



camh

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

**Strategic Plan
2009–2012**

8

VALUES

7

GOALS

5

NEW DIRECTIONS



June 18, 2009

CAMH STRATEGIC PLAN FOR 2009-2012

Our Strategic Plan Renewal Process

In June 2008 CAMH's Board of Trustees initiated the organization's most recent strategic plan renewal process. In economically challenging times and in the midst of ongoing change in the health care environment in Ontario, CAMH wants to be clear about its priorities and role in the system. Subject to feedback from stakeholders, this renewal was seen as a "refresh" of the current Strategic Plan rather than a wholesale renewal, with the emphasis on sharpening the focus of our key strategic directions.

The review began with a new environmental scan focusing on:

- Key demographic shifts and their relation to service need, access issues, and health inequities
- Major issues and changes in the broader health system, in the mental health and addiction sector and at CAMH

Between October 2008 and January 2009 approximately 900 stakeholders – clients, families, staff and other stakeholders both inside and outside the organization - provided their feedback about what we do well, what we might do better or differently in the future, and about what CAMH's priorities should be for the next three years. Additionally, staff and physicians provided their views about CAMH as a workplace. Their active participation and thoughtful responses, along with the findings of our environmental scan have guided our thinking about CAMH's future and have shaped CAMH's strategic directions for 2009-2012.

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.

Based on our own assessment and feedback from stakeholders, our Values have been modified to include a specific focus on the needs and contributions of **families**, new language related to **inclusion and health equity**, and acknowledgement of the importance of **respect** in all of our relationships – within CAMH and with external partners and stakeholders.

CAMH Values

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.

Family-sensitive

We recognize the needs of families and their critical role in supporting people with mental health and addiction problems. We involve family members, as defined by the client, as we support clients in all stages of their care and recovery.

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. We 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.

Continuous learning

We foster creativity, discovery, learning and sharing of ideas. We believe in ongoing learning, scholarship and self-scrutiny at all levels in the organization, and in sharing the results of our learning with others.

Partnership

We will build respectful, collaborative and effective partnerships. We are but one participant within the health system. Our collective work is strengthened through partnerships characterized by mutual respect, teamwork and open communication.

Evaluation and accountability

We will improve, monitor and evaluate our services. We will be accountable to our stakeholders. We will conduct ourselves in a responsible, transparent and ethical manner and uphold high standards of care and practice. We recognize our responsibility to use our resources efficiently and effectively. We will engage our stakeholders and build relationships based on shared values and interests.

CAMH Goals

- 1. Improve Care and Enhance Health:** CAMH will improve client-centred quality care, enhance health and client safety and improve access to programs and services.
- 2. Discover, Share and Apply New Knowledge:** CAMH will build a culture of integrated and collaborative approaches to discovering, sharing and applying new knowledge.
- 3. Influence Public Policy and Promote Positive System Change:** CAMH will be a leading and collaborative voice in influencing responsive public policy and broad system improvement.
- 4. Be the Best Place to Work and Learn:** CAMH will become the best place to work and learn – attracting, supporting and retaining the best team of staff, physicians, volunteers and students.

5. **Ensure Long Term Sustainability and Development:** CAMH will ensure the long-term sustainability and development of programs and services by effectively using resources and diversifying our funding sources.
6. **Provide Effective Information Management Systems and Technology:** CAMH will develop integrated information management systems and technology to support leadership in clinical care, research, health promotion and education.
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.

CAMH New Strategic Directions

Through the functional integration of its Clinical, Research, Policy, Education and Health Promotion programs, CAMH will:

1. Advance Clinical Specialization and Transform Care

We will continue to build a new model of care, designed to support recovery and in keeping with our specialty role in the mental health and addiction system.

While developing our specialty role, we will maintain emergency, general and acute care services and work with partners to strengthen service networks in a number of key areas. This work is critical to building an integrated continuum of services and to improving access for people needing mental health and addiction services.

2. Foster a Climate of Discovery, Innovation and Knowledge Exchange

Building on and enhancing our research strength, we will emphasize knowledge exchange to expand the reach and impact of our discoveries. We are committed to using our research to advance knowledge of mental health and addiction issues, enhance the range of effective treatment options, build system capacity and influence public policy.

