A Framework for Creating Health Equity in the Toronto Central LHIN

Report from the Centre for Addiction and Mental Health (CAMH)

February 13, 2009

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

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THE TORONTO CENTRAL LHIN EQUITY CONTEXT

A brief description of the Toronto Central LHIN

The Toronto Central LHIN was designated by the Ministry of Health & Long-Term Care to plan, integrate and fund local health services. In fiscal 2008/09 we fund nearly 200 unique health service providers that provide a variety of services, including a community care access centre, community health centres, community support services, hospitals, long-term care homes and mental health and addiction services.

An important aspect of what we do involves working with community residents and health service providers to ensure that our health care plans for the Toronto Central LHIN area make the best use of available resources and meet the needs of the communities served.

Health Service Programs within the Toronto Central LHIN Mandate 2008/09	
Community Care Access Centres	1
Community Health Centres	18
Public Hospitals	18
Long Term Care Homes	38
Community Mental Health & Addictions	94
Community Support Services Assisted Living in Supportive Housing	98
Total Number of Funded Programs	259
Distinct Health Service Providers	
* Some agencies provide multiple programs or have programs in more than one sector	196*

Communities served in the Toronto Central LHIN are diverse in every way. Here is a snapshot of our urban population:

Income disparity
Our LHIN is a study in contrasts with some of Ontario's lowest income neighbourhoods and many of Ontario's high income, high education neighbourhoods.

First home for recent immigrants and refugees
Residents come from over 200 countries and speak over 160 languages and dialects.

Socio-economic need that includes high rates of lone parent families, low income populations, people with low English language fluency, people with HIV/AIDS, youth unemployment and seniors living alone.

High concentration of people who are homeless including: psychiatric consumer survivors and people with serious mental illness.

Daily inflow of commuters—500,000 people travel in and out of the Toronto Central LHIN every day.

Why we are asking hospitals to focus on health equity

Health equity means ensuring equal opportunities for health for all. As the most socially diverse urban LHIN (for example: ethno-racial groups, women, LGBT, disabilities, seniors, mental health, homeless, HIV, children/youth etc.), we face enormous challenges in making this vision a reality. The health needs that go along with diversity are great, for example:

- Diabetes is twice as high in low income versus high income neighbourhoods

- New immigrants are more likely to have cardiovascular disease because of language and other barriers to getting appropriate health care
- More low income people are living with pain and disability because they are receiving 60% fewer hip replacements than people with higher incomes

LHINs are accountable for improving the health care system. We will know we have been successful when everyone, particularly those in greatest need, has access to the right care, at the right time and in the right place.

The Toronto Central LHIN expects the providers we fund to be accountable for promoting equity. In the fall of 2007, the LHIN announced that hospitals would be submitting Health Equity Plans. The LHIN will also be requesting plans from community providers, in the future. The hospitals plans will provide an understanding of current priorities and actions toward reducing health inequity at individual hospitals and uncover themes and common activities across the hospital sector.

How the Toronto Central LHIN will use these plans

The Toronto Central LHIN and hospital members of the Hospital Collaborative on Marginalized Populations created this template for the health equity plans, collaboratively. The Toronto Central LHIN will conduct an internal review of the plans. The plans will provide important data to aid the LHIN in its role as health system manager. For example, the plans will help:

- Identify promising practices & potential areas for collaboration that could be promoted across the LHIN & among LHINs; particularly GTA partners with whom we share boundaries and patients/clients
- Develop performance indicators that will be incorporated into accountability agreements
- Guide community health service providers' equity plans
- Identify LHIN-wide data support and analysis needs and opportunities
- Provide input into the refresh of the Integrated Health Service Plan (IHSP)

Equally important, it is anticipated that the creation and sharing of the results of these plans will further aid the hospitals in their collaborative efforts to address health equity. For example, the members of the Hospital Collaborative have pledged to share the plans and to use them to continue to build on current projects and identify other opportunities for integration.

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A CONTEXT FOR HEALTH EQUITY AT CAMH

CAMH made a formal commitment to equity and diversity in 2000, with the response to an independent organizational audit from KPMG. Since that time there has been a strong focus on diversity and equity in our clinical work, corporate supports, stakeholder engagement, human resources and leadership accountability. Woven throughout CAMH's current Strategic Plan, is a commitment to health equity and diversity. Our values speak to "developing cultural and clinical competencies," demonstrating "inclusive practices" and focusing on the "whole person" and "broad determinants of health," and our strategic directions refer to a culture that embraces diversity and encourages…respect." Diversity is one of CAMH's six Core Values.

CAMH's commitment in this area is reflected in significant sector involvement and leadership, comprehensive equity and diversity training and internal policy development, development of a research unit on social equity, enhanced work with marginalized communities, a variety of clinical initiatives and an expanded international primary care and capacity building focus on the developing world.

The organization has worked hard in recent years to align organizational activities and reports with its Strategic Plan and routinely monitors progress towards actualizing its strategic directions. Organizational indicators, a number of which specifically address issues of diversity and equity, are monitored quarterly.

ACCOUNTABILITY

CAMH's commitment is measured in part by the extent to which there is meaningful accountability for the work. For example, internally, all members of staff have performance measures related to equity and diversity. In addition, the 2008/2009 CEO Goals for example, have targets and indicator measures that address equity and diversity in our systems support across the province, clinical work, social housing supports, community engagement with two specific marginalized communities and employment equity. Additionally, we have a range of mechanism to support accountability to clients and external stakeholders.

STRATEGIC PLAN RENEWAL PROCESS

Embedded in the current strategic plan renewal process is a commitment to extensive and inclusive consultation and oversight. Meaningful stakeholder engagement and consultation is also integral to the renewal process. We have combined opportunities for broad-based feedback with opportunities for more intimate and detailed discussion, including: online surveys; open consultation sessions for external stakeholders (including teleconferences for colleagues, clients and staff across the province); and mixed staff consultation sessions. Opportunities to connect with and hear from members of particular diverse and/or marginalized communities (e.g. Aboriginal communities, clients, families, etc.) were also a priority.

Appreciative of the honesty and generosity of our stakeholders during the consultations, CAMH is preparing a report summarizing what we heard. This will be posted and shared both internally and externally, and given the impact this feedback will have on refining our

strategic directions, the report will also be included in the 2009 – 2012 Strategic Plan document.

An Environmental Scan, considering key changes and shifts in demographics, the healthcare system, the mental health and addictions sector in particular, as well as changes at CAMH, is also ongoing. Emerging issues include immigration as a key driving force for population growth, poor economic outlook, increased awareness of mental health and addiction issues, and increased demand for services.

NEXT STEPS

Changes and shifts identified in the environmental scan, coupled with the themes and issues identified by our stakeholders throughout the consultation process, now set the context from which we can make informed choices as we refine our organization's strategic directions for 2009-2012. Health equity and diversity will remain key strategic priorities with the attendant organizational commitments.

Our findings through this process will further inform the health equity and diversity priorities we identify in the report. We hope the attached report provides a sufficient snapshot of our work and commitment in this area.

Overall, CAMH still has much work to do in the area of equity and diversity. Our organization has to more aggressively build its data collection, tracking and measuring, support greater alignment and coordination of internal reporting systems related to health equity and more deliberately collect and use critical data related to health disparities in informing our work – especially clinical work. We are making progress in these areas and need to continue our building and planning.

