



2018 BIRTHRIGHT ISRAEL

Impact Report



Thanks to your ongoing support, [Birthright Israel Foundation](#) was able to give the *gift* of a life-changing trip to Israel this past year to more than 48,000 young Jewish adults from North America! These young adults returned from this journey proud of their Jewish heritage and ready to get involved in their communities — at a time when we need it the most.

Below you will find an insider's glimpse into our 2018 participants' experiences and a taste of the impact your generosity has had on the Jewish future. You can always read more about what is happening at Birthright Israel [by visiting our blog »](#)

Do you know the impact of a Birthright Israel trip?

- ▶ **85% of participants** consider Birthright Israel to be a life-changing experience
- ▶ Birthright Israel participants pay it forward: they are **30% more likely** to donate to Jewish or Israeli causes compared to non-participants.

[LEARN MORE ABOUT THE IMPACT »](#)



DAVID H.
2018 ALUMNUS



"On the morning of my last day in Israel, it hit me that I finally felt connected to the Jewish community. It was through the wonderful Birthright Israel family that I was strengthened in my faith and realized I was not a Jew-ish rural American, I was a rural American Jew. My perspective changed and my identity as a Jew became clear. Frankly, I'll remember this experience for the rest of my life. It was God's greatest blessing to have been able to go on the *right* trip, with the *right* people, at the *right* time so as to gain insight into how to meet the many needs in my life. Please, never discontinue this wondrous gift of Birthright Israel."

WHAT INSPIRED ME TO BECOME THE FIRST FEMALE PRESIDENT OF MY HILLEL

by Casey Dresbach

"[Birthright Israel] does this amazing job of blending together so many different aspects of what it means to be Jewish, and what really sparked something in me was how these Israeli soldiers were integrated into the trip...Only being there with them through a Birthright Israel trip could have shifted the way I see Israel.

When I got back home from the trip...I realized that growing up as a Jewish girl was an honor. My past felt more important to me. It made me also want to step up how I currently engage in Jewish life." [Read More »](#)

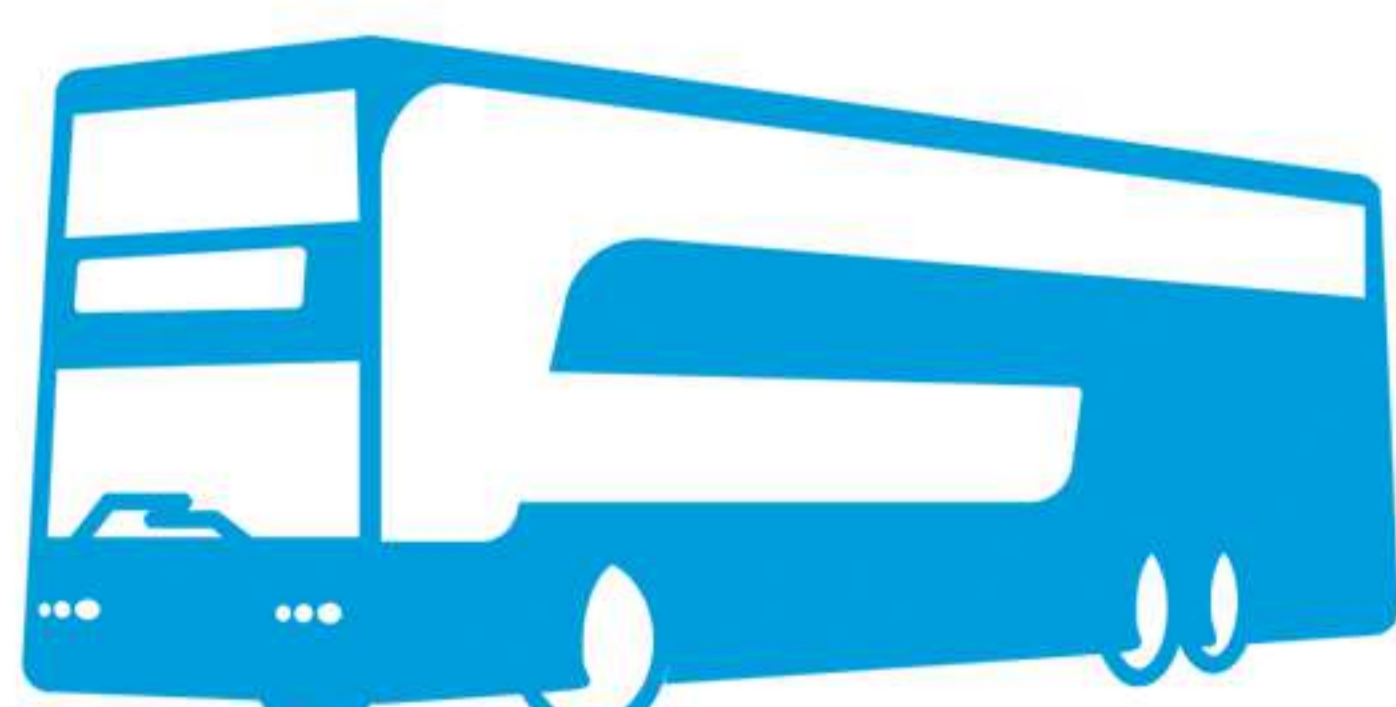


2018

by the numbers

48,104

TOTAL PARTICIPANTS



36,330

PARTICIPANTS FROM NORTH AMERICA

PARTICIPANTS FROM OUTSIDE NORTH AMERICA

11,774



PARTICIPANTS FROM ISRAEL (MIFGASH)

8,305



PARTICIPANTS 27-32 YEARS-OLD

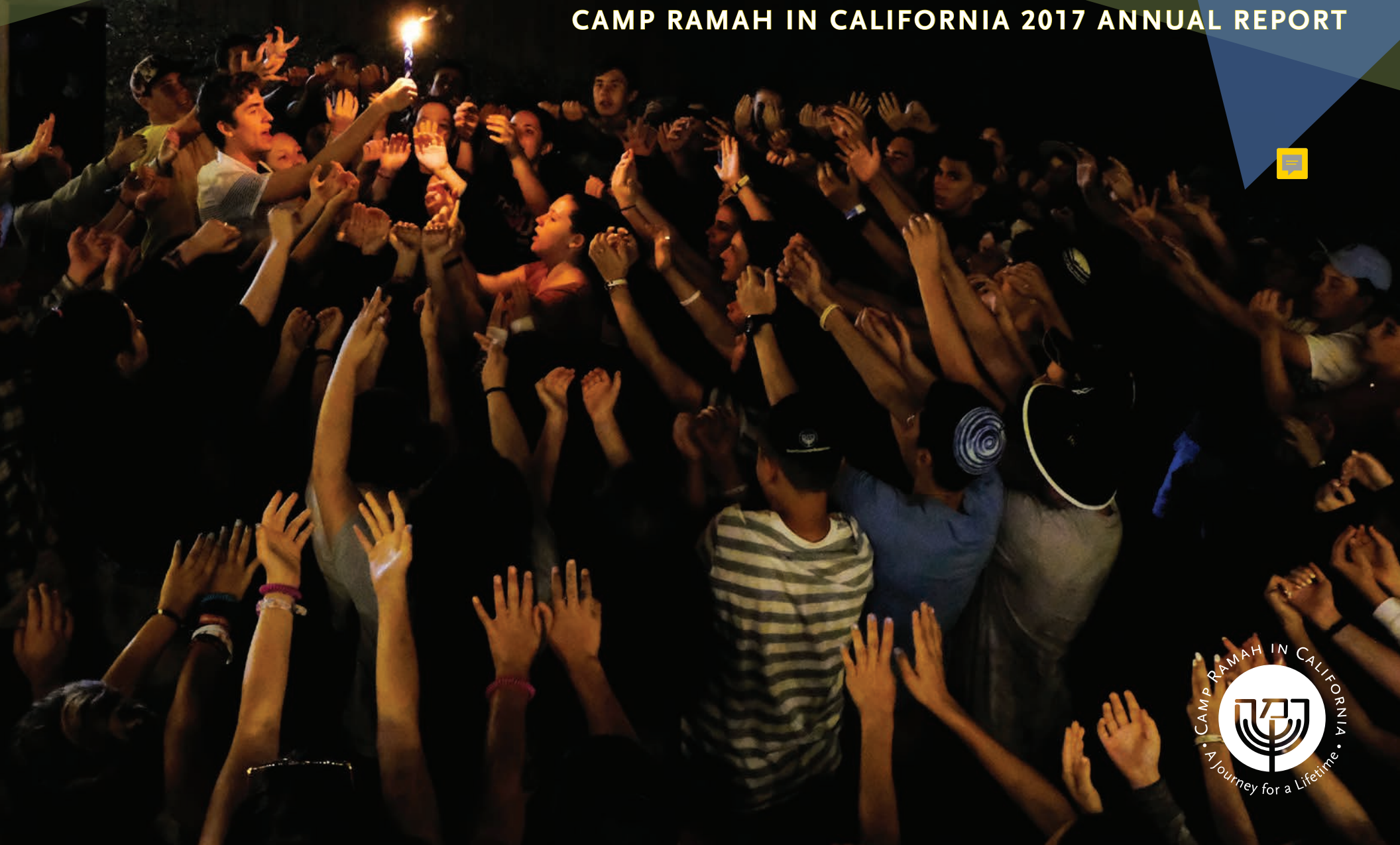
2,928



Toda Raba!

SIGNIFICANT JEWISH MOMENTS

CAMP RAMAH IN CALIFORNIA 2017 ANNUAL REPORT



2017 BOARD OF DIRECTORS & YEAR-ROUND STAFF

BOARD OF DIRECTORS

Andrew I. Spitzer, MD,* *Chair*
Dr. Monique Araya
Nancy Beiser*
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Shari Weiner
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Honorary Life Members

Dr. Robert H. Barnhard
Murray Cohen z"l
Jake Farber
Dr. Norman Jacoby
Mannon Kaplan
Howard Levine
Louis Miller
Julie Platt
Jay Reisbaum
Dr. Paul Schultz

*Executive Committee members

YEAR-ROUND STAFF

Rabbi Joe Menashe
Executive Director

Randy Michaels
*Chief Operating and
Financial Officer*

John Magoulas
Director of Development

Ariella Moss Peterseil
Camp Director

Jillian Berman
Health Center Administrator

Jara Brewer
Dining Room Manager

Maria Brewer
Director of Operations

Efren Calderon
Maintenance Supervisor

Angela Contreras
Accounts Receivable

Chandler Heath
Retreats & Facilities Associate

Dr. Aviva Levine Jacobs
Director of Camper Care

Etan Kelman
Ropes Course Supervisor

Yael Kornfeld
Program Coordinator

Daniel Maya
*Finance and Accounting
Manager*

Teri Naftalin
Hospitality Coordinator

Elana Naftalin Kelman
Tikvah Director

Gaby Natelson
*Recruitment & Engagement
Associate*

Leah Phillips
Development Intern

Ari Polsky
*Marketing &
Communications Associate*

Benjamin Strom
Registrar

Pam Trotter
Development Assistant

German Velasquez
Executive Chef

Usha Visjani
Finance Assistant

Morin Zaray
*Zimmer Retreat &
Conference Center Manager*



DEAR FRIENDS:

December 2017: Gala

This past year, we resumed our formal annual Gala and spent a lovely evening celebrating **Roz & Abner Goldstine** for their enormous contributions to Camp Ramah. The Goldstines have been instrumental in nurturing the growth and success of Ramah and helping children attend camp. Their recent historic gift for the New Machon/Property Capital Campaign will help us build our future Machon village, The Roslyn & Abner Goldstine Machon Shetach.

During the same evening, **Abby & Jonny Mars** were recognized with the Inaugural Alumni Leadership Award for their years of service to Camp Ramah as Yoetzet, Board Member, Community Supporter, Camp Parents, and of course, Alumni!

We were thrilled to have over 500 members of our community join together to celebrate these two incredible couples, and establish the *Mercaz Yisrael Endowment* (Israel Center) for Camp Ramah.

We thank you for joining us for the **2018 Gala on Sunday, November 4, 2018** at **Sinai Temple**, where we honored **Sheila Baran Spiwak and Alan Spiwak**, and also recognized **Maya Aharon** with the Alumni Leadership Award.

December 2017: Fire

A few short days after our Gala Celebration, we witnessed a true modern day Chanukah miracle. The Thomas Fire, according to the predictions of the firefighters, threatened our camp with almost certain destruction. Thanks to the heroic efforts of those very same firefighters, tremendous resources allocated by CalFire, and nothing short of the miracle of divine intervention, our camp was ultimately saved and our buildings spared from any direct damage from the fire. Nevertheless, while all the buildings remained intact, there was an estimated \$3 million in collateral damage to our buildings, roads, and infrastructure from smoke, heavy firefighting equipment, and the subsequent need for hillside mitigation to prevent mud slides from rain. Thanks to so many of you in our community who donated generously to our Emergency Fire Fund campaign, to our partners at the Jewish Federation of Los Angeles, and to the support of our insurance company, we have been able to

overcome the huge financial burden this near tragedy caused. Despite the generosity, we still have substantial need for future work in hillside mitigation and electrical systems repairs.

As we close our Kayitz 2018 summer season, we feel blessed to have been able to once again occupy our wonderful facility and provide the summer of a lifetime to so many grateful campers and staff.

Affordability

Finally, affordability is one of our key goals and priorities. We are engaged in making sure that we provide financial support to campers with need, and that we extend our Ramah experience to those who may not even consider a camp experience within their financial reach. We continue to collaborate nationally with the National Ramah Commission and the Foundation for Jewish Camp, locally with our generous partners at the Federation, and with our own Ramah community to maximize the dollars we have available for scholarships and financial aid. We had an incredible Ramah presence at the Tour de Summer Camps, and wonderful turnout at our annual gala honoring Sheila Baran Spiwak and Alan Spiwak, both of which are providing substantial support for our ongoing affordability efforts. We remain deeply committed to ensuring that any child who wants to be a *Ramahnik* is not prevented from doing so due to a lack of financial ability.

Your Generosity

Our accomplishments, our plans, our dreams, and our vision are only possible through the generosity of our community, and the implementation of our professionals. We are deeply grateful as campers, staff, lay leaders, and friends for the enormous support from all of our constituencies. This report outlines much of our current work and future plans. We welcome your participation, your thoughts and feedback, and your support as we continue to enhance and evolve the Camp Ramah in California Journey for a Lifetime.

Respectfully and passionately,

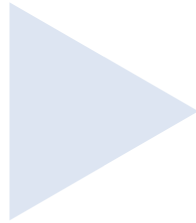


Andrew I. Spitzer, MD
Chair, Board of Directors



Rabbi Joe Menashe
Executive Director

RAMAH'S MISSION



Camp Ramah in California creates religious educating communities in which campers and staff learn skills for a life committed to God, Torah, the Jewish people and tikkun olam. Such communities support and strengthen Jewish identity and experiences fostered in the home, the synagogue and the school.

1,600 **CAMPERS + STAFF** who are part of the **JOURNEY FOR A LIFETIME** each *kayitz*

45 **RETREAT GROUPS** annually at the Zimmer Retreat & Conference Center

מחנות רמה
Ramah
Camping Movement

PART OF A FAMILY of 5 day camps and 10 overnight camps

Over 100 campers from Ramah California participate in the **RAMAH ISRAEL SEMINAR** program each year

62 **YEAR TRACK RECORD**

MILESTONES

Over 1,600 campers and staff in 2017 took part in their *Ramah Journey for a Lifetime*.

Giving Tuesday #RamahRaisedMe campaign engaged over 100 donors who made gifts to support camper scholarships.

The home of thousands of campers, staff, alumni, and friends was spared from the **Thomas Fire** due to the heroic efforts of 200 firefighters.



Last summer, after a decade of paying our part of Ramah tuition annually, we were done! Our son Oryah had completed Machon the previous summer (mudhugs and all) and returned to us with a sense of commitment to Jewish life and leadership which was his own — anchored in what we and our Pico-Robertson community had offered — but nourished in ways we could never have done without camp. Mid-summer, our daughter Shachar rushed back from her DC internship to make it to second session as a Kochavim counselor to work with some of her favorite campers. I watched and listened as she unpacked her business attire, packed her camp clothes and talked passionately about what she hoped to inspire in her campers over the summer.

As Jewish educators, my husband Aryeh and I couldn't have asked for more — and as Jewish educators paying day school tuition certain years, college tuition others, paying full tuition for camp was a reach for us. During most of those years, financial aid helped us cover the gap. There was no question that as soon as we were done paying our own camp tuition, we would begin to pay it forward with monthly contributions to Camp Ramah's Scholarship Fund. We believe in the power of camp! It was important to us to help other families' children be part of the joy, growth and leadership training on which our kids were raised. This year Oryah joins the ranks of Mador. We can't wait to see what kind of counselor he will become!

— Andrea Hodos, Ramah Parent

429 CAMPERS
received scholarships
in 2017

\$653,215
AWARDED in
scholarships in 2017

530 friends, family, and community members joined us for our Gala Celebration which raised over \$500,000 for **Mercaz Yisrael**.

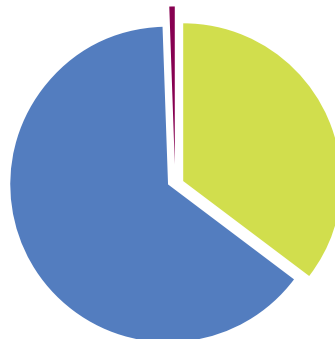
Over 500 donations were made to express gratitude to the Ventura County Professional Firefighter's Association and to our Fire Fund to help Ramah recover.

FINANCIAL SUMMARY



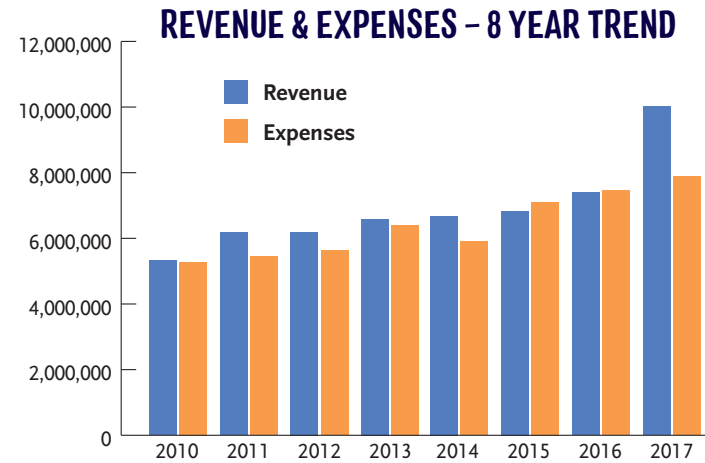
2017 REVENUE

- Summer: \$6,046,000
- Non-Summer: \$1,646,100
- Contributions: \$2,328,256



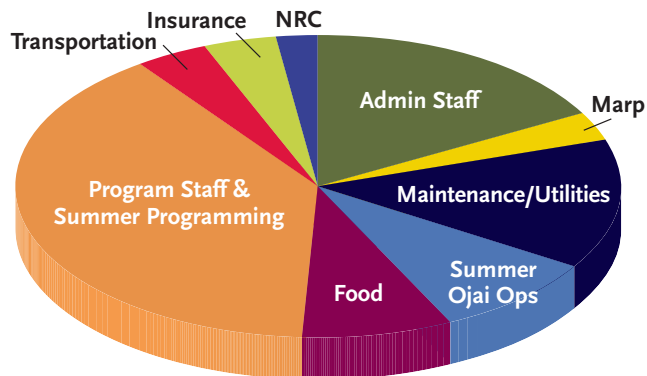
2017 EXPENSES

- Program: \$2,790,500
- Operations: \$5,052,000
- Development: \$42,200

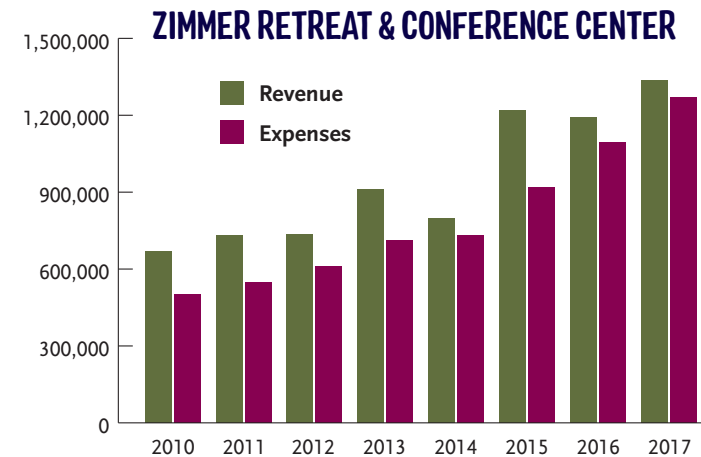


2017 FOUR-WEEK CAMPER FEE (\$5,095)

Total cost per camper: \$5,841



The difference in fees collected are funded by donations and year-round program enrollment.





