

WAYPOINT CLINICAL SERVICES PLAN

Directions for Development 2018 - 2023

August 13, 2017

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EXECUTIVE SUMMARY

Taking into consideration the national, provincial and regional planning landscape and Waypoint's internal planning environment, this Clinical Services Plan sets forth a roadmap of service development activities to be undertaken over the next five years.

The goal the plan aims to support is an ambitious one: world class outcomes for the people we serve, through the provision of safe, patient centred, efficient, timely, and equitable care, delivered in the context of collaborative partnerships and in alignment with provincial and regional health system priorities.

The plan is fundamentally guided by Waypoint's Mission, Vision and Values and in addition rests on three foundational themes:

- A commitment to the Philosophy of Recovery and Values Based Care,
- A commitment to providing Evidence Based, Results Oriented Treatment in a Safe Environment, and
- Waypoint's unique roles as a Specialized Mental Health Centre.

The plan affirms the primary populations that Waypoint serves working in collaboration with its community partners, these being the most vulnerable individuals among those experiencing serious mental illness, including those with co-occurring addictions issues, specifically:

- Persons with Severe and Persistent Mental Illness,
- Persons with a Mental Illness and a Co-occurring Developmental Delay,
- Aging Persons with Mental Illness,
- Persons with Mental Illness and Involvement with the Law, and
- Transition Age Youth/Young Adults with Mental Illness.

The plan identifies the range of treatment modalities and services to be provided, how services will generally be organized, and what commitments are being continued from the previous plan. It then outlines a number of directions for development in seven broad categories of activity, namely:

- **Service Enhancement for Specific Clinical Sub-Populations**, including Persons with Concurrent Disorders, Persons with Borderline Personality Disorder / Emotional Dysregulation, Persons with Physical Health Comorbidities, Persons with Treatment Refractory Illnesses, and Persons with Mental Illness complicated by Aggression, Violence or Severe Behavioral Problems,
- **Strategies to Address the Needs of Specific Sub-Populations**, including Seniors, Young Adults / Transitional Age Youth, and members of our Indigenous and Francophone communities,
- **Recovery Oriented, Client Centred Practice Approaches**, including the Promotion of Recovery Philosophy and Values, the Provision of Trauma Informed Care, Gender-Specific Programming, Patient/Client and Family Centred Care, Peer Support, and Patient / Client and Family Role Development,
- **Evidence Based Service Development**, including Processes and Structures to Implement and Evaluate Evidence Based Services, Implementation of Health Quality Ontario Standards, and Enhancement of Psychological and Behavioural Therapies,
- **Access, Transitions and Community Service Development**, including activities aimed at Improving Access to Services, the Promotion of Effective Care Transition and Community Integration, the Promotion of Shared Care and Transitional Support Roles, Ongoing Outpatient Service Development, Exploration of a regional ECT Role and Increased ECT Capacity, and Enhancement of Transitional and Permanent Housing Opportunities,
- Various activities related to **External Partnerships, Leadership and System Development**, both regionally and provincially, and

- A number of **Enabling Strategies**, including Inter-Professional Model of Care Development, the Development of Staff Skills and Knowledge, Supporting the Psychological Well-Being of Staff, the Use of Technology, and Internal Partnership Enhancement.

Further, the plan includes prioritization criteria and a ranking tool to assist the group charged with overseeing its implementation, to review and make decisions on proposed actions and stage their implementation over the five year time frame. The criteria includes as a starting point, a determination as to whether a proposed activity is consistent with Waypoint's values and ethics framework, including Waypoint's preferential option for the most vulnerable. If determined to be so, then each proposed action is to be further reviewed for its fit with the following criteria:

- Degree of alignment with MOHLTC and NSMLHIN goals,
- Degree to which it addresses a system level gap in service,
- Degree of fit with Waypoint strategic plan,
- Degree to which it supports Health Quality Ontario objectives of:
 - Safer care,
 - Better patient outcomes,
 - More patient-centred care,
 - More efficient care,
 - More timely care,
 - More equitable care,
- Degree to which it impacts a Waypoint high volume service area,
- Degree to which it addresses an organizational risk, and
- Organizational capacity to implement.

Finally, the plan concludes by acknowledging the array of proposed activities is ambitious and that the group charged with overseeing the implementation and monitoring of the plan will need to carefully choose priorities and recommend timing for implementation, and that they will need to continually monitor the planning landscape and make adjustments as necessary.

INTRODUCTION

Waypoint's 2012 Clinical Services Plan laid out a roadmap of service development priorities to take the organization through to 2017. This refresh takes stock of the implementation outcomes of that plan, reviews the current planning context, and lays out service development priorities to be pursued through the years 2018 to 2023.

Our goal in preparing this update: *World class outcomes for the people we serve, through the provision of safe, patient centred, efficient, timely, and equitable care, delivered in the context of collaborative partnerships and in alignment with provincial and regional health system priorities.*

ABOUT WAYPOINT

Waypoint is an internationally recognized psychiatric hospital and forensic mental health research facility located on the shores of Georgian Bay in the Town of Penetanguishene. It provides an extensive range of acute and longer term psychiatric inpatient and outpatient services to Simcoe County, Muskoka, part of Dufferin County and the southern portion of Parry Sound. In addition, Waypoint provides the province's only high secure forensic mental health program for clients served by both the mental health and justice systems. The hospital is recognized for its provision of exceptional care to those most needing mental health services and for its contributions to the understanding of mental illness.

A MIX OF REGIONAL AND PROVINCIAL INPATIENT PROGRAMS

Inpatient services consist of 301 beds: 160 provincial maximum secure and 141 regional, with approximately 900 combined discharges each year.

The regional inpatient programs include the Admission and Assessment Program (20 beds), primarily serving the residents of North Simcoe, Collingwood area and Parry Sound, and five specialized programs: the Bayview Dual Diagnosis Program (16 beds), the Brebeuf Regional Forensic program (20 beds), the Georgianwood Concurrent Disorders Program (15 beds), the Sans Souci Program (42 beds) and the Horizon Geriatric Psychiatry Program (28 beds).

