

CENTRE FOR ADDICTION AND MENTAL HEALTH

STRATEGIC PLAN FOR 2006-2009

OUR STRATEGIC PLAN FOR 2006-2009:

Our Strategic Plan Renewal Process:

In the midst of significant change in the health care environment in Ontario – with the move to a regional health care governance structure through the establishment of Local Health Integration Networks (LHINs) – CAMH wanted to be clear about its role in the new environment. A contained renewal process was undertaken. From November 2005 to February 2006, CAMH consulted with clients, families, staff and other stakeholders to get a sense of what we do well, and what we might do better or differently in the future. CAMH hosted focus groups with key stakeholders and provided an on-line survey option for both staff and external stakeholders in order to benefit from the views of as many people as possible in shaping its priorities. The various consultation sessions included approximately 200 external stakeholders from across the province and 355 staff representing both clinical and non-clinical staff. Surveys were received from almost 500 people, including 440 CAMH staff. This input shaped CAMH's strategic directions for 2006-2009.

Our Mission

Improving the lives of those affected by addiction and mental health problems and promoting the health of people in Ontario and beyond.

Our Vision

Strong and healthy communities, in which people with addiction and mental health problems can access appropriate and effective services and live as full participants.

Our Values

1. **Client-centred practice**
We put the client at the centre of what we do. We focus on individual client needs and strengths, showing mutual respect, encouraging client participation and empowerment, developing cultural and clinical competencies, and promoting clients' rights.
2. **Continuous learning**
We foster creativity, discovery, learning and the sharing of ideas. Ongoing learning, scholarship and self-scrutiny at all levels in the organization, and sharing the results of our learning with others are vital to CAMH.
3. **Diversity**
We respect each person as unique and demonstrate this through inclusive practices, information sharing and access to services. We believe in the principles of equity and access and will respect the diversity of communities we serve by having inclusive practices and policies for our governance, service, and employment.
4. **Evaluation and accountability**
We will improve, monitor and evaluate our services, and we will be accountable to our stakeholders. We will conduct ourselves in a responsible, transparent and ethical manner and uphold high standards of care and practice. We recognize our responsibility to use our resources efficiently and effectively. We will engage our stakeholders and build relationships based on respect and shared values and interests.

5. Holistic view of health

We believe in understanding and helping the whole person in ways that are holistic and focused on recovery. We believe that health is a complete state of physical, emotional, spiritual and social well-being, and are committed to a multi-dimensional view of health and illness. Our approach to service weaves evidence-based practice with wellness and a focus on the broad determinants of health.

6. Partnership

We will build respectful, collaborative and effective partnerships. We are but one participant within the health system and our collective work is strengthened through partnerships characterized by mutual respect, teamwork and open communication.

Our Goals

1. Improve Care and Enhance Health

CAMH will improve client-centred quality care, enhance health and client safety, and improve access to programs and services.

2. Discover, Share and Apply New Knowledge

CAMH will build a culture of integrated and collaborative approaches to discovering, sharing and applying new knowledge.

3. Influence Public Policy and Promote Positive System Change

CAMH will be a leading and collaborative voice in influencing responsive public policy and broad system improvement.

4. Be the Best Place to Work and Learn

CAMH will become the best place to work and learn – attracting, supporting and retaining the best team of staff, physicians, volunteers and students.

5. Ensure Long-Term Sustainability and Development

CAMH will ensure the long-term sustainability and development of programs and services by effectively using resources and diversifying our funding sources.

6. Provide Effective Information Management Systems and Technology

CAMH will develop integrated information management systems and technology to support leadership in clinical care, research, health promotion and education.

7. Develop Innovative Facilities

CAMH will transform the Queen Street site into a central hub -- an innovative care, health promotion, research and education village linked to the community and satellite locations across the province.

Our Strategic Directions

1. Build an Integrated System

CAMH will work with partners and other providers to build an integrated continuum of services and supports for people with addictions and mental illness.

2. Provide Specialized Clinical Services

CAMH will provide specialized clinical services in mental health and addictions, and will differentiate its clinical services from other providers.

3. Expand Support for Best Clinical Practice, Professional Education and Professional Development

CAMH will expand its scope in supporting best clinical practice, professional education and professional development.

4. Maximize the Reach and Impact of Research

CAMH will extend the reach and impact of its research and will increase the application of research to clinical practice, professional and public education, health promotion and public policy.

5. Foster a Healthy Workplace

CAMH will foster a healthy workplace for people to excel in a culture that embraces diversity and encourages teamwork, quality improvement, safety, and respect.

