



2007-2008 Accessibility Plan

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Executive Summary

The purpose of the Ontarians with Disabilities Act is to improve opportunities for people with disabilities and to provide for their involvement in the identification, removal and prevention of barriers to their full participation in the life of the province. The Ontarians with Disabilities Act mandates that all hospitals prepare annual accessibility plans.

To this end, CAMH's Accessibility Plan Committee has prepared the CAMH Accessibility Plan for the 2007-2008 planning cycle. The aim of the Plan is to describe measures that CAMH took during the 2006 - 2007 accessibility planning cycle, and will take in the 2007-2008 cycle to identify, remove and prevent barriers to people with both visible and invisible disabilities including patients, staff, clients, community, visitors and other members of the CAMH community.

This Accessibility Plan provides an overview of CAMH and its commitment to accessibility planning including the structure and mandates of CAMH's relevant Working Groups.

In 2004 CAMH undertook a major study to identify barriers which prevent or limit participation of people with disabilities who live, work in or use CAMH services and facilities. The results of this audit were used to develop a prioritized barrier-removal strategy and provide the basis for the longer-term implementation plan including the 2007-2008 Accessibility Plan.

For 2008, the Facilities Department of the CAMH Accessibility Plan Committee proposes to undertake an accessibility audit of the existing facilities at the Queen Street site. This audit intends to identify barriers for the in-patient areas by analyzing the path of travel from the parking lot to the first floor in an in-patient unit. The findings from the audit will form the basis of CAMH's ODA Access Plans for 2008-2009 and will be applied to other existing in-patient areas in subsequent years.

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Section 1 - The Aim of the CAMH Accessibility Plan

The aim of this report is to describe measures that CAMH took during the 2006-2007 accessibility planning cycle, and will take during 2007-8 accessibility planning cycle to identify, remove and prevent barriers to all Ontarians in accessing the organization's facilities and services, including patients, staff, clients, volunteers, students, families, visitors and other members of the CAMH community.

Section 2 - The Objectives of CAMH Accessibility Plan

This Plan:

- Describes the process by which CAMH identifies, removes, and prevents barriers to people with disabilities.
- Reviews the progress the CAMH has made in removing and preventing barriers that were identified in the 2006-2007 planning cycle, in its facilities, policies, programs, practices and services.
- Lists the facilities, policies, programs, practices and services that CAMH will review in the coming year to identify barriers to people with disabilities.
- Describes the measures CAMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- Describes the ways that CAMH will make this accessibility plan available to the public.

Section 3 - A General Description of CAMH

Overview

CAMH is Canada's largest health sciences centre devoted to mental illness and addiction. The Centre has a clinical role caring for people with severe mental illness and addiction, with an inpatient capacity of 538 beds and extensive hospital and community-based outpatient and regional services. These outpatient and regional services are located across four major sites and twenty-eight satellite sites across Ontario. As well, CAMH has research, education and health promotion mandates, and is affiliated with the University of Toronto. CAMH has approximately 2,700 employees and 20,000 clients in Ontario, the majority within Toronto. The Centre is committed to enhancing the capacity and quality of addiction and mental health services in Ontario.

In 2006-2007 CAMH began three different initiatives which will enhance and improve CAMH culture and CAMH commitment to Diversity. These initiatives include the

establishment of the first CAMH Employment Equity Plan, the CAMH People Plan, and the establishment of a Senior Diversity Consultant position within the Human Resources Department. The combination of the People Plan, the Employment Equity Strategy and the diversity position will effectively assist CAMH in becoming a more inclusive employer; thereby reducing the number and kind of barriers faced by marginalized groups, including persons with disabilities.

The Mission of CAMH

The mission statement expresses the goals of CAMH: Improving the lives of those affected by addiction and mental health problems and promoting the health of people in Ontario and beyond.

The Vision of CAMH

Strong and healthy communities, in which people with addiction and mental health problems can access appropriate and effective services and live as full participants.

