

2012-2015 Accessibility Plan

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Executive Summary

This plan is about increasing access to services and minimizing barriers to participation for people with disabilities. This goal of health equity and inclusion is underpinned by two key pieces of legislation the Ontarians with Disabilities Act (ODA) and the 2005 Accessibility for Ontarians with Disabilities Act (AODA). These two acts establish principles of inclusion and minimum standards organizations must comply with. The ODA is intended 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, and mandates that all hospitals prepare annual accessibility plans. The AODA has the long-term goal of a barrier-free Ontario for people with disabilities by 2025 through the implementation of accessibility standards for the private and public sectors. What is new about the AODA is the scope of the requirements, minimum mandatory standards for organizations and a mechanism for fines for non-compliance, (fines range from \$500 to \$15,000 per day for corporations and from \$200 to \$2,000 for individuals). The Customer Service standard was the first to be implemented and hospitals were required to meet this standard by January 2010. The most recent standard (July 2011) is the 'Integrated Standard' which addresses Information and Communication, Employment, and Transportation.

CAMH's annual Accessibility Plan, developed with our Disability Accessibility Integration Committee (DAIC), describes measures taken in 2010-2011 implementation period and those we will undertake during the 2012-2015 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 CAMH community.

This Accessibility Plan provides an overview of CAMH and its commitment to accessibility planning including the structure and mandate of the Disability Accessibility Integration Committee (DAIC). CAMH recognizes that people with disabilities have a right to expect the same access to health services as everyone else.

Our accessibility plan is designed to ensure we meet legal requirements and increase inclusive and equitable treatment of people with disabilities. Our plan is based on several factors: the legislative requirements; an extensive audit of physical accessibility at CAMH's four main sites done in 2011 (by Facilities Planning); 2004 and 2008 reviews of internal policies, information technology and facilities to identify barriers which prevent or limit participation of people with disabilities who live, work in or use CAMH services and facilities; and feedback from DAIC members and other CAMH stakeholders. The results of these audits, feedback and current legislation provide the basis for a prioritized barrier-removal strategy included in the 2012-2015 Accessibility Plan.

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Section 1 - The Aim of the CAMH Accessibility Plan

The aim of this report is to describe measures that CAMH took during the 2010-2011 period and will take in the 2012-2015 accessibility planning cycle to identify, remove and prevent barriers to Ontarians in accessing the organization's facilities and services, including patients, staff, clients, volunteers, students, families, visitors and other members of the CAMH community.

Section 2 - The Objectives of CAMH Accessibility Plan

This Plan:

- Describes the process by which CAMH identifies, removes, and prevents barriers to people with disabilities,
- Reviews the progress the CAMH has made in removing and preventing barriers that were identified in the past planning cycle in its facilities, policies, programs, practices and services,
- Describes the measures CAMH will take in the coming year to identify, remove and prevent barriers to people with disabilities.
- Describes the ways that CAMH will make this accessibility plan available to the public.

Section 3 - A General Description of CAMH

Overview

The [Centre for Addiction and Mental Health \(CAMH\)](#) is Canada's largest mental health and addiction teaching hospital, as well as one of the world's leading research centers in the area of addiction and mental health. CAMH combines clinical care, research, education, policy development and health promotion to help transform the lives of people affected by mental health and addiction issues. CAMH has over 2,800 employees and 25,000 individual clients in Ontario, the majority within Toronto.

CAMH is committed to providing comprehensive, well-coordinated, accessible care for people who have problems with mental illness or addiction. A wide range of clinical programs, support and rehabilitation services are provided that meet the diverse needs of people who are at risk and are at different stages of their lives and illnesses. Services include: assessment, brief early intervention, residential programs, continuing care and family support.

CAMH staff work with family doctors, home support services, community agencies and other health care providers to make sure that clients and their families can receive assistance in their own communities and homes if possible. Additionally, they address larger issues that arise from four major factors affecting health - housing, employment, social support and income support. CAMH works with the

government to help shape the public policy and resource development process to ensure it promotes health and works towards eliminating the stigma associated with mental illness and addiction.

