



# 2020-2025 Accessibility Plan

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## Executive Summary

**NOTE:** This report was created prior to the global pandemic. Given the continuing situation of the pandemic, CAMH is undergoing a review of its accessibility plan to ensure it fully encompasses our current situation.

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 centres 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 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.

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 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.

CAMH's annual Accessibility Plan describes measures taken over the implementation period and going forward to 2025 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. These works are supported by our Accessibility Committee, consultations with those with disabilities and other stakeholders across CAMH.

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) and again in the planning for our redevelopment project (Phase 1C) which was completed in 2020; 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 other CAMH stakeholders. The results of these audits, feedback and current legislation provide the basis for a prioritized barrier-removal strategy included in the 2020-2025 Accessibility Plan.

## Table of Contents

<b>Section 1 - The Aim of the CAMH Accessibility Plan.....</b>	<b>4</b>
<b>Section 2 - The Objectives of the CAMH Accessibility Plan.....</b>	<b>4</b>
<b>Section 3 - A General Description of CAMH .....</b>	<b>4</b>
<b>Section 4 - Accessibility Committee at CAMH.....</b>	<b>6</b>
<b>Section 5 - CAMH's Commitment to the Accessibility Plan.....</b>	<b>7</b>
<b>Section 6 - Methods used to Identify Barriers at CAMH.....</b>	<b>7</b>
<b>Section 7 - Recent Barrier-Removal Initiatives at CAMH.....</b>	<b>8</b>
<b>Section 8 - Barriers that CAMH will address.....</b>	<b>13</b>
<b>Section 9 - The Accessibility Plan Review Process at CAMH.....</b>	<b>17</b>
<b>Section 10 -The Accessibility Plan Communication Strategy at CAMH .....</b>	<b>18</b>

## Section 1 - The Aim of the CAMH Accessibility Plan

The aim of this report is to describe measures that CAMH has taken prior to 2020 and will take in the 2020-2025 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, including input from 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 3000 employees and 34,000 clients in Ontario.

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

We are dedicated to patients, family and community well-being. We improve access to integrated care, answer the most difficult questions about mental illness and remove barriers to belonging. Together, we choose hope.

## The Vision of CAMH – Health Care Redefined

OneCAMH embodies a promise to our community and to ourselves. It is a road map toward our vision of health redefined. We will inspire the world and ourselves. We will ask whose voices are missing, and we will include them. We will focus on opportunities for maximum impact. For all our communities, one CAMH represents a collective vision and reflection of your voices.

OneCAMH

## The Core Values

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

**We inspire and include for impact.** Nine goals underpin the three strategic directions:

### INSPIRE

- We will invest in people and infrastructure today to build a better tomorrow with patients, families and communities.
- We will make life-changing discoveries at the intersections of care, research, education and technology.
- We will mobilize the growing movement of mental health advocates.

### INCLUDE

- We will ensure easy access in person and digitally.

- We will place diversity, equity and inclusion at the centre of our work.
- We will partner authentically within CAMH and across our communities.

## **IMPACT**

- We will move the dial on patient-centred health outcomes.
- We will design the future as a partner and leader in system transformation.
- We will collaborate for scale and spread of innovations to advance systems of care and sustain positive change that is local and global.

## **Section 4 – Accessibility Committee at CAMH**

Accessibility issues are led by the Accessibility Committee which is chaired by the Director, People and Sr Diversity & Equity Consultant. This recently refreshed 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 Accessibility Committee**

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 Director, People with additional involvement from Redevelopment, Communications and Health Equity. The formal posting and reporting of the Accessibility Plan is with People & Experience. Membership is 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 2020-2023 Strategic Plan. Which has a focus on ensuring access to care for all, and inclusion of those who have faced barriers in access.

## **Section 6 – Methods used to Identify Barriers at CAMH**

Facilities Planning/Redevlopment 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 and extensive feedback in the design of Phase 1C (targeted for completion in 2020) and Phase 1D (targeted for completion in 2026). The Client Relations Office tracks complaints and feedback from clients and the public related to disability and accessibility, and the members of the Committee identified barriers in their program areas all of which informed the development of the plan. In addition the Health Equity team identifies 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. The results of these audits provide a basis for a priori tized barrier-removal strategy. 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 Committee members and other CAMH stakeholders.

## Section 7 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.	<b>Education and Training</b> <ul style="list-style-type: none"> <li>• Development of an e-learning module on the AODA Customer Service Standard.</li> <li>• Promotion and communication of the e-learning.</li> <li>• Added to Mandatory training grid</li> </ul>	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	<b>Accessibility Tools &amp; Resources</b> <ul style="list-style-type: none"> <li>• Development of an Accessibility Resource folder on the shared T Drive: <b>T:\Community Resources\Accessibility</b></li> <li>• Ensure the Accessibility Folder is consistently accessible to all CAMH staff</li> </ul>	Completed
Informational	Clinical Forms – need for Informed Consent form to be more accessible	<b>Forms and Accessibility</b> Translate <b>Informed Consent</b> document in at least 2 priority languages (in partnership with Health Equity), and ensure form supports improved communication with deaf/mute clients	CAMH provides translation services to any patient in need, including for hearing or speech impaired
Informational and Technology	Improve access to CAMH.ca for people with visual impairment	Updates to <b>CAMH.ca</b> : Review “click status” display on CAMH.ca to improve accessibility of status information to individuals with visual impairment	Completed and ongoing