The Core Values and Commitments of CAMH

- Client-Centered Practice
- Continuous Learning
- Diversity
- Evaluation and Accountability
- Holistic View of Health
- Partnership

The Goals of CAMH

- Improve Care and Enhance Health
- Discovering, Sharing and Applying New Knowledge
- Influencing Public Policy and Promoting Positive System Change
- Being the Best Place to Work and Learn
- Ensuring Long-Term Sustainability and Development
- Providing Effective Information Management Systems and Technology
- Developing Innovative Facilities

Section 4 – Accessibility Working Groups at CAMH

Accessibility issues are being led by two different groups at CAMH:

- The Disability Working Group
- The Accessibility Plan Committee

The Disability Working Group (DWG), with representation from CAMH's staff, members of the client/consumer/survivor community and the community at large, is a permanent working group. The DWG reports through the Diversity Programs Office to senior management. Its goal is to advance the disability agenda at CAMH in a number of areas, including training, staff accountability, human resources, and promoting universal and inclusive access to existing and future facilities. The Terms of Reference for the Disability Working Group are included in Appendix 1, along with Working Group membership information.

The Accessibility Plan Committee is mandated to oversee the development of CAMH's accessibility plan, and to coordinate ongoing access planning activities at CAMH. The Terms of Reference for this Committee are included in Appendix 2, along with committee membership information. This Committee meets a minimum of four times per year.

Section 5 – CAMH’s Commitment to the Accessibility Plan

Accessibility issues at CAMH are embedded within the broader context of diversity. This commitment to diversity is further reinforced within CAMH 's 2003/06 Strategic Plan which states:

"We understand and respect each person as unique. We show this respect through sensitivity, dignity and inclusive practices that include people from diverse groups in our decision-making, information sharing and access to services.

We believe in the principles of equity and access; we recognize the diversity of race, culture, ethnicity, socio-economic class, language/accent, gender, sexual orientation, age, religion, physical and mental abilities, literacy level and immigration/refugee status. We also respect the diversity of communities we serve by having inclusive practices and policies for our governance, service and employment."

Section 6 – 2006-2007 Barrier Removal Initiatives at CAMH

CAMH was successful in achieving some of the initiatives established for the year 2006-2007. The remaining initiatives retain their ongoing definition and will be carried into the next year.

Section 6 – 2006-2007 Barrier Removal Initiatives at CAMH		
Barrier	Means to Remove/prevent	Lead
Limited or inconsistent use of plain, clear language in written text	Two training sessions in 'plain' language were provided.	PEHP - Education
Lack of guidelines for accessibility in Public Information materials	ID guideline now in publications announcing availability of products in alternative formats; contact info given.	PEHP – Education
Lack of guidelines for accessibility in Public Information materials	HTML and PDF formats of public information on web in English and in French.	PEHP – Education
Lack of Accommodation Policy	A Draft CAMH Accommodation Policy and Practice document was developed and is with the Executive Leadership Team for approval.	HR
Lack of staff knowledge about disabilities and	The joint planning committee is developing an integrated curriculum for managers on	DPO / PEHP – Education/

accessibility options	homophobia, disability and racism issues. The first training session was scheduled for Spring 2007.	HR
Barrier	Means to Remove/prevent	Lead
Washrooms not accessible for persons using wheel-chairs	New accessible washroom constructed at Queen Street Site, Administration Building. Signs at accessible washroom changed to improve recognition.	Facilities Planning
Wheel-trans entrance exposed and not clearly identified.	A new and upgraded sheltered wheel-trans entrance at the Queen Street site has been identified with clear and appropriate interior and exterior signage, provided with automatic doors and a courtesy phone.	Facilities Planning

Section 7 – Methods used to Identify Barriers at CAMH

In 2004, CAMH undertook a major study to identify barriers that prevent or limit participation in life at CAMH for people with disabilities who live, work in or use CAMH services and facilities.

