



**+ ACCESS PROGRAM**



**TO HEALTH SERVICES  
AND SOCIAL SERVICES IN  
THE ENGLISH LANGUAGE**

**2012  
2015**

A CONTRIBUTION TO THE PERSONALIZATION OF CARE AND SERVICES



**PROGRAM OF ACCESS TO HEALTH SERVICES AND  
SOCIAL SERVICES IN THE ENGLISH LANGUAGE IN  
THE LAVAL REGION**

**2012-2015**

***“A CONTRIBUTION TO THE PERSONALIZATION OF  
CARE AND SERVICES”***

## Acknowledgements

Many people have made the production of this document possible. The *Agence de la santé et des services sociaux de Laval* would like to acknowledge their collaboration. We thank them for it.

Members of the working committee

Elizabeth McLeod <i>Committee president</i>	Association amicale des jeunes et parents (AGAPE) inc.
Jean Bélair <i>Committee vice president</i>	Centre d'assistance et d'accompagnement aux plaintes — Laval
Sophie Ouellet	Centre de santé et de services sociaux de Laval
Liette Dubord	Centre de réadaptation en déficience intellectuelle Normand-Laramée
Carole Du Sault	Centre jeunesse de Laval
Linda Gloutney	Jewish Rehabilitation Hospital
Hélène Thivierge	Agence de la santé et des services sociaux de Laval
Nicole Beaudry	Agence de la santé et des services sociaux de Laval

## Writing

Hélène Thivierge, planning, programming and research officer, Agence de la santé et des services sociaux de Laval

## Collaboration and layout

Sylvie Morin, administrative officer, Agence de la santé et des services sociaux de Laval

**This document is a production of the Network Affairs Department of the Agence de la santé et des services sociaux de Laval**

**Adopted by the Board of Directors on March 28, 2011**

Publishing and distribution

Available at the Agency's Documentation Centre at 450-978-2000.

Cost: \$5.00

Available free from the "Documentation" section on the Agency's web site:

[www.sssslaval.gouv.qc.ca](http://www.sssslaval.gouv.qc.ca)

To obtain documents in alternative format, contact the Documentation Centre.

This document can be reproduced or downloaded for personal or public use for non-commercial purposes, on condition that the source is mentioned.

©Agence de la santé et des services sociaux de Laval, 2011

Legal deposit – 2011

Bibliothèque et Archives nationales du Québec, 2011

Library and Archives Canada, 2010

ISBN-978-2-923699-78-3 (printed version)

ISBN-978-2-923699-79-0 (PDF version)

## MESSAGE FROM THE PRESIDENT – EXECUTIVE DIRECTOR



The *Program of Access to Health Services and Social Services in the English Language* is integrated into the Laval region's health network. It has been revised to improve the access of Laval's English-speaking population to quality health services and social services.

In Laval, it is important and a priority for us to make information about our health services available in the English language; this allows English-speaking users to better understand our regional services.

Our revision of the Access Program is part of the follow-up to the work undertaken during the development of the 2007-2010 program and its implementation assessment. In addition, our program allows the ministry's orientations to be implemented; these are defined in the Frame of reference<sup>1</sup> of the *ministère de la Santé et des Services sociaux*.

- By integrating the Access Program into a health system based on the local network;
- By revising the Access Program to improve the response to the needs of Laval's English-speaking users;
- By integrating the Access Program into the clinical project defined by the *Centre de santé et de services sociaux de Laval*;
- By allowing coexistence of the right of English-speaking people to receive services in the English language and the right of the network's service providers to work and conduct their activities in French.

This year, the assessment of the 2007-2010 Action Plan enabled us to identify the regional priorities for the next three years. A new action plan will be developed by the working committee made up of representatives of Laval's health institutions.

It is therefore my pleasure to present to you the *2011-2014 Program of Access to Health Services and Social Services in the English Language in the Laval region*.

President and Executive Director,

A handwritten signature in black ink, appearing to read 'C. Desjardins', followed by a period.

Claude Desjardins

---

<sup>1</sup> Frame of reference for the development of programs of access to health services and social services in the English language for the English-speaking population. MSSS, March 2006.



## LIST OF ACRONYMS AND NAMES

AGAPE	Association amicale des jeunes et parents (AGAPE) inc.
Agency	Agence de la santé et des services sociaux de Laval
ASL	American sign language interpretation services
CAAP	Centre d'assistance et d'accompagnement aux plaintes (Complaint assistance and accompaniment centre)
CARL	Centre ambulatoire de la région de Laval
CHSLD	Centre d'hébergement et de soins de longue durée (long-term residential and care centre)
CJ	Centre jeunesse
CJL	Centre jeunesse de Laval
CLSC	Centre local de santé communautaire (local community health centre)
CRDI N-L	Centre de réadaptation en déficience intellectuelle Normand-Laramée
CSSS	Centre de santé et de services sociaux (Health and social services centre)
CSSS de Laval	Centre de santé et de services sociaux de Laval
ID-PDD	Intellectual disability – pervasive developmental disorders
PD	Physical disability
DSP	Direction santé publique
FCY	Family-Child-Youth
JGH	Jewish General Hospital
JRH	Jewish Rehabilitation Hospital
YPA	Youth Protection Act
YCJA	Youth Criminal Justice Act
LSSSS	Act respecting health services and social services
MSSS	Ministry of Health and Social Services
OQLF	Office québécois de la langue française
PALV	Perte d'autonomie liée au vieillissement (age-related loss of autonomy)
FOLS	First official language spoken
SAD	Soutien à domicile (home support)
MH	Mental health
PH	Physical health
PDD	Pervasive developmental disorders



## LIST OF FIGURES AND TABLE

<b>Figure 1</b>	Distribution of the English-speaking population on Laval territory.....	6
<b>Figure 2</b>	Distribution of Laval's Anglophone and Francophone populations by age group – 2005.....	7
<b>Table 1</b>	Proportion of the Anglophone population in the entire population by age, Laval, Québec, 2006.....	8





# TABLE OF CONTENTS

<b>INTRODUCTION</b> .....	<b>1</b>
Frame of reference .....	1
Guiding principles.....	1
Ministerial orientations.....	1
<b>CHAPTER 1: THE CONTEXT OF REVISION OF THE ACCESS PROGRAM</b> .....	<b>3</b>
Legal and organizational context.....	3
Regional approach.....	4
<b>CHAPTER 2: DATA ON THE ENGLISH-SPEAKING POPULATION</b> .....	<b>5</b>
Data .....	6
<b>CHAPTER 3: SERVICES IN THE ENGLISH LANGUAGE</b> .....	<b>9</b>
<b>CHAPTER 4: A POSITIVE ASSESSMENT OF THE 2007-2010 ACTION PLAN</b> .....	<b>19</b>
Projects carried out in the context of funding.....	27
<b>CHAPTER 5: 2011-2014 REGIONAL PRIORITIES</b> .....	<b>31</b>
<b>APPENDIX 1 REVIEW PROCESS</b> .....	<b>35</b>
<b>APPENDIX 2 LIST OF REGIONAL COMMITTEE MEMBERS</b> .....	<b>37</b>
<b>APPENDIX 3 JEWISH REHABILITATION HOSPITAL SERVICES</b> .....	<b>39</b>



## **INTRODUCTION**

On November 4, 2010, the minister of health and social services asked the *Agence de la santé et des services sociaux de Laval* to revise the *Program of access to health services and social services in the English language for English-speaking people in the Laval region* that the Agency had produced in 2007-2010.

