

**2016 Update**

**2011-2014 Access to Health and Social Services**

**in the English Language Program**

**Lanaudière**

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**The Access Program update only pertains to Sections 3 and 4 of this document. References to the former institutions and regional agency still appear in Sections 1, 2 and 5 hereof. As of April 1, 2015, the regional agency was abolished and the former institutions merged together resulting in the *Centre intégré de santé et de services sociaux de Lanaudière* (unofficially referred to in English as the Integrated Health & Social Services Centre of Lanaudière).**

## LIST OF ACRONYMS

CHC	Centre d'hébergement Champlain
CHRD	Centre hospitalier régional De Lanaudière
CHSLD	Centre d'hébergement et de soins de longue durée
CHSSN	Community Health and Social Services Network
CISSS	Centre intégré de santé et de services sociaux de Lanaudière
CJFB	Batshaw youth and family centres
CJL	Centres jeunesse de Lanaudière (child and youth protection centre)
CLSC	Local community service centre
CR	Rehabilitation centre (RC)
CRDP	Physical rehabilitation centre
CSSS	Health and social services centre
CSSSNL	Health and social services centre - Northern Lanaudière
CSSSSL	Health and social services centre - Southern Lanaudière
DI	Intellectual disability
DSPE	Direction de santé publique et d'évaluation (public health and evaluation division)
RCM	Regional county municipality
MSSS	Ministère de la Santé et des Services sociaux (department of health and social services)
RCSSS	Community health and social services network (French acronym)
IR	Intermediary resource
LSN	Local services network
NIR	Non-institutional resource
FTR	Family-type resource
SM	Mental health
PDD	Pervasive development disorder

## INTRODUCTION

In 2012, the Government of Quebec approved the Access to Health and Social Services in the English Language Programs for the English-speaking population. These programs were developed by the regional agencies in accordance with Section 348 of the *Act respecting health services and social services* (CQLR, Chapter S-4.2) and with the help of the Frame of Reference for the development of Access to Health and Social Services in the English Language Programs aimed at the English-speaking population (MSSS, 2006).

These programs are therefore the reflection of the former organizational structure of the network. With the *centre de santé et de services sociaux* (CSSS) more often than not spearheading the services, health institutions found it difficult to put them into application. It was also difficult for the English-speaking population to rely on or easily navigate the programs.

In accordance with the *Act to modify the organization and governance of the health and social services network, in particular by abolishing the regional agencies*, all health institutions shall draft an Access Program. However, this exercise is proving quite difficult considering the current re-structuring process. The absence of a departmental frame of reference for the development of Access Programs, adapted to the network's new reality and on which institutions can base themselves, constitutes a major issue. Consequently, the Access Programs review process has been postponed until 2017 in order to draft a new Frame of Reference for the development of Access to Health and Social Services in the English Language Programs. The new Access Programs, developed on the basis of the adapted Frame of Reference, will therefore reflect the new organizational structure of the health and social services network.

However, in order to maintain access to health and social services in the English language during the transition period, the integrated centres had to update the current 2011-2014 Access Program. This update harmonizes the Access Programs with the existing nomenclature and organizational structure of the health and social services network. This update, which lists accessible services by facility and geographical location rather than by the former health institutions, does not affect the service offering included in the Lanaudière Regional Access Program. **Sections 3 and 4 are the only parts of the program to have been modified in accordance with the network's new reality in Lanaudière.** No change was required for the other sections of the document. References to the former institutions and regional agency still appear herein. As of April 1, 2015, the regional agency was abolished and the former institutions merged together resulting in the *Centre intégré de santé et de services sociaux de Lanaudière* (unofficially referred to in English as the Integrated Health & Social Services Centre of Lanaudière).

The update of Access Programs is a temporary solution whose benefits are twofold: (i) access to services for English-speaking clientele remains uninterrupted; and (ii) the ministère de la Santé et des Services sociaux [Health and Social Services Ministry] will have enough time to develop a new Frame of Reference. Once it is received, we will commence the Access Programs review process in 2017.

# 1. The program

## 1.1 Background

### 1.1.1 Legal factors

The Act respecting health services and social services establishes the rights of the English-speaking population to access health services and social services in the English language.

This is addressed in various sections of the Act.

Section 15 puts forth the following principle:

*“English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 348.”* (section 15, R.S.Q., c. S-4.2).

Section 348, in turn, requires that each health and social services agency:

*“...in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other agencies, such a program in centres operated by the institutions of another region.”* (section 348, R.S.Q., c. S-4.2).

The program must take into consideration the human, material and financial resources of the institutions and of any other institution in the region designated under section 508 of the Act. According to this section:

*“The Government shall designate from among the institutions recognized under section 29.1 of the Charter of the French language (chapter C-11) those which are required to make health services and social services accessible in the English language to English-speaking persons.”* (section 508, R.S.Q., c. S-4.2).