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

- Client-Centred Practice
- Family Centred
- Holistic View of Health
- Respect
- Diversity Inclusion and Health Equity
- Continuous Learning
- Partnership
- Evaluation and Accountability

Our Goals

- Improve Care and Enhance Health
- Discover, Share and Apply New Knowledge
- Influence Public Policy and Promote Positive System Change
- Be the Best Place to Work and Learn
- Ensure Long Term Sustainability and Development
- Provide Effective Information Management Systems and Technology
- Develop Innovative Facilities

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- Ensuring Long-Term Sustainability and Development
- Providing Effective Information Management Systems and Technology
- Developing Innovative Facilities

Section 4 – Accessibility Committee at CAMH

Accessibility issues are led by the Disability & Accessibility Integration Committee which is chaired by the VP of Human Resources and Organizational Development with additional involvement from Facilities Planning and the Manager Diversity and Equity. This recently restructured committee reflects the merger of the Facilities led committee, which filed the annual Accessibility Plan since 2001, and the integration of members of the Disability Working Group (an advocacy and education group of members with lived experience who advised the Accessibility Plan), and the Disability Accessibility Integration group, which since 2009 has worked on broad access issues and the Customer Service requirements under the AODA. The annual accessibility plan is prepared with input from the Disability & Accessibility Integration Committee.

The Disability & Accessibility Integration Committee (DAIC)

This committee monitors organization wide accessibility tasks and functions to ensure that CAMH, at a minimum, meets the legal requirements for disability accessibility legislation through the development, monitoring, and reporting of an annual accessibility plan, and works to promote and increase accessibility, equity and integration for people with disabilities across CAMH.

Accessibility issues cut across all portfolios at CAMH, and new standards emphasize different kinds of barriers such as information and communications or the built environment. A broad committee membership is necessary to ensure integrated implementation strategies. The Committee is chaired by the VP of Human Resources and Organizational Development with additional involvement from Facilities Planning and the Manager Diversity and Equity. The formal posting and reporting of the Accessibility Plan continues to rest with Facilities Planning. Membership will be comprised of representatives from departments with significance compliance duties. Membership will include but not be limited to, representatives from Facilities, Redevelopment, Health, Safety and Wellness, Human Resources, Provincial Services, Clinical Programs, IMG, Client Relations, Education Services and Research. Membership must include some representatives with expertise on disability and equity, and members with lived experience of disabilities (either as departmental liaison or in addition to).

Section 5 – CAMH’s Commitment to the Accessibility Plan

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

Holistic view of health

We believe in understanding and helping the whole person in ways that are holistic and focused on recovery. We believe that health is a complete state of physical,

emotional, spiritual and social well-being. We are committed to a multi-dimensional view of health and illness. Our approach to service weaves evidence-based practice with wellness and a focus on the broad determinants of health.

Respect

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

Diversity, inclusion and health equity

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

Section 6 – Methods used to Identify Barriers at CAMH

Facilities Planning regularly receives and seeks feedback on accessibility of physical buildings which inform barrier removal strategies including an extensive audit of CAMH's 3 main sites in 2011. The Client Relations Office tracks complaints and feedback from clients and the public related to disability and accessibility, and the members of the Disability Accessibility Integration Committee identified barriers in their program areas all of which informed the development of the plan. In addition in 2004, CAMH undertook a study to identify barriers that prevent or limit participation in life at CAMH for people with disabilities who live, work in or use CAMH services and facilities. The study includes the review of policies, publications, information technology (equipment and software) and reception/welcoming processes. In 2008 an audit of selected inpatient units was conducted. The results of these audits provide a basis for a prioritized barrier-removal strategy including the 2012-2015 Accessibility Plan. Other bases include the legislated Customer Service standard (2010) and the new Integrated Standard which addresses Information and Communication, Employment, and Transportation (July 2011) under the AODA and feedback from DAIC members and other CAMH stakeholders.