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
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Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational and Technology	Improve access to CAMH.ca 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	Completed and ongoing
Informational and Technology	Improve client access to internet	Developed the 'Clic' Client Internet Café at QS community mall. Provides free internet access for client 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 <b>Hiring:</b> Ensure Tips on invitation to interview – which includes asking about need for accommodation is consistently distributed by People & Experience, used by Recruitment team and available for managers on Insite	Completed and additional work ongoing
Physical and Informational	Accessible pathways change due to redevelopment	Accessible <b>Way finding:</b> 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	<b>Facilities and Redevelopment:</b> 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. Ensure Phase 1C (complete 2020) and Phase 1D (projected completion 2026) obtain feedback and input into design.	Completed and ongoing

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational	Need to enhance communication about the complaint and feedback process	<b>Feedback &amp; Complaints related to Accessibility:</b> 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 committee.	Completed and ongoing
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.	Ongoing
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, SPIRITUAL CARE: Ensure that all volunteers at CAMH as well as fee for service chaplains and students are familiar with the online training for accessibility and customer service standard	Completed and is ongoing for every new group
Information and Education		Accessibility Committee 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

<b>Category of Barrier</b>	<b>Identified Barrier</b>	<b>Means to prevent / remove barrier</b>	<b>Status</b>
Physical	Signage/way finding	Require signage to identify currently unidentified UFS and CS buildings when going through purple awning or walking pathway between UfS 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 People & Experience 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 UFS 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 Health, Safety & Wellness, ECT clinic and Primary care is very small	Completed
Physical	Signage/way finding	signs on Health, Safety & Wellness door - have just one big sign	Completed
Physical	Railing	Unit 1 2 <sup>nd</sup> and 3rd Floor Handrails	Completed
Physical	Accessibility	College Street Location: Convert washroom to Accessible standards	Completed

**Section 8 - Barriers that CAMH will address**

*This includes requirements of the Integrated Accessibility Standard on Information and Communication, Employment and Transportation, the previous Customer Service Standard of the AODA and other measures.*

<b>Category of Barrier/ Standard</b>	<b>Identified Barrier</b>	<b>Means to Prevent/ Address Barrier</b>	<b>Lead</b>
Policy (mandatory requirement)	Review and Revise policy	Revise existing policy to reflect requirements of the Integrated Accessibility Standard Regulation: policies must be available in alternative formats upon request & be publically available.	Completed
Accessibility PLAN (mandatory requirement)	Review and update accessibility plan to ensure continued compliance with all integrated standards.	Review the 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 and annual 'status report for AODA. Post the plan publically on CAMH.ca & 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; People & Experience; Redevelopment; First Impressions; clinical programs.	People & Experience

<b>Category of Barrier/ Standard</b>	<b>Identified Barrier</b>	<b>Means to prevent / remove barrier</b>	<b>Status</b>
<p>Communication &amp; Information: Accessible Format documents: Clinical, Corporate, Education, Publishing</p> <p>(mandatory requirement)</p>	<p>1) the current Customer Service standard requires all information and communication be in accessible formats upon request</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 –</p>	<p>Completed and ongoing</p>
<p>Communication &amp; Information: Accessible Websites and Web content: Elearning</p> <p>(mandatory requirement)</p>	<ul style="list-style-type: none"> <li>▪ Educational and training resources and materials must be available.</li> <li>▪ All NEW WEB CONTENT posted on web must comply w WC3 standard;</li> </ul>	<p>Inter and intranet sites comply with W3C standards - 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>Completed and ongoing</p>

<b>Category of Barrier/ Standard</b>	<b>Identified Barrier</b>	<b>Means to prevent / remove barrier</b>	<b>Status</b>
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.ca 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	Ongoing
CAMH Accessibility Committee (mandatory requirement)	1) CAMH has had a committee for several years	Continue the Committee; continue to seek/maintain representation of people with disabilities on the committee	People & Experience
Procurement of goods or services (mandatory requirement)	Incorporate accessibility criteria within procurement process.	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.	Completed and ongoing
First Impressions/ Access: Kiosks and Information booths (mandatory requirement)	Information, point of entrance, welcome	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

<b>Category of Barrier/ Standard</b>	<b>Identified Barrier</b>	<b>Means to prevent / remove barrier</b>	<b>Status</b>
Emergency Response: Fire and Codes - Public & Employment (mandatory requirement)	Accessible format emergency response	All plans (emergency preparedness, pandemic, public safety etc.) that are available to the public must be available in Accessible formats upon request (as soon as is practicable).	Emergency Response, Fire, Codes
Feedback and Complaints process: Information and Communication (mandatory requirement)	1) had to have complaint/feedback process in place. Ensure this process is available in alternative formats; 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 Health, Safety and Wellness). 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.	Completed
Employment: Recruitment (mandatory requirement)	Accommodation in employment processes:	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 P&E staff integrate the standard into practice; revise relevant HR policy	P&E



Employment: Individual Accommodation Plans (& performance review) (mandatory requirement)	Accommodation in employment processes:	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 & P&E – policies up to date, but continual review cycle
		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:	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.	Completed
Physical and Informational (mandatory requirement)	Accessible pathways change due to redevelopment	Accessible <b>Way finding</b> : 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 Accessibility 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 2020-2025 Accessibility Plan will be posted on the CAMH web site ([www.camh.ca](http://www.camh.ca)) and is available in alternative formats upon request [public.affairs@camhca](mailto:public.affairs@camhca). Internal to CAMH communication includes posting on intranet, mandatory training, Insite articles, email announcements and presentations.