Award of Excellence in Mental Health Quality Improvement – Nomination Form

Nominations must be made by a member of the College.

Nominee: Centre for Addiction and Mental Health (CAMH), ICP Program
Prefix: Dr.
Name: Catherine Zahn
Title: CEO and President
Organization: CAMH
Address: Bell Gateway Building, 100 Stokes Street, Toronto, ON M6J 1H4
Phone: 416-535-8501
Fax:
Email: Catherine.Zahn@camh.ca
Project name (if applicable): Integrated Care Pathways Program
Are you nominating and:

☐ Individual
☑ Organization

Nominator: Carrie Fletcher
Prefix: Ms.
Name: Carrie Fletcher
Title: Director, Enterprise Project Management Office
Organization: CAMH
Address: 1001 Queen St. West, Toronto ON M6J 1H4
Phone: 416-333-0464
Fax: 416-595-6967
Email: Carrie.Fletcher@camh.ca

Please submit nominations to:
Cindy MacBride, Manager, Awards and Sponsorships
Canadian College of Health Leaders
292 Somerset Street West
Ottawa, ON K2P 0J6
Tel: (613) 235-7218 ext. 213
Toll free: 1-800-363-9056
Fax: (613) 235-5451
February 1, 2016

Canadian College of Health Leaders
292 Somerset Street West
Ottawa, ON K2P 0J6

Dear Review Committee,

Re: Award of Excellence in Mental Health Quality Improvement – Nomination

It is with great pleasure to nominate Integrated Care Pathway (ICP) Program at the Centre for Addiction and Mental Health (CAMH) for consideration for the 2016 Award of Excellence in Mental Health Quality Improvement in recognition of the program’s ability to illustrate best practice and quality of care by implementing integrated care pathways in mental health.

The Integrated Care Pathway Program at CAMH was initiated in 2013, since its inception the program has developed 7 integrated care pathways in the Mental Health and Addictions sector. Each pathway used evidence-based practice to coordinate the resources already existing in each setting. The positive outcomes from the pathways have allowed CAMH to:
- be the recipient of the ARTIC (Adopting Research to Improve Care) award for the
- provide leadership at the provincial level through co-chairing the three quality standards expert panels for the Mental Health sector
- be recognized for the Integrated Care Pathway on Major Depression and Alcohol Dependence by Accreditation Canada as a leading practice

Integrated Care Pathways have improved patient outcomes, increased collaboration, and created sustainable system protocols. This Program is a fundamental example of a quality improvement initiative to provide an integrated, multidisciplinary treatment approach with sustainable positive health outcomes.

Sincerely,

Carrie Fletcher MHSc, CHE, PMP
Director Enterprise Project Management Office
The Centre for Addiction and Mental Health (CAMH) is an Academic Health Science Centre in Toronto, a specialty centre in Mental Health and Addictions treatment. The Integrated Care Pathways (ICP) initiative started at CAMH in 2013. CAMH developed a systematic approach to assess and treat patients with Mental Health and Addictions disorders. The approach is an inter-professional ICP where patients are treated in a standardized way by a clinical team. The following components define CAMH ICPs:

- Standardized assessments
- Measurement-based interventions
- Algorithmic approach to treatment

In the initial year 3 ICPs were developed and implemented in clinical settings in the areas of Dementia, Schizophrenia and Concurrent Disorders. The following year 4 more ICPs were developed and implemented, in the areas of First Episode Psychosis, Bipolar Depression, Management of Acute Agitation and Aggression in an emergency setting and Late Life Schizophrenia. Overall the ICP initiative led to the development of an ICP program at CAMH dedicated to further the development, evaluation and sustainability of evidence based practice. One of the ICPs, treatment of concurrent disorder – Major Depressive Disorder and Alcohol Use Disorder, was the recipient of the ARTIC (Adopting Research to Improve Care) award for its dissemination at 8 other health settings across the province, known as the DA VINCI project. This ICP was also recognized as a leading practice by Accreditation Canada in 2015. This exciting journey has led CAMH to be leaders in the development, implementation and dissemination of ICPs in the Mental Health and Addictions sector.
Ontario’s health care system is undergoing significant change. Increasingly, service providers and their funders are compelled to deliver health care informed by the best evidence that science has to offer (Blasé, 2013). As well, patients and families have become more sophisticated consumers of health care and have high expectations (Middleton & Roberts, 2000). The current climate demands that health funding be linked to programs of care based on best evidence that deliver best possible outcomes. This reality also means that patients with similar health conditions should be able to expect similar quality treatment regardless of treatment setting. Patients expect care decisions based on best evidence, and that treatment will result in positive outcomes. Differences in practice within and across organizations have led to variable patient care experiences. In response to these concerns, there is a new emphasis on the standardization of care that minimizes risks and results in patient-centric, high-quality of care. Integrated Care Pathways (ICP) offer promise, and have been identified as a strategic priority. An ICP has been defined as a multidisciplinary outline of anticipated care for patients with a similar diagnosis of set of symptoms (Middleton & Roberts, 2000). ICPs provide detailed guidance for each stage in the management of patient-specific conditions over a given period of time.

