Diversity Analytical Framework

A CAMH Frame of Reference

For Planning

and

Decision Making

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

August, 2002

Human Resource Policies and Practices
Recruitment & Selection
The advertising, screening, interviewing and selection processes, policies and practices as they relate to diversity.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Hiring and selection pollicies and / or practices explicitly exclude certain designated groups. For example: persons who are HIV positive need not apply; only persons under 35 years may apply. Job descriptions are not current and do not reflect only job-related performance requirements but include personality attributes and / or credentials that are not required to perform the job. Hiring process is not open and transparent.	Vacancies are only advertised internally and / or in mainstream media. No effort is made consistently to access other media and /or community organizations and /or extra outreach efforts. No formal policy, or the policy is not consistent organization-wide, regarding: waiver of competitions; how to screen resumes and use a scoring system that is bias-free; how to administer tests; policy for offering alternatives to tests for persons with disabilities; how to set up an interview panel and conduct interviews. Examples: selection is often based on who you know; analyses have not been performed on all jobs for physical requirements; resumes may be screened out due to being handwritten or for no Canadian work experience or volunteer work does not count. Maintaining the status quo is deliberate (hiring mainly through word of mouth / own networks).	Job descriptions and job ads accurately reflect the essential duties of the job – job descriptions are updated and go through a "diversity / or employment systems review test for any biases; determine what is actually required to perform the job so as to ensure against unnecessary credentialism, including length of experience which can be a form of credentialism (specifies the type rather than the number of years of experience). Uses language that is inclusive and unbiased; all jobs have undergone documented physical needs analyses. Screening criteria and testing is directly job related. Policy across the organization on setting up and conducting interviews to minimize potential adverse impact on designated groups. Not all CAMH managers are aware of the policies, and not all have received training. There is not full documentation and records of the entire recruitment / selection process. Outcomes are not tracked and analyzed.	Job advertisements are inclusive and unbiased. Excludes anything that might discourage targeted group applicants from applying. Widely circulate the job advertisement through appropriate people; media outreach; translate the advertisements and provide reasonable time to apply. Fair screening panels and interview panels are established. Resumes assessed on merit; understanding of diversity issues in: resume screening, testing, consideration given to transferable skills and relevant unpaid (volunteer) experience and experience gained outside Canada. Formal and transparent hiring process. All new employees and employees in new positions are provided with timely orientation training – which includes job related requirements but also how to operate within CAMH and introduction to informal mechanisms and networks.	Focus on efforts to attract designated groups to apply; advertise in such a way so that it reaches all potential candidates. Diversity communities express interest in working at CAMH. Rigorous understanding of how diversity components affect the staffing process; applies the principles of diversity in all aspects of recruitment and selection process - ensuring systemic barriers are removed. Process is fully documented from beginning to end (job description; advertisement; method of recruitment; testing; screening panel and application; interview panel and conducting of interview and evaluation results; selection of employee; orientation of employee. Outcomes of recruitment and selection practices are monitored and evaluated for continuous improvement. Outcomes reflect diversity representation and consistent with strategic directions. Include community stakeholders input in the hiring/recruitment decisions.

Current Level
(circle one)

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Human Resource Policies and Practices
Conditions of Employment
Employment conditions as they relate to diversity concerning remuneration, overtime, benefits, job classification, job description and degree of credentialism

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Some or all of the conditions of employment – either as stated in policy or in procedures, or carried out in practice - specifically exclude and / or adversely impact particular groups of people. Examples: benefits are not applied equally, some groups of people face extra hurdles before they qualify for benefits, such as mandatory HIV tests; job requirement to work on Saturdays; job requirement to work fixed hours; no guarantee of the same job after maternity leave excessive credentialism; no physical job requirements review; job descriptions may explicitly exclude some persons from applying due to working hours, dress requirements etc.; within specific pay ranges / job classifications "diversity groups' are adversely impacted; overtime consistently adversely impacts "diversity groups"; equal pay for equal work has not been applied to the job classification, job description and salary ranges.	Some or all of the conditions of employment – either as stated in policy or in procedures or carried out in practice – either implicitly or through omission result in excluding and / or adversely impacting particular groups of people. Examples: renewal of contracts rather than offering permanent employment adversely impacts one or more of the "diversity groups"; little awareness of benefits and overtime policies that are in place; benefits information only available in one language; benefits information / application forms are not easy to understand; job descriptions and associated classifications only account for work and academic Canadian experience; salary rates not public and rely on the individuals' ability to negotiate.	Policies related to conditions of employment that are in place, are clear, inclusionary and explicitly address equal access and applicability issues. Job descriptions reflect the true nature of the position and the competencies and experience required. Some areas pertaining to conditions of employment are not addressed by policy or procedure, or there are a number of overlapping and duplicated policies that make application of them difficult and inconsistent. This can adversely impact designated groups. Application of the policies may be inconsistent across the organization. This can adversely impact designated groups. Policies may be in place but are rarely accessed, such as a policy on same sex benefits but there is very little uptake.	Policies and / or procedures are in placing covering all aspects of conditions of employment (benefits, overtime, job description development; job classification development; remuneration ranges and pay scales). These policies are widely accessible to all employees (permanent; part-time, full-time, casual, contract; seasonal, temporary, volunteers), are written without bias, available in multi languages and written in plain and clear prose and graphics. The policies and procedures are applied consistently across the organization. Practices reflect the policies and procedures, however there is no monitoring and tracking system, or a system to ensure continued accountability for consistent application of policies, or for updating policies and practices to reflect the changing needs.	Policies, procedures and practices governing conditions of employment reflect the diverse needs of all staff and community partners. The organization has entrenched the polices and procedures into its human resources and management operating practices. CAMH monitors and tracks the application of its policies and procedures through a number of mechanisms, including sample checks of employee files; staff surveys; surveys and discussions with community stakeholders and organizations, and linking into performance management systems and reporting and training and development modules. Through its monitoring activities the Centre updates and changes policies and practices as required in order to continually strive towards improvement in being an inclusionary workplace and organization. Regularly examine benefits and scheduling practices for flexibility and value to proactively respond to diversity needs.