CAMP RAMAH IN CALIFORNIA HONORS

Roz & Abner Goldstine

AND

Abby & Jonny Mars

ALUMNI LEADERSHIP AWARD

At our Gala we welcomed over 530 of our family, friends, and community members in celebrating two phenomenal couples: Roz & Abner Goldstine and Abby & Jonny Mars.

Thank you to all who joined us for creating and sustaining this community, and for joining us in celebrating the commitment of these two wonderful couples!

The celebration was a remarkable success, raising over \$500,000 and enabling Ramah to establish *Mercaz Yisrael: Endowment for Israel Programming*.

Celebration Co-Chairs

Sandy & Bill Goodglick
Gaby & Jeffrey Kaplan
Lisa & Victor Kohn
Paulette Light & Jeff Rake
Sheila Baran Spiwak
& Alan Spiwak
Fran & Arnie Stengel

Honorary Co-Chairs

Felice & Dr. Ronald Andiman
Rhoda & Dr. Robert Barnhard
Lirona Kadosh & Ethan
Goldstine
Bella Goldstine
Janet & Jake Farber
Helgard & Irwin Field
Lela & Dr. Norman Jacoby
Mannon Kaplan
Sheila & Aaron Leibovic
Marilyn & Rabbi Alvin Mars
Julie & Marc Platt

Celebration Chair, Board of Directors

Lesley Wolman

Development Chair, Board of Directors

Karmi Monsher,

Chair, Board of Directors

Andrew I. Spitzer, MD



Camp Ramah's **Shomrei Ramah Society** (Guardians of Ramah) includes donors who choose to make an annual contribution of \$5,000 or more to support Camp Ramah's scholarship, programming, unrestricted support for the camp's greatest needs.

Participation in Shomrei Ramah Society helps maintain the highest standards in Jewish summer camping and ensures more campers connect to Jewish living by attending Camp Ramah. Vital funding from Shomrei Ramah Society means Camp Ramah in California continues its commitment to high quality infrastructure and addresses growing scholarship needs.

PILLARS

Lisa & Victor Kohn
Julie & Marc Platt

DIRECTORS' CIRCLE

Anonymous (2)
Sylvie & Mark Deutsch
Janet & Jake Farber
Lela & Dr. Norman Jacoby
Tammy & Jay Levine

AMBASSADORS' LEVEL

Anonymous (1)
Nancy & Scott Beiser
Rochelle & Freddy Cohen
Helgard & Irwin Field
Estate of Dr. Herman H. Kaye z"l
Bruce Whizin

REGENTS' LEVEL

Anonymous (1)
Heidi & Noam Arzt
Rhoda & Dr. Robert Barnhard

Phyllis & Sandy Beim
Ellen & Adam Beren
Ellen & Jeff Brown
Lisa & Craig Cooper
Marlynn & Rabbi Elliot Dorff
Edythe & Frederick Goldberger
Roz & Abner Goldstine
The Labowe Family Foundation
Sheila & Aaron Leibovic
Ilana & Mark Meskin
Jay C. and Freya Miller Foundation
Courtney Mizel
Karmi & Harold Monsher
Peggy & Edward Robin
Rachel & Lee Rosen
Rony & Mark Rosenbaum
Michal Amir Salkin & Ken Salkin
Sheila Baran Spiwak & Alan Spiwak
Jackie & Michael Waterman
Orna & Keenan Wolens
Lesley & Jeffrey Wolman
Marilyn Ziering



ENDOWMENTS

Endowments have been established to provide support for scholarships and for the development of new programs without the necessity of increasing camp fees. Camp Ramah in California would like to thank all who have donated to our Ramah Scholarship Endowment Fund and to our Program Endowments. We would like to express our gratitude for those families who have established the following endowments:

SCHOLARSHIP ENDOWMENTS

Anonymous Scholarship Endowment Fund
Appel Scholarship Endowment Fund
Sam & Rosalie Barnett Scholarship Fund
The Rhoda & Bob Barnhard, Betty & Sheldon Feinberg Endowment
in memory of Harry Barnhard
Becker Scholarship Endowment Fund
Robert M. Beren Scholarship Fund
Bockman Scholarship Endowment Fund
Deutsch Family Scholarship Endowment
Freda & William Fingerhut Scholarship Endowment Fund
The Abner & Roz Goldstine Scholarship Fund
Goodlick Family Scholarship Endowment Fund
Grandparents Four Scholarship Endowment Fund
Dr. Norman & Lela Jacoby Scholarship Endowment
Ralph & Taren Jacoby Metson, Joel & Susan Jacoby Stern, Jonathan & Judy Jacoby Chiel Scholarship Endowment Fund
in honor of our parents Dr. Norman & Lela Jacoby

Sybil & Mannon Kaplan Scholarship Fund
Debra & Robert Kasirer Scholarship Fund
Bessie Krevitz Scholarship Endowment Fund
Irene & Howard Levine Scholarship Fund
Philip M. & Beatrice Levine Scholarship Fund
Dr. David Leiber Scholarship Endowment Fund
Lowy Scholarship Endowment Fund
Petty & Bates Metson Scholarship Endowment Fund
Julie & Marc Platt, Ellen & Adam E. Beren, Nancy T. Beren & Dr. Larry Jefferson, Amy & Robert Bressman Scholarship Endowment
The Schneider Family Scholarship Endowment
Lana Berke Silverman Tikvah Scholarship Fund
The Smotrich Family Scholarship Fund
Reuben Tucker Scholarship Endowment Fund
Shari & Michael Weiner Scholarship Endowment
Sidney & Marilyn Williams Scholarship Endowment Fund
Whizin Scholarship Fund
Ziegler Scholarship Endowment Fund
Zimmer Scholarship Fund

PROGRAM ENDOWMENTS

The Barnhard Mador Young Leadership Endowment
Mercaz Yisrael: Endowment for Israel Programs
The Spitzer Family IKAR Endowment
The Spiwak Family Tikkun Olam Endowment
Tikvah Program Endowment
The Ziegler Tikvah Counselors' Endowment

OTHER ENDOWMENTS

June and Irving Brott Family Endowment
Nuritt & Elie Mechaly Facilities Beautification and Maintenance Endowment Fund
Art Williams Rosh Gesher Endowment
Hayom U'leTamid Endowment

DEDICATED FACILITIES

Albert Observatory
in memory of David Lawrence Albert

Jeff Astor Foundation Volleyball Court
in memory of Jeff Astor

Ballonoff Aron Hakodesh
in memory of Rabbi Martin A. Ballonoff

Bassan Heiser Lodge

Belzer Bunk Renovations

Beren Athletic Facility

Beren Family Parking Space

Robert M. Beren Tennis Center
in honor of his children & grandchildren & his sister, Lela Beren Jacoby & her children & grandchildren

Berg Commons
in honor of Al & Bess Berg

Golden-Berkley Family Shade Sail

Handball Court
in memory of Ilan Gabriel Biederman

Ma'agal Ilan
in memory of Ilan Gabriel Biederman

Braun Solar Facilities

Bressman Family Benches

Cohen-Farber-Lavender Families
 Solar Pool Heating

Cole Family Outdoor Sanctuary

Cooper Family Stairs

Deutsch-Kurland-Weiner Friendship Circle

Deutsch Boys' Showers

Rehov Deutsch

Dorff-Nelson Kikar Tzion Outdoor Sanctuary
in memory of Edith Judith Nelson

Elaine & Leo Dozoretz Prayer Area

Sunny & Harold Easton Prayer Area

Sidney Eichenbaum Soccer Field

Familian-Smalley Swimming Pool Facility
in memory of Sunny & Isadore Familian

Janet and Jake Farber Campgrounds at the
 Max and Pauline Zimmer Conference Center

Farber Baseball Field

Feinstein Plaza

Federman Hersh Administration Building

Fingerhut Chapel

Flax Art Center

Friedland Lodge

Friedman Library *in memory of Jack Lubeck*

Friendship Benches
in honor of Tara & Jay Reisbaum, Sandi & Avi Schlesinger and Marci & Andrew Spitzer

Friday Night Group Bench

Ner Tamid
given by the Gilberg and Lenz Families

Gilbert Basketball Benches
in memory of Dr. Spencer Gilbert

Gindi Chadar Ochel

Leone & Marvin Golden Prayer Area

Gonda Family Foundation Director's Office

Milton & Sandy Gordon & Family Prayer Area

Helene & Albert Greenfield Prayer Area

Greyber Family Bench

Greyber Family Retreat Center Suite

Hyman Kikar Lil

Jacoby Family Amphitheatre

Lela & Dr. Norman Jacoby Prayer Area

Janks Family Pool Slide Landing Area



Jefferson Health Center Ward
in honor of Irene, Elizabeth & Alexander Jefferson

Charlotte & Dr. Edward Kamenir Prayer Area

Kasirer Family Beit Midrash & Torah

Kitah Table
in memory of Dolores D. Kaye

Herman H. Kaye Medical Center

Kitchen Renovation
given by the Farber, Gindi & Miller Families and the Martin F. Witkin Charitable Trust

Labowe Bunks

Sara & Simha Lainer Prayer Area

Alon Binyamin
in memory of Ben J. Lax

Marp Suite
in memory of the parents of Allan & Mary Lazaroff

Lazaroff Camper Residence

Leibovic Family Kitah Table
in honor of Tova, Talia & Tori Leibovic

Aaron & Sheila Leibovic Family Pool

Leibovic Family Pool Slide

Shirley & Ted Levine Basketball Court
in memory of Ted Levine

Irene & Howard Levine Family Retreat Center

Levine Garden Patio
in memory of Phillip M. & Beatrice Levine

DEDICATED FACILITIES

Levine Canteen
 David & Esther Lieber Dining Hall
 Lincoff Nurse's Office
 Rehov Lincoff
 Adam Lipton Bunk Play Area
 Benjamin Lowy Remote Campground Trail
 Makom Nefesh
*in memory of Max and Sylvie Levine and
 Bernard and Evelyn Snyder, given by
 Allyn, Jeff, Deborah and Lauren Levine*
 Nuritt & Elie Mechaly Canteen
 Meskin Family Kitah Table
 Meskin Family Full Perimeter Trail Loop
 Meskin Family Ropes Course
 Miller Bunks
*in honor of the grandchildren
 of Judith & Louis G. Miller*
 Miller Bunks
in memory of Sally & Meyer Miller
 Judith & Louis Miller Gazebo
 Mount Sinai Memorial Park Reading Room
 Evelyn & Seymour Neuman Prayer Area
 Nessim Family Pool Deck
 Jack and Bel Ostrow Executive Dining Room
 Evelyn & John Pennish Prayer Area
 Platt Family Dance Patio
*in honor of Samantha, Jonah, Hannah,
 Benjamin & Henry Platt*
 Platt Family Parking Space
 Marjorie & Herman Platt Prayer Area
 Bea & Fred Reynolds Prayer Area
 Robin Camper Residence

Flagpoles
given by M. Harvey & Jean Powell
 Rochlin Camper Residence
 Original Tennis Court Facility
in memory of "Mikey"— Michael Lawrence Roston
 Salkin Family Tree House & Trail
 Janet & Maxwell H. Salter Prayer Area
 Helen & Raymond Sandler Prayer Area
 Schlessinger Family Gaga Court
 Schlessinger Family Kitah Table
 Schlessinger Family Shade Sail
 Schneider Family Gan
in honor of Cheyenne, Evan & Ivy Schneider
 Rehov Schneider
 Vera & Abraham A. Schnierow Prayer Area
 Schulman Nurse's Office
 Rehov Selter
 Rehov Shalom
*in memory of Dr. S. Salem Fabe
 by Brenda Fabe & Michael Adler*
 Silverman Doctor's Suite
 Ezra Dormitory Suite
in memory of Lana Berke Silverman
 Flora & Arnold Skovron Prayer Area
 Bea & Sam Smotrich Prayer Area
 Dr. Jacob Sokol Memorial
 Spitzer Heder Bishul
 Spiwak-Baran Staff Lounge
 Giborei Yisrael Beit Knesset
in memory of Jacob Hillel Stern
 Scott Stone Activity Field
in memory of Scott Noah Stone

Stone Family Ezra Program Dormitory
 Esther Strimling Prayer Area
 Tenenblatt Family Pool Slide
 Tikvah Beit Knesset *given by Sandy Gordon*
 Waterman Family Parking Space
 Evelyn & Seymour Waterman Prayer Area
 Flag Circle *in memory of Jerry L. Weber*
 Weiner-Finkelstein-Taff Family Beit Yaacov
*in memory of Jack A. Finkelstein and in honor
 of Irving & Lillian Weiner & Kitty Finkelstein*
 Weiner-Finkelstein-Taff Family Parking Space
 Whizin Building
 Whizin Rose Garden and Entry
 Wolens Family Shade Sail
 Ruth & Allen Ziegler Bakery
 Ziegler Camper Residence
 Ziegler Hall
 Max & Pauline Zimmer Conference Center



With this list, we endeavor to build a permanent record of the many camp facilities made possible through the generosity of committed donors. Recognizing that Camp Ramah in California has moved from its original site and that the use of various camp facilities has changed over time, we realize there may be some errors or omissions. We hope that you will help in our efforts by notifying us of additions, corrections or changes that should be made to the permanent record.

THANK YOU!

Camp Ramah in California is deeply grateful to The Jewish Federation of Greater Los Angeles. Through its Caring for Jews in Need, Ensuring the Jewish Future and Tour de Summer Camps. The Jewish Federation has continued to provide impactful and meaningful support for our Scholarship and Camp programs.



We want to highlight the various organizations, foundations, companies, and funds who have made an impact through their giving to Camp Ramah in 2017. We are so appreciative of their generosity and contributions, and are listed here below:

Capital Group – Capital Bank & Trust Company
Congregation Beth Am
Congregation Beth David
de Toledo High School
Field Foundation
Foundation for Jewish Camp
Goren Family Foundation
Hillside Memorial Park & Mortuary
Howard & Irene Levine Family Foundation
Hyman Levine Family Foundation
IKAR
Jewish Community Foundation
Jewish Family Service of Los Angeles

The Jewish Federation of Greater Los Angeles
Jewish Federation of the Sacramento Region
Jewish Vocational Service
Jonah Press Jewish Handicapped Children's Fund
KTBS – Klee, Tuchin, Bogdanoff & Stern LLP
Lewis Brunswick & Rebecca Matoff Foundation, Inc.
Martin F. Witkin Charitable Trust
Max & Pauline Zimmer Family Foundation
Milken Family Foundation
Mount Sinai Memorial Parks & Mortuaries
Nachshon Project
National Ramah Commission
Norman & Lela Beren Jacoby Family Foundation

Samuel & Helene Soref Foundation
Sanford & Phyllis Beim Family Foundation
Santa Clarita Studios
Sinai Temple
Sinai Temple Sisterhood
Temple of Israel Hollywood
The Herman H. Kaye Charitable Foundation
The Julie Beren Platt & Marc E Platt Foundation
The Philip & Muriel Berman Foundation
Valley Beth Shalom
Whizin Support Foundation
Samuel & Helene Soref Foundation



This does not include the numerous partner organizations who contributed to camper scholarships through direct contributions. If your organization or foundation is listed incorrectly or was accidentally omitted please email pam@ramah.org so that we can update our records. We sincerely apologize for any errors.

2017 DONORS

The following donors* have supported Camp Ramah through contributions to annual campaign, scholarship, Tikvah, summer programming, special projects, capital improvements, and capital campaign. Donors to campaigns or giving societies are also listed on the preceding pages. We are very grateful to all the members of our Ramah community who are committed to supporting our beloved camp!

 Denotes Legacy donors.

895
DONORS
made
1,300
GIFTS

Anonymous (8)

Carol & Charles Abrams 

Debbie Lauterbach & Paul Abrams

Adele & Trevor Abramson

Ellen Abronson

Juliet & Kayvan Abselet

Jenny & Aaron Aftergood 

Sara & Dr. David Aftergood

Maya & Ehud Aharon

Jackie & Yahya Ahdout

Corinne Akram & Rafi Akram

Leve Alan

Elaine Albert

Matthew Albert

Danielle Alexander

Andrea Alf

Amazon Smile

Herta & Paul Amir

Glenda & Dr. Aaron Amit

David Amsterdam

Felice & Dr. Ron Andiman

Lise & Dr. Robert Applebaum

Dr. Monique & David Araya

Madeline Chaleff & David Arfin

Etty & Claude Arnall

Elana & Rabbi Bradley Artson

Heidi & Dr. Noam Arzt 

Patty Asarch

Edye & Harold Ash

Michael Asher

David Ashkenazi

Estelle Marco Ashkenazi

Karen Ashkenazi

Teri & Jeff Auerbach

Samantha Platt Auerbach &
Michael Auerbach 

Maya Auerbach

Ellen August

Sharon & Michael Bacharach

Marisse & Gary Bachrach

Susan & Marc Backer

Dan Baer

Edith Ballonoff

Marcy Balogh

Beverly Barak

Jeremy Barnett

Rhoda & Dr. Robert H. Barnhard 

Sharon & Alex Baskin

Mayer Bassan

Dr. Juli & Howard Bear

Rachel Bear

Carolyn & Rob Becher

Linda Sax & Norman Becker

Risa & Gideon Beery

Lillian & Jesse Beim 

Phyllis & Sandy Beim

Nancy & Scott Beiser 

Lynn & Rabbi Haim Beliak

Lionel Bell

Debi & Elie Benaron

Jeffrey Benaron

Cecile Reisbaum & Robert Benson

Barbara & George Berci

Ellen & Adam Beren 

Stephanie Berenbaum

Eva Berger

Kimberly & Lawrence Berger

Carol Berghen

Elaine Berke

Alyse & Stuart Berkley

Ami Berlin

Ilene & Dennis Berman

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*If your name has been listed incorrectly, or was accidentally omitted please email pam@ramah.org so that we can update our records. We sincerely apologize for any errors.

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INCREASE
in the total number
of donors in
2017

2017 GIFTS		TOTAL AMOUNT
\$100,000+	2	\$373,000
\$10,000+	48	\$1,072,481
\$5,000+	57	\$299,615
\$1,000+	231	\$364,119
\$18+	1,021	\$219,394

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FROM OUR RAVING FANS

"When people talk about the "best" time of their life [...] for us, it was our time at Camp Ramah. It is the experience that has stayed with us to this day. And for our children, it seems like they can walk into a room anywhere in the world and already have a connection with someone because of Camp Ramah. We believe in the mission of Ramah. We continue to try to live the mission of Ramah."

— The Gross Family: Ken, Stu, Ron, Jeff, and Sharon



"My camp friends became like family. Together we bonded, sang, and learned how to be comfortable with one another. Camp allowed my adolescent self to grow, explore and find her true identity. I credit the majority of my Jewish identity to Ramah, as it was a place that exposed me to the power of prayer, used words from Pirkei Avot to challenge my thinking, and showed me how a Jewish community embraces others." — Kayla Garaway

"Ramah is where we made our best friends, learned how to be active Jews, learned a love for ritual and the blessing of community."

— The Robin and Lindhardt Families: Jill, Nat, Jake, Sarah, and Danny Rich, Nurit, Eliana, Yonit, and Maya





SAVE THE DATES!

THANK YOU FOR JOINING US IN HONORING



*Sheila Baran
Spiwak
& Alan Spiwak*



AND
Maya Aharon
ALUMNI LEADERSHIP AWARD

To make a gift to honor and support their passions,
please visit ramah.org/donate.

Save the Date 2019 GALA TENTATIVE DATE:
SUNDAY, DECEMBER 8

CAMP RAMAH SUMMER CAMP 2019

Session 1* (grades 4 – 11): June 18 – July 15
Gesher Aleph (grades 3 & 4): June 18 – June 30
Gesher Bet (grades 4 & 5): July 2 – July 15
Session 2* (grades 4 – 11): July 18 – August 14
Gesher Gimmel (grades 3 & 4): July 18 – July 30
Gesher Dalet (grades 4 & 5): August 1 – August 14

*Amitzim and Ezra share the same start date.

OPEN HOUSES October 21, 2018 & March 17, 2019

Calling all *new and prospective* families — Join us for a tour of camp and an information session to answer all your questions and start to feel the magic of Ramah!

RAMAH FUNDAY December 2, 2018

Prospective and current families: Join us for a day at Camp Ramah in Ojai! Enjoy fun activities, tour our campgrounds and connect with old and new friends.

EARLY CHILDHOOD CENTER – ALUMNI & FRIENDS February 1 – 3, 2019

Calling all Ramah Alum and friends with at least one preschool-aged child! Join us for a wonderful Shabbat at camp with your family.