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OUR HOSPITAL'S VISION OF HEALTH EQUITY

Hospital Name: Centre for Addiction and Mental Health (CAMH)

Does your hospital have a health equity vision and if so, please describe how it aligns with the Toronto Central LHIN's definition?
If not, is there a plan to develop one?

CAMH's Health Equity Vision:

Through responsive and accountable leadership, CAMH is committed to supporting and advancing a fair and equitable mental health and addictions agenda for Ontario's diverse communities.

This vision is consistent with Toronto Central LHIN's definition. CAMH is committed to working to reduce health disparities through improving access, gathering helpful data, bias-free hiring, tracking and measuring impact and service utilization, advancing training and capacity building for staff, promoting research related to social determinants of health, strong community engagement and accountable, capable leadership.

Please outline your hospital's access and equity priority areas. Through what process did your hospital select these? (E.g. those involved, environmental factors, community engagement, who took leadership, etc.)

CAMH Health Equity Priorities (2008- 2011)

- Building staff and board capacity, leadership and accountability
- Supporting CAMH's infrastructure (clinical service delivery, human resources, policy development, health promotion planning, research)
- Tracking and measuring
- Enhanced community engagement, partnership and responsiveness

CAMH Health Equity Priorities were developed through a number of processes:

- Comprehensive 2007 external review (involving clients, community and staff) of CAMH's diversity and equity performance over the past 9 years.
- Internal Health Equity Task Force formed to lead and direct the health equity agenda, with a subcommittee to plan and coordinate material.

SECTION 1: ACCESS, PRIORITY SETTING AND PLANNING

1 a) How do your hospital utilization patterns compare to the profile of who lives in your catchment? (If your catchment is undefined, where do the majority of your patients/clients come from?) Please indicate data sources.

CLINICAL

- CAMH's Admission, Discharge, Transfer (ADT) database provides demographic information about all clients, much of which is relevant to health equity issues such as employment, age, income bracket, clients on government disability and gender. Also, individual programs collect additional information, such as the diversity questionnaire implemented by our Addictions Program, which is not mandatory but is administered (when agreed to) to every client entering the program. This questionnaire provides information about the range and volumes of clients coming from various ethno-cultural

and ethno-racial populations. For example, as at October 2008, 53.3% of clients in four addictions programs identified as other than "Canadian". ADT indicates that 90% of CAMH clients speak English.

- CAMH also uses the data from the RAI-MH (Resident Assessment Instrument - Mental Health) - a multidisciplinary mental health tool that comprehensively assesses psychiatric, social, environmental, and medical issues. Data are intended to support care planning, quality improvement, outcomes measurement, as well as provide information on resource utilization to inform funding. The RAI-MH has been mandated in Ontario since October 2005 for patients in all adult psychiatric beds, at admission, discharge, and quarterly for longer stay inpatients.

- CAMH uses a Spider Chart ***[1]*** from the RAI admission to show the proportion of clients' Mental Health Assessment Protocols (MHAP), to help identify areas that might need addressing in care. Individual items in the RAI are used to determine whether or not a MHAP is triggered in any particular area. The charts are produced at a program level to show the different needs of clients in different programs. The spider chart is the method used to get an overall picture of the needs of CAMH inpatients. It addresses areas like discharge and what is needed to live in the community; symptoms, functioning, and behavior; MHAPs related to physical needs. It also identifies at different points the percentage of clients triggering the MHAP. For example, almost 80% of CAMH's inpatients triggered the Economic Status MHAP, about 30% triggered Vocational Rehab, and about 45% triggered Social Supports.

- CAMH clients came from over 150 countries – *CAMH Client Distribution* ***[2]*** attached is a breakdown of countries with corresponding percentage of CAMH clients, along with a world map with checkmarks indicating where CAMH clients were born. It's an indication of breadth, not depth - a checkmark can represent 1 client or 100.

- CAMH now uses the form developed by the Emergency Room Alliance of downtown hospitals, which includes data on ethnic group, meaning that ethnicity data is being captured at point of entry for service.

- Finally, CAMH clinicians complete *Care Plans* ***[3]*** that capture clients' social determinants of health needs. The attached slide represents the total number of CAMH care plans and the description and distribution of what client issues are addressed. This tracking tool is directly integrated with the RAI-MH data (e.g. the MHAPs are automatically populated into the care plan) for inpatients and ensures continuity of client care as both in- and outpatients. As this is still being rolled out across the organization, data on completion for social determinants is still being collected.

- As a provincial resource CAMH draws clients from all over Ontario, but the majority comes from the broader Greater Toronto Area.

- A key challenge for CAMH is developing an organization-wide process for accurately and consistently capturing the full range of client demographic data related to health equity to ensure optimal responsiveness to the hospital's catchment. This will better support high quality, culturally competent and responsive services, program planning, data and utilization, tracking and community engagement. An interprofessional working group is currently researching and designing this process and mechanism. One critical issue is to ensure alignment and consistency with the province's E-Health strategy and priorities. The goal is to complete this initiative by March 2010.

- CAMH's Social Equity and Health Research Unit focuses on the urgent needs of vulnerable populations to address growing disparities in access to adequate health care for addiction and mental health problems. The division strives to provide a theoretical framework for comprehending health and all forms of social diversity.

RESEARCH

CAMH research falls within three streams of scientific inquiries:

1. Determining the nature and extent of health inequalities in terms of health status and access to adequate health care services.
2. Improving clinical care for addiction and mental health problems by identifying the best ways to promote cultural competence.
3. Focusing on stigma of mental illness. One of the most difficult challenges in mental health care is "failure and delay" in receiving adequate care. The stigma experienced by those who have a mental illness and their families is a major concern, and whether the use of complimentary and alternative treatments relates to unmet mental health care needs.

- CAMH Research supports the transfer of knowledge and data to clinical and PEHP areas to support coordination between research findings related to our client profile and utilization patterns. For example, one study investigated the rates and patterns of mental health service use in an adult sample of Ethiopian immigrants in Toronto. Data showed a significant association between the level of somatic symptoms and the use of family physicians, suggesting that in this minority population, mental health care needs may be met through physical complaints to family physicians. It also highlights a critical role of family physicians in providing mental health care to minority groups. CAMH clinical staff and the Ethiopian Association of Toronto have since collaborated to better align service support in areas like health promotion and clinical interventions.
- CAMH is measuring the social factors that predict pathways to care and outcome from admission or assessment by law and mental health in order to develop clinical practices and improve equity.
- The Mental Health Commission of Canada contracted CAMH to develop strategies to improve equity in mental health care for ethno-racial groups.
- CAMH has produced reports in the last year on the needs of ethno-racial groups for concurrent disorders and the needs of older people from ethno-racial groups. These will inform the development of more equitable models of care.
- CAMH is developing a set of websites for Toronto's different ethno-racial groups to develop a virtual social infrastructure to facilitate knowledge exchange.
- CAMH actively supports the CERIS groups with one of its scientists being the lead for health.
- Finally, CAMH has an ongoing priority of developing consistent alignment with client service utilization and planning to understand health and addiction disparities as they impact members of marginalized communities. Please see 1(c)

1 b) What major inequities exist in regards to the social determinants of health among your patient/client populations? Please indicate data sources.

