

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 CAMH's Accessibility Plan for the 2006-2007 planning cycle. The aim of the Plan is to describe measures that CAMH took during the 2005 - 2006 accessibility planning cycle, and will take in the 2006-2007 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 Centre for Addiction and Mental Health 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 in life at CAMH for 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 2006-2007 Accessibility Plan.

Table of Contents

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	10
Section 8 - Barriers that CAMH will address in 2004-2005	11
Section 9 - The Accessibility Plan Review Process at CAMH	14
Section 10 - The Accessibility Plan Communication Strategy at CAMH	14
Appendix 1	
Terms of Reference and Membership Structure of the Disability Working Group.....	15
Appendix 2	
Terms of Reference and Membership Structure of the Accessibility Plan Working Group.....	20

Section 1 - The Aim of the CAMH Accessibility Plan

The aim of this report is to describe measures that CAMH took during the 2005/6 accessibility planning cycle, and will take during 2006-7 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 2005-2006 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.

The Mission 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-Centred 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. This Working Group meets approximately twelve times each year to address broader disability issues at CAMH.

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/accents, 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 – 2005-2006 Barrier-Removal Initiatives at CAMH

Recent barrier-removal initiatives at CAMH are described in the following table.

Barrier	Means to Remove/prevent	Lead
Limited or inconsistent use of plain, clear language in written texts	CAMH Education held two workshops on Clear Language Guidelines with attendees from broad range of departments.	PEHP – Education
Lack of guidelines for accessibility in Public Information materials	The CAMH Identification guidelines have been adjusted to include a line “that this publication may be available in alternative formats. Please call publication services at 416-535-8501 ext 6111 ”	PEHP – Education
Lack of guidelines for accessibility in Public Information materials	In terms of providing documents in alterative formats, all publication materials on the web have now been put up in both ‘html’ and ‘pdf’ formats as well as in French and English.	PEHP – Education
Lack of Accommodation Policy	A Draft CAMH Accommodation Policy and Practice document has been developed and awaits approval from the Executive Leadership Team.	HR
Limited accessibility in meeting rooms	Housekeeping has changed the layouts of furniture and accessories in most meeting rooms to maintain clearances at the door and to the table for people using wheelchairs or scooters.	Housekeeping / Facilities Planning
Lack of staff knowledge about disabilities and accessibility options	The joint planning committee is developing an integrated curriculum for managers on homophobia, disability and racism issues. The first training session is scheduled for Spring 2007.	DPO / PEHP – Education/ HR
Accessibility criteria yet to be clarified in the redevelopment project	Draft ‘CAMH Accessibility Checklist’ with reference to Functional Program and current best practices circulated for comment in August 2006. Final issue and approval scheduled for October 2006.	Redev / Facilities Planning / Diversity Programs Office

Barrier	Means to Remove/prevent	Lead
Way finding, signage & direction signage is missing or unclear	<p>New directories and way-finding sign system installed at Russell site. The lettering, size and colour contrast of the new signs were selected to promote legibility.</p> <p>Building directories identify all accessible washrooms and entrances.</p> <p>Way-finding system installed at parking levels to identify exits and accessible routes.</p>	Facilities Planning
Washrooms are not accessible for persons using scooters	<p>New accessible washroom constructed at Russell Tower building, 2nd floor.</p> <p>Accessible washrooms at 1st and 2nd floors, Russell Main building upgraded and made scooter accessible.</p> <p>Signs at accessible washrooms changed to improve visibility and recognition.</p>	Facilities Planning
Interior and exterior doors in circulation areas are barriers to access.	<p>Intercom systems at the 4 accessible entrances to the Russell site buildings were upgraded to ensure that calls would be answered reliably at all hours, day or night.</p> <p>Paths to accessible entrances to Russell site were renovated to ensure smooth, non-slip surfaces.</p>	Facilities Planning
Wheel-trans entrance exposed and not clearly identified.	A new and sheltered wheel-trans entrance has been clearly identified at Queen St site with appropriate interior and exterior signage, automatic doors and courtesy telephone.	Facilities Planning
Inaccessible web-site features	Complete project to add a skip-over link to all web pages to allow users to skip the navigation elements at the top and left of all web pages.	IMG

Barrier	Means to Remove/prevent	Lead
Limited accessibility for clients with impaired vision in Emergency and General Psychiatry Inpatient Units	Wall and trim colours changed and alterations carried out to improve accessibility of Emergency and General Psychiatry Inpatient Units for clients with impaired vision.	General Psychiatry/CATS / Facilities Planning
Inaccessible web-site features	Skip-over link added to all web pages to allow users to skip the navigation elements at the top and left of all web pages.	Information Management Group
Accessibility criteria to be clarified in the redevelopment project	Design and working drawings of Phase 1a of the redevelopment project were audited by accessibility consultant. Issues were identified and addressed.	Redev / Facilities Planning
Lack of emergency call station	Emergency call buttons installed as well as video cameras on all parking levels at the Russell site. Staff have been informed. Security staff have been trained.	Security

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 2006-2007 plan is part of this strategy.

