

2009-2010 Accessibility Plan

Centre for Addiction and Mental Health
1001 Queen Street West
Toronto, Ontario
M6J 1H4

Telephone: (416) 535-8501
Ontario toll-free 1 (800) 463-6273
www.camh.net

Final Issue
January 29, 2010

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 Work Group has prepared the CAMH Accessibility Plan for the 2009-2010 planning cycle. The aim of the Plan is to describe measures that CAMH took during the 2007-2009 accessibility planning period and will take in the 2009-2010 cycle to identify, remove and prevent barriers to people with both visible and invisible disabilities including patients, clients, staff, volunteers, visitors and other members of the CAMH community.

This Accessibility Plan provides an overview of CAMH and its commitment to accessibility including the structure and mandate of Disability and Accessibility Integration Committee.

In 2004 and 2008, CAMH undertook studies including internal policies, information technology and facilities 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 these audits provide a basis for a prioritized barrier-removal strategy including the 2009-2010 Accessibility Plan. Other bases include the legislated customer service standard and the proposed communications and built-environment standards under the AODA.

Table of Contents

	Pg
Section 1 The Aim of the CAMH Accessibility Plan	4
Section 2 The Objectives of the CAMH Accessibility Plan	4
Section 3 A General Description of CAMH	4
Section 4 Accessibility Working Groups at CAMH	5
Section 5 CAMH's Commitment to the Accessibility Plan	6
Section 6 Recent Barrier-Removal Initiatives at CAMH	7
Section 7 Methods used to Identify Barriers at CAMH	9
Section 8 Barriers that CAMH will address in 2009-2010	9
Section 9 The Accessibility Plan Review Process at CAMH	12
Section 10 The Accessibility Plan Communication Strategy at CAMH	12
Appendix 1 Terms of Reference and Membership Structure of the Disability & Accessibility Integration Committee	13
Appendix 2 Terms of Reference and Membership Structure of the Accessibility Plan Working Group	15

Section 1 - The Aim of the CAMH Accessibility Plan

The aim of this report is to describe measures that CAMH took during the 2007-2009 period and will take during 2009-2010 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 past planning cycle in its facilities, policies, programs, practices and services,
- 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 567 beds and extensive hospital and community-based outpatient and regional services. These outpatient and regional services are located across three 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 22,000 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.

The following statements draw from the 2009-2012 CAMH Strategic Plan. The full text of the Strategy Plan is available on www.camh.net.

CAMH Mission

Improving the lives of those affected by addiction and mental health problems and promoting the health of people in Ontario and beyond.

CAMH Vision

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

CAMH Values

- Client-centred practice
- Family-sensitive
- Holistic view of health
- Respect
- Diversity, inclusion and health equity
- Continuous learning
- Partnership
- Evaluation and accountability

CAMH Goals

1. Improve Care and Enhance Health
2. Discover, Share and Apply New Knowledge
3. Influence Public Policy and Promote Positive System Change
4. Be the Best Place to Work and Learn
5. Ensure Long Term Sustainability and Development
6. Provide Effective Information Management Systems and Technology
7. Develop Innovative Facilities
 - CAMH will transform the Queen Street site into an innovative care, health promotion, research and education village linked to the community and satellite locations.

Section 4 – Accessibility Committee at CAMH

Leadership in addressing accessibility issues in CAMH is provided by the Disability & Accessibility Integration Committee. The Accessibility Plan Work Group prepares the annual accessibility plan and reports to the Accessibility Integration Committee.

The Disability & Accessibility Integration Committee (DAIC)

The Governance Structure and Role of Committee are to:

- The Disability & Accessibility Integration Committee is an internal, CAMH working committee focused on meeting requirements of the AODA legislation (at minimum), and working to improve access, communication and accountability across CAMH for people with disabilities.
- The DAIC takes leadership of implementation of legislated requirements, particularly with regards to the AODA Customer Service Standards. Committee members will represent their programs/areas and will ensure communication and liaising regarding the AODA standards. Committee members will also work with CAMH leaders on the implementation of specific action items with the annual 'Accessibility Plan'.