Please see the Admissions MHAPS and the Care Plan summary which both identify critical areas like social networks, employment, education, housing, mental health/addiction status and community supports as important social determinants of health for CAMH clients.

Emerging data is identified but not conclusive, given the timeliness of data collection and the roll out of the instruments.
CAMH is currently working on a number of processes to coordinate and align health equity data in order to provide a more comprehensive picture of emerging inequities.

1c) Are there any specific health equity gaps and challenges that require greater attention at your hospital?

While a number of clinical programs have anecdotally identified gaps, our data collection and analysis process is uneven. Addressing this gap is an important priority going forward.

SECTION 2: PROMISING PRACTICES

2a) Please briefly describe a maximum of 5 current hospital initiatives that help to improve access to health services by underserved or underrepresented populations? In what ways is success being measured and what outcomes yielded as a result? Please provide samples of related documents if any.

CLINICAL

Population-specific **addiction programs** developed to address underserved populations: LBGTTQQII, Portuguese-speaking, African Canadian youth, Spanish-speaking, women, aboriginal people, heroin users
Success: Client retention, client self report of progress, specific outcome measures i.e. BASIS 32 (Outcome measurement tool), program utilization, community feedback

The **Centralized Assessment Triage and Support (CATS)** Program and the **CAMH McLaughlin Information Centre** implemented one centralized 1-800 access for addiction and mental health information and resource materials in several languages other than English, currently Portuguese, Spanish, simplified Chinese (read by both Mandarin and Cantonese –speakers), Punjabi, Polish, Somali, Urdu, Farsi, Greek, Hindi, Italian, and Tamil. We also provide facilitated access to addictions and mental health program liaison staff to schedule an assessment and/or obtain further information on specific services.

An important service in the CATS Program is Cultural Interpretation Services, which aims to reduce inequitable access to quality health care based on a client or family's language skills. In addition to those who speak no English, people with limited English may, when experiencing significant mental health/addiction problems, not readily understand care options being presented. This service largely addresses language barriers faced by immigrants and newcomers.

Cultural Interpretation Services provides interpretation and translation service to all CAMH clients/patients (please see 3c for additional information), which may also highlight cultural nuances. This service provides in-service sessions to CAMH outpatient (including satellite clinics) and inpatient staff on how to work with interpreters.

One important challenge is the lack of an effective evaluation tool that uses a quality assurance database. This instrument is currently being developed.

Substance Abuse Program for African Canadian and Caribbean Youth (SAPACCY) ***[4]*** - a holistic service and the only of its kind in Canada, engaging the Black Diaspora in as direct service providers and as a conduit to other responsive end-service providers. SAPACCY works through the boarder social determinants of health, facilitating the treatment, education, support and response that link Black people to much needed clinical services.

Child Youth and Family Adolescent Service (does court appointed assessments) manages a caseload that serves over 50% members of racialized communities. Referral to this service is primarily the GTA but spans the province.

- The Program is also currently conducting a major Demographic Study to further inform its program planning and decision-making.

Cultural Competence and Physicians' Leadership

- Cross-CAMH collaboration in developing tools and resources to support and enhance senior Physicians' clinical capacity to lead on equity and cultural competence. Sponsored by the Physician-in –Chief, the sessions will focus broadly on equity and diversity leadership at the senior clinical level with an emphasis on bias-free hiring, and on developing strategies to effectively measure and monitor clinical outcomes related to marginalized communities. This initiative is in the context of CAMH's Cultural Competence in Clinical Care strategy. Sessions will begin in April 2009.

Community Research Capacity Enhancement Program (CRCEP) - launched in 2004 to enhance research interactions with community partners and to help build research capacity among organizations that address addiction and mental health issues in Ontario.
The CRCEP has as a priority focus on projects focused on reducing mental health and addiction disparities and building relationships and capacity in diverse, marginalized communities, especially:

- Build expertise and technical research *capacity* among community partners
- Foster new relationships between a community agency and CAMH around research
- Collect preliminary data in a partnership, which could then be used to secure future additional funding.

Examples of successful projects

- The Development of a Problem Gambling Screening Instrument for Older Patients
- The Experience of Families of People with Developmental Disabilities in Crisis.
- Assessment of Mental Health Needs of the Thai Population in Ontario
- Mental Health Experiences of Government Assisted Refugees
- Transnational Research on Refugee Youth Coping Strategies
- Prescription Opiod Injection Among Street Drug Users in Toronto
- Creating Links Through Research
- Bisexuality, Mental Health and Emotional Well Being in Ontario

A number of other research projects focused on issues of equity and diversity, such as Strengthening Families (see page 6). Started as a research program, the results have shaped the program for CAMH use, while Big Brothers and Big Sisters is investigating its impact on various diverse populations across Canada, and will provide information for potential changes to the national program.

Current Gaps and Challenges: CRCEP will seek to provide more on-going, consistent direction and engagement related to emerging research from marginalized communities. For example in areas like effective knowledge transfer, advocacy, support for more extensive research funding support, community engagement, education and capacity building.

POLICY EDUCATION, HEALTH PROMOTION (PEHP)

Provincial Services – engages local communities to advance best and promising practices throughout the health continuum. Examples:

- **Introduction to Diversity**: Provincial cross-training project: Increase diversity awareness and improve cultural competency for service providers

- **Healthy Aging Project**: Enhance identification, screening, assessment, referral and treatment for diverse groups of older adults who have a substance use, mental health and/or gambling problems
- **Iranian Stigma Project**: Address stigma in the Iranian Canadian community through a number of culturally appropriate activities to increase knowledge of mental health, addictions, and concurrent disorders.
- **Southwest Ontario Area:** In fall 2008, created a knowledge framework that can be shared with stakeholders and can provide a foundation to identify gaps and build solutions that will improve access to local mental health and addiction services.

Examples of Health Promotion Initiatives that address Social Determinants of Health

Culture Counts:

The Culture Counts Project--a best practices guide to creating and implementing health promotion initiatives that will have an impact in ethnocultural communities--was led by CAMH, the Ontario Public Health Association, and the Association of Local Public Health Agencies. The entire project was founded on a partnership between CAMH and seven community based organizations serving Polish, Portuguese, Russian, Tamil, Punjabi, Somali and Serbian populations. This project serves as an exemplary community engagement process, and as a product narrates "dos and don'ts" stories from the partners' perspective. It also offers some links to valuable resources for community engagement.

Youth -

Strengthening Families:

Skills development program designed to reduce risk factors & enhance protective factors of children age 7-11 whose parents have a history of alcohol & other drug use problems. A 5-year research project, in partnership with the University of Buffalo, to evaluate the Canadian version of the program was completed in 2005. The program guide was produced in 2006 and entered into the dissemination phase in 2006. Implemented in local at-risk communities.

Example of some published resources

Bridging Responses: A Front-line Workers' Guide to Supporting Women who have Post-traumatic stress. Bridging Responses is a resource for front-line staff who work with women - in health care, literacy, corrections, housing and other community services.

Working with Immigrant Women: Issues and Strategies for Mental Health Professionals

A multidisciplinary group of authors analyzes issues affecting women's mental health and illnesses within an immigration and settlement context, critically examines literature and current research and suggests practice strategies for mental health professionals working with this population.