With this revision, accessibility to health services in the English language can be improved and will enable everyone that is English-speaking to receive health services and social services in their language (*section 15, R.S.Q., c. S-4.2*) to the extent provided by the Access Program (*section 348, R.S.Q., c. S-4.2*). This program is then adopted by governmental order in council.

This revision exercise involves the participation of all the institutions in Laval's health network. It also requires collaboration with other agencies in order to ensure the accessibility of English-language services in another region.

### **FRAME OF REFERENCE**

The Frame of reference for the development of access programs allows a shared understanding of the ministry's orientations, and guides the involved actors in the development of the Access Program.

### **GUIDING PRINCIPLES**

In respecting and promoting all the partners who are working to develop and implement access programs, our revision complies with the following guiding principles and is based on them:

- 1) The harmonious integration of the access programs into a health system based on the local networks and the new responsibilities devolved to the health and social services centres (CSSSs) and to their partners in the local network.
- 2) The necessary flexibility to revise the access programs in order to improve the response to the needs of English-speaking users and to become integrated into the clinical projects defined by the CSSSs.
- 3) The coexistence of the right of English-speaking people to receive services in the English language and the right of service providers to work and to conduct their activities in French.

### **MINISTERIAL ORIENTATIONS**

There are five favoured ministerial orientations that guide health and social service agencies and their collaborators in the development of the Access Program. These orientations are the following:

#### *Population-based responsibility*

By means of their population-based responsibility, institutions must take into account the linguistic and cultural characteristics of the English-speaking community in the organization, coordination, and provision of their services.

### *Ranking of services*

The ranking of services ensures the implementation of two-way referral services, but also planning mechanisms for the person's return to his living environment. Institutions refer people to the required services and redirect them when the service is not available, by respecting people's rights, ethical standards, and the recognized standards of relevance and access.

### *Facilitated movement of the English-speaking person through the health network*

Concretely, the network has the responsibility of proposing the necessary adaptations in order to provide an appropriate response and to direct the English-speaking user towards an appropriate service, and not just let him make his own way through the system.

### *Successful clinical intervention*

In the health and social services field, the user's language is an essential tool for ensuring a successful clinical intervention. To receive appropriate services, an English-speaking person, just like anyone else, needs to be listened to and to communicate. In order to improve the response to the needs of English-speaking people and to inform them where and how the services will be provided, the clinical service provider must know the content of the Access Program. The access process must be public and accessible to everyone wishing to consult it.

### *Participation of English-speaking people*

A person's participation in the decisions surrounding his health condition is necessary for successful clinical interventions. In addition, from a collective standpoint, as a distinct community, the English-speaking community must be consulted on a continuous basis in order to make its needs known regarding the provision of services. Institutions must invite the English-speaking population to express its needs, and then, to take these needs into account in planning their services.

Finally, this document presents some data on the English-speaking population to be served on Laval's territory and the services available in the English language revised by the institutions in the region. Subsequently, it presents the 2007-2010 Action Plan assessment as well as the 2011-2014 regional priorities. These priorities will serve as a basis in the development of the new action plan.

## CHAPTER 1: THE CONTEXT OF REVISION OF THE ACCESS PROGRAM

### LEGAL AND ORGANIZATIONAL CONTEXT

Several factors influence and guide the accessibility to health services and social services. The Charter of the French Language and the Act respecting health services and social services (AHSSS) orient health services and social services in the English language.

For the purposes of this document, the definition of an “English-speaking person” is:

*“An English-speaking person is one who, in his relations with an institution dispensing health services or social services, feels more comfortable in expressing his needs in the English language and receiving the services in that language.”*

Since 1974, under the Charter of the French Language, French is Québec's official language. The Charter allows the *Office québécois de la langue française* (OQLF, Québec's French language agency) to recognize, at its request, a health services and social services institution when it provides its services to a majority of people with a language other than French. In addition, it recognizes the right of workers to conduct their activities in French.

Since December 2003, the local network has been ensuring that the services are brought closer to the population and that the movement of any person through the network is facilitated. Regional and local authorities have a responsibility regarding the health of individuals on their territory, particularly the accessibility to services and the effectiveness of the interventions. The ultimate objective of health system reform was to optimize the impact of services on the population's health.

Revision of the *Program of access to health services and social services for English-speaking people* falls within this mode of service organization. The *Centre de santé et de services sociaux* is working on implementing a better integration of services near living environments and is promoting accessibility to a wide range of front-line services (*general and specific*). It is establishing referral and follow-up mechanisms to ensure access to specialized and highly specialized services. Therefore, since the local network was established, revision of the Access Program is related to management by services program<sup>2</sup> in order to:

- Meet needs that affect the entire population
  - Public health
  - General services – clinical and assistance activities
  
- Respond to specific problems

---

<sup>2</sup> *L'architecture des services de santé et des services sociaux : Les programmes-services et les programmes-soutien*. MSSS, 2004, p. 10.

- Age-related loss of autonomy (PALV)
- Physical disability (PD)
- Intellectual disability and pervasive developmental disorders (ID-PDD)
- Troubled youth
- Dependencies
- Mental health (MH)
- Physical health (PH)

**REGIONAL APPROACH** (*see Appendix 1*)

The Agency developed a work plan for the revision of the Access Program. This approach was presented to the Regional Committee (*see list of members, Appendix 2*).

The creation of the Committee is provided for in section 510 of the *Act respecting health services and social services (R.S.Q., section S-4.2)*:

*“...the formation of a regional committee entrusted with advising the agency concerning the access program developed by the agency in accordance with section 348 and evaluating the access program and suggesting modifications to it where expedient [...].”*

The Regional Committee is representative of the English-speaking community. Its composition and its by-law will be reviewed in the near future. Currently, the committee is made up of:

- Four people from community or volunteer organizations;
- Three people working in the education, municipal, and economic fields or in labour;
- One person, from the health and social services institutions, to ensure representativity of each of the following missions:
  - Centre de santé et de services sociaux de Laval (1)
  - Centre de réadaptation en déficience intellectuelle Normand-Laramée (1)
  - Centre jeunesse de Laval (1)
  - Private CHSLDs under agreement (1)
  - Jewish Rehabilitation Hospital (1)
- The Agency’s president-executive director or the person that he designates.

The Regional Committee participated in the Access Program’s development process. An official in charge of the file was also identified in the institutions. A working sub-committee of the Regional Committee, consisting of the committee’s president and vice president, worked with the Agency’s management to ensure the process and work necessary for the revision.

These steps led to the development of a preliminary access program that was submitted for validation to the partners involved. Following this validation, the document was improved. It was presented to the Regional Committee to obtain its opinion, and to the Boards of Directors of the institutions and the Agency for adoption.

## **CHAPTER 2: DATA ON THE ENGLISH-SPEAKING POPULATION**

The usual sources of enumeration of the English-speaking population do not take into account the definition of English-speaking people retained for the access programs, namely, *people who feel more comfortable in expressing their needs in the English language and receiving the services in that language*. Aware of this situation, the Agency is nevertheless developing a profile of the English-speaking community from the data of the most recent census that took place in 2006<sup>3</sup> and emphasizing how it is being used.