This detailed study of existing facilities, policies and practices to define the changes needed to improve accessibility and remove barriers and prevent future barriers involved the audit of six elements:

- Policies
- Selected Facilities –(specifically the College Street and Russell Street sites)
- Selected Publications
- Workstations and Office Technical Equipment
- The Centre for Addiction and Mental Health Website
- Reception and Welcoming Processes

The College Street Site and the Russell Street Site (Main and Tower) were selected by the Centre for Addiction and Mental Health as 'pilot' sites for facility audits.

The study identified an extensive list of barriers in each of the six audit elements. The barriers were prioritized and implementation strategy developed to address them. The 2007-2008 plan is part of this strategy.

Section 8 - Barriers that CAMH will address in 2007-2008

Barrier-removal initiatives to be undertaken in 2007-2008 are as described below:

Section 8 - Barriers that CAMH will address in 2007-2008				
Barrier	Expected Outcome	Means to Remove/prevent	Timing	Lead/Resources
Lack of staff knowledge about accommodations, requirements and options.	Staff are informed regarding disability, removal of barriers and duty to accommodate policy and procedures.	Draft Attendance Support Policy includes Accommodations and Return to Work.	March 2008	Human Resources
Lack of Process – Bias Free Hiring.	Accommodation Policy and bias-free hiring processes.	Bias Free curriculum has been developed and training will roll out in 07-08.	Through to March 2008	Human Resources
No Alternative Formats available.		Working with IMG towards exploring potential for CAMH website, awaiting their proposal call.	Through to March 2008	Human Resources
Limited or inconsistent use of plain, clear language in written texts	Improved use of plain, clear language in written texts. Editors expected to have a complete grounding in clear language principles and edit corporate projects and E&P projects accordingly.	Courses with new trainer will resume in 2008-2009.	Sept. 2008	PEHP – Education
Customer Services and Education Services “sales” and registration staff to be educated in ODA requirements as it applies to their work	Improved customer service for sale of publications and courses.	Conduct training or information sessions	March 2008	PEHP to educate staff
Notification on e-commerce site of	Improved service to those with disabilities	‘Other ways of Ordering’ will be	March 2008	Customer Services e-

alternative ways of ordering		available on the e-commerce site.		commerce site staff.
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Section 8 - Barriers that CAMH will address in 2007-2008				
Barrier	Expected outcome	Means to remove/ prevent	Timing	Lead
Incomplete CAMH standards and guidelines for accessibility in physical environment	Complete and posted CAMH accessibility standards for physical environment	Finalize current standards development process and post for use in future construction and alteration projects.	Winter 2007	Redev / Facilities Planning / Diversity Programs Office
Exterior surfaces along paths of travel from sidewalks to and between Russell and College buildings are not even.	Improved safety and comfort when traveling to Between Russell and College Street buildings.	Strategically adjust surfaces to create smooth transitions and minimize tripping hazards.	Winter 2007	Facilities Planning
Slope from College at west side of building is not designed as a ramp.	Improved safety and comfort at route along south-west side of College building	Add features, such as handrails, to protect this slope as a ramp.	Winter 2007	Facilities Planning
Inadequate way finding at Queen Street site, College Street site, and Russell Street site	Effective and flexible way finding for clients, visitors and staff into and within the buildings.	Review, design & update interior and exterior way finding signage at all sites.	Winter 2007	Facilities Planning
Hazard at u/s of stairs at Russell Tower	Improved safety as access will not be possible to underside of stairs.	Install barriers below stairs where headroom is 2030 or less.	Winter 2007	Facilities Planning

