



## Part A Executive Summary

## Background

The Centre for Addiction and Mental Health was established in 1998 under the direction of the Health Services Restructuring Commission (HSRC), bringing together the Addiction Research Foundation, the Clarke Institute of Psychiatry, the Donwood Institute and the Queen Street Mental Health Centre. This amalgamation brought together the treatment of addiction and mental illness under the umbrella of a single organization. Given the correlation between mental illness and addiction, the establishment of CAMH was a significant and important step to improving health care in these fields. The key opportunity made possible by the Ontario Government was the ability to combine the diverse strengths of the founding organizations to create synergies that will lead to better services within an improved and more efficient organizational model.

In creating CAMH, the Ontario Government created a unique organization with a unique role. CAMH has responsibility for a broad spectrum of services: a specialty care hospital providing addiction and mental health inpatient and outpatient care for Toronto and Peel; a teaching hospital responsible for the training and education of health care professionals; a major research centre involved in clinical research, neurosciences research, and social prevention and health policy; and a province-wide resource centre for sharing best practices in treatment and health promotion through the development of training packages and resources materials and by educating the public about addiction and mental health - knowing the signs, symptoms and how to seek help. The World Health Organization has recognized this visionary health care model by designating CAMH as a Centre of Excellence in addictions and mental health - one of only four worldwide.

Since the merger, CAMH has had numerous achievements in implementing the provincial direction to better integrate addictions and mental health services. Following on HSRC Directives, a governance structure for the new organization was established and a Mission, Vision and Core Values were adopted by the organization in early 1999. At the program level, CAMH has accomplished numerous efficiencies in the delivery of programs and services, including the reorganization and restructuring of the hundreds of programs offered by the four separate organizations into a single delivery system. Additionally, in its first few years CAMH has achieved significant savings through the reduction of administrative costs and the centralization of various services common to the four founding organizations.

### *Current Challenges - Programs*

Since 1998, CAMH has made progress in improving the healthcare services it offers, however there still continues to be system-wide barriers that prevent people from getting adequate mental health and addictions care.

*Fragmentation of services* - There has been little connection between mental health and addiction programs and services, as well as other programs and services found in the health care system as a whole.

*Access to Care* - With the number of unconnected programs and services, access to care is dismal. There are no clear access points to treatment, which is confusing for people who need help, and deters people from seeking treatment.

*Quality of Care* - The quality of care is variable across organizations and across the province, both in respect to programs and the environment in which care is provided.

*Stigma* - The stigma associated with addiction and mental health is often as bad as the illness itself, and is often the main barrier for seeking help.

CAMH is working towards programming changes that address these problems. We recognize there are inefficiencies in maintaining the current configuration of programs and services. Much more can be done if programs and services are integrated and coordinated from one location, along with a network of satellites and partners in the community.

At this stage of the amalgamation CAMH has had the opportunity to do a full review of its programs and services, and has made recommendations for program and service changes that will help improve the quality of life for people with mental health and addiction problems in Ontario. This review coupled with the need to improve client care to reflect best practices, provide seamless access to all Centre programs and services and create organizational efficiencies have been CAMH's impetus for engaging in planning the redevelopment of the Queen Street site. The creation of a central hub on its property at 1001 Queen Street West will provide the opportunity to integrate mental health and addictions care, enhance its ability to provide quality care, while creating a hub for health promotion, prevention, research and education activities to occur together. The Queen Street site is CAMH's largest site, and it provides the most potential for creating a flexible environment that can meet health care needs both in the near future and in the long term. It is also the site most in need of regeneration.

#### *The Current Situation - Facilities*

CAMH programs are currently offered on four main sites:

- The former Queen Street Mental Health Centre (QS) on Queen Street West;
- The former Addiction Research Foundation (ARF) on Russell Street;
- The former Clarke Institute of Psychiatry (CIP) on College Street; and
- The former Donwood Institute (DI) on Brentcliffe Road.

None of these sites provide a non-institutional, normalized environment, and there are very specific and unique problems existing within the current care facilities including:

- Typical patient rooms are 50% below MOHLTC standards (QS)
- Corridor widths on patient units do not meet building code (QS)
- Building design restricts proper patient observation (all sites)
- Washrooms do not have barrier free access, and their design and materials pose risk issues (all sites)
- Existing facilities are expensive and difficult to renovate due to construction type (concrete/concrete block) and the structural bay sizing within the units (QS)
- Buildings are nearing the end of their useful life (all sites)
- Buildings are deteriorating because of years of ongoing deferred maintenance prior to 1998. (QS, ARF, CIP)

## Rationalizing CAMH's Land Holdings

In order to fully respond to HSRC directives to create organizational efficiencies and improvements to client care, CAMH is in the process of rationalizing its land holdings. CAMH recognizes that maintaining four separate sites is inherently inefficient for the delivery of programs and services, client care and organizational operations. Additionally, the physical separation of the mental health and addictions functions of the organization continues to be a challenge to providing seamless service to clients.