This profile allows the Agency to estimate the number of English-speaking people likely to be in need of health services and social services in the region. An analysis of the different variables is necessary. The choice of one variable allows us to identify the maximum potential pool. The “first official language spoken” (FOLS) variable takes into account knowledge of the official languages, the mother tongue, and the language spoken at home. The “mother tongue” variable is defined as being the first language learned at home in childhood and still understood by the person surveyed at the time of the census.

In choosing the variable used, the Agency takes into account the fact that it targets the greatest possible number of English-speaking people affected by the services and likely to use its institutions' services. Enumerating the population data by gender can be useful in developing service programs. The most recent census by Statistics Canada is our main source. When there is another source, it is cited in the document.

Our information systems are weak regarding the language component and this makes it difficult to properly identify the consumer habits of our English-speaking population. This lack of information limits the Agency's capacity to provide a profile of the needs of the English-speaking population as recommended in the recommendations of the Provincial Committee<sup>4</sup> for the provision of health services and social services in the English language.

---

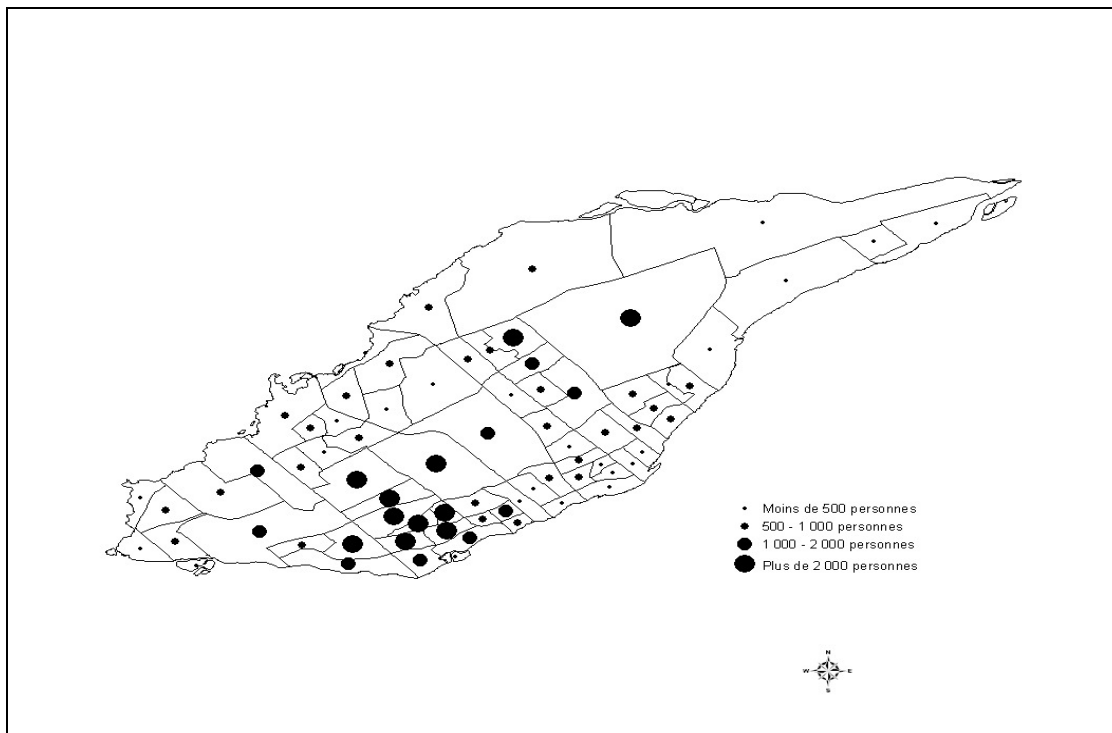
<sup>3</sup> Demographic, social and economic characteristics of the English-speaking community in Laval, 2010, DSP.

<sup>4</sup> Recommendations of the Provincial Committee for the development of the access program, March 2005.



**Figure 1: Distribution of the English-speaking population on Laval territory<sup>5</sup>**

Based on the census zones of Statistics Canada (2006)



## DATA

Since health services and social services are used more intensely at certain stages of life, and in order to give an overview of the weight of this English-speaking population, it is interesting to know these data by age groups.

In 2006, according to the FOLS variable<sup>6</sup>, the English-speaking community in Laval represented 18.8% of all Laval residents, or 68,460 people. Laval's English-speaking population has increased greatly in ten years. In 1996, there were 50,715 people, which represents an increase of 35%.

The largest increase occurred during the 2001-2006 period, with the English-speaking population going from 53,385 to 68,460 people, or an increase of 28.2%.

There are 73 census sectors in Laval, and for each of these sectors, the number of people belonging to the English-speaking community was established.

The largest concentration of English-speaking people is seen to be located mainly in Chomedey district, but also in Duvernay district. Also noted is a strong presence of English-speaking people in Ste-Dorothée district, more in the eastern portion of this old municipality.

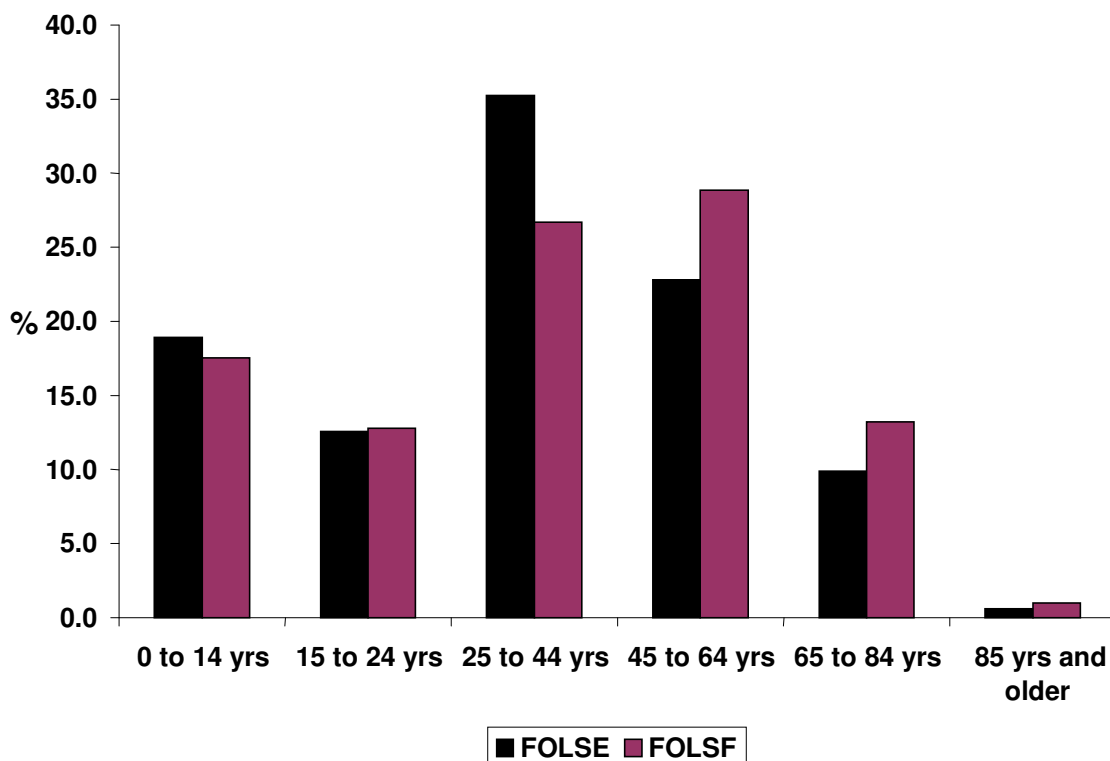
<sup>5</sup> Demographic, social and economic characteristics of the English-speaking community in Laval, 2010.