RUACH NASHIM (Women's Retreat) March 29 – 31, 2019

Refresh, renew and reconnect through this unique and joyous Shabbat experience.

PASSOVER CAMP April 19 – April 28, 2019

Enjoy a relaxing, spiritual and family-friendly Passover experience at Camp Ramah

CAMP OHR LANU August 16 – 19, 2019

Camp Ohr Lanu is for families who have children with special needs. Join us for a true Ramah style camp experience for the entire family.

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New Hope for Depression

Special Report
Innovations in depression research and treatment

camh
FOUNDATION

How depression is impacting our world today

18

per cent increase
in the number
of people living
with depression
worldwide between
2005 and 2015

3.5

million
Canadians

322

million
people
worldwide

\$1.2
billion

in direct health
care costs for
depression in
Ontario

H

Mood disorders
are the most
common
reason for mental
health-related
hospitalizations
in Ontario

Depression
later in life
doubles
the risk
for dementia

Young women
have especially high rates
of depression





Dr. Fang Liu, Senior Scientist and Head of Molecular Neuroscience, Campbell Family Mental Health Research Institute, has developed a peptide that, when delivered using a nasal spray, relieves depression symptoms without causing unpleasant side-effects. Dr. Liu is one of many researchers at CAMH who are advancing new approaches to depression treatment thanks to generous donor support.

Your support is transforming depression treatment

Depression is the most common mental illness today, and the number-one cause of disability world-wide. Research is the key to combat this difficult-to-treat illness and thanks to your support, we are making incredible progress in lessening depression's devastating impact on people's lives.

In this report, you'll be introduced to Shelley Hofer and learn how CAMH's world-leading rTMS therapy helped her overcome 20 years of frustration and hopelessness caused by treatment-resistant depression.

You'll see how our scientists are using the healing power of nutrients and harnessing mobile technologies as new approaches to prevent

depression. We provide a look at how the hospital's expertise in genetics can improve the effectiveness of existing medications.


And you'll learn about the latest breakthroughs—some of which are world firsts—emerging from the labs of CAMH's Campbell Family Mental Health Research Institute.

These novel approaches and discoveries would not be possible without the incredible support of generous donors like you. We are incredibly grateful to you for being research champions and transforming the future of mental health care.

Thank you!

WHAT IS DEPRESSION?

Depression is diagnosed when someone has two or more weeks with persistent depressed mood or loss of interest in normal activities. Symptoms also include decreased energy, changes in sleep and appetite, impaired concentration, feelings of hopelessness, or suicidal thoughts.



“I can believe I’m still capable of great things despite this dreadful—and sometimes deadly—diagnosis of major depressive disorder. My brain is flawed, but my character isn’t. And I’m feeling really, really good about the future.”

Shelley Hofer

Shelley’s Story

“They noticed something was a bit different about me when I was about five or six years old. I was very sensitive to my surroundings and responded to situations much more strongly than my friends. I learned very quickly that people didn’t want to hear that I felt sad or wanted to cry when I heard a sad song or saw sad commercials on TV.”

Life with depression

What Shelley Hofer couldn’t have known then was that she was experiencing the first signs of depression, a mental illness that affects millions of Canadians and is often challenging to overcome.

Mental illnesses often emerge in childhood or adolescence and, when undiagnosed, can lead to long-term disability

As Shelley grew older, she tried to cope with the feelings of sadness by defying her illness through over-achieving in college or by looking externally for the cause of her despair.

“If hope doesn’t exist you don’t fight anymore. You don’t have the energy to even try to find help.”

“When you’re going through depression you try to assign real-life reasons for the feelings of deep grief,” she recalls. “I’d break up with my boyfriend or quit a job. I’d tell myself that I was feeling really sad or unmotivated for these reasons, but it never was those things. I needed to assign a reason for the way I felt.”

Over the years, she tried medications for depression without success. They caused severe abdominal pain and other disabling symptoms. With no other options for treatment, Shelley eventually sought hospitalization.

Up to 30 per cent of people with depression do not respond to medications

The Temerty Centre

Her journey of recovery brought her to the Temerty Centre for Therapeutic Brain Intervention at CAMH. She received ECT, an effective, but intensive treatment for the most severe forms of depression. After years of unrelenting symptoms, ECT finally eased depression’s grip on her life.

“ECT, as hard as it was to endure, was a life-saver. It was remarkable how much better I felt after. Within eight to 10 treatments I could feel a difference. I felt like a switch was going off.”



Shelley receiving rTMS treatment from Dr. Daniel Blumberger, Co-Director of the Temerty Centre.

While ECT did relieve her depression symptoms, it also caused significant memory loss, a common and serious side-effect of this treatment. Fortunately, researchers at the Temerty Centre have been developing a more tolerable alternative to ECT to help patients like Shelley avoid this unpleasant side-effect.

They have proven the effectiveness of a form of non-invasive brain stimulation known as repetitive transcranial magnetic stimulation (rTMS). Unlike ECT, there is no down-time or memory loss. Patients like Shelley can drive to their appointments and home again the same day.

The Temerty Centre for Therapeutic Brain Intervention is one of the world’s leading centres in brain stimulation treatment, research and training.



Shelley with her son, Zach

Brain stimulation research at the Temerty Centre focuses on new ways to treat dementia, addictions, eating disorders and to prevent suicide.

About rTMS

Brain stimulation therapy consists of magnetic pulses that pass through the skull into the brain, targeting the prefrontal cortex where symptoms of depression originate. It's different from ECT in that it doesn't disrupt the entire brain, thereby minimizing negative side-effects.

The Temerty Centre, created in 2012 through generous donor support, has become a world leader in clinical research of brain stimulation therapies and for treating people like Shelley who suffer from treatment-resistant depression.

Shelley was able to receive rTMS through a Temerty Centre clinical research study. Data from these studies provide critical evidence to validate the efficacy of the treatment. The Temerty Centre's success in proving that rTMS relieves the

symptoms of treatment-resistant depression will support its eventual acceptance as a Ministry-funded treatment.

rTMS was approved for depression by Health Canada in 2002, but is currently only covered by public health insurance plans in Quebec and Saskatchewan

New breakthrough

Building on the success of rTMS, researchers at the Temerty Centre also aim to improve the efficiency of treatment: specifically reducing the amount of time required for each session. Dr. Daniel Blumberger, Co-Director of the Temerty Centre and Shelley's physician, recently led the largest brain stimulation trial ever conducted that demonstrates a three-minute version of rTMS is just as

“The Temerty Centre has given me my life back. I know what my future looks like now. I believe 100 per cent that I can look forward to my son growing up and to accomplishing more things. There’s no more fear of this illness.”

effective as the standard 37-minute version. This newer form of stimulation is called intermittent theta burst stimulation (iTBS).

“The main impact of this study is that the number of people who are able to be treated using theta burst stimulation compared to the standard form of rTMS can be increased by three to four fold,” explains Dr. Blumberger.

Hope for the future

From her experience with brain stimulation therapy, Shelley says she now has a greater sense of control in managing her illness. She can predict when her symptoms will return and is no longer on an emotional roller coaster, which was her experience with other treatments.

Being part of clinical research studies has also helped validate her experience with an illness that is often greatly misunderstood. Just like diabetes or heart disease, there are identifiable physiological and environmental factors that play a role in depression. Understanding how dysfunction in the brain causes mental illness—one of the goals of the Temerty Centre team—helps lessen the stigma associated with it.



In 2020, the Temerty Centre will move to its new, state-of-the-art home in CAMH’s McCain Complex Care and Recovery Building, pictured above.

“I’m glad people are referring to it as an organ and that it dysfunctions just like any other organ,” says Shelley. “It’s so much more clinical than emotional. It’s not all the negative things people think about mental illness.”

Despite the incredible challenges and disabling effects of depression, Shelley has become a successful graphic designer and is raising a family with her partner, Derek. She has a teen-age son, Zach, and, while she once felt anxious about his risks for depression, she now feels very positive about his future.

“I’ve been hyper-aware and always looking for signs of mental distress in him since he was a toddler. But what

I see in Zach is this amazingly strong, caring, humble kid who, just like me, wants to help people.”

And Zach is pretty amazing. At the young age of 12, he decided he would do something to help other people like his mother. In August 2017, he launched an ambitious fundraiser, trekking 29-days from his home in Barrie to Ottawa and raised an astonishing \$120,000.

“My son ran from Barrie to Ottawa to raise money for youth mental health programs. He believed that if the care had been there for me when I was young, my life could have been different.”

The lives of people with mental illness can be different today—and in the future. The hope and understanding that was so elusive for Shelley when she was young is now becoming tangible through an abundance of research discoveries, development of new treatments like rTMS, and greater acceptance and philanthropic support.

“As someone who’s been through the system I can say things are changing. There is hope and I feel like I’m in a really good place.”

Discovery 2018

Preventing youth depression

In a first-of-its-kind project, researchers at the Cundill Centre for Child and Youth Depression are exploring digital tools similar to Fitbit to help prevent youth depression. The device gathers data related to activity levels and sleep. Changes in these behaviours can be the first signs of worsening depression. The goal is to implement a wearable device that can predict the onset of symptoms earlier and monitor response to treatment.



Depression
early
warning

Improving
mood for people
with drinking
disorders



Alcohol use and depression

CAMH has implemented the first program in Canada to systematically and effectively treat depression and alcohol dependency simultaneously. Patients taking part in the program experienced a 62 per cent reduction in drinks per week and 95 per cent improvement in mood. The hospital is now leading the implementation of the program at hospitals and health care clinics across Ontario, expanding access to this effective approach to recovery.

Depression and seniors

Age can play a role in how we metabolize medication, potentially increasing risks for harmful side-effects. Researchers at CAMH are exploring ways to improve older individuals' response to antidepressants in a major international study. Better treatments for depression in older people are especially important as there is clear evidence that untreated late-life depression increases the risk for dementia.



Only 50%
of seniors
respond to current
treatments

Advances in depression research at CAMH

World first!

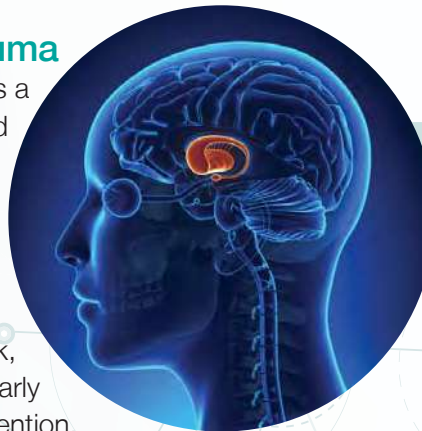


The gender difference

Dr. Etienne Sibille, Campbell Family Chair in Clinical Neuroscience, has discovered that, at a biological level, men and women experience depression differently. Women have reduced expression of genes affecting immune function, whereas men have increased expression of these genes. As a result, women are more likely to have a type of depression that involves weight gain and sleep disturbances. Men experience more substance use problems. These results will have significant impact on the development of gender-specific treatments for depression.

Childhood trauma

According to new CAMH research, there is a clear link between early childhood trauma and increased risk for depression. Using a new brain imaging technique called whole-brain structural covariance, researchers discovered structural and cellular changes in the brains of adults who experienced abuse or neglect as children. By understanding this biological link, researchers have new avenues to explore early depression prevention.



Stress alters the brain

Variations in depression



Depression changes over time

CAMH researchers discovered that people with untreated depression, lasting more than a decade, have significantly more brain inflammation than those who had less than 10 years of untreated illness. This is the first biological evidence supporting the idea that later-stage depression is a different illness. Researchers are now looking at medications that target inflammation as a possible treatment.



Dr. Yekta Dowlati

Up to 13 per cent of Canadian women experience postpartum depression. Symptoms of anxiety and guilt can be devastating for mothers, babies and families. Through donor support for the Campbell Institute and its world-leading Research Imaging Centre, CAMH is developing a unique nutritional supplement kit to combat this serious mental illness.

Preventing postpartum depression

Healing power of nutrients

If you've ever searched for proof of the healing power of nutraceuticals, look no further than the innovative research of Dr. Yekta Dowlati. Dr. Dowlati is a Post-Doctoral Research Fellow at CAMH who's developing a unique dietary supplement kit to prevent postpartum depression.

"In our work, we've discovered that a combination of tryptophan, tyrosine and blueberry extract prevents feelings of sadness in early postpartum, known as postpartum blues," explains Dr. Dowlati. "Based on the strong positive results of our recent open label study, we believe that this dietary supplement kit has the potential to become a routine part of care to protect the mental health of postpartum women."

Postpartum blues are a common complication of childbirth, affecting up to 75 per cent of women, and when severe, substantially increase the risk of clinically-diagnosed postpartum depression. Treatment options are limited as nursing mothers are reluctant to take medication for fear of the negative effects on their newborns.

"The mothers participating in my study were very excited to know that this prevention strategy is safe for them and their babies. And that we've based the ingredients of the



supplement kit on neurobiological evidence that shows the nutrients stabilize brain chemicals associated with mood."

Brain imaging discovery

The kit's ingredients specifically target the brain protein monoamine oxidase-A (MAO-A), which increases in the days just after giving birth. CAMH was the first to make the connection between MOA-A and mood disorders like post-partum blues. In 2006, Dr. Jeff Meyer, Head of CAMH's Neurochemical Imaging Program in Mood and Anxiety Disorders at the Research Imaging Centre, discovered that elevated levels of MOA-A, a protein that degrades mood stabilizing chemicals like serotonin, trigger feelings of sadness.

"I've always been interested in women's mental health. When I started my PhD, I looked for labs

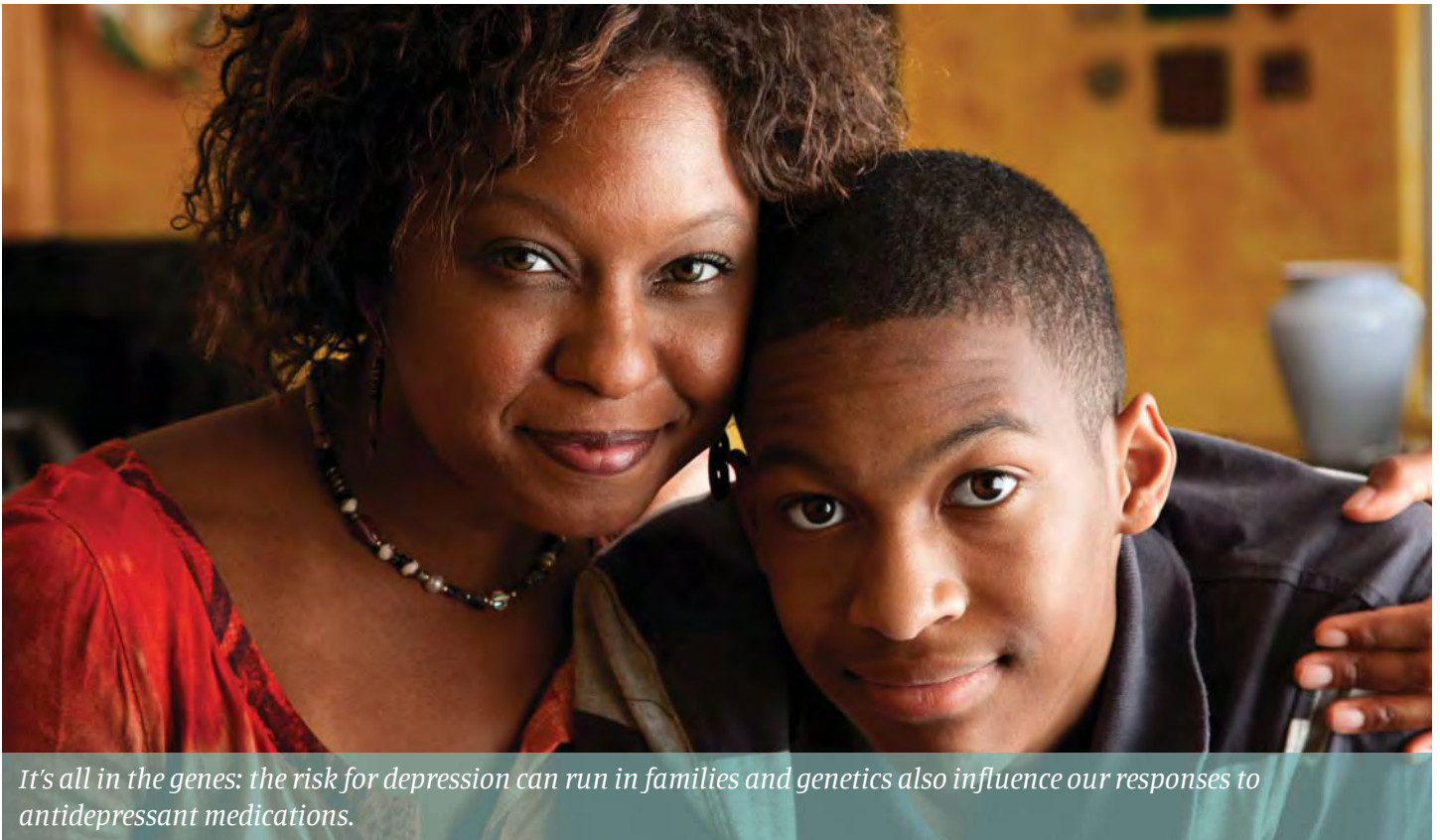
that specialize in this field. When I met Dr. Meyer, we talked about the possibilities in this area of research and, because I was also interested in prevention, CAMH was a good match."

As part of her PhD, Dr. Dowlati began researching the safety and effectiveness of tryptophan and tyrosine. Her studies showed that these supplements, given in higher amounts than are available through regular diet, did not increase their total concentrations in breast milk.

Expanding the scope

Dr. Dowlati is passionate about the future of this research and is looking forward to the next stage of her work—a randomized, double-blind study with a larger group of participants. Within a year and a half, Dr. Dowlati hopes to gain further evidence to support the use of the nutritional kit in preventing postpartum depression.

"I love this study. It seems so simple to use nutraceuticals to prevent mental illness, but the results are so convincing. I really hope that this becomes a usual part of pre- and post-natal care for women in the near future."



It's all in the genes: the risk for depression can run in families and genetics also influence our responses to antidepressant medications.

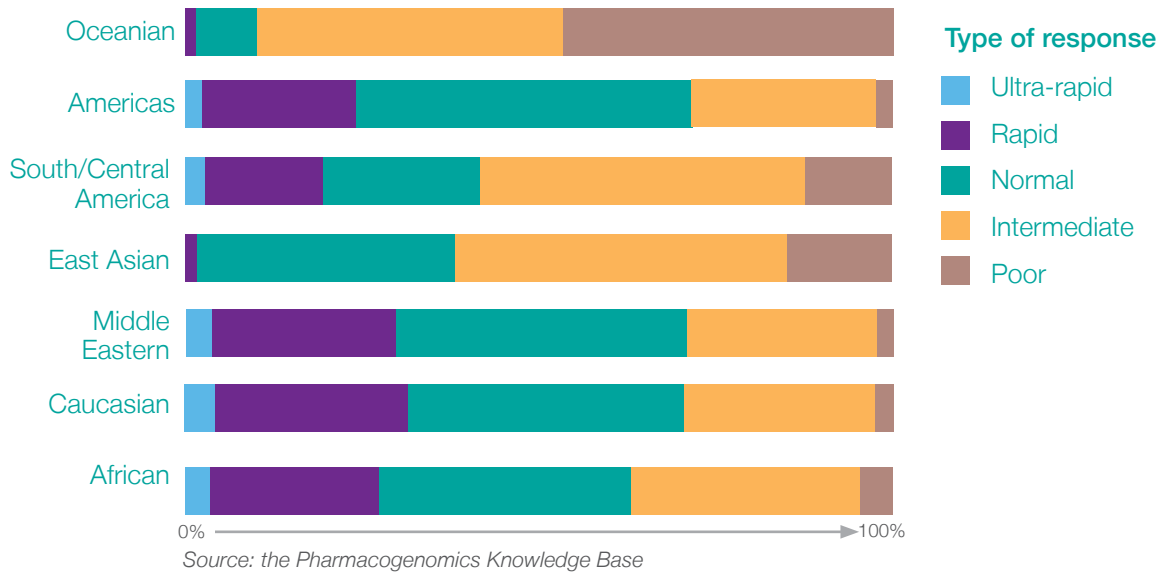
By studying the genetics of thousands, CAMH is discovering how to precisely treat the individual

Our genes govern our physical attributes or aptitudes: they also influence our risk for depression—and our response to treatments for this illness. CAMH's Tanenbaum Centre for Pharmacogenetics is mapping this complex link to improve outcomes for patients.

