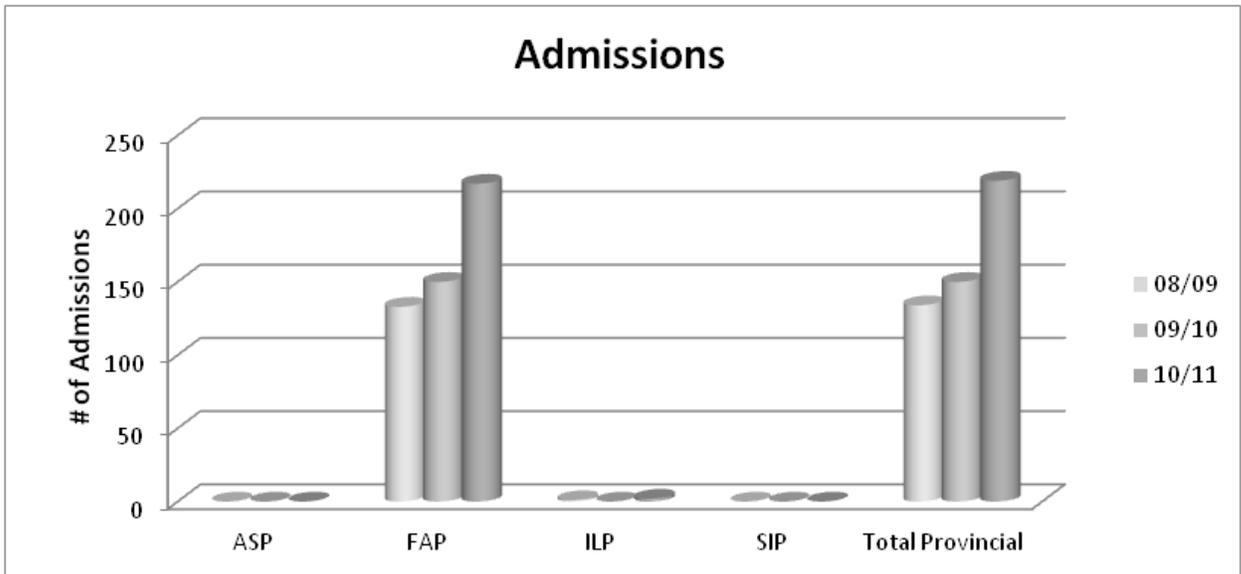
Program	2009/2010	2010/2011	2011/2012	Change since 2009/2010
BDDP	2,605	1,095	1,319	-49%
GCDP	15	0	-	-
GSP	1,663	2,072	2,016	21%
PSRP	2,325	1,616	1,134	-51%
Total Regional Programs	6,608	4,783	4,469	-32 %

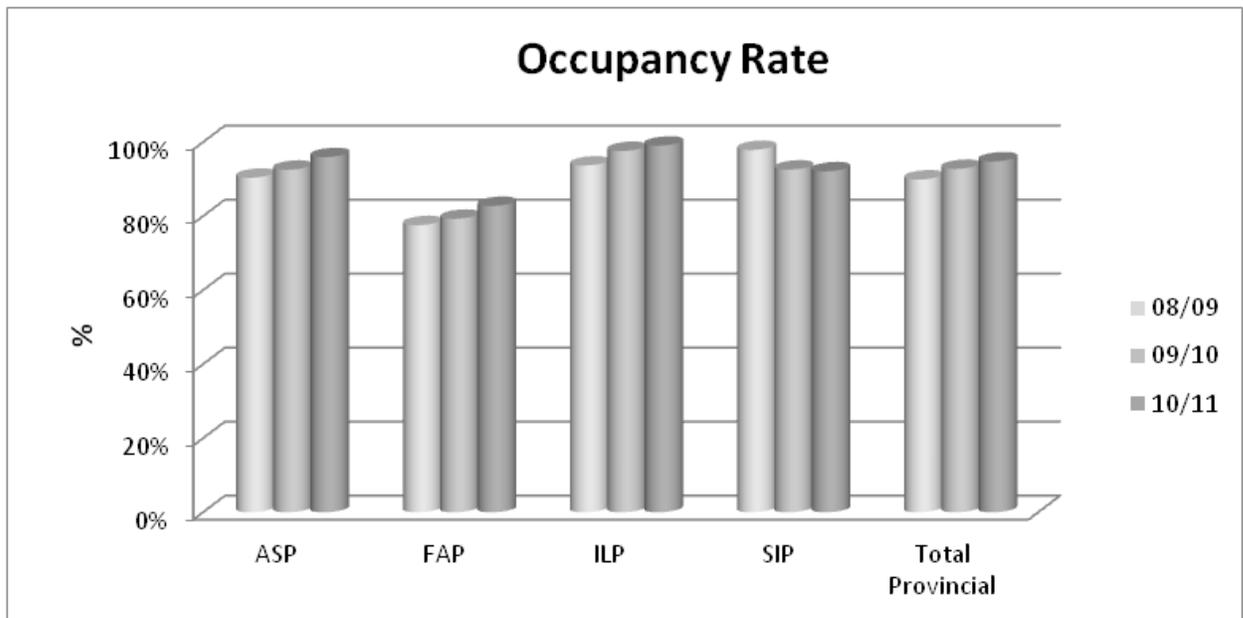
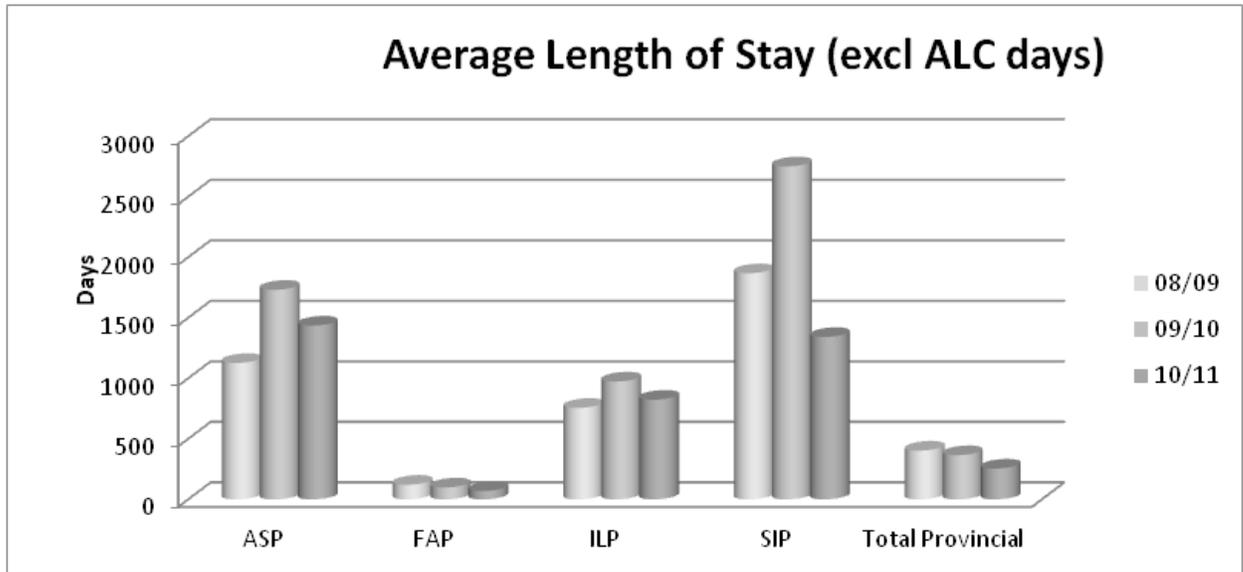
Overview of Provincial Programs

Program Legend

ASP	Active Socialization Program
FAP	Forensic Assessment Program
ILP	Independent Living Program
SIP	Structured Intervention Program

Substantially all admissions to the provincial programs are by way of the court system and all enter through the assessment program (FAP). The majority of patients remain on FAP during their assessment period. Patients who are deemed fit to stand trial are discharged from FAP and returned to court. Those who are not fit to stand trial are transferred to the programs within the provincial division that will meet their clinical needs. Once they are ready to be released, they are discharged from their respective programs.