Large areas of clear glazing - in walls & doors, without visual warning markings	Clear indication of location of glazing in doors and windows; people will not walk into glass.	Install colour-contrast warning decals. The decals will be 1" diameter white vinyl circles, installed at 43" A.F.F.	Winter 2007	Facilities Planning
Section 8 - Barriers that CAMH will address in 2007-2008				
Barrier	Expected outcome	Means to remove/ prevent	Timing	Lead
Hazards - protruding objects along route not cane detectable.	Improved safety where objects project into circulation space.	Relocate protruding objects away from path of travel or provide a barrier below the hazard.	Winter 2007	Facilities Planning
Limited accessibility in in-patient areas.	The new Audit for in-patient areas will be used as guide for removal of the barriers. Audit will be applied to other and similar conditions at Queen Street and where applicable on other sites.	Audit Barriers in In-patient areas at Queen Street site. Audit report will include public shared areas, clinical areas, patient bedrooms.	March 2008	Facilities Planning
Limited accessibility in in-patient areas.	Creation of integrated access and egress routes, and integrated paths of travel for all persons. Improved staff and client safety. Enhanced life experiences for in-patients.	Removal of barriers at Queen Street Site based on new Audit. See above. CAMH Accessibility Standards shall be applied.	March 2008 and later	Facilities Planning

Section 9 - The Accessibility Plan Review Process at CAMH

The CAMH Accessibility Plan Committee will monitor the implementation of CAMH's Accessibility Plan. The status of the Plan will be reviewed throughout the year at quarterly meetings. Terms of Reference for this Committee are included in Appendix 2.

Section 10 - The Accessibility Plan Communication Strategy CAMH

The Centre for Addiction and Mental Health's 2006-2007 Accessibility Plan will be published and distributed through the Public Affairs Department. Copies will be available for pick-up at the McLaughlin Information Centre. The Plan will also be posted on the CAMH web site. (www.camh.net)

The 2007-2008 Accessibility Plan will be made available in alternative formats on request.

Appendix 1

CAMH Disability Working Group

REVISED TERMS OF REFERENCE

(September 2005)

I. VISION

Centre for Addiction and Mental Health (CAMH) aspires to be an organization that is free of stigma, discrimination and barriers for stakeholders.¹ CAMH's diversity agenda and commitment embrace the principles of inclusion and accessibility, including: the organizational structure, governance, human resources, service provision and community partnerships. CAMH *demonstrates* leadership, support, respect, sensitivity, advocacy, expertise, experience, positive change and effectiveness in all areas pertaining to disabilities, inclusion and accessibility.

II. PURPOSE

The CAMH Disability Working Group (DWG) works collaboratively with CAMH stakeholders in providing leadership, internal and external advocacy, expertise, support, advice and recommendations to the Centre's diversity agenda, specifically:

- In the area of disability as it relates to all CAMH stakeholders;
- In the removal of barriers, stigma and discrimination faced by people with disabilities;
- In the areas of policy, programming, services, human resources, governance and community partnerships in addressing issues of accessibility and diversity.

III. ACCOUNTABILITY

The DWG as a permanent committee of CAMH is accountable to the stakeholders of the organization. As such, we commit to:

1.PROMOTE AND MODEL ACCOUNTABILITY BY:

Stakeholders refer to individuals who are currently using or have used services at CAMH, community partners, management and staff, contractors, visitors, students, volunteers, family members, friends and significant others of persons who have disabilities throughout the Province.

- Offering membership opportunities to staff, community members, current and past clients, students and volunteers at CAMH and, community;
- Actively seeking participation from stakeholders with disabilities;
- Retaining committee membership by ensuring a welcoming environment at meetings;
 - Encouraging transparency of committee operations by providing access to DWG minutes and reports to groups or individuals:
 - Requesting information, participation and advice from relevant community partners,
 - Providing regular and timely public reports on relevant issues and DWG activities through CAMH communications vehicles (Broadcast, Building Together, Connexions, Cross Currents etc.).

2. WORK WITHIN THE POLICY FRAMEWORKS AND GUIDELINES:

CAMH's Diversity Policy, Harassment and Discrimination Policy, CAMH Bill of Client Rights, Corporate Strategic Directions and other relevant documents, including:

- The Ontarians with Disabilities Act, 2001 (*ODA*) and proposed (*AODA*), the Ontario Human Rights Code, Charter of Rights and Freedoms and other legislation that informs our work.