The Provincial Forensic Program, housed in the new Atrium Building, is organized in four divisions, each with two 20 bed units: the Forensic Assessment Program (40 beds), Awenda (40 beds), Beausoleil (40 beds), and Beckwith (40 beds). All of the patients are adult males, the majority of whom are detained pursuant to the Mental Disorders section of the Criminal Code of Canada. The Program provides assessment for those referred through the criminal justice system and also specializes in the treatment, management and specialized care of patients whose institutional behaviour presents a risk to the safety of self or others, and who cannot be safely managed in any less secure hospital environment.

Waypoint's Master Plan projects an expected increased need within the next five years for beds related to geriatrics, concurrent disorders and forensics services, both regional and provincial.

Inpatient programs have access to a wide variety of clinical support services, including pharmacy, dietary, and rehabilitation and transitions services, which include vocational, recreational, educational and housing programs.

A MIX OF LOCAL AND REGIONAL COMMUNITY-BASED PROGRAMS

Waypoint also provides a wide range of outpatient and community programs.

OUTPATIENT MENTAL HEALTH SERVICES

Outpatient Mental Health Services is comprised of the following programs:

- The Outpatient Assessment and Treatment Team (primarily serving North Simcoe), which provides time-limited assessment and treatment services to adults with moderate mental illness and longer term clinic-based follow-up for individuals with more serious and persistent mental illnesses,
- The Mobile Treatment and Support Team, which provides region wide transitional tertiary level treatment and support for individuals with a history of serious and persistent mental illness, and
- A range of community consultation services, including Geriatric Psychiatry Outreach Services, Dual Diagnosis Outreach Services, Transitional Age Youth Psychiatric Consultation Services, Community Outreach Psychiatry Services and Shared Care Consultation Services.

ECT SERVICES

Waypoint also provides Inpatient and Outpatient ECT services, offering three clinics days per week in a modern well equipped suite. Over the one year time period, December 1, 2015 to November 30, 2016, services were provided to 42 unique outpatients, many of them receiving maintenance ECT. 43% of individuals served were from the North Simcoe area; the remaining 57% included patients from each of the other LHIN sub-geographies, as well as some from outside of the LHIN boundaries. See Appendix 5, page 9 for details.

REHABILITATION AND HOUSING SERVICES

Additionally, through its Rehabilitation and Transitions Services Program, Waypoint provides community-based rehabilitation and housing services operating out of the HERO Centre in downtown Midland. In the fiscal year ending 2016, the program newly registered 179 clients for recreation services and 128 for vocational or educational services. Housing services includes the management of 14 Homes for Special Care (HSCs), which have a combined total of 158 licensed assigned beds. Housing services has also been leading the implementation of a regional housing program with community partners - Road to Recovery - which has seen the conversion of MOHLTC dollars that would have been attached to 33 licensed but unassigned beds, to provide independent supported housing arrangements for clients with a history of repeated or lengthy hospitalizations.

LEADERSHIP AND SYSTEM DEVELOPMENT ROLES

Provincial, regional and local collaboration continues to be a priority for Waypoint. Provincially, Waypoint continues to be involved in a leadership role with its peer hospitals in the Mental Health and Addiction Quality Initiative, which has been in existence for more than five years and now includes 20 partners. Waypoint is also a participant in the Restraint Prevention and Minimization project, the Access to Care and Wait Times project, and the Forensic Directors Group. Waypoint also sits on the OPP Community Mental Health Advisory Committee and the Provincial Leadership Table on Healthcare Workplace Violence Prevention.

Waypoint's Patient/Client & Family Council (PCFC) is actively involved in several provincial patient/family engagement and peer support leadership roles, currently sitting on the Ontario Association of Patient Councils, the Ontario Family Caregivers Network, and the HQO Standards Advisory Committee for Schizophrenia in the Community. PCFC also has a leadership role with the Ministry of Health and Long Term Care funded Ontario Peer Development Initiative, as the President of the Board of Directors.

Regionally, Waypoint continues its leadership through the North Simcoe Muskoka Local Health Integration Network, of the Mental Health and Addiction Project Team, and Waypoint leaders are active on the three related sub groups: Crisis and Community Resources, Child and Adolescent Mental Health and Acute Mental Health

Services. Additionally, Waypoint was recently assigned the lead agency role to work with the NSMLHIN and regional partners in the development and implementation of a regional Specialized Geriatric Services Program. Waypoint is also the regional lead for the Transitional Age Youth System of Supports Program.

Locally, Waypoint has been collaborating with CHIGAMIK Community Health Centre and the Town of Midland for a proposed downtown health centre to co-locate CHIGAMIK and Waypoint's outpatient and HERO Centre community services in a new building on current town land, and has been a collaborating partner in the North Simcoe Health Links project. Waypoint also sits on the Simcoe County Alliance to End Homelessness and the County of Simcoe Working Group leading the implementation of the 10 Year Affordable Housing Strategy.

RESEARCH AND EDUCATION

Waypoint also has a clear focus on education and research, is formally affiliated with the University of Toronto, and its Research & Academics Division is internationally recognized for its contributions to scientific knowledge on violence, risk assessments, and the assessment and treatment of mental disorders. The Research Clinician model is unique to Waypoint and directly supports the translation of innovative research into clinical practice and the implementation of evidence-based practices. The Division continues to expand and enhance our academic partnerships and opportunities for students.

See Appendix 7 for a list of current research projects underway.

APPROACH

PROJECT OVERSIGHT

Project sponsorship for the Clinical Services Plan refresh was assigned to the VP, Clinical Support Services, with support from Waypoint's Clinical Services Planner. A Clinical Services Plan Refresh Steering Committee was formed to oversee the plan's development. Chaired by the VP, Clinical Support Services, membership included VP, Clinical Services; VP, Quality and Professional Practice; Psychiatrist in Chief; Director-level representation from Regional Inpatient Services, Provincial Forensic Program and Outpatient Services; Director, Ethics and Spiritual Care; Director, Communications; Executive Director, Patient/Client, Research and Academics Manager, and the Mental Health and Addiction System Coordinator.