CAMH is studying the DNA of 11,000 Canadians with a goal to understand the link between genetics and response to medication

Genetic research reveals important variations in response to medications

This chart shows how a specific gene, CYP2C19, affects response to medications within various populations. For example, the purple bars represent the percentage of people within each group who are rapid responders to drugs like Prozac, Valium, and some antidepressants.



DNA-driven personalized medicine

Research at CAMH is opening incredible opportunities for the development of new approaches to depression. Equally promising are efforts to optimize existing treatments through genetic testing.

CAMH's Tanenbaum Centre for Pharmacogenetics is exploring how genes control the metabolism of drugs. Metabolization can vary greatly from individual to individual. Fast metabolizers may feel no relief from their depression symptoms, while those who are slower experience nausea. Now, thanks to the progress of the Tanenbaum Centre, patients can learn—before they start treatment—which drugs are best for them based on their DNA.

The Tanenbaum Centre has developed a simple saliva test that can be administered in a physician's office. The results are analyzed and

doctors can prescribe medications and dosages that are exactly right for each patient. Evidence shows that this approach provides faster relief of depression symptoms, reduces side-effects and minimizes hospitalizations.

Largest study of its kind

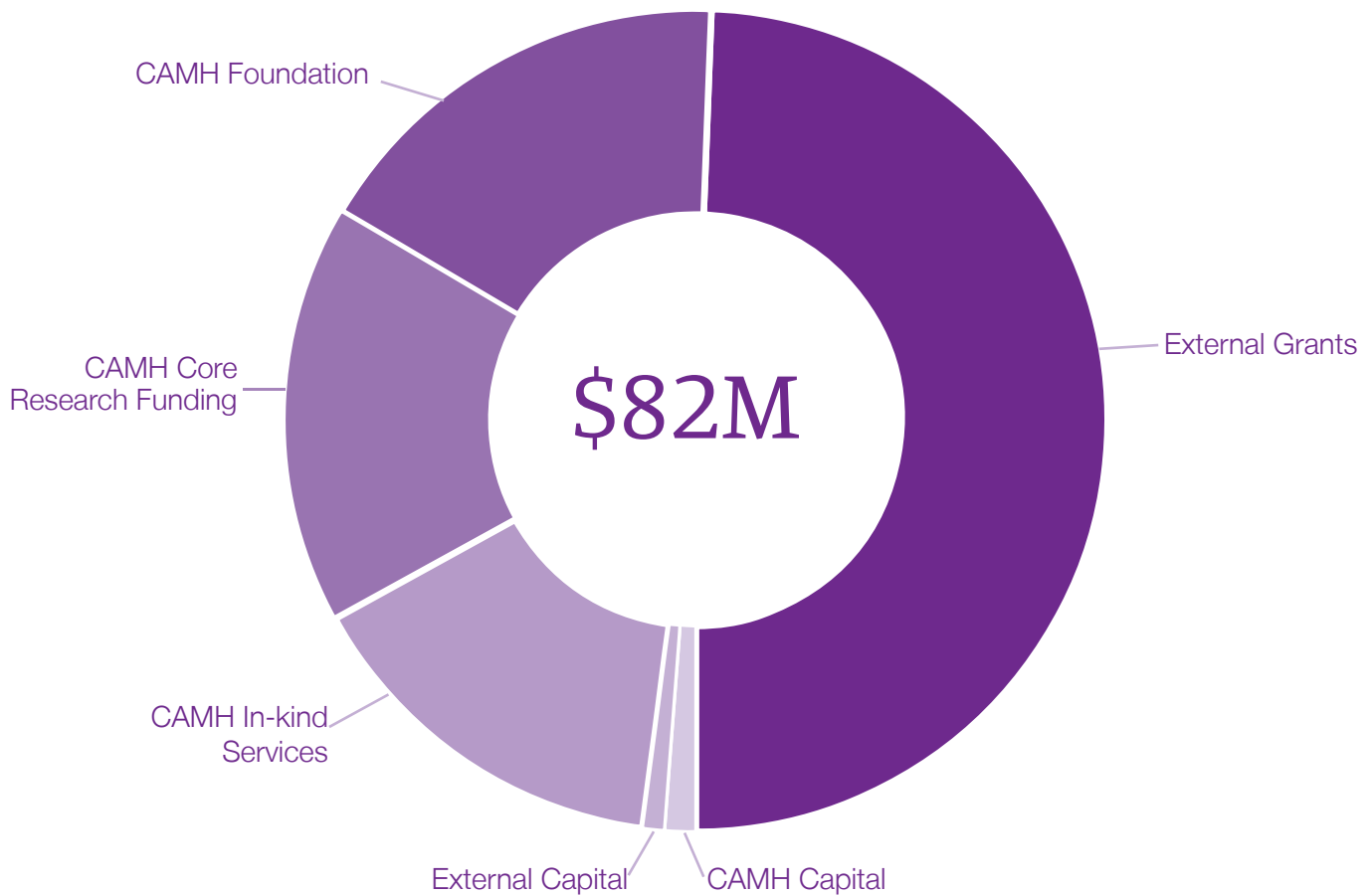
Genetic testing for antidepressants is currently available through the Tanenbaum Centre's IMPACT study, the largest of its kind in Canada. IMPACT is analyzing genetic profiles of 11,000 people with mental illness. So far, researchers have identified eight genes and how they influence metabolism of 33 commonly prescribed antidepressants and antipsychotics.

The results from the IMPACT study are expected by 2019. The aim is that in the near future, genetic testing will become more widely available for physicians and patients, and will include even more medications for mental illness.



Dr. Jim Kennedy, Head of the Tanenbaum Centre for Pharmacogenetics at CAMH

CAMH Research Funding Sources



CAMH Research Top 10 Facts

1. CAMH is home to the largest research facility in Canada focused on mental illness—including addiction—with expertise in brain, clinical and social science studies of mental illness across the lifespan.
2. The Research Imaging Centre at CAMH is one of the few brain imaging facilities in the world fully dedicated to mental illness research.
3. The Temerty Centre for Therapeutic Brain Intervention is home to one of the world's most talented concentrations of specialists exploring non-invasive brain stimulation treatments.
4. CAMH has developed several imaging radiotracers used in PET brain research globally and is the only centre in Canada using PET imaging to study dopamine changes in young people at risk of schizophrenia and depression.
5. CAMH has one of the largest collections of DNA, with over 25,000 samples donated by patients.
6. Research groups at CAMH are actively working on developing new and more efficacious therapeutics in depression, tackling both the mood and cognitive symptoms of the illness.
7. The world's first epigenetics lab dedicated to psychiatric illness was created at CAMH.
8. In 1977, CAMH became the first World Health Organization (WHO) Collaborating Centre in the field of drug and alcohol research.
9. Genetic research at CAMH is paving the way for personalized medicine for mental illness, enabling doctors to prescribe treatment based on patients' individual genetic profiles.
10. CAMH runs the longest ongoing substance use and mental health surveys of adults and students in Canada. The surveys, launched in 1977, monitor trends in substance use and mental health, risk behaviours such as social media use, bullying, and access to care.



Thank you for supporting our researchers

Thank you for your incredible support of research at CAMH. We have seen remarkable breakthroughs in depression research thanks to donor investment. Donors like you have enabled us to create world-leading initiatives like the Campbell Family Mental Health Research Institute, the Temerty Centre for Therapeutic Brain Intervention and the Tanenbaum Centre for Pharmacogenetics.

Research from these centres is redefining what's possible in depression treatment. The first antidepressant medications became available in the 1950s, and despite the success of these treatments for many people, they don't help everyone. Donor support is now enabling us to optimize these medications through genetic testing. In the near future, doctors will be able to match medications and doses to patients' unique DNA. This capability will revolutionize patient care.

We are also introducing new ways to tackle the most serious forms of depression. The Temerty Centre has helped hundreds of people overcome years of treatment-resistant illness and is poised to bring its life-changing rTMS treatment to the wider population. Donor support has played a direct and significant role in this progress.

One of our chief interests is understanding the biology of depression. Thanks to investments in our Research Imaging Centre and labs throughout the hospital, we are learning that depression is a highly variable disease, differing significantly from one person to the next. In fact, more than 200 combinations of symptoms may appear among people with depression.

We now know that depression is different for men and women at a molecular level, and that untreated

depression causes significant changes in the brain over time. We are also leading the field in revealing the role of stress and aging in mental health.

Through these discoveries, we can give patients greater confidence and hope that recovery is possible. New therapeutics are being discovered, even for the most severe forms of depression. We are keenly aware that with each breakthrough, we are helping to combat the stigma associated with this complex illness.

On behalf of all our researchers who are committed to an unprecedented mission of discovery, I would like to thank you for your incredible support. We are deeply grateful for your interest in and partnership with CAMH.

Dr. Bruce Pollock
Vice President, CAMH Research

Centre for Addiction and Mental Health Foundation

100 Stokes Street, 5th floor, Bell Gateway Building

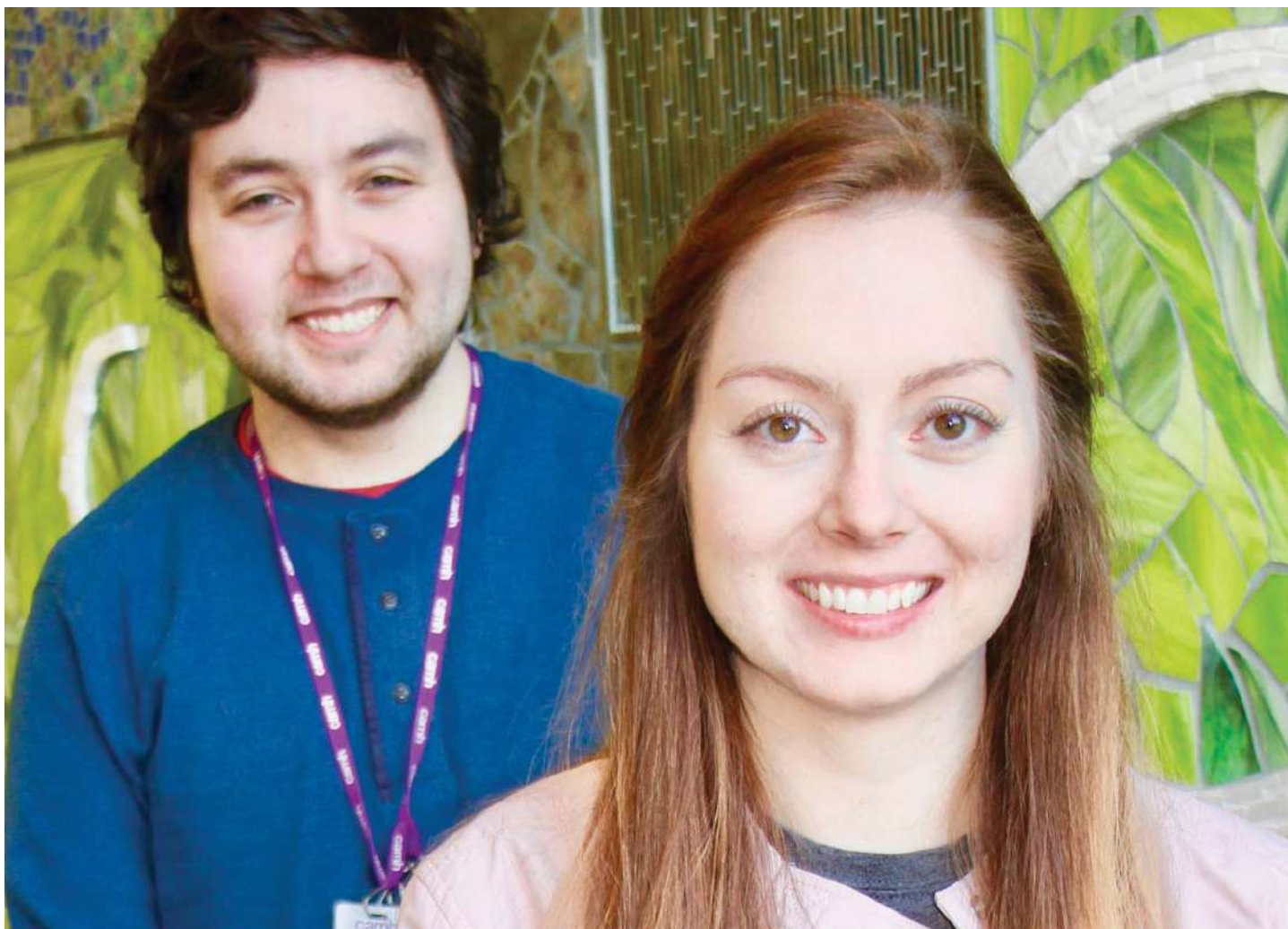
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Progress report on
YouthCan IMPACT

JANUARY 2019

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Dr. Joanna Henderson received the Community Partnership Award from Skylark, a leading Toronto charity dedicated to children, young people and their families struggling with complex mental health and developmental needs. Dr. Henderson received the award from Co-CEOs Lydia Sai-Chew (left) and Marg Campbell at their Annual General Meeting on September 19, 2017. The award recognizes CAMH's ongoing support and "outstanding community partnership role."

Thank you for your support of innovation in youth mental health care

Thank you for your generous support of YouthCan IMPACT and the Integrative Collaborative Care Team (ICCT) research initiative of the Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health.

Now in its third year, YouthCan is making considerable progress in increasing access to care for youth with mental health concerns. In fact, last year YouthCan helped more than 2,700 youth, providing counselling, referrals and peer support. More youth are getting faster access to the help they need and they are learning healthy coping skills to maintain their mental wellness throughout their lives.

In this report, you will learn about other research projects related to increasing access to youth mental health care and the YouthCan team's leadership

in this area. You will also hear directly from YouthCan's care navigators, who play a critical role in helping youth access supports and ensuring their individual needs are acknowledged and respected.

The Youth Wellness Hubs Ontario initiative is also fully underway, with the inclusion of YouthCan's three Toronto sites. This initiative represents a major turning point in the development of more youth-friendly, accessible services in communities across the province.

We are incredibly grateful to you for your generous support of the YouthCan IMPACT initiative and the transformation of youth mental health care in Ontario.

Thank you

"I feel like I finally have a place to go that's just mine. I feel safe. You guys care."



Emma McCann and Joshua Miller, Youth Engagement Facilitators for the Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health

Update on YouthCan IMPACT

Growth of the YouthCan IMPACT model

YouthCan IMPACT continues its important work of increasing access to care for youth seeking support for mental health.

More than 2,700 youth were seen at the three YouthCan clinics over a 12 month period

YouthCan IMPACT is now helping thousands of youth at its three sites, with substantial growth seen particularly at the Skylark/Central Toronto location in both number of individual clients and service sessions (see charts on page opposite).

One of the most significant developments impacting YouthCan is its inclusion in the province's multi-site Youth Wellness Hubs Ontario initiative. There are 10 clinics throughout Ontario being developed to provide walk-in, community-based mental

health services specifically for youth. Dr. Joanna Henderson, Director of CAMH's Margaret and Wallace McCain Centre for Child, Youth & Family Mental Health, is leading this initiative. To reflect YouthCan inclusion in the provincial service, the site names have been changed to better reflect their geographic location (see box at right).

Increasing enrolment in the ICCT Study

Recruitment for the research study operating through YouthCan continues to grow. The Integrated Collaborative Care Team (ICCT) study compares treatment as usual within a hospital environment to the ICCT model, which offers a full range of psychiatric, medical and other services for youth in community-based clinics.

There are 113 youth enrolled in the study to-date, an increase from the 56 young people recruited since the start of the study in August 2016. Since our

New names for the YouthCan IMPACT clinics

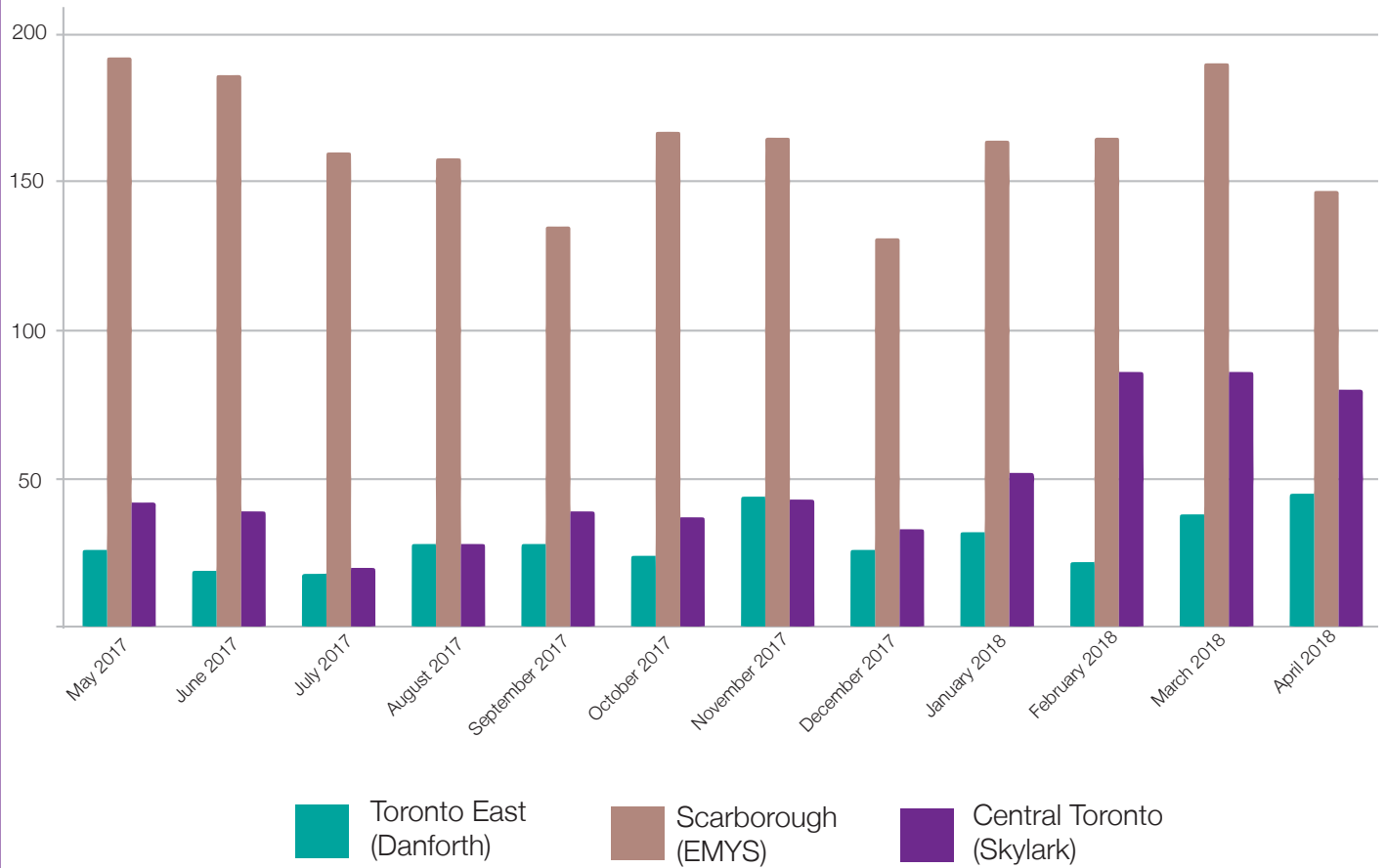
East Metro Youth Services (EMYS) is now known as Scarborough

Danforth is now Toronto East

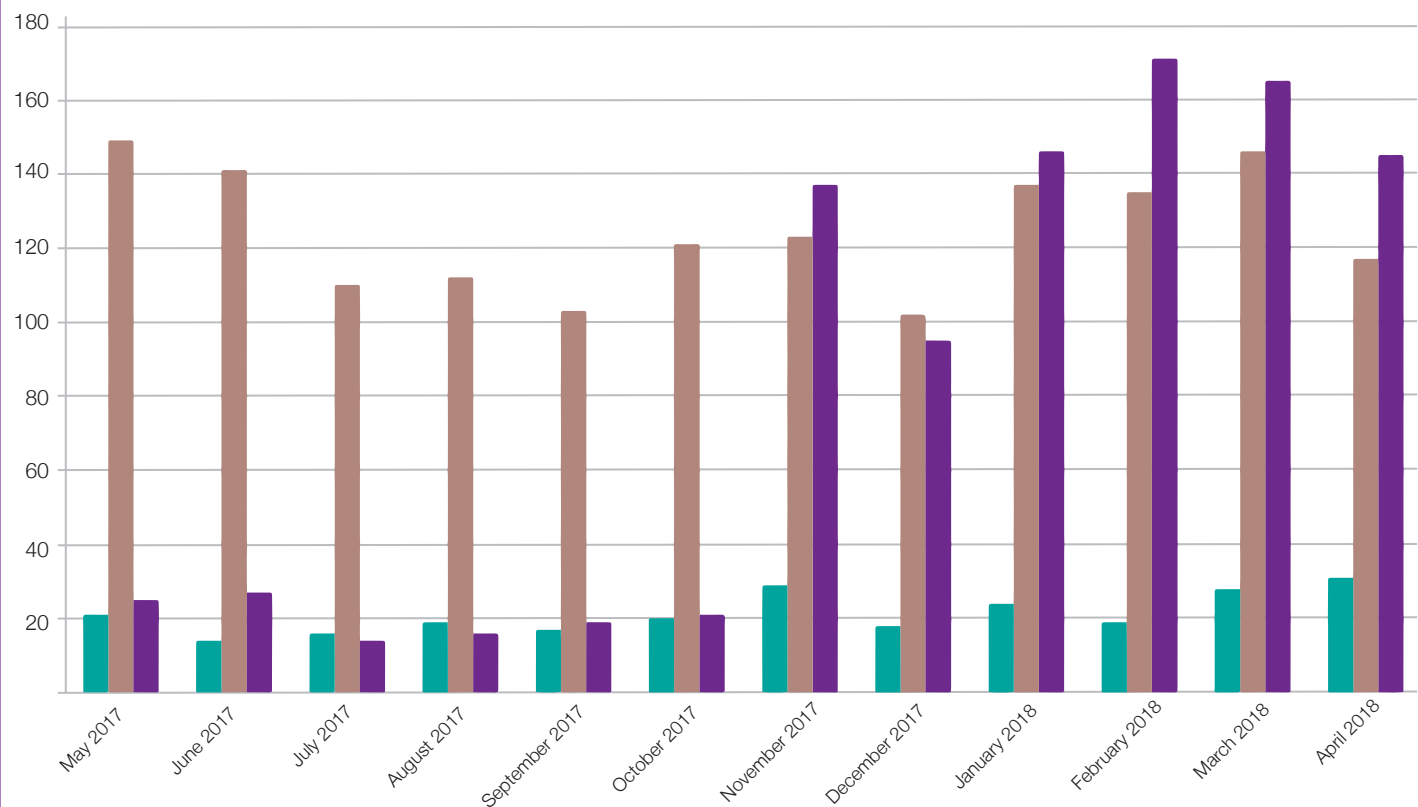
Skylark is now called Central Toronto

last report, the Michael Garron Hospital, North York General and SickKids have begun actively recruiting participants, which is accelerating enrolment. There are a total of five hospitals participating in the ICCT study.