3. Build System Capacity

CAMH will continue to use its expertise to develop resource materials and training programs to advance health promotion and shape an effective mental health and addiction treatment system.

In concert with these efforts, we will develop and advance opportunities for clinical capacity building in response to our stakeholders' call for more direct access to CAMH clinical expertise "in the moment". Initially, these new approaches will focus on our work with the primary care sector and include the use of tele-health and videoconferencing technology to extend our clinical reach beyond the GTA.

4. Develop and Extend our Resources

Like all healthcare organizations, we will face financial challenges in the coming years. We will develop new approaches and partnerships to address gaps and optimize the use of resources within CAMH and across the system. We will advocate for more appropriate recognition of and support for mental health and addiction services.

5. Foster a Healthy Workplace

CAMH will foster a healthy workplace for people to excel in a culture that embraces diversity and is committed to quality improvement, teamwork, safety and respect.

We value our staff and recognize that they will face many new challenges and opportunities during this period of ongoing transformation. We are committed to supporting our employees and facilitating their professional growth and development to ensure that CAMH can fulfill its mission, vision, values and strategic directions.

About our Environment

In 2005, when CAMH last renewed its Strategic Plan, there was a general sense of optimism about our field - the economy was strong; Ontario was on the cusp of health system reform; there was discussion about a new national mental health commission; new knowledge and technological advancements were positively impacting care; and plans were underway to redevelop CAMH's Queen Street site. Challenges were identified as well - improving access to services and ensuring consistent, high quality care; eliminating silos between programs; and fostering a healthy workplace during a time of change.

Since then there have been changes in the environment that need to be taken into account as we plan for the next three years. Included below are highlights of key trends in today's environment.

For the full Environmental Scan and What We Heard documents, visit www.camh.net.

KEY SOCIAL AND DEMOGRAPHIC TRENDS

Ontario's population continues to grow, largely driven by immigration from Asia, Latin America and the Middle East. Growing at approximately five times the rate of the provincial average, Ontario's Aboriginal population continues to report a far lower health status than the general population. The population of Ontario is aging as people live longer than in previous decades. Disparity between the rich and poor is also becoming more marked, particularly in Toronto, and there is increased understanding about the relationship between poverty and poor health outcomes. Health care services – and specifically mental health and addiction services – must enhance efforts to deliver responsive services that meet new and emerging needs.

ECONOMIC TRENDS, FUNDING AND RESOURCES

At the time of writing, the economic outlook, globally, nationally and particularly in Ontario has deteriorated. Health care costs continue to escalate while all levels of government face deficits and philanthropic activity is strained. There is more awareness of mental health and addiction problems, driving more people to seek treatment and support, as well as increasing evidence about the negative impact of economic uncertainty on mental health. For the first time in many years, health care issues lag behind economic and environmental issues in the public arena. Developing and sustaining effective health promotion strategies and treatment options will remain critical across the health sector.

CHANGES IN THE BROADER HEALTH SYSTEM

Health System Reform

Over the past 20 years there have been a series of initiatives at both federal and provincial levels to reform healthcare but for the most part, addiction and mental health have not been at the centre of these efforts. It has been a challenge for CAMH and other mental health and addiction service providers to orient themselves in the changing health care landscape, to ensure that the needs of our clients are reflected in reform efforts, and to ensure that funding remains available for clinical care, research, and health promotion. Please refer to section on ***Provincial Focus on Mental Health and Addictions*** for information about what has been going on.

In Ontario, a major focus of the reform has been the move towards a regionalized healthcare system and the creation of 14 Local Health Integration Networks (LHINs) to plan, manage and fund health care services in their communities. Another key element of the province's *Transformation Agenda* is to strengthen the primary care sector so that it is better equipped to prevent, recognize and treat emerging health problems before they require hospital stays and/or other more specialized interventions. Work is still in progress to fully implement these elements of the Transformation Agenda. To date the mental

health and addiction sector remains under-resourced relative to identified needs and more cross-sector service planning is required to address these needs. There is also some concern that health promotion is not well enough integrated with healthcare, given that there is a separate Ministry of Health Promotion and that health promotion is not under the auspices of the LHINs.