In the past three years CAMH embarked on an initiative that led to the development of an ICP Program. These pathways provide detailed guidance for each stage in the management of patient-specific conditions. They clearly outline the most appropriate care for a patient group, based on available evidence and a consensus of best practice. These pathways are focused on improving the overall spectrum of clinical practice in a measurable way (with process and clinical outcome indicators).

CAMH is developing, implementing and evaluating Integrated Care Pathways for a number of disorders. Through these clear, consistent treatment plans, our goal is to reduce the variation in care that leads to poor outcomes. The following components define CAMH ICPs: standardized assessments, measurement-based interventions and algorithmic approach to treatment. Since 2013, we have implemented seven pathways within: Chronic Schizophrenia; First-Episode Psychosis; Dementia – Agitation and Aggression; Late Life Schizophrenia; Major Depressive Disorder and Alcohol Dependence; Bipolar Depression; and Agitation and Aggression in an Emergency Department. ICP performance measurement indicators include the following domains: safety, efficiency, effectiveness and responsiveness. The benefits of forming an ICP have manifested themselves early in development. The discussions that have taken place during the development of the pathway have encouraged closer team working alliances and a greater appreciation of existing treatment variability.
2. How has the QI initiative benefited patients/clients? Please outline clinical and functional data that demonstrates how the patients/clients have been impacted by the initiative over the past two years following the implementation of a QI initiative. (20 POINTS)

The main objective of this initiative is to provide evidence based patient centred care in a team approach and improve clinical outcomes. As of now, over 1000 patients have received care through CAMH ICPs. The following are outcomes on how the patients/clients have been impacted by the following ICPs following implementation:

ICP Dementia – Agitation and Aggression

Preliminary findings from this treatment approach show that we can eliminate inappropriate use of medications for agitation and aggression, with good and successful clinical outcomes. Polypharmacy is one of the main issues facing the geriatric population with Alzheimer’s Dementia. Currently with 29 patients treatment within the ICP model, 0% of the patients were successfully treated with 2 or more medications (some were treated with no medications) vs. 50% were treated 2 or more medications in Long Term Care Facilities (LTCF) in 2013, increase from 42% in 2004 (Vasudev et. al. 2015). Thus, by design, our ICP eliminates the inappropriate use of antipsychotics, limits the choice to the ones with best tolerability and evidence, limits their excessive use, and eliminates polypharmacy.

As of October 2015, across the two sites of implementation (CAMH and North Bay Regional Health Centre), analysis was conducted for 27 patients with agitation or aggression due to AD that had entered the ICP at that date. Twenty (20) of these patients completed the ICP, i.e., responded to the ICP to a degree that no further changes in treatment were necessary. The other seven patients are still in the assessment phase or receiving treatment. Patients entered the ICP coming from LTFCs and were on various types of medications and antipsychotics at the time of entry. Eighteen of the twenty patients (90%) completed the ICP without needing to be treated beyond the first step out of the seven medication steps of the ICP, strongly supporting the potential efficacy of our ICP. We also note that all patients who were admitted to our unit with agitation or aggression due to AD since the implementation of the ICP were able to be treated through the ICP. This finding strongly supports the feasibility and suitability of our ICP for this population. CAMH is regularly asked by other hospitals and LTCFs to share this ICP.
ICP Major Depressive Disorder and Alcohol Use Disorder

The ICP patients demonstrated significant reductions in depressive symptom severity by the end of treatment, as illustrated by the chart below (Evaluation: December 2013 to January 2016).