ABOUT OUR ENVIRONMENT:

Mental health disorders and addictions have long been the “orphans” of the health system. Individuals living with addiction and mental health disorders continue to be challenged by the additional stigma associated with these conditions.

However, there have been modest improvements over the last few years. There is a better understanding of the prevalence of mental health and addiction problems, and these issues are gaining more attention in the workplace. There is increasing acceptance of these issues as health problems, and recognition that they have a significant economic impact. Recognition of the presentation of mental health and addiction disorders has improved, there is a greater emphasis on standards of care, and the importance of early intervention to achieve better outcomes is more widely accepted. There has also been a call for the establishment of a national mental health commission.

There has been increased funding for research ranging from molecular neuroscience to social policy development. However, more recently there has been a levelling of funding support for research. Coupled with the increasing cost of science, funders are putting a special emphasis on translation of research into clinical practice and knowledge exchange. High quality people are being attracted to the field in an increasingly competitive environment for health care professionals. We still have a way to go before we can feel proud about how these vulnerable and marginalized members of our society are being treated, cared for and supported.

Health System Reform

Major health system reform is taking place in Ontario. Key elements of the reform agenda include regionalization of the health system through the establishment of Local Health Integration Networks (LHINs), a focus on primary health care, and an interest in developing an integrated continuum of care from hospital to community. The provincial government's goal is to improve access to doctors and nurses, reduce wait times for key procedures, and invest in community-based health care in order to reduce pressure on hospitals and deliver care closer to home. To date, the impact on hospitals has been a significant increase in financial pressures -- hospital funding has fallen short of inflation as more funding is going to support community-based services. In the longer term, it is not entirely clear how the devolution of funding allocation decisions to LHINs will impact hospitals. It is also not clear how teaching hospitals like CAMH, and organizations with a provincial mandate – again, like CAMH – will be affected by regionalization.

We know from experience in other jurisdictions that mental health and addiction services have not fared well in the regionalization process. We also know that regional bodies tend to demonstrate

more interest in local care pressures and traditional illness priorities. The longer-term positive impact of prevention and health promotion initiatives, and the potential benefits of fundamental science breakthroughs that will shape care and prevention in the future tend to be of secondary interest to these funding bodies.

CAMH will need to continue to play a leadership role in advocating for effective system design and for a “fair share” of resources for the addiction and mental health sector in a regionalized health system in Ontario. As LHINs evolve over the next few years, they will progressively assume their system planning responsibilities and CAMH will need to also evolve its system planning activities. As well, CAMH will need to continue to work with LHINs and the provincial government to support prevention and health promotion initiatives, and to support investments in basic and applied research.

Funding and Accountability

Health system reform will also include an increased emphasis on funding accountability and evidence-based clinical practice. Specific accountability requirements are included in the *Commitment to the Future of Medicare Act, 2004* and the *Local Health System Integration Act, 2005*. Hospitals, including CAMH, will be expected to focus on those things that they do best and provide those services that can't be provided by others in the system – there will be increasing pressure on hospitals to focus on their specialities and differentiate their services from other providers. In the past two years, budget increases to CAMH have been 2.8% and 2.6% respectively, in contrast to significantly higher increases in previous years, and we have been told that these trends will continue. CAMH and other hospitals will have to demonstrate their value and contributions, and the impact of their work. The development of outcome indicators and measurement of impact will increasingly be expected.

Health Promotion, Disease Prevention And The Determinants Of Health

It is important to also note that in Ontario and at the national level, there has been greater interest in health promotion, disease prevention and the determinants of health. The establishment of a new provincial Ministry of Health Promotion, separate from the Ministry of Health and Long-Term Care, is one manifestation of this recognition of the importance of health promotion and the key determinants of health. Another example is the establishment of national and provincial public health agencies and the development of national public health goals. Substance use and abuse strategies, chronic disease prevention or healthy living strategies and legislation are under development and implementation at the national, provincial and municipal levels. There is also a renewed federal and provincial focus on children and youth, building on the principles of prevention and health promotion.

Additional Developments

A number of additional developments will shape CAMH's role in Ontario's health system:

- **An expanded role for technology** in health care, including the development of information systems to support care planning and decision-making (e.g., electronic health record), tools to support funding decisions (e.g., Resident Assessment Instrument), diagnostic technology (e.g., Positron Emission Tomography), and web-based health information. CAMH has taken a leadership role in getting mental health and addictions recognized as a key player in provincial eHealth initiatives. It will be important for CAMH to continue with this leadership.
- **Increased consumer and family participation** in the care and recovery process as people continue to be better informed. CAMH has successful examples – the Bill of Client Rights, the Family Initiative, Empowerment and Family Councils and Program Advisory Committees – and it will be important to move these initiatives to a higher order.
- **Increased diversity** in Toronto and the province will increasingly challenge CAMH to work more effectively with organizations that serve diverse and marginalized communities (e.g., Aboriginal people, immigrants and refugees, seniors and youth, LBGTQ communities, the

homeless), and to provide access to culturally competent care and services that are responsive to the needs of diverse groups and diversity within these groups. Diversity has been a corporate priority for CAMH and it will be important, again, to intensify our efforts..