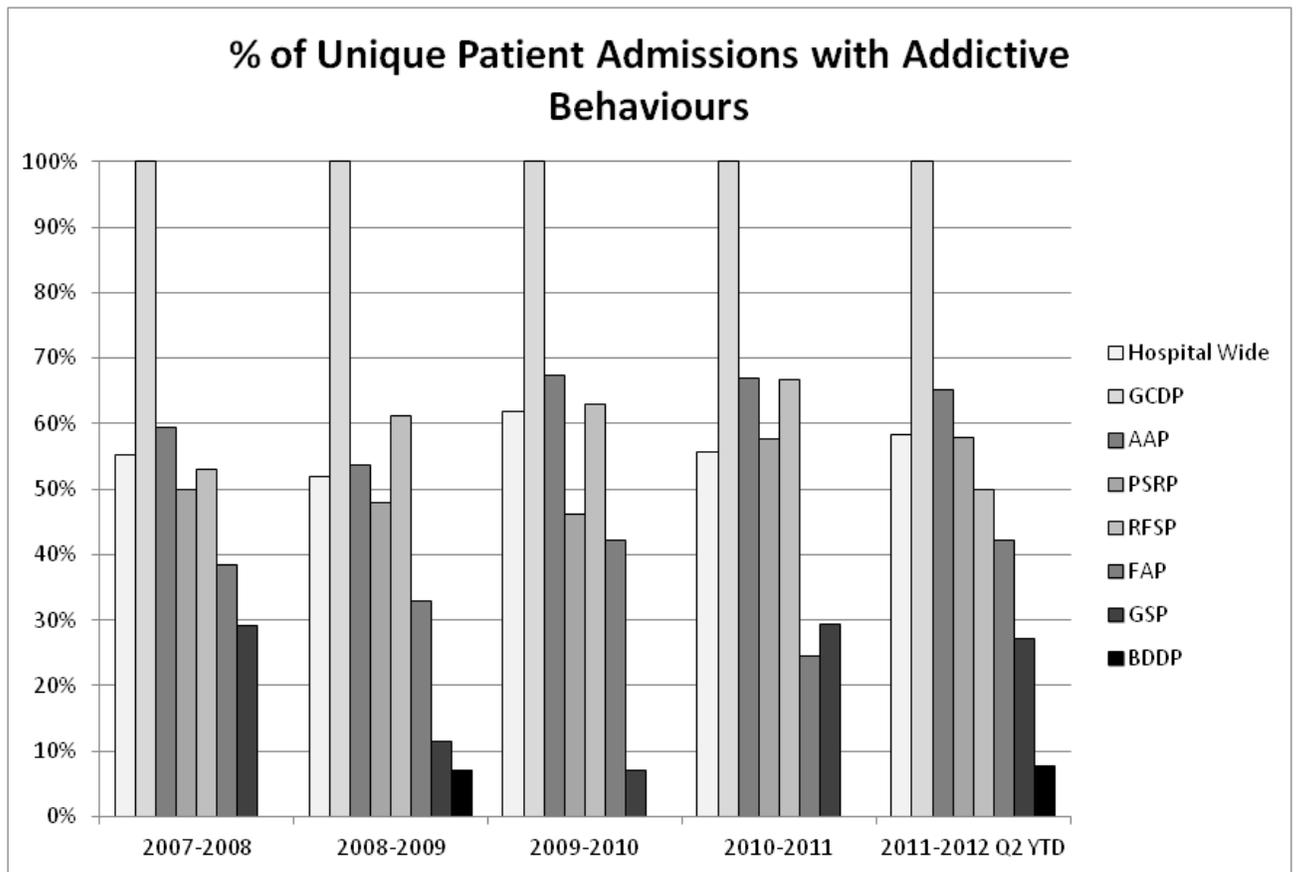




The average length of stay on FAP dropped from 121 days in 2008/09, to 99 days in 2009/10 and 70 days in 2010/11 due to process improvements in the program. The average length of stay fluctuates substantially on the other programs and is impacted by the number of long stay clients discharged each year.

Occupancy rates have increased steadily on all Provincial Programs with the exception of SIP which has been impacted by increased patient acuity. FAP's occupancy rate is under 90% (reflecting the referral demands from the court); whereas all the other programs have maintained occupancy levels between 90% and 99% over the last 3 years.

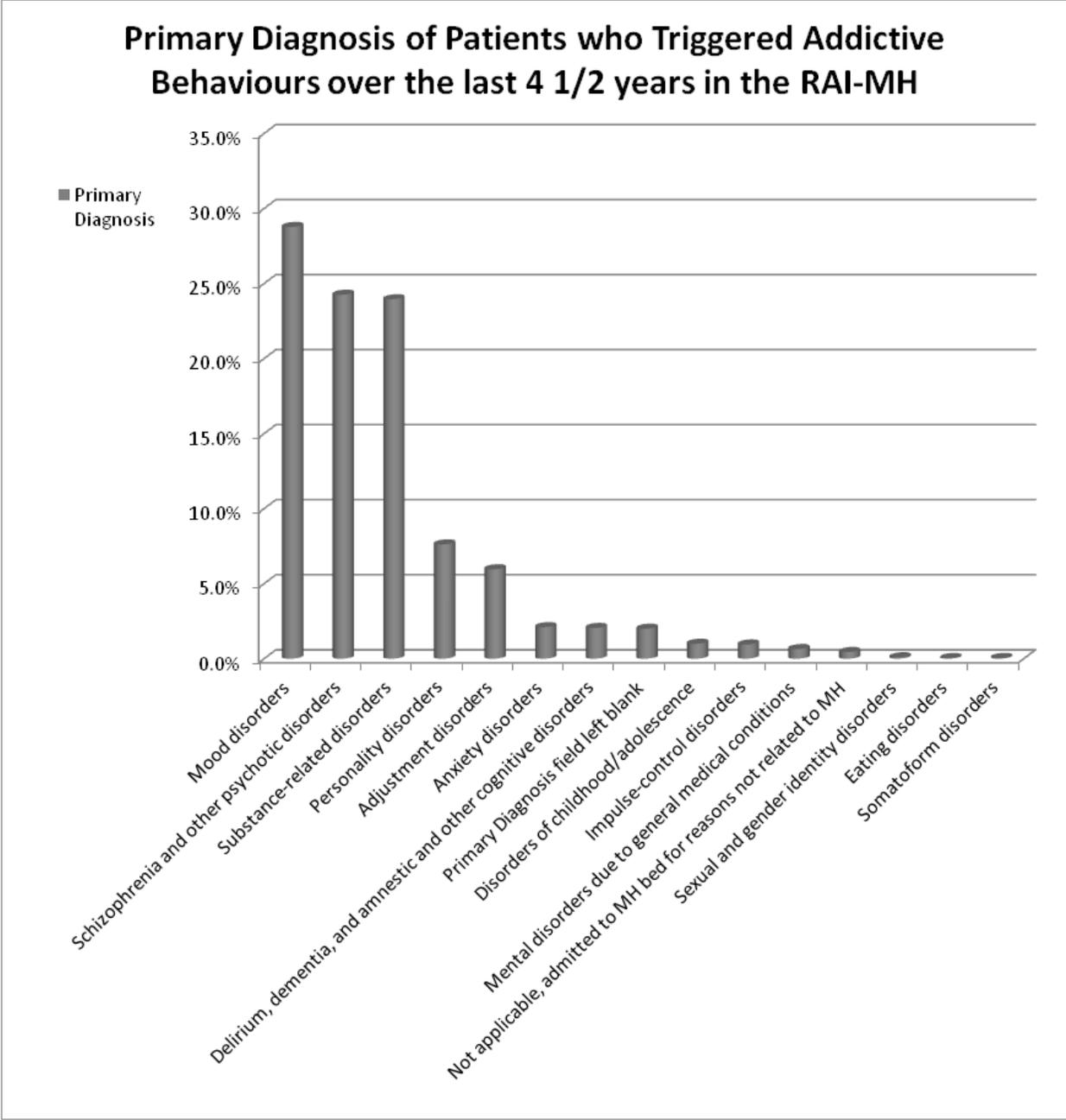
Addictive Behaviours



Source: RAI internal data.

All mental health patients admitted to a mental health bed across the province of Ontario are assessed using the Resident Assessment Instrument – Mental Health (RAI-MH). The above chart shows the percentage of inpatients admitted to Waypoint programs since fiscal 2007/08 that triggered a number of questions in the RAI-MH related to substance abuse or addictive behaviours compared to those that did not trigger the same questions related to substance abuse or addictive behaviours.

Between 50% and 60% of all patients admitted to Waypoint in the last 4.5 years had indications of significant substance abuse issues or addictive behaviours.