PROCESS

Over the summer of 2016, the VP, Clinical Support Services prepared a summary of the status of the current plan and the Clinical Services Planner conducted an environmental scan and review of Waypoint data, all of which was reviewed by the Steering Committee. Key information was summarized and circulated in advance for consideration by participants in a series of focus groups conducted over the fall and early winter. Meetings were held with each of the following groups:

- Directors and Managers
- Patient/Client Family Council and Peer Support Workers
- Direct Service Clinical Staff (over 40 participants)
- Quality and Professional Practice Leadership Team
- Research and Academics Team
- Physicians

- Food Services (re: role of Dietitian Services)
- Corporate Services Leadership Team
- Human Services and Organizational Development Leadership Team
- Recovery Advisory Committee
- Senior Leadership Team

The focus group discussions were organized around four questions: The Foundational Themes of the 2012 plan - do we have them right or do they need adjusting? What are things we should we keep doing? What are some things we should start doing? And, what are some things we should stop doing?

Results of these conversations were themed by the Clinical Services Planner and reviewed with the Steering Committee.

Incorporating learnings from all of the above - the status of the current plan, the results of the environmental scan and review of Waypoint data, and the results of focus group conversations - a draft plan was prepared for consideration by the Steering Committee, after which additional internal and external feedback was solicited.

The process for soliciting external feedback included face to face discussions of proposed directions with area hospital Chief Nursing Executives, Waypoint's Aboriginal Health Circle Liaison Committee and the North Simcoe Muskoka LHIN Mental Health and Addiction Project Steering Committee, which includes a broad cross section of other hospital and community providers.

Additionally an online survey asking for comment on proposed directions was distributed to a wide range of external partners and stakeholders, including:

- All members of all LHIN mental health and addictions committees and working groups,
- Executive Directors of all area Family Health Teams and Community Health Centres, and
- All Chiefs of Psychiatry and Chiefs of Staff of area hospitals.

The same on-line survey was distributed internally to all managers and directors for their final comments on proposed directions.

The feedback received resulted in a number of final adjustments to the plan.

PLANNING CONTEXT

THE PEOPLE WE SERVE

AGE AND GENDER

The following chart shows the age and gender breakdown of unique patients and clients served by Waypoint over 2015/16. Compared to the LHIN population, Waypoint is over-represented in the younger adult age categories, with the regional inpatient population slightly weighted toward younger ones (age 16 to 34) and the provincial program toward the older ones (25 to 44). The outpatient program is weighted toward 45 to 60 year olds. As for gender, the regional inpatient population is slightly weighted toward men and outpatient programs toward women.

Age / Gender	NSMLHIN 15+ Only (Census 2011)	Regional Inpatients*	Provincial Inpatients*	Out-patients*
15-24	15%	23%	11%	13%
25-34	13%	21%	38%	9%
35-44	15%	15%	25%	13%
45-54	20%	15%	15%	20%
55-64	16%	14%	10%	19%
65-74	11%	7%	2%	11%
75+	9%	6%	0%	15%
Male		57%	100%	46%
Female		43%	0%	54%

* While Waypoint does not admit 15 year olds, the Census Canada cohort of age 15 – 24 is what is available for comparison purposes.

Additional details, including breakdown of age and gender by program, can be found in Appendix 5, pages 4, 5, and 6.

A review of the five year average age of persons admitted to the Regional Division can be found in Appendix 5, pages 7 and 8.

GEOGRAPHY

Of those patients/clients admitted during 2015/16, there is a geographic weighting of regional inpatients and outpatients toward the North Simcoe area, which is reflective of the local roles of the Assessment and Admission Program (AAP) and the Outpatient Program, and the longer term pattern of individuals with high needs settling in the North Simcoe area to remain close to services.

Geographic Area	Regional IP	Provincial IP	Outpatients
North Simcoe	38%	8%	56%
Collingwood/Wasaga Beach	22%	0%	8%
Barrie/South Simcoe	11%	2%	16%
Parry Sound	8%	2%	1%
Huntsville/Bracebridge	6%	2%	11%
Orillia	4%	0%	6%
Other	11%	86%	2%
Total Admissions	769	130	542

PRIMARY DIAGNOSIS

A two year review of unique patients (14/15 and 15/16) served by the Regional and Provincial inpatient programs indicates the top three diagnoses as Schizophrenia, Mood Disorders and Substance Related Disorders. The Regional Division is slightly more weighted toward Mood Disorders reflecting the higher number of these individuals admitted to the Assessment and Admission Program (AAP). It should be noted that if one excludes AAP

(anticipating a future state where AAP has been divested) the overall weighting of Schizophrenia would increase and Mood Disorders would significantly decrease.

Primary Diagnosis Inpatient Services* (based on most recent assessment)	Percentage	Excluding AAP
Schizophrenia and other psychotic disorders	39.2%	53.8%
Mood disorders	26.6%	9.0%
Substance-related disorders	12.0%	15.1%
Delirium, dementia and other cognitive disorders	4.6%	6.9%
Personality disorder	4.3%	5.6%
Adjustment disorders	4.0%	0.7%
Disorders of childhood/adolescence	3.8%	3.7%
Anxiety disorders	3.2%	2.0%
Sexual and gender identity disorders	1.1%	2.0%
Other	0.9%	1.4%
* Information on Primary Diagnosis is not easily available for Outpatient Services		

Additional details related to primary diagnoses can be found in Appendix 5, pages 10 and 11.

CO-MORBIDITIES

A review of five quarters of RAI data (Q1 2015/16 through to Q1 2016/17) and associated Clinical Assessment Protocol (CAPs) triggers¹ indicated that for all newly admitted regional patients:

- 50% were identified as needing attention for substance abuse issues
- 40% for smoking issues
- 34% for weight management issues
- 24% for sleep disturbance issues, and
- 8% for pain issues

The numbers are slightly different for Provincial Division patients:

- 55% were identified as needing attention for substance abuse issues
- 32% for smoking issues
- 31% for weight management issues (52% among longer term patients, based on quarterly assessments)
- 17% for sleep disturbance issues, and
- 7% for pain issues

Additionally, it is noted from a review of RAI data that over 90% of all Waypoint inpatients have at least one medical concern.

Additional details can be found in Appendix 5, pages 12 to 15.

¹ Waypoint is not yet formally using CAPs triggers to develop treatment plans, but the currently available information is useful for understanding patient needs.