- An awareness that **addiction issues** need to be adequately addressed in an environment that continues to view addictions as “undeserving” or of less importance. Given CAMH’s mandate in addictions, mental health and concurrent disorders, CAMH has a responsibility to continue to advocate, along with its partners, for a continuum of services for those people suffering from addictions.

Challenges:

A number of ongoing challenges are anticipated:

- Improving access to services in an already stressed service system and in an environment of heightened awareness about mental health and addiction issues.
- Ensuring consistent, high quality care in all mental health and addictions services.
- Improving our relationships with other hospitals and providers to eliminate “silos” of care, to build an integrated system, and to ensure that we are providing the best possible care to the people we serve.
- Influencing the impact that regionalization will have on teaching hospitals and organizations like CAMH that have a mandate to provide services on a provincial basis.
- Ensuring high levels and standards for staff recruitment, development and retention, and fostering a healthy workplace during this period of change. CAMH has some successes in promoting a healthy workplace (e.g., performance recognition system, smoke-free policy, staff service award, employee assistance program, etc.), but there are many areas for improvement.
- Maintaining a focus on CAMH’s redevelopment of the Queen Street site in a changing environment.

(Please refer to the *CAMH Strategic Plan Renewal Environmental Scan, October 2005* for a fuller description of these environmental changes.)

OUR STRATEGIC DIRECTIONS FOR 2006 – 2009

CAMH is a major partner in the addictions and mental health system in Ontario. CAMH will influence provincial health system reform by taking a leadership role in working with our partners to build a mental health and addiction system that:

- Is client-centred, culturally appropriate and accessible;
- Reflects evidence-based best practices and provides consistent high quality standards of care;
- Is holistic by recognizing the many dimensions of health and illness, including a focus on the determinants of health (housing, employment, income and social support) and the importance of health promotion, prevention, early intervention, treatment and recovery goals;
- Supports the educational and developmental needs of a broad range of health professionals;
- Has a strong capacity for research that affects the problems of today and the fundamental science that will form the basis of advances in care and prevention in the future;
- Advocates successfully for healthy public policies that reflect scientific evidence and are informed by the needs of clients and families; and
- Is made up of hospital and community-based organizations that model best practices for healthy workplaces.

CAMH will continue to demonstrate leadership in national and international forums through sharing of knowledge, and advocating for the best interest of people who are impacted by addiction and mental health issues.

The following strategic directions will be pursued in support of CAMH's strategic goals and to support the development of a mental health and addiction system during this period of health system reform in Ontario. These strategic directions will inform the site redevelopment process which will be a major focus for CAMH during 2006-2009 and beyond.

1. *CAMH will work with partners and other providers to build an integrated continuum of services and supports for people with addictions and mental illness.*

We will work with community service providers and other hospitals to build a continuum of care that responds to the needs of clients, is evidence-based and creates and incorporates best practices, supports integration and establishes service linkages.

This could mean:

- A focus on the integration of addiction and mental health system design.
- Implementation of “shared care” models with practitioners in the community so that clients with complex needs have access to appropriate services.
- Working with community providers to ensure that quality of life issues – housing, employment, income support, social support – are addressed as critical elements of client care, recovery and reintegration, and are supported through healthy public policies.
- Strengthening our leadership role in health promotion in the addictions and mental health sector (e.g., mental health promotion, clinical health promotion, health-promoting hospitals, best practice and policy resources to support community-based and school-based health promotion, etc.).
- Continuing to raise the profile of mental illness, alcohol, tobacco and other drugs as risks factors in chronic disease prevention and management.
- Providing clear information about what we do, and what other service providers do in the overall system of services and supports.
- Involvement in the development and implementation of a health human resources strategy for the sector.

2. *CAMH will provide specialized clinical services in mental health and addictions, and will differentiate its clinical services from other providers.*

We will support the development of a community-hospital continuum of care as we redevelop our Queen Street site by concentrating on our existing strengths as a specialized health care provider – i.e., focusing on those clinical services that we do best. We will work with our community and health system partners to ensure that changes to the continuum of services are implemented in a transparent and incremental manner, and that system capacity exists before services are transferred to partners.