Current Level (circle one)

1 2 3 4 5

Desired Level (circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Human Resource Policies and Practices
Career Opportunities & Enrichment

The policies and practices of enlightened human resources management in actualizing diversity in the organization with specific reference to training and development, mentoring, performance evaluation, secondment and on-the-job opportunities, mentoring, networks, succession planning activities and promotions.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Career opportunities and mobility (training and development, secondments, mentoring etc.) specifically excludes certain persons. Examples: not allowing people with an 'accent' to answer telephones; explicitly excluding certain groups of people from training programs (only certain job occupations / classifications); excluding promotions for people over 40 years old; excluding persons from development and job opportunities based on characteristics that are not work related.	Career opportunities are open to all employees, however certain barriers exist that prevent some employees from taking advantage of opportunities. Examples include: the training course location is not wheelchair accessible; certain groups of people are not provided job opportunities to grow and learn – due to being placed on certain shifts and /or having no mentor and /or having no performance plan that is followed and monitored. Human resource policies are not all fully developed and are not all readily available and accessible to all employees.	Enlightened human resources policies are in place covering career growth and mobility; mentoring; succession planning; performance management; training and development plans and on-the-job assignments. The policies, however, are applied inconsistently throughout the organization and do not always link into to each other. For instance, the performance evaluation does not always take place and when it does it does not consistently link into related areas, such as training and development plans; career enrichment opportunities; tracking of actions taken and reporting on results. The inconsistent application of policies may have a greater adverse impact on certain designated group members	Inclusive human resource policies pertaining to career enrichment and growth are in place and readily accessible and available to all employees. The policies are applied consistently throughout CAMH, regardless of job position, classification level and condition of employment (i.e. part-time, contract, casual, volunteer). Policies are demonstrably linked to each other and results are tracked and monitored. CAMH makes every effort to ensure that career enrichment activities are inclusive and sensitive to diversity issues. Examples: training times are varied so all can access; training locations are fully accessible; materials are available in more than one language; training itself is diversity sensitive; secondment and career opportunities and promotions are available to all employees regardless of race, gender, disability, sexual orientation, religion or culture.	A "learning organization, continually tracking, monitoring and improving its career enrichment policies and practices to ensure that results are being achieved and the results reflect the diversity of CAMH's work- force, client and community composition and issues. Takes a proactive stance re: understanding & responding to employee needs; ensuring diversity principles are institutionalized in all its policies & practices: training programs (content and teaching styles); performance evaluation; job opportunities; succession planning; mentoring. Proactively encourages both formal and informal networks and mentoring. Succession plans reflect and adjust for diversity. Special programs in place to accelerate career opportunities for designated groups who have been disadvantaged. Performance appraisal includes specific and measurable descriptions of 'managing diversity'. Profiles managers who have met their diversity performance goals / publishes achievements;.

Current Level
(circle one)

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Human Resource Policies and Practices
Work Environment

The policies and practices of enlightened human resources management in actualizing diversity in the organization with specific reference to job accommodation, working conditions, grievances procedures and practices, harassment policies and practices, and reward and recognition programs and practices. **Also refer to Leaving the Organization for grievance policies**

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Harassment, grievance and job accommodation policies and procedures are not existent and /or are weak and not used. Organization is not physically accessible to all designated groups. Job accommodation measures are not provided to employees, for example no flexible hours allowed. Discriminatory / offensive graphics on office walls; racial / sexual and other discriminatory jokes / slurs accepted as the norm, allowed on intranet; acceptable in meetings. There is no place to raise concerns or complaints regarding workplace harassment (sexual; racial; religious etc); inappropriate work behavior or the display of objectionable graphics and /or documents. Only senior level people receive reward and recognition for the contribution they make to the organization.	Harassment and grievance policies and procedures are not widely disseminated. The policies are not regularly reviewed and updated. Managers and staff receive no mandatory training in human rights and diversity issues. The organization is not welcoming to designated groups – posters / bullet-in board information reflects only the dominant culture. When employees raise complaints and concerns – and /or activate the harassment or grievance procedures – they feel threatened, isolated and fear reprisals. Job accommodation is left up to individual managers and is not uniformly applied. Many are unaware of job accommodation policies. Only some buildings are fully physically accessible. Reward and recognition programs are not inclusionary – the award categories and process favour high level / visible individuals and teams – occupations where designated groups are under-represented.	Harassment, grievance and job accommodation policies and procedures are firmly in place and applied to the entire organization. Employees do not fear reprisals for issuing complaints, however action is sometimes slow & not effective. Policies are widely accessible. Training is provided on request to managers and staff on the policies, procedures and the impact on designated groups. All jobs are analyzed to determine physical requirements for the job. Managers will often find excuses (that CAMH accepts) in specific cases, for not providing job accommodation. Work equipment and protective clothing etc is adjustable to reflect different shapes and sizes. All buildings and outside structures are fully physically accessible, however not all interior structures comply (e.g. bulletin boards at eye-level; signposts). No tolerance for discriminatory graphics, jokes or slurs. Proactive communications, e.g. diversity posters in offices. Reward and recognition programs are in place, accessible to everyone.	Employees are clear re: job function and understanding of how the job is integrated with the overall unit. Employees aware of their employment rights and the right to work within a harassment free environment. Zero tolerance for workplace harassment. Procedures in place and well known. Action is responsive and effective and dealt with sensitively. Orientation is deliberately planned and includes discussions on diversity. New employees provided with sufficient information to assist them to do their jobs and operate effectively in CAMH. Training in human rights, harassment and related policies is mandatory for all managers & supervisors. Job accommodation provided for all who require it in order to perform job duties. Buildings – exterior and interior - fully accessible. Ongoing process in place to monitor accessibility and remedies, if required, are quickly put in place. Diversity embraced by such indicators as ethic food in cafeteria; different holidays celebrated & observed.	Rewards & systems in place to shape and reinforce behaviors consistent with a diversity culture. Examines all its activities for impact on employees' abilities to participate & contribute. Seeks to explore benefits of diverse workforce, committed to developing & implementing policies and practices that distribute power. Mentoring programs in place to support designated groups. Employees oriented to the informal organization. Proactive towards job accommodation - ongoing process to ascertain needs of employees, special options /modifications provided. Explicit statements, images etc. reflecting diversity used in all internal and external communications. Off-site sponsored activities, including social, accessible to all employees. Reward & recognition specifically award diversity as a unique category. Include employees and stakeholder communities and clients. Business, behaviour and attitude surveys &measures undertaken regularly, results analyzed and actions taken.

Current Level
(circle one)

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Human Resource Policies and Practices
Leaving the Organization
The dismissal practices, conducting of exit interviews and analysis and reasons for the turnover rate in relation to diversity. **Also refer to Work Environment for grievance policies**

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Arbitrary use of disciplinary measures, which are not tied to job performance but to personal traits such as – age; accent; appearance; disability. Dismissing and/or threatening people with dismissal or demotion who raise issues of diversity and harassment. Dismissing employees for reasons unrelated to the job – e.g. mandatory retirement; pregnant women (not renewing a contract). Changing a job description in order to dismiss an employee; and/or eliminating a job category - if this is found to adversely impact one or more designated groups. Not recording information from exit interviews from members of designated groups; and/or refusing to record information related to a hostile work environment.	Disciplinary action and processes are not consistently followed or documented which is shown to have a disproportionate impact on designated group members. Managers are unaware of the grievance policy and unsure of the process. The policy / policies do not explicitly deal with diversity issues. The training on grievance processes for managers does not include diversity issues. Employees are unsure of their rights within the grievance and dismissal policies and practices. Silencing people who raise diversity and fairness issues – through not listening to their views or not recording their views and forwarding them to HR and the appropriate manager(s); or not offering the person any special assignments / training because of the complaint.	Grievance policy is in place but is not followed consistently across divisions and sites within CAMH. The policy explicitly deals with issues of diversity. Exit interviews are not always conducted and the policy for recording information is inconsistently applied. Exit interview information is not analyzed. Turnover rate data is not analyzed to ascertain if diversity problems exist.	The grievance policy and procedures are well known by all management and staff. The procedures are consistently and uniformly followed and applied. The policy and procedures reflect sensitivity to diversity issues and respect for individuals. Exit interviews are taken very seriously and a standard form is used to capture information. Diversity and the work environment is one of the issues raised in the exit interview. Managers are trained in grievance policy and procedures and the training explicitly looks at diversity issues and personal biases. Grievances, dismissals and exit interview data are not analyzed and therefore the organization has no benchmark date to ascertain whether its outcomes disproportionately impact designated groups.	All disciplinary action is applied consistently and is based on documented and measurable criteria. Dismissal practices are documented, analyzed and reported to senior management. The data is analyzed for emerging trends and patterns and action plans are implemented to resolve issues before they become larger and potentially adversely impact other members of designated groups. Employees and communities are listened to – during performance evaluations, on a daily basis and during exit interviews. All points are documented and brought up for investigation and / or resolution. Outcomes of exit interviews and dismissals consistently show that a hostile work environment (in terms of not being inclusionary) was *not* the reason for leaving / or that lead to poor performance.