Homeless and Street Involved People

Housing Guide 2004-2006: A Comprehensive Guide for People with Mental Health and Addiction Concerns
http://www.camh.net/Publications/CAMH_Publications/housing_guide04.html

Education Services - Works to integrate diversity/equity in all educational/training events it develops and delivers.

CAMH's free, online "**Mental Health and Addiction 101**" tutorials have broad reach and the potential for system-level impact. Although the latter is difficult to measure, the fact

that more than 300,000 have accessed them makes it reasonable to claim that they contribute to raising awareness of mental health, addiction issues, and stigma.

Diversity related educational events/projects (internal):

- Established an Education Council with a diversity/equity commitment as part of its mandate to create organization-wide vision and accountability for education.
- **Introduction to Diversity training** – Mandatory for all non-management staff, addressing organizational change in service provision, human resources, leadership and partnership. Completed by 361 staff, 52 students and 18 volunteers in the past three years.
- **Diversity for managers/supervisors** - Introductory training for all management, addressing organizational change in service provision, human resources, leadership and partnership. Completed by nine managers/supervisors last year.
- **Asking the Right Questions (ARQ) 2** - Training to help clinicians increase their repertoire of appropriate questions and approaches to serving clients from marginalized sexual orientations and gender identities. Nine sessions scheduled in FY 08-09.
- Cultural Competency (clinical, management, other staff – in process) – Training to give CAMH clinicians the knowledge, skills and attitudes to work effectively with a diverse client population.

Diversity related educational events/projects (external):

- Provincial Intro to Diversity & "ARQ2" trainings (started 2002-2003)
- "Mental Health and Addiction 101" series (launched 2008)

2b) Are there hospital-based initiatives that address the social determinants of health identified in 1b? Please describe briefly.

Community Support and Research Unit (CSRU) ***[5]*** actively strives to build an integrated system. Each of its five teams targets a social determinant of health, (1) **Community Support and Development (CSD** - housing); (2) **Income Maintenance Advocacy Program (IMAP** - income**)**; (3) **Employment Support and Development (ESD**); (4) **Community Research, Planning and Evaluation Team** (**CRPET** - research in all the areas); (5) **Homes for Special Care** (**HSC** -housing). The CSD team provides housing, assessment and referrals to CAMH clients and families.

CSD also initiated an Integrated Partners Network (IPN), an agreement to collaborate with several partners to support an individual or group of clients associated with one program with complex needs, to reside successfully in the community (most beneficial for clients with multifaceted medical and psychiatric problems). CSD coordinates and chair meetings, facilitates advocacy and problem resolution and provides housing education to clients and partner agencies.

CSRU led development of an IPN in 2002 with SHAD (Supportive Housing And Diversity) group, collaborating to establish Culturally Competent Housing Benchmarks to guide supportive housing providers. SHAD's goal was to promote housing stability and reduce homelessness for racial and ethnic minority clients with mental health and addiction issues - identifying, developing and disseminating best practice knowledge. Based on focus groups with target population and needs assessment with supportive housing providers, developed appropriate training programs. See Appendix for detail.

2c) Describe specific partnerships, projects or activities that your hospital has undertaken with other organizations to address health equity, including those addressing the broader social determinants of health. Please include the names of those organizations and outcomes of the projects.

CAMH has a long history of working with marginalized communities to inform and influence policies and work practices across its organization, to build responsiveness and to improve stakeholder accountability. CAMH is currently developing an overarching **Community Engagement Strategy** to serve as an integrated, comprehensive guide for staff to work effectively with diverse clients, community organizations and other service providers. It will further ensure equitable access and service delivery to all communities, in particular those that are marginalized. The strategy will:

- Articulate CAMH's community development values related to ethical and equitable community engagement
- Provide guidelines for working with diverse, marginalized communities
- Build tools and strategies for effective client engagement in relation to communities population to reflect the diverse make-up of the larger community

One Example: **Building Equitable Partnership (BEP)** ***[6]*** **-** An in-depth course to address effective equitable partnership development with diverse and marginalized groups, open to CAMH staff and the community, was developed and delivered together with:

- community partner agencies serving persons with disabilities
- The LGBTTTIQ community
- East and South East Asian communities

A 2008 BEP Symposium reflects the collaboration between CAMH and community partner agencies including the Committee for Accessible AIDS Treatment (CAAT), the Canadian Mental Health Branch (CMHA) -Toronto Branch, the Multicultural Inter Agency Group of Peel (MIAG), Sistering and service users from the partner organizations.

The Symposium provided a forum for dialogue among groups and individuals that have a stake in the delivery of culturally competent mental health and addiction services, and related health care.

A Partnerships Database ***[7]*** that is a dedicated information system that tracks partnerships at CAMH. It collects standard information about partnerships across the organization.

As part of CAMH's renewed Strategic Directions, the organization has made a commitment to respectful, collaborative and effective partnerships, in recognition of the fact that we are but one participant in a large mental health and addictions system, and that our collective work is strengthened through partnerships. For this reason we have implemented a tracking tool for partnerships, which allows us to maintain an inventory of our partnerships as a resource for all staff and enable regular and standard reporting on CAMH's partnerships.

Additional partnership examples:

- Partnership-Portuguese Mental Health and Addiction Service at University Health Network
- Partnership-Concurrent Disorders Network (notably Matt Talbot House, St Stephens, and others)
- Multilingual Problem Gambling Service: Problem Gambling partnerships- COSTI Immigrant Services, and the Multilingual Problem Gambling Service, including the

Vietnamese Association, Arab Community Centre, For You Telecare, Polycultural Immigrant & Community Services and others.

- Centralized Assessment Triage and Support (CATS) Program outreach activities seek to improve understanding of our role as the front door of CAMH and how to access CAMH. Selected examples:
  - Central Neighborhood House workshop n mental illness and how to access CAMH to audience of women from Tamil, Bengali, East African and Chinese communities. Interpreters were available for all four languages.
  - Workshop with staff and clients at COSTI Immigration Services

3-year Scadding Court/CAMH partnership- Building and Equity Organizational Toolkit:

- Develop a web-resource tool and planning resource to support people and organizations working on equity-related organizational change within the health and community sectors e.g. clinical, human resources, community engagement, policy development, tracking and measurement, planning, leadership.
- Identify promising/best practices for inclusive organizational development processes
- Foster the growth of supportive networks and partnerships within and across sectors
- Promoting the inclusion of equity in public policy development

Provincial

- Addictions/Mental Health Service for the Homeless – Ottawa. Cross-sector service providers working together to identify and address gaps in service for homeless population with substance use/concurrent disorders. **Provincial Services and Health Promotion equity and diversity initiatives *[8]***

International

- CAMH works in many developing countries to build capacity primary care level. Examples include: Sri Lanka - building mental health capacity for those affected by war and natural disaster; Chile (Municipal Corporation of Puente Alto); Brazil (Ministry of Fortaleza, Brazilian Ministry of Health; Catholic University of Parana; Hospital Psiquiatrico Nossa Senhora da Luz, Curitiba; Governo de Sergipe, Secretaria de Estado da Saude); Mexico (Mexico's National Institute of Psychiatry), Nigeria (Enugu State University of Science and Technology (ESUT) Caribbean - building addiction knowledge and skills for front line workers.
- Toronto - adapting CBT for Latin America and the Caribbean immigrants, with resource manuals to support more effective and accessible treatment for community members facing mood and anxiety.
- CAMH researchers, through the WHO, PAHO and the OAS collaborate with numerous countries, including many in Central and South America, Africa and Europe

SECTION 3: POLICIES, PROCEDURES AND STANDARDS

3a) What specific policies, procedures and/or standards does your hospital have to ensure equitable access and treatment for all patients/clients? (E.g. a Patient Charter)

CAMH has a number of different policy and procedural instruments which significantly provide accountability for the equitable care and support of clients.