- The formal accountability for the documentation and monitoring of the 'Accessibility Plan' rests with the Accessibility Plan Work Group led by Facilities Planning and reporting to the Disability & Accessibility Integration Committee
- The DAIC has, and must continue to have, members with lived experience of disabilities.
- The DAIC membership to include representatives from IMG, Public Affairs, Clinical, PEHP, Facilities, etc. Each to be assigned different and relevant accountabilities .

Section 5 – CAMH's Commitment to the Accessibility Plan

Accessibility issues at CAMH are embedded within CAMH 's 2009-2012 Strategic Plan – Values which state:

Client-centred practice

We put the client at the centre of what we do.

We focus on individual client needs and strengths, showing mutual respect, encouraging client participation and empowerment, developing cultural and clinical competencies and promoting clients' rights.

Holistic view of health

We believe in understanding and helping the whole person in ways that are holistic and focused on recovery. We believe that health is a complete state of physical, emotional, spiritual and social well-being. We are committed to a multi-dimensional view of health and illness. Our approach to service weaves evidence-based practice with wellness and a focus on the broad determinants of health.

Respect

We believe that treating people with respect is a key guiding principle for any effective and healthy organization. We have a shared responsibility to treat those who use our services, our partners and other stakeholders with consideration and esteem, mindful of different values and norms, and recognize the essential rights and dignity of all peoples.

Diversity, inclusion and health equity

We are committed to eliminating differences in health status between groups and to creating a diverse and inclusive workplace. We believe in the principles of equity and access and will respect the diversity of individuals and communities we serve by having inclusive policies and practices for our governance, services and employment. We will work to change social and economic policies and practices that create barriers to opportunity.

Section 6 – Recent Barrier Removal Initiatives at CAMH

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational	Lack of a complete understanding of the degree to which the CAMH.NET web site meets web accessibility standards.	Conduct an audit of the main CAMH public facing web site CAMH.NET to identify the degree to which it is compliant with W3C Accessibility Guidelines. - Overall, the site is compliant with W3C guidelines up to the AAA level. - CAMH uses a distributed content management system which means some guidelines refer actions that fall under the business owners who upload and manage the content. e.g. "Text alternatives for non-text content"	Complete
Informational	Brochures and other documents are sometimes written in complicated manner	'Clear language' course offered	Complete
Physical	Limited accessibility in washrooms in Administration Building, Queen St site	Renovate washrooms to improve accessibility in Administration Building, Queen St site	Complete
Physical	Wheel-trans entrance at Queen St site is un-clear and poorly equipped.	Re-design wheel-trans entrance at Queen St site including signage, courtesy phone and door operators	Complete
Physical	Exterior surfaces along exterior walkways are not even	Re-align and replace pavers between Russell & College buildings to provide smooth transitions and minimize tripping hazards	Complete
Physical	Sloped walkway at west side of College St building is not equipped as a ramp	Add handrails and improve surface at ramp at west side of College St building	Complete

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Physical	Inadequate way finding at Queen St site	Review, design & update interior and exterior way finding signage at Queen St site	Complete
Physical	Hazard at underside of stairs as Russell Tower	Alterations to install barriers below stairs at Russell Tower	Complete
Physical	Large areas of clear glass in walls and doors do not have visual warning markings	Install colour-contrast warning decals at large areas of clear glazing at Russell –Main building	Complete
Physical	Objects protrude along routes and are not cane detectable	Relocate protruding objects away from path of travel at Russell and College St buildings	Complete
Physical	Accessibility is limited in some areas of the Queen St site.	Audit at main circulation routes and sample Inpatient units at Queen St site. Re-design and renovate ramp to Shaw St parking to improve accessibility.	Complete
Physical	Main reception desk does not have accessible-height transaction counter.	Redesign main reception desk to provide accessible-height transaction counter.	Complete
Policies & practices	Lack of staff knowledge about accommodation requirements and options	New CAMH Attendance Support Policy and Process includes Accommodations and Return to Work	New Attendance Support Policy and Process approved 2009
Policies & practices	Lack of staff knowledge about disabilities and accessibility options	Develop an integrated curriculum for management, physicians and staff on homophobia, disability and racism issues	Training carried out in 2007.
Policies & practices	Lack of bias-free hiring processes & practices	Provide training on 'bias free hiring'	Completed and offered several times annually

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Policies & practices	Lack of staff knowledge about providing alternative communication options when customers purchasing documents.	Conduct training to educate customer services and education services 'sales' and registration staff in ODA requirements as it applies to their work	Complete
Policies & practices	Incomplete CAMH standards / guidelines for accessibility in physical environment	Complete CAMH accessibility standards for physical environment and post for use in future construction and alteration projects	Complete

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. The study includes the review of policies, publications, information technology (equipment and software) and reception/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. In 2008, CAMH commissioned an audit of selected inpatient units at the Queen St site.