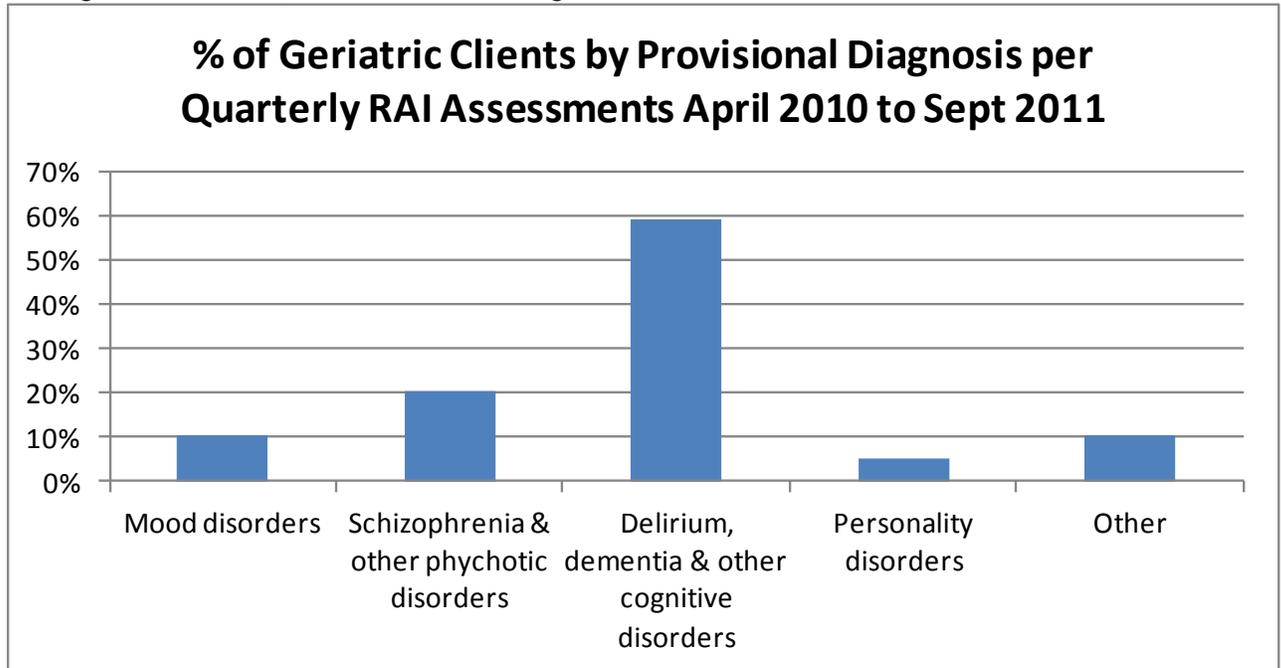
Source: RAI internal data.

All mental health patients admitted to a mental health bed across the province of Ontario are assessed using the Resident Assessment Instrument – Mental Health (RAI-MH). The above chart shows the percentage of inpatients admitted to Waypoint between 2007/08 and 2011/12 with a particular diagnosis who triggered indications in the RAI-MH substance abuse or addictive behaviors, compared to those who did not trigger the same indications. Between 23% and 30% of all clients triggering indications of addictive behaviors were diagnosed with Mood Disorders, Schizophrenia or other psychotic disorders.

Diagnostic Groupings - Geriatric Services Program

It has been suggested that best practice would be to split the inpatient Geriatric Services Program into two components, one primarily focused on meeting the needs of individuals with psychogeriatric issues, and the other focused on assisting individuals with cognitive behavioural disorders.

The chart below would suggest that almost 60% of geriatric inpatients being served at any time are dealing with dementia, delirium or other cognitive disorders.



Length of Stay Analysis(LOS) – Psychosocial Rehabilitation Program

It has been suggested that the Psychosocial Rehabilitation Program should be divided into short stay and long stay components. The following chart shows the LOS pattern over a three year period. Almost 40% of individuals discharged had a LOS of three months or less.

PSRP Discharges		
April 1, 2009 to Feb 29, 2012		
LOS	No.	Percent (%)
≤ 30 days	14	9%
31-90 days	45	30%
91-180 days	46	31%
181-365 days	29	19%
366-730 days	10	7%
≥ 730 days	6	4%
Total	150	100%

Overview of Outpatient Data

Community Support Teams

On average, Waypoint supports approximately 700 unique clients at any given time through its specialized Community Support Teams. The greatest number – almost half – are clients of the Geriatric Services Program (GSP).

The GSP Community Support Team numbers declined by almost 40% between 2008/2009 and 2010/2011. There are a few possible explanations for this. Approximately three years ago, GSP stopped providing consultations to hospitals when persons were on a Form 1. Additionally, the BIRT team has been in existence for approximately two years, which, in addition to taking on the role of responding to severe behaviors, are building capacity in long term care facilities for managing severe behaviors, decreasing the demands on the Community Support Team. Finally, there is the impact of the major investments through the Aging at Home strategy over the last four years. It appears that patients/clients now being seen are more acute and more in line with the patients/clients that the GSP Community Support Team should be seeing.

# of Unique Patients/Clients by Regional Community Support Team (CST) Programs					
	2008/2009	2009/2010	2010/2011	3 yr. Average	Change since 2008/2009
BDDP Community Support Team	106	115	110	110	4%
GSP Community Support Team	557	436	342	445	-39%
PSRP Community Support Team	111	119	122	117	10%
RFSP Community Support Team	64	52	46	54	-28%
Total	838	722	620	726	-26%

The greatest intensity of support is offered to PSRP clients at an average of almost 40 follow-up visits per registered client. It is also noted that the PSRP Community Support Team also supports the largest number of clients with Community Treatment Orders in our LHIN.

Avg. # of Times Community Support Team (CST) Registered Patient Seen per Year				
	2008/2009	2009/2010	2010/2011	3 yr. Average
Bayview Dual Diagnosis Program CST	20	20	23	21
Geriatric Services Program CST	7	7	8	7
Psychosocial Rehabilitation Program CST	40	40	37	39
Regional Forensics Services CST	14	24	24	21

Outpatient Services Program

The Outpatient Services Program sees approximately 600 unique clients, as well as a number of other unregistered clients through its Shared Care program (details below).

	2008/2009	2009/2010	2010/2011	Average
# of Unique Registered Clients Served (Case Management)	602	620	570	597
Avg # times seen per year	6	13	12	10

Outpatient Services - Summary for 2010/2011

As of 2010/11, Waypoint, with a team of almost 54 FTE's, served a total of 1390 registered outpatients, conducting approximately 20,000 visits. Additionally, they provided almost 3,000 visits to a number of unregistered patients/clients.

Reasons for seeing but not registering clients have included the issue of providing consultation to clients already registered in other health care facilities (e.g. geriatric consultations to general hospitals and long term care facilities) and the management of assessments for local physicians through Outpatient Services Shared Care program. It is expected that the planned review of outpatient service processes will address registration issues.

Unit	Registered Patients/Clients	Times Seen	Unregistered Visits	Total Visits
Bayview Dual Diagnosis Program Community Support Team (CST)	110	2,524	45	2,569
Georgianwood Concurrent Disorders Program CST	149	1,232	201	1,433
Geriatric Services Program Behavioural Intervention Resource Team (BIRT)	51	819	158	977
Geriatric Services Program CST	342	2,641	672	3,313
Outpatient Services - Case Management	570	6,771	1,688	8,459
Psychosocial Rehabilitation Program CST	122	4,522	58	4,580
Regional Forensics Services CST	46	1,086	0	1,086
Totals	1,390	19,595	2,822	22,417