Number of walk-in sessions per month for Toronto East (Danforth), Scarborough (EMYS) and Central Toronto (Skylark)



Number of individual youth seen at the walk-in YouthCan Clinics





Youth patients at CAMH's inpatient unit were treated to a special visit from HRH Prince Harry in 2017.

Early observations from the ICCT study

Researchers have observed that the ICCT model has the potential to significantly reduce wait times for access to care. They observed that fewer than half of the youth in the study require the specialized care of a psychiatrist; their needs can be met effectively through the care provided by allied health professionals working in the YouthCan clinics.

Diverting youth from wait lists to the clinics helps more seriously ill clients access a specialist sooner. Pending further analysis, the ICCT model could ensure that all youth have faster access to an appropriate level of care for their needs and achieve recovery sooner. This is a very promising early indicator and will be fully evaluated as the study progresses.

Facilitating access to the YouthCan IMPACT study

Youth and parents have expressed great interest in opportunities to participate in research studies like the ICCT initiative. To increase enrolment in research, YouthCan IMPACT is collaborating with CAMH's patient intake team to develop an intake process to ensure youth and their families know they have the option of participating in research studies.

The intake team members help match clients with opportunities to take part in research and are champions for informing people about YouthCan IMPACT from their first point of contact with the hospital.



As part of his visit to CAMH to help raise awareness of youth mental health, Prince Harry visited with patients of CAMH's Irma Brydson Youth Inpatient Unit.

Youth engagement in research

YouthCan exemplifies an approach that includes patients' perspectives and experiences in the development of research projects. Through this model, we can ultimately improve care and outcomes for a vulnerable patient population.


CAMH's innovation and commitment to patient inclusion in research planning was recently recognized by the Canadian Medical Association. YouthCan IMPACT was one of 17 projects from across the province selected to be included in a special supplement highlighting patient engagement in research (see excerpt at right).

Researchers at the McCain Centre also recently published a paper in *Health Expectations*, outlining strategies for other researchers interested in integrating youth and their perspectives in the design of research projects.

They make several recommendations based on their experience including: authentically valuing youth expertise; recognizing diversity among youth; creating meaningful opportunities for active participation; and being transparent and genuine.

The guidelines outlined in their paper are intended to help academic

Special recognition for YouthCan IMPACT



STUDIES WITH PATIENT PARTNERS

YOUTHCAN IMPACT TRIAL

- Provide rapid access to youth mental health and addiction services
- Youth selected primary outcomes and co-designed drop-in centres to be more youth-friendly
- Important to set clear expectations, monitor engagement, ensure diversity

"The research team's initial thoughts were to focus on symptoms, but the youth expressed the importance of focusing on functioning in various spheres of life."

Engaging Patients in Health Research: the Ontario Experience, is a special report focusing on the work of Ontario-based researchers committed to patient-oriented health and health systems research. The projects presented in this supplement, which include YouthCan IMPACT, demonstrate early success in engaging patients in the design of research projects.

researchers make youth engagement a key tenet of their studies and improve the value and impact of their research results.

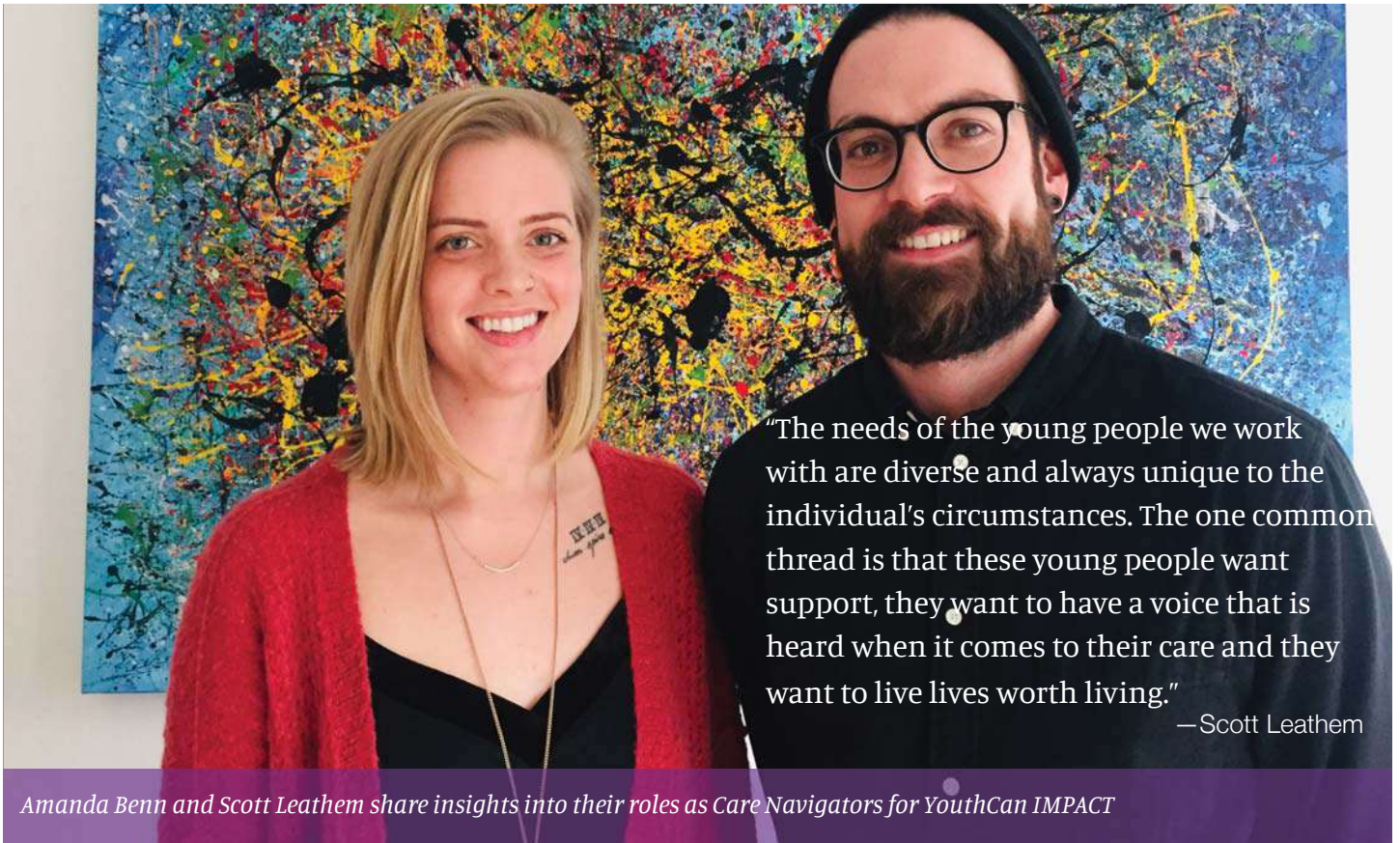
Youth-related research associated with YouthCan

Dr. Joanna Henderson will be embarking on a novel research project that will utilize consumer preference marketing methods to determine the components of mental health service that matter most to youth and families.

Overcoming barriers to youth engagement in services is one of the greatest challenges in improving

mental health for this population. With this study, Dr. Henderson plans to identify the many complex variables that influence a young person's decision-making process when accessing supports.

This will be the first study of its kind to use consumer marketing research methods to understand youth mental health care preferences. Participants will be asked about the types of services they prefer, the features of services that would make them accessible such as location and hours, and the ways services are delivered.



“The needs of the young people we work with are diverse and always unique to the individual’s circumstances. The one common thread is that these young people want support, they want to have a voice that is heard when it comes to their care and they want to live lives worth living.”

— Scott Leathem

Amanda Benn and Scott Leathem share insights into their roles as Care Navigators for YouthCan IMPACT

YouthCan IMPACT Care Navigators

Care navigators play an essential role in the YouthCan model. Provided through LOFT Community Services, and generous support from donors, two care navigators provide direct assistance to help clients access the programs and supports they need to achieve their mental health goals.

Care navigators Amanda Benn and Scott Leathem assist with peer support, drop-in services, crisis support, and outreach. They also help youth with social activities, job searches, medication management, and overcoming individual barriers to wellness. In 2017, they conducted 33 individual sessions with a total of 19 youth across the three sites and made 72 contacts on behalf of youth.

The following are descriptions of their roles and experiences working with young people at YouthCan.

Meeting young people where they are

Sometimes the hardest step for someone struggling with mental health challenges can be leaving the house. I can work with individuals to build up to these initial steps. I help young people choose a pathway that will work for them and provide consistent outreach and support in order to ensure they stay engaged with services.

I believe wholeheartedly in the concept of meeting young people seeking access to mental health services where they are at, both physically and in terms of their journeys of recovery. In an attempt to eliminate barriers to accessing services, it is important that I'm mobile and available. I meet

clients in hospitals, parks, coffee shops and courthouses and I'm available by phone, text messaging and email, allowing the youth to choose a method of communication that suits their strengths.

I support them to confront anxiety related to public transit, build new skills such as budgeting and grocery shopping, connect with new resources, accompany them to appointments and help them cope with emotions while completing daily tasks and activities.

I provide consistency and a central point of contact in planning their care. I advocate fiercely for our clients and, more importantly, I provide them with support and encouragement to advocate for themselves. It is my hope

“One of the most notable concerns of youth is the perceived lack of compassion, empathy, and understanding. I hear a lot from my clients that they are not trying to be “difficult” or defiant, but their mental health struggles get in the way of carrying out seemingly simple everyday tasks. They want their teachers, coworkers, family and friends to listen to what they have to say, without judgment, and to support them at the point they have reached in their mental health journey.”

— Amanda Benn

that through our working together, young people are able to build a skill-set that they will use long after their involvement with us.

— Scott Leathem, Care Navigator

Bridge between youth and mental health services

From my experience, anxiety is the most prominent mental health concern that clients feel like they cannot cope with and that gets in the way of clients living their ideal life. They have trouble identifying coping strategies to manage anxiety or cannot access them when they feel extremely unregulated.

As a care navigator, I get clients in touch with resources by making the initial phone call or email to the service provider. I assist clients with intake assessments, as they can be stressful and sometimes overwhelming. If a client is denied by a service provider, it is important that I can advocate for them. I am there for a

client not to speak over them or to give them a voice, but to amplify their own voice and clarify their needs to those who could potentially support them.

I meet my clients where they are most comfortable whether that be a local café, a library, one of the Skylark sites, or the LOFT office at Bloor and Christie. This makes for a less clinical environment, which increases comfort for most clients.

I text and phone clients so they don't miss or forget their appointments and I accompany clients to appointments to alleviate their anxiety.

Lacking family support is a concern that comes up often. Unfortunately, it is rare for me to hear that a youth's family is supportive and understanding of their mental health struggles. Educating and empowering families around mental health issues is a very important factor for recovery.

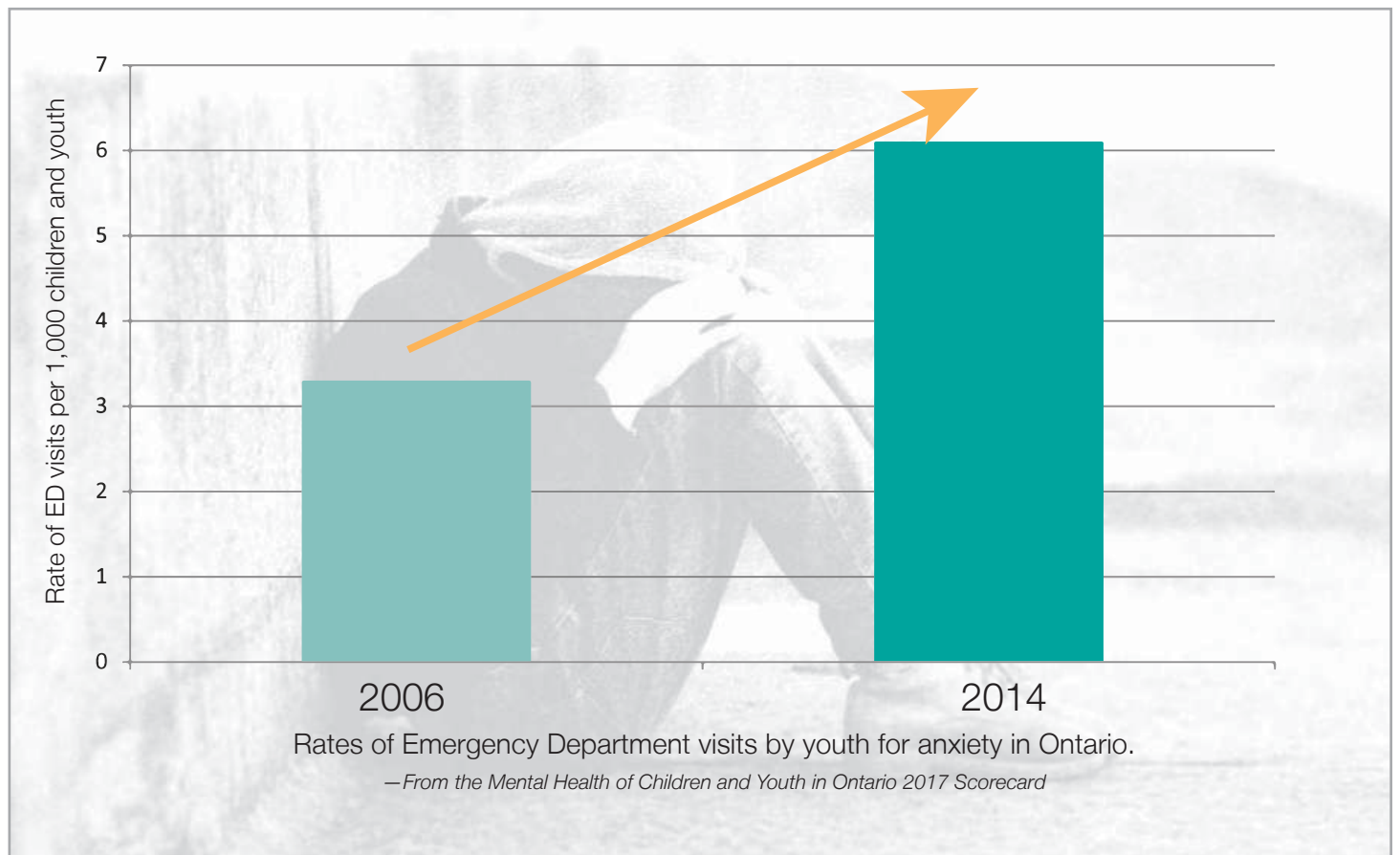
Care navigators alleviate pressure on therapists who do not have time during sessions to complete applications and/or referrals and who cannot accompany clients to appointments. We are the bridge that fills the gap between the youth and resources in the community. We can address what therapists do not have time to address and we can debrief after a youth has had a difficult appointment with a service provider.

I personally believe care navigators are one of the many missing pieces to the complicated puzzle that is the mental health care system.

— Amanda Benn, Care Navigator

YouthCan IMPACT fills an urgent need for access to community mental health care.

According to the *Mental Health of Children and Youth in Ontario 2017 Scorecard*, the rate of youth visiting Emergency Departments for anxiety doubled between 2006 and 2014. Anxiety and depression are the most common presenting concerns for youth coming to YouthCan IMPACT for help.



“My experience has been beyond incredible. The staff handles issues maturely, responsibly and are very organized. Whenever anything came up, they would address it immediately. I am beyond happy with the incredible services. I fell in love with the process. They made me feel loved, safe and calm and I appreciate that madly.”

— Youth providing feedback on participating in YouthCan’s ICCT study.

Promoting YouthCan IMPACT

Collateral material promoting YouthCan

Youth participating in YouthCan IMPACT contributed to the design of collateral materials to promote the program and to describe the services available at the clinics (*examples of the collateral materials are shown on this page and the page opposite*).

Youth provided important insights into the type of information other young people would need, focusing on the concerns they may have about what to expect when they talk to a psychiatrist or take part in a Dialectical Behaviour Therapy group. YouthCan now has a selection of bookmarks, postcards and posters available to promote the project.

Web site

Information about the clinics and their services is available on the YouthCan IMPACT website, youthcanimpact.com. The web site is also an important access point for youth and families to connect with other mental health resources.

Over the past year, the YouthCan web site has received visitors from 49 different countries and there were 2,000 unique visitors with over 5,000 page views.



YouthCan IMPACT

Walk-In Therapy

Walk-in therapy is offered by clinicians at all YouthCan IMPACT sites. In walk-in therapy, an evidence-informed solution-focused brief therapy (SFBT) approach is used. We strive to provide support in a non-judgmental and collaborative way.

Counselling sessions typically last between 45-60 minutes.

* You can access these services without a health card.

Site phone number:

Site website:

For walk-in hours, please see the site website or call ahead to make sure walk-in is open

More About YouthCan IMPACT Walk-in Therapy

- When you arrive at the site, let the receptionist know that you're there for a walk-in session.
- You will then fill out a form that gives the clinician basic information about you and why you came in.
- After this you will meet with a clinician. Together you will build on your abilities, resources, and skills to co-develop a plan to help you with what brought you in.
- If at a later time you want more support, you can come back to the walk-in on any day that we are open.

