

CAMH Fine-Tuned Master Plan — Executive Summary

Background

The Centre for Addiction and Mental Health was established in 1998, bringing together four separate organizations, and given the mandate to improve the quality and access to mental health and addictions care. Following the amalgamation, and after a review of its services and programs, CAMH elected to create a central hub on its site at 1001 Queen Street West in order to integrate its programs and create a facility to best provide for the healthcare needs of its client community. To that end, a facilities Master Plan was created in 2002 and addressed fully in the document “Rethinking the Queen Street Site Facilities Master Plan” which should be reviewed in conjunction with this report.

The 2002 Facilities Master Plan laid the groundwork for the redevelopment of the Queen Street site and the creation of CAMH’s new hub, integrating the four main sites, clinical programs and research, and mental health with addictions. The basic principle was to create an urban village with CAMH facilities provided for in a series of buildings integrated with non-CAMH uses in a neighbourhood of public streets and sidewalks and green spaces that serve clients, staff, and neighbours. The new neighborhood was intended to provide an integration of client services and at the same time break down the stigma associated with mental health and addiction, and to facilitate reintegration of those clients into the community.

Physically, the 2002 Master Plan laid out the street grid, new parks and development blocks that will replace the current Queen Street campus. It identified the locations, functions and basic layout of CAMH’s new facilities and the site infrastructure of the new urban village. Finally, the Master Plan divided the redevelopment into a number of phases, which were designed with the goal of moving people only once.

By early 2006, a considerable amount of knowledge had been gained with respect to delivering CAMH’s vision for a new facility and standards of care. A considerable amount of design had been done for Phase 1B, and Phase 1A was approaching implementation. There was a better understanding of the risks and delays associated with delivering a multi-phase project in a timely manner

CAMH became increasingly aware of the unavoidable disruptions caused by the various construction activities and the difficulties of maintaining an operational hospital and servicing a construction site at the same time. There was also a better understanding of the building qualities and services necessary to provide the improved standard of care that CAMH sought. Finally, it was now understood that even if approvals were obtained in a systematic and timely fashion, the full project could not be delivered until probably 2020. As a result, the Property Committee and the Board of Trustees endorsed the recommendation of the

Executive Leadership Team (ELT) that the Redevelopment Office and the ELT Project Steering Committee undertake a study to explore delivery of the development program earlier while preserving CAMH's initial vision and guiding principles. This report on the Fine-Tuned Master Plan (FTMP) is the result of that process and study.

The Goal of the FTMP Process

The process to develop the Fine-Tuned Master Plan had three key goals: the first was to condense the timelines of the overall project to deliver improved mental health and addiction services to CAMH clients faster; the second was to increase the efficiency of the construction project by rationalizing construction zones and phases into more sensible and contained pieces – a change that would improve client, staff and visitor safety; and, the final goal was to enhance the operational efficiency of the fully built-out site. Furthermore, reducing the number of project phases, and their duration, while increasing the efficiencies should reduce overall costs, particularly those due to inflation and inefficiencies of temporary services during various stages of development. All of this was to be accomplished without compromising the overarching vision for site redevelopment.

Maintaining the Vision

The FTMP has maintained CAMH's vision where client care is delivered from a variety of buildings integrated in an urban neighbourhood with a typical city network of streets, sidewalks and open spaces. In fact, with accelerated development on the north side of the site, a completed section of the street grid is delivered sooner, transforming and normalizing the site from its current institutional character, thus achieving the urban village vision earlier.

Phasing

One major area of concern with the 2002 Master Plan was the number of phases associated with delivering the redevelopment program, and the risk of delay in approval of each phase. Furthermore, the 2002 Master Plan schedule indicated aggressive construction timeframes that presented a risk of delay for decant, demolition and commencement of the next phase. With an early decant and demolition of the Administration Building, the FTMP provides for delivery of most of CAMH's functional program in two phases, with completion in late 2015. The third phase composed of Positron Emission Tomography (PET) and animal research could be completed by mid-2018, however future consideration may be given to not relocating this component from its College Street location.

The 2002 Master Plan approach was to undertake development on sites that required little or no demolition therefore resulting in construction and disruption to areas dispersed around the site. Following completion of each phase, decanting and demolition of certain existing buildings would occur to make new sites

available for the next phase of construction. Not only did this scenario present a number of obstacles to operational logistics, temporary servicing, and safety and access issues, but also the entire site was basically in a state of continuous disruption for at least ten years. The FTMP provides for a more rational approach. However, under the FTMP some programs will have to move more than once to allow the consolidated and contained construction zones to be created.