Current Level (circle one) 1 2 3 4 5 Desired Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:

Services
Identifying the Current and Emerging Issues
Concerns researching and identifying the current and emerging service needs, planning to address the identified service needs and issues, and working with the community and partners regarding service issues, problems and requirements

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Service Needs Aware of a need among one or more of the diversity populations and deliberately deciding not to take action. Example: alcohol use in First Nations communities and not responding to their need for services. **Research** Funding for research is specifically not awarded to one or more of the diversity designated groups. Funding for research is not provided if the study is set up to analyze impacts / needs of any special population groups. Funding and support is only provided for research studies that treat all people the same.	**Service Needs** Environmental scanning to assist in identifying current and emerging needs is not done thoroughly and/or is not sufficiently resourced. CAMH does not work jointly with stakeholders and partners to identify service needs. CAMH clients, patients and stakeholders are not routinely and regularly surveyed regarding: satisfaction with services received; appropriateness of type, number and quality of services available; other services / programs / models that communities would like and/or expect CAMH to offer. Survey results are not systematically used to improve or change programs and no evaluation procedures are in place to assess the use of surveys and what to do with the results. **Research** CAMH conceptualizes problems only within mainstream thinking:eg the medical model for treatment; using only academically accepted statistical and evaluative research methods. CAMH will not entertain or fund alternative models of services, treatments and research methodologies	**Service Needs** Environmental scanning is undertaken and sufficiently resourced, but results are not systematically distributed to appropriate people; there is no follow-up to assess if front line deliverers, clinicians and other professional staff use the information to change, improve, add to the current services and programs. CAMH works jointly with stakeholders, clients, patients and partners to identify current and emerging needs. However, CAMH does not have a policy or process in place to assess if CAMH acts on the needs identified and no follow-through or feedback is given to partners, clients etc. Policy and process is in place regarding frequency, type and method of surveying for needs and issues. Policy also covers what should be done with results of surveys – communications, changes to services / programs etc. The policy is not well known or consistently followed. The policy does not explicitly address diversity and diversity impacts. Staff are not trained in diversity issues as it impacts survey / research design. **Research** Policy and Code of Ethics guide research activities. Policy and Code is sensitive to diversity impacts and needs. Policy is not widely known or applied.	**Service Needs** Policy in place for following-up and reporting on issues and needs identified through environmental scanning activities and community / stakeholder consultations. Inconsistent practice across CAMH for acting on the identified needs – some areas take action and provide reasons; others may or may not take any action and no reasons are supplied. CAMH provides feedback to clients, stakeholders etc. on actions taken / not taken, however there is no follow-through. Policy and process re: frequency, type and method of surveying explicitly addresses diversity and its impacts. Policy explicitly encourages the use of alternative treatment and service models. Policy is widely known and accessible, however practice is inconsistent. Staff are trained in diversity issues as it impacts survey / research design and interpretation. **Research** Policy and Code of Ethics is accessible and is applied consistently. Alternative models for research / program design are encouraged and funded, but not to the degree that mainstream research occurs. Research staff are not required to take training in diversity.	**Service Needs** Rigorous evaluation, tracking & monitoring in place (via enabling technology for efficiencies) for doing and acting on issues identified through scanning activities. CAMH holds regular, frequent consultations and dialogues with community/ stakeholders groups. Provides feedback and status updates. Listens and involves / empowers stakeholders to assist in program and service design in response to the identified needs and issues. Policies and processes for surveying and using the results of surveys are consistently followed across CAMH. Regular monitoring and evaluation ensures appropriate actions occur (program and services changes and additions) and that continual improvement and a "learning organization" culture is a reality. **Research** Mandatory training for research staff in diversity issues. Stakeholder communities participate in the framing, selection and staffing of research projects. Ethics Committee promotes diversity. Ongoing evaluation and monitoring of research activities (process /methods used; subject) and outcomes and how outcomes are incorporated in CAMH. Library services actively assist in identifying emerging diversity issues related to CAMH services.

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Services

Health Promotion and Prevention

Refers to what happens before individuals and / or groups require CAMH's programs / services. The element looks at health promotion and marketing activities, health prevention, community outreach and supports.

Overt Discrimination	Covert /Systemic Barriers	Inclusive Non-Discriminatory Policies	Inclusive Non Discriminatory Practices	Best Practices
Health promotion and prevention materials and products (brochures, posters, consultations etc) specifically exclude one or more of the designated diversity groups.

Health promotion and prevention materials and products (brochures, posters, consultations etc) refer in a derogatory or dismissive way to one or more of the designated groups.

Health promotion and prevention materials and products are not available to diversity population groups.

Differential information provided depending on race, age, disability, sexual orientation.