Section 7 2010-2011 Barrier Removal Initiatives at CAMH: Actions Taken

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational	Staff and volunteers need to understand the Customer Service Standards and the equity goals of inclusion for people with disabilities.	Education and Training <ul style="list-style-type: none"> • Development of an e-learning module on the AODA Customer Service Standard. • Promotion and communication of the e-learning. • Added to Mandatory training grid 	Completed
Informational	Provide staff with range of tools and resources about different kinds of disabilities and improved service delivery - including working with ASL and working with deaf/mute or deaf/blind clients	Accessibility Tools & Resources <ul style="list-style-type: none"> • Development of an Accessibility Resource folder on the shared T Drive: T:\Community Resources\Accessibility • Ensure the Accessibility Folder is consistently accessible to all CAMH staff 	Completed
Informational	Clinical Forms – need for Informed Consent form to be more accessible	Forms and Accessibility Translate Informed Consent document in at least 2 priority languages (in partnership with Health Equity), and ensure form supports improved communication with deaf/mute clients	Not complete: as this is a Ministry of Health form beyond our scope to modify
Informational and Technology	Improve access to CAMH.net for people with visual impairment	Updates to CAMH.NET : Review “click status” display on CAMH.Net to improve accessibility of status information to individuals with visual impairment	Completed
Informational and Technology	Clients with range of disabilities accessing health records	Ensure that accessibility of personal health information is incorporated into the requirements and design of the Clinical Information System project by integrating accessibility within the RFP for CIS.	Completed and ongoing

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational and Technology	Improve access to CAMH.net for a range of disabilities	Develop list of guidelines/tips to support CAMH web content providers in development web content that is accessible and meets W3C guidelines. e.g. tip to providing text alternatives for non-text content	In process
Informational and Technology	Improve client access to internet	Developed the 'Clic' Client Internet Café at QS site mall. Provides free internet access for client from 10-7 daily, includes a twice weekly mentoring program on how to search for work, read newspapers, set up email and other computer skills.	Complete and ongoing
Information and employment	Manager need information and support about barrier free hiring	Accessibility and Hiring : Ensure Tips on invitation to interview – which includes asking about need for accommodation is consistently distributed by HR, used by Recruitment team and available for managers on Insite	Completed
Physical and Informational	Accessible pathways change due to redevelopment	Accessible Way finding : review and update the list of accessible parking, entrances and washrooms (which is posted on Insite and part of the accessibility training resources).	Completed and ongoing
Physical	Need to address existing barriers in older buildings and address temporary barriers which arise due to construction	Facilities : conduct a review of feedback from committee and reports from staff and clients. Determine which barriers can be addressed first. Work continues on overall barrier removal. Conducted an accessibility audit of 3 main sites in 2011.	Completed

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational	Need to enhance communication about the complaint and feedback process	Feedback & Complaints related to Accessibility: Modify Client Relations processes to respond to feedback (complaints, compliments, inquiries, suggestions) from clients, families, members of the public and staff regarding accessibility at CAMH; To ensure responsible departments/programs are aware of feedback and provide available solutions; and that an overview is provided to the DAIC committee.	Completed and ongoing
Information and communication	Provincial Services rely on phone and teleconference equipment – ensure working properly	Complete phone/teleconference equipment checks for sound quality. Conduct sound checks before commencing meetings within PEHP – Replace any phone/teleconference equipment that does not up to standard.	Not completed PEHP disbanded
Information and Education	Accessibility of education courses offered externally and internally	Investigate the feasibility of making our Education Services courses accessible for hearing-impaired participants.	Not complete – will pursue in 2012
Information and Education	Education of all staff on the accessibility standards and their role	RESEARCH: Continue with education of staff in regards to the Act with updates, links to the training and access to resources such as maps to help clients/patients.	Completed and ongoing
Information and Education	Training of volunteers and chaplains	VOLUNTER, SPRITUAL CARE: Ensure that all volunteers at CAMH as well as fee for service chaplains and students are familiar with the on line training for accessibility and customer service standard	Completed and is ongoing for every new group
Information and Education		ALL DAIC members ensure that their programs and departments have 1) reviewed the policy 2) received the Equity Inclusion and Respect' education guide and 3) complete the Complete mandatory 'Accessibility' e learning	Completed and ongoing