<sup>6</sup> Definition First Official Language Spoken: according to Statistics Canada – <http://www.statcan.gc.ca/concepts/definitions/language-langue05-eng.htm>.

The total number of English-speaking people per sector varies from 140 to 3,590, with an average of 937 people.

In general, Laval's English-speaking population is younger than the region's Francophone population. Figure 2 shows the distribution of Laval's English-speaking population and Francophone population by age group. The English-speaking population is seen to be made up of more people 0 to 44 years of age and fewer people 45 years of age and older.

**Figure 2: Distribution of Laval's Anglophone and Francophone populations by age group, 2006**



Source: Community health and social services network. *Demographic and Social Characteristics of the English-speaking Population of the Laval Health Region (HR-13)*. Demographic Profiles Series, version February 2009. On line: [www.chssn.org](http://www.chssn.org).

Table 1 presents the proportion of the entire population that is English-speaking according to different age groups. Therefore, in Laval, the English-speaking community corresponds to 18.8% of the total population. This proportion reaches almost one fourth (23.7%) for individuals 24 to 44 years of age, and decreases significantly for older groups, reaching a low for people 85 years of age and older (11.2%).

In Québec, English-speaking people represent 13.4% of the total population. Contrary to Laval, the highest proportion is in the group of people 85 years of age and older.

**Table 1: Proportion of the Anglophone population in the entire population by age, Laval, Québec, 2006**

<b>Age groups</b>	<b>Laval</b>		<b>Québec</b>	
	number	%	number	%
0 to 14 yrs	12,955	19.8	159,660	12.8
15 to 24 yrs	8,590	18.7	134,400	14.2
25 to 44 yrs	24,140	23.7	313,505	15.1
45 to 64 yrs	15,605	15.5	254,675	11.7
65 to 84 yrs	6,775	14.4	119,170	13.0
85 yrs and +	395	11.2	13,310	16.2
<b>Total</b>	<b>68,460</b>	<b>18.8</b>	<b>994,720</b>	<b>13.4</b>

Source: Community health and social services network. *Demographic and Social Characteristics of the English-speaking Population of the Laval Health Region (HR-13)*. Demographic Profiles Series, version February 2009. On line: [www.chssn.org](http://www.chssn.org)

## CHAPTER 3: SERVICES IN THE ENGLISH LANGUAGE

The region's institutions were consulted so that they would identify the services offered to English-speaking people. These institutions are committing themselves formally to implementing all the conditions necessary to make the following services accessible to any English-speaking person by the end of 2014. However, a service provider who can offer services in English may not be available when the request for services is made.

Here is the list of indicated institutions and services in the Access Program:

### DESIGNATED INSTITUTION IN THE ACCESS PROGRAM

<b>JEWISH REHABILITATION HOSPITAL</b>	
<b>2007-2010 (DESIGNATED INSTITUTION)</b>	<b>2011-2014 (DESIGNATED INSTITUTION)</b>
All services  Exception for children with visual and hearing impairment. Some must go to Montréal.	All services*  Exception for children with visual and hearing impairment. Certain evaluations or interventions are done in Montréal when specialized equipment must be used.  * See Appendix 3

### INDICATED INSTITUTIONS AND SERVICES IN THE ACCESS PROGRAM

<b>CRDI NORMAND-LARAMÉE</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Access mechanisms	Access mechanisms: intake, evaluation, orientation
Client services in Chomedey North and South districts	Client services in all territories of CRDI Normand-Laramée * Depending on personnel on site
Services for the child and family, including autism and PDD * Depending on personnel on site	Support services for the child and family, including autism and PDD * Depending on personnel on site
	Fourteen positions for specialized educators with skills in both languages specifically meet the needs of English-speaking users.

<b>CENTRE JEUNESSE DE LAVAL</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Intake and handling of reported cases	Intake and handling of reported cases
Youth emergency	Youth emergency
Adoption services	Adoption services
Pre-sentencing services "Youth Criminal Justice Act" (YCJA)	Pre-sentencing services (YCJA)
Evaluation/orientation "Youth Protection Act" (YPA)	Evaluation/orientation (YPA)
Psychosocial services ( <i>lodging and rehabilitation assumed by CJ Batshaw by agreement</i> )	Psychosocial services ( <i>lodging and rehabilitation assumed by CJ Batshaw by agreement with CJL</i> )
Family mediation including expertise in Superior Court for child custody	Family mediation including expertise in Superior Court for child custody

<b>CSSS DE LAVAL - CLSC MISSION</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Info-santé: general population	Info-santé: general population
Info social: telephone response	NOT APPLICABLE ( <i>NO INFO SOCIAL SERVICE IN LAVAL</i> )
Intake/evaluation/orientation	Intake/evaluation/orientation
Nursing and psychosocial services	<p><b>For general services:</b></p> <p>For nursing and psychosocial services, English is functional in Ruisseau-Papineau district. For the other districts and the call-back list, 25% of personnel have functional English.</p>

<b>CSSS DE LAVAL - CLSC MISSION</b>	
<b>2007-2010</b>	<b>2011-2014</b>
	<p><b>For the Family-Child-Youth programs:</b></p> <p><u>Perinatalité</u></p> <ul style="list-style-type: none"> <li>• For <i>post-partum</i> perinatal nursing services, the services are accessible</li> <li>• At SIPPE, a percentage of 20% of nurses is required and maintained to meet needs</li> <li>• In schools, the services are accessible</li> </ul> <p><u>Centre ambulatoire</u></p> <p>Newborn Clinic: Depending on nursing personnel on site</p> <p>Premature infant clinic: Depending on nursing personnel on site</p> <p>The assessment services in speech therapy and development are in English; there is at least one professional who is able to work in English, which represents 25% of the staff with functional English. Demand is increasing (<i>services to be reevaluated</i>).</p> <p><u>Psychosocial</u></p> <ul style="list-style-type: none"> <li>• In the following teams, 25% of the staff can meet the clients' needs, which corresponds appropriately to the demand flow. <ul style="list-style-type: none"> <li>○ Regional school services</li> <li>○ Services for troubled youth 0–4 years and 5–17 years</li> <li>○ ID-PDD-PD services</li> <li>○ Youth mental health services (<i>including suicide and emergency measures</i>)</li> </ul> </li> <li>• Psychosocial services offering 100% response in English</li> <li>• Psychosocial services in English-speaking communities (<i>including healthy</i></li> </ul>