Research Climate

The economic downturn and reduced government funding for research are a significant concern for the Canadian research community. We are coming to the end of an era in which Canadian research benefited from increased funding and attracted talent from the U.S. Rather, researchers in Canada may begin relocating to the U.S. in the wake of decreased funding and a climate of uncertainty here and increased funding there.

On a more positive note, there is increased emphasis on knowledge exchange (KE) as a central aspect of research activity. This involves the active exchange of information between researchers and those who benefit from their research, such as when findings are translated into strategies or guidelines to improve clinical practice.

CHANGES IN THE MENTAL HEALTH AND ADDICTION SECTOR

As previously noted, public awareness of mental health and addiction issues is growing and more people are seeking treatment, due in some part to increased media attention on issues related to mental health and addiction, national initiatives such as the MHCC, and CAMH's own Transforming Lives campaign.

National Mental Health and Addiction Initiatives

The establishment of the Mental Health Commission of Canada (MHCC) represents a significant milestone on the road to developing a national mental health strategy and a broader national focus on these issues. With respect to a focus on addiction issues, there has been considerable activity nationally, including the development and significant re-orientation of the National Anti-Drug Strategy. The approach of the current federal government, and one that is also emerging internationally, emphasizes law enforcement and does not include a focus on harm reduction as a means of addressing addiction issues. Despite this shift in the political climate, CAMH continues to maintain a significant presence in international and national-level initiatives, advocating a four pillar approach to drug strategy that includes treatment, prevention, law enforcement *and* harm reduction.

Provincial Focus on Mental Health and Addiction

In keeping with the establishment of LHINs and its new stewardship role, the Ontario Ministry of Health and Long-term Care (MoHLTC) placed a high priority on improving access to primary care services and reducing wait times, especially in emergency departments. Mental health and addiction has been identified as a top priority by the current Minister of Health who has appointed an Advisory Committee to help develop a provincial mental health strategy. An all party committee has also been struck to advise the government on a mental health and addiction strategy for Ontario.

There has also been some activity at the local LHIN level under the banner of health equity and chronic disease management. The Toronto Central LHIN plans a two-year equity focus on chronic diseases adversely affecting marginalized populations and has identified diabetes and addiction and mental health as two key priorities.

There is, however, some concern that initial LHIN identification of mental health and addiction issues as a priority in their Integrated Health Service Plans has not necessarily resulted in increased funding. Proactive measures to ensure the viability of the sector will be required, particularly given the current economic climate and competition for scarce health care resources. It will be increasingly important to

build strategic alliances with general hospitals, community partners and particularly primary care providers in order to help build capacity throughout the system so that hospitals can more effectively specialize in doing only that which needs to be done in the hospital.

Recovery

There has been an increased appreciation for the importance of providing treatment within a recovery framework – focusing on goals that lead to wellness, health and hope that align with strategies of health promotion. The movement towards emphasizing client choice, empowerment, client-centred care and care that includes families also continues to gain traction. At CAMH the introduction of the Interdisciplinary Plan of Client Care, the Bill of Client Rights and Family-Centred Care Initiative are examples of efforts to embrace these ideas throughout the organization.

Primary Care and Community-Based Mental Health and Addiction Services

Over the past three years, we have seen increased funding for community based mental health and addiction services as well as for primary care. This continuing provincial emphasis on expanding community-based care is very positive in that it provides those seeking treatment with a broader range of options and alternatives to hospital based services. It also means that CAMH is more frequently called upon to support and collaborate with primary care practitioners and community mental health and addiction service providers to help address the growing need for mental health and addiction services across the province. It is important to note that notwithstanding these increased investments, many Ontarians do not have a family physician and cannot use this route to access mental health and addiction services.

Forensic Mental Health Services

Demands on forensic beds remain high and their numbers continue to grow, as more people with mental health and addictions problems enter the treatment system involuntarily, through encounters with the police and the courts. The forensic mental health system is an area of provincial interest and although health care is now largely decentralized in Ontario, the MoHLTC will continue to advise the LHINs regarding the number, type and location of forensic beds. Over the past few years the provincial government has increased funding to community-based diversion services as an alternative to forensic mental health beds. The provincial government has also provided funding to support the development of community based housing options for clients of the forensic mental health system. CAMH has partnered with community-based organizations in Toronto to develop these housing options.

