

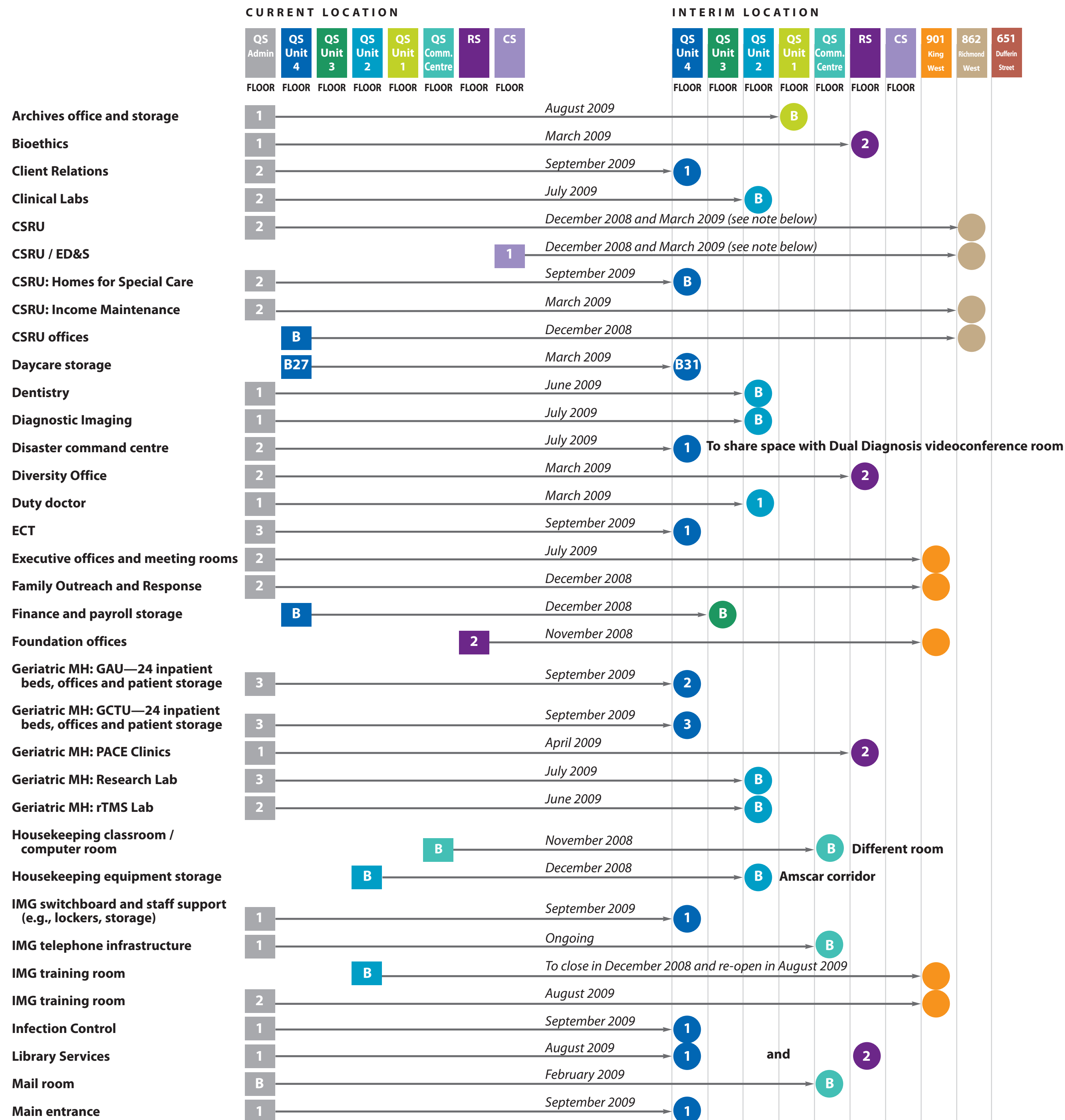


Centre for Addiction and Mental Health
Centre de toxicomanie et de santé mentale

Interim Relocation Plan

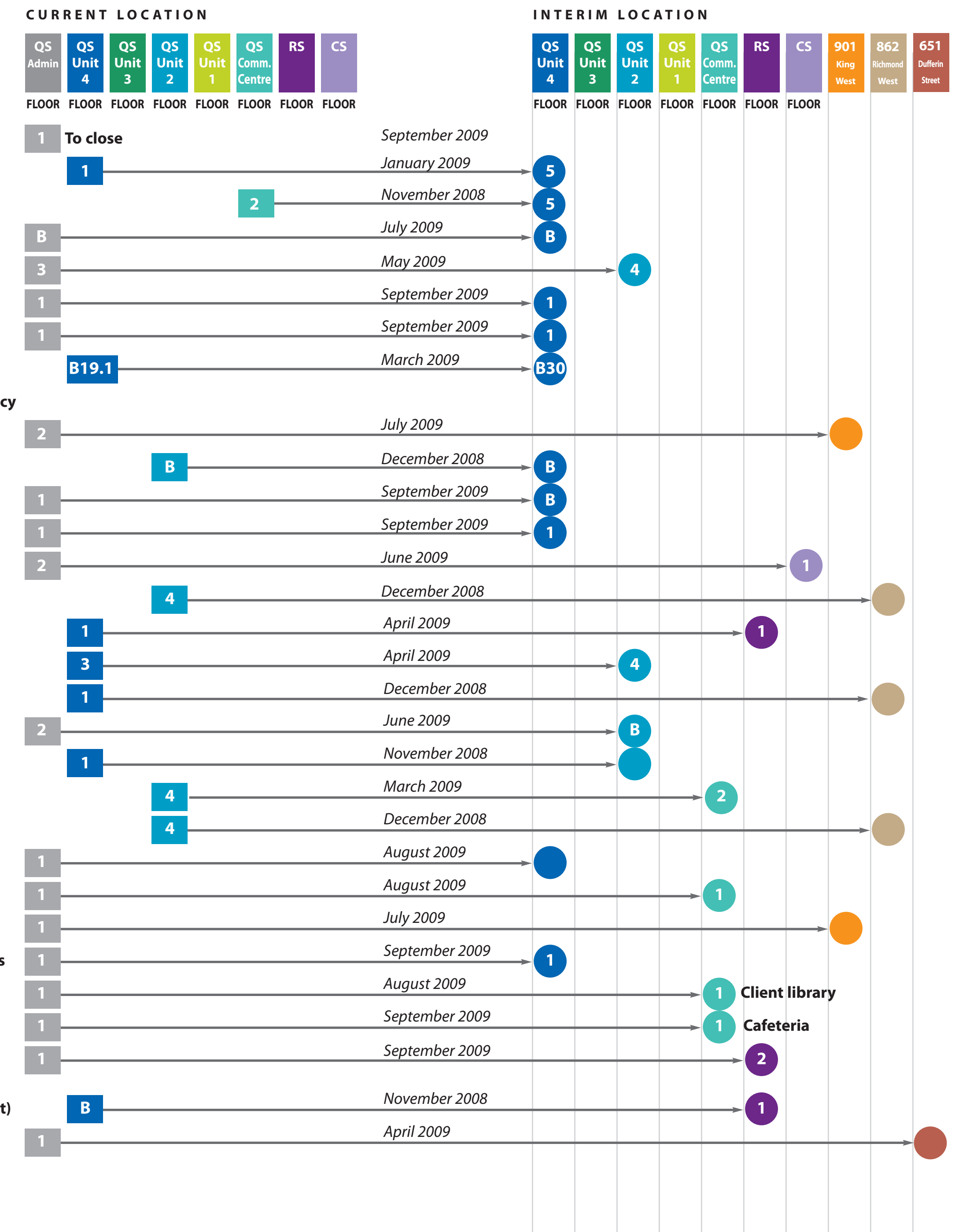
Move dates are targets and may be subject to adjustment

Updated as of February 27, 2009



Some staff from CSRU Apartment Subsidy, Employment Support and Community Support & Development will remain at the Queen Street site until March 2009, when they will complete the move to 862 Richmond Street. Also, some CSRU / ED&S staff will make a temporary move from CS to QS Admin-2 in December 2008, before completing the overall move to 862 Richmond Street in March 2009.

- Malcolmson Auditorium
- Mood and Anxiety offices (3)
- Mood and Anxiety offices
- Morgue
- Negative pressure room
- Nursing supervisors
- Occupational Health and Safety
- OT kitchen
- PEHP offices: CCE, legal, public policy and operations & planning co-ordination
- Pharmacy storage
- Physiotherapy
- Primary Care clinics
- Risk Management
- Schizophrenia: CARE
- Schizophrenia: Genetics research
- Schizophrenia: Inpatient Unit
- Schizophrenia: Interact
- Schizophrenia: MAPS Program
- Schizophrenia offices (5)
- Schizophrenia: ProACT
- Schizophrenia: Ventures
- Security locker room
- Security lunch room
- Site Redevelopment offices
- Spiritual Care and volunteer offices
- Spiritual Care worship room
- Training rooms A and B
- Volunteer Resources offices
- Volunteer Services community partner (Beauty Night)
- Workman Arts



- The schedule to move individual departments is based on the following principles:
- Achieve Phase 1B schedule and mitigate any delay risk.
 - Move teams into Interim Facilities as soon as these facilities (on site or leased) are available unless this compromises other principles noted herein.
 - Improve service delivery through co-location opportunities and maintain a significant Executive Leadership Team presence at the Queen Street site.
 - Accommodate annual workflow as much as possible.
 - Address proximity or space expansion issues.
 - Maintain high quality move planning, co-ordination and implementation.
 - Minimize downtime in service delivery and/or client care.
 - Maintain effective co-locations and teamwork between services in existing and in interim facilities.
 - Minimize disruption to ongoing service delivery within CAMH for services not being relocated as part of Interim Relocation Project.