Appendix 2—Existing Programs and Services

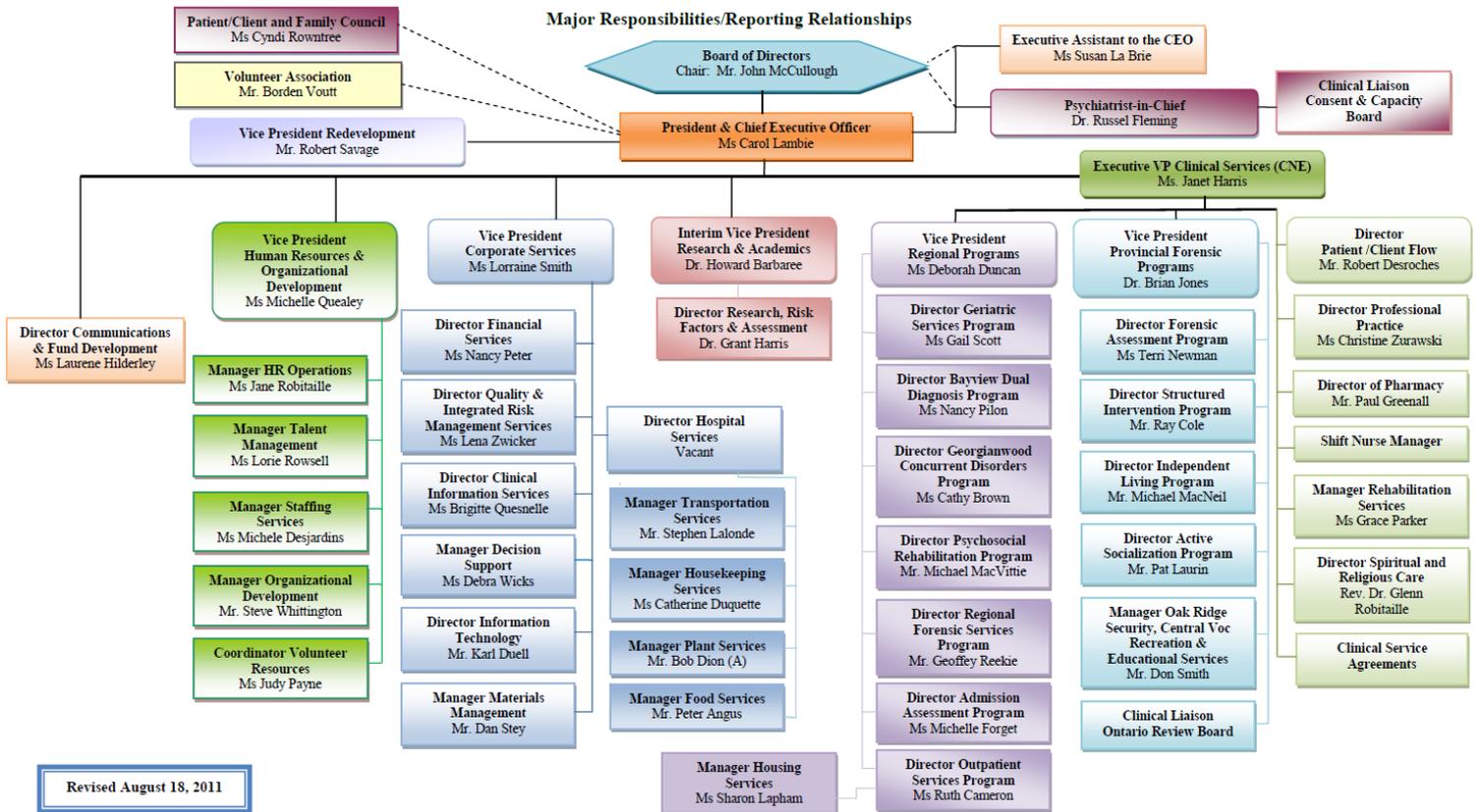
REGIONAL PROGRAMS	PATIENT/CLIENT POPULATIONS SERVED
Admission Assessment Program <i>Level 2 Toanche</i>	The Admission & Assessment Program is a 31-bed acute mental health program that provides an inter-professional team approach to assess and offer short-term treatment to individuals with acute mental health problems.
Bayview Dual Diagnosis Program <i>Level 5 Toanche</i>	The Bayview Dual Diagnosis Program (BDDP) is a 20 bed patient-centred specialty care program offering a continuum of inter-professional team services including referral, inpatient assessment, treatment and specialized consultative services in the community to individuals with a developmental disability and mental health needs.
Georgianwood Concurrent Disorders Program <i>Level 6 Toanche</i>	The Georgianwood Concurrent Disorders Program is a 12 bed three-month residential program for people with both a substance use disorder and a mental illness and is the only specialty integrated residential concurrent disorders program in our region.
Geriatric Services Program <i>Bayfield Building</i>	The Geriatric Services Program serves patients/clients over the age of 65 with a mental health diagnosis. It is comprised of three units: an inpatient unit of 26 beds; an outreach team (including nursing home clinics) and a Day Clinic. It is also the only specialty psycho-geriatric program in our region. The Behaviour Intervention Response Team also provides support to Long Term Care Homes.
Housing Services, HERO Centre <i>334 King Street, Midland</i>	Responsible for the local provision of services offered under the province-wide Homes for Special Care Program (HSC), Ministry of Health and Long Term Care. The HSC program aims to support approximately 150 people discharged from a mental health centre who are unable to live independently.
Outpatient Services Program <i>522 Elizabeth Street, Midland</i>	The Outpatient Services Program (OPSP) is a community based program operating on principles and values of psychosocial rehabilitation and recovery philosophy. The program serves people living within North Simcoe who: <ul style="list-style-type: none"> ▪ Experience serious mental illness and request treatment, support and advocacy; ▪ Have had an acute psychiatric admission requiring follow-up; and ▪ Have mild to moderate symptoms of mental illness but have not been linked with the formal system.

<p>Psychosocial Rehabilitation Program <i>Level 4 Toanche</i></p>	<p>The Psychosocial Rehabilitation Program (PSRP) is a 38 bed unit that specializes in the care of individuals with a severe and persistent mental illness. Diagnostically, it includes schizophrenia or schizoaffective disorders, affective disorders including bipolar disorder and unipolar depression, and various disorders with an organic origin. The Community Support Team provides treatment to approximately 100 registered outpatients/clients.</p>
<p>Regional Forensic Services Program Brebeuf Building</p>	<p>The Regional Forensic Services Program (RFSP) is designated as a general forensic program serving the Waypoint catchment areas. This 20-bed co-ed program provides inpatient and outpatient forensic assessments, treatment and rehabilitative programs for patients/clients referred from both the federal and provincial criminal justice systems. RFSP's Outreach or Community Support Service Team or OPSP supports individual patients/clients and provides assessments to patients/clients awaiting court.</p>
<p>Rehabilitation Services, HERO Centre 334 King Street, Midland</p>	<p>Rehabilitation Services (RS) at Waypoint promotes recovery through education, employment, peer support, personal care, social, recreational, community integration and transition from hospital to community. RS work in partnership with the people they serve to increase independence, wellness, purpose, attain personal goals and become active participants in community.</p> <p>Services are offered within the hospital setting at Waypoint and at the HERO Centre (Housing, Employment & Education, Social Recreation, and Our Place Social Club) located in the Town of Midland.</p>

PROVINCIAL PROGRAMS	PATIENT POPULATION SERVED
Active Socialization Program <i>Oakridge Building</i> Wards 01 & 03	The focus of the Active Socialization Program (ASP) is to provide care and management to patients/clients diagnosed with schizophrenia, bipolar disorder, treatment-resistant symptoms and substance abuse. All present a high risk to others or themselves and engage in extremely volatile and unpredictable behaviours.
Forensic Assessment Program <i>Oakridge Building</i> Wards 07 & 08	The 40-bed admission ward of the Forensic Assessment Program (FAP) provides comprehensive, multidisciplinary assessments for each patient admitted from the courts, provincial and federal correctional facilities, and provincial regional mental health centres. Assessment procedures are designed to examine issues relevant to the courts (e.g. fitness for trial, mental state at the time of the offence, potential danger to society, post-trial disposition), diagnosis and future treatment disposition.
Independent Living Program <i>Oakridge Building</i> Wards 02 & 04	The Independent Learning Program (ILP) is focused on meeting the long-term care needs of higher functioning provincial forensic patients/clients with major mental illness or personality disorder diagnoses. These patients/clients display low levels of misbehaviour within the hospital, but are security risks if not detained in a secure facility.
Oak Ridge Security, Central Vocational, Recreational and Educational Services <i>Oak Ridge Building</i>	The Oak Ridge Security, Central Vocational, Recreational and Educational Services includes three main areas: <ul style="list-style-type: none"> ▪ Central Recreation - recreation/leisure service providing an array of indoor and outdoor leisure and recreational activities; ▪ Vocational Services - providing a learning environment as well as the opportunity to be involved in their own affirmative business; ▪ Patient Education - providing academic programs in a positive learning environment.
Structured Intervention Program <i>Oakridge Building</i> Wards 05 & 06	The Structured Intervention Program (SIP) will provide high quality programs for males with a serious mental illness or who may be dually diagnosed, within a highly structured maximum-security environment. Activities on SIP are aimed at decreasing risk, elimination of suffering and increasing quality of life.



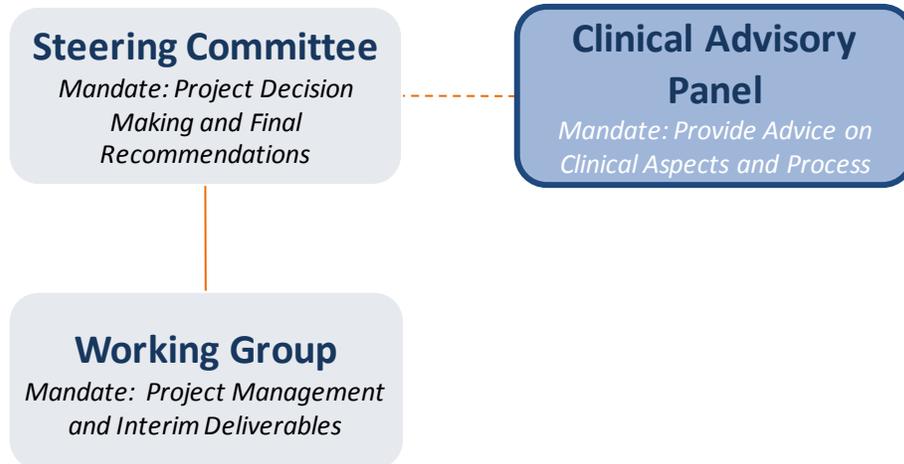
Appendix 3—Waypoint Organizational Structure





Appendix 4—CSP Governance Terms of Reference

WAYPOINT CLINICAL SERVICES PLANNING CLINICAL ADVISORY PANEL TERMS OF REFERENCE



Name:

Clinical Advisory Panel

Purpose:

Participate in and help inform Waypoint’s progress through the Clinical Services Planning process

Objectives:

- Provide direction/advice to determine the most appropriate Communities of Practice
- Review outputs from Communities of Practice
- Engage others through the process
- Bring information to the Steering Committee
- Review and provide input to clinical aspects
- Review and provide input to process aspects

Membership:

The Advisory Panel will consist of appropriate representation from both Regional and Provincial Programs. Specific membership includes:

- Administrative Director (or designate) from each Program Group (12)
- Patient/Client Family Council (1)
- President, Medical Staff Association (1)
- Nursing Advisory Council (1)

- Professional Practice Advisory Council, Discipline Leads (6)
 - Spiritual Care (1)
 - Pharmacy (1)
 - Social Work (1)
 - Recreational Therapy (1)
 - Psychology (1)
 - Occupational Therapy (1)
- Volunteer Coordinator (1)
- Communications (1)
- Decision Support (1)
- Regional Medical Director (1)
- Provincial Medical Director (1)
- Research (1)
- Nurse Practitioner (1)
- Risk, Quality & Safety (1)
- Peer Support Worker (1)

Reporting:

This Committee reports to the Clinical Services Planning Steering Committee.