In 1999 CAMH undertook a strategic physical space study to determine how the space needs of the organization could be best met. The physical space study concluded that the rationalization of land holdings was important to optimize care and organizational operations. The study proposed that a central hub be established for the purpose of creating a critical mass of services that integrates the functions of care, health promotion and prevention, research and education on one site. This will enhance the ability to serve clients/patients because the hub concept will encourage interaction and collaboration amongst the various programs and services and will be linked to a network of community-based satellite services. In addition, the integration of functions will enhance CAMH's capacity to develop and share best practices with service providers across Ontario.

After extensive review, the CAMH Board of Trustees determined that the best location for a central hub was at the Queen Street site. The property, approximately 27 acres in size, is situated a short distance west of the downtown core making it very accessible for clients/patients. It is currently organized as a suburban campus, and as such it is underbuilt and underutilized. The size of the Queen Street site provides the physical space flexibility to build the kind of facility needed to respond to the newest knowledge about the best treatment and healing environments for people with mental health and addiction problems. Evidence from other jurisdictions shows that people with mental illness and addictions respond best to treatment in healthy, healing environments - in spaces that seem normal and familiar. Additionally, provincial documents such as "Making it Happen", "Setting the Course" and "Best Practices in Mental Health" recognize the advantages of providing care within community settings. Redeveloping the Queen Street site as an urban village that does not look or feel like an institution also provides an opportunity to clearly address decades of stigma around mental health and addictions, particularly given the site's former identity as "999 Queen". The advantages of a non-traditional, non-institutional setting provides a strong rationale for the CAMH approach to hospital development that is proposed for the hub at the Queen Street site.

Redeveloping the site by renovating existing buildings would be costly and would still leave CAMH with inadequate and inflexible spaces. The buildings on the Queen Street site are deteriorating and not in good repair, and do not meet current Ministry of Health and Long-Term Care standards. The buildings must be improved in order to be able to provide proper care. As an example, corridors in the inpatient units do not meet current standards for stretchers and wheelchairs and bedrooms are 50% smaller than Ministry guidelines. In the medium and long-term, ongoing renovation costs would exceed replacement costs. This coupled with the fact that operating costs can be reduced through the replacement of current buildings with new buildings based on simple, cost-effective and flexible designs make the redevelopment of the Queen Street site the most financially viable option. Full details were submitted previously in CAMH's Business Case Report for Capital Redevelopment (January 2002).

Rethinking the Queen Street site.

Imagine the transformation of an old-style psychiatric institution into the heart of the Centre for Addiction and Mental Health - a true Centre of Excellence. The goal is to create a hub for integrating mental health and addiction care, education, research and health promotion that will help ensure seamless access to service, break down stigma, allow CAMH's health professionals to provide quality care, and enhance the ability to share best practices with service providers in Ontario.

Much work has been done to allow CAMH to bring forward this Facilities Master Plan. The work completed to date and submitted to the MOHLTC includes:

- Strategic Plan for Physical Space - HOK Program Management October 1999
- Business Case Report for Capital Redevelopment - KPMG Healthcare Consulting January 2002

This document builds on, and should be reviewed in conjunction with:

- Rethinking the Queen Street Site - Functional Program RPG Partnership March 2002

The Vision

#### *Functional Programming*

CAMH is redefining its role and scope of services. The role of the new organization represents the collective services provided by the previously independent organizations, including:

- Specialized and intensive mental health services
- Addictions services across the continuum
- Research, education and policy development, including prevention, health promotion and information dissemination in addictions and mental health locally, nationally, and internationally.

The functional program promotes an integrated model of care that breaks down the barriers between addictions and mental health. The functional program acknowledges that CAMH is part of a larger health care system and supports stronger links between CAMH programs and other providers. It also articulates and describes the Hub-Satellite model in which CAMH will have both a vibrant central hub bringing together care, prevention, research and education as well as a decentralized network of specialty services offered by CAMH in the community.

The functional program also identifies a range of innovative approaches to care:

*Inpatient Care & Alternate Milieu Beds* - a range of building types for client/patient care, the latter being a more 'house-like' environment.

*Concurrent disorders* - creating treatment capacity in all programs for concurrent disorders, expanding concurrent disorder expertise throughout CAMH's programs and services.

*Consultation Assessment, Triage & Support (CATS) program* - central referral/triage service that ensures streamlined access to all CAMH programs and services.

*Care Facilitators* - a multi-disciplinary team of health care providers that ensure clients/patients get access to the range of services and community supports they need.

*Enhanced Day Hospital Programs* - to help move away from institutional care, and help facilitate our client's/patients' return to the community, while increasing our capacity to treat more people.

This Functional Program will allow CAMH to focus more of its operating dollars on care with no significant corresponding increase in overall operating dollars.

#### *Site Master Plan - Concepts*

The vision for the Site Master Plan is based on three themes:

*Create a hub* - central location where client centred care is facilitated through collaboration and interaction between program and services as well as education, research and health promotion.

*An Urban Village design* - integrated with the City to normalize the treatment environment that will help to remove the stigma inherently associated with the Queen Street site.

*Respecting the landscape* - creation of an environment of healthy and inviting green spaces for clients, staff and neighbours.