<b>CSSS DE LAVAL - CLSC MISSION</b>	
<b>2007-2010</b>	<b>2011-2014</b>
	<p><i>school, dependency, parents' group)</i></p> <ul style="list-style-type: none"> <li>• Accès-cible crisis service, 24/7, for psychosocial crises on referral</li> <li>• Perinatal loss clinic</li> <li>• FCY point of entry:               <ul style="list-style-type: none"> <li>○ 0-4 years (perinatality and ID-PDD-PD)</li> <li>○ 5-17 years (troubled youth, mental health, school)</li> </ul> </li> </ul>
<p>Home support/elderly (<i>except occupational therapy and physiotherapy</i>)</p>	<p><b>Home support</b></p> <p><u>General services</u></p> <p>Support is organized over a wide territory (<i>North-South or East-West division</i>). Each team must cover a territory of English-speaking people. Personnel are selected to comply with a minimum 25% of personnel per team with functional English.</p> <p>We cannot include occupational therapists and physiotherapists (<i>shortage for hiring these professionals</i>).</p> <p><u>For people with age-related loss of autonomy (PALV)</u></p> <p>All home support services in age-related loss of autonomy can be offered in French and in English depending on the personnel on site. For the PALV point of entry and the home support services (SAD) team – Chomedey, the service providers speak English. For the other sectors, the service is offered as needed. The occupational therapists and physiotherapists speak English.</p>
<p>Mental health program</p>	<p>25% of the staff can respond to the clients' need for psychosocial services in youth mental health (<i>including suicide and emergency measures</i>)</p>

<b>CSSS DE LAVAL - CLSC MISSION</b>	
<b>2007-2010</b>	<b>2011-2014</b>
	The services are maintained for adults
Day centre	Day centre for the elderly The services are mainly concentrated at the Ste-Dorothée day centre
Intake-Reception ( <i>secretary</i> )	Functional English requirement  For general services:  Functional English is required for Ruisseau-Papineau district. For the other territories as well as for the call-back list, selection is based on an attempt to maintain 25% of staff with functional English.  Western island point of service: intake, reception, chronic disease management, support for medical clinics and front-line services to be developed there ( <i>including adult mental health</i> ) will be available in English. Employees must have general English language skills.

<b>CSSS DE LAVAL - CHSGS MISSION</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Intake	Intake for professional and hospital services
Emergency	Emergency for professional and hospital services
Intensive care	Intensive care for physical health
Call answering	Call answering for professional and hospital services
Archives	Archives for professional and hospital services
Testing services	Testing services for professional and hospital services



<b>CSSS DE LAVAL - CHSLD MISSION</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Admitting services	Admitting services
Food and dietary service	Food and dietary service
Nursing care	Nursing care
Nursing services in the pavilion ( <i>service provided by the CHSLDs in Laval</i> )	Nursing services in intermediate resources ( <i>service provided by the CSSS de Laval</i> )

<b>MANOIR ST-PATRICE (PRIVATE CHSLD UNDER AGREEMENT)</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Admitting services	Admitting services
Nursing services	Nursing services
Food and dietary service	Food and dietary service
Occupational therapy	Rehabilitation services
	Guided activities

<b>SANTÉ COURVILLE (PRIVATE CHSLD UNDER AGREEMENT)</b>	
<b>2007-2010</b>	<b>2011-2014</b>
Admitting services	Admitting services
Physiotherapist ( <i>with translation</i> )	Physiotherapist ( <i>with translation</i> )
Occupational therapist ( <i>with translation</i> )	
Leisure activities	Leisure activities

<b>CHSLD ST-JUDE (PRIVATE CHSLD UNDER AGREEMENT)</b>	
<b>2007-2010</b>	<b>2011-2014</b>
	Intake and admitting services

<b>CHSLD CHAMPLAIN ST-FRANÇOIS (PRIVATE CHSLD UNDER AGREEMENT)</b>	
<b>2007-2010</b>	<b>2011-2014</b>
	Intake service
The other services are accessible on a “ <i>bona fide</i> ” basis	

<b>CHSLD VIGIL’ORCHIDÉE BLANCHE (PRIVATE CHSLD UNDER AGREEMENT)</b>	
<b>2007-2010</b>	<b>2011-2014</b>
	Intake service*
	Nursing care*
	Rehabilitation service*
	Medical care*
* These services are offered on a “ <i>bona fide</i> ” basis. The current clientele is not English-speaking. The institution has not evaluated the employees’ capacity to communicate in English. Some employees can express themselves in English and could provide assistance to others. The doctors and some rehabilitation professionals can also communicate in English.	

<b>RÉSIDENCE RIVIERA (PRIVATE CHSLD UNDER AGREEMENT)</b>	
<b>2007-2010</b>	<b>2011-2014*</b>
	Intake service for residents and their families
* Comments: These services may be accessible by 2014. Support for English language training and document translation such as the resident’s guide, forms, etc., will be necessary.	

### **Institutions outside the region that provide services for Laval residents**

A certain proportion of the English-speaking population historically uses services in Montréal. Here is a list of the services offered to Laval’s English-speaking population by some institutions located outside the region.

### General and specialized care hospital centres

<i>Institutions</i>	<i>Services</i>
St. Mary's Hospital Centre	♣ Short-term hospital services
Sir Mortimer B. Davis Jewish General Hospital	♣ Short-term hospital services

### Psychiatric care hospital centres

<i>Institutions</i>	<i>Services</i>
Douglas Hospital	♣ Mental health services
Pinel Institute	♣ Psychiatry-justice
Sir Mortimer B. Davis Jewish General Hospital	♣ Mental health services

### Youth centres

<i>Institution</i>	<i>Services</i>
Batshaw Youth and Family Centres	Inpatient services for troubled youth

### Rehabilitation centre for people presenting an intellectual disability

<i>Institutions</i>	<i>Services</i>
Miriam Home and Services	Out-patient services
West Montreal Readaptation Centre	In-patient services

### Rehabilitation centre for people with a hearing and visual impairment

<i>Institution</i>	<i>Services</i>

MAB Mackay Centre

| Regular services

**Rehabilitation centre for alcoholics and other drug addicted people**

*Institution*

*Services*

---

Pavillon Foster

Regular services

**Centre de la communauté sourde du Montréal métropolitain (CCSMM)**

*Institution*

*Services*

---

CCSMM

American sign language (ASL) interpretation services (*Agreement*)



## CHAPTER 4: A POSITIVE ASSESSMENT OF THE 2007-2010 ACTION PLAN

This action plan allowed:

- Linkage between the different partners;
- Improved access and use of information on the services accessible in the English language;
- Continuous improvement of the quality of services;
- Identification of the 2011-2014 regional priorities for improving access of English-speaking people

<b>ACCESSIBILITY</b>	
<b>Information for the population</b>	
<p>Offering information in English about all of the services offered by institutions and community organizations in the region.</p>	<p>The Health Guide describing the resources and services offered in Laval has been produced and translated into English. It will be distributed by mail during 2011.</p> <p>Much of the Agency's web site is now available in English. The Agency continues to develop it and make it more user-friendly. The CSSS de Laval's web site is being translated.</p> <p>Public and private institutions under agreement receive the MSSS publications, which are translated into English when they are available.</p> <p>The Agency will produce a document describing the services offered in the Laval region and outside the region for the English-speaking population. It will be placed on the web site and distributed to institutions and community organizations. It will identify the institutions in Laval and outside the region that are designated and indicated for offering services in the English language.</p>
	<p>All the institutions in the Laval health network have taken action to ensure that they establish contact with the English-speaking people in the region: translation in whole or in part of their web site; documentation in English is available in their displays or on request.</p>