Obstructive Sleep Apnea (OSA) has also been identified as a concern². It is known to be a highly-prevalent disorder in the general population and to be significantly more common among patients with most major psychiatric illnesses. Most are undiagnosed and untreated and Waypoint does not routinely screen for it. A recent review of outpatient cases indicated that out of 150 patients, 49 were suspected of having OSA and of those, 45 were assessed and received a diagnosis.

Continuous Positive Airway Pressure (CPAP) treatment has been shown to be nearly 100% effective and to significantly improve multiple medical conditions and reduce all-cause mortality. It has been shown to improve cognitive functioning and to improve depressive symptoms and, while the number of studies to date are small, CPAP treatment has been shown to improve primary psychiatric symptoms in most major psychiatric illnesses.

CURRENT MENTAL HEALTH PLANNING ENVIRONMENT

NATIONAL

A review of Mental Health Commission of Canada documents, the most recent one being *Advancing the Mental Health Strategy for Canada – Framework for Action*, supports a continued emphasis by Waypoint in the areas of:

- Recovery, Access, First Nation Métis Inuit (FNMI) work, knowledge development, and continued system leadership and collaboration,
- Attending to nationally noted high unmet needs, which include support for families, transitional age youth, members of the LGBT community, and seniors, and
- Suicide prevention.

PROVINCIAL

A number of documents and strategies were reviewed, details of which are included in Appendix 4. They include:

- *Open Minds Healthy Minds (2011)*, the provincial mental health strategy, now in Phase Two
- *Better Mental Health Means Better Health (2015)*, the Annual Report of the Mental Health and Addictions Leadership Advisory Council
- *Moving Forward: Better Mental Health Means Better Health (2016)*, the Second Annual Report of the Mental Health and Addictions Leadership Advisory Council
- *Core Mental Health and Addiction Services (2016)* work, a product of the Mental Health and Addictions Leadership Advisory Council
- *Taking Stock Report (2015 HQO and ICES)* a report on the quality of mental health and addictions services in Ontario
- *Patients First – A Proposal to Strengthen Patient-Centred Health Care in Ontario – December 2015* and the *Patients First Act - June 2016 (Bill 210)*,
- *Living Longer, Living Well (2012, Sinha Report)*,
- *Ontario's Long Term Care Affordable Housing Strategy (Update March 2016)*
- *A PLACE TO CALL HOME - Report of the Expert Advisory Panel on Homelessness (2015)*
- *HQO - Excellence Through Evidence: Roadmap for Evidence-Based Recommendations and Quality Standards (November 2015)*
- *Auditor General Value for Money Report - Specialty Psychiatric Hospital Services (November 30, 2016)*.
- *Provincial Strategy to Prevent Opioid Addiction and Overdose*

² Information on OSA was provided by Waypoint psychiatrist, Dr. K. Askland, including her observation of the occurrence in the outpatient population.

A review of these provincial documents supports attention in the Clinical Service Plan to:

- Improving access to services,
- Reducing wait times,
- Improving transitions to the community,
- Helping to create more housing options,
- Continued work with Health Links and the development of primary care partnerships and shared care approaches,
- Ensuring a strong quality improvement strategy,
- Using resources to maximize dollars for direct patient services
- Better responding to young adults, including those with addictions
- Improving our response to seniors,
- Reviewing how best to serve aboriginal and francophone populations,
- Clearly positioning ourselves in the Ontario of Core MH&A Services work, and
- Continuing our efforts as a system leader and capacity builder.

LHIN LEVEL

In developing its Clinical Services Plan, Waypoint needs to be aligned with the strategic priorities outlined in the LHIN's Integrated Health Services Plan 2016-2019:

- Improve Access to Appropriate Care,
- Build Capacity and Enhance Coordination, and
- Drive System Sustainability.

Among other specific LHIN mental health priorities that Waypoint needs to be mindful of:

- Development of access protocols,
- Improved local access to and accessibility of French language health services,
- Improved access to culturally safe care for FNMI residents,
- Establishing infrastructure to improve care for seniors and older adults, and
- Enhancing coordinated care for individuals with complex needs.

Additional details can be found in Appendix 4.

WAYPOINT

A number of Waypoint-specific documents and strategies were reviewed, also found in Appendix 4, all of which provide context for moving forward. These include:

- Waypoint Strategic Plan,
- Quality Risk and Safety Plan,
- Master Plan,
- Research and Academics Strategic Plan,
- Information Technology Strategic Plan,
- Human Resources Strategic Plan, and
- RAI Clinical Outcomes Initiative.

WAYPOINT THIRD PARTY REVIEW

Waypoint initiated an independent third party review related to workplace safety concerns. Recommendations were about to be received at the time of the writing of this report and will offer additional information and considerations for direction as this Clinical Service Plan is implemented.

AUDITOR GENERAL VALUE FOR MONEY REPORT

Waypoint and its peer specialty hospitals were reviewed as part of the Auditor General's broader 2016 *Value for Money* review, and there were a number of concerns and associated recommendations directed to the four hospitals. Among them, concerns related to admission assessments, care planning processes, and the variation in treatment methods across the hospitals. There were also concerns about the lack of mental health specific emergency services across the province. Questions were raised as to whether more such services should be created and, if so, whether they should have direct access specialty psychiatric beds.

REVIEW OF PEER HOSPITAL PROGRAMS

Part of the environmental scan included a look (based on web-site information) at what our peer hospitals – the Centre for Addiction and Mental Health, Ontario Shores and the Royal Ottawa - were providing for services. Some are offering inpatient programs that are specialized according to diagnosis; for example, Mood Disorders and Schizophrenia. Taking this approach for Waypoint has been discussed in the past, but because of the large provincial forensic role and the relatively small number of regional beds compared to our peers, Waypoint has historically opted to group patients functionally rather than diagnostically. Further supporting this approach, a review of Mental Health and Addiction Quality Indicator data, indicates we have comparable outcomes to our peer hospitals. Ontario Shores offers an integrated addiction and mental health inpatient program for younger adults which may offer insights as to how best we can help the large number of young adults that we admit. All of our peer hospitals appear to offer some women's specific programming, and CAMH offers a 6 bed maximum secure unit for women. Ontario Shores offers a number of specialized outpatient clinics that could be useful for us to consider, including a Borderline Personality Disorder Self Regulation Clinic.