Mental Health and Addiction Services for Children and Youth

The provincial government has responded to calls for a multi-sector collaboration to address the mental health and addiction needs of youth (*A Shared Responsibility: Ontario's Policy Framework for Child and Youth Mental Health* - Ministry of Children and Youth Services, 2006). The report calls attention to the lack of early intervention programs available to children and families in need. Youth violence has also garnered considerable attention and recent work in this area suggests that there is a link between youth violence and mental health and addiction problems. Strategies that emphasize prevention, early identification and community-based access to treatment will be key to addressing these needs.

Health Human Resources

Mental health and addiction services face increased challenges in attracting staff that are above and beyond the shortages in the broader health field, and some disciplines in particular. This is due to chronic funding shortages in the sector, the scarcity of training for specialty program areas, and also, perhaps, to the perceived risk and stigma that has so long been associated with this field. Programs aimed at

building the capacity of health care practitioners, particularly family physicians and nurses, to deal with mental health and addiction issues may be one important way of dealing with expected staffing shortages. Also, in light of the gradual aging of health care workers, and indeed the population as a whole, succession planning will be essential.

THE CAMH CONTEXT AND WHAT WE HEARD....

Access

Access to services at CAMH was identified as an ongoing challenge in 2005 when the Strategic Plan was last renewed. Since then CAMH has taken steps to improve access, including the introduction of a “front door” to CAMH with a “1-800” number and a common referral form. Appreciating that these initiatives are quite new and will need more time to mature, stakeholders continue to identify access as an integral element of quality care and an area in need of additional attention at CAMH. Providing better information about how to connect with CAMH, enhancing clarity about what services CAMH provides, and working with the primary care and community mental health and addiction sectors to build system capacity will remain ongoing challenges for CAMH in the coming years.

Specialization

Since 2006, when CAMH identified the provision of “Specialized Clinical Services” as a strategic direction, clinical programs have been refining their specialty focus. While there is broad agreement among stakeholders that CAMH cannot do everything and needs to specialize, there is lack of consensus about what CAMH should specialize in. Stakeholder feedback also confirms there is a lack of awareness and understanding about what we currently offer. In addition, stakeholders cautioned CAMH to ensure that efforts at further specialization do not result in any decreased emphasis on health promotion and the social determinants of health, or negatively impact marginalized and under-served groups such as seniors, immigrants and refugees, and people who have low incomes or are homeless.

It is important to note that the reality of insufficient resources for mental health and addiction services in the community leave many still expecting CAMH to be all things to all people. Achieving clarity within the system about “who does what” will be critical for ensuring both the effectiveness and efficiency of programs and services that address a diversity of needs. Work with LHINs, hospital partners and community based service providers in system planning will be important for CAMH as it sharpens its specialty role.

Although we received suggestions for how to improve CAMH’s Emergency Department, many clients and family members said they would still be most likely to go to the CAMH Emergency Department in a crisis, rather than go elsewhere. They said that CAMH has far more expertise and experience handling mental health and addiction problems than any general hospital and that until they believed that other facilities had the same level of specialized expertise to deal with their emergencies, they would continue to go to the CAMH Emergency Department for help in a crisis.

Health Equity and Cultural Competence

Demonstrated health inequities for marginalized populations and increasing diversity in Toronto and across Ontario continue to be major drivers for embedding culturally sensitive practices in all services at CAMH. CAMH has been working on this issue with other hospital and community partners and has achieved some success: in advancing a health equity agenda within the Toronto Central LHIN; in developing a Health Equity Plan for our organization; and in introducing a revamped strategy for working with lesbian, gay, bisexual and trans-gendered people (LGBT) that includes working closely with partners in the LGBT community.

Work is in progress to develop a CAMH-wide framework to guide our work with Aboriginal communities. This work will be informed by feedback received in consultation sessions with members of Aboriginal

communities. They told us that CAMH services are not always sensitive to the cultures of Aboriginal clients or that of Aboriginal service providers, nor has CAMH addressed issues of particular concern to Aboriginal people, such as intergenerational trauma and problems associated with Fetal Alcohol Spectrum Disorder.

Providing culturally competent services that respect the needs of the diverse populations we serve will remain an ongoing priority for CAMH.