YouthCan IMPACT

Do's & Don'ts of Youth Engagement

THEMES FROM THE LITERATURE

Adult allyship - effective youth-adult partnerships include: flexibility, mentorship, authentic decision making, shared power, and reciprocal activity

Meaningful opportunities - ensuring that youth are supported so they are able to actively participate in decision-making processes; working with youth to develop projects that are valuable for everyone involved

Youth-friendly spaces - creating spaces that are safer from physical, emotional and psychological harm where youth are free to express themselves openly and authentically without fear of discrimination

DO

HAVE CLEAR EXPECTATIONS

Know your goals and objectives and share them with your youth partners; be clear about the youth's role and contribution

BE PARTNERS

Integrate youth voice into decision-making and identify environmental barriers to engagement

CHECK IN

Act as an adult ally by listening to youth feedback and offer mentorship where appropriate

GIVE TIME

Allow time for reflection; pre-brief and debrief sessions can clarify and build confidence

RECOGNIZE DIVERSITY

No single youth represents all youth perspectives; diverse voices deserve to be heard, respected and considered

VALUE CONTRIBUTIONS

Compensate youth for their participation in projects by providing a wage or honoraria

DON'T

DOMINATE THE CONVERSATION

Youth can feel intimidated or uneasy participating in meetings or on projects if you don't make space for their participation

BE TOKENISTIC

Youth voices are heard and acted on; value youth perspectives and position as stakeholders in your work

BE ONE FORM OF KNOWLEDGE

Collaboration and consultation; diversity of voices at the table

IGNORE FEEDBACK

Take the project timeline for feedback and follow up on the outcomes

DISMISSE YOUTH

Youth perspectives are most important

Scheele, JA, et al. (2006),
M, et al. (2005)

Contact

ca



Visit www.youthcanimpact.com for:

- ✓ Project Info
- ✓ Site Locations & Maps
- ✓ Site Hours & Contact Info
- ✓ List of Services
- ✓ Recommended Apps

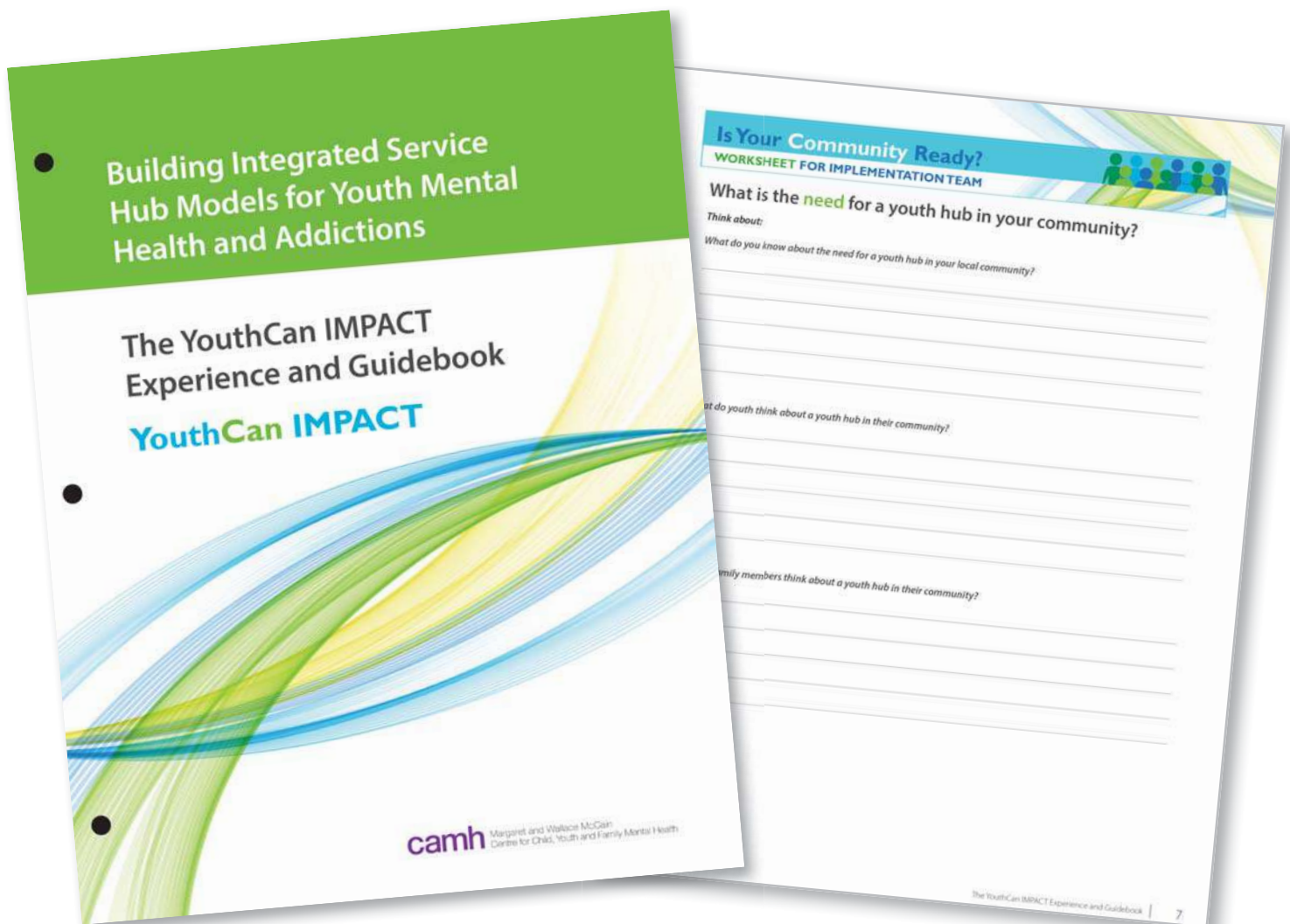
YouthCan IMPACT implementation guidebook

This past year the YouthCan team completed the Implementation Guidebook for building integrated service hubs for youth mental health and addictions. The team has been sharing the guidebook with communities seeking a plan for launching community-based mental

health services for youth. To-date, the team has sent 78 packages to locations across Canada and around the world including Japan and the US.

The 207-page guidebook (*sample pages below*) contains a summary of key implementation steps, and

links to additional resources for those wanting more in-depth information. The implementation guidebook is a valuable resource for sharing best practices in community-based youth mental health care with the world.



“You guys care”

Tiffany*, a youth receiving care from one of the YouthCan ICCT sites, shared her history of complex trauma, human trafficking, multiple mental health diagnoses, and addictions to methamphetamines and other drugs. She told the YouthCan IMPACT counsellor of being with a violent, gang-involved partner and fleeing the family home.

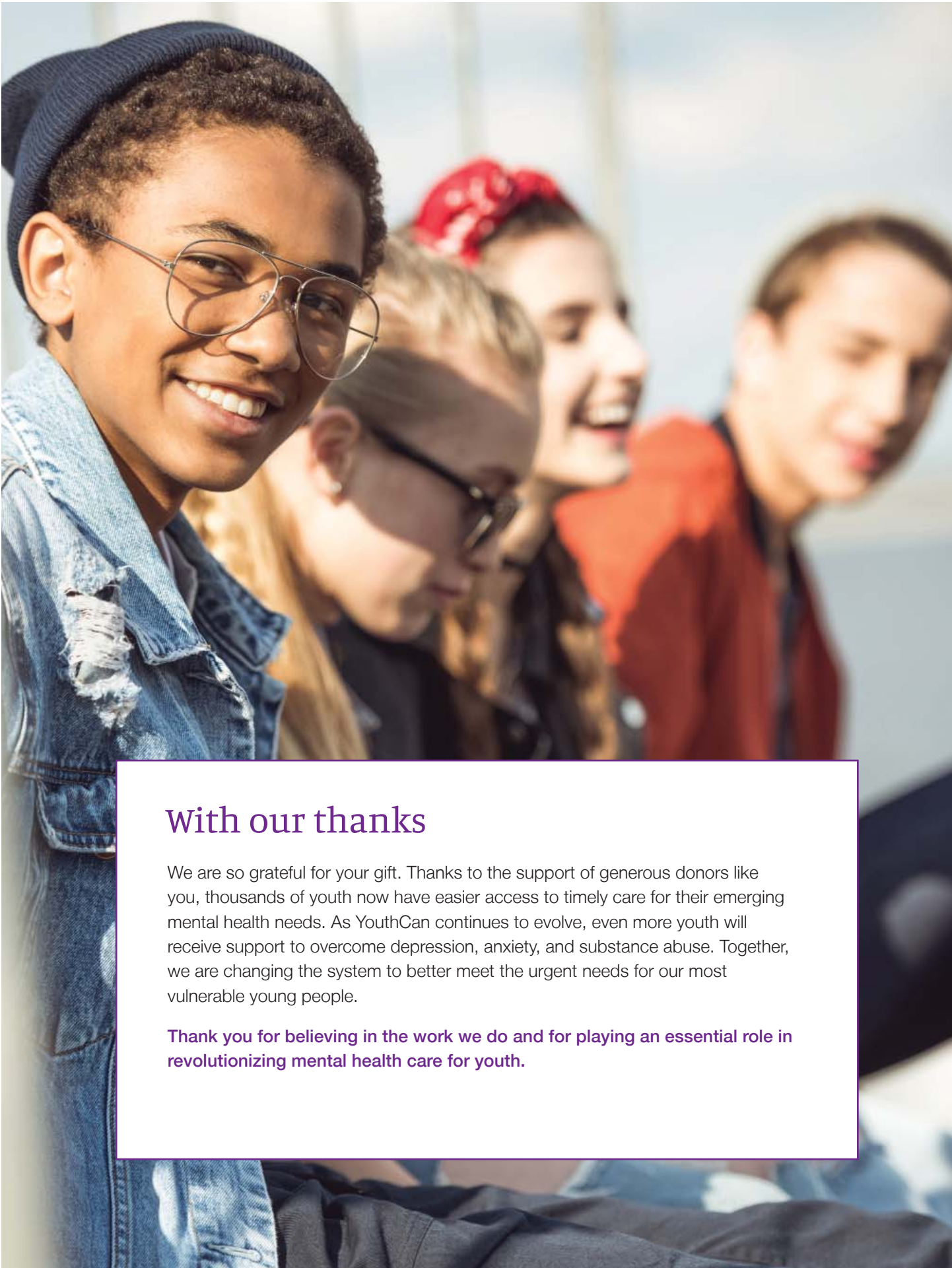
Given the youth's complex history, this youth had difficulty with building and maintaining healthy relationships, trusting others, and keeping safe. The YouthCan IMPACT counsellor quickly connected the youth with a Care Navigator from LOFT Community Services, a psychiatrist, and nurse practitioner, all YouthCan IMPACT partners.

The team worked with Tiffany to apply for Ontario Health Insurance and Ontario Disability Services. They also connected her with a gender-based violence program and a peer mentor, who accompanies youth to groups, which she is attending regularly. When asked about her experience with one of the groups, she replied, “I feel like I finally have a place to go that is just mine. I feel safe. You guys care.”

This client's confidence is growing and she is beginning to work together with the Care Navigator to move out of an abusive relationship and into a home of her own. Despite all of Tiffany's struggles, she has high expectations for herself and is open to new experiences and opportunities. She continues to self-advocate and ask for guidance when needed. Thanks to services available through YouthCan, Tiffany has a positive and bright future ahead.

**the client's name has been changed to protect her privacy.*

“As a nurse practitioner working in the community, it has been very rewarding to be involved in YouthCan Impact. Involvement in YouthCan has enabled me to enhance my working relationships with community partners and to observe firsthand improved access to mental health care for youth. An excellent example of research being used to successfully bridge this gap in mental health services.”



With our thanks

We are so grateful for your gift. Thanks to the support of generous donors like you, thousands of youth now have easier access to timely care for their emerging mental health needs. As YouthCan continues to evolve, even more youth will receive support to overcome depression, anxiety, and substance abuse. Together, we are changing the system to better meet the urgent needs for our most vulnerable young people.

Thank you for believing in the work we do and for playing an essential role in revolutionizing mental health care for youth.

Appendix

The YouthCan team has published a number of papers related to the study (listed below) and shared their findings locally and internationally through conferences and public lectures.

PUBLICATIONS

Hawke, L.D., Cleverley, K., Settapani, C., Rice, M., Henderson, J. (2017). Youth-friendliness in mental health and addictions services: protocol for a scoping review. *BMJ Open*. 7(9):e017555, 1-5. doi: 10.1136/bmjopen-2017-017555.

McGihon, R., Hawke, L., Chaim, G., & Henderson, J. (2017). Cross-sectoral integration in youth-focused health and social services in Canada: A network analysis. *Administration and Policy in Mental Health and Mental Health Services Research* (submitted).

Henderson, J., Chaim, G., Brownlie, E.B. (2017). Collaborating with community-based services to promote evidence-based practice: Process description of a national initiative to improve services for youth with mental health and substance use problems. *Psychological Services*, 14(3):361-372. doi: 10.1037/ser0000145.

Settapani, C., Cleverley, K., Hawke, L., Rice, M., & Henderson, J. (2017). Essential components of integrated care for youth with mental health and addiction needs: Protocol for a scoping review. *BMJ Open*, 7(4), e015454.

Henderson, J., Cheung, A., Cleverley, K., Chaim, G., Moretti, M., de Oliveira, C., Hawke, L., Willan, A., O'Brien, D., Heffernan, O., Herzog, T., Courey, L., McDonald, H., Grant, E., Szatmari, P. (2017). Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: Protocol for a pragmatic randomized-controlled trial. *BMJ Open*, 7(2), e014080.

Heffernan, O., Herzog, T., Schiralli, J., Hawke, L.D., Chaim, G., Henderson, J. (2017). Implementation of a youth-adult partnership model in youth mental health systems research: Challenges and successes, *Health Expectations*, 20(6), 1183–1188. doi: 10.1111/hex.12554.

Halsall T, Manion I, Henderson J. (2018). Examining integrated youth services using the bioecological model: Alignments and opportunities. *The International Journal of Integrated Care*. Submitted

Henderson J, Hawke LD, Relihan J. (2018). Youth engagement in the YouthCan IMPACT Trial. *Canadian Medical Association Journal (OSSU Supplement)*. In Press

Henderson J, Hess M, Mehra K, Hawke LD. (2018). From planning to implementation of the YouthCan IMPACT project: a formative evaluation. *International Journal of Integrated Care*. na: Submitted

Settapani C, Cleverley K, Hawke LD, Chaim G, Rice M, Cheung A, Szatmari P, Henderson J. (2017). Key components and characteristics of integrated care hubs for youth mental health and addiction: A scoping review. *Early Intervention in Psychiatry*. Submitted

Henderson J, Cheung A, Cleverley K, Chaim G, Moretti M, de Oliveira C, Hawke LD, Willan A, O'Brien D, Heffernan O, Herzog T, Courey L, McDonald H, Grant E, Szatmari P. (2017). Integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: Protocol for a pragmatic randomized-controlled trial. *BMJ Open*. 7(2): e014080. <http://dx.doi.org/10.1136/bmjopen-2016-014080>

PRESENTATIONS

International Conferences

Youth engagement in a pragmatic randomized control trial: integrated collaborative care teams for youth mental health and addictions. Relihan J, Henderson J, Hawke LD, Chaim G, Cleverley, K. (2018). 31st Annual Research & Policy Conference, Tampa, United States

National Conferences

Identifying key concepts of integrated care for youth mental health. Canadian Psychological Association's 78th Annual Convention, Toronto, Ontario. Hawke, L., Settapani, C., Cleverley, K., & Henderson, J. (Symposium Presentation)

Development and implementation of an integrated collaborative care team model for youth mental health and addiction: Barriers and facilitators. Canadian Psychological Association's 78th Annual Convention, Toronto, Ontario. Hess, M., Cleverley, K., Chaim, G., Hawke, L., & Henderson, J. (Symposium Presentation)

Development and implementation of an integrated collaborative care team model for youth mental health and addiction: findings on the barriers and facilitators. Henderson J. (2018). Integrated Youth Services Symposium, Calgary, Canada

Community-based integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges. Henderson J. (2018). Presentation to Lead Agency Children & Youth Mental Health Windsor-Essex, Windsor, Canada

A social network analysis of youth-serving health and social services in Canada: Focus on cross-sectoral integration. 43rd Annual Harvey Stancer Research Day, Toronto, Ontario, Canada. McGihon, R.E., Hawke, L.D., Chaim, G., & Henderson, J. (Oral Presentation).

YouthCan IMPACT: Integrative Collaborative Care Teams for Youth Mental Health & Addiction. Centre for Addiction and Mental Health CEO Town Hall Poster Gallery, Toronto, Ontario, Canada. Henderson, J., Cheung, A., Cleverley, K., Chaim, G., Moretti, M., de Oliveira, C., Hawke, L., Willan, A. R., O'Brien, D., Heffernan, O., Herzog, T., Courey, L., McDonald, H., Grant, E., & Szatmari, P. (Poster Presentation)

Multi-site trials: Learnings from the YouthCan IMPACT experience. University of Toronto Division of Child and Youth Mental Health Research Retreat, Toronto, Ontario, Canada. Hawke, L. D., & Dickens, S. (Oral Presentation).

Integrated collaborative care models for youth mental health and addictions: A scoping review to inform health policy. Settapani CA, Cleverley K, Hawke LD, Rice M, Henderson J. 2017 Canadian Association for Health Services and Policy Research (CAHSPR) Conference, Toronto, Canada

Implementing a multi-site integrated collaborative care team model for youth mental health and addiction: Barriers and facilitators. Hess M, Cleverley K, Hawke LD, Chaim G, Henderson J. (2017). Harvey Stancer Research Day, Department of Psychiatry, University of Toronto, Toronto, Canada

The epidemiology of mental health disorder in youth and how collaborative care models may address service need. Szatmari P, Henderson J, Cleverley K, Cheung A, Chaim G. (2017). Canadian Academy of Child and Adolescent Psychiatry Conference, Ottawa, Canada

YouthCan IMPACT: A collaborative initiative to build and test an integrated model of service delivery for youth through a pragmatic RCT. Henderson J. (2017). Ontario Institute for Studies in Education (OISE), Department of Applied Psychology and Human Development (APHD), Colloquium Series, Toronto, Canada

Integrated and stepped care models of service delivery for emerging adults: Opportunities and challenges (Oral Presentation). Henderson, J. (2017). Lawson Mental Health Group Research Retreat Day, London, Canada

Pre-implementation phase evaluation of an integrated collaborative care team approach to youth mental health and addiction services in Toronto. Hess M, Cleverley K, Chaim G, Hawke LD, Cheung A, Szatmari P, Henderson J. (2017). 31st Medical Student Research Day, University of Toronto.

For more information, please contact

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Charitable Registration Number: 106932320RR0001

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Special Report

Innovations in dementia care:

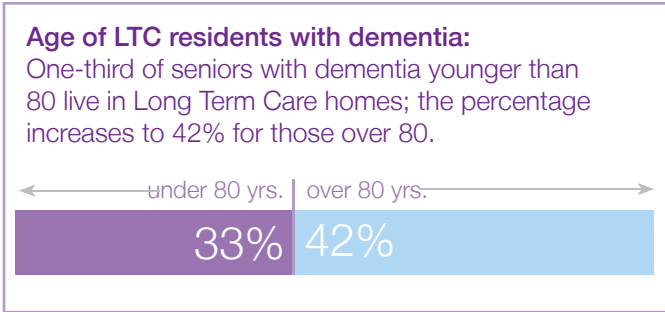
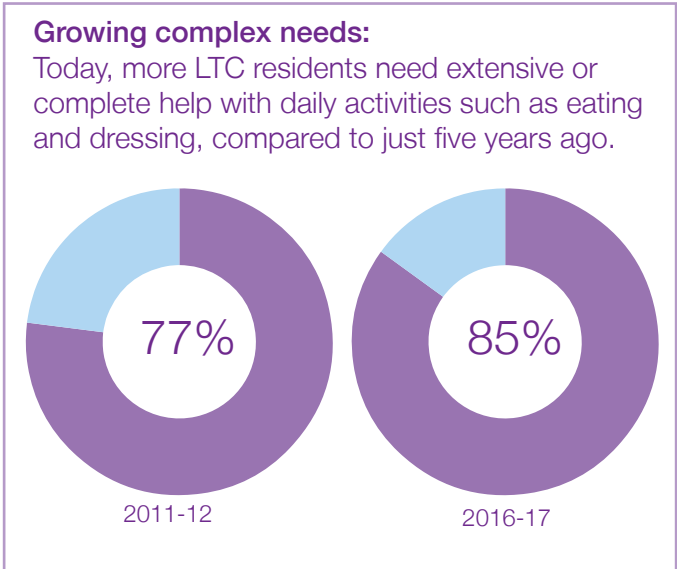
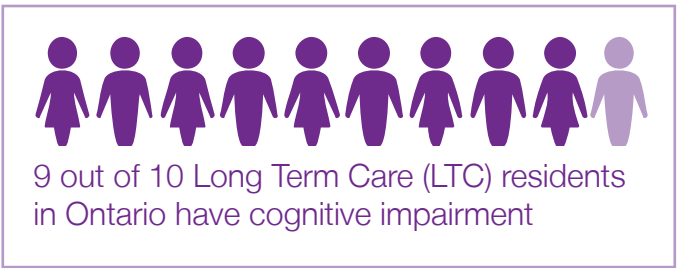
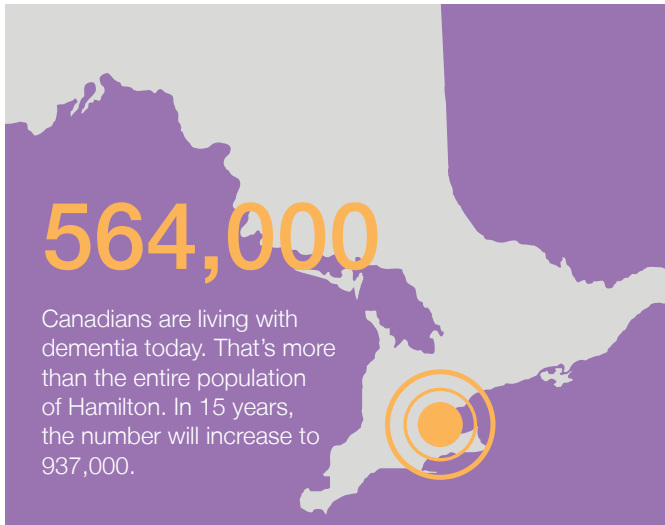
Enhancing the quality of life of seniors through novel dementia research, new standards of care and knowledge-sharing

February 2019

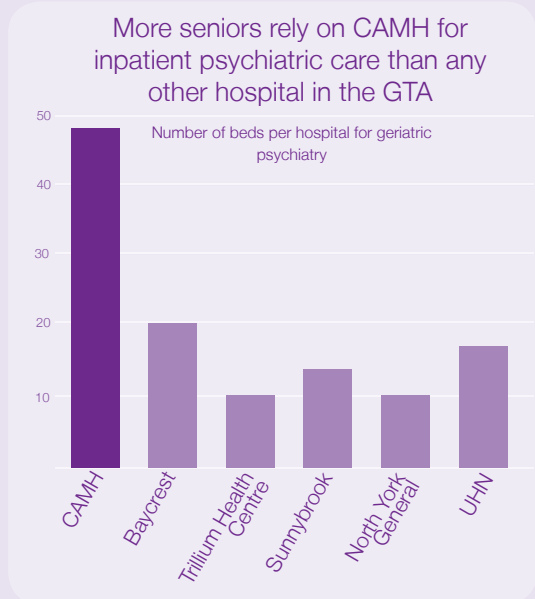
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Long-Term Care and Dementia

Innovative research at CAMH is leading to new standards of care for the growing number of vulnerable seniors with dementia who rely on long-term care.