Research for special population groups to examine impact of promotion and prevention activities is not funded. Only funding for generic impacts are provided. | Health promotion initiatives are not congruent with community beliefs and values. Providing education and support only to mainstream agencies. Sharing information on CAMH only in mainstream media. Holding stereotypical views of communities that stigmatize specific population groups, that results in inappropriate and /or biased health promotion products and services. Lack of resources to address diversity needs, i.e. products only in English; prevention and educational services provided only in English. Not involving the community groups in designing and delivery of health promotion and prevention activities. Not allowing communities to 'own' the problem(s) and work with CAMH to address the needs in a culturally sensitive and appropriate way. Community outreach activities are selective – only some (mainstream) communities are contacted and the contact is led by CAMH; feedback and follow-through is limited. Research activities are not diversity sensitive in terms of framing the project, subject and methodology. | Policy and Code of Ethics in place to guide health promotion and prevention activities and products. Guide and policy not well known throughout CAMH – particularly in the service delivery departments (mental health, addiction), and are not consistently applied. Measures are in place to assess the desired outcomes of health promotion and prevention activities, services and products. However no consistent ongoing evaluation and monitoring in place to carry out the assessments and act on the results. No accountability mechanisms in place to ensure actions ensue as a result of evaluation findings.
Policy and related procedures, sensitive to diversity issues, in place for the production and distribution of materials and delivery of services, e.g. in multi-languages; explicitly cognizant of alternative models of treatments / services and beliefs. However, policies and procedures not consistently practiced. No accountability mechanisms in place to ensure compliance. Inconsistent practice of involving communities in health promotion and prevention activities and products. Some areas of CAMH pro-actively seek participation of community groups for input and validation, other areas do not involve the community at all or only minimally | Policy and Code of Ethics in place to guide health promotion and prevention is consistently applied across all programs. Ongoing evaluation and monitoring of outcomes and performance measures are in place. However community groups have not participated in developing the performance measures and outcomes. Accountability mechanisms to ensure that actions are taken as a result of findings are in place but are weak. Policy and procedures for the production and distribution of materials and delivery of services are well known, consistently applied but accountability to ensure compliance is weak. Diversity communities and experts are always involved in promotion and prevention activities and products. A variety of techniques are used to reach diverse communities. Feedback and follow-through are inconsistent. Education materials are available to front line staff and staff disseminate to clients in a variety of languages and formats. CAMH jointly provides some of the educational, health promotion and prevention activities in conjunction with stakeholder communities. Alternative models are encouraged and funded but research staff are not required to take training in diversity. | Community groups and diversity experts are proactively encouraged to participate in all aspects pertaining to health promotion and prevention, including: program design and outreach; service delivery models and methods; development of the performance measures and outcomes; development of products and educational materials and joint delivery of health promotion and prevention activities /materials. Managers are accountable for compliance to policies and codes in relation to undertaking ongoing monitoring and evaluation and in acting upon the results in conjunction with the relevant parties and partners. Health promotion and prevention initiatives are congruent with diverse community beliefs and values. An array of services, products and service models are implemented. CAMH in conjunction with community partners takes on an advocacy role in relation to health promotion an prevention activities.
Research staff are required to take training in diversity. |

Current Level
(circle one)

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Services
Defining the Service Need

Refers to the 'pre-treatment / service'' stage, once a concern has been identified. The element looks at factors dealing with intake, screening, initial assessments, treatment and/or service plans and re-entry into the Centre's programs /services.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Differential information provided depending on race, age, disability, sexual orientation. Existence and tolerance of discriminatory graffiti and other visuals inside and/or outside CAMH's buildings. Discriminatory questions asked during the intake procedures. No OHIP card means some people cannot receive treatment – e.g. homeless, refugees, newcomers, some ex-psychiatric patients.	CAMH is not accessible by: telephone (response time, language capabilities); in person – physical layout of building. Services only provided in English.Limited translators available, and translators may be inappropriate (e.g. member of the house cleaning staff.) No pre-service/ program diversity impact policies and procedures in place re: how to react and respond to individuals entering the system. Some forms and/or tools may capture diversity information, but forces the person to select only one choice, e.g. Canadian or South Asian. Initial assessment may be too long or too onerous preventing some people from receiving services. Assumptions about people apparent in the intake/ screen/ assess tools, e.g. identification of spouse. Same intake/screening/ assessment tools used for everyone – the tools are not culturally sensitive. Not open to different beliefs/preferences regarding treatments, services and even the concept of a 'patient'. Do not fully inform people about the programs / services/ special services available - expect the client to find this information themselves.	CAMH is accessible most of the time, however no ongoing monitoring takes place to ensure accessibility continues and improves.Policies and procedures in place for dealing with diversity populations at this stage, but not widely accessible or known to front-line staff and supervisors. Policies tend to be within specific program areas rather than a central guide / policy governing client relations at the pre-intervention stage. Intake process and tools are diversity sensitive. It is not mandatory that all staff who have intake and screening responsibilities be trained in diversity and the impact of different types and uses of tools on diversity population groups. Front line staff are not all aware of the community supports and appropriate health supports when referring clients to programs / services outside CAMH. An ombudsperson exists for clients to voice complaints and issues related to services, however this service is not well publicized. Re-entry to CAMH services and programs is not seamless and adversely impacts one or more of the diversity population groups.	CAMH is accessible, offices are welcoming; visuals, cafeteria reflect diverse populations. Culturally and linguistically appropriate tools developed and used. Community stakeholders /partners participate in the development and design of intake, assessment and screening tools. Intake process and tools are diversity sensitive and training in diversity and its impacts is mandatory for all front-line staff. Clients are made aware of all the programs and services available through CAMH and the wider community. Clients are offered a choice of options for treatment and/or assistance, including treatment models that are not mainstream. Front line staff are fully trained. Clients have access and are encouraged to go to CAMH's ombudsperson. Programs and services are rigorously evaluated and monitored programs & services are continually improved. Re-entry to CAMH services is non-discriminatory. Delivery staff reflect the composition of the population.	Programs and services are rigorously evaluated and monitored, results are shared with clients/partners and programs & services are continually improved. Research activities related to intake, screening and assessment involves diversity experts and community partners in the framing of the research, selection of research studies to be undertaken and the type of methodologies used.

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Services
Delivering the Service

Refers to the 'treatment' stage, once an individual and/or group is receiving services and/or treatment. The element looks at factors dealing with detailed assessments, treatment and/or service plans and delivery and evaluation of the services / treatment being provided.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Consistently giving more medication to particular groups of people based on race, gender etc.. Psychiatrists labeling people in a certain way, e.g. women as hysterical. Making assumptions based on behavior, e.g. a male who has prostituted is gay and as a result possibly referring the man to inappropriate treatment.	Using the same treatment modalities for everyone OR ghettoizing –receive services according to the diversity categories CAMH assigns. Example: gay man must join a gay group therapy. Appropriate programs for different population groups are not available at all; and/or available for only mainstream designated groups (e.g. women); and /or can only accommodate limited numbers, and/or have extremely long waiting lists.Not recognizing special needs of particular groups, e.g. women who have experienced trauma put into a mixed group with men; not giving weight to a person's description of their experience. Not taking responsibility for mental health and addiction for some population groups, arguing that other communities / services can provide the services. Referring particular groups of people to an outside agency that does not have the resources – rather than modifying the CAMH treatment plan. Program manuals do not acknowledge or address the impact of services / programs / methods on different population groups. Research activities are not diversity sensitive and are not expected to be.	Policies exist requiring that an array of treatment modalities are available to clients and that clients are provided with a choice to discuss the modality that best fits their needs. Entire program design is expected to be diversity sensitive – from the use, type & method of assessment to type & method of treatment and service delivery. Inconsistent in practice – diversity sensitivity / choices may be in place for some aspects of programs /services but not for the entire service continuum. Performance measures and outcomes for all programs and services are developed that include diversity and diversity impacts. Ongoing evaluation and monitoring is required. In practice it does not take place consistently across all programs; results are not consistently shared with diversity partners / experts. If emerging needs are identified then new programs are initiated & programs amended. Accountability for this is weak. Mandatory training for all staff to provide competent care to diverse populations. Program manuals acknowledge diverse needs. Research activities are sensitive to diversity impacts and needs. Policy is not widely known or applied.	Policies require that community partners and stakeholders participate in program design and treatment modalities in order that an array of treatments are available and that all diversity groups have appropriate choices of treatment / services. There are appropriate programs for diverse groups. The full service continuum for diversity inclusion (from assessment to design to treatment method) is applied most of the time. Policies require that performance measures/outcomes for diversity impacts re: programs and services be developed via consultation with relevant community groups and diversity experts. In practice this is followed inconsistently across departments. Results not widely shared. Program Heads are held accountable for ensuring that amendments and additions to programs are made as a result of identified needs and issues. Front-line staff and managers are trained in working with diverse communities. Front line staff reflect or are drawn from communities in diverse programs. Diversity policy for research activities is consistently applied. Alternative models for research and use of research methodologies are encouraged and funded to some extent. Mainstream studies and approaches more prevalent.	Policies that require CAMH to offer an array of service / program modalities and choices that have "passed" the diversity test, are put in place and are regularly monitored and evaluated. Diversity covers the full service continuum for all programs and services across all departments. Results are shared with diversity experts, partners and clients and programs are subject to continual improvement. Staff involved in program design and service delivery receive mandatory training in the programs /service they are involved in. Policies and practice make staff accountable and empower clients to have their voices heard. Performance measures and outcomes always involve the community, clients and diversity experts, and results are always shared. Clients encouraged to use the ombudsperson's office. Research activities are diversity sensitive and all studies must address the impact on each of the diversity populations e.g., effects of certain medications zx/treatments on women and racial minorities. Research studies include persons from the diversity populations. Library services pro-actively assist in bring diversity issues as they relate to CAMH services and programs to the attention of program areas and researchers.