- Diversity and Equity Policy
- Code of Conduct

- Staff Performance Review protocols (management PRS and non-management **PACT**). ***[9]***
- Client Bill of Rights
- Workplace Violence Prevention
- Empowerment and Family Councils' mandate
- Client Relations Office mandate and responsibility
- Interdisciplinary Plan of Client Care

How do you ensure that these policies are followed?

- Various approaches (staff review and discipline if necessary, Quality Assurance reviews, performance reviews, etc) provide for a high level of accountability. A Cultural Competence Strategy and Plan will also enhance the current Clinical Practice Framework with respect to equitable care and treatment of clients.

- Equally important, CAMH's CEO has specific health equity/diversity Goals & Indicators

- An important gap and opportunity is the need for better and more integrated coordination between the various offices and programs responsible for the different protocols and policies with respect to equitable access and fair treatment of clients.

- CAMH's Client Satisfaction Surveys also provides an opportunity for addressing gaps and challenges and promoting accountability. Specific questions related to equitable and culturally responsive care in the survey and clinical programs respond to critical issues raised by ensuring timely response and communication with staff.

3b) How does your hospital provide for the delivery of culturally competent care? Please provide specific examples.

Overview

CAMH is developing an organizational plan to improve clinical cultural competence. The strategy for the development includes a review of best practice and interviews with key external and internal stakeholders. The development team includes managers and clinicians from diverse areas across CAMH. Various components are underway:

- A comprehensive Review of Clinical Cultural Competence document to inform and support its planning and work in this area, including an extensive literature review and assessment with strategic recommendations for planning, training and capacity building (A Review of Clinical Cultural Competence – CAMH 2004 ***[10]***)
- Finalizing a comprehensive Cultural Competence Training ***[11]*** menu of supports and training modules for clinicians, managers and non-clinical staff to be rolled out by March of this year (See appendix for a sample of the clinical module).

Some Current Clinical Examples *[12]*

- A number of clinical programs specifically address cultural competence – population specific programs such as Substance Abuse program for African Canadian and Caribbean Youth (SAPACCY), addiction programs for Spanish speaking and Portuguese speaking clients, Women's program, Multicultural Memory Clinic for Older Adults (See Appendix for others).
- CAMH currently trains clinicians in building intake and assessment competence in working with clients from Lesbian, Gay, Bisexual, Transgender, Transsexual, Two-Spirited, Queer, Questioning, Intersex (LGBTTTQQI) communities ("Asking the Right Questions")

- CAMH participated in developing the RNAO best practice guideline on Embracing Diversity: Developing Clinical Cultural Competence. CAMH was a pilot organization in testing the implementation ability of the guidelines along with other organizations.
- Cultural Interpreters Program provides effective clinical support in numerous languages - critical in the delivery of culturally competent care. See section 2

Do you have any special programs or policies that address the needs of Aboriginal and Francophone communities? Please describe.

Aboriginal Program *[13]* - Provides culturally appropriate clinical and educational services in partnership with Aboriginal communities and other stakeholders, using a holistic approach that is based on Aboriginal values, beliefs and traditions. The program offers intake and assessment, individual, couple and family counselling, talking circles and group work, telephone counselling, professional training, consultation and capacity building, psychological assessment, referrals to CAMH inpatient or outpatient treatment as well as to other community-based services, and research. The Program is comprised of various experienced and caring professionals, including an Elder, social workers, a psychotherapist and a consulting psychologist. A residential treatment cycle is currently being developed in partnership with Native and non-Native agencies in Toronto for implementation in fall/winter 2009, as is a structured 8-week outpatient treatment cycle that will enhance our existing services.

CAMH is currently involved in a range of health promotion, systems planning, research and capacity building initiatives in partnership with Aboriginal communities across Ontario (CAMH Involvement in Canadian/Ontario Aboriginal Communities ***[14]***). CAMH recently had 2 internal Aboriginal Days of Sharing with representation from across the hospital to better understand, coordinate and enhance the organizational focus with respect to the Aboriginal agenda. We are also exploring the development of an online resource hub for internal use to access key aboriginal core – e.g. Royal Commission on Aboriginal Peoples recommendations; OCAP Research framework as well as internal postings from clinical, research, OD, PEHP related to collaborations with Aboriginal communities. (Please see appendix)

French Language Services - Under the French Language Services Act, CAMH is committed to offering Ontario francophones access to our clinical services and our educational materials.

In terms of our clinical services, our centralized assessment and triage support program (CATS) offers new clients access to assessment and referral services by a French-speaking service provider or, in special cases, through the assistance of a cultural interpreter. Whenever possible, clients whose language of access is French and who require psychiatric services in a specialized area are referred to a French-speaking psychiatrist. When this is not possible, cultural interpretation services are offered to anyone seeking to be treated in French for an addictions or mental health problem.

All CAMH public education materials, including CAMH web site at www.camh.net are available in French. Further, CAMH trains francophone community service providers in tobacco cessation. Bilingual program consultants across the province provide community-based education, health promotion and prevention services, largely through the Policy Education and Health Promotion Division (PEHP). Some examples include:

Building Capacity within the French-speaking Ethnoracial Communities to Address Issues Related to Tobacco Use: This project produced promotional materials and capacity building

activities to address the prevention of smoking amongst youth and cessation of smoking amongst youth and adult.

Developing culturally-adapted Cognitive Behavioural Therapy and Manual for Francophone Afro-Caribbean immigrants, providing a template for other immigrant communities. The resources that are developed would enhance the access of new immigrants to a widely used mainstream treatment with proven efficacy; thereby facilitating a healthier settlement and integration.

TEACH Program for Francophones - Translation and adaptation of the TEACH Curriculum and clinical tools. Two new modules were developed and added to the existing program for Tobacco Cessation TEACH. This is in addition to the translation and adaptation of this program to be offered to Francophone service providers. One module will cover Francophone culture and Tobacco Cessation and the other module will deal with Cultural Appropriateness and Cultural Barriers to Tobacco Cessation.

3c) What non-English language services are provided corporately?

How are these services provided? (E.g. Volunteers, staff, contractual agreements, family members, telephone, etc.)

Please name or attach the list of languages available and the number of requests you receive for each language, if this is recorded.

CAMH is officially designated a bilingual hospital and as such French language services are fully integrated. For example, the CAMH external website is available in French.
The Cultural Interpretation Services offer clients/patients access to trained interpreters who facilitate communication between CAMH staff and clients/patients who have a preferred language that is not English and to clients/patients who are hearing impaired. The Interpreters work with clients/patients in a wide range of situations that might include assessments, consultations, treatment and meetings with families. On request, the Cultural Interpretation Service can provide interpretation and translation services for written materials. The Cultural Interpretation Service aims to improve equitable access to treatment services and improve quality of care for CAMH's culturally and linguistically diverse clientele.