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Physical	Signage/way finding	Require signage to identify currently unidentified RS and CS buildings when going through purple awning or walking pathway between RS and CS (similar to signage posted at 250 College Spadina entrance). Include signage at purple awning location to direct to accessible RS entrance at location Current lack of signage leads to ongoing confusion among clients attempting to find services in either building.	Completed
Physical	HR Entrance	Make entrance to HR wheelchair accessible w automatic door opener	Completed
Physical	Signage/way finding	Require CS signage to locate the 1) single bathroom by Spadina entrance and 2) two wheelchair accessible bathrooms, Ground- rm 24 and Ground- rm 51	Completed
Physical	Signage/way finding	Install Exterior Signage for CS and RS Sites	Completed
Physical	Railing	Exterior Railing System for Unit 2,	Completed
Physical		Relocation of Accessible Height of Hand Sanitizers, paper towel dispensers etc.	Completed
Physical	Curb cuts	Curb Cuts and Ramps with contrasting colour and flared sides	Completed
Physical	Signage/way finding	Signs for Occupational Health, ECT clinic and Primary care is very small	Completed
Physical	Signage/way finding	signs on Occupational Health door – have just one big sign	Completed
Physical	Signage/way finding	No sign on how to use free phone in the lobby of unit 4	Completed
Physical	Railing	Unit 1 2 nd and 3rd Floor Handrails	Completed
Physical	Accessibility	College Street Location: Convert washroom to Accessible standards	Completed

Section 8 - Barriers that CAMH will address in 2012-2015

This includes requirements of the Integrated Accessibility Standard (new in July 2011) on Information and Communication, Employment and Transportation, the previous Customer Service Standard of the AODA and other measures.

Category of Barrier/ Standard	Identified Barrier	Means to Prevent/ Address Barrier	Lead
Policy (mandatory requirement)	New Integrated Accessibility Standard requires policy revision by Jan 2013	Revise existing policy to reflect requirements of the Integrated Accessibility Standard Regulation: policies must be available in alternative formats upon request & be publically available.	HR
Accessibility PLAN (mandatory requirement)	Planning and communication of actions. In place for Customer Service in 2010. And complete and annual status report update. Meet for new Integrated Standard by 2013.	Develop a multi-year Accessibility Plan for CAMH which outlines our strategy to prevent and remove barriers and meet the Act; do an annual update of the plan in January on actions completed and new actions proposed (to meet ODA) and annual 'status report for AODA. Post the plan publically on CAMH.net & make it available in alternative format upon request; engage relevant CAMH departments on specific actions required under the Act (including IT; Ed Services; Emergency Preparedness; HR; Redevelopment; First Impressions; clinical programs.	HR and Facilities Planning
Training: Awareness and information (mandatory requirement)	Meet for new Integrated Standard by 2013. (current training meets Customer Service standard)	Continue offering current Accessibility e-learning until new training developed; Revise the mandatory online Accessibility training to include Human Rights Code and key components of the IASR: training must be provided to staff, volunteers, contract staff and all others who provide services, goods or facilities on behalf of the organization; keep records of training participants/ dates.	HR