Quorum:

A majority (50% plus 1) of all members shall constitute a quorum for the meetings of the Clinical Advisory Panel.

Process:

This Committee will meet approximately 5 times throughout the planning process. Meeting dates and locations TBD. Informal updates may be communicated via email in lieu of a formal CAP meeting.

Delegates:

In recognition of the time commitment required for full participation on this Committee, Committee members that are unable to attend specific CAP meetings may appoint a delegate in their place. Delegate selection is at the full discretion of the CAP member. CAP members are responsible for ensuring delegates are familiar with the CSP process and fully prepared to participate in the planned agenda. Due to size considerations, Committee members and their delegates may not both attend Committee meetings.

Appendix 5–Planning Process Overview

KPMG was engaged by Waypoint to work in partnership with the hospital to develop the CSP. The process unfolded in two parts:

- **Identification of interdisciplinary, pan-organizational Communities of Practice (CoPs).** Employing a methodology known as Value Proposition Development, professionals from across all Waypoint programs came together to identify unique pan-programmatic areas where the hospital could make targeted investments
- **Environmental scanning, data and clinical service review.** This resulted in an analysis of Waypoint’s current programs and an assessment of where the hospital could make targeted investments in particular program or service offerings.

Following the completion of both of these phases, the Steering Committee met to review results and make decisions on targeted investments.

Communities of Practice: Approach and Methodology

The approach developed was strongly focused on the patient/client experience and dedicated to interdisciplinary thinking. Care was also taken throughout the process to ensure transparency and to allow adequate opportunity for consultation and review from a number of stakeholder groups.

Figure 2, below, illustrates the six-phased approach employed.

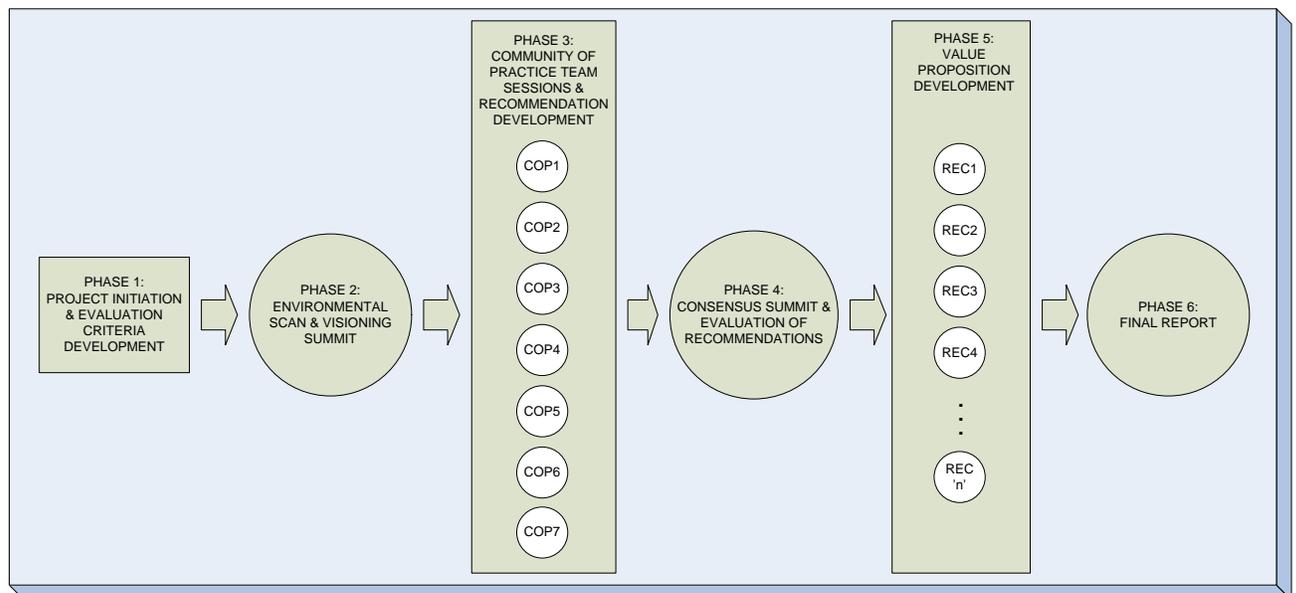


Figure 2: Clinical Services Planning Process

Phase 1: Project Initiation & Evaluation Criteria Development

Committee Structure & Project Governance

Phase 1 included the establishment of the various committees and groups that would be responsible for stewarding the Clinical Services Plan process through to completion. The process had a robust governance structure illustrated in Figure 3 below. Terms of Reference for individual groups is contained in Appendix 3.



Figure 3: Committee Structure & Project Governance

Preliminary discussions regarding the clinical services plan supported the recognition that Waypoint did not have the capacity to engage in all good ideas. As such, at the outset of planning, and, with the goal of ‘starting with the end in mind,’ time was taken to develop criteria that would be used to decide between two equally attractive ideas, options or initiatives. Table 7 (below) illustrates those criterion developed and approved by the Board of Directors during Phase 1 and which was used to informed all evaluative discussions.

Criterion	Description
Responsiveness to Community Needs	The extent to which the recommendation improves accessibility and equity for its community of patients/clients.
Alignment to Regional Directives	The extent to which a recommendation is related to government mandates (e.g., protected programs) and legislated obligations (e.g. <i>Excellent Care for All Act</i>), and/or contributes to achieving regional or provincial health services objectives.
Alignment to Waypoint Planning	The extent to which a recommendation contributes to advancing the strategic directions of the organization (i.e., “fit” with the organization’s mission, vision, values, and goals/objectives).
Further Defines the Role of Waypoint as an Academic/ Research Centre	The extent to which a recommendation helps advance the organization’s reputation and/or further define the organization’s role as an academic/research centre.
Is Measurable/ ‘SMART’	The extent to which the recommendation can be defined in terms of measurable outcomes and is Specific, Achievable, Realistic and Time-bound.
Demonstrates Investment in Our People	The extent to which a recommendation demonstrates consideration of benefits and mitigation of risks to the organization’s human resources (eg: safety, recruitment, training, etc.).

Criterion	Description
Supports Our Philosophy of Care & Role as a Tertiary Centre	The extent to which the recommendation advances client centred care and supports the recovery of our patients/clients.
Advances Best Practice	The extent, to which the recommendation employs, incorporates or facilitates the use of Best Practices in the delivery of high quality patient/client care.
Resource Implications	The extent to which the recommendation is able to address financial, human and other capacity issues.

Table7: Evaluation Criteria

Phase 2: Visioning Summit

The second phase of the planning was focused on:

- the development of an environmental scan; and
- the hosting of a Visioning Summit that would engage the broader Waypoint community in identifying those particular aspects of mental health care that may warrant additional investments.

Figure 4, below, illustrates the areas for potential investment identified by participants at the Visioning Summit.