### Changes in the depressive symptoms severity and drinking patterns in the ICP cohort

<table>
<thead>
<tr>
<th></th>
<th>Baseline</th>
<th>Week 2</th>
<th>Week 4</th>
<th>Week 6</th>
<th>Week 8</th>
<th>Week 10</th>
<th>Week 12</th>
<th>Week 14</th>
<th>Week 16</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SD/DD</strong></td>
<td>8.4</td>
<td>4.0</td>
<td>3.0</td>
<td>2.2</td>
<td>2.4</td>
<td>2.5</td>
<td>1.9</td>
<td>1.8</td>
<td>0.9</td>
</tr>
<tr>
<td><strong>HDD/w</strong></td>
<td>4.9</td>
<td>2.0</td>
<td>1.1</td>
<td>1.4</td>
<td>1.2</td>
<td>1.4</td>
<td>1.0</td>
<td>1.0</td>
<td>0.5</td>
</tr>
<tr>
<td><strong>PACS</strong></td>
<td>18.0</td>
<td>14.7</td>
<td>14.7</td>
<td>13.9</td>
<td>12.3</td>
<td>14.1</td>
<td>9.1</td>
<td>10.8</td>
<td>9.2</td>
</tr>
<tr>
<td><strong>BDI</strong></td>
<td>27.0</td>
<td>22.3</td>
<td>20.4</td>
<td>19.7</td>
<td>20.1</td>
<td>19.7</td>
<td>17.3</td>
<td>17.4</td>
<td>11.5</td>
</tr>
<tr>
<td><strong>QIDS</strong></td>
<td>16.0</td>
<td>13.4</td>
<td>13.3</td>
<td>13.3</td>
<td>12.0</td>
<td>11.5</td>
<td>10.0</td>
<td>9.8</td>
<td>7.5</td>
</tr>
</tbody>
</table>

**SD/DD**: Standard drinks/drinking day; **HDD/w**: Heavy Drinking Days/week; **PACS**: Cravings Scale; **BDI**: Beck Depression Inventory; **QIDS**: Quick Inventory of Depressive Scale

ICP Early Psychosis/First Episode Inpatient

157 patients have entered this ICP; there is a 95% completion rate for standardized assessments introduced within the ICP framework: Mental Status Exam, Suicide Risk Assessment and Screening for Tobacco Use. As part of routine practice this ICP ensures that all patients receive a cognitive based assessment before being transitioned out of the inpatient setting, this is a newly introduced evidence based practice that is very important for this patient group.

In summary all our ICPs incorporate measurement based care and we regular review clinical outcomes with the teams to ensure we are improving care. Indicators focus on change in symptomology, compliance with best practices and hospital indicators such as length of stay or readmission rate. These results from all pathways are regularly presented at scientific meetings and conferences nationally and internationally.
3. Discuss how the QI initiative has resulted in the standardization of care through the development of protocols or integrated care pathways. (20 POINTS)

An ICP specifically details what to do, when to do it and who will do it. The following components define CAMH ICPs: standardized assessments, measurement-based interventions and algorithmic approach to treatment.

Each ICP consists of four standard components: (1) an assessment phase (2) non-pharmacological interventions, (3) pharmacological interventions, (4) the use of standardized assessments at baseline and various treatment points to guide the interventions (measurement based care).

As an example: our Dementia ICP has the following standardized components: (1) an assessment phase to determine the etiology of agitation and aggression which includes a washout period of contributing, unnecessary, or non-effective medications, in most cases this also address polypharmacy. This phase will also include a medical workup and standardized pain assessment (2) a suite of non-pharmacological interventions that are supported by research evidence. Interventions groups include sensory stimulation, music therapy, physical exercise etc.; (3) an algorithm of pharmacological interventions, including anti-psychotics, with titration schedules minimum and maximum dosages, and switching schedules based on effectiveness; medication adjustment consideration for frailty; and (4) the use of standardized assessments at baseline and various treatment points to guide the interventions. By design, this ICP eliminates the risks for unnecessary use of anti-psychotics, limits the selection to medications with best tolerability and evidence, and eliminates polypharmacy by applying a standardized approach and ultimately improving quality of care.