CAMH Research and Knowledge Exchange

CAMH research is well known and highly regarded in national and international academic and research communities. CAMH's breakthrough research in imaging and genetics is attracting particular attention. Closer to home, both internal and external stakeholders feel less informed about specific research projects or findings and would welcome more information. They would also like some support to allow them to integrate research findings into their work, whether it be in clinical care, health system design, health promotion, or public policy development.

CAMH is taking steps to more effectively engage stakeholders outside of research and academic communities. In addition, many researchers work closely with CAMH staff and community partners to ensure that research addresses the issues they face and that research findings are available to guide them in making changes in their practice. CAMH's Community Research Capacity Enhancement Program (CRCEP) – providing seed funding to support research collaborations between CAMH and community partners - has been in place for three years, supporting three projects each year. In addition, CAMH recently established a Research Community Advisory Committee to bring researchers and community partners together to discuss strategies for collaboration.

CAMH as a Resource – Policy, Education and Health Promotion (PEHP)

Our stakeholders told us that CAMH is highly respected for the role it plays in health promotion and professional education and is generally seen as a trusted, unbiased source of public and professional information on mental health and addiction issues. They further noted that CAMH's publications, evidence-based policy positions and “best advice” papers are important and influential contributions to public and government discussions about mental health and addiction issues and that we need to continue to do this work.

They also recommended that CAMH consider additional strategies for building mental health and addiction capacity in the broader healthcare sector by providing access to psychiatrists and other clinical “experts” for “on the job” mentoring and support. CAMH has some experience collaborating with community-based service providers using this approach and will pursue more opportunities to work in this way.

Working with CAMH

Consultation participants said that community agencies and CAMH both benefit from working together. CAMH expertise and established credibility in the mental health and addiction sector were identified as some reasons external service providers value collaborations with CAMH. Many external stakeholders also noted some challenges and barriers to working with CAMH, such as a lack of recognition and respect for the work they do including, but not restricted to, complementary and alternative approaches to healing.

CAMH as a Workplace

Staff responded enthusiastically to the on-line survey and over 40 staff participated in face to face focus groups to discuss key strategic issues at CAMH. Their feedback about CAMH programs and services was largely consistent with that of external stakeholders. In their responses, staff demonstrated considerable pride in their work and a strong commitment to our clients. With respect to CAMH as a workplace, they

raised a number of issues that they believe require further attention in the organization, including: better feedback on performance; rewarding excellence; workplace safety; addressing heavy workloads and supporting staff to achieve a better work-life balance. CAMH has developed a plan to address issues such as these and the work is on-going.

New Strategic Directions for 2009-2012

As noted, CAMH was defined as a specialty hospital at the time of the merger in 1998, in that we were mandated to provide only mental health and addiction services. Over the years we have been moving towards more highly specialized clinical services, closely related to and supported by an increasingly advanced research capacity. Our Functional Program, developed to guide our redevelopment activities, was also built on the premise that CAMH would provide specialty hospital services in fewer beds, close our Emergency Department and develop both on and off site units for clients transitioning to community settings. The first of these new transitional units, including what we have called Alternate Milieu (AM) beds, opened on the Queen Street Site in April 2008.

This focus on specialty clinical services was also articulated in the 2006 strategic plan, which also included a renewed commitment to:

- work with partners and other providers to build an integrated system of services and supports for people with addiction and mental health problems,
- build system capacity through knowledge exchange, education and training, and
- maximize the impact of CAMH's research work.

These latter directions were emphasized because of our provincial mandate and our ongoing work in research, education and knowledge exchange, and also because they were seen as necessary prerequisites to our goal of moving towards increased specialization. In other words, a strong, coordinated and well functioning mental health and addiction system is critical to the people we serve, and to achieving CAMH's mission.

We remain committed to working with partners to build and strengthen this system. However, in light of the poor economic climate in the province, additional resources to support integration activities may not be forthcoming in the next three years. Nonetheless, there will be an increasing expectation on the part of government and the LHINs that organizations work together to achieve efficiencies and improve system capacity. It is also important to note that there are shortages in many key occupations in the health sector, and the mental health and addiction field continues to experience particular challenges in attracting qualified staff.