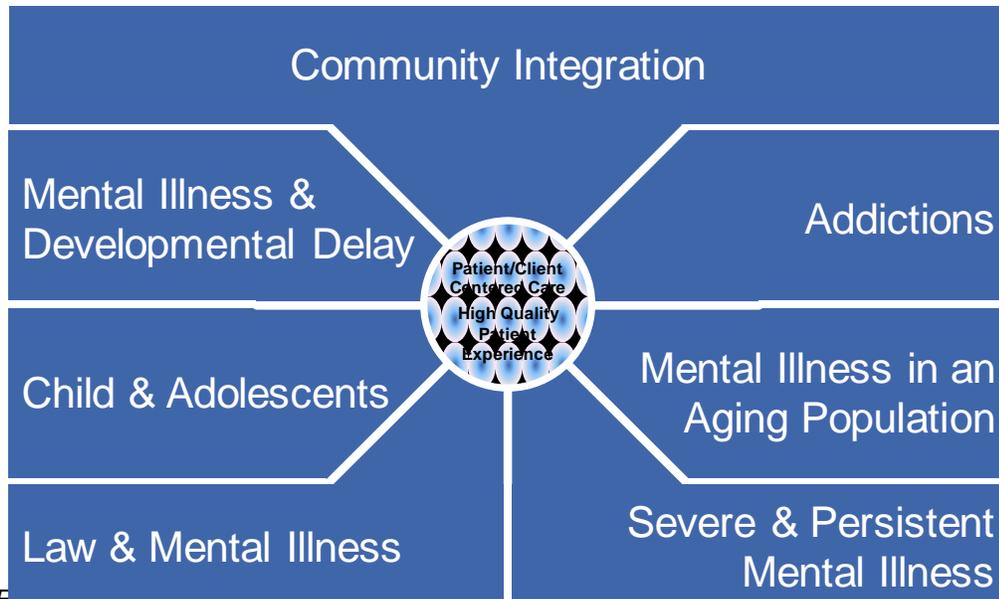


Figure 4. Communities of Practice

Phase 3: Community of Practice Team Sessions & Recommendation Development

As a method to facilitate integrated planning focused on the patient/client experience and informed by the results of the Visioning Summit, Communities of Practice (CoPs) were established. The CoPs were designed to bring together interdisciplinary groups from across all of Waypoint's programs. Crossing typical service boundaries enabled creative and open-ended discussions as to how best to provide services to Waypoint's patients/clients.

Membership for each Community of Practice was initially established by the Clinical Advisory Panel. CoPs and their membership are included in Appendix 5.

Over the course of several weeks, the Communities of Practice Teams met four times (Figure 5, pg 20) to envision an inspired future for their patient/client service areas. The final 'deliverable' was the development of recommendations (i.e., area for investment) for each of their respective areas.

Submissions included:



Sessions were facilitated by KPMG in order to ensure equal opportunities for participation and consistent outputs across Planning Groups.

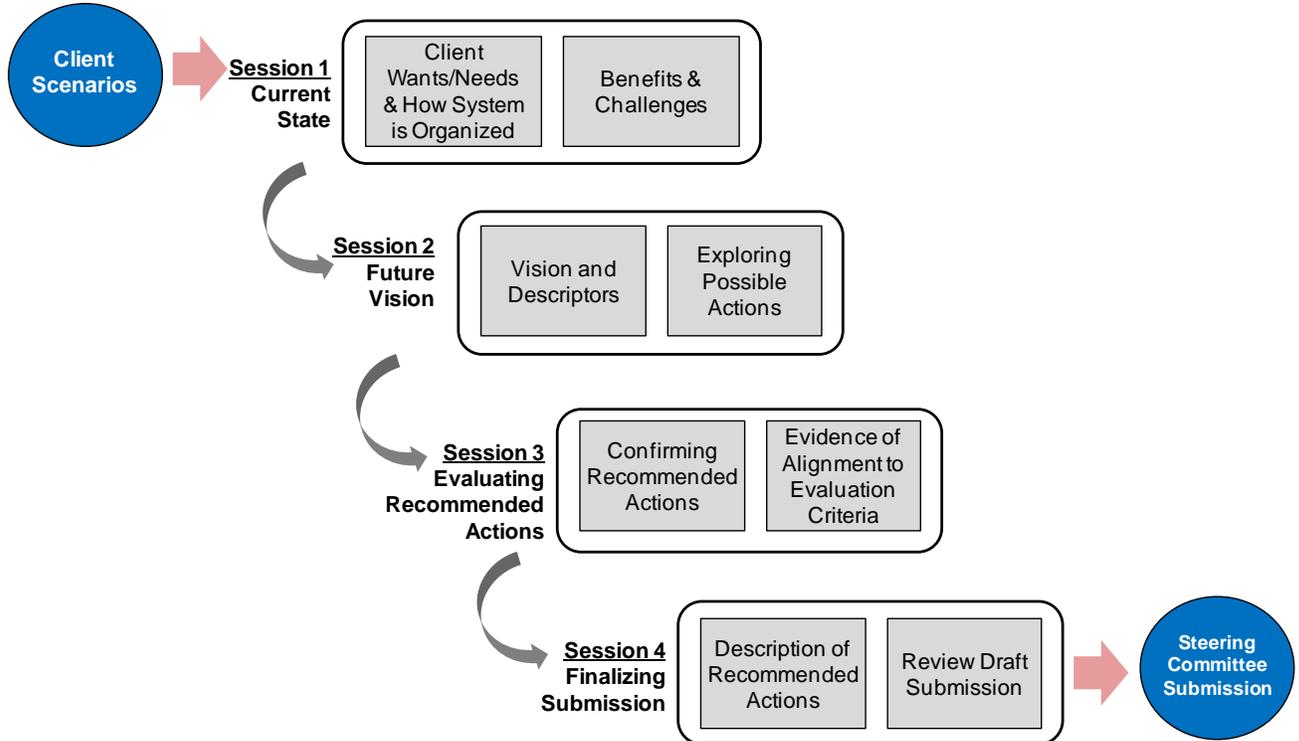


Figure 5: Communities of Practice Planning Methodology

Phase 4: Consensus Summit & Evaluation of Recommendations

As a method to obtain wide-ranging feedback on all submitted recommendations, a Consensus Summit was held to profile all Communities of Practice in an open setting. CoP, CAP and Steering Committee members were invited, alongside members of the community, to participate in short presentations from each CoP. The presentations were designed to highlight key aspects of recommended actions. All Summit participants were provided evaluation sheets in order to document feedback and provide a score for each recommendation presented by CoPs. Ranking sheets were uniquely identifiable as Steering Committee, Clinical Advisory Panel, or general participant in order to analyze ranking results by stakeholder group after the session.

Steering Committee Evaluations

Participant feedback was consolidated and circulated to Steering Committee members for their consideration prior to an interim decision-making meeting.

At the interim decision-making meeting, the Steering Committee was tasked with analyzing the outputs of the rankings from all stakeholder groups and selecting those recommendations that warranted moving forward to the next stage. The next stage in the planning was the development of formal Value Propositions. Resembling Business Cases, the Value Propositions articulated clinical service investments for Waypoint. As the Steering Committee deliberated, it became clear that, while not all CoPs would advance to the Value Proposition stage, all would have a 'home' as part of Waypoint's overall corporate strategy. Appendix 8 details how each recommendation presented by the CoPs was ultimately positioned.

Communities of Practice selected to advance to the next round included:

**Community Integration & Severe & Persistent
Mental Illness**
Mental Illness in an Aging Population
Severe & Persistent Mental Illness
Law & Mental Illness & Addictions
**Mental Illness and Developmental Delay & Law
and Mental Illness**

Phase 5: Value Proposition Development

During this phase, CoPs were provided with a template to develop their Value Propositions to be presented to the Steering Committee. The template encompassed an environmental scan, cost/benefit analysis, assessment of alignment to evaluation criteria, assessment of risks and constraints and an implementation strategy. Executive Summaries of each value proposition are included in Appendix 10.

Steering Committee Final Decision-Making Value Propositions

Following presentation of Value Propositions, the Steering Committee met to review and confirm the final investments to be made. The final recommendations are highlighted Appendix 6, below.

Phase 6: Final Report

The final Clinical Services Plan and recommendations will go before the Waypoint Board of Directors on April 5, 2012 for final approval.



Appendix 6–Community of Practice Submissions Selected for Value Proposition Development

Community of Practice	Recommendation	High Level Details
Community Integration & Severe and Persistent Mental Illness	Develop and implement a Community Integration Framework across the organization.	Develop and apply a unifying Framework to guide the implementation of effective community integration and a review of the structure and processes of all tertiary services to outpatients/clients. Develop an ALC designation process for all outpatient services.
Mental Illness in an Aging Population	An internal multidisciplinary geriatric psychiatry consultation team will be created in an effort to integrate care for seniors across Waypoint.	The consultation service proposed includes a formal process for making referrals with clearly established expectations for what the consultation would deliver and would have defined start and end points. The consultation team would consist of various multidisciplinary team members from the Geriatric Services Program.
Severe and Persistent Mental Illness	Increase adequate and accessible intervention for individuals living with severe and persistent mental illness through the development of a Treatment Mall for each of the Provincial and Regional divisions.	A Treatment Mall is a centralized programming area, separate from hospital residential wards, where patients/clients and staff from multiple residential wards participate in services to build daily life skills and promote their recovery.
Law and Mental Illness & Addictions	Hospital-wide implementation of integrated treatment for concurrent disorders.	To build capacity for initial screening, assessment, preliminary treatment, and outcome evaluation of all patients/clients with concurrent disorders (CDs) across all programs and services.
Mental Illness and Developmental Delay & Law and Mental Illness	Beacon House Day Program and Step-down Residence.	A forensic resource for people with mental illness and developmental disabilities who are under the auspices of the Ontario Review Board (ORB). Ongoing operational funding and staffing through Community Living Huronia (CLH), our partner in the project, with funding currently available from the Ministry of the Community and Social Services.