4. Provide examples/evidence of innovation and use leading practices as it relates to the QI initiative. Provide examples of how this initiative has contributed to the body of knowledge or the advancement of continuous improvement in healthcare. (15 POINTS)

In 2015, CAMH was the recipient of the ARTIC project to scale-up the ICP for concurrent disorders, known as the DA VINCI project. The goal of the DA VINCI (Depression and Alcoholism: Validation of an Integrated Care Initiative) project is to support and accelerate the implementation of the Integrated Care Pathway for Major Depressive Disorder (MDD) and Alcohol Dependence (AD) across a variety of healthcare organizations to ensure that patients with concurrent MDD and AD have access to high quality, person-centered, evidence-based care. Methodologies used are: Implementation Science, LEAN and Knowledge Translation (Knowledge-To-Action Cycle).

DA VINCI started on April 1st, 2015; eight sites across Ontario agreed to participate. At each site we assessed clinical flow, clientele and resources available. Process mapping and process redesigning were performed, gaps identified and addressed. Existing resources were rearranged and optimized to improve access and treatment procedures. Clinical team members were identified, their skills were evaluated, and they were familiarized with the ICP paradigm, trained and coached to deliver the ICP in a collaborative fashion. The first three sites are already live and recruiting patients, other sites will start in 2016.
This ICP is clinically effective and can be adapted to a variety of clinical settings. While no additional clinical resources are required, their optimization and inter-professional collaboration create a potential to significantly improve clinical outcomes. This ICP has received recognition from Accreditation Canada as a leading practice in 2015 and is an example of how the CAMH ICP initiative is contributing to the body of knowledge for the treatment of concurrent disorders provincially.

The ICP program also organized the inaugural Canadian pathways conference which was held on November 28th, 2015 to an audience of physicians, nurses, other clinicians, pharmacists, and various other health care professionals across Canada. The focus was on the need for standardization in the treatment of mental illness, implementation of evidence based practice in a clinical setting and the dissemination of these pathways across all types of clinical settings; Academic Health Science Centres, Community Hospitals, Family Health Teams etc.

5. a. Demonstrate how this initiative has resulted in service/system level improvement in quality metrics, such as: reduced ED presentations, reduced readmissions to hospital, reduction in average length of stay (LOS), improvement in functional status, improvement in quality of life metrics, client and consumer satisfaction etc. (15 POINTS)

For the ICP Early Psychosis/First Episode in an inpatient setting a recent readmission rate analysis was conducted, comparison of patient readmission rate between 6 month duration of January to June 2014 and January to June 2015, there was a reduction of 4% from 11.38% (2014) to 7.27% (2015).

For the purposes of continuous improvement, we conduct regular patient/family satisfaction surveys and review the feedback so we can further improve the pathway. The following is an example of our patient satisfaction results from our ICP for Major Depressive Disorder and Alcohol Use Disorder (ICP MDAD).
Satisfaction Survey Outcomes ICP MDAD – December 2013 to January 2016

**Overall Satisfaction**

- Atmosphere
- Staff courtesy
- Address concerns
- Explanations abt Tx
- Care free of discrimination
- Protection of confidentiality
- Overall care and Tx

**Self-reported Condition Improvement**

- Mood
- Drinking patterns
b. Discuss any process excellence strategies that were implemented and their impact. Please provide pre and post statistics/data where applicable (incl. sample size) to demonstrate these points. (10 POINTS)

Process re-engineering is built-in within the methodologies of designing and implementing ICPs. Since these pathways are processed based and rely on external processes such as patient flow, a review of these and strategically optimizing them to meet the objectives of the pathway are required. Prior to starting a new ICP, a current state analysis is conducted and a current state process map is developed. Using LEAN principles the pathway processes are re-engineered to ensure efficiency.

An example of a process re-engineering outcome is from the ICP for concurrent disorder of Major Depressive Disorder (MDD) and Alcohol Use Disorder (AUD). The processes were redesigned to provide a structured, team-based approach that treats a person who needs help. The treatment pathway is 12 to 16 weeks in duration. The treatment is delivered in an integrated team model, with counselling, antidepressant and anti-cravings medications. The pharmacotherapy and psychotherapy is provided together. The prescribers are provided with an evidence based medication algorithm, which provides a specific titration schedule based on the results of standardized scales administered on a biweekly basis and side effect tolerance.