Through the functional integration of its Clinical, Research, Policy, Education and Health Promotion programs, CAMH will:

1. ADVANCE CLINICAL SPECIALIZATION AND TRANSFORM CARE

Typically our clients experience multiple challenges including:

- Mental health problems
- Substance abuse or other addiction problems
- Concurrent Disorders (both mental health and addiction issues)
- Dual Diagnosis (both mental health/addiction and cognitive disorders)
- Physical health problems or disabilities
- Involvement with the criminal justice or forensic mental health system
- Other complex co-morbidities that would require a higher degree of specialized treatment than would typically be available in other settings

Our emphasis on advancing CAMH's specialty focus has encouraged and enabled our different clinical programs to conduct clinical research, to develop and test new ideas, and to make significant advances in improving the quality of care.

As previously noted, in consulting with stakeholders about their understanding of specialization and their views on what our role in the system should be, we heard many different ideas. They ranged from: serving **anyone** with a mental health or addiction problem; to working exclusively on the most complex cases; to breaking new ground in treatment. On two points, however, most people agreed:

- CAMH is a specialized resource because of our capacity to integrate clinical care with research, policy, education and health promotion to improve treatment and transform care.
- The mental health and addiction system is already under-resourced, and if CAMH stops offering some services to concentrate on others, there may not be anyone else to fill the gap.

Based on this feedback and our own experience of high demand for our emergency services, as we review the Functional Program we developed in 2002 we are now considering modifications, particularly with respect to closing the Emergency Department. We are also considering modifications with respect to the number of off site beds that we initially proposed, because the lack of resources in other parts of the system – most notably supportive housing - is extending the length of hospital stays and results in the need for more beds.

OBJECTIVES

- 1.1 Maintain our Emergency Department, along with the general and acute care services that must support it, while we continue to work with LHINs and our hospital partners in the Emergency Department Alliance to plan and implement system-wide emergency capacity for mental health and addiction in our catchment area.
- 1.2 Clearly identify the resources that will be devoted to general and acute care services for clients admitted from the Emergency Department and those that will be devoted to advancing specialization in each of the clinical programs.
- 1.3 Improve access to CAMH's specialty clinical programs for people across the province.
- 1.4 Identify the resource balance between addressing *internal* and *external requirements* for capacity building, both prerequisites to advancing CAMH's clinical specialization, and work with partners to strengthen service networks in the following key areas:
 - Continuing care & supportive housing
 - Early intervention
 - Forensics
- 1.5 Continue to refine the plans for the redevelopment to support the transformation of care.

2. FOSTER A CLIMATE OF DISCOVERY, INNOVATION AND KNOWLEDGE EXCHANGE

As an academic teaching hospital and Canada's leading mental health and addiction research facility, CAMH is committed to using the breadth and depth of its research to advance clinical practice, build system capacity and influence public policy.

Our scientific leadership in neuroscience and neuroimaging, clinical research, and health and social policy research -- combined with our dedication to discovery with a human impact -- means that CAMH science is a crucial component of advancing knowledge of mental health and addiction.

CAMH's broad scientific scope presents us with the capacity to move molecular discoveries about the fundamental nature of mental illness and addiction into clinical practice, and understand how these

discoveries impact the community. We have made strides in sharing our ground - breaking discoveries with CAMH staff and physicians, other health care professionals, community groups, clients and families and the public, but we hear from our stakeholders that they are interested in hearing more about CAMH research and findings. They are also interested in how these discoveries can be applied outside of the research setting to improve client care, advance health promotion strategies, and influence public policy.

OBJECTIVES:

- 2.1. Foster an integrated culture of discovery and knowledge exchange by strengthening links between CAMH's four areas of scientific focus, and those between research and clinical services, policy development, education and health promotion.
- 2.2. Advance treatment options for mental illness and addiction, including the development of personalized treatment based on discoveries in molecular genetics and neuroimaging.
- 2.3. Continue to focus on knowledge exchange to facilitate access to CAMH discoveries and their applicability to clinical practice, policy development, advocacy and health promotion.
- 2.4. Enhance the profile and commercialization of intellectual property - to extend the reach and demonstrate the impact of CAMH research discoveries.

3. BUILD SYSTEM CAPACITY

Across the province, CAMH staff work with government, local service providers and the LHINs to build and enhance system capacity and to ensure an appropriate focus on mental health and addiction. This policy and system planning work is valued by our partners and stakeholders, and they believe that CAMH is uniquely positioned to do it.