Details of the peer hospital program offerings, with live links, can be found in Appendix 6.

RESULTS OF INTERNAL CONSULTATIONS

As noted earlier, internal consultations were conducted between September and December 2016. We received advice on adjusting the foundational themes for the refreshed plan, thoughts on what services were especially important to maintain and build upon, what new initiatives should be undertaken and what, if anything, should be stopped.

Input regarding the Foundational Themes discussions included such themes as the importance of stating commitments to:

- Values-based, recovery oriented, ethically grounded, and culturally safe care,
- Individualized, patient and family centred approaches, using a trauma informed lens,
- Remembering our core business: "improving the lives of patients and their families",
- Evidence based quality practices, measuring results, and continuing to improve outcomes, and how to do that while maintaining a safe environment for patients and staff,
- Unique contributions as a specialized mental health facility – at both the provincial and regional levels – and both as a provider of specialized services and a system leader and capacity builder, and

- Our role in addressing the needs of individuals with the most complex psychiatric needs, who are among the most vulnerable health care populations, and for whom many have the added burden and stigma of legal issues.

The consultations revealed a number of suggestions, including such things as:

- Identification of priority populations for future service development,
- How to promote and sustain specific evidence-based clinical practices,
- How to promote recovery oriented, client-centred practices, and
- How to improve access, better manage transitions and deliver community and outpatient programs.

Suggestions were also received regarding external partnerships and regional and provincial role development. And finally, a number enabling strategy suggestions were made in the areas of interdisciplinary team development, the development of staff skills and knowledge, how to support the psychological well-being of clinical staff, and how to continue enhancing internal partnerships.

EXTERNAL FEEDBACK

Prior to completion of the final plan, highlights of proposed directions were shared with a wide range of community partners through the online survey and face to face discussions. Overall there is support for the directions outlined, with specific feedback including such things as:

- Strong support for, along with related suggestions, for building culturally safe services for our Indigenous patients, including how we might develop internal indigenous provider capacity,
- Strong support for ongoing partnership development with area hospitals and community partners, including such things as developing system capacity using our research and academic resources, facilitating mental health capacity development in primary care, and actions to support and improve access from non-scheduled hospital emergency departments,
- An offer of help from OSMH on how they might partner with us to better address physical health co-morbidities,
- Desire for better communication with community based programming and primary care – both pre-intake and at discharge,
- Desire for improved ease of access to specialty services and programs,
- Desire for more help for individuals with severe and complex illness involving addictions, and a
- Desire to be able to use our expertise and inpatient service to manage complex cases involving aggression, with a specific reference made to youth age 12 and up.

Some cautions were offered, for example:

- To be careful not to duplicate what is offered by other sectors and community partners, and the importance of ongoing dialogue, and
- To be mindful of the risks of being too ambitious, about taking on too much with the plan.

There was a specific reference to our proposal to explore a formal regional role with ECT, and the importance of dialogue with OSMH, which has an active program.

The input from the consultations and external feedback is reflected in the next section *Moving Forward with Clinical Services Plan 2018 – 2023*.

MOVING FORWARD WITH CLINICAL SERVICES PLAN 2018 -2023

OUR GOAL

World class outcomes for the people we serve, through the provision of safe, patient centred, efficient, timely, and equitable care, delivered in the context of collaborative partnerships and in alignment with provincial and regional health system priorities.

ASSUMPTIONS

ALIGNMENT WITH WAYPOINT MISSION, VISION AND VALUES

The Clinical Services Plan is fundamentally guided by Waypoint’s **Mission**: “as Catholic hospital, we are committed to providing excellence in specialized mental health and addictions services grounded in research and education and guided by faith-based values”, its **Vision**: “As an inspired organization, we will change lives by leading the advancement and delivery of compassionate care”, and its stated **Values** of Caring, Respect, Innovation and Accountability.

FOUNDATIONAL THEMES

Building on the broader Waypoint Mission, Vision and Values statements, and incorporating input from the consultation sessions, the foundational themes of the 2012 plan have been slightly revised as follows. These themes undergird the refreshed plan.

1. PHILOSOPHY OF RECOVERY / VALUES BASED CARE

Waypoint understands that improving the lives of patients and their families is its core business, and that *how* it provides clinical services must show a commitment to that task. Consistent with Waypoint’s Declaration of Recovery Values, the Clinical Services Plan promotes recovery-oriented approaches to clinical service delivery where all patients and clients are treated with kindness, dignity and respect, where services are delivered to the highest standard possible, and where the patient voice is heard and included in treatment decisions. Further, Waypoint remains committed to embedding the recovery philosophy and values across the organization.

Informed by the Catholic Health Alliance of Canada Health Ethics Guide, Waypoint is also committed to providing ethically grounded clinical services to all patients.

Waypoint understands that practices and approaches must vary according to the individualized needs of specific populations, and must work to provide culturally aware, safe and competent care for a broad range of populations – Indigenous and Métis patients and families, LGBTQ, gender-specific needs, youth, elderly, and others.

Finally, Waypoint recognizes that many of its patients and clients have a history of trauma and is committed to providing services through a trauma-informed lens.

2. EVIDENCE BASED, RESULTS ORIENTED TREATMENT IN A SAFE ENVIRONMENT

As a specialized treatment and research facility, Waypoint commits through its Clinical Services Plan to developing and implementing evidence based quality practices, to measuring the results of its interventions, and to continuous efforts to improve outcomes. It also recognizes the importance of ensuring a safe environment for both clients and staff in order to provide effective therapeutic care. The

plan must promote the implementation of processes and structures to ensure staff are equipped and supported in the delivery of evidence-based practices in a safe environment, and that those practice models can be sustained.

3. UNIQUE ROLES AS A SPECIALIZED MENTAL HEALTH CENTRE

Waypoint's Clinical Services plan must reflect our unique contributions as a specialized mental health centre, including our regional and provincial system leadership roles, our clinical service role with individuals who have highly complex and persistent psychiatric illnesses that can't be managed elsewhere.