The retention rate from integrating these treatments was compared to historical controls, where the treatment was fragmented. 63 patients were enrolled in the ICP for Major Depressive Disorder and Alcohol Use Disorder. One of the primary outcomes for this treatment was retention rate. The dropout rates in the ICP cohort were significantly lower than in historical controls (HC, n=92).
6. Discuss and demonstrate the sustainability of this initiative. Share the plan for sustainability of achieved quality improvements, including system integration/cross sector collaboration to promote a true system of care. (10 POINTS)

Since the inception of the ICP program in 2013, CAMH has treated over 1000 patients within the ICP paradigm. The ICP program uses project management, quality improvement and change management frameworks to implement ICPs and ensures their sustainability. Regular reporting structures are implemented to ensure sharing of clinical outcomes with the frontline clinical team and management. CAMH has shared their ICP documents with multiple requests nationally and internationally.

The ICP leadership at CAMH have also had the opportunity to help facilitate the quality standards development currently led by Health Quality Ontario (HQO). There are three expert panels brought together to develop these quality standards for the treatment of: Dementia – Agitation and Aggression; Schizophrenia; and Depression. Each of these expert panels is co-chaired by a clinical leader from CAMH that has been integral in the design, development and implementation of ICPs at CAMH. These quality standards will be disseminated across the province and by facilitating these working groups CAMH is taking an active role to promote a true system of care.
7. Provide evidence of consumer and family involvement (i.e. circle of support) in the treatment and management of mental health and addictions. (10 POINTS)

The CAMH Integrated Care Pathways development methodology includes inter-professional working groups. The working groups for ICP development have including peer support workers to provide us the consumer perspective as we design the care pathway.

Besides being part of the ICP working group, we also have specifically defined engagement points for family involvement within the integrated care pathway. For our pathway to treat Dementia – Agitation and Aggression, we have a family meeting at the start of the pathway to ensure the patient and family are provided with exactly what will be incorporated in their care, the details around the pharmacological and non-pharmacological interventions. In addition at discharge, a detailed document on the clinical outcomes and a plan on which interventions are most effective is provided for the continuum of care. A similar example of patient/family involvement is for our Early Psychosis/First Episode for Schizophrenia pathways. The ICP program regular presents to and engages feedback from the CAMH empowerment council.

Below is an example of an ICP patient story:
8. Conclusion

The Mental Health and Addictions sector is in need of optimization to provide patients with access to evidence informed integrated care. ICPs at CAMH have provided that framework to improve the quality of care and enhance clinical outcomes. This has been possible by the development of a dedicated program that provides oversight and facilitates all ICP related work. This program is dedicated to continuous improvement and ensuring the further development, evaluation, sustainability and dissemination of evidence based practice. This work has been recognized at multiple national and international conference presentations.

It has also been recognized by:

- Accreditation Canada, as one of the ICPs was recognized as a leading practice
- HQO/CAHO, as CAMH was the recipient of the ARTIC award to disseminate this best practice across the province
- Leading the facilitation of the development of quality standards for Dementia, Schizophrenia and Depression with Health Quality Ontario

This exciting journey has allowed CAMH to be leaders in the development, implementation and dissemination of ICPs in the Mental Health and Addictions sector.
Canadian College of Health Leaders  
292 Somerset Street West  
Ottawa, ON K2P 0J6

Dear Review Committee,

Award of Excellence in Mental Health Quality Improvement – Nomination

I owe a debt of gratitude to the Integrated Care Pathway Program at the Centre for Addiction and Mental Health (CAMH). I was enrolled in the Major Depression and Alcohol Dependence concurrent treatment pathway. The lead psychiatrist, Dr. Andriy Samokhvalov, suggested this program shortly before I went into the inpatient 21-day program at CAMH, and my counselor in that program spoke highly of it as well. Shortly after leaving the 21-day program, I approached Dr. Samokhvalov and asked to be put on the waiting list; I started a few short weeks later. The tools and attention I received from my interdisciplinary team were outstanding. I met with my nurse, pharmacist, and physician bi-weekly. I attended appointments with my psychotherapist weekly. Together this team coordinated my care around my needs, and I felt as if I was receiving VIP treatment whenever I went in. My diverse team was instrumental in making me feel supported, understood, and cared for through the duration of my time in the 16-week program. The level of care I received was A+++, and I feel this treatment is directly part of the reason I can proudly say, “I am more than 18 months sober.” I have learned skills, new ways of dealing with thoughts and emotions, and how to prioritize and organize myself to ensure my sobriety. The program also helped me truly understand that my recovery should be my full-time job; it is that important. I would like to thank each member of the team and tell them I feel I now can confidently say "I’ve changed!"