Appendix 7–Visioning Summit & Consensus Summit Attendees

VISIONING SUMMIT		
Organization	Contact	Business Title
Beausoleil Family Health Centre	Ernest Matton	Director of Health
Canadian Mental Health Association - Barrie Simcoe	Nancy Roxborough	Executive Director
Canadian Mental Health Association - Barrie Simcoe	Wanda Rae	Clinical Director
Catulpa Community Support Services	Margaret Gallow	Executive Director
Central North Correctional Centre	Bill Johnston	Deputy Superintendent Programs
Community Care Access Centre North Simcoe Muskoka	Sue Young	Manager, Client Services
Community Living Huronia	Tony Vipond	Executive Director
Community Services & Forensic Mental Health Toronto	Sheri Weisberg	Senior Program Consultant Forensics
Enaahdig Healing Lodge & Learning Centre	Nena LaCaille	Executive Director
Georgian Bay Family Health Team	Marie LaRose	Executive Director
Georgian Bay General Hospital	Paul Heinrich	President & CEO
Homes for Special Care Home Operator	Laura Philp	Home Operator
La Cle d'la Baie	Peter Hominuk	Executive Director
The Mental Health Consumer Survivor Project	Kelly Brown	Executive Director
Muskoka Algonquin Healthcare	Natalie Bubela	Chief Executive Officer
Muskoka Parry Sound Community Mental Health Services	Valerie Douglas	Area Program Manager for Muskoka
North Simcoe Muskoka LHIN	Susan Plewes	Director, Integrated Health System Design
Ontario Shores	Jim Cyr	Director
Orillia Soldier's Memorial Hospital	Linda Adams	Program Director for Mental Health
Royal Victoria Hospital	Chris Nichols	Manager Mental Health & Addictions
Simcoe County LTC Services	Lynne Blake	Administrator, Georgian Manor
Simcoe Kinark Program	Marcia Franz	Family Services Supervisor
South Georgian Bay Community Health Centre	Krista Lloyd	Social Worker
Wendat Community Psychiatric Support Programs	Lorna Tomlinson	Executive Director

Steering Committee	
John McCullough	Chair Board of Directors
Katy Ginn	Board of Directors
Ed Connors	Board of Directors
Carol Lambie	President & CEO
Janet Harris	Executive Vice President Clinical Services & CNE
Howard Barbaree	Interim Vice President Research & Academics
Rob Desroches	Director Patient/Client Flow
Deborah Duncan	Vice President Regional Programs
Dr. Russ Fleming	Psychiatrist-in-Chief
Laurene Hilderley	Director Communications & Fund Development
Brian Jones	Vice President Provincial Forensic Programs

Steering Committee	
Michelle Quealey	Vice President HR & Organizational Development
Lorraine Smith	Vice President Corporate Services
Eric Sutton	Clinical Services Planning Support

CONSENSUS SUMMIT		
Beausoleil First Nation	Trish Monague	
Canadian Mental Health Association-Barrie Simcoe Branch	Nancy Roxborough	Executive Director
Central North Correctional Centre	Bill Johnston	Deputy Superintendent Programs
Child, Youth & Family Services Coalition of Simcoe County	Deborah Woods	Coordinator
Community Advisory Board	Len Wood	Chair
Community Care Access Centre North Simcoe Muskoka	Michelle Pauzé	Senior Manager, Client Services
Community Living Huronia	Tony Vipond	Executive Director
Georgian Bay General Hospital	Paul Heinrich	President & CEO
La Cle d'la Baie	Julie Bellehumeur	Child and Youth Services Manager
Ministry of Health & Long Term Care	Chris Higgins	Team Lead-Forensic Mental Health
Muskoka Parry Sound Community Health Services	Valerie Douglas	Core Program Area Manager
New Path Youth & Family Services	Pat Malane	Director of Services
North Simcoe Family Health Team	Kathie Marchildon	Social Worker
North Simcoe Muskoka LHIN	Ligaya Birch	Health System Planning & Development
North Simcoe Muskoka LHIN	Lynn Huizer	Senior Manager Health System Integration
Orillia Soldier's Memorial Hospital	Linda Adams	Program Director, Maternal, Child & Youth: Mental Health
Royal Victoria Hospital	Paula Istead	President & CEO
Simcoe County District School Board	Dr. Bill Colvin	Senior Psychologist
Simcoe County LTC Services	Lynne Blake	Site Administrator
Simcoe Muskoka Catholic District School Board	Dr. Patrick Carney	Chief
Wendat Community Support Services	Karen Forget	Program Manager Senior Services

Waypoint Staff – Communities of Practice Members	
Ashlee Bardell	Occupational Therapist
Shaunna Brady	Social Worker Clinician
Debbie Branch	Occupational Therapist
Cathy Brown	Director
Lindsay Burrus	Addictions Counsellor
Laurie Buttineau	Clinical Coordinator
Jacqueline Callen	Nurse Practitioner
Dr. Glenn Cameron	Psychiatrist
Ruth Cameron	Director

Waypoint Staff – Communities of Practice Members	
Dr. Helen Chagigiorgis	Psychologist
Ray Cole	Director
Tanya Deschambault	Social Worker
Rob Desroches	Director Patient/Client Flow
Deborah Duncan	Vice President
Lorra Eacott	Social Worker
Dr. Russel Fleming	Psychiatrist-In-Chief
Dr. Wilson Gasewicz	Psychiatrist
Janice Geden	Social Worker
Katy Ginn	Board Member
Beth Hamer	Nurse Educator
Janet Harris	Executive Vice President Clinical Services & CNE
Laurene Hilderley	Director Communications & Fund Development
Dr. James Hill	Psychologist
Nancy Hooper	Community Clinician RN
Abhilash Jayachandra	Addictions Counselor
Dr. Brian Jones	Vice President
Kristi Lalonde	Communications & Fund Development
Carol Lambie	President & CEO
Sharon Lapham	Manager
Barry Law	Social Worker
Lee Livingston	Pharmacist
Andrea Lucas	Nurse Manager
Mike MacVittie	Director
John McCullough	Chair
Shari McKee	Psychologist
Karen Moyer	Occupational Therapist
Eric Mulder	Psychiatrist
Tara Murdock	Social Worker
Colin Nash	Director
Terri Newman	Director
Bonne Park	Nurse Educator
Grace Parker	Manager
Anne Payne	Clinical Coordinator - Community
Judy Payne	Coordinator Volunteer Resources
Joanne Pelletier-Bressette	Program Nurse Manager
Michele Pigeon	Psychiatrist

Waypoint Staff – Communities of Practice Members	
Susan Plue	Clinical Coordinator
Michelle Quealey	VP Human Resources & Organizational Development
Mary Ratensperger	Nurse Educator Oak Ridge
Dr. Glenn Robitaille	Director
Barbara Rose	Nurse Educator
Cyndi Rowntree	Coordinator
Gail Scott	Director
Larry Silk	Psychometrist
Marc Simpson	Social Worker
Mary Smith	Nurse Practitioner
Lorraine Smith	VP Corporate Services
Don Smith	Manager Oak Ridge Security, Central Voc Recreation & Educational Services
Dianne Stringer	Admin Support
Karen Sutherland	Nurse Manager
Eric Sutton	Clinical Services Planning Support
Maureen Thornton	Nurse Educator
Nick West	Psychometrist
Debra Wicks	Manager Decision Support
Lindsay Wingham-Smith	Social Worker
Dr. Karan Zutshi	Physician
Lena Zwicker	Director



Appendix 9 – Community of Practice Steering Committee Submissions

CoP Recommendation	Disposition
Child & Adolescents	
Develop Child and Adolescent Psychiatry Capacity	HR planning
Contribute to the Development of Comprehensive Community-based Services	Care Connections
Establish Leadership in the Identification and Promotion of Best Practices	
Explore Collaborative Research Opportunities	
Mental Illness and Developmental Delay	
Integrated MIDD services	
Beacon house step-down residence and day program	Value Proposition
Knowledge transfer & exchange leading practice model	
Law & Mental Illness	
Rigorously implement the Risk-Need-Responsivity (RNR) Model	
Integrated Model of Concurrent Disorders	Value Proposition
Create an Institute for the Study of Mental Health Public Policy and Law (The Waypoint Institute)	
Development and implementation of early and timely preventative strategies and high quality, community based person-directed care	
Severe & Persistent Mental Illness	
Community Resource Development - Review the current structure and processes of all tertiary care services to registered outpatients/clients	Value Proposition
Care Delivery Culture - Centre of Excellence: Establish Treatment Mall	Value Proposition
Physical Environment Support	Master Space Planning
Peer Support	
Care Delivery Culture - Centre of Excellence: Specialized Education	
Community Resource Development - ALC Designations for Registered Outpatients/clients	Value Proposition
Mental Illness in an Aging Population	
Develop a consultative team to integrate care for geriatric psychiatry using multidisciplinary resources	Value Proposition
Expand the Day Clinic to be more responsive and accessible	
Community Integration	
Develop and Implement a Community Integration Framework across the entire organization – from board room to direct service	Value Proposition
Develop specialized central intake and system navigation for all patients/clients and clients at Waypoint who are over the age of 65 or have an age related illness	New Front Door
Addictions	
Develop Internet-Based Continuing Care	
Establish a formal Concurrent Disorders Institute	



Appendix 10 – Value Proposition Executive Summaries

Value Proposition teams were encouraged to rely on research and current best practices when outlining the details of their recommendations. Value Propositions would ultimately be evaluated against the established Evaluation Criteria, and robust evidence supporting the recommendations would provide the best rationale for moving forward.