In addition, stakeholders tell us that our resource materials, courses and training modules are valuable to them, but they are also looking for more direct access to clinical expertise on an "as needed" basis when they are confronting issues in their clinical practice. This means that while we continue to develop resources and training for professionals, we will also have to develop mechanisms to support a more direct interface between CAMH clinicians and clinicians in other hospital and community settings. Maintaining a serious commitment to providing this kind of support will require different types of skills and resources from CAMH. This will require better coordination within the organization and a clearly defined balance between addressing both internal and external demands for clinical capacity building.

OBJECTIVES

- 3.1 Develop and employ new models for clinical capacity building that respond to the need for more direct access to CAMH clinical expertise "in the moment".
 - Over the next three years, focus on CAMH's work with the primary care sector, as the key mechanism for developing this kind of approach to clinical capacity building
- 3.2 Expand the use of emerging technologies such as telehealth and video conferencing to extend our clinical service and capacity building reach beyond the GTA.
- 3.3 Continue to develop and use CAMH's system planning capacity, both within the GTA and across the province to develop and shape an effective mental health and addiction system

- 3.4 Strengthen our role in providing information and referral, even in areas where we do not directly deliver service.
- Utilize our province-wide presence to support local service providers with information about CAMH research and clinical innovation

4. DEVELOP AND EXTEND OUR RESOURCES

Like all health care organizations, CAMH faces the challenge of absorbing budget reductions without compromising the quality of our programs and services. We also face the challenge of financing the local share for our redevelopment

In addition, the global budgeting model for funding hospitals is primarily based on “beds” or clinical “visits”. This does not adequately cover the span of activities which are critically important in our field – prevention work, capacity building, research, and public education are but a few examples.

New approaches and partnerships may be needed to optimize the use of resources across the system, involving changes that will be challenging to everyone in the system. Some of these new approaches will include partnerships with the private sector. While we must be open to these changes, at the same time we must be attentive to the ethical, service and financial risks they may bring.

OBJECTIVES

- 4.1 Develop a more purposeful and outcome oriented approach to our partnership work, including the development of criteria to assess potential partners and partnership opportunities.
- 4.2 Work with sector partners to advocate for more appropriate recognition and support for mental health and addiction services.
- 4.3 Engage the Toronto Central LHIN and other health sector partners to redeploy resources to fill gaps in other parts of the system that make it difficult for our clients to access the services they need (eg: supportive housing).
- 4.4 Beyond the current objective to use non-CAMH lands at Queen Street to provide financial return to fund the redevelopment, consider opportunities that build system capacity by providing a location for primary care, and affordable and supportive housing.
- 4.5 Collaborate with the CAMH Foundation to increase donor support for transforming care and the redevelopment of the Queen Street Site.

5. FOSTER A HEALTHY WORKPLACE

CAMH will foster a healthy workplace for people to excel in a culture that embraces diversity and is committed to quality improvement, teamwork, safety and respect.

CAMH will enhance the recruitment, retention and development of people who share CAMH values and have the right mix of skills, knowledge and abilities to address the needs of a changing population, meet the challenges of our new strategic directions, and ultimately thrive during this period of ongoing transformation. CAMH will demonstrate leadership in creating a positive and equitable culture that

supports staff through workplace wellness and health promotion strategies and provides all employees with the tools and opportunities to develop their skills and achieve their goals.

OBJECTIVES

- 5.1 Provide a safe and healthy physical and cultural work environment.
- 5.2 Recruit a skilled and diverse workforce including people with mental health and addiction histories that aligns with CAMH values and can address our changing demographics and needs.
- 5.3 Ensure that all employees have performance goals aligned with the CAMH values and strategic directions and receive timely feedback on performance.
- 5.4 Support all employees to grow through a personal development plan, and access to training, education and other opportunities to achieve their goals.
- 5.5 Support employees at all levels of the organization with the tools they need to do their jobs effectively, including innovative facilities, leadership development, and timely access to information on key issues.