Current Level
(circle one)

← →

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Services
Post-Service Support

Services and / or programs provided to individuals and/or groups once they leave a program/service. Specifically analyzes assistance and adjustment activities, outpatient and aftercare, maintenance issues, referrals, re-entry into CAMH's programs /services and community supports / partnerships.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Not providing a full range of services to certain groups.

Staff are not mindful of wheelchair accessibility when referring a client to other services / agencies, e.g. agency referral not wheelchair accessible; only English services provided. | Policies and processes are in place for post-service support, but do not specifically address diversity issues and impacts. Staff assume that people know what other resources are available to them in the community. Staff use stereotypical group characteristics to determine which services people need, e.g. Caribbean Blacks who have used drugs are treated differently from Whites. Referrals often not appropriate for particular population groups.

Staff consistently spend less time and provide less quality care when dealing with clients/patients from one or more of the diversity designated populations than with mainstream clients regarding after care / adjustment services.

Staff are not trained and are not knowledgeable on diversity issues and the supports available – and not available – within the client's community | Policies and processes for post service support are in place and include diversity issues and impacts. Policies are not widely understood and are not widely practiced. Staff are not held accountable for applying the policy and process and no evaluation and monitoring activities take place.

Staff are provided training on diversity issues and impacts related to post-service supports on request.

CAMH provides a detailed manual /database for front line staff that provides information on community supports available to each of the diversity groups. Contact names and numbers are provided and the guide recommends calling before referring a client to ensure availability. No area has responsibility for the manual/database so it is not updated. | The requirement that certain processes are followed for everyone who is discharged. while still taking individual needs into account, is consistently applied across departments. Policy is accessible, understood and practiced. Evaluation and monitoring occurs to ensure compliance.

A requirement is in place and is consistently applied that continuity and consistency between treatment and post-treatment is seamless and encourages client / patient empowerment

Staff receive mandatory training on diversity issues and impacts related to post-service supports.

CAMH manual / database on diversity community supports is given a locus of responsibility and accountability and is regularly updated. | A variety of options are available and offered for clients to choose from. Staff follow-up to ensure the client / patient is receiving adequate supports. CAMH holds regular dialogues with community partners and diversity experts on the subject of post-service supports and services.

Multiple methods are used to evaluate and monitor post service practices. Outcome measures are meaningful to diversity clients.

CAMH develops the capacity of its diversity and community partners so that they are in a position to offer adequate and appropriate post-service supports. CAMH and its partners (and clients) jointly monitor and evaluate the support services provided.

The development of the manual / database on community supports is a joint venture with community partners and stakeholders. |

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Stakeholder and Partnership Relationships
Role of Partnerships and CAMH

This element refers to the 'big picture' questions, specifically looking at the roles that partners play in planning CAMH programs and services; in the method employed to deliver CAMH programs and services and in the decision making processes that impact CAMH programs and services.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Deliberate decision not to partner with certain groups. CAMH partners with anyone regardless of their beliefs and organization objectives, e.g. anti-Semitic, homophobic. CAMH only entertains the medical model of care for mental health and addiction and explicitly states that it does not respect and will not utilize other methodologies. Persons and partners from diversity population groups, who admit to receiving alternative therapies and medicines are refused treatment and services by CAMH.	CAMH's philosophy of care excludes some diverse groups' world views, e.g. only open to the medical model of service delivery. Partners are not involved in CAMH's decision making with regard to how services are delivered, what services are delivered, the methodologies and approaches taken to deliver services and programs. CAMH partners and stakeholders are not consulted regularly on their perception of the quality of services provided and on the nature of the services provided. CAMH does not respond to diverse population requests and needs that would require changes to the status quo or that questions the expertise of CAMH professionals and staff.	CAMH has developed a set of ethical guidelines for the development and sustaining of partnerships with diversity populations. The policy and guidelines are not exhaustive and refer more to the process of getting and receiving feedback, but not to how the feedback is used. The policies and guidelines for partnerships are limited in terms of power sharing and the role and reach of partners in CAMH program design, approach and delivery of services and programs.	CAMH has developed a comprehensive set of ethical guidelines for the development and sustaining of partnerships with diversity populations, that includes getting feedback and the process for dealing with the feedback. Does not include a commitment to analyze and address alternate approaches in order to be more attuned to diverse populations needs. CAMH proactively partners with groups that provide alternative therapies / services. CAMH involves its partners in the development of its programs and services including approaches, methodologies, assessment tests, types of services etc. CAMH involves its key partners in the business and operational planning processes.	The ethical guidelines includes the involvement of key partners in developing standards, and a commitment to respond to the needs and issues raised by partners. CAMH involves all its partners in the business and operational planning processes. CAMH requires consensus and sign-off by its partners to its business and strategic plans and to the programs and services that are offered – including the methodologies and approaches employed. CAMH offers an array of service delivery models and programs that are responsive to diverse needs and beliefs. CAMH welcomes the opportunity to be involved in new approaches and to broaden its understanding and delivery of care to the community.