Category of Barrier/ Standard	Identified Barrier	Means to prevent / remove barrier	Status
<p>Communication & Information: Accessible Format documents: Clinical, Corporate, Education, Publishing</p> <p>(mandatory requirement)</p>	<p>1) the current Customer Service standard already obligates us to communicate/serve people in a manner that takes into account their disability and individual needs.</p> <p>2) NEW broader requirement for all information and communication must be met by 2015 (including publishing/producers of educational texts. Exception: EDUCATION materials for courses deadline January 2014.</p>	<p>Must provide or arrange for accessible formats upon request 1) in a timely manner 2) no added cost 3) in consultation w the person making the request. Staff need to be aware of duty to provide information and documents in alternative formats upon request: this includes clinical forms; patient information packages; instruction or handouts; policies; procedures and publications – by 2015.</p> <p><i>NOTE this is already a principle in the current Customer Service Standard.</i> EDUCATIONAL Materials have an earlier deadline and includes training resources, materials and student records - upon request by 2014.</p>	<p>Clinical Programs, Education Services, Publishing</p>
<p>Communication & Information: Accessible Websites and Web content: Elearning</p> <p>(mandatory requirement)</p>	<ul style="list-style-type: none"> ▪ Educational and training resources and materials must be available by January 2014. ▪ All NEW WEB CONTENT posted on web must comply w WC2 standard from JAN 2012; ▪ All websites and content (existing or new) by Jan 2014 	<p>Inter and intranet sites comply with WCAG 2.0 AA standards -all new content on existing sites must comply as of January 2012, (excluding live captioning and audio). Existing sites have until January 2014 (excluding live captioning and audio) to comply. By JAN 2014 all content and all websites meet WC2. Able to demonstrate efforts to ensure content posted meets this standard; is part of web re-design; IT IMG and PA staff are familiar with the requirements; is part of procurement process. ELearning and Education aim to ensure broad accessibility of elearning.</p>	<p>IT, IMG, Education Services, Publishing</p>

Category of Barrier/ Standard	Identified Barrier	Means to prevent / remove barrier	Status
Informational and Technology (mandatory requirement)	Clients with range of disabilities accessing health records	Ensure that accessibility of personal health information is incorporated into the requirements and design of the Clinical Information System project by integrating accessibility within the RFP for CIS, and Implementation of CIS project.	Completed and ongoing
Informational and Technology (mandatory requirement)	Improve access to CAMH.net for a range of disabilities	Develop list of guidelines/tips to support CAMH web content providers in developing web content that is accessible and meets W3C guidelines. e.g. tip to providing text alternatives for non-text content	In process
CAMH Accessibility Committee (mandatory requirement)	1) CAMH has had a committee for several years 2) new Integrated Standard JAN 1 2013	Continue the Disability Accessibility Integration Committee; continue to seek/maintain representation of people with disabilities on the committee	HR
Procurement of goods or services (mandatory requirement)	Incorporate accessibility criteria within procurement process by 2013.	Must incorporate "Accessibility criteria & features" when procuring or acquiring goods, services or facilities (unless not practicable to do but must be able to explain why not if requested): Discuss with Procurement; Facilities; Redevelopment; Build upon accessibility statement already in Vendor Contractor Letter.	Procurement
First Impressions/ Access: Kiosks and Information booths (mandatory requirement)	Information, point of entrance, welcome – by 2014	Must incorporate accessibility features when designing, procuring or acquiring self serve kiosks -any kind of interactive electronic terminal such as way finding, information kiosks, welcome, point of sales - intended for people to access services, products or goods	First Impressions, Operational Readiness Committee, IMG
	January 2012 –	All plans (emergency	Emergency

Category of Barrier/ Standard	Identified Barrier	Means to prevent / remove barrier	Status
Emergency Response: Fire and Codes - Public & Employment (mandatory requirement)	Accessible format emergency response	preparedness, pandemic, public safety etc.) that are available to the public must be available in Accessible formats upon request (as soon as is practicable).	Response, Fire, Codes
Feedback and Complaints process: Information and Communication (mandatory requirement)	1) had to have complaint/feedback process in place for Customer Service Standard Jan 2010 2) Now must ensure this process is available in alternative formats upon request by Jan 2014; and must notify public of the availability of accessible formats and communication supports	Must ensure Feedback process is available in alternative formats upon request; and must notify public of the availability of accessible formats and communication supports. This applies to clients, staff, volunteers, family members and anyone who has feedback about accessibility. (NB this is distinct from workplace Accommodation dealt with by Occupational Health). The Client Relations Office is the designated point of engagement. The Client Relations office deals with feedback as per the existing protocols, but all staff are expected to participate in meeting the standards.	Client Relations
Employment: Recruitment (mandatory requirement)	Accommodation in employment processes: 2014	During recruitment must notify employees and the public about availability of accommodation for applicants w disabilities. Update equity statement on all job postings to include accommodation; ensure HR staff integrate the standard into practice; revise relevant HR policy	HR
Employment: Individual Accommodation Plans (& performance review) (mandatory requirement)	Accommodation in employment processes: 2014	Review existing Occupational health and HR policies on accommodation and return to work & integrate any new changes from this regulation. Includes: a written process regarding development and documentation of individual accommodation plans (for	Health Safety and Wellness & HR