Section 8 - Barriers that CAMH will address in 2006-2007

Barrier-removal initiatives to be undertaken in 2006-2007 are as described in the following table.

Section 8 - Barriers that CAMH will address in 2006-2007					
Barrier	Expected Outcome	Means to Remove/prevent	Resources	Timing	Lead
Limited or inconsistent use of plain, clear language in written texts	Improve 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.	Additional two workshops on Clear Language Guidelines open to all staff are being offered in the 06/07 Staff Development Calendar.	PEHP - Education	2006-2007	PEHP – Education
Human resources policies and procedures do not incorporate accessibility criteria	Provide option for alternative formats throughout hiring process.	HR will collaborate with IMG to develop statements to address alternative format option in a) the recruiting/ advertising processes, b) the offer of employment, c) the confirmation letter and d) the notification of employment status.	HR	Spring 2007	HR / Information Management Group
Lack of Accommodation Policy	Accommodation Policy	Implement the new Accommodation Policy and Practice documents once approved by the Executive Leadership Team.	HR	Spring 2007	HR

Section 8 - Barriers that CAMH will address in 2006-2007					
Barrier	Expected Outcome	Means to Remove/prevent	Resources	Timing	Lead
Lack of Staff knowledge about accommodation requirements and options.	Staff are informed regarding disability, removal of barriers and duty to accommodate policy & procedures	HR will develop and implement management training on the new accommodation policy and practices	HR	Spring 2007	HR
Lack of process regarding bias free hiring	Accommodation Policy and bias free hiring processes	HR will begin implementation of bias free hiring processes	HR	Spring 2007	HR
Lack of staff knowledge about disabilities and accessibility options	Provide staff workshop with focus on disabilities and accessibility options	The first session is scheduled for Spring 2007 to provide training to managers on homophobia, disability and racism issues.	PEHP – Education	Spring 2007	Diversity Programs Office / HR / PEHP – Education
Lack of staff knowledge about disabilities and accessibility options	Improved awareness by all staff and volunteers regarding current accessibility features and mechanisms.	Plan and carry out a communication strategy regarding current accessibility features.	PEHP – Public Affairs / Facilities Planning	Spring 2007	Facilities Planning / PEHP-Public Affairs
Accessibility criteria yet to be clarified in the redevelopment project	Ensuring accessibility of new facilities	Finalize the accessibility checklist to be used in evaluating and guiding design of new buildings.	Redev / Facilities Planning / Diversity Programs Office	Autumn 2006	Redev / Facilities Planning / Diversity Programs Office
Exterior surfaces along paths of travel from sidewalks to and	Improved safety and comfort when travelling to Russell or College	Strategically adjust surfaces to create smooth transitions and minimize tripping	Facilities Planning / \$20,000	Autumn 2006	Facilities Planning

Section 8 - Barriers that CAMH will address in 2006-2007					
Barrier	Expected Outcome	Means to Remove/prevent	Resources	Timing	Lead
between Russell and College buildings are not even.	buildings.	hazards.			
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 to protect this slope as a ramp.	Facilities Planning / \$4,000	Autumn 2006	Facilities Planning
Inadequate way finding at Queen site	Effective and flexible way finding for clients, visitors and staff to and within the buildings.	Review, design & update interior and exterior wayfinding signage at Queen site.	Facilities Planning / \$40,000	Spring 2007	Facilities Planning
Way finding at Russell & College sites	Effective and flexible way finding for clients, visitors and staff to and within the buildings	Complete the wayfinding and related exterior signage at Russell & College sites.	Facilities Planning / \$15,000	Autumn 2006	Facilities Planning
Hazard at u/s stairs at Russell tower	Improved safety at underside stairs	Install barriers below stairs where headroom is less than 2030	Facilities Planning / \$10,000	Autumn 2006	Facilities Planning
Glazing - large area of glazing in walls & doors without visual warning markings	Clear indication of location of transparent barriers	Install colour contract warning decals	Facilities Planning / \$6,000	Spring 2007	Facilities Planning
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 detectable barrier below the hazard	Facilities Planning / \$5,000	Spring 2007	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. The Terms of Reference for this Committee is 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 2006-2007 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:

¹ 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 OF:

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;
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- ❑ 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
Terms of Reference
and
Membership Structure
of the
Accessibility Plan Committee

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 September 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.
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Membership

Mary Anne Quance, Accessibility Plan Coordinator, Facilities Planning
Amer Shafei, Manager, Facilities Planning
Yuri Mah, Manager, Redevelopment
Danielle Myers, Director, Telecom
Noelle Brigden, Manager, IMG Corporate Planning & Support
Hing Tse, Consultant, Diversity Programs Office (staff to the Disability Working Group)
Paula Podolski, Manager, General Psychiatry Program
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.