Waypoint, through its provincial forensics role, is highly specialized as a provider of care in a secure environment and in the management of aggression and violence, and as a provider of regional specialty programs, it makes unique contributions in the assessment and treatment of aging-related psychiatric disorders, dual diagnosis (developmental and psychiatric), concurrent disorders (addiction and mental health); and individuals with severe and persistent mental illness.

Waypoint also makes unique contributions through its research and academics and teaching roles, and has the opportunity and responsibility of promoting the implementation of evidence-based practices locally, regionally and provincially.

Finally, as the largest mental health organization in the region, Waypoint is in a position to make special contributions as a capacity builder – helping smaller organizations fulfill their roles in the system.

POPULATIONS SERVED

Consistent with the 2012- 2017 Clinical Services Plan, Waypoint, working with its community partners, is committed to serving the most vulnerable among those experiencing serious mental illness, including those with co-occurring addictions, specifically:

- Persons with Severe and Persistent Mental Illness,
- Persons with a Mental Illness and a Co-occurring Developmental Delay,
- Aging Persons with Mental Illness,
- Persons with Mental Illness and Involvement with the Law, and
- Transition Age Youth/Young Adults with Mental Illness.

Further, consistent with our values as a Catholic hospital, Waypoint gives a preferential option for serving individuals who are most in need and among the most vulnerable in society.

TREATMENT MODALITIES AND SERVICES

Consistent with the 2012- 2017 Clinical Services Plan, Waypoint will continue to provide a suite of evidence-based, leading edge treatment modalities and services, including:

- Psychotherapy (CBT and DBT),
- Behavioural Therapy,
- Pharmacotherapy,
- Electroconvulsive Therapy,
- Physical Health Care – Assessment and Treatment
- Patient/client Education,
- Rehabilitation and Skill Development,

- Therapeutic Recreation,
- Employment Services,
- Housing Services,
- Investigative Assessment and Consultation Specialties,
- Palliative Care Services,
- An array of additional supports including Dental Services, Lab Services, Optometry Services, and Chiropody, Interpretative Services and
- Transitional and housing services for both inpatients and outpatients that promote community integration.

ORGANIZATION OF SERVICES

Waypoint will continue, in the main, its current model of general, non-diagnosis specific program approaches, clustering individuals according to needs best met by that program. At the same time, however, it will provide diagnosis, issue or population-specific programming in accordance with best practice and critical mass considerations, including through Treatment Mall opportunities. It will also explore opportunities for hybrid approaches whereby psychiatrists might, for example, have regularly scheduled clinic days that tap into specialty backgrounds and interests.

CONTINUATION OF CSP 2012-2017 INITIATIVES

Waypoint remains committed to the following initiatives identified in the 2012-2017 Clinical Services Plan:

- Provision of integrated mental health and addiction treatment,
- Relocation/centralization of regional rehabilitation services,
- Development of a functional program to establish treatment mall programs in both regional and provincial division,
- Re-configuration of Horizon Geriatric Psychiatry program in relation to psychogeriatric and cognitive behavioural problems,
- Re-configuration of Sans Souci in relation to shorter stay and longer stay needs,
- Provision of integrated treatment for seniors/aging populations across the organization,
- Continued implementation of the recommendations of the Outpatient Services Review,
- Continued development of the Risk Needs Responsivity Model,
- Inter-professional Team Development / Model of Care Planning, and
- Continued development of treatment modalities.

Additionally, Waypoint remains committed to:

- Acute Care Bed divestment (remaining 20 beds to be divested to GBGH),
- Continued implementation of the Transitional Discharge Model, and
- Continued collaboration with Chigamik Community Health Centre to develop a shared health hub approach in Midland.

ALIGNMENT AND COLLABORATION WITH OTHER WAYPOINT INITIATIVES

Implementation of the Clinical Services Plan will align with and build on the many initiatives with which Waypoint is currently involved. Among them:

- IT/IS Tactical Plan - HIMSS Stage 7: (Healthcare Information and Management Systems Society) to enhance planning for improving patient outcomes,
- Implementation of Evidence-Based Practices plan,
- Various Waypoint research projects (see list of current internal and external projects in Appendix 7)
- Specialized Geriatrics Program development,
- Restraint Minimization projects, including Safewards,
- Regional child and youth initiatives, including the Transitional Age Youth System of Supports project, and
- Mental Health First Aid regional training.

DIRECTIONS FOR SERVICE DEVELOPMENT

In addition to continuing with the above identified core services and initiatives, Waypoint will undertake service enhancement efforts in the following areas:

Service Enhancement for Specific Clinical Sub-Populations

- Persons with Concurrent Disorders
- Persons with Borderline Personality Disorder / Emotional Disregulation
- Persons with Physical Health Co-morbidities
- Persons with Treatment Refractory Illnesses
- Persons with Mental Illness complicated by Aggression, Violence or Severe Behavioral Problems

Strategies Specific to the Needs of Other Sub-Populations

- Seniors
- Young Adults / Transitional Age Youth (age 16 – 30)
- Indigenous Population
- Francophone Population

Recovery Oriented, Client Centred Practice Approaches

- Promotion of Recovery Philosophy and Values
- Provision of Trauma Informed Care
- Gender-Specific Programming
- Patient/Client and Family Centred Care
- Peer Support
- Patient / Client and Family Role Development

Evidence Based Service Development

- Processes and Structures to Implement and Evaluate Evidence Based Services
- Implementation of Health Quality Ontario Standards
- Enhancement of Psychological and Behavioural Therapies

Access, Transitions and Community Service Development

- Improving Access to Services
- Promotion of Effective Care Transition and Community Integration
- Promotion of Shared Care and Transitional Support Role
- Ongoing Outpatient Service Development
- Exploration of a regional ECT Role and Increased Capacity
- Enhancement of Transitional and Permanent Housing Opportunities

External Partnerships, Leadership and System Development

- Regional
- Provincial

Enabling Strategies

- Inter-Professional Model of Care Development
- Development of Staff Skills and Knowledge
- Supporting the Psychological Well-Being of Staff
- Use of Technology
- Internal Partnership Enhancement

This next section provides some detail on each of them. Specific action recommendations for review and consideration can be found in Appendix 1.