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Stakeholder and Partnership Relationships
Identifying Partnerships

Refers to how potential partnerships are identified, how relationships are forged and the consultations that take place prior to formal partnership relationships being developed. This element takes into account the purpose, role and resources required of the partnership and the community development principles that guide the partnership practices.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Deliberate decision not to partner with certain groups. CAMH partners with anyone regardless of their beliefs and organization objectives, e.g. anti-Semitic, homophobic.	Environmental scan does not take place consistently to identify current and emerging diversity issues and population groups. CAMH priorities are not consistent with population needs and demographics. Community development principles to guide the development of relationships and partnerships is vague and not readily known. CAMH takes the lead role in selecting and developing the partnerships – from who to partner with, to the type of partnership developed and the roles of the parties. CAMH is not responsive to population requests for partnerships. Tendency to partner with mainstream groups and ignore other smaller, less organized more marginalized groups. CAMH takes no role in building the capacity of organizations / groups. Imbalance of power in the partnership, CAMH is the "expert", and CAMH has the resources. No evaluation in place for the identification phase of partnership development.	Community development principles to guide the development of relationships and partnerships is clear and inclusive, however is not widely accessible in CAMH and the community CAMH serves, nor is the policy consistently adhered to. Policies and guidelines are in place for developing partnership agreements that emphasize partnerships with diverse populations. Policies are not strictly or consistently enforced or widely known. Evaluation mechanisms are in place to ensure appropriate resources for undertaking environmental scans and identifying potential partners within the diversity communities. The evaluation tool developed with no input from stakeholders / partners, and some measures are not be appropriate (i.e. do not measure the right factors). Staff not trained in monitoring and evaluating agreements. Formally established partnerships tend to be with mainstream groups. CAMH does not play a role in building capacity of current or potential partners.	Community development principles are consistently practiced when developing relationships and identifying potential partnership arrangements. Policies and guidelines re: partnership agreements emphasize diversity, are in place, are accessible in CAMH and in the diversity communities and are consistently enforced. CAMH identifies current and emerging issues and community populations through consistently doing environmental scans. CAMH demonstrates open- ness to partnerships with diversity groups, including the less organized and more marginalized groups, and responds to their needs. Formally established partnerships include both mainstream and marginalized groups. CAMH does not help build the capacity of groups to enable them to enter into a partnership arrangement. Evaluation tools, developed by CAMH are consistently applied. Not all relevant staff are trained in partnership development and evaluation.	Set of ethical guidelines in place that covers partnerships. CAMH pro-actively reaches out to diverse communities for partnership arrangements. CAMH invests resources in community groups and develops the capacity of potential and current community partners. Equitable power balance between CAMH and the partners – all parties share the task of developing the purpose, roles and anticipated outcomes of the partnership. Evaluation mechanisms are developed in conjunction with key diversity partners and stakeholders and are consistently applied. Accountability and performance measures are in place. All staff are trained in developing partnership and in evaluating partnership agreements

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Stakeholder and Partnership Relationships
Building, Sustaining, and Maintaining Partnerships

Refers to how partnerships are institutionalized and maintained, and analyzes practices related to: trust building; CAMH's role as facilitator and coordinator; the capacity of the partners to participate in an equitable manner in terms of resources and power sharing, and the sharing of resources and information for mutual benefit. In order to sustain partnerships, CAMH has a role in developing, monitoring and maintaining standards, consistency and open communication channels.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Refusing to partner with some diverse population organizations, e.g. Gays/Lesbian, aboriginals. Negative remarks about partnering with diversity organizations. CAMH workplace actively un-welcoming to some of the diversity organizations / populations, e.g. buildings not physically accessible; racist / sexist etc visuals displayed on building walls.	CAMH's philosophy of care excludes some diverse groups' world views, e.g. only open to the medical model of service delivery. CAMH does not share power with its diversity partners. Plays the role of expert, deciding what information to provide; deciding when and how to include partners in decisions on programs and services; unilaterally deciding what information to share. Communication with partners is one-way – CAMH instigates dialogue when they want and are not responsiveness to partners' needs. A lack of sensitivity and understanding of the issues and concerns of the partners. No consistent follow through with partners. Partnership policies and practices exclude some diversity groups – particularly the marginalized/ less organized. CAMH does not build the capacity of partners to ensure equality of the arrangement. Partnerships not consistently evaluated and monitored.	Policies and guidelines are in place for building and sustaining partnership agreements but are not strictly or consistently enforced or widely known. CAMH shares power with its partners in terms of jointly deciding the roles and responsibilities of each of the parties and in sharing information. CAMH retains the role of decision maker on priorities and actions. Communication is two-way however CAMH is not consistent in terms of responsiveness. Tendency to be more responsive to mainstream diversity partners than to more marginalized, less organized groups. Follow through is not consistent and tends to be up to the responsible individual. CAMH does not play a role in building capacity of its partners to participate equally. Evaluation and monitoring policies/ tools developed by CAMH and are in place. Staff are not fully trained in applying criteria and in taking action based on the results Evaluations are "point-in-time' rather than ongoing.	Policies and guidelines for building and sustaining partnership agreements are not consistently enforced and widely known. Partnership standards are developed and are adhered to, but inconsistently. Building and sustaining partnerships are addressed in operational and business planning processes and procedures in CAMH. Equal and proportional effort is exerted on building and sustaining partnership relationships with both mainstream and marginalized diversity groups. Follow-through is common and is expected by CAMH, however it is not consistently applied. Partners are listened to regarding priorities and actions, however CAMH is the decision-maker. CAMH builds the capacity of its partners to participate on an equal basis. Evaluation and monitoring policies and tools are applied and staff are trained. Evaluation tends to be ongoing.	CAMH takes a proactive role in partnering with diverse communities and expends extra effort on developing capacity and working with less organized and more marginalized groups. Staff are trained and skilled in building and maintaining partnerships with diverse communities. CAMH invests resources in building partner capacity on a consistent basis. Decisions are based on consensus and compromise with partners. Inclusive policies and guidelines adhered to by all staff province-wide and there is ongoing monitoring of practices in place. Partnership standards are adhered to and monitored on an ongoing basis. Partnership building and sustaining is emphasized in strategic and operational planning activities. Partners are involved in program planning, strategic planning and in developing and applying the evaluation measures with CAMH.

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Stakeholder and Partnership Relationships
Monitoring and Ending of Partnerships

Continual improvement in partnership and stakeholder relationships through proactive and appropriate monitoring and evaluation of the partnership agreements. This element also includes the policies and practices related to ending a partnership relationship and /or agreement to ensure that individuals do not get harmed and that the ending of an agreement is mutually understood and is managed in a fair and equitable manner.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Evaluation criteria is non-inclusive.

Evaluation criteria is weighted against certain of the diverse population groups that partner with CAMH.

CAMH ends all agreements with partners based on reasons that are racist, sexist, homophobic, haleist etc. | No monitoring process in place to ensure partnerships needs are met. Monitoring tools are biased and culturally inappropriate.
Partners are not involved in the evaluation/monitoring process.
Evaluation and monitoring is one-way – evaluation and monitoring of the partner not of CAMH. Access to evaluation reports is limited.
Partnerships with diverse, marginalized groups are not viewed as important and so are not evaluated and monitored.

CAMH unilaterally makes decisions to end partnerships with entities that are not fully organized and mainstream.
No policies or guidelines (or very rudimentary policies) exist governing ending a partnership agreements.
When CAMH ends a partnership relationship no analysis takes place regarding the impact on individuals within the community represented by the partnered group. | Policies includes clear evaluation procedures and outcome measures, developed by CAMH.
Evaluations are done on an inconsistent basis.