3. WORK COLLABORATIVELY WITH BOTH INTERNAL AND EXTERNAL GROUPS AND ORGANIZATIONS TO ADVANCE A DISABILITY AGENDA AND PURSUE VARIOUS DISABILITY MATTERS:

- Internal groups may include: Quality Councils; Vice Presidents who have responsibilities for action on Corporate Strategic Directions; Roundtable for Working Groups and Caucuses in Diversity; Employee Wellness Advisory Council; Diversity Strategy Group; Empowerment Council and Family Council; Clinical Practice Council etc.;
- External groups may include service providers and community organizations that share our desire to advance a disability agenda, agencies or groups who are led and managed by people with disabilities and who wish to partner with DWG as we advance this disability agenda.

4. SEEK ENDORSEMENT AND APPROVAL OF CAMH MANAGEMENT AND GOVERNANCE BODIES THROUGH AN EFFECTIVE COMMUNICATION STRATEGY THAT INCLUDES:

Regular reporting from the DWG Chair and assigned DPO staff to the Director, Diversity Programs Office and the Vice President of Community Relations:

- Timely reports and updates about DWG initiatives from the VP of Community Relations to Senior Management Group and the Board of Directors;
- Timely report back to DWG about proposals and recommendations taken to Senior Management on behalf of the Working Group;
- Timely reports and updates from individual DWG members to their respective managers and directors.

5. SEEK ADEQUATE FUNDING AND ENGAGE IN SUCCESSFUL BUDGETARY STRATEGIZING WITH DIRECTOR OF THE DIVERSITY PROGRAMS OFFICE.

- Jointly identify potential sources of funding and resources (internally and externally) to advance the work of the Working Group.

6. KEEP BOTH INTERNAL AND EXTERNAL STAKEHOLDERS APPRAISED OF DWG'S DIVERSITY AGENDA AND ACTIVITIES BY:

- Holding information sessions, forums, educational events, strategic planning activities;
- Putting key information in CAMH's internal and external diversity web pages;

- Sharing information about what partners are doing to further the disability agenda.

IV. OPERATING PRINCIPLES

The DWG is committed to principles of equity, accessibility, inclusion and respect for all CAMH stakeholders, including those persons with the full range of disabilities (both visible and invisible), particularly in matters of mental health and substance use. The DWG will:

- Model good diversity practices including working in a respectful and collaborative manner in accordance with CAMH's core values and Diversity Policy which is interlinked with other policies and program plans at the Centre;
- Making all reasonable efforts to accommodate the needs of all members especially those with disabilities (e.g. teleconferencing, travel support);
- Respect confidentiality;
- Recognize the contributions of all Working Group members, taking into account the different personal experiences, skills, ways of communicating, modes of participation and leadership styles they bring to the group;
- Promote inclusion, consensus in decision-making as we advance the agenda of disability and accessibility;
- Work in a manner that promotes safety and support for all participants;
- Work closely with stakeholders in ensuring that the related policy and programming areas will take account of both visible and invisible disabilities and intersecting issues of disability and race, culture/s, religion/spirituality, gender, sexual orientation, sexual identity, etc. which will complement the overarching diversity agenda.

V. FUNCTIONS

The DWG will:

- Support the Centre in communicating with stakeholders about CAMH's disability agenda and relevant developments internally and externally;
- Work with appropriate program areas to build internal capacity (clinical support, planning, health promotion, etc) and to develop links with partner organizations from the disability community;
- Work with the Diversity Programs Office and other relevant parts of CAMH to support the implementation of approved recommendations emanating from various forums, studies/research, workshops, etc.;
- Provide strategic advice and support to the Diversity Programs Office, Senior Management, Diversity Strategy Group, Roundtable for Working Groups/Caucuses in Diversity, Accessibility Plan Committee and CAMH programs on the issue of disability in the areas of policy, programming, services, community relations, advocacy, human resources, budgeting, etc.;
- Provide expert advice and leadership to the Centre's Redevelopment agenda in respect to disability/accessibility considerations.