A. SERVICE ENHANCEMENT FOR SPECIFIC CLINICAL SUB- POPULATIONS

1. PERSONS WITH CONCURRENT DISORDERS

With over 50% of patients estimated to have a co-occurring substance abuse problem, Waypoint will continue the roll out of the integrated concurrent disorder programming across the organization.

2. PERSONS WITH BORDERLINE PERSONALITY DISORDER / EMOTIONAL DISREGULATION

Recognizing that individuals challenged with Borderline Personality Disorder and Emotional Disregulation are best served by an effective outpatient and community response, Waypoint will develop an integrated strategy in consultation with community partners appropriate to the needs of this population.

3. PERSONS WITH PHYSICAL HEALTH CO-MORBIDITIES

Recognizing that over 90% of inpatients report at least one medical concern, that the incident and risk of metabolic disorder and chronic disease is high among Waypoint's population (including among outpatients), that many will have undiagnosed or untreated co-morbidities (such as sleep disorders including obstructive sleep apnea) and that approximately 35% of inpatients have nicotine addiction, Waypoint will initiate actions with coordinated and dedicated resources to better serve individuals with physical health and co-morbidity concerns.

4. PERSONS WITH TREATMENT REFRACTORY ILLNESSES

Recognizing that Waypoint provides care to individuals with the most complex and challenging illnesses, Waypoint will explore and implement leading edge treatments, building on current successes.

5. PERSONS WITH MENTAL ILLNESS COMPLICATED BY AGGRESSION, VIOLENCE OR SEVERE BEHAVIORAL PROBLEMS

Recognizing that Waypoint has many patients with a history of aggression and violence and severe behavioural challenges, Waypoint will explore and implement leading edge strategies to better serve this population.

B. STRATEGIES SPECIFIC TO THE NEEDS OF OTHER SUB-POPULATIONS

1. SENIORS

Recognizing the demographic shifts in the population, the increasing number of age 75 plus individuals served by Waypoint, and the aging in place concerns, Waypoint, building on its Senior Friendly Hospital work and leadership on the regional Specialized Geriatric Services program, will develop a hospital-wide Seniors Strategy and conduct a review of our outreach and community roles to better serve this population.

2. YOUNG ADULTS / TRANSITIONAL AGE YOUTH (AGE 16 – 30)

Recognizing the high proportion of young adult inpatients and the special challenges and developmental needs of young adults, Waypoint will develop a hospital-wide young adults / transitional age youth strategy aligned with the community based Transitional Age Youth System of Supports project. It will also review its role with regard to First Episode Psychosis.

3. INDIGENOUS³ POPULATION

Recognizing regional Indigenous demographics and acknowledging MOHLTC and LHIN priorities and reporting requirements, Waypoint will identify and act on opportunities to become a more culturally safe treatment facility for Indigenous patients, and to increase cultural competency.

4. FRANCOPHONE POPULATION

Recognizing regional francophone demographics and acknowledging MOHLTC and LHIN priorities, Waypoint will identify and act on opportunities to improve access for francophone patients.

C. RECOVERY ORIENTED, CLIENT CENTRED PRACTICE APPROACHES

1. PROMOTION OF RECOVERY PHILOSOPHY AND VALUES

Continuing with work initiated in the 2012-2017 Clinical Services plan, additional activities are proposed to further advance the understanding and promotion of Recovery values across the organization.

2. PROVISION OF TRAUMA INFORMED CARE

Recognizing the inherently high rate of trauma among individuals with psychiatric illness, Waypoint will take action to provide trauma informed care to a broad range of at risk populations.

3. GENDER-SPECIFIC PROGRAMMING

Recognizing the increasing number of women being served through the Regional Inpatient programs, and that women constitute over half of the outpatient service population, Waypoint will develop programming opportunities to meet the special health needs and potential trauma-related concerns of women. Male-specific programming needs will also be explored.

4. PROMOTION OF PATIENT/CLIENT AND FAMILY CENTRED CARE

Recognizing concerns expressed during the consultation discussions, Waypoint will take action to build a more robust approach to the delivery of client and family centred care.

5. PEER SUPPORT

Recognizing the value of peer support in promoting recovery and the success to date of introducing a paid peer support role into the Waypoint service continuum, Waypoint will continue to identify best practices

³ The term Indigenous as used in this document includes individuals who identify as First Nations, Inuit or Métis.

related to peer support and develop a long term action plan in partnership with the Patient/Client Family Council.

6. PATIENT / CLIENT AND FAMILY ROLE DEVELOPMENT

Recognizing the value of the patient and family role in recovery beyond the formal peer support role, Waypoint will identify opportunities to support and expand these roles in partnership with the Patient/Client Family Council, and prepare an action plan.

D. EVIDENCE BASED SERVICE DEVELOPMENT

1. PROCESSES AND STRUCTURES TO IMPLEMENT AND EVALUATE EVIDENCE BASED SERVICES

Building on existing work between the Quality and Professional Practice and Research and Academics, Waypoint will establish processes and structures to support the progressive implementation of evidence based services and the alignment of current and future practices with research evidence to enhance patient outcomes. The process will include opportunities for innovation, literature review, listening to the patient and family voice, and input from clinical experts.

2. IMPLEMENTATION OF HEALTH QUALITY ONTARIO STANDARDS

Waypoint formally commits to implementing current and future HQO mental health and addiction quality standards and will collaborate with its peer hospital partners on a standardized approach to implementing the current ones related to Depression, Dementia and Schizophrenia.

3. ENHANCEMENT OF PSYCHOLOGICAL AND BEHAVIOURAL THERAPIES

Waypoint will support implementation and sustainment of Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, and other best practice psychological and behavioural therapies as appropriate to specific patient populations.

E. ACCESS, TRANSITIONS AND COMMUNITY SERVICE DEVELOPMENT

1. IMPROVING ACCESS TO SERVICES

Waypoint will continue to develop structures and processes to promote increased service access, improved patient flow and equitable access to evidence based programs and, in anticipation of AAP divestment, will determine a new front door, including rapid access protocols for long term community clients who may need an urgent admission to our specialized setting.

2. PROMOTION OF EFFECTIVE CARE TRANSITION AND COMMUNITY INTEGRATION

Waypoint will establish a standardized hospital-wide discharge planning process with enabling resources, structures and protocols.