How are these services provided? (E.g. Volunteers, staff, contractual agreements, family members, telephone, etc.)

Most interpretation is provided by trained freelancers who are offered and accept assignments based on availability and are paid hourly per assignment. The Cultural Interpretation Service is staffed with a full-time coordinator who organizes all interpretation requests. The service makes every effort to fulfill requests made with less than 24 hours notice. Agency-based interpreters are utilized for face-to-face interpretations only when needed. Telephone agency interpretation is utilized when there is an urgent request not able to be fulfilled per above or when interpretation need is very brief (e.g., 5-10 minutes.) See attached for languages and number of requests per language for April 2007 to March 2008

Addictions Program

Provides two outpatient groups (pre-treatment and continuing care) with a Spanish-speaking therapist and provides a residential addiction treatment cycle (multi-disciplinary, 21 day intensive) entirely in Spanish twice per year.

The Addictions Program partners with UHN's Portuguese Mental Health and Addictions Program to offer a residential addiction treatment cycle (multi-disciplinary, 21 day intensive) once or twice per year entirely in Portuguese. These are provided by CAMH full time staff, a casual Portuguese speaking psychiatrist, use of the cultural interpretation service, selected participation by volunteers and two externship professionals from the Portuguese Mental Health and Addiction Service."

3c) Does your hospital have dedicated FTE or other positions that promote, lead or address your health equity goals? (E.g. Director of Corporate Diversity, Access or Human Rights Officer, Mentorship Coordinator, Equity Trainer, etc.) If yes, please list main role components.

- Director Corporate Diversity who provides capacity building support, corporate strategic advice, planning expertise and community engagement leadership
- One Diversity Consultant in the Diversity Programs Office who provides planning, coordination and community engagement expertise
- A Senior Diversity Consultant in Human Resources who provides expertise and leadership to the Human Resources diversity and equity agenda in areas like bias free hiring support, training and capacity building, policy development, planning and research/tracking and measuring
- Two Education Specialist staff who provide diversity training and capacity building expertise as well as planning and coordination support
- A Medical Director of Diversity, who is a Psychiatrist recognised internationally as an expert in Transcultural Psychiatry and who provides broad clinical leadership, research, teaching, public policy, organizational planning and support expertise in the area of equity and diversity.
- The Chief of Nursing Practice and the Deputy Chief of Nursing Practice both have Equity, Diversity and cultural competence as significant responsibilities in leading and engaging clinical integration and accountability, the development of standards and indicators as well as providing planning, capacity building and coordination expertise.
- A Diversity and Equity Provincial Lead, responsible for coordination of equity and diversity priorities across the province
- A Director of International Health whose focus encompasses health promotion, knowledge transfer, training and capacity building, public education and research in developing countries

3d) How has your hospital implemented any special initiatives to mentor, recruit and retain staff from diverse communities? (E.g. where jobs are posted, Internationally Educated Professionals projects, staff education, etc.)

1. <u>Overview of CAMH Human Resources Diversity and Equity Initiatives</u>

The following are a few of the highlights of diversity and equity initiatives that the CAMH HR portfolio is currently involved in.

- Conducted detailed Employment Equity audit and workforce analysis based on HRSDC designated groups. Results of the audit were generally positive, but we identified some gaps in our hiring, and some processes which could be enhanced. Multiple initiatives have been developed in response to the EE audit.
- CAMH developed an overarching People Plan in keeping with our strategic directions, which outlines our vision, seven key commitments, and a plan for leading, managing, developing and supporting staff. Several key **People Plan *[15]*** commitments also reflect Employment Equity commitments.
- Developed a Bias Free Recruitment and Hiring initiative. Policy (drafted), training for managers is ongoing, revised HR processes and developed tools to support implementation.
- Aboriginal Recruitment Strategy, one of our most significant employment equity gaps is in the area of Aboriginal staff. We have struck a project team to collaborate on a series of initiatives to address barriers.
- HR overhaul of all job descriptions to ensure only bona fide occupation requirements are included, and to guard against unnecessary inflation of qualifications or other potential barriers to employment.
- Continue the work of the HR Diversity Committee, a diverse group of internal stakeholders who advise, support and consult on diversity issues in the portfolio.
- Revise and update our Harassment and Discrimination policy to streamline the complaints process and include bullying/personal harassment. Providing a joint training session for HROD staff and key representatives from both unions, and ensure an integration with the Workplace Violence Prevention policy ***[16]*** and the results of the Dupont Inquest. Training for managers and staff to follow. (Please see appendix)
- Partner with the Diversity Programs Office to provide mandatory Diversity training for managers.
- Developed a Workplace Violence Prevention Program and Policy in partnership with key internal stakeholders, ONA and OPSEU, and in consultation with OSACH (Ontario Safety Association for Community and Health Care)
- Disability: in addition to the annual Accessibility Plan CAMH has struck a task force with representatives from HR, Occupational Health and Safety, Facilities, Redevelopment and Risk Management in order to ensure better integration across portfolios of accessibility and disability issues.
- Equity and Diversity statement for all job postings: developed a new statement to better reflect the breadth of our diversity framework: " As an employment equity employer CAMH actively seeks Aboriginal peoples, visible minorities, women, people with disabilities, (including people who have experienced mental health and substance use challenges), and additional diverse identities for our workforce." In addition we will add a brief statement on accommodation to external postings.
- The Organizational Development area provides a series of trainings for managers as well as to support the development of emergent leaders. The curriculum strives to integrate diversity and equity principles.
- Achieved recognition as one of Canada's Top 100 Employers for 2008-2009, we believe in part due to our strong diversity and equity initiatives

- CAMH supports a designated diversity position within HR, as well as two positions within the Diversity Programs Office, which is a clear demonstration of support for diversity and health equity.

2. CAMH has developed a comprehensive HR 'Employment Works!' Recruitment and Retention Initiative that supports people with mental health and/or addiction challenges compete for any and all vacant positions across the hospital. The initiative provides support to people wishing to compete for positions and includes an affinity group for those employees with mental health and/or addiction challenges, The Unusual Suspects. Additionally, the Employment Works! Coordinator provides education, support and training for CAMH Directors and Managers. This initiative works towards reducing marginalization, stigma, discrimination against these employees through a variety of activities.

3. CAMH also has a number of affinity groups/diversity caucuses and support groups who provide strategic advice, content expertise and generally support the corporate advancement of the equity and diversity agenda (Diversity and Equity Coordinating Group, Glue Group, LBGTTQQII caucus, Disability Working Group, People of Colour Caucus, Women's Caucus), and provide a range of optional training and public affairs events on specific diversity issues.

3e) Please give some examples of how your hospital accommodates patients/clients, visitors and staff with disabilities and/or other special needs in compliance with the Ontarians with Disabilities Act.

In addition to developing and posting the required Accessibility Plan annually, CAMH redevelopment undertook extensive consultation on access issues in the new buildings, hired a disability access expert to analyze the specifications and consult with stakeholders, the revised plans will be above code in many regards. We have provided training for Human Resources staff on the emerging AODA customer service standards. Clients who are deaf can be served using our Cultural Interpretation Services. However we have a long way to go. (Please see Annual Accessibility plan ***[17]***)

SECTION 4: GOVERNANCE

4. Do you collect information to evaluate how well your employees and Board of Directors reflect the communities you serve? If yes, please describe how well your employees and Board reflect your communities and indicate your data sources. If not, please explain why.