Policies and / or guidelines are in place for when and how (procedure to follow) to end a partnership relationship / agreement. The guidelines are inclusive, but are vague, not easily understood, not widely known in CAMH, not shared with potential and current partners and are not comprehensive.
Evaluation tools are not applied to the process of ending an agreement.
Ending agreements and relationships are not monitored for compliance with policies and guidelines.

When CAMH ends a relationship some analysis is undertaken to assess impact on individuals in the affected community and to assess if other communities / organizations could fill the void. No attempt is made to address needs if no organization is identified. | Results of evaluations are shared with all interested parties.
Evaluation practice is inclusive of all partners and addresses diverse needs of the partners.

Policies and / or guidelines are in place and are comprehensive for when and how to end a partnership relationship / agreement. The guidelines are inclusive, clear, widely accessible in CAMH but not shared with potential and current partners.

Evaluation tools are developed and applied to the process of ending an agreement. Ending agreements and relationships are monitored for compliance with policies and guidelines.
When CAMH ends a relationship detailed analysis is undertaken to assess the impact on individuals in the affected community potential organizations to fill the void. A plan is put in place to deal with the issue, however the plan is developed only by CAMH and follow-through is inconsistent. | Ongoing monitoring and evaluation of partnership agreements by both parties.
Evaluation tools are relevant, adaptable and sensitive to diverse partners.
Partners jointly develop the evaluation tools and measures with CAMH. Partners and CAMH evaluate the agreements and their roles. All parties share the results and develop plans to deal with issues.

Comprehensive policies and / or guidelines are in place for when and how to end a partnership relationship / agreement. The guidelines are shared with potential and current partners.
Evaluation tools are applied and monitored.

If either CAMH or a partner ends a relationship then both parties jointly assess the impact and situation and plans are put in place and followed-through to ensure negative impacts are mitigated and do not occur. |

Current Level (circle one)
1 2 3 4 5

Desired Level (circle one)
1 2 3 4 5

Rationale which supports "current level" rating:

Governance
Principles of Governance

Refers to whether (and how strongly) diversity is connected to the CAMH's vision and mission statements and if diversity is articulated and /or integrated into the goals of the various governance Committees / Bodies. Examines the accountability mechanisms and practices of the key Boards/Committees and the leadership style to assess whether all members are encouraged to participate and provide input.

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Vision, mission statements and Terms of Reference explicitly exclude certain groups, e.g. will not provide services to or address the needs of homosexuals.

Key Boards/ Committees explicitly state that they do not have to be accountable to the wider stakeholder community. | Vision/mission statements and Terms of Reference do not explicitly exclude any designated groups. However, there is no mention of a commitment to the principles of inclusion and diversity and the associated impacts.

In some cases there may be a general statement of diversity but no mention in the goals, objectives, roles and functions in the more detailed terms of reference.

Terms of Reference, vision/mission and objectives provide only cursory or no mention of accountability requirements, nor any mention of required leadership styles and roles of chairpersons and of members in terms of the type of participation expected. | Vision, mission statements and Terms of Reference clearly and explicitly state a commitment to diversity. These statements are aligned with CAMH's stated goals and directions. Accountability requirements are explicitly stated, which include how decisions are communicated within CAMH and to the wider community. Accountability also includes the methods for employees / stakeholders to provide input and feedback to the committee and to ensure that the feedback/input is heard. The roles and functions, goals and objectives of the Board/Committee – as written in the Terms of Reference, expliicitly require that diversity issues and impacts be analyzed and taken into account, prior to, or as a part of, the decision making process. The expected leadership style of Chairpersons is explicitly stated, and the expectation of ensuring full participation of members is a stated requirement of the Chairperson's role. Likewise the role of members is stated and includes the requirement to actively participate and give input.
Board and Committee members, including Chairpersons are not required to take diversity training. No orientation training is provided, and mentoring of new members is not offered. | The reporting mechanisms of each of the key Boards/Committees require that diversity issues must be addressed. Written rationale is provided on each key decision and diversity is one of the factors that is addressed in the rationale. Key Boards/Committees adhere to the accountability requirements stated in the terms of reference / by-laws etc. In practice, in most cases, Boards /Committees act as if they are only accountable to CAMH Snr. Mgmt. Communications generally one-way – the Board/Committee to CAMH Snr. Mgmt. Only in a few cases, and inconsistently, does the Board /Committee practice full accountability and communication to the wider CAMH community. Less likely to expand their accountability to the partnership and stakeholder community. No feedback loop to CAMH employees and the wider stakeholder/partnership community regarding how input and feedback was incorporated (or not) into the decision making process. Board members surveyed annually to gauge Chairperson(s)' leadership style & the extent and level of member participation. Results tabulated & action plans to remedy issues are put in place. Board/Committee chairpersons and members required to take diversity training. New members are provided with mentors and orientation training. | Monitoring and evaluation system in place to ensure that the corporation's commitment to diversity as indicated in the vision and mission statements informs decision- making and planning. Vision, mission statements and Terms of Reference are developed in consultation with diverse takeholders/ communities and are responsive to changing and emerging needs. Key BoardsCommittees are accountable to CAMH employees and to the wider community. CAMH ensures accountability through regularly surveying employees and its partners and stakeholders regarding their satisfaction with Board /Committee communications, decisions and the use of input and feedback. Mechanisms are in place and are consistently practiced to provide 360 degree feedback loop to employees and stakeholders regarding input and feedback to Board/Committee communications and decision-making. Board members are consistently surveyed and the results are used to remedy any issues and are also tied to the performance contract of the Board / Committee Chairpersons. Performance contracts are leveraged to ensure that chairpersons consistently employ an inclusionary leadership style. Mechanisms are in place to rectify situations that do not meet CAMH's expectations. |

Current Level
(circle one)

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

Governance
Composition, Recruitment & Selection of members to the Board of Trustees and other key decision-making bodies and committees.
Examines, from a diversity perspective, the membership composition of key boards and committees, including the board of trustees. Analyses Chair and Vice Chair roles and which members can vote and/or constitute a quorum for making decisions. Focuses on the recruitment and selection policies, methods and strategies employed to staff the committees/boards