	<p>The Laval complaint support and accompaniment centre (CAAP) has ensured the dissemination in English of information on the recourse mechanisms for making a complaint with the institutions' collaboration. An internet link for the CAAP-Laval site has been included on the web sites of the Agency, the CRDI Normand-Laramée and the JRH. The Agency has also placed the complaint examination procedure on its web site in French and in English. All CAAP-Laval employees have a functional knowledge of English and are able to communicate verbally with English-speaking users. All advisors have received training through the McGill training program.</p> <p>The CAAP-Laval web site is 100% in French and in English and disseminates complete information on the services and the complaint examination procedure (<i>Process and recourse</i>). All the brochures produced by CAAP-Laval are translated into English. Some points are to be improved: formulation of the complaint in English and knowledge maintenance activities.</p> <p>The Agency has asked the institutions to insert a link on their web sites for the Laval Agency's Access Program. This makes the information easily accessible. Institutions that have not yet inserted this link were made aware of this during the assessment, and they all should have it completed in 2011. Also, this action will have to be updated with the arrival of the new Access Program.</p>
<p><b>Accessibility to services</b></p>	
<p>Updating clientele computer tools to include information on the language of use of the people served.</p>	<p>This action is linked to the activities of the Ministry of Health and Social Services (MSSS) and it will not be carried out.</p> <p>The institutions' and the Agency's computer systems and tools from the MSSS do not identify English-speaking clients at all or identify them only partially. The <i>Régie de l'assurance maladie du Québec</i> (Québec's medical insurance plan) is capable of contacting English-speaking clients by sending them correspondence in English. The I-CLSC system provides information on the user's language. The possibility of extracting this information would have identified the use of home support services by English-speaking people.</p>

	<p>The <i>Secrétariat à l'accès aux services de santé et services sociaux en langue anglaise et aux communautés culturelles</i> of the MSSS has been made aware by all of the liaison people from the agencies about the current difficulty of identifying the English-speaking clients who use our services.</p> <p>The MSSS has been made aware particularly of the need of service providers and managers to obtain computer tools that allow this information to be extracted in order to better serve the English-speaking clientele. The Agency is still waiting for the MSSS to update the client information systems used, which would include information on the language of use<sup>7</sup>.</p>
<p>Informing institutions and service providers about the legal responsibility of offering services in English when requested by the clientele.</p>	<p>All the service providers registered for English language training at Collège Champlain have been met with and made aware of this.</p> <p>The Agency will also pursue information sessions for the English language file liaison persons in the institutions.</p>
<p>Ensuring, based on each institution's technological capacity, accessibility to pre-recorded telephone messages in the English language in the institutions.</p>	<p>The Agency has proceeded to evaluate the technological capacity of our institutions in order to improve accessibility in the English language. Pre-recorded telephone messages in the institutions are now accessible in English, and comply with the <i>Office québécois de la langue française</i>. Thus, all the indicated institutions in the region and the designated institution are compliant, with the support of the OQLF checklist.</p>

<sup>7</sup> Language spoken at home by the user/language wanted by the user for the provision of services.



<p>Strengthening Info-Santé's capacity to provide services to English-speaking people in their language</p>	<p>All the nurses in the Info-Santé regional service in Laval have "English" language skill, which is one of the requirements for working in this position. They express themselves in both official languages.</p> <p>Also, if all Info-Santé lines are busy when an English-speaking caller attempts to reach us, when the caller chooses to receive the service in English by pressing "9", his call will be forwarded (<i>by means of centralization</i>) to a nurse in another regional service who has "English" language skills.</p> <p>Funding has allowed translation of the Info-Santé response protocols into English by the nursing staff, as well as the training of English speaking nurses.</p>
<p>Naming, in each of the institutions, a liaison person in charge of the English-language services access file.</p>	<p>All the institutions have designated one liaison person.</p>
<p>Ensuring continuous knowledge of the needs of the English-speaking population regarding accessibility to services</p>	<p>The <i>Direction de santé publique</i> (DSP, public health department) has produced a profile of the health and well-being of Laval's English-speaking population. The DSP has presented this profile to the Regional Committee. All the officials in charge of the English language file in the institutions have received it. The profile was distributed to all the people in charge of the Agency's services programs (<i>mental health, intellectual disability, physical disability, the elderly, community organizations, troubled youth</i>) to ensure that they take into account the profile of the English-speaking population in their service programs. The service quality manager and the divisions of the Agency have also been informed about it. In addition, this profile is on the Agency's web site.</p>
<p><b>Documentation for the population</b></p>	
<p>Offering in English all documents intended for the clientele by the institutions: code of ethics, care protocols, etc.</p>	<p>All the institutions have translated into English their code of ethics and their complaint examination procedure. Several other documents have been translated in the institutions; this remains very variable, based on the institution's mission.</p> <p>The institutions have ongoing translation needs. They try to have this done as soon as possible. Translation budgets are very limited.</p>

	<p>The MSSS has been made aware of the importance of having a recurring and sufficient budget for document translation in order to improve accessibility to services.</p>
<p><b>Training</b></p>	
<p>Coordinating and offering a regional English language training program for service providers in the network.</p>	<p>Collège Champlain has developed the tools that are used for evaluating students for the McGill training program. These tools are necessary for evaluating language skills.</p> <p>The Agency has identified within the institutions and community organizations the personnel that provide services to English-speaking clientele. This personnel has been evaluated according to the language skill levels appropriate for the positions that they occupy and according to the services indicated in the Access Program. This training is a great success.</p> <p>Training adapted to the needs of the service providers in the network, with emphasis on English conversation, was offered in 2007-2008. These courses are aimed at intake personnel, who need to use a general conversation vocabulary, as well as personnel in the health sector and social services sector, who need to develop a vocabulary more specific to their work.</p> <p>In 2007-2008, more than 88 service providers were trained.</p> <p>For 2008-2009, 70 service providers were trained.</p> <p>For 2009-2010, 93 service providers completed their course.</p> <p>An immersion-type learning retention activity in an English-speaking environment was developed by Collège Champlain and was offered in 2008-2009 to the people who had successfully completed their level 4 or 5. This activity was a great success and has been brought back this year (2010-2011).</p> <p>The institutions are involved in the training by freeing up personnel for the English courses by assuming half of the costs incurred.</p>