3. DEVELOPMENT AND REALIGNMENT OF REHABILITATION, TRANSITIONAL AND HOUSING SERVICES

Consistent with rehabilitation service development goals outlined in the 2012-2017 Clinical Service Plan, Waypoint will support the development of a strategic and operational plan for the redevelopment and realignment of rehabilitation, transitional support and housing services in improve access and patient outcomes.

4. PROMOTION OF SHARED CARE AND TRANSITIONAL SUPPORT ROLE

Continuing its commitment to providing outpatient and community services, Waypoint will enhance shared care approaches with primary care and continue to work toward the role of a transitional provider of community support while longer term services with community agencies are being established.

5. ONGOING OUTPATIENT SERVICE DEVELOPMENT

Continuing with the re-organization of outpatient services initiated in the current plan, Waypoint will take actions to ensure that models of care maximize opportunities to improve efficiency and enhance volumes and services to patients. Waypoint will also prepare a plan to fulfill the outpatient service requirements of Georgian Bay General Hospital once the AAP beds are divested.

6. PROVIDE LEADERSHIP IN THE DEVELOPMENT OF A REGIONAL ECT STRATEGY AND EXPAND SERVICE

Recognizing the strength of its ECT program and the degree to which it currently acts as a regional service, Waypoint will initiate discussions with area hospitals and LHIN regarding the development of a regional ECT strategy, including exploration of a hub and spoke model. As part of a regional strategy, Waypoint will also consider the desirability and feasibility of expanding its current service availability to five days a week.

7. ENHANCEMENT OF TRANSITIONAL AND PERMANENT HOUSING OPPORTUNITIES

Recognizing the fundamental importance of stable affordable supported housing, Waypoint will take action to promote increased access to supported transitional and permanent housing.

F. EXTERNAL PARTNERSHIPS, LEADERSHIP AND SYSTEM DEVELOPMENT

1. REGIONAL

Working with its regional partners, Waypoint will offer system leadership related to:

- Mental health related capacity development within primary care,
- Mental health capacity development within non-scheduled hospital emergency departments, and
- The development of structured psychotherapy capacity across the system, including Cognitive Behavioral Therapy capacity.

Additionally, working with its local and regional partners, Waypoint will

- Clarify its clinical service fit within Ontario's proposed Core Mental Health and Addiction Services and,
- Determine its leadership role in supporting the capacity development of others to fulfill their assigned roles.

2. PROVINCIAL

Given Waypoint expertise in providing therapeutic care and managing aggression and challenging behaviors in a secure setting, Waypoint will explore the development of a more formalized role building capacity among referring other organizations to manage safety and security issues.

Waypoint will explore future opportunities to be a provincial leader in the development of mental health treatments for individuals being served through other provincial Ministries, including the Ministry of Community Safety and Corrections.

Waypoint will review the security designation of the Brebeuf Regional Forensic Service in conjunction with provincial initiatives.

Waypoint will continue its many research partnerships, internal and external, as listed in Appendix 7, and will continue to participate in various provincial initiatives and system development tables (e.g. Homes for Care Transformation, Joint Ministry Project on Workplace Violence)

G. ENABLING STRATEGIES

1. INTER-PROFESSIONAL MODEL OF CARE DEVELOPMENT

Waypoint will continue actions to support inter-professional model of care development and to get the right quantity, skill mix and full scope of practice contribution of staff on teams, including psychology, vocational and recreation services, occupational therapy, social work, peer support, pharmacy and dietitian services.

2. DEVELOPMENT OF STAFF SKILLS AND KNOWLEDGE

Waypoint will develop and implement strategies to support the clinical skill and knowledge development of staff, including specific education and sustainment strategies for “core” clinical skills and “advanced” clinical skills.

3. SUPPORTING THE PSYCHOLOGICAL WELL-BEING OF STAFF

Waypoint will develop/enhance strategies to support the psychological preparedness and well being of clinical staff. This work will link with the existing Human Resources Strategic Plan.

4. USE OF TECHNOLOGY

Waypoint will identify and act on existing and promising technologies to improve patient care. One current opportunity, with the implementation of the new EHR, will be the use of its Clinical Assessment Protocols functionality.

5. INTERNAL PARTNERSHIP ENHANCEMENT

Enhance internal partnerships between Clinical Services and Corporate Services, Human Resources and Organizational Development, Research and Academics, Professional Practice and Quality, and the Patient/Client and Family Council.

PRINCIPLES TO GUIDE PRIORITY SETTING

An ambitious array of directions for development are presented in this plan and the group charged with overseeing its implementation will need to carefully review each of them and set priorities. A Priority Ranking Tool (Appendix 2) is offered to aid in decision making.

The tool requires that all projects under consideration first be reviewed for consistency with Waypoint’s ethics framework and organizational values. Waypoints ethics framework includes a preferential option for serving those most in need and requires that careful consideration be given to the stewardship of resources, including opportunities to cooperate with other organizations so that limited resources can be made available to more people. It also requires that resources be appropriately distributed among programs and services within the organization.

Once it has been determined that a proposed activity is clearly consistent with Waypoint’s values and ethics framework, it would then be reviewed and prioritized based on its strength of alignment with each of the following criteria:

- Degree of alignment with MOHLTC and NSMLHIN goals,
- Degree to which it addresses a system level gap in service,
- Degree of fit with Waypoint strategic plan,
- Degree to which it supports Health Quality Ontario objectives of:
 - Safer care,
 - Better patient outcomes,
 - More patient-centred care,
 - More efficient care,
 - More timely care,
 - More equitable care,
- Degree to which it impacts a Waypoint high volume service area,
- Degree to which it addresses an organizational risk, and
- Organizational capacity to implement.

CONCLUSIONS AND NEXT STEPS

This document outlines an ambitious array of service development directions based on a review of the current planning environment – nationally, provincially, regionally and within Waypoint. These directions are presented as a roadmap for service development over the next five years. It now becomes the task of the group charged with overseeing the implementation and monitoring of the plan to carefully choose priorities and recommend timing for implementation (both from among the broad areas of proposed activity and within each of them). The oversight group will also need to continually monitor the planning landscape and make adjustments as necessary.