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Composition of Board of Trustees specifically excludes from membership one or more of the designated groups. Composition of other key boards / committees specifically excludes from membership one or more of the designated groups. One or more of 'diversity designated groups' members, of key committees/boards are explicitly barred from being voting members, or included in the "quorum" membership. Recruiting policies and / or practices explicitly exclude certain designated groups, e.g. trustees must have Canadian experience; meetings are held in buildings not wheelchair accessible. Member role descriptions are not current and do not reflect only role-related performance requirements but include personality attributes and / or credentials that are not required to perform the role. Hiring process is not open and transparent.	Composition of Boards/Committees are not reflective of the diverse workforce of CAMH nor of the community it serves. In cases where Boards/Committees do reflect diversity, "diversity" members are not appointed to the extremely important committees (Board of Trustees; Financial Committee; Ethics Committee); and / or are only appointed as non-voting members. Screening and selection processes are such that certain groups are consistently screened out, e.g. a tradition/belief of only appointing certain groups to serve on committees - it's easier for white males to be listened to by people that matter. Selection of Board/key Committee members largely dependent on belonging to an "old boys network" or "new girls network". Maintaining the status quo is deliberate (recruiting mainly through word of mouth / own networks). Vacancies are only advertised internally and / or in mainstream media. It is considered, by the Boards / Committees as unnecessary to recruit outside mainstream populations, e.g. advertisements only in *Globe and Mail*; wording is such that certain diverse groups consider it 'out of reach' to consider applying.	A policy is in place that requires that the composition of all Boards and key Committees reflect diversity. Recruitment and selection guidelines reflect this policy. Composition of Boards and key Committees generally include representation from diverse groups, but the most powerful committees are not generally reflective of diversity. Chairs and Vice-Chairs positions are usually not diversity representative. Vacancy descriptions and advertisements state a commitment to diversity; accurately reflect the essential duties of the role; roles are updated and go through a "diversity / or employment systems review test for any biases; determine what is actually needed to ensure against unnecessary credentialism; uses language that is inclusive and unbiased; undergone documented physical needs analyses. Screening criteria is directly role related. Policy across the organization conducting interviews to minimize potential adverse impact on designated groups. Not all CAMH senior managers / executives are aware of the policies, and not all have received training. There is not a full documentation and records of the entire recruitment / selection process. Outcomes are not tracked and analyzed	Key Boards and Committees reflect the 'demographic, cultural, gender, linguistic, religious, economic, geographic, ethnic, and social characteristics of the communities served'. Members from designated groups are represented on the key (powerful) committees, and have voting and quorum rights. Terms of reference for key Boards/ Committees/Sub-committees clearly require chairs, vice-chars and members to have knowledge of diversity. All Chairs and Vice Chairs and all members of the Board of Trustees and Key Committees (such as Policy, Finance and Ethics) receive diversity sensitivity training. Monitoring and evaluation system in place to ensure that recruitment and selection processes are sensitive to emerging/ changing diverse needs of communities. Vacancy ds. are inclusive and unbiased. Excludes anything that might discourage targeted group applicants from applying. Widely circulate the ads. through media outreach; appropriate people; translation, and reasonable time to apply. Fair screening / interview panels established. Resumes assessed on merit; understanding of diversity issues considered. Formal and transparent recruitment process. All new members are provided with timely orientation training – which includes a section on diversity and its impacts.	Practices consistent with policies. Monitoring and evaluation systems in place to ensure that practices comply with policies. Boards/Committees responsive to emerging diversity needs within the communities served. Focus on efforts to attract designated groups to apply; advertise in such a way so that it reaches all potential candidates. Diversity communities express interest in actin as Board / committee members. Principles of diversity applied in all aspects of recruitment and selection process - ensuring systemic barriers are removed. Process is fully documented from beginning to end. Outcomes are monitored and evaluated for continuous improvement. Outcomes reflect diversity representation and consistent with strategic directions. Key community stakeholders/partners have input in the recruitment/selection decisions to key Boards and Committees

Current Level (circle one) 1 2 3 4 5	Rationale which supports "current level" rating:
Desired Level (circle one) 1 2 3 4 5	

Governance
Decision-Making Process

Examines how key decisions are made (the process used); who makes the decisions (who are the voting members); who participates / has input in the decision-making process. Specifically looks at decision-making processes as it pertains to: financial allocations; ethics; funding; program planning and design; service delivery; partnership choices (re: who to partner with and the kind of partnership developed)

Overt Discrimination	*Covert /Systemic Barriers*	*Inclusive Non-Discriminatory Policies*	*Inclusive Non Discriminatory Practices*	*Best Practices*
Designated diversity group members of key boards / committees are always non-voting &/or non-quorum members. Diversity and its impacts are not discussed/do not play any role in decision-making processes. Diversity is not viewed or treated as an important decision-making issue. Dealing with diversity issues and impacts are explicitly one of the first areas to be eliminated and/or reduced when decisions have to made on program priorities; program design; financial allocations & constraints. Boards / Committees adopt strategies that make it impossible to provide services to certain groups i.e. accepting funding that comes with a stipulation that certain groups i.e. homosexuals cannot receive services. Boards/Committees will accept funding from any source &/or will accept funding from sources that are explicitly discriminatory against one or more diversity groups. Refusal to consider ethno-specific (and other designated groups) mental health and addiction agencies as eligible for field members to the general membership of the corporation	Designated diversity group members, other than those based on gender, of key boards / committees are nearly always non-voting and/or non-quorum members. Board/Committee members are not required to be aware of diversity or encouraged to seek diversity training. Diversity sensitivity is not an issue for decision-making / board membership. Field membership of diversity-based mental health and addiction agencies only considered if they meet a high funding range. Allocation of resources is determined only through 'traditional' methods that might not be sensitive to the needs of certain groups. Diversity is not one of the criteria for decision making regarding financial allocations; program design; policy formulation and strategic directions.	Designated diversity group members are nearly always voting and quorum members. There is a corporate policy that all Terms of Reference for key boards/ committees must reflect diversity and must take diversity and its impacts as one of the criteria during the decision-making process. However, no mention is made regarding the weighting that diversity is accorded in the decision-making process. Policies require trustees to consult with diverse communities and that such consultations follow guidelines that value diversity and equity. Key diversity stakeholder partners/ communities and experts are sometimes consulted regarding key decisions related to program priorities and design(includes research priorities) and strategic directions. They are not consulted on funding and financial decisions. In addition, consultations tend to be differential – some groups are listened to more than others, depending on the 'flavor of the politics of the day'. Policies are in place that require board/committee members to receive diversity training in addition to mental health and addiction. Not all members take the training.	Designated diversity group members are always voting and quorum members. Effort is made to ensure that diversity groups are given key roles – such as Chair and Vice-Chair. Diversity and its impacts are always used as a criteria when making decisions on: strategic direction; program design; service delivery; research priorities; policy and partnerships. Diversity is accorded an important rating in comparison with other factors. In many cases decisions are made in order to ensure that CAMH's diversity values and principles are not undermined. Some inconsistencies occur. Diversity is an issue that is discussed and analyzed when making financial and funding decisions. However diversity is one of many issues and is not accorded any extra weight in decision making. All key decisions made by Boards / Committees document the rationale for decisions and include the impact of the decision on diversity and how CAMH will address any potential diversity issues posed by the decision. Diversity stakeholders and experts are routinely consulted and their input is taken seriously. Training on diversity and its impacts is mandatory for all board/committee. members. Members are provided with the skills to actively participate.	Monitoring and evaluation is in place and consistently practiced to ensure that designated diversity group members have equal power on the Board/Committee in comparison with non-designated groups. Diversity and its impacts are accorded a very high priority in all key decisions and respect and valuing people is taken as the most serious consideration in decision-making – from strategic directions to funding and financing to program priorities. Diversity stakeholders and experts are regularly consulted when major changes and issues come up that will impact CAMH services, programs, funding and finances.

Current Level
(circle one)

1 2 3 4 5

Desired Level
(circle one)

1 2 3 4 5

Rationale which supports "current level" rating:

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