CAMH: Ontario's largest centre for geriatric mental health care



CAMH's LTC consultation services

CAMH's geriatric psychiatrists consult with more than 30 Long Term Care facilities in Ontario.

CAMH's **Integrated Care Pathway (ICP) for Dementia, Agitation and Aggression** is acknowledged by Canada's Health Standards Association as a Leading Practice. HSO recognized CAMH's ICP as being innovative and effective in improving quality of care for seniors with dementia.

Stat sources: Canadian Institute for Health Information, Alzheimer's Society Canada, Ontario Long Term Care Association



Drs. Aviva Rostas, Babak Abadi, and Li Chu are members of CAMH's growing team of experts in geriatric psychiatry and long-term care. They provide clinical care for patients at CAMH living with age-related mental illness and share their expertise through consultation with long-term care homes in Ontario.

Thank you for making a difference in the lives of seniors

On behalf of our patients and geriatric mental health clinical and research teams at CAMH, I would like to thank you for your generous support. As the province's largest centre for geriatric mental health care, we are committed to addressing the most urgent needs of older adults.

In this report, we've highlighted our efforts to strengthening psychiatric standards of care within the long-term care (LTC) residential system. A growing number of Canadians rely on LTC to help them live safely with dementia. Our doctors consult and work closely with several homes in Ontario, helping staff integrate best practices into care for residents with cognitive and psychiatric challenges.

By sharing our advances with the community, more seniors can benefit from approaches to care that are

evidence-based and acknowledge the importance of choice, dignity and compassion when providing treatment and services for older patients.

With your support for clinical innovation and research at CAMH, we are also gaining a better understanding of the complex factors that contribute to dementia. We are exploring the biology behind behaviours like aggression in dementia, and we are getting closer to identifying those at greatest risk.

We have made changes at CAMH to make it easier for patients to transition to more independent living through a new supportive housing initiative and are making continuous improvements to our inpatient programs.

Our progress and advances in geriatric care would not be possible without the



thoughtful generosity of donors like you. Thank you for your gift to CAMH. We greatly appreciate your support.

*Dr. Tarek Rajji
Chief, Adult Neurodevelopment and Geriatric Psychiatry Division, CAMH*



Drs. Sanjeev Kumar and Sarah Colman, along with Aviva Costas (pictured in the opposite page) join Dr. Tarek Rajji on a major new study that will improve standards in geriatric psychiatric care in long-term care homes.

CAMH leads national study to improve standards of care for dementia patients

“Our ICP has the potential to both improve quality of life for patients and be more cost-effective than conventional treatment methods,” says Dr. Tarek Rajji, Principal Investigator on a new Brain Canada study. “If fewer patients are experiencing falls or other complications from polypharmacy, and can stay in their homes longer, that eases the burden on hospitals and long-term care facilities and allows patients to live more healthy, meaningful lives.”

Promoting consistent high-quality care for dementia patients

CAMH’s Integrated Care Pathway (ICP), a potentially highly effective standardized treatment approach for addressing agitation in geriatric patients with dementia, has received federal funding to be evaluated in three Canadian provinces.

In October, a group of researchers led by CAMH was one of six teams to win the Improving Health Outcomes and Quality of Life Team Grant competition by Health Canada and the national non-profit organization Brain Canada. The competition was designed to support research projects that can help Canadians with brain disorders live healthy, productive lives. CAMH will use the grant to test its novel ICP, a standardized method for addressing

agitation and aggression in dementia patients at academic hospitals and long-term care homes in Ontario, Quebec and Alberta.

“What’s unique about our approach is that it provides a step-by-step way for physicians and other caregivers to treat these patients,” says Principal Investigator Dr. Tarek Rajji, Deputy Physician-in-Chief of Clinical Research and Chief of the Adult Neurodevelopment and Geriatric Psychiatry Division. “By reducing variation in these practices, we hope to dramatically improve quality of care.”

The challenges with agitation and aggression

Verbal or physical agitation and aggression are common symptoms when people with dementia can’t express or recognize their needs for safety, comfort and social interaction. These behaviours can be challenging for caregivers, and without the right strategies being used, these patients can end up in long-term care facilities prematurely. They are also more likely to be over-prescribed medications. Some of these medications come with serious risks, the most troublesome being falls—due to sedation and rigidity caused by medication—stroke and premature death.

CAMH pioneers new approach to care

Pioneered by the geriatric team at CAMH, this ICP is a solution to this pervasive and vexing problem. Piloted in CAMH’s inpatient geriatric unit between 2013 and 2017, the ICP helped caregivers systematically follow established care guidelines by starting with the least amount of intervention, and increasing the level of care as needed.

The first line of treatment is to assess if medical and environmental factors are causing a patient distress. This includes determining if the patient has pain or discomfort caused by factors such as untreated infections, thirst or hunger, too much sitting or inadequate socialization. Living environments are also evaluated for stressful conditions such as being too noisy, busy, bright, hot or cold. Caregivers and families are advised on how to improve health and environmental conditions.

If the situation doesn’t improve, what comes next is a “clean-up” phase, in which the patient’s current dementia medications are discontinued. Behavioural interventions are introduced to manage the agitation or aggression, such as physical exercise, social interaction and even therapy with a robotic pet.

If the patient doesn’t respond to non-pharmacological interventions, a medication algorithm is initiated. The process begins with prescribing one medication at a small dose, and increasing it as needed at a careful pace. The patient is evaluated regularly to assess the efficacy of the medication, and instead of relying only on clinical impressions, a checklist with validated scales is used to measure symptoms.

“With the ICP, we have been able to significantly reduce the rate of polypharmacy while getting the same response in patients,” Dr. Rajji says. “This has resulted in fewer instances of falls and other hazardous side-effects, which gives patients a better quality of life.”

Sharing the benefits

Over the next two years, Dr. Rajji, along with co-Principal Investigator Dr. Sanjeev Kumar and investigators



The rewards of geriatric psychiatry

As a psychiatrist in CAMH’s Geriatric Mental Health Service, Dr. Aviva Rostas (*above*) cares for older adults with dementia.

Since joining CAMH in August, Dr. Rostas has discovered how fulfilling it is to help residents deal with mental illness and maintain their quality of life. She works with inpatients in acute care and those transitioning back to the community.

“It’s an honour supporting them at a time in their life when they feel vulnerable and at risk of losing their dignity,” says Dr. Rostas. “We try to add quality years to their life. I feel excited when they make gains.”

Dr. Rostas enjoys collaborating and problem-solving with an inter-professional team. Another highlight is empowering patients’ families and caregivers with the right strategies.

Older adults with dementia often have complex medical challenges, but Dr. Rostas is more than up for the job.

“These patients allow me to really put my skills to use. When I can help patients manage their symptoms and regain independence, it’s incredibly satisfying.”



Dr. Breno Satler Diniz recently joined CAMH as a clinician-scientist and geriatric psychiatrist and is conducting research that may lead to a dementia risk blood test.

First-of-its-kind study at CAMH explores the possibility of early detection of dementia risk through blood tests.

Novel research explores new way to identify dementia risk

Depression is a common condition among the elderly, and it's known to contribute to cognitive impairment and dementia in older age. The precise reason why is being explored in a pioneering new CAMH study on the biological link between these two conditions.

Dr. Breno Satler Diniz, a clinician-scientist and geriatric psychiatrist at CAMH, is examining a set of proteins that play a role in senescence, or deterioration, of cells and tissues in and around the brain. Known as Senescence-Associated Secretory Phenotype, or SASP, these proteins are involved in controlling immune-inflammatory response, cellular fate,

nutrient sensing, metabolic control, cell-to-cell communication and tissue remodelling. Supported by a National Institutes of Health research grant worth \$2.2 million (USD), the study aims to identify the links between senescence, depression and Alzheimer's disease in the elderly.

"We want to understand the biological mechanisms by which older adults with depression are at increased risk of developing neurological disorders like dementia, Alzheimer's disease or stroke. We expect to find that depression accelerates aging in older adults," Dr. Diniz says.

“We want to understand the biological mechanisms by which older adults with depression are at increased risk of developing neurological disorders like dementia, Alzheimer’s disease or stroke.”

Proteins causing dysregulation

With four other researchers from CAMH, Diniz is investigating how SASP proteins work, and whether they cause structural changes in the brain that diminish executive and memory functioning.

To do this, Dr. Diniz and colleagues have developed the SASP Index, a composite measure that reflects the level of dysregulation of brain pathways undergoing molecular deterioration. Their hypothesis is that individuals with a higher SASP Index number will be at higher risk of developing cognitive impairment.

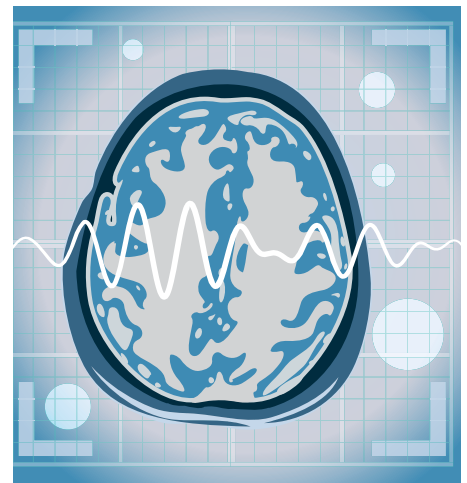
To facilitate the research, 240 geriatric participants will be recruited—160 with major depression and 80 without depression as a control group. Neurocognitive, psychiatric and neuroimaging testing will be conducted along with blood tests to determine their SASP Index levels. Periodic, sequential assessments of the participants will take place over the two years. The goal is to monitor

the trajectory of changes in the SASP index over time, and how they correlate to changes in brain structure and neurocognitive function.

Improving treatment

The SenDep Study is the first of its kind to look at depression from the angle of senescence in the brain in older adults. Diniz says the results could help support the development of a blood test that could detect the presence of senescence abnormalities in the brain. Such a breakthrough could make earlier detection possible for those at greatest risk of developing dementia.

“The sooner we know if someone is at risk of developing dementia, the more effective clinicians can be at treating depression with suitable behavioural and pharmacological interventions that could help delay or prevent the onset of Alzheimer’s disease and related dementia,” Diniz says. “It’s how we can offer more personalized diagnosis, prognosis and treatment that leads to better care and outcomes for our elderly.”



Neuroplasticity and Alzheimer’s disease

In an effort to develop new ways to prevent the progression of memory loss in Alzheimer’s disease, CAMH researchers examined the dorsolateral prefrontal cortex (DLPFC), which controls executive functions such as memory, planning and cognition. They wanted to determine whether neuroplasticity—the brain’s ability to reorganize itself in response to injury or disease—is impaired in the DLPFC of individuals with Alzheimer’s disease. They also want to see if plasticity in this region is associated with working memory.

The study involved 32 participants ages 65 or older with Alzheimer’s disease, and 16 age-matched control participants. Those with Alzheimer’s received peripheral nerve electrical stimulation, transcranial magnetic stimulation and electroencephalography. The results showed older individuals with Alzheimer’s have impaired plasticity in this brain region, which is associated with working memory deficits.

“This study showed how we can potentially prevent further progression of Alzheimer’s disease with these interventions,” says senior author Dr. Tarek Rajji.



Residents of CAMH's new transitional housing service have access to personal support workers, case managers and life enrichment workers who assist with meals and social activities.

Bridging the transition to independent living

“By working with the right community partners, we’ve been able to provide not just transitional housing for these clients, but comprehensive supports that can aid their recovery, help them maintain their dignity and promote their independence.”

—Ann Pottinger, clinical director in the Complex Care and Recovery Program at CAMH

Introducing transitional housing for CAMH patients

It’s a common conundrum for geriatric patients with mental health and behavioural challenges: they have recovered enough to leave hospital, but have no adequate place to go. They may not be able to live at home independently, family members are not able to support their needs and a spot in a suitable long-term care facility isn’t yet available.

What often happens in cases with these alternate-level-of-care, or ALC patients, is an extended stay in hospital. But that option limits patients’ quality of life, and can negatively affect their emotional and physical health. As well, it creates bottlenecks in the health care system that cause delays for others needing hospital beds.

CAMH has introduced an innovative solution to this problem that is benefitting its geriatric patients and making health care more effective and efficient: specialized, temporary transitional housing on-site at the hospital.

In 2017, CAMH forged a partnership with LOFT Community Services, a charity that provides housing and support to hospital patients with mental and physical health challenges, addiction issues and cognitive impairment who face housing insecurity. This partnership led to the launch last December of a high-support, below-market-rent living space at CAMH’s Queen Street site that accommodates all CAMH patients transitioning out of inpatient care, including older adults.

CAMH offers the first-of-its-kind, on-site hospital housing service that has the capacity to serve individuals dealing with mental illness.

“This is the first housing of its kind on-site at a hospital that has the capacity to serve individuals dealing with mental illness,” says Ann Pottinger, clinical director in the Complex Care and Recovery Program at CAMH. “Together with LOFT, we bring extensive knowledge of this population and their needs, specialized expertise and intensive support to help residents safely move back to the community.”

The CAMH LOFT initiative is modelled after the John Gibson Stepping Stone Project—12 transitional housing units for geriatric patients at a facility in Toronto’s west end that opened in 2008 through a partnership between CAMH and the city’s five downtown hospitals. But the presence of LOFT housing right at CAMH makes the shift out of in-patient care and into a transitional living environment much smoother.

Comprehensive services

Located on the first two floors of the building at 30 White Squirrel Way are 12 single-room dwellings with ensuite bathrooms. Residents have access to a shared kitchen and recreation room. They are supported 24/7 by LOFT’s team of personal support workers, case managers and life enrichment workers who provide assisted living

help, serve meals and run social activities.

An added benefit to CAMH Loft residents is easy access to the centre’s medical specialists; they receive weekly check-ins as well as psychiatric and behavioural support and consultation.

“When I work at LOFT, I feel like I’m in an educational video of how to provide care to seniors—it’s such a caring and supportive environment, and we see residents thriving,” says Dr. Aviva Rostas, a staff psychiatrist in CAMH’s Geriatric Mental Health Service.

Supporting transition

LOFT housing at CAMH is available to residents for about three to six months before they shift into a permanent home in the community. Residents receive support with applying to long-term care facilities, and coordinating with Local Integrated Health Network and Community Care Access Centres to arrange for community care.



Transitional housing for CAMH’s geriatric patients is located at the McCain Building on White Squirrel Way at the Queen Street site.

CAMH has expanded its efforts to provide on-site transitional housing to geriatric patients this year by launching more residential spaces distributed evenly on the third and fourth floors of the McCain Building at the Queen Street site. Developed through a partnership with the Toronto Branch of the Canadian Mental Health Association, these units are for forensic clients who have been granted community living privileges.

— continued from page four

National study to strengthen standards of care for dementia

and collaborators at other health and academic institutions in Ontario, Quebec and Alberta, will test the ICP approach in a randomized control trial. They will recruit 220 patients from both hospitals and LTC facilities in Canada including: CAMH's geriatric inpatient program; the Ukrainian Canadian Care Centre and the West Park Healthcare Centre in London, Ontario; Lawson

Health Research Institute in Ontario; the Douglas Mental Health University Institute in Montreal; and the University of Calgary.

In addition to comparing health outcomes for patients receiving the ICP to those who receive regular treatment, the study will look at whether the ICP offers cost savings through reduced use of the health

care system. This work will be done in collaboration with the Institute for Clinical Evaluative Sciences.

Innovation improves geriatric inpatient care

Innovations at CAMH geriatrics inpatient unit

High-quality health care is not a state to be reached, but an ongoing process of refining treatment processes, systems and techniques. This philosophy guides all operations at CAMH, and has recently led to new changes in the treatment of geriatric inpatients with dementia.

CAMH's Geriatric Mental Health Inpatient Services have been reorganized to better serve older adult patients with dementia who also have challenging behaviours such as agitation and aggression. Rather than following the usual approach of randomly assigning new patients to one of the hospital's two geriatric inpatient units, patients with difficult behaviours will now be grouped in the same unit so they can receive the most appropriate care.

"By grouping together these patients who require a higher level of care in one unit, we can better use our resources to more effectively meet

"Having more specialized staff to take care of dementia patients with behavioural problems not only enhances their quality of care, it may also reduce the time required for admission, and how long they are in the acute phase of their dementia."

their specific needs," says Dr. Ariel Graff, medical head of the Geriatric Inpatient Units and a geriatric psychiatrist.

The hospital's two geriatric units accommodate 48 patients and their target population includes seniors with mood disorders, psychosis, concurrent disorders, as well as psychiatric symptoms arising from medical issues, substances and medications. Health care personnel in these units provide behavioural interventions, medications, recreational activities and other services to meet the individual needs of these patients.

Bringing patients with behavioural issues together in one unit will not only improve care delivery, it will

also enable doctors, nurses, social workers, recreational therapists and other health professionals to deepen their understanding of this patient population's unique and complex needs.

This new approach was developed by the unit's five physicians and was initiated in October. The transition is happening gradually so as not to disturb current patients, who, due to their cognitive decline, may find change difficult to handle. Dr. Graff is observing the process to determine what's working, and, together with the team, will make continuous improvements to ensure vulnerable patients receive optimal, compassionate care.



Dr. Tarek Rajji assists patient Ron Singer, who is participating in an innovative study at CAMH that pairs brain stimulation therapy with computer-based memory exercises to prevent dementia.

Thank you for supporting geriatric psychiatry

Thank you for your generous support of geriatric psychiatry at CAMH. In this year's update, we wanted to share with you highlights of our dedicated clinicians' and researchers' efforts to create safer, high quality, patient-focused environments both within the hospital and in the community.

There is tremendous need to strengthen standards of care for the growing population of people living with dementia and other challenging health issues. CAMH is unique in its ability to develop and evaluate new approaches that effectively respond to the complexity of dementia and share these approaches with care providers, such as those in long-term care homes.

We are very excited about the potential of the dementia ICP, which is now being testing in a large, multi-site study led by Dr. Rajji. Not only



does it address the difficult psychiatric symptoms of dementia, it also helps patients achieve remarkable improvements in their overall wellbeing. Through this study, we hope more Canadian seniors will benefit from CAMH's innovation and ultimately enjoy healthier, more independent and meaningful lives.

There are also multiple advances taking place in other areas of research focusing on the aging brain. The possibility of a blood test to help

identify people at risk of dementia, for example, is very encouraging and will be a huge advance in early intervention for this devastating disease.

Thanks to your support, CAMH is advancing a range of impactful projects and innovations in geriatric mental health. The hospital is moving forward with new treatments, better ways of working together and opportunities to share knowledge and expertise.

We all want the very best care for our loved ones living with or at risk of dementia. Thanks to your generosity, more Canadians can benefit today from new approaches that support healing, preserve dignity and quality of life; and, in the near future, we can look forward to the promise of prevention.