<b>Participation of the population</b>	
<p>Ensuring representation and participation of the English-speaking population in the different administrative and operational structures of the Agency and institutions in the region.</p>	<p>The Boards of Directors of the Agency and JRH have one member who is a representative of Laval's English-speaking community.</p>
	<p>English-speaking people are invited to take part in the network's various activities and proceedings. The Population Forum has been renewed by the Agency's Board of Directors and one seat is planned for a representative of Laval's English-speaking community.</p>
	<p>The Agency invites, for consultations with the population, all of the partners, including members of the Regional Committee and the community organizations serving Laval's English-speaking clientele. The Agency's administration will ensure that the needs of English-speaking people are known.</p>
<b>Information about the services for service providers</b>	
<p>Taking the necessary steps to ensure that professionals have at their disposal the necessary information regarding accessibility to services for English-speaking people in the Laval region (<i>ex. indicated CHSLDs in the Program of Access to services in the English language</i>) and in Montréal.</p>	<p>The Agency will produce, using the access programs in the other regions, for institutions and community organizations, a document specifying the list of institutions in Laval and outside the region that are designated or indicated for offering English language services. This document is to be produced and the information disseminated.</p> <p>The Agency will make this list of designated or indicated institutions available to the service providers so that they can inform the English-speaking clientele.</p> <p>The MSSS must propose the agreement procedures to the agencies. Some service corridors remain and continue to be used.</p>

<b>CONTINUITY (Service programs)</b>	
Offering to Laval's English-speaking population a complete and continuous range of services	<p>The Agency sent the CSSS de Laval the checklist for the development of the clinical project produced by the MSSS. On January 4, 2011, the CSSS de Laval presented its clinical project.</p> <p>Adaptation of services to the English-speaking clientele, so that this clientele can be better served, is the 5<sup>th</sup> cross-sectional target of the CSSS de Laval's clinical project. In addition, a new installation is planned for western Laval island in the CSSS de Laval: since this sector contains a large proportion of the English-speaking population, the Regional Committee has called on the institution's administration to ensure that the English-speaking clientele is served.</p> <p>When the clinical project is presented, certain priorities take into account the language characteristics, and some concerns mainly relate to the English-speaking clientele.</p>
<b>Physical health</b>	As presented in the review of the services accessible in the English language in chapter 3.
<b>Dependencies</b>	<p>Priority 4 of the clinical project, dependencies, is formulated as follows:</p> <p>"In partnership with the other regions, developing short-term accommodation for English-speaking clientele, as presented in the review of the services accessible in the English language in chapter 3."</p>
<b>Troubled youth</b>	As presented in the review of the services accessible in the English language in chapter 3, for the CSSS de Laval as well as for the Youth Centre.
<b>Physical disability</b>	As presented in the review of the services accessible in the English language in chapter 3, for the CSSS de Laval as well as for the JRH.
<b>Intellectual disability and pervasive developmental disorders</b>	As presented in the review of the services accessible in the English language in chapter 3, for the CRDI Normand-Laramée as well as for the CSSS de Laval.
<b>Elderly people with age-related loss of autonomy</b>	As presented in the review of the services accessible in the English language in chapter 3.

<b>Mental health</b>	<p>For pediatric clientele, the services provided must be ensured and confirmed by written agreement. For adult clientele, work is in progress to improve the services provided in Laval.</p> <p>As presented in the review of the services accessible in the English language in chapter 3.</p>
<b>General services</b>	<p>As presented in the review of the services accessible in the English language in chapter 3.</p>
<b>Conjugal violence and sexual assault</b>	<p>This continuum of services has formulated certain priorities as follows:</p> <ul style="list-style-type: none"> <li>• To implement activities whose objective is to prevent violence in love relationships in Francophone and Anglophone schools at the primary and secondary levels.</li> <li>• To increase awareness and prevention with vulnerable individuals (<i>physical disability, the elderly, ID-PDD, Anglophones, cultural communities, new arrivals, etc.</i>).</li> </ul>
<b>Community organizations</b>	<p>In the framework of the Canada-Québec Agreement, 2007-2008, two projects presented by the Agency have been accepted.</p> <p>Project 1: Clear Head, Clean Soul by the AGAPE group</p> <p>Project 2: Dissemination of information on the services available in the English language in the region by the Access Program and the Agency's web site.</p>

<b>QUALITY</b>	
<p>Ensuring optimum quality of services for Laval's English-speaking population.</p>	<p>The accreditation process is carried out by the institutions every three years. During this process, the institutions ensure that the questionnaire to be completed by the user is in English when the user is English-speaking.</p>

## PROJECTS CARRIED OUT IN THE CONTEXT OF FUNDING

Projects have also ensured that the English-speaking people on Laval's territory are taken into consideration in the context of the adaptation of health services and social services for English-speaking people and in the framework of the Canada-Québec Agreement. Here is a description of these projects.

### “Clear Head, Clear Soul” Project - AGAPE

Objectives of the project

- To facilitate access to the services appropriate for Anglophone addicts in Laval.
- Liaison with drug rehabilitation centres, accompaniment of addicts to Laval and Montréal resources.
- To inform the English-speaking population in the Laval region about the services offered by Agape inc.

Main activities

- To offer listening, accompaniment and meeting services to English-speaking addicts in Laval.
- The services are offered on site in the organization.
- Links have been established with the various centres in Laval and Montréal (*examples: Pavillon Albert Prévost, Pavillon Foster, and the Jewish General Hospital*) and the addicts are accompanied on request to the services.

### Other project: Service adaptation project

General objective:

To facilitate access in the English language on Laval territory for English-speaking people who use health services in the English language in certain Montréal institutions.

Three specific components of the project based on the needs expressed by the partners:

- To develop liaison mechanisms between the CSSS de Laval and the Montréal Jewish General Hospital (JGH) in adult and youth mental health in order to support the care that can be given close to home in harmony with the specialized in-patient care provided at the JGH;
- To accompany the *Commission scolaire de Laval* in developing the necessary expertise to provide training and vocational integration programs to young adults presenting an intellectual disability (ID) or pervasive developmental disorders (PDD) and who must currently travel to Montréal to receive such a service;
- To ensure better coordination of the service trajectory of English-speaking young people receiving services in the youth centre (*Centre jeunesse de Laval*) who are directed to Montréal (*Batshaw family*) when there is a need for residential placement. To ensure continuous access to integration and social integration services on Laval territory for users placed residentially with the Batshaw family and also for at-risk youth for protection or placement as well as their families.

### **For mental health clients**

English-speaking Laval residents requiring second-line mental health services consult at the Montréal Jewish General Hospital. While front-line services in CSSSs and in community organizations are accessible to the population, they are not used extensively by English-speaking Laval residents.

This project aims to improve liaison between the different service providers for people presenting mental health problems not requiring or no longer requiring second-line services so that they can receive their services in their community.

In the framework of this project, the community organization AGAPE, which supports English-speaking Laval residents with mental health problems, is designated to support a professional who is responsible for formalizing the liaison mechanisms between the different service providers in Laval; to accompany, as needed, English-speaking people in their request for service; and to explain to English-speaking people the complex situations between the providers in order to further improve the services offered.

### **For clients with an intellectual disability or a pervasive developmental disorder**

The project consists of setting up an organization of services falling within the continuity of the actions undertaken by schools for English-speaking clientele that requires minimum support.

With their education period ended, English-speaking adults that require more intensive follow-up due to behavioural or other difficulties do not have any resource that can ensure continuity in their wish to remain active in their community. With this project's completion, integration services can be made available in Laval to ID-PDD adults who require specialized support. An integration environment must be created to receive these individuals so that they can benefit from nearby follow-up from CRDI Normand-Laramée's service providers. Facilities in operational mode, and in rehabilitation and learning material make it necessary to develop expertise that exceeds the challenges usually recognized by the integration of these individuals.