Moving Forward: Monitoring our Progress, Communication and Ongoing Engagement

However beautiful the strategy, you should occasionally look at the results.
Winston Churchill

Moving forward, we will build on the process we began to renew our Strategic Plan and continue engaging with many internal and external stakeholders. We value the honesty and willingness of clients, families, our staff, partners and other stakeholders as they worked with us to develop the new CAMH strategic plan. We will sustain opportunities for transparent communication and collaboration as we work towards actualizing our new strategic directions.

As Canada's leading mental health and addiction academic teaching hospital, we are committed to using evidence informed practices to improve the health outcomes of our clients. We will operate our programs and services efficiently and effectively to provide optimal care, advance discovery and knowledge exchange and build mental health and addictions capacity within the healthcare sector.

Accountable to our clients and their families, funders, staff, partners and other stakeholders, we will develop a set of indicators to monitor our progress. We will use our Balanced Scorecard as the key mechanism for tracking our performance and evaluating our outcomes.

We will also work to regularly reach out, share our progress and openly discuss our challenges. The CAMH website will serve as an ongoing source of up-to-date information about activities at CAMH and our progress in achieving our goals. We also welcome your feedback, comments and questions, so you are invited to contact us at strategic_planning@camh.net.

For more details about the CAMH Strategic Plan 2009-2012, please visit www.camh.net. Employees of CAMH may also visit Insite for additional information.

About CAMH

The Centre for Addiction and Mental Health (CAMH) is one of the largest addiction and mental health organizations in North America and Canada's leading mental health and addiction teaching hospital. CAMH is a Pan American Health Organization and World Health Organization Collaborating Centre and is fully affiliated with the University of Toronto. CAMH provides a unique combination of clinical care and research, policy, education and health promotion expertise to help improve the lives of people impacted by mental health and addiction issues.

CAMH's high quality, client-centred **clinical care** meets the diverse needs of people facing addiction and mental health challenges at different stages of their lives and illnesses. CAMH recognizes the needs and role of the family in clinical care and its multidisciplinary staff strives to incorporate factors of race, culture, ethnicity, gender, age, abilities, religion and sexual orientation in its work.

There are ten major clinical programs:

- Addictions Program
- CATS (Centralized Assessment Triage and Support Program)
- Child Youth and Family Program
- Community Support and Research Unit (CSRU)
- Dual Diagnosis Program
- Geriatric Mental Health Program
- Law and Mental Health Program
- Mood and Anxiety Program
- Schizophrenia Program
- Women's Program

Clinical services include assessment, brief interventions, residential programs, continuing care, and family support, all in partnership with clients and their families or significant others. CAMH works with other providers to ensure that quality of life factors – housing, employment, income support, and social support – are addressed as key elements of care, recovery, public policy and research.

CAMH serves more than 22,000 unique clients per year, some as inpatients and others in over 400,000 outpatient visits. We have approximately 2,800 staff, 400 physicians and 750 volunteers.

CAMH has Canada's largest mental health and addictions **research** program, bringing together internationally recognized biological, psychological and social researchers, doing work that ranges from molecular neurosciences to social policy development. CAMH research advances knowledge about the cause of mental health and addiction disorders; develops improved diagnostic and evaluation techniques; develops customized, effective treatment, rehabilitation, prevention and health promotion strategies; and enhances knowledge about policies and systems to best serve affected populations. The research program at CAMH supports advanced teaching and training of researchers and other health professionals, who are recruited, locally, nationally and internationally. CAMH research grants amounted to almost \$39 million in 2008/2009, up from \$15.4 million since 1998. CAMH has ten endowed University Chairs and Professorships and six Canada Research Chairs. CAMH is increasingly seen to be the leader in mental health and addictions research in the Toronto Academic Health Sciences Network, in Canada and internationally.

CAMH provides **policy, education and health promotion** services and supports across the province. CAMH collaborates with key partners to advocate for evidence-based public policies that respond to the culturally-specific needs of people with addiction and mental health problems. This work includes a focus on developing mental health and addiction strategies at all levels of government, as well as on specific issues such as addressing concurrent disorders and advocating for new investments in community-based mental health services.

As a teaching hospital, CAMH provides accredited continuing medical education to students, practitioners and psychiatrists. Its professional education, public education and health promotion courses, tools and resources support a broad range of health professionals and community service providers and build capacity province-wide to address mental health and addiction issues.