*Deborah Gillis
President and CEO*

Centre for Addiction and Mental Health Foundation

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Charitable Registration Number: 106932320RR0001

camh
FOUNDATION



B R A V E

BECAUSE OF YOU

An Impact Report

prepared especially for

NAME(S)





A Note of Thanks

Dear SALUTATION:

Over the years, when you heard from Connecticut Children's, it was often because we had a need.

In 2006, we needed strong volunteer leadership and WWWWW knew who would be the perfect fit: NAME, you answered the call to serve on our Board of Directors. At a time when financial challenges existed and a course for the future needed to be set, you helped to develop a strategic plan and chaired the Finance and Audit Committee. And when Connecticut Children's needed a new leader, you were part of the board that brought Marty Gavin to our helm.

Year after year, when we asked dedicated supporters to join the Gala Honorary Committee, you were there. You gave generously to support our priorities, and you helped ensure that Connecticut Children's had the resources necessary to fulfill its promise to children and their families.

When you were invited to join fellow donors whose giving topped \$1 million, you did so with gratitude and as a tribute to Marty Gavin's leadership, work ethic and charitable nature.

So today, I write to request one more thing: that you please allow us to reflect on your incredible history of generosity and share the impact of what Connecticut Children's has achieved because of you.

In return, I humbly offer you our most sincere thanks.

Sincerely,

David Kinahan
Foundation President

Giving Kids the Chance to Grow Up

In 2002, kindergartner Nicole “Nicki” Cartier arrived in the emergency room at Connecticut Children’s Medical Center with what seemed like the flu. Nicki’s parents thought they would be in and out of the hospital with a quick checkup and a prescription for antibiotics. After doctors examined Nicki, they realized she was much sicker than anyone had anticipated. A polyp in her intestine burst, causing an extremely rare bacterial infection to spread throughout her body. She was rushed into her first emergency surgery, which lasted 22 hours. Doctors described Nicki’s situation as “one-in-a-million” and worked relentlessly to stabilize her, as she returned to the operating room daily for two weeks.

After making it through her first few surgeries, Nicki still had a very long road ahead. She spent the next five months in the Pediatric Intensive Care Unit (PICU) at Connecticut Children’s on life support, as doctors continued to work to repair damages from the initial infection. Nicki lost a kidney, two-thirds of her diaphragm, upper leg muscle and lower back muscle. When she was strong enough, doctors were able to take her off some of her medications and move her to a recovering inpatient floor. After 225 consecutive days at Connecticut Children’s, Nicki was finally able to go home.

In 2006, your generous support for the “Make Room for Kids” campaign helped provide new, sorely needed treatment space at Connecticut Children’s. In fact, your gift helped create the Nicole Cartier Room in the PICU. Because of your generosity, we are equipped to treat more critically ill or traumatically injured children. This past year, 972 children were treated in the PICU.

But whatever became of Nicki Cartier?

As a result of losing muscles in her leg, Nicki should not have been able to walk, but through physical therapy, Nicki was able to train other muscles to compensate for it.

In 2007, Nicki was selected to be the Connecticut Ambassador for Children’s Miracle Network Hospitals and was invited to her first HuskyTHON dance marathon. Nicki recalls, “As a 10-year-old child, I felt like a rock star having hundreds of college kids cheering for me and raising money for kids like me.”

Nicki never missed a HuskyTHON, and when it was time for her to attend college, UConn was her natural choice. During her four years at UConn, Nicki was part of the HuskyTHON management team. She graduated in May 2018 with a degree in Healthcare Management.

“My experiences at Connecticut Children’s were some of the toughest parts of my entire life and I wouldn’t



wish that upon any other child, but it has also changed my life for the better and changed my whole perspective on life, which is something I am incredibly grateful for. Every day is truly a blessing,” Nicki said.

NAME and NAME, you’ve given critically ill children like Nicki the chance to have a childhood, to achieve better outcomes and to enjoy happy endings. On behalf of Connecticut Children’s patients just like Nicki, thank you.

The Magic of Ruby Slippers



Brianna Kearney was the 8-year-old recipient of Ben Vereen's serenade at the 2008 Storybook Gala. At such a young age, she was already a cancer survivor and the inspiration for The Ruby Slippers Foundation for Cancer Research.

During the 2008 Bid4Kidz appeal, Brianna inspired many to new levels of generosity, including you. With your support, we were able to establish the Center for Cancer & Blood Disorders, where children like Brianna could receive family-centered care in a new and therapeutic atmosphere. No longer located on a windowless second floor of the hospital, the Center for Cancer & Blood Disorders moved to the fifth floor, where every patient's room is flooded with natural light. Families helped design a space where their children's needs could best be met.

Ten years after opening the Center for Cancer & Blood Disorders, it continues to be a beacon of hope and healing to our patients and their parents. In 2018, the dedicated caregivers at the Center treated nearly 2,500 children, accounting for 10,400 visits.

And Brianna Kearney? She is a lovely young woman who just completed the first semester of her freshman year at the University of Maryland.

Less Radiation, Healthier Kids

When children come to the Division of Orthopedics at Connecticut Children's, the goal is to diagnose their condition, provide them with relief and put them on a path to better health. Of course, seeing what's happening with a patient's musculoskeletal system is a starting point for most orthopedic cases, so it's important to take every safety precaution and reduce a child's exposure to radiation across all imaging tests and procedures. That's where you helped make a difference.



Your generous support of the Orthopedic Surgery Research and Technology Fund helped with the purchase of the EOS Imaging System, a low-dose, 3D imaging system that scans a child while standing. An EOS scan shows a child's natural, weight-bearing posture and allows our orthopedists to see the interaction between the joints and the rest of the musculoskeletal system, particularly the spine, hips and legs. This type of imaging enables our doctors to view all areas of the body with one image, rather than stitching together multiple images. It gives the most accurate view of the musculoskeletal system, which is essential to diagnosis and treatment planning.

EOS delivers a radiation dose that is two to three times less than a general computed radiography X-ray and 20 times less than basic computed tomography (CT) scans. Because of the low radiation dose, EOS imaging is a good option for children with progressive conditions such as scoliosis and other spinal deformities that require frequent imaging to monitor disease progression.

In our pursuit of helping our patients become the healthiest children possible, EOS technology is yet another tool that enables the Division of Orthopedics to provide the best imaging services available while reinforcing our commitment to safety and low-dose imaging options for our patients.

Special Beds for Special Babies

Each year, Connecticut Children's Medical Center cares for nearly 2,000 premature or high-risk newborns admitted into Connecticut Children's Neonatal Intensive Care Units in Hartford and Farmington, including babies transferred from other hospitals across the region. In 2018, we cared for an additional 3,000-plus premature babies in our NICUs at Backus Hospital, Danbury Hospital, MidState Medical Center, Norwalk Hospital and Hospital of Central Connecticut.



As a Level 4 NICU, Connecticut Children's NICU in Hartford cares for the most critically ill babies in the region. Because these babies are so fragile, they require a special environment that provides needed humidity, protection against infections and a quiet setting to promote their development.



Once again, you helped us meet a critical need with your generous gift in 2016 for the NICU Giraffe Omnibed Support Fund.

A Giraffe Omnibed is designed to address many of the unique challenges faced by premature babies and critically ill newborns. As human touch and physical movement can be potentially harmful to these tiny babies, Giraffe Omnibeds allow them to be moved and touched as little as possible by functioning as transport vehicles, incubators and procedural tables. These beds can be opened, closed, raised, lowered and moved without ever disturbing the baby's body.

According to James Moore, MD, PhD, Division Head of Neonatology at Connecticut Children's, "These beds have been a benefit from Day One."

Dr. Moore recalls an infant who was transferred to Hartford in need of abdominal surgery and was admitted to an Omnibed. "He was able to stay in his bed for transport, surgery, recovery and for the rest of his stay. The bed and our staff did the work, and he was able to stay in a warm, controlled and safe environment."

While not all babies require surgery, Dr. Moore says every baby admitted to an Omnibed has benefited from its state-of-the-art design and the environment it provides, as well as the reduced need for excessive handling and transfers between equipment.

Currently, Connecticut Children's is equipped with 72 NICU beds—including 32 beds in our Hartford NICU and 40 beds at our NICU in Farmington. With the high volume of patients seen in the NICU year-round, the Omnibeds are always in demand. "These beds have been in continuous use since they were deployed," Dr. Moore said. "Ideally, we would like to have enough for all of our premature babies."

At present, Dr. Moore and his staff are able to place fragile newborns in our fleet of 16 Giraffe Omnibeds—with an additional 10-12 on the way—and we are so grateful that your generosity has helped to provide this critical equipment that is saving lives.



Investments in the Present

From the very beginning of your relationship with Connecticut Children's, you have been an ardent supporter of the Greatest Need—Children's Fund.

We attract and retain world-renown physicians, like Emily Germain-Lee, MD. We were fortunate enough to recruit Dr. Germain-Lee from The Johns Hopkins School of Medicine to serve as Division Chief of Pediatric Endocrinology & Diabetes. In addition to endocrinology and diabetes, Dr. Germain-Lee's expertise in rare bone disorders makes her a highly sought-after clinician and researcher. And her patients adore her.



Sometimes, the “greatest need” is for a treatment that doesn't yet exist, so your generosity supports researchers like neurosurgeon Markus Bookland, MD, bioengineer Min Tang-Schomer, PhD, and oncologist Eileen Gillan, MD. They are creating something in the laboratory that would have seemed like science fiction 30 years ago: Dr. Tang-Schomer has managed to sustain, for the first time, a 3D matrix of patient-derived brain tumor tissue in the lab for several weeks, something that is both incredibly difficult to do and an essential tool for better understanding and treating brain tumors.

As we strive to place families at the center of all that we do, your generosity helps provide a family-friendly surgical environment. We know that parents are anxious while their child is in surgery, so it is important that our surgical team keeps the family updated in real-time. The EASE (Electronic Access to Surgical Events) application allows nurses and physicians to send text and video messages directly from the operating room to the patient's family about the status of the child and the progress of the procedure. Your support makes technology like this available.

Investments in the Future

Of course, a review of your generosity would be incomplete without mentioning your leadership support, which helped create the Donald Hight, MD, Endowed Chair in General Pediatric Surgery and the Martin J. Gavin Endowed Chair for Hematology & Oncology.

Recognizing Marty's visionary leadership and Dr. Hight's four decades of providing world-class surgical care, these two endowed chairs honor great individuals, whose hard work, skill and passion, helped build the reputation and success of Connecticut Children's.



It is an honor to know that their careers and all that they stand for will be preserved and promoted in perpetuity. The holders of each endowed chair not only have the honor of being associated with their chair's namesake, but they have the benefit of a guaranteed income stream to ensure ongoing excellence at Connecticut Children's.

In the words of the Martin J. Gavin Endowed Chair, Ching Lau, MD, PhD, "Marty's leadership was critical to the substantial growth that Connecticut Children's experienced during his tenure. In fact, I am here today because of his commitment to making this Medical Center a national leader a pediatric healthcare."

And you, NAME and NAME, were instrumental in creating these two incredible legacies. Thank you.

A Record of Dedication

2006: NAME joins the Connecticut Children's Board of Directors. The NAMEs support the "Make Room for Kids" PICU project.

2008: Through Bid4Kidz, you help provide sleeper sofas for families and Giraffe Omnibeds for the NICU.

2009: You provide leadership support for the Center for Cancer & Blood Disorders.

2010: NAME completes the Mini-Internship program in the NICU & PICU.

2011: You invest in the Cardiovascular Services Research & Technology Fund.

2012: NAME assists with securing a \$25,000 grant from the WWWWWW Foundation.

2013: You support the Transport Program and provide tremendous support to the Greatest Need Children's Fund.

2014: You pay tribute to your dear friend Marty Gavin as you increase your giving to surpass the \$1 million mark and support Research and the Donald Hight, MD, Endowed Chair.

2015: You help establish the Martin J. Gavin Endowed Chair and support Orthopedic Research and Technology.

2016: Your support enables the purchase of additional Giraffe Omnibeds for our every-growing NICU operations.

2017: NAME concludes 11 years of Board of Directors service and leadership.

2018: Your generous support of the Greatest Need Children's Fund brings your lifetime giving to more than \$1.5 million.

2019: We recognize NAME and NAME's incredible impact at Connecticut Children's.

13 years

\$1.5 million

Innumerable
thanks for your
dedication and
generosity

The Difference You Make



“Children are very precious. We are blessed to have them, but we are blessed even more if we take care of them and see to their needs.”

—Delores Bennett (1934-2017)

NAME and NAME, you have given from the heart and asked for nothing in return. Your generosity is matched only by your humility. While you have never sought accolades, you are certainly deserving of our profound gratitude.

Because of your extraordinary generosity, vision and caring, children’s lives have been saved. Families have been preserved. Futures have been granted.

On behalf of all the children and families whose lives have been touched by your generosity, thank you.





STRONG



Making the Greatest Impact on Our Tiniest Patients



A Stewardship Report

Prepared Especially for

DONOR NAME

Presented by
**Connecticut Children's Medical Center
Foundation**





Dear SALUTATION:

Connecticut Children's Medical Center cares for some of the tiniest and most critically ill babies from across the region. Because these tiny babies are so fragile, they require specialized beds called Giraffe Omnibeds to provide the environment needed to promote their healing and development. Until recently, we have had very few of these beds available for the most vulnerable patients cared for in our Level 4 Neonatal Intensive Care Unit (NICU) in Hartford. That is why we are so appreciative of your gift.

Your generosity supported the purchase of new Giraffe Omnibeds for our NICUs. Make no mistake: Your generosity has helped save lives. In the past year, your gift allowed us to increase our capacity to provide the optimal care that these critically ill babies require.

This report highlights what that generosity has meant and what it will mean to tens of thousands of babies who will be cared for in our NICU in the years to come.

Thank you for your generosity and caring.

Sincerely,

James Moore, MD, PhD
Chief of Neonatal-Perinatal Medicine
Connecticut Children's Medical Center



Why Your Support Matters

Each year, Connecticut Children’s Medical Center cares for nearly 2,000 premature or high-risk newborns who are admitted into Connecticut Children’s Neonatal Intensive Care Units in Hartford and Farmington, including babies transferred from other hospitals across the region.

In 2018, we cared for an additional 3,000-plus premature babies in our NICUs at Backus Hospital, Danbury Hospital, MidState Medical Center, Norwalk Hospital and Hospital of Central Connecticut.

Many of these premature or critically ill babies are born with breathing problems, infections and other potentially life-threatening conditions, or may have complex surgical needs —babies like Steven Lefevre, who was born at 27 weeks weighing less than 3 pounds.

Like many babies born that early, Steven had multiple issues because his organs and systems were not yet ready for the world. He had brain bleeds, pneumonia, chronic lung disease, an enlarged liver, urinary tract infections and a tethered spinal cord, among other medical challenges. Steven spent

140 days in Connecticut Children's Hartford NICU before he was well enough to go home.



Special Beds for Special Babies

As a Level 4 NICU, Connecticut Children's NICU in Hartford cares for the most critically ill babies in the region. Because these babies are so fragile, they require a special environment that provides needed humidity, protection against infections, and a quiet setting to promote their development. A Giraffe Omnibed is designed to address many of the unique challenges faced by premature babies and critically ill newborns.

As human touch and physical movement can be potentially harmful to these tiny babies, Giraffe Omnibeds allow them to be moved and touched as little as possible by functioning as transport vehicles, incubators and procedural tables. These beds can be opened, closed, raised, lowered and moved without ever disturbing the baby's body.



Your Gift, Your Impact

Thanks to donors like you, Connecticut Children's has 10-12 new Giraffe Omnibeds on their way, supplementing our existing 16 Omnibeds.

According to James Moore, MD, PhD, Chief of Neonatal-Perinatal Medicine at Connecticut Children's, "These beds have been a benefit from day one." Dr. Moore recalls an infant who was transferred to Hartford in need of abdominal surgery and was admitted to an Omnibed. "He was able to stay in his bed for transport, surgery, recovery and for the rest of his stay. The bed and our staff did the work, and he was able to stay in a warm, controlled and safe environment."

While not all babies require surgery, Dr. Moore says every baby admitted to an Omnibed has benefited from its state-of-the-art design and the environment it provides, as well as the reduced need for excessive handling and transfers between equipment.

Connecticut Children's now has NICUs in nine locations around the state, providing specialized care for 60 percent of all NICU babies in Connecticut. For those babies treated at

our Level 4 NICU, the Omnibeds have been in constant demand. “These beds have been in continuous use since they were deployed,” Dr. Moore said. Approximately 165 babies have benefited from the use of an Omnibed thus far. “Ideally, we would like to have enough for all of our premature babies,” Dr. Moore said.

Thanks to your generosity, we are that much closer to the day when every premature baby can benefit from these amazing tools.



The Difference You Make

Because of you, children will get to go home, have a childhood and grow up. Your gift will have impact for generations to come. And for the families of these children, you have given them a gift that cannot be measured—replacing worry and despair with hope and happiness, making these families whole. There can be no greater return on any investment, an investment in life.

On behalf of all those babies and families who have benefited from your generous gift, and from all those who will benefit in the future, we say thank you for your vision, your generosity and your caring.





A Remarkable Year!

Culver Summer Schools & Camps welcomed students/campers from **40 states** and **42 countries**, and CMA and CGA had students from **30 states** and **23 countries**.

Summer students

spent 11,000 hours on the water, 750 hours on horseback, and more than 500 hours in flight, learning leadership in action.



113 CMA and CGA students spent their spring break on a service and/or cultural awareness trip to one of 6 countries.



Our Thanks to You!



Donors gave \$6.35 million to the Culver Fund, supporting all the great things that make Culver unique.

\$13.4 million

in scholarship and financial aid supported **635 students** and **campers** in our Summer and Winter programs.



From CMA and CGA Class of 2018, **13 students** accepted **service academy appointments**.



The **CMA** and **CGA Class of 2018** will enroll at 119 different colleges and universities this fall.

The inaugural Day of Giving raised **\$1,310,456** from 2,824 donor gifts.

22 Faculty members hold a Ph.D. or Ed.D.

Of every **\$1 received** to the Culver Fund, **55 cents** funds scholarships and financial aid, **34 cents** supports faculty and staff, and **11 cents** enriches programs.



A Great Day to Be an Eagle!

The CMA basketball team won Culver's first IHSA team state championship in 2018.

CMA's varsity A hockey team won another state title in 2018. This is their 26th time winning the title.

CMA's prep lacrosse and hockey teams were ranked #1 in national polls.

CMA rowing claimed its first national title in Junior 4+.

The CGA swim and dive team set 7 records with one state qualifier.

CGA's lacrosse team had a player recognized as All-American.

Numerous other teams and clubs had students compete at the regional and state levels.



Danbury
Hospital

Western Connecticut
Health Network

70,000

visits to the Anna-Maria and
Stephen Kellen Emergency Department

30,000

visits to the Praxair Cancer Center

\$153,000,000

in community benefits provided—in conjunction with New Milford Hospital

726

patients and families served
by Palliative Care program

4,500+

patients and families served by
Goldstone Caregiver Center

200+

at-risk people received
Community Care Team services

**Amazing things
happened at
Danbury Hospital –
thanks to you!**

*All the best from all
of us at Danbury Hospital*

thank
you



**Danbury
Hospital**

Western Connecticut
Health Network
24 Hospital Avenue
Danbury, CT 06810

<Name>
<Address1>
<Address2>
<City>, <State> <Zip code>



Dayton Children's Hospital
One Children's Plaza
Dayton, Ohio 45404-1815

Nonprofit
Organization
U.S. Postage Paid
Permit Number 323
Dayton, Ohio

Fanta age 16, sickle cell patient



your generosity has made this year possible!

Thank you for your support as we celebrate a year in our new patient tower!

Because of you, we are transforming care for kids like Fanta! For more information on how your generosity is impacting our patients, visit <http://transformcare.childrensdayton.org/blog/>



4,700

admissions to tower



5,365

chemotherapy infusions in the Mills Family Center for Cancer and Blood Disorders



25%

increase in winter admissions to the Wallace Critical Care Center



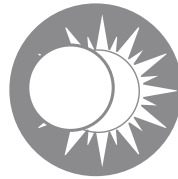
1

holiday tree lighting in the Speedway Take Flight Gallery



74,392

NICVIEW® webcam logins by parents, siblings and grandparents of NICU babies



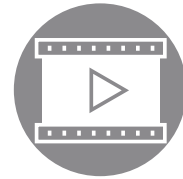
1

solar eclipse party on the Skydeck



19,815

hours of music therapy for hospitalized kids



121,598

movies watched through the GetWellNetwork



3,028

newborn and pediatric transports



64,311

patient calls using the nurse call pillow speaker