Category of Barrier/ Standard	Identified Barrier	Means to prevent / remove barrier	Status
		employees w disabilities) ; how employee consulted; means by which employer assessed; manner in which employer can request external medical or expert advice; etc. Performance reviews, career development and redeployment must take into account accessibility needs and individual accommodation plans.	
Employment: Return to Work (mandatory requirement)	Accommodation and return to work: 2014	Have a written return to work strategy implemented which: outlines the steps employer takes to facilitate the return to work and include an individual documented accommodation plan.	
Physical and Informational (mandatory requirement)	Accessible pathways change due to redevelopment	Accessible Way finding : review and update the list of accessible parking, entrances and washrooms (which is posted on Insite and part of the accessibility training resources).	Completed and ongoing
Information – Room Booking (increased access)	Knowing what rooms are accessible to wheelchairs and scooters	CAMH internal room booking system updated to show which rooms are wheelchair/scooter accessible.	

Section 9 - The Accessibility Plan Review Process at CAMH

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

Section 10 - The Accessibility Plan Communication Strategy CAMH

The Centre for Addiction and Mental Health's 2011-2015 Accessibility Plan will be posted on the CAMH web site (www.camh.net) and is available in alternative formats upon request Facilities Planning facilitiesplanning@camh.net. Internal to CAMH communication includes posting on intranet, mandatory training, Insite articles, email announcements and presentations.

Appendix 1

Disability and Accessibility Integration Committee

This Terms of Reference reflects the merger of the Facilities led committee, which filed the annual Accessibility Plan since 2001, the Disability Working Group who informed the plan development, and the Disability Accessibility Integration group, which since 2009 has worked on broad access issues and the new Customer Service requirements under the AODA.

Terms of Reference: Disability Accessibility Integration Committee

Updated December 2011

Background/Issue:

CAMH must comply with legislation related to disability accessibility and human rights, and CAMH has recognized the need for enhanced accessibility and inclusion for people with disabilities (staff, clients, family members and the community) as part of our diversity and equity commitments related both to client service and employment. Accessibility for people with disabilities is understood as relating to attitudes, knowledge and skills of service providers; policies and practices, buildings and design, information and communication, and as such relate to many departments at CAMH. The collective actions of these departments determine our level of accessibility, integration and efficacy regarding disability issues from a client, family member, staff or community perspective. This committee aims to increase integration, communication and accountability for disability access issues at CAMH.

Two pieces of legislation anchor the work of the committee, the Ontarians with Disabilities Act (2001) and the Accessibility for Ontarians with Disabilities Act (2005), the purpose of which is to improve opportunities for people with disabilities and to ensure the identification, removal and prevention of barriers to their full participation in the life of the province. Since 2001 the Ontarians with Disabilities Act mandates that all hospitals prepare annual accessibility plans and post them publicly, which Facilities Planning has led at CAMH. Other legislation that informs this committee includes (but is not limited to) the Canadian Charter of Rights and Freedoms (1982), Ontario Human Rights Code (1990), Employment Equity Act (1986/1995) and disability related law such as the Blind Persons' Rights Act (1990).

The Accessibility for Ontarians with Disabilities Act (2005) has shifted the legal requirements by enacting specific standards that must be met (unlike the ODA which did not have legally enforceable standards). Failure to comply runs the risk of a substantial fines ranging from \$500 to \$15,000 per day for corporations and from \$200 to \$2,000 for individuals. The first standard to be enacted is the Customer Service Standard, which all public sector organization had to comply with by January 1, 2010. The latest is the Integrated Standard covering Information and Communication, Employment and Transportation which was enacted in July 2011 with compliance deadline from 2012-2015. The long-term goal of the legislation is a barrier-free Ontario for people with disabilities by 2025 through the development

and implementation of accessibility standards for the private and public sectors. The AODA will enact specific regulations for: Customer Service, Transportation, Information and Communications, Employment, and Built Environment.