### **For youth clientele with integration difficulty**

The project aims to ensure that the services offered, throughout this continuum, are adapted to the specific characteristics of English-speaking clientele who, in addition to having specific language and cultural characteristics, must, in response to the need for accommodation in a rehabilitation environment, travel outside the region.

Three adaptation strategies for services related to this continuum have been targeted:

- The linguistic and cultural adaptation of certain programs offered to French-speaking clients;
- The improvement of links with our favoured partner, namely the Batshaw Youth and Family Centres;
- The development of a specific community and inter-sector network.

General objectives:

- To serve English-speaking young people and their families using youth protection services, young people at risk requiring protection and placement, as well as young people residing in a rehabilitation environment;
- To develop partnerships that will allow young people to have access to integration and social reintegration activities in the English language;
- When a young person requires placement in the Batshaw Youth and Family Centres' rehabilitation facilities, to develop better coordination with these centres and to ensure that the young person, throughout this placement, has continuous access to the integration and social integration services on Laval territory.

English-speaking clientele is directed either towards the west of Montréal or to Prévost to receive the services of the Batshaw Youth and Family Centres by agreement with the Laval Youth Centre (Centre jeunesse). The project allows improved harmonization between institutions as well as a significant increase in the Anglophone clientele; multiplies the links and the diversity of the clinical situations; and highlights the needs to improve this partnership for better accessibility and continuity.

A social integration program for Anglophone clientele that combines:

- A family preservation component: support to avoid placement and/or breakup;
- A reintegration component when there is a placement period: acquisition of skills for a return to and maintenance in the community;
- An autonomy development component: social integration during a return to the community in the absence of a family network.

The main partners are:

- The Batshaw Youth and Family Centres
- The Centre de santé et de services sociaux de Laval
- The Laval Anglophone School Board
- The Carrefour Jeunesse Emploi de Laval
- The community organization AGAPE inc.
- The Centre communautaire Val-Martin.





## **CHAPTER 5: 2011-2014 REGIONAL PRIORITIES**

Following the assessment of the 2007-2011 Action Plan, regional priorities emerged for the improvement of accessibility to health services and social services in the English language for English-speaking people in Laval for the next three years. These priorities will allow, with the support of the institutions, a new 2011-2014 Action Plan to be developed.

### **Information and communication activities**

These activities remain priorities in the accessibility to English services. First, the Agency will offer information dissemination to ensure a good knowledge about the Access Program over the entire Laval territory. Several means will be identified.

### **Language training**

Given the positive impact of language training on the network's service providers and on the accessibility to services in the English language, this training remains a regional priority. Service providers must deliver services in the English language; as well, the Agency is making the commitment to participate in all discussions in order to ensure the extension of existing linguistic training programs, for the next three years.

### **Document translation**

Despite the high level of oral expression of the members of the English-speaking community in Laval, their French reading ability is not as high. To remedy this difficulty, institutions will be encouraged to inventory the documents that they consider pertinent for translation into English. The Agency will collaborate with the institutions to develop this inventory and to find the most effective way to ensure availability of the English version of these documents. Finally, the Agency is committed to collaborating with other agencies and the *Ministère* in a process to ensure the availability of a large number of documents in English and to disseminate existing ones.

### **Follow-up of the Access Program**

To ensure Access Program follow-up and compliance, indicators will be proposed in the management agreements.

### **Involvement of the Regional Committee**

The Agency will ensure that the Regional Committee fulfills its role relating to accessibility to services in the English language in the region and see that it is consulted. This may involve the development of certain services, as well as other aspects that may have an impact on the provision of services in the English language.



## **APPENDICES**



## APPENDIX 1 REVIEW PROCESS

Activities	Schedule	Responsibility	Partners
1. Meeting of the English language file liaison persons to develop the 2007-2010 Action Plan assessment	October and November 2010	Agency	Liaison person from each institution
2. Establishment of a work review follow-up committee for the 2011-2014 Access Program at the Regional Committee meeting	December 7, 2010	Agency	
3. Identification of the file liaison person in each institution to undertake the review of the program	Already named in the assessment	Agency	
4. Review by each file liaison person ( <i>do an inventory of current services; identified needs; learning retention; access process; available resources ...</i> )	December 17 to February 28, 2011	Agency	Liaison person
5. Meeting with other community partners	December 17 to February 28, 2011	Agency	Community organizations
6. Writing of a preliminary program	March 4, 2011	Agency	
7. Period of preliminary program validation by the institutions, bodies concerned, organizations/partners.	March 4 to 11, 2011	Agency	
8. Presentation of the Access Program to the Agency's management committee	March 15, 2011	Agency	
9. Meeting of the Regional Access Committee ( <i>opinion on the Access Program</i> ).	March 22, 2011	Agency	Regional Committee
10. Adoption of resolutions on the program by the board of directors of each institution	April /May /June 2011	Agency	Board of directors in each institution
11. Adoption by the Agency's board of directors	March 28, 2011	Agency/BD	
12. Sending of the revised regional program to the MSSS	March 31, 2011	Agency	President-executive director



## **APPENDIX 2 LIST OF REGIONAL COMMITTEE MEMBERS**

Elizabeth McLeod President	Association amicale des jeunes parents (AGAPE) inc.
Jean Bélair Vice-President	Centre d'assistance et d'accompagnement aux plaintes – Laval

Members (alphabetical order)

Nicole Beaudry	Agence de la santé et des services sociaux de Laval
Ann Carey	Representative of private CHSLDs under agreement
Claude Desjardins	Agence de la santé et des services sociaux de Laval
Carole Du Sault	Centre jeunesse de Laval
Liette Dubord	CRDI Normand-Laramée
Walter Fogel	Sir Wilfrid-Laurier School Board
Linda Gloutney	Laval Jewish Rehabilitation Hospital
Christiane Hémond	City of Laval
Sophie Ouellet	Centre de santé et de services sociaux de Laval
Lise Pinsonneault	Direction régionale d'Emploi Québec-Laval
Hélène Thivierge	Agence de la santé et des services sociaux de Laval





## APPENDIX 3 JEWISH REHABILITATION HOSPITAL SERVICES

Directorate	Service	Service available in English
<b>Professional services division</b>	Intake	•
	Admissions/Bed management	•
	Medical archives	•
	Radiology	•
	Laboratory	•
	Pharmacy	•
	Library	•
<b>Medical</b>	General practitioners	•
	Consultants	•
<b>Rehabilitation services and programs</b>	Neurology program	•
	Physical health program	•
	Trauma program	•
	PEDIP program	•
	Pediatric program	•
	Outpatient clinic program	•
	Driving	•
	ERIC	•
	RTI	•
	Technical aid services	•
	Orderlies	•
	Reception	•
<b>Nursing care</b>	2 <sup>nd</sup> floor	•
	3 <sup>rd</sup> floor	•
	4 <sup>th</sup> floor	•
	Chaplain	•
	Dietary	•
	Cafeteria	•
	Hairdresser	•
	Volunteers	•
	Recreational activities	•
	Infection control	•
	Nursing care – Outpatient clinics	•
<b>Administrative services</b>	Patient accounts	•
	Safety	•
<b>Other</b>	Complaints commissioner	•
	Mr. Bean Coffee Shop	•
	Foundation	•