VI. RESPONSIBILITIES

- Leadership style and chairing responsibilities (i.e. single or rotating chairing) will be determined by the membership of the Disability Working Group annually, in a timely manner;
- Have meetings 6 times per year at the minimum;

Participate actively in discussions, reviews, initiatives, decisions and related projects;

- Put aside minimum 4 hours a month as a follow up action discussed at the meeting.

VII. MEMBERSHIP (15-20 participants)

The DWG is committed to include people who have personal experience on disability as well as people who have a variety of disability experiences to be members. The composition of members will have a minimum of 50% of members who have disabilities. Members include:

- CAMH representatives (e.g. staff from all four main sites, the regions, different levels, representation from both OPSEU and ONA, etc);
- Community Representatives;
Individuals who are currently using or have used services at CAMH including family members.

NB. The individual's immediate Supervisor will approve participation on the DWG by CAMH staff representatives. Generally, this staff representative will be expected to provide approximately four hours per month to the Working Group.

VIII. QUORUM

- The group must have a quorum of 30% of attendees, of each representative group, when considering matters dealing with: finance, policy, advocacy, and human resources. Members will be given advance notice when such matters will appear on an agenda;
- Should the above noted quorum not be in attendance, the meeting may proceed with other matters with no decision-making.

IX. ADMINISTRATION

The Diversity Programs Office in collaboration with other parts of the Centre such as Facilities Planning, will provide staff support, coordination and administrative support to the Disability Working Group.

Appendix 2

Accessibility Plan Committee Terms of Reference and Membership Structure

Purpose

1. To review and determine the requirements for CAMH to meet the requirements of the Ontarians with Disabilities Act (ODA) with reference to CAMH commitment to Diversity.
2. To oversee the development of the Accessibility Plan for CAMH, to be completed and made public no later than November 30th annually.
3. To develop and maintain a mechanism for monitoring implementation of the annual Accessibility Plan and review/revise it on an annual basis including developing the communications plan for making the plan 'public'.

Reporting

The Accessibility Plan Steering Committee is established through the direction of the Executive Vice President, Corporate Services. The Executive Vice President will present the Accessibility Plan to the Executive Leadership Team for review and recommendation for approval by the Board.

Responsibilities

- To establish an action plan to identify barriers as defined under the ODA and to ensure that CAMH develops and implements the annual plan.
- To oversee and support the development and implementation of the annual Accessibility Plan for CAMH
- To ensure accountability, inclusivity and effective communication in carrying out the work of the Committee.

Membership

Amer Shafei, Manager, Facilities Planning

Mary Anne Quance, Accessibility Plan Coordinator and Mentor, Facilities Planning

Dace Viger, Accessibility Plan Coordinator, Facilities Planning

Gary Wong, Project Manager, Redevelopment

Danielle Myers, Director, Telecom

Noelle Brigden, Manager, IMG Corporate Planning & Support staff to the Disability Working Group)

Diane Capponi, Coordinator, Employment Works Initiative, Human Resources

Manuel Gitterman, Operations Director, Policy, Education & Health Promotion

Representatives of the Disability Working Group, including Community Members

Relationship to Disability Working Group

Maintain communication and ongoing collaboration with the Disability Working Group as it provides leadership, advice and support to the Centre's diversity agenda in the area of disability (visible and invisible).

The Consultant, Diversity Programs Office (staffing the Disability Working Group) and the Project Manager, Facilities Planning are to be members of both the Disability Working Group and the Accessibility Plan Committee and are responsible to ensure communication between the two groups.

Meetings

The Accessibility Plan Committee will meet quarterly (minimum) and as required at the discretion of the Accessibility Plan Coordinator.

Quarterly meetings are scheduled for 2nd Thursday in the months of September, December, March and June or as scheduled by the Accessibility Plan Coordinator.

The end