Mission:

This committee monitors organization wide accessibility task and functions to ensure that CAMH, at a minimum, meets the legal requirements for disability accessibility legislation through the development, monitoring, and reporting of an annual accessibility plan, and works to promote and increase accessibility, equity and integration for people with disabilities across CAMH.

Membership:

Accessibility issues cut across all portfolios at CAMH, and new standards emphasize kinds of barriers such as information and communications, and employment thus a broad membership is necessary to ensure integrated implementation strategies. Committee is chaired by the VP of Human Resources and Organizational Development with additional involvement from Facilities Planning and the Manager Diversity and Equity. Membership will be comprised of representatives from all departments with significance compliance duties. Membership will include but not be limited to, representatives from Facilities, Redevelopment, Occupational Health, Human Resources, PEHP, Clinical Programs, IMG, Client Relations, and Research. Membership must include some representatives with expertise on disability and equity, and members with lived experience of disabilities (either as departmental liaison or in addition to).

Objectives:

The committee will:

- 1) Contribute to the development of the accessibility plan (both ODA and AODA)
- 2) Monitor and report on compliance with relevant legislation and provide quarterly updates
- 3) Share information about emerging standards/legislation
- 4) Represent key areas of CAMH to ensure departments are informed of requirements, and to support and submit updates on implementation actions
- 5) Advocacy & equity: Raise accessibility issues and strategies beyond the compliance level and seek opportunities for enhanced access, communication and accountability across CAMH for people with disabilities.
- 6) Participate in the communication and dissemination of accessibility initiatives and the CAMH Accessibility plan
- 7) Provide an (at least) annual update on the Accessibility plan to ELT and the Family Council and the Empowerment Council

Governance/Accountability:

- The role of the committee is to provide a vehicle to monitor and report on compliance with accessibility legislation and objectives, and for the exchange of information among those responsible for accessibility tasks and functions at CAMH.
- Leadership of the Committee is provided by the VP of Human Resources and Organizational Development with additional involvement from

- Facilities Planning and the Manager Diversity and Equity who ensure reporting to EVP Corporate Services, SMG and ELT as needed.
- Facilities Planning has formal accountability for submission of the required plans to the ministry.
 - Committee members are responsible for liaising with their departments on accessibility standards and issues; provide annual accessibility objectives for their program (for the Accessibility Plan); submit progress reports on implementation strategies to the Committee at least quarterly; and participating in communication and dissemination of the CAMH Accessibility Plan.
 - Responsibility for specific accessibility tasks and functions remains with the accountable departments, many of which have representation on the committee.

Meetings:

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

Costs/Resources:

The committee has no designated resources aside from staff time, however implementation costs for the accessibility plans are to be determined by the relevant departments and portfolios responsible as new standards are enforced.

Membership (as of December 2011)

- Anne Simon (Education Services)
- Bharati Singh (First Impressions)
- Christine Burych (HROD – Dir Spiritual & Religious Care and OD)
- Colleen Kelly (Discipline Chief SW)
- Colleen Good (OT)
- Dale Kuehl; (Addiction Therapy Discipline Chief SW)
- Diana Capponi; (HROD, Employment Works!)
- Eric Preston; (VP HROD – **Chair**)
- Janet Mawhinney (HROD, Manager, Diversity & Equity)
- Jeannie Fong; (Manager, Research Transition)
- Jill Hulton; (Client Relations Officer)
- Joselin Lai; (CATS)
- Lucy Costa; (Empowerment Council)
- Mary Anne Quance; (Redevelopment)
- Noelle Brigden (IMG)
- Rita Thomas; (Mngr, Remedial Measures)
- Rosalicia Rondon (Education Services)
- Ryan Chang; (Facilities)
- Salma Kanji; (Health Safety and Wellness)
- Wendy MacLellan (Policy and Procedure Coordinator -HROD)