This could mean:

- Having a comprehensive assessment capability.
- Serving clients with complex needs.
- Offering a unique roster of evidence based clinical services.
- Emphasizing novel, innovative treatments.
- Continuing to incorporate health promotion principles and strategies into clinical care.
- Delivering services through multidisciplinary teams working in an inter-disciplinary fashion.
- Modeling the highest standards of clinical practice.
- Developing outcome indicators and impact measurements for its clinical services.

3. *CAMH will expand its scope in supporting best clinical practice, professional education and professional development.*

We will expand our clinical role with respect to clinical services beyond the Toronto area, and our professional education efforts to a broader range of health professionals. The extent of this expansion will be dependent on the level of financial commitment we receive from the provincial government and the LHINs for this capacity-building work, and our ability to find new funding partners.

This could mean:

- Providing clinical consultation to support the efforts of community-based psychologists, psychiatrists; primary care physicians and family health teams; Emergency Room physicians; clinical staff of regional hospitals; etc.
- Providing education to clinicians on best practices for patient safety, early intervention, recovery orientation, harm reduction, relapse prevention, concurrent disorders, cultural competence, working with families, etc.
- Developing and evaluating new models of care, and disseminating evidence-based models to other providers (e.g., First Episode model, concurrent disorders, etc.).
- Expanding professional education and capacity-building initiatives by adapting resources for new audiences -- primary care physicians, multi-disciplinary staff in family health teams and community health centres, clinicians and staff in other hospitals, people working in the mental health and criminal justice system, staff in unregulated disciplines working in mental health and addiction community agencies (e.g., peer support workers, community outreach workers, etc.).
- Disseminating best practice resources related to health promotion and prevention (e.g., research and information, skill development and education resources, healthy public policy supports, etc.).
- Exploring new partnerships and coalitions for the funding, development and delivery of capacity-building and education initiatives (including revenue generation opportunities).
- Developing outcome indicators and impact measurements for our dissemination and professional capacity-building initiatives (e.g., track the impact of CAMH-trained professionals).

4. *CAMH will extend the reach and impact of its research and will increase the application of research to clinical practice, professional and public education, health promotion and public policy.*

CAMH research is a growing centre of excellence that continually works to achieve the highest levels of quality, impact and recognition. We will increasingly need to demonstrate to funders, the community and staff how our research applies to clinical practice. We will also need to communicate with these stakeholders how new knowledge from research can be applied to healthy public policy development, professional and public education, and the development of healthy communities.

This could mean:

- Focusing on four domains of research – neuroscience; brain imaging; clinical; and social policy and health promotion/prevention.
- Establishing a system of performance review and accountability for scientific research such that our research is considered excellent by internationally competitive standards.
- Enhancing our clinical research capacity through greater collaboration between our research program and our clinical programs (e.g., clarifying research roles of clinicians, providing mentoring support, coordinating new hires, establishing central infrastructure support for clinical research, etc.).
- Improving the integration between our research enterprise, clinical programs, and our policy, education and health promotion division (e.g., divisional summits to share information about expertise and opportunities, joint-planning bodies, coordinated hiring decisions, etc.).

- Collaborating with diverse community partners and stakeholders in developing the research agenda, participating in research, and applying research results to clinical, policy, education and health promotion initiatives (e.g., Community Research Enhancement Program, improved communication strategies, etc.).
- Using the knowledge base generated through our research initiatives to become leaders in knowledge exchange and to provide the evidence behind policy development in the new regionalized health system.
- Providing leadership in addiction and mental health research training to prepare future researchers in an era of changing technologies and increasingly interdisciplinary research milieus.
- Developing outcome indicators and impact measurements for our research enterprise at the level of the individual scientist and as a collective group of scientists.

5. CAMH will foster a healthy workplace for people to excel in a culture that embraces diversity and encourages teamwork, quality improvement, safety, and respect.

We aspire to be a model employer. As the province proceeds with the regionalization of the health system, and we proceed with the implementation of our Functional Program and site redevelopment, everyone within the organization will face significant change and new challenges.

Fostering a healthy workplace could mean:

- Responding to the additional challenges of sustained change by providing regular communication, education and support to staff.
- Continuing our efforts to attract and retain the best people in an increasingly competitive human resource environment.
- Continuing our efforts to recruit people from diverse and marginalized communities, including people with mental health and addiction histories.
- Improving the health and wellness of everyone in the organization by supporting the development of healthy teams throughout the organization, and applying evidence-based best practices in workplace health promotion (e.g., initiatives that improve the quality of the employment relationship and influence staff adaptability, productivity, creativity, etc.).
- Implementing information management strategies/systems/tools that support system-wide eHealth initiatives, facilitate improved service, and lead to productivity efficiencies for staff and financial efficiencies (e.g., clinical reporting/case costing, electronic tools for evidence-based decision-making, research grant administration, human resource administration, etc.).