In addition, the Accessibility Plan Working Group received concerns through the Client Relations office and Risk Management. These concerns were reviewed and addressed.

Section 8 - Barriers that CAMH will address in 2009-2010

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Lead	Time -line
Policies & practices	Lack of policies regarding the use of personal assistive devices, use of guide/service animals and use of support persons.	Develop policy regarding <ul style="list-style-type: none"> • use of personal assistive devices; • use of guide/service animals/ • use of support persons 	HR	2009

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Lead	Time -line
Policies & practices	Lack of policy regarding training on the new Customer Service policy and practices	Develop policy on Training regarding standards	HR	2009
Policies & practices	Lack of awareness by staff, volunteers and contractors regarding customer service practices related to people living with disabilities.	Train staff, volunteers, and others who interact with clients on behalf of CAMH regarding customer service practices related to people living with disabilities.	HR	2009
Policies & practices	Lack of awareness by staff, and volunteers who contribute to CAMH policy development regarding customer service related to people living with disabilities.	Train staff, and volunteers others who contribute to CAMH policy development regarding customer service related to people living with disabilities.	HR	2009
Informational	Lack of readily available information on physical access to all sites	Prepare site plans and floor layouts showing meeting/group rooms, accessible washrooms, entrances elevators and parking and post on internal and external web-sites	FP	2009
Informational	Lack of readily available information on physical access to all sites	Include list of accessible parking, entrances, elevators and washrooms in training guide.	HR / FP	2009
Attitudinal	Lack of guidebook with direction' on working with people with disabilities.	Develop a guidebook on working with people with disabilities.	HR	2009
Attitudinal	Lack of guidebook with direction' on working with people with disabilities.	Develop an on-line version of the guidebook on working with people with disabilities.	HR	2010

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Lead	Time-line
Policies & practices	Lack of clear process for people to provide feedback on accessibility barriers	Develop a process for people to provide feedback on how we provide services to people with disabilities, and how we will respond to feedback and take action on complaints. This information must be readily available to the public	McLaughlin Info Centre, Client Relations	2009
Policies & practices	Public, clients and staff are not notified when facilities or services that people with disabilities rely on to access or use CAMH services are temporarily disrupted	Develop a rapid notification protocol for use by staff, clients and public when facilities or services that people with disabilities rely on are temporarily disrupted. Include description of disruption, duration and information on alternative access.	FP / Maintenance	2009
Policies & practices	Accommodations for people with disabilities are unclear in the emergency planning policies & practices	Develop policies and practices to ensure integrate emergency preparedness for people with disabilities (staff, clients, volunteers and general public).	Risk Management	2009
Policies & practices	Lack of awareness by staff, volunteers and contractors who regarding customer service related to people living with disabilities.	Establish Disability Awareness week to become part of CAMH's annual diversity awareness series with speakers, events and a communications to raise the profile	Diversity Program Office, HR	2010
Policies & practices	Lack of awareness by staff, volunteers and contractors who regarding customer service related to people living with disabilities.	Develop a course on how to interact with people with MH/Addiction Challenges for non-clinical staff	Diversity Program Office, HR	2010

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Lead	Time -line
Policies & practices	Lack of awareness by public and clients regarding CAMH actions to improve accessibility.	Post Accessibility Plan, Policies Guidebook and Site Accessibility documents on the CAMH external web-site.	HR / FP	2010
Informational	Lack of awareness regarding Web Accessibility	Provide guidelines and best practices in web accessibility for CAMH.NET content contributors.	IMG	2010

Section 9 - The Accessibility Plan Review Process at CAMH

The CAMH Accessibility Plan Group will monitor the implementation of CAMH's Accessibility Plan and report to the Disability & Accessibility Integration Committee. The status of the Plan will be reviewed throughout the year at quarterly meetings.

