2013-2015 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 with compliance deadlines ranging from 2012-2015 for large pubic sector organizations such as CAMH.

CAMH's annual Accessibility Plan, developed with our Disability Accessibility Integration Committee (DAIC), describes measures taken in 2011-2012 implementation period and those we will undertake during the 2013-2015 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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This plan was developed by Janet Mawhinney in consultation with the Disability Accessibility Committee and key stakeholders.

Section 1 - The Aim of the CAMH Accessibility Plan

The aim of this report is to describe measures that CAMH took during the 2010-2012 period and will take in the 2013-2015 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 three years 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

Transforming Lives

Our Purpose

At CAMH, we Care, Discover, Learn and Build – to Transform Lives

Our Values

Courage
Respect
Excellence

Six Strategic Directions

1. Enhance recovery by improving access to integrated care and social support.
2. Earn a reputation for outstanding service, accountability and professional leadership
3. Build an environment that supports recovery
4. Ignite discovery and innovation
5. Revolutionize education and knowledge exchange
6. Drive social change

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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 the Manager Diversity and Equity with additional involvement from Facilities Planning. This committee reflects the merger of the Facilities led committee, which filed the annual Accessibility Plan since 2001 - 2009, 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 beyond compliance 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 the Manager Diversity and Equity with additional involvement from Facilities Planning. The formal posting and reporting of the Accessibility Plan to the Ministry of Community and Social Services 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, Health, Safety and Wellness, Human Resources, 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

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. Accessibility issues at CAMH are embedded within our core principles of equity and inclusion and reflected in our Values of Courage, Respect and Excellence as articulated in CAMH's Strategic Plan "Vision 2020"
http://www.camh.ca/en/hospital/about_camh/mission_and_strategic_plan/Documents/StrategicPlan_Short_10May2012.PDF

Equity and Inclusion: *Providing Excellent Care for All*
CAMH has been a leader in diversity and equity, committed to working with underserved populations, eliminating disparities in health status. Through our planning process, we want to build on previous work to develop strategies to maximize effectiveness in achieving the desired results.

Courage
Courage is about standing up and being heard, about taking risks and doing what is right, not what is easy. It's about challenging prejudice and discrimination. It's about hope for the future.

Respect

Respect is a prerequisite for everything we do and aspire to be as an organization. It guides our interactions with each other, with patients and with partners. It models what we expect in return.

Excellence

Excellence drives us to raise the bar in all aspects of our work. It requires us to hold each other to the highest standards. It is about continuous improvement, accountability and transparency.

Section 6 – Methods used to Identify Barriers at CAMH

CAMH uses a number of methods to identify barriers.

- 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.
- Detailed audits; In 2004 and in 2008 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, this was expanded to inpatient units in 2008.
- Other bases include feedback from DAIC members and other CAMH stakeholders and ensuring compliance with the legislated AODA Customer Service standard (2010), the Integrated Standard on Information and Communication, Employment, and Transportation (July 2011)

The results of this input and AODA standards provide a basis for a prioritized barrier-removal strategy including the 2013-2015 Accessibility Plan.

Section 7 2010-2012 Barrier Removal Initiatives at CAMH: Actions Taken

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Informational and Technology Inter and intranet sites comply with WCAG 2.0 A standards	Improve access to CAMH.net for a range of disabilities. 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.	Develop list of guidelines/tips to support CAMH web content providers in development web content that is accessible and meets WCAG 2.0 A guidelines – to ensure what gets posted meets the requirement. e.g. tip to providing text alternatives for non-text content By JAN 2014 all content and all websites meet WCAG 2.0 A – and moving towards level AA by 2021.	In place and in process
Procurement of goods or services (mandatory requirement)	Incorporate accessibility criteria within procurement process by Jan. 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): Our Procurement policy includes language to ensure compliance with the AODA. We also revised our Vendor contractor letter (VLC) to meet customer service standards for 2011.	completed
Emergency Response: Fire and Codes - Public & Employment (mandatory requirement)	January 2012 – Accessible format emergency response	As CAMH does not post these plans publically, this requirement does not apply to us. "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)."	completed

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** • Development of an e-learning module on the AODA Customer Service Standard. • Promotion and communication of the e-learning. • Added to Mandatory training grid • Available on Insite and camh.net	Completed
Informational	Need to enhance communication about the complaint and feedback process	**Feedback & Complaints related to Accessibility:** Modified 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
Employment: Emergency Response	Provide employees w disabilities individualized workplace emergency response information as necessary based on type of disability (if employer is aware of the disability) and if disability requires it. By 2012	Health Safety and Wellness has lists of employees requiring an accommodation for their job. Incoming employees are asked about need for accommodation either for work or for evacuation, including notifying (with permission) a colleague or manager for appropriate support and awareness of evacuation/emergency response needs. The list and location of staff who require emergency evacuation help will be provided (as updates occur) to the CAMH Fire Captain. The Fire Captain ensures this list is communicated to the Fire department in case of evacuation.	In place

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Employment: Accessible formats	Employees need to know about communication supports and accessible formats as required for to perform their jobs (this includes performance reviews). By 2012	HR and Health, Safety and Wellness consult with staff regarding accessibility needs in employment, including formal accommodation plans.	IN place
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** • 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 • Intranet site promotes these resources; and provides links to further resources and information • Mandatory e-learning provides basic guidelines on working with people with disabilities	Completed
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 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. Bias Free Hiring training is provided 3-4 times per year for managers.	Completed & ongoing
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 and ongoing each year
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.	In place
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