With this letter of support, I would like to nominate the Integrated Care Pathway Program at CAMH to be considered for the Award of Excellence in Mental Health Quality Improvement. This is a great example of an integrated approach with great outcomes.

Sincerely,

Denise M.
January 29, 2016

Canadian College of Health Leaders (CCHL)
292 Somerset Street West
Ottawa, ON K2P 0J6

Re: Award of Excellence in Mental Health and Quality Improvement

Dear Review Committee,

We are very excited to nominate the Centre for Addiction and Mental Health (CAMH) for the Award of Excellence in Mental Health and Quality Improvement.

We are writing this letter of support to recognize CAMH on the excellent work they are pioneering in developing integrated care pathways (ICP) to improve care and bring evidence informed practice to the treatment of many mental health and addiction disorders. CAMH has taken a leadership role in the design, development and implementation of best practice through their integrated care pathways.

The North Bay Regional Health Centre’s (NBRHC) Regional Mental Health Services provides inpatient beds in North Bay and Sudbury and outpatient and outreach services throughout the region – from Hudson Bay to Muskoka, and from Sault Ste. Marie to the Quebec border. The NBRHC Strategic Plan is an ambitious blueprint for our future and sets the course so that we can respond to our social responsibilities and challenges us to become better in the service of our patients. We are accountable to those we serve and to our funders to ensure that we provide excellent care – care that is safe, outcome oriented, accessible, equitable, efficient and organized to deliver a positive patient experience. Compared to the province, the North East has a higher:
- Percentage of drinkers reporting heavy drinking
- Rates of mental illness hospitalizations and patient days
- Unscheduled ED visits for residents with a Mental Health/Substance Abuse condition
- Proportion of Aboriginal identity
- Proportion of Francophones
- Proportion of people living in rural area

We are excited to share that we have collaborated with CAMH and implemented two of their pathways within our own clinical setting. The Dementia ICP for the management of agitation and aggression has been implemented on one of our inpatient units in Sudbury, with excellent uptake and adherence to best practice. In North Bay we have implemented the DA VINCI (Depression and Alcoholism: Validation of an Integrated Care Initiative), an integrated care pathway to treat this concurrent disorder.

It is our hope that you give serious consideration to CAMH for this award.

Sincerely,

[Signature]

Tanya Nixon, BSW, MPA
Vice President - Mental Health

/dm
January 28, 2016

To: The CCHL Awards Committee:

I am happy to lend my support to the nomination of the Integrated Care Pathways Program at the Centre for Addiction and Mental Health (CAMH) for this year’s Award of Excellence in Mental Health Quality Improvement. CAMH’s Integrated Care Pathways (ICP) Program is without a doubt a wholly worthy candidate for such a prize, and their work in my organization is proof of their outstanding leadership in the field of quality improvement.

The ICP Program serves an incredibly wide spectrum of both mental health and addiction needs at CAMH and beyond. At William Osler Health System we are pleased to be collaborating with CAMH to implement one of their pathways as a pilot, the Depression and Alcoholism: Validation of Integrated Care Initiative Project (DA VINCI). The project is an ARTIC-funded CAMH ICP initiative that is currently being implemented outside of its parent organization among several sites across Ontario, and it truly does address both mental health and addiction needs simultaneously and holistically. DA VINCI is a groundbreaking evidence-based approach to treating alcohol disorders and depression, which often co-occur but are rarely treated concurrently. When considering quality improvement, I cannot think of a better example than improving quality through addressing an issue which, up until now, has seen treatment that is widely fragmented and short on evidence-based practice. This fresh approach is at the foundation of the DA VINCI pathway, and it’s an example the innovation from the Integrated Care Pathways initiative at CAMH that deserves high praise.

The Integrated Care Pathways Program at CAMH continues to be a leader in sustained improvement of care. This is evident through the program’s tenacious growth and through the organization-wide commitment to ICPs.

I am excited to see the new directions that CAMH will take with their care pathways in the coming years. With your generous consideration I am confident that these important initiatives can reach even further to change more lives for the better. Not only do CAMH Integrated Care Pathways have the potential to impact an even wider community within our province, but I believe they also have the potential to transform existing national and international mental health and addictions treatment services.

Sincerely,

[Signature]

Darryl Yates, RN, BScN, MHSC, CHE