Please see 3 (d) re employees.

Equity and Diversity in Leadership and Governance

The Communications and Community Engagement staff are the leads on a number of committees in the governance of the organization, specifically the following:

- Community Relations Committee
- Constituency Membership
- Governance Committee
- Ethics Committee

Diversity and equity are reflected in our work with these committees as follows:

- The Community Relations Committee is assigned the task of on-going monitoring of the health equity and diversity initiative at CAMH.
- The Governance Committee of the Board approves and monitors the work plans of all Standing Committees, including a requirement that each Committee specifically identify and track diversity initiatives as part of those plans (Please see board CAMH Diversity and Equity Benchmarking Tool)
- The Governance Committee does a detailed gap analysis (CAMH Board Gap Analysis ***[18]***) each year to determine priorities for filling Board vacancies and actively recruits to fill those gaps to ensure that the Board. The CAMH by-laws are explicit in their Guidelines for the Selection of Trustees to ensure that the membership of the Board reflects the breadth, depth and diversity of the community it serves. This includes a requirement that at least 30% of the elected members of the Board will bring the experience and a provincial perspective, direct experience in the addictions/mental health area; experience from other boards; community involvement; and the perspective of consumers and families to the Board table. Board membership must also have regard for the cultural, gender, ethnic, linguistic and religious characteristics of the communities served.
- Structures have been put in place to ensure that clients and family members have a voice in CAMH decision-making. In addition to the requirement for client and family participation on the Board, CAMH funds a separately incorporated Family Council and an Empowerment (client) Council. The Boards of the Councils are elected by clients and family members of CAMH and provide an independent voice for clients and families.
- CAMH has a unique membership model whereby the 70 Voting Members of CAMH are drawn from our key stakeholder communities: clients, families, mental health agencies, addiction agencies, social services providers, academic constituencies, public health bodies, etc. This provides our organization with a broad base of members who reflect the communities we serve. These members elect our Board and adopt our by laws at our Annual Meeting.

SECTION 5: TARGETS AND MEASUREMENT

5a) Please outline the goals and action plans to address your health equity and access priorities.

CAMH Board

- Continue building Standing Committee diversity planning and decision-making capacity
- Build Tool to measure health equity outcomes specific to CAMH's refreshed Strategic Directions, especially with respect to Social Determinants of mental health and addictions
- Provide a minimum of 3 equity and diversity training sessions for Board members annually

Leadership and Accountability

- Build health equity and diversity performance indicators in MD Annual Review System
- Annual ELT equity an diversity review sessions
- Build health equity and diversity indicators and benchmarks for all Quality Councils (in partnership with them)

Organizing Structure / Process

- Focus health equity work of Diversity Programs Office (DPO) mostly on tracking & measuring, developing resources, supporting other formal CAMH structures, focusing on public policy, training & external work (systems support – e.g. province-wide LHIN health equity capacity building and planning support and international work)
- External peer review of CAMH diversity and equity training
- Integrate health equity benchmarks integrated in all staff development training courses at CAMH
- Develop strategy for physician & residents training & knowledge exchange
- Build overarching CAMH Cultural Competence Plan
- Build intake and assessment tool that comprehensively captures data related to equity and diversity of client population to support high quality, culturally competent clinical care, program planning, tracking and measuring impact and enhance community engagement
- Designate formal health equity leads in all programs
- Enhance and develop data gathering and research focus on mental health and addiction disparities for marginalized communities to support decision-making, planning, community capacity building, public policy, education and training and clinical program delivery
- Work with Empowerment Council, Family Council, Ethics and CAMH programs to further build and enhance client involvement and engagement related to health equity issues
- Build health equity benchmark tools for CAMH Program Advisory Committees and provide training and resource exchange to build consistent diversity recruitment, planning and decision-making capacity.
- Revise and re-engage staff with Health equity and diversity planning and support tools
- Better integrate provincial and international health equity and diversity priorities with corporate health equity plans

Tracking and Measuring

- Build stronger health equity and diversity indicators into Balanced Scorecard
- Promote stronger diversity measures in CAMH satisfaction surveys – staff and client
- Develop mental health and addiction health equity environmental scanning capacity
- Strengthen equity and diversity program planning and review capacity
- Support Research, Clinical and PEHP in enhancing equity tracking and measuring indicators

5b) Please provide some examples of how you incorporate your access and equity objectives, or use an equity lens, in your initiatives to address the MOHTLC and LHIN priorities? (E.g. Strategic Plan, Wait Times Reduction, Patient Safety, Staff Interactions, Capital Projects including Facility Improvements, etc.)

Wait time:

- CAMH initiated a project to examine wait times to improve access to our services. While most programs maintain their own waiting lists, definitions and practices are inconsistent. This project will look at implementing a wait time strategy with common definitions and practices. CAMH is also meeting with other mental health facilities to ensure that alignment can be achieved and best practices emulated.
- As an example of the kinds of initiatives being implemented by individual programs, the Addiction program has brought their wait time down from… 5 weeks to between 5- 10 days. Addiction assessment wait time has decreased from 5 weeks and is maintained at 5 – 10 business days, through a process of prescreening, information groups, and group programming.

Barrier: inordinately long waiting periods

Capital Project
CAMH Site Redevelopment: Meeting/exceeding build code standards for physical access, prayer rooms, etc in CAMH's Site Redevelopment agenda ***[19]***

5c) What indicators and tools are used to monitor progress? (E.g. interpreter requests, accessibility plan implementation, balanced scorecards, patient compliments and complaints, etc.)

- Balanced Scorecard – provides program breakdowns
- CEO Goals and Indicators related to equity and diversity
- Committee review and management of Accessibility plan
- CAMH-wide Quality Council indicators
- Assessment of client complaints/compliments through Empowerment Council and Client Relations Trend analysis ***[20]***
- Building evaluation tool re tracking and understanding interpreter requests
- Senior Management Quarterly Indicators

5d) What information and data do you require in order to better identify and monitor health inequities?

- CAMH has identified the need to better collect client demographic data that more effectively captures the range of identities that clients have in order to provide more informed, responsive and culturally competent care. This includes categories like sexual orientation, race and disability.

- CAMH needs to more strategically extend and focus its environmental scanning, data gathering and research scope to ensure timely tracking of rising mental health and addiction disparities for those from the most marginalized communities to better align with clinical, health promotion and public policy decisions.

5e) How are members of diverse communities, staff and board members involved in planning and setting health equity priorities for action by your hospital? (E.g. community engagement approaches)

- CAMH Board's Community Relations Committee plays an important role in providing input, feedback and content expertise in setting equity and diversity priorities
- Strategic Planning renewal process involving extensive community consultations
- Program Advisory Committees, which are made up of CAMH staff, former clients and community representatives. Committees have an important role in informing decisions and impacting planning related to health equity
- CAMH Constituency members represent a large, diverse range of interests and bring significant expertise related to health equity. This is reflected in advice to staff, feedback to training sessions and consistent engagement related to critical issues.
- Various CAMH groups, caucuses and committees provide planning and content expertise (Health Equity Task Force, Diversity Coordinating Group, LBGTTQQII Caucus, Disability, People of Colour Caucus, Women's Caucus, etc)
- Numerous volunteers as well as approximately 150 research trainees annually provide input, feedback and perspectives in various settings that enrich and advance CAMH's work in this area.