Category of Barrier	Identified Barrier	Means to prevent / remove barrier	Status
Information and Education	CAMH stakeholder engagement in accessibility – our Committee	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
Transportation	"When requested hospitals that provide transportation services must provide accessible vehicles or equivalent services" (ontario.ca/accessON). Cannot charge a fare to a support person for person w a disability; by 2011	CAMH is not a transportation provider per se however, the CAMH bus which transports clients on outings is an accessible vehicle with a wheelchair lift, and designated space for wheelchairs in the bus. When staff access taxis for CAMH business our taxi provider can provide accessible vehicles upon request, and in keeping with the AODA and taxi regulations their staff are trained in accessibility requirements to support customers. This information is also posted on our website	In place
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

Section 8 - Barriers that CAMH will address in 2013-2015

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 & Deadline	Means to Prevent / Address Barrier	Lead
Policy (mandatory requirement)	Policy must be posted publically and available in alternative formats 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 2014. (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	Lead
Communication & Information: **Accessible Format** documents: Clinical, Corporate, Education, Publishing (mandatory requirement)	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. 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.	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. *NOTE this is already a principle in the current Customer Service Standard*. EDUCATIONAL Materials have an earlier deadline and includes training resources, materials and student records - upon request by 2014.	Clinical Programs, Education Services, Publishing, HR
Communication & Information: Accessible Websites and **Web** content: Elearning (mandatory requirement)	▪ Educational and training resources and materials must be available on request by January 2014. ▪ All NEW WEB CONTENT posted on web must comply w WCAG 2.0 Level A standard from JAN 2012; ▪ All websites and content (existing or new) by Jan 2014	▪ Inter and intranet sites now comply with WCAG 2.0 Level A standards -all new content on existing sites must comply as of January 2012, (excluding live captioning and audio). ▪ Disseminate TIP SHEET for departments to ensure content posted meets WCAG 2.0 Level A (& moving towards Level AA by 2021). ▪ 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.	IT, IMG, Education Services, Publishing

Category of Barrier / Standard	Identified Barrier	Means to prevent / remove barrier	Lead
		▪ ELearning and Education aim to ensure broad accessibility of elearning.	
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.	IT, IMG, CIS, Health Records
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 WCAG 2.0 Level A guidelines. Ensure disseminated to all programs that post web content	IMG, Public Affairs
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. ▪ Our Procurement policy includes language to ensure compliance with the AODA	Procurement

Category of Barrier / Standard	Identified Barrier	Means to prevent / remove barrier	Lead
		to meet 2013 deadline. We also revised our Vendor contractor letter (VLC) to meet customer service standards for 2011.	
Communication and Education	Accessible formats, accommodation for participation by 2013	Education Services has a detailed plan includes: print materials available in large format upon request; ask if accommodation required at course registration; accessible way finding and washrooms will be included in course confirmation; online compliance with CWAG 2.0 AA. Implementation in process.	Education Services
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 & Selection (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	HR

Category of Barrier / Standard	Identified Barrier	Means to prevent / remove barrier	Lead
		staff integrate the standard into practice; revise relevant HR policy. ▪ Inform applicants and interviews about accommodation.	
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 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.	Health Safety and Wellness & HR
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.	Health, Safety & Wellness
Employment: inform staff	Staff aware of support for people w disabilities by 2014	Integrate this information into new staff on boarding; our accessibility training; and information on intranet	HR and Health Safety & Wellness
Physical and Informational **Pathways, washroom, entrances**	Accessible **pathways** change due to redevelopment. Accessible	Facilities Planning reviews and updates the list of accessible parking, entrances and washrooms and this information is posted on Insite	Facilities Planning

Category of Barrier / Standard	Identified Barrier	Means to prevent / remove barrier	Lead
(mandatory requirement)	**washrooms** and **meeting** rooms.	and camh.net. Meeting room accessibility is built into the room booking software.	
Information – **Room Booking** (increased access)	Knowing what rooms are accessible to wheelchairs and scooters	Our booking system shows if a room on NOT accessible to wheelchair/scooter.	Facilities Planning and Carrillion

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

Terms of Reference: Disability Accessibility Integration Committee

Updated 2012

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 fine of up to $100,000 per day. 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 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 emerging standards will emphasize different kinds of barriers such as communications or the built environment thus a broad membership is necessary to ensure integrated implementation strategies. Committee is chaired by the Manager Diversity and Equity (HR) with additional leadership provided by and the representative from Facilities Planning, our VP leadership link is the VP of Human Resources. 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, 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 + Organizational Development who ensures 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 represented by the committee members.

Meetings:
The committee will meet quarterly, but more frequently as needed, with email updates and information sharing as needed and on an ongoing basis.

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.

Disability Accessibility Integration Committee Membership

Updated Dec 2012

- Anne Simon (Education Services)
- Bharati Singh (First Impressions)
- Christina Albi (Workplace Safety, Occupational Health & Safety)
- Christine Burych (Dir Spiritual & Religious Care and OD)
- Colleen Kelly (Discipline Chief SW)
- Colleen Good (Discipline Chief OT)
- Dale Kuehl; (Advance Practice Clinician, Dual Diagnosis)
- Diana Capponi; (HROD, Employment Works!)
- Janet Mawhinney (HROD, Manager, Diversity & Equity - CHAIR)
- Jeannie Fong; (Manager, Research Transition)
- Jill Hulton; (Client Relations Officer)
- Joselin Lai; (Access & Transitions)
- Lucy Costa; (Empowerment Council)
- Noelle Brigden Coombe / James Mullan (IMG)
- Paul Olasz; (Facilities) *(new Nov 2012 replacing Ryan Chang)*
- Rita Thomas; (Mngr, Remedial Measures)
- Rosalicia Rondon (Education Services)
- Salma Kanji; (Health Safety and Wellness)
- Wendy MacLellan (Policy and Procedure Coordinator -HR)

Our VP lead is Kim Bellissimo, VP HR