ABOUT CAMH:

The Centre for Addiction and Mental Health (CAMH) is one of the largest addiction and mental health organizations in North America and Canada's leading mental health and addiction teaching hospital. CAMH is a Pan American Health Organization and World Health Organization Collaborating Centre, and is fully affiliated with the University of Toronto. CAMH combines clinical care, research, policy, education and health promotion to improve the lives of people impacted by mental health and addiction issues.

CAMH provides a range of high quality **clinical care** to meet the diverse needs of people who are at risk for addiction and mental health problems and who are at different stages of their lives and illnesses. CAMH's client-centred philosophy of care recognizes that everyone is different and that each client has individual social, physical, emotional, spiritual and psychological needs. Clinical staff strives to provide care that is responsive to race, culture, ethnicity, gender, age, abilities, religion and sexual orientation.

There are nine major clinical programs:

- Addictions
- Women's
- Schizophrenia
- General Psychiatry
- Mood and Anxiety
- Youth and Family
- Geriatric Mental Health
- Dual Diagnosis
- Law and Mental Health

Clinical services include assessment, brief interventions, residential programs, continuing care, and family support. CAMH works with other providers to ensure that quality of life factors – housing, employment, income support, and social support – are addressed as key elements of care and recovery. Clients, their families and significant others are all active partners throughout the care process. CAMH responds to over 400,000 visits by more than 20,000 unique clients per year. CAMH has almost 1300 staff (full time equivalents) working in the clinical programs of which 71% of them provide direct clinical care to clients. In addition, over 500 volunteers support the work of the clinical programs.

CAMH has Canada's largest mental health, mental illness and addictions **research** program, bringing together internationally-recognized researchers in the biological, psychological and social fields and undertaking research that ranges from molecular neurosciences to social policy development. CAMH's research in mental health disorders and addictions includes: advancing knowledge about the cause of these disorders; developing improved techniques for diagnosis and evaluation; developing effective treatment, rehabilitation, preventative and health promotion strategies; and enhancing knowledge about the best policies to guide and the best systems to deliver services to affected populations. The research program at CAMH supports advanced teaching and training of researchers and contributes to the development of specialized teaching and training opportunities. These opportunities include programs for health professionals and related disciplines, locally, nationally and internationally; and programs for clients, their families, caregivers and communities. CAMH research grants amount to \$35.5 million (2004-05 data), up from \$15.4 million since 1998. CAMH has seven endowed University Chairs and Professorships, and six Canada Research Chairs. CAMH's share of funding amongst the Toronto Academic Health Sciences Network (TAHSN) hospitals has grown from 2.5% to 6.2%. CAMH science has led to filing of 23 patent applications (from 2001 to 2005) and has changed practice and policy in Ontario and beyond. CAMH is increasingly seen to be the leader in mental health and addiction research in the Toronto Academic Health Sciences Network, in Canada, and internationally.

CAMH provides **public policy, education and health promotion** services and supports across the province. CAMH is committed to advocating for public policies that respond to the needs of people with addiction and mental health problems, and that reflect scientific research evidence. CAMH has advocated on its own and with key partners on a range of public policy initiatives: the *Smoke-Free Ontario Act*; substance use and abuse strategies at the national, provincial and municipal levels; alcohol retailing, advertising; problem gambling review; housing and income support policies; mandatory drug testing; and governance and financing issues for the mental health and addiction sector in a regionalized health system. CAMH provides accredited continuing medical education to medical students, practitioners and psychiatrists; professional education courses, tools and resources for staff within CAMH and for a broad range of health professionals and community service providers; and public education initiatives to inform the public about mental health and addictions challenges and the stigma associated with these challenges. CAMH's commitment to health promotion is reflected in the provision of information, resources and tools to support health promotion and prevention within CAMH and across the province (e.g., clinical health promotion, health promoting hospitals, school and community-based health promotion initiatives). In 2005-06, CAMH hosted 21 Continuing Medical Education courses with 440 participants; 57 Continuing Professional Education courses (including 16 on-line courses) with 1520 participants; 25 development courses with 695 staff; and 28 diversity courses for both staff (250) and external participants (360). In addition, there were 4,500 orders for CAMH publications amounting to \$450,000 in revenue.