The 27 acres currently known as "1001 Queen Street" will be transformed into a real urban neighbourhood, made up of public streets and sidewalks, public and private open spaces and series of simple buildings, each with their own street address. The hub will integrate with its surroundings and will contain a mix of uses and activities.

The redevelopment of the CAMH facilities on the Queen Street site will take place within a larger redevelopment of the property. CAMH uses will be integrated with other related uses such as university facilities and research buildings, shared community spaces, as well as commercial, residential and retail uses.

Accessibility will be enhanced both in terms of location of services as well as providing a range of options for transportation. The project will be phased to allow the site to be regenerated in a flexible adaptable manner and to maximize the value and potential of the property.

#### *Facilities Master Plan & Building Systems - Concepts*

The Master Plan builds on the previous work done by CAMH and its consultants and articulates CAMH's strong belief in the benefits of bringing together onto one main site, the programs and services currently spread across CAMH's four main sites.

CAMH is planning a four-phase redevelopment. At every stage, new facilities for particular programs and services will be in place before their existing space is demolished or vacated. This will ensure that quality of client care can be maintained with minimal disruption to clients/patients throughout the development.

Consideration has been given to the following in the development of the Facilities Master Plan:

*Integration of CAMH functions* - care, prevention & promotion, research and education co-located on the site and working seamlessly together.

*Simple, flexible buildings* - designed to facilitate the implementation of best practices in mental health and addiction care while maintaining the flexibility to adapt to changing knowledge as it relates to mental health and addiction treatment. This will include:

- Sustainable design strategies - ensuring our approach to building has a positive impact on the environment
- Economical buildings - from both a capital and operating perspective
- Reliability - for all systems

*Address stigma* - by creating individual buildings integrated in a mixed-used community setting rather than a large institution, the treatment environment will be normalized and blend in with other parts of the community.

#### Bed Comparison

	Current	Planned
CAMH Beds	614*	
CAMH HUB		
- Inpatient Care		<u>299**</u>
- Alternate Milieu (on site)		180
- Off-Site		156*
Total Beds	614	635

\*Includes 20 beds at 501 Queen Street (Detox Centre)

\*\*Includes 68 beds in Unit 3 to remain

#### *Cost Estimate and Implementation Schedule*

The individualized building types in the Facilities Master Plan are:

*Typical Health Care* - Client care similar to long-term care with more durable finishes for a specialized mental health and addiction population

*Atypical Health Care* - Client care which is "house-like" in character

*Generic Office Building* - Administration, support, outpatient, clinics, doctors' offices, clinical policy research, etc.

*Research Facilities* - Research offices, wet labs, animal housing, etc.

The phased project does not require a one time capital request. The cashflow can be spread out over a number of years and phases. The unique nature of this project will allow CAMH to explore different financing and funding opportunities such as having some buildings funded through the MOHLTC, donations and some under a public private partnership arrangement.

### Capital Required by Phase

The total estimated capital cost of the Hub Satellite plan is approximately 382 million dollars of which 106 million is for Research. All estimates are in March 2002 dollars.

	Capital Cost	Building Gross Sq. Ft. (bgsf)
Phase 1	\$137,589,828	502,949
Phase 2a	\$ 80,719,808	290,392
Phase 2b	\$ 32,643,834	125,277
Phase 3	\$130,766,549	365,800 *
Total Capital Cost	\$381,720,019	1,284,418

\*Note: Phase 3 includes 99,095 square feet for 156 off-site beds.

### Conclusion

The knowledge and understanding of best practices related to the treatment of mental illness and addiction has changed significantly since the Queen Street site was developed many years ago. There is also recognition that there is much more to learn in these fields. This plan will create a therapeutic and healing environment for clients that is flexible enough to meet the changing needs of the mental health and addiction health care system over time.

As such, CAMH's Senior Management and the Board of Trustees recommend and support this facilities Master Plan because the plan:

- takes an innovative approach to mental health and addiction care through an integrated model of programs and services.
- offers a model where services are coordinated at the Queen Street hub, but are delivered to clients in the most appropriate setting. For example, specialized services may be offered through inpatient programs at the Queen Street hub, at CAMH satellite sites or in partnership with community-based health care providers.
- reflects the knowledge and direction found in the provincial government's "Making it Happen", "Setting the Course" and "Mental Health Care Facility Planning - Commentary on current trends".
- is in keeping with best practices, based on an extensive review of the literature and visits to other jurisdictions.
- provides an opportunity to tackle the stigma associated with mental health and addictions head on through the redevelopment of the Queen Street site, which carries with it years of history.
- provides inherent flexibility in terms of site, phasing and buildings and a workable plan for phasing in the development so that client care is not disrupted.
- enhances CAMH's ability to work with partners across Ontario to improve the quality and accessibility of addiction and mental health services.
- offers a model that gives value for money - a new approach to programs and services, by redirecting staff and their associated operating costs to direct patient care, thereby increasing and enhancing programs and services within approximately the current staff operating costs.
- creates opportunities for public-private partnerships in many areas of the organization.