Section 10 - The Accessibility Plan Communication Strategy CAMH

The Centre for Addiction and Mental Health's 2009-2010 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 2009-2010 Accessibility Plan is available in alternative formats on request.

Appendix 1

Disability and Accessibility Integration Committee (DAIC)

The Governance Structure and Role of Committee are to:

The Governance Structure and Role of Committee:

- The DAIC is an internal, CAMH working committee promoting improved access, communication and accountability across CAMH for people with disabilities,
- The DAIC takes leadership of implementation of legislated requirements, particularly with regards to the AODA, including Customer Service Standards.
- Committee members will represent their programs/areas and will ensure communication and liaising regarding the AODA standards.
- Committee members will also work with CAMH leaders on the implementation of specific action items with the annual 'Accessibility Plan'.
- The formal accountability for the documentation and monitoring of the 'Accessibility Plan' rests with the Accessibility Plan Work Group led by Facilities Planning and reporting to the DAIC
- The DAIC has, and must continue to have, members with lived experience of disabilities.
- The DAIC membership to include representatives from IMG, Public Affairs, Clinical, PEHP, Facilities, etc. Each to be assigned different and relevant accountabilities.

Reporting

The co-Chairs of the Disability and Accessibility Integration Committee will present to the Executive Leadership Team.

Membership

Eric Preston, Chair, Vice President, Human Resources & Organization Development
Susan Pigott, Co-Chair, Vice-President of Community Relations
Janet Mawhinney, Senior Diversity Consultant, Human Resources
Mary Anne Quance, Project Manager, Facilities Planning & Redevelopment
Christine Burych, Director, Volunteer Resources & Spiritual Care
Cynthia Crawford, Manager, CATS Implementation
Dale Kuehl, Addiction Therapy Chief, Addictions Program
Diana Capponi, Coordinator, Employment Works Initiative, Human Resources
Ellie Munn, Clinician Liaison, General Psychiatry
Erin Lambert, Human Resources
Jeannie Fong, Transition Manager, Research
Joan Lewis, Client Relations Coordinator
Karim Ramji, Director of IT Planning & Comptrollership
Lucy Costa, Empowerment Council
Michel Samaha, Senior Project Manager, Redevelopment
Rita Thomas, Manager, Customer Services, PEHP
Salma Kanji, Senior Disability Case Specialist, Occupation Health & Safety
Sophia Bishop, Diversity Consultant

Wayne Warren, Manager, Health & Safety, Wellness
Wendy MacLellan, Policy & Procedure Co-ordinator, Risk Management
John Kozanczyn, Procurement

Meetings

The Disability & Accessibility Integration Committee will meet quarterly (minimum) and as required at the discretion of the co-Chairs.

Appendix 2

Accessibility Plan Work Group Terms of Reference and Membership Structure

Purpose

- 1 To oversee the development of the Accessibility Plan for CAMH, meeting the requirements of the ODA, to be completed and made public no later than November 30th annually.
- 2 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'.
- 3 To support other Committees and initiative related to improving accessibility, inclusivity and barrier-removal through CAMH.

Reporting

The Accessibility Plan Work Group is established through the direction of the Executive Vice President, Corporate Services. The Accessibility Plan Work Group will present the Accessibility Plan to the Disability and Accessibility Integration Committee. The Chairs of the Disability and Accessibility Integration Committee will present the Accessibility Plan to the Executive Leadership Team for review and recommendation.

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

Ryan Chang, Facilities Planning & Chair of Accessibility Plan Work Group
Jamie Wraight, Manager, Facilities Planning
Mary Anne Quance, Project Manager, Redevelopment
Karim Ramji, Director, Telecom
Sophia Bishop, Diversity Consultant, Diversity
Diane Capponi, Coordinator, Employment Works Initiative, Human Resources
Manuel Gitterman, Operations Director, Policy, Education & Health Promotion
Salma Kanji, Occupational Health & Safety
Cynthia Crawford, CATS
Representatives of the Disability Working Group, including Community Members

Meetings

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