Following decanting and demolition of the Administration Building, the remainder of the existing facility can continue to function reasonably separated from the construction of the blocks fronting on Queen Street. Access is provided to the facility from the Northwest (Fennings Street), Northeast (Givens Street) and from Shaw Street at the southeast corner of the site. Construction access is achieved from Queen Street. A new central plant and receiving facility are constructed and municipal servicing is provided in the new streets constructed from Queen Street to New Street. The end of stage 1 construction involves the demolition of all existing CAMH buildings except for Units 1 and 3, which are serviced from the new facilities, and makes way for the completion of the AM units and block G2, as well as completing the above-grade parking facility. Non-CAMH development can proceed on Blocks H and I. The final phase allows for the demolition of Unit 1 and construction of the PET and animal Research facility. The end state plan, although not part of this study, entails the demolition of Unit 3, completion of the road grid infrastructure and the availability of the resulting sites for CAMH expansion, or non-CAMH development. Each development phase provides reasonable isolation from existing buildings as well as previously completed development phases. The FTMP phasing plans are available [here](#).

In summary the FTMP phasing strategy results in a significantly enhanced delivery of program.

Timeline	2002 Master Plan	Fine Tuned Master Plan
2006-2007	N/A	8% (Phase 1A)
2007-2009	N/A	Early Works
2009	New Construction Start	New Construction Start
2010		
2011		
2012	35%	70% (Stage 1)
2013		
2014		
2015	55%	90% (Stage 2)
2016		

2017		
2018		100% (Stage 3)
2019		
2020	100%	

Notes:

Based on Updated PCGI's Project Schedule, September 5, 2006

% - Indicates value/ building area complete (including Phase 1A and Off-site AM Beds)

Total CAMH Area = 1, 215, 975 sq.ft. (including Phase 1A and Off-site AM Beds)

Early Works: Associated work to be done prior to Early Demolition

Site Infrastructure and Building Systems

The municipal infrastructure and roads system remains as per the 2002 Master Plan; however, the FTMP provides a more systematic approach to delivering these services and there is some benefit to packaging the development of these services into larger, but fewer, development phases. Parking was originally envisioned as a combination of underground and street parking. In contrast, the FTMP has underground parking, street parking but the largest component of the requirement is now provided in a 500 car above-grade parking structure located on Block G1. The total estimated CAMH parking demand is 693 spaces. A total of 756 spaces, including on street parking, will provide a buffer of 9%, which is within the range of prudent design. Future non-CAMH developments are responsible for satisfying their own city-regulated parking requirements.

The basic principles related to building systems such as sustainable design, flexibility and cost effectiveness remain the same as for the 2002 Master Plan. The major changes relate to the following: a centralized plant will be constructed in Stage 1 construction, sized to accommodate Stage 1 & 2, and will be expanded in Stage 3. The plant will supply heating and cooling, as well as emergency power. Normal 13.8 KV power will be distributed through the street network by Toronto Hydro-Electric System (THES) and provided in a decentralized approach to each building as each phase is implemented. The basic approach to Information Technology & Communications has remained the same other than the data centre will be permanently housed offsite.

Program/Decanting

The Functional Program encompasses all of the programs and services required to implement CAMH's model of service delivery. The only significant changes from the 2002 Master Plan affecting the Queen Street site are a reduction in the Research program requirements and the exclusion of a Regional PET Centre, which is no longer required.

The decant strategy of the 2002 Master Plan was to move programs and people only once. This strategy was dependent on building only on vacant sites before decant and subsequent demolition could take place. The FTMP provides for an early decant of the Administration Building with patients being located on site to Unit 4, and administrative services being partially relocated on site supplemented by off-site leasing to accommodate relocated and displaced services and programs. The subsequent decant is to move clients, staff and programs into their permanent location as each phase of the building program is delivered. While some people will now need to move more than once, overall the FTMP will significantly mitigate the level of disruption caused by the redevelopment project.

The FTMP Outcome and Conclusion

The goals of the FTMP process were met. With little or no compromise to CAMH's guiding vision for delivery of care, the overall program can be delivered considerably sooner by reducing phasing and accelerating implementation. In terms of cost, the 2002 estimate for the Queen Street redevelopment project is \$382 million. The changes under the FTMP (quicker delivery) will reduce the risk of cost inflation and escalation throughout the duration of the project. The results are best summarized in the table below.

Evaluative Criteria	2002 Master Plan	Fine Tuned Master Plan
Vision (Urban village, parks/landscaping, program adjacencies)	Strong	Strong
Time	35% complete by 2012 55% complete by 2015 100% complete by 2020	70% complete by 2012 90% complete by 2015 100% complete by 2018
Operational Disruption During Redevelopment	High	Low (post admin decant)
Technical implementation	Complex	Relatively Straight- Forward to Implement
End Use-Operational Efficiency	Good	Good +
Non-CAMH Opportunity	Good	Good +
Overall Ranking	Medium	High