- Significant partnerships, collaborations and joint initiatives across the province with diverse stakeholders who support and consistently inform CAMH's health equity agenda

SECTION 6: COMMUNICATIONS

6. In what ways are your health equity goals communicated to the following groups?

CAMH Public Affairs provides communications expertise and support to organisation-wide diversity and equity projects. Public Affairs also actively works with the Diversity Programs Office to ensure that corporate initiatives reflect CAMH's core diversity and equity value.

This support usually involves developing a strategy, goals and tactics for communicating with identified target audiences for an initiative. It involves developing appropriate and consistent key messages, and creating awareness and understanding by profiling the initiative on CAMH's various communications channels (media, corporate intranet and external website, newsletters, email and voice-mail blasts, etc).

Staff & Physicians

- Developing a Diversity and Equity Plan for the Policy, Education, Health Promotion & Communications & Community Engagement (PEHP-CCE) branch of CAMH to better enable it to provide diversity leadership;
- Building a communications strategy for "Living Diversity," a new internal diversity awareness initiative to improve diversity awareness and to better integrate diversity practice into all aspects of CAMH staff's work.

Board of Directors

- CEO Goals, which include specific diversity and health equity objectives and performance indicators
- Board subcommittee responsible for diversity and equity (community Relations Committee), reports to the board on CAMH's work and initiatives in this area as well
- Board diversity and equity training twice a year
- Board presentations on equity changes and developments as well as board discussion and approval of public policy positions related to critical health equity issues – e.g. youth violence

Patients/Clients, Families and Community Members

- Promoting and profiling a symposium on the legacy of enslavement and its impact on mental health and addictions for African/Caribbean Canadians;
- Contributing to and profiling CAMH's new LBGTQQI Strategy;
- Placing stories in community and ethno-racial media

Health and Social Service Partners

- CAMH provides significant leadership of the health equity agenda in the GTA, working with allies in all hospitals in the catchment, as well as community health centres, community-based agencies and LHINs across the GTA. Key CAMH staff co-founded and currently chairs **Health Equity Council** (HEC). In providing this leadership, CAMH has consistently identified, communicated and reiterated its commitment to and support for a robust health equity agenda in the City of Toronto.

- CAMH has provided training and strategic planning support on health equity to (amongst others):
  - Toronto Public Health – different units at different times
  - Women's College Hospital
  - Toronto Community Care Access Centre
  - Francophone Community Health Centre
  - University Health Network
  - St. Joseph's Hospital
  - 519 Church Community Centre
  - Mount Sinai Hospital

The Toronto Central LHIN

The Health Equity Council with significant leadership and support from CAMH has been very instrumental in advancing Toronto Central LHIN's health equity agenda and providing initial capacity building, training, strategic planning support and content expertise to the TC LHIN board and senior staff related to this agenda. This has led in large part to the current focus on health equity by TC LHIN.

- CAMH staff members were instrumental in developing health equity indicators distributed by TC LHIN in its initial communication to all 18 hospitals to support their development of health equity plans. In addition CAMH staff members are involved in various committees of the TC LHIN where health equity is consistently identified, CAMH's commitment and support is articulated and communicated consistently.

Other

- CAMH has been sector leaders on health equity for the last nine years. In partnership with 23 other agencies, CAMH initiated and partially funded a major international health equity conference in 2006, the only one of its kind in the City of Toronto. This was a very public communication platform, enabling the CEO and the Vice President of Community Relations to express the Centre's commitment to health equity and to continuing to provide leadership to the agenda.

SECTION 7: POTENTIAL ROLES FOR THE TORONTO CENTRAL LHIN

7. Does your hospital have specific requests, actions or comments that the LHIN should consider to ensure a system-wide approach to improving health equity?

- TC LHIN could provide resources to support the development of the Scadding Court-CAMH Equity Organizational electronic toolkit ***[21]***, which will provide province-wide support for capacity building for health service providers. Health Equity Organizational Change Toolkit Backgrounder (Scadding Court) and CAMH ***[22]***
- Develop a rigorous reporting and accountability framework for all TC LHIN hsps with respect to health equity that would eventually be integrated into Hospital Service Accountability agreements and could include peer review, on-site visits, electronic reporting and eventually published data on each hsp.
- Initiate the development of a broad formal Health Equity advisory body that would include representation from across the range of TC LHIN health service providers, including community health centres, hospitals, community care access centres and others who receive funding to provide long-term strategic, planning and coordination advice as well as content expertise to TC LHIN.
- Develop a health equity database that facilitates the tracking and sharing of data between health service providers and provides health equity trends analysis to support hsps with the submission of annual plans and eventually set health equity priorities for the TC LHIN catchment area, using an intersectional analysis.

SECTION 8: ATTACHMENTS

8. Please list all attachments to this report here.

Appendix #	Document
1	A Review of Clinical Cultural Competence – CAMH 2004
2	ARQ2 Promotional material and Course Curriculum
3	Board Diversity Training Material
4	CAMH Client Bill of Rights
5	CAMH Client Distribution: Language and Country of Birth
6	CAMH Client Relations Trend Analysis
7	CAMH Diversity and Equity Policy
8	CAMH Harassment and Discrimination Policy
9	CAMH Involvement in Canadian/Ontario Aboriginal Communities
10	CAMH Site Redevelopment Agenda
11	CAMH Statement of Values and Strategic Plan
12	CAMH Youth Violence Public Policy position
13	Clinical Cultural Competence training modules
14	CSRU: Building an Integrated System in Community Support and Research Unit
15	Cultural Interpreters' Data Report
16	Culture Counts product sample
17	Diversity and Equity Benchmark Resource for CAMH Board and Committees
18	Health Equity Organizational Change toolkit backgrounder (Scadding Court and CAMH)
19	LBGTTQQII Strategy-Executive Summary
20	New CAMH Diversity Language for all CAMH job postings
21	PACT: Staff Performance Assessment and Communication Tool
22	Partnerships Database
23	People Plan
24	Provincial Services and Health Promotion equity and diversity initiatives
25	Research Gap Analysis (Research)
26	Spider Chart RAI/MHAP
27	Substance Abuse Program for African Canadian and Caribbean Youth Program (SAPACCY) Summary
28	Workman Arts Summary Report
29	Workplace Violence Prevention Program Policy
30	Empowerment Council & Family Council
31	Board of Trustees Gap Analysis

REFERENCES

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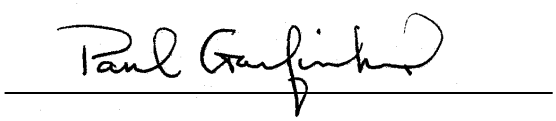
Signature:  **Date: February, 13, 2009**

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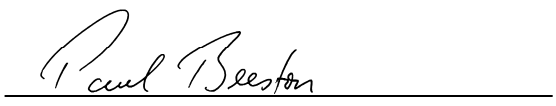
Signature:  **Date: February 13, 2009**