Collection of all financial data and data analysis was completed by the Value Proposition Teams. KPMG has collated the submitted evaluations into this document unedited and has not completed any of the financial components.

Law and Mental Illness & Addictions

Clinical Services Planning has identified substance abuse as a concurrent problem for many Waypoint patients/clients with serious mental illness. Substance abuse complicates mental illness and interferes with effective treatment. In response to this need, interventions targeting substance abuse will be implemented in clinical programs across the hospital. These interventions will generally be based upon either the manual developed by Brockville for use with forensic patients/clients (derived from Rational Emotive Behavioural Therapy) or the Georgianwood Model (psycho-education and cognitive behavioural therapy), but will also be individually tailored to the special needs of patients/clients on each program. Initially, current Waypoint clinical staff with expertise and interest in substance abuse will volunteer to provide these services on their home program. These staff will be provided additional training and ongoing support from current Georgianwood staff that have been running a program of treatment for concurrent disorders for years. Budget resources for 0.5 FTEs of Addictions Counselors on each of Waypoint's Clinical Programs will be sought in 2013-2014. Additional Addictions Counselors will be recruited in 2013. Training of current staff will occur in early 2012 with implementation of programming to begin in 2012 on one clinical program at a time over the 2.5 year period 2012-2015. A concurrent disorders e-learning module will be developed in early 2012 and will be made mandatory for completion by all Waypoint staff in 2012.

Mental Illness in an Aging Population

The Mental Illness in an Aging Population Community of Practice recommended that an internal multidisciplinary geriatric psychiatry consultation team be created in an effort to integrate care for seniors across Waypoint. The Value Proposition that resulted from that recommendation is that the geriatric psychiatry consultation service be developed as a model to guide the creation and implementation of other specialty consultation services as part of an internal multidisciplinary strategy to facilitate consultative advice between programs.

The consultation service proposed includes a formal process for making referrals with clearly established expectations for what the consultation would deliver and would have a defined start and end points. The consultation team would consist of various multidisciplinary team members from the geriatric inpatient program (current consults are completed by the Outreach Team which is at its capacity in terms of workload). The referring program would cover the costs associated with the referral through a fund transfer between programs facilitated by Finance and Decision Support. It is recommended that dedicated funds be allocated to various programs that require consultation services. The trend for the use of current geriatric psychiatry consultation services is increasing significantly (likely due to the aging population) but is expected to decrease gradually as the AAP beds are divested.

The expected benefits from this proposition include knowledge exchange and collaboration between programs, decreased lengths of stay, increased patient/client and staff satisfaction and ultimately better care for the seniors that we serve based on best practices for geriatric psychiatry.

Mental Illness and Developmental Delay

Beacon House Day Program and Step-down Residence meets a clear client need for forensic patients/clients challenged by mental illness and developmental delay. The current situation is that patients/clients who might currently be managed in the community are unable to find appropriate placement due to having no opportunity to show manageable behaviour in less secure environments. This is not only contrary to best practices in patient/client centred care, it also opens Waypoint to civil litigation for not providing access to appropriate services for this population. By partnering with Community Living Huronia, Waypoint can offer patients/clients the ability to show clinical progress and positive behaviour in a safe treatment environment. Evidence of progress will make them more attractive for placement with community partners. Accessibility is key. This patient-centred resource located on (or near) Waypoint grounds will allow patients/clients to easily access the Day Program, leading to:

- More effective transitional planning/reduced bed-blocking;
- Greater program capacity because of the short distances to access day programming and ability to dynamically adjust program population; and
- Improved supports to this high-need clinical population through provision of needs-matched services and ability to closely monitor mental status can assess daily participation in the Day Program.

Severe & Persistent Mental Illness

Individuals living with a severe and persistent mental illness are some of the most disenfranchised and marginalized individuals in today's society. The course of severe psychiatric disorder is a complex, dynamic, and heterogeneous process, which is non-linear in its patterns, moving towards significant improvement over time and helped along by an active, developing person in interaction with his or her environment (Harding, and Strauss 1985). A significant portion of the inpatient population of both the Provincial and Regional divisions is representative of these individuals. This Value Proposition supports the establishment of a new approach in providing active mental health care that supports individual recovery. Historically, the majority of treatment and services for individuals recovering from mental illness in an inpatient setting was provided through ward or program based care delivery. The challenge with a ward based structure is that it may inadvertently impair treatment, rehabilitation, and recovery. Problems associated with ward based structure include the following:

- Persons who are most ill tend to receive the fewest rehabilitation services
- Disabling dependence on staff is reinforced because everyday activities are scheduled and overseen by staff, hence, individual living skill are lost
- Isolation from society is made worse by the ward's isolation from the rest of the hospital
- The boredom, dreariness and lack of expectations characteristic of ward life destroy hope, which is often indispensable to recovery
- Hospital downsizing forces a heterogeneous patient mix on wards; thus the treatment team must be "All things to all people". (Bopp, Ribble, Cassidy, and Markoff 1996)

This proposal seeks to increase adequate and accessible intervention for individuals living with severe and persistent mental illness through the development of a Treatment Mall for each of the Provincial and Regional divisions. A Treatment Mall is a centralized programming area, separate from hospital residential wards, where patients/clients and staff from multiple residential wards participate in services to build daily life skills and promote their recovery (Holland, Vidoni-Clark, Prandoni, Fain, Richardson and Montalbano 2005). The objectives of the Treatment Mall approach to care delivery include:

- Increase the amount and variety of active treatment available to individuals
- Provide treatment programs that address each person's needs
- Increase hospitalized persons' choices and involvement in treatment decisions
- Provide a normalizing environment that increases community living skills
- Enable the hospital to make optimal use of clinical staff

Pool hospital physical and staff resources through integration of resources within the Treatment Mall design, so that everyone at the hospital has equal access to a full range of services. Hospital Treatment Malls seek to promote user empowerment through partnership between program participants and hospital staff. Researchers and practitioners have suggested that the "empowerment" method of service delivery is not only important for a range of quality life outcome experience by participants, but that it is also a critical element in the recovery process (Webster, Harmon, 2006).

This Value Proposition suggests necessary steps to initiate the development of Treatment Malls at each Provincial and Regional Divisions of Waypoint Centre for Mental Health Care.

Community Integration

(including elements from the Severe and Persistent Mental Illness COP)

The Community Integration Community of Practice is proposing the development of an organization-wide Community Integration Framework to be implemented over a five year period. The Framework, implemented under the direction of an assigned internal lead working with a Community Integration Task Force comprised of stakeholder representation, will guide all aspects of clinical and client support activity at Waypoint.

The Framework will identify systemic, institutional, cultural, social and individual barriers which limit community participation; assist Waypoint in its obligation to serve individuals with psychiatric disabilities, and the organizations that support them, to develop their capacity to support community integration; and result in a shift in Waypoint's thinking beyond the traditional "service paradigm" and the assumption that clinical services alone are responsible for health.

This will result in an infusion of evidence-supported shared practices, attitudes and supporting tools across the organization. It will result in our clients having improved life outcomes when discharged and, for those clients who are long term residents within Waypoint, an improved experience of community within the organization.

During the first year of the plan, the framework will be used to guide an in-depth review of all structures and processes tertiary services provided to registered outpatients/clients. This review, conducted with the assistance of external expertise and supervised by the assigned internal lead and Task Force, will result in service delivery optimization according to the nine quality domains of Health Quality Ontario: effectiveness, safety, person-centeredness, population health, access, equity, efficiency, appropriate resourcing and integration. Also, as part of the tertiary outpatient service review, an Alternative Level of Care designation process will be developed for all outpatient teams, which will allow for a better understanding of our clients' service needs and assist us in working with community partners to identify alternative or shared service arrangements for individuals who may not require the intensity of a Waypoint service.

This effort will involve a onetime cost of approximately \$790,000 to be dispersed over a five year period, at which time the framework practices would be fully integrated in the organization and self-sustaining.