Moreover, according to section 510, the government provides for, through a regulation, the creation of regional committees entrusted with:

*“...advising the agency concerning the access programs developed by that agency in accordance with section 348; evaluating the access programs and suggesting modifications to them where expedient.”*

The access program is tailored to the network’s actual situation. It specifies the range of services that institutions are able to make available in the English language, while giving due consideration to their human, material and financial resources. Health and social services centres (CSSS) have a duty to the population, and are urged to take the necessary measures while considering the needs of English-speaking persons when organizing and delivering their respective services.

### 1.1.2. Departmental frame of reference

To support the implementation of access programs in the various regions of Québec, the Ministère de la Santé et des Services sociaux in March 2006 published the Frame of reference for the development of programs of access to health and social services in the English language for the English-speaking population. This frame of reference outlines the legal and organizational foundation of the access programs, along with the orientations that will be favoured in providing services to the English-speaking population.

#### English-speaking person

The frame of reference offers various definitions, including that of an English-speaking person:

*“[Translation] An English-speaking person is a person who, in dealing with an institution providing health services or social services, is more at ease expressing his needs in English and in receiving services in that language.”<sup>1</sup>*

#### Status of a designated and included institution

*“[Translation] A designated institution is an institution that the government has chosen to designate from among recognized institutions. It is an institution that is required to make the health and social services it offers available to English-speaking persons in the English language.”*

An institution is considered recognized under section 29.1 of the Charter of the French language if it provides services to persons who mostly speak a language other than French.

*“[Translation] An included institution is one identified in an access program as having to offer one or more services or service programs in the English language.”<sup>2</sup>*

#### The delivery of services in English

While the access program for services in the English language is separate from the CSSS’ clinical projects, the structure of the services defined by the MSSS is organized around the following nine programs:

- public health;
- general services;
- lack of autonomy due to aging;
- physical disabilities (PD);
- intellectual disabilities (ID),
- pervasive developmental disorders (PDD);
- youth in difficulty;
- addiction;
- mental health;
- physical health.

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<sup>1</sup> Ministère de la Santé et des Services sociaux: Frame of reference for the development of programs of access to health and social services in the English language for the English-speaking population. Québec, MSSS, 2006, p. 17.

<sup>2</sup> Ministère de la Santé et des Services sociaux: Frame of reference for the development of programs of access to health and social services in the English language for the English-speaking population. Québec, MSSS, 2006, p. 27.

## 1.2. The process

To review the current service offer, we contacted the members of the regional access committee for services in the English language, with the aim of obtaining the input of all of the Lanaudière health and social services network institutions. All of the institutions were asked to participate in this exercise: Centres jeunesse de Lanaudière (CJL)<sup>1</sup>; La Myriade rehabilitation centre (RC)<sup>1</sup>; Le Bouclier physical rehabilitation centre (CRDP)<sup>1</sup>; Health and social services centre - Northern Lanaudière (CSSSNL)<sup>1</sup> and Health and social services centre - Southern Lanaudière (CSSSSL)<sup>1</sup>; the four residential and long-term care centres (private, registered): CHSLD Heather, CHC Le Château, CHSLD Vigi Yves-Blais, and CHSLD de la Côte Boisée; and the ASSSL<sup>1</sup>.

## 2. The Lanaudière region

### 2.1 Primary demographic features

Located on the outskirts of Montréal, the Lanaudière region covers a territory of over 12,400 km<sup>2</sup>. In 2011, the region had a total population of 476,553 people, 98,349 of them under the age of 18 and 66,791 of them aged 65 years or more. The Lanaudière region is the fifth most populated region in Québec, accounting for 6% of the province's total population. With an anticipated growth rate of 7.5% between 2011 and 2016, the region's population is expected to increase faster than that for the rest of Québec (3.5%).<sup>3</sup>

The Northern Lanaudière local services network (LSN) groups together the de D'Autray, Joliette, Matawinie and Montcalm RCMs. This territory is mostly rural, with residents living on the periphery of the urban agglomeration of Joliette. In 2011, the territory had a population of 205,387 people (43.1% of the population of Lanaudière), equaling a density of 17 people per km<sup>2</sup>. The territory comprises over 96% of the region, which proves particularly challenging as regards service access, be it for users who must sometimes travel long distances to obtain services, or for the professionals who must also travel significant distances, in their case to deliver services.<sup>4</sup>

The primary challenges for the CSSSNL revolve around improving the access and proximity of services, given the vastness of the territory, the significant number of facilities (26), and the concentration of increasingly specialized services at the Lanaudière regional hospital centre (CHRDL). The aging of the population and transport-related difficulties are other factors hindering the organization and administration of services.

The Southern Lanaudière local services network (LSN) groups together the RCMs of L'Assomption and Les Moulins. This territory is mostly urban. In 2011, the territory was home to 271,166 people (56.9% of the population of Lanaudière), equaling a density of 523 people per km<sup>2</sup>. The proximity of the institutions' facilities in this territory facilitates service access, in spite of certain chronic transport-related difficulties for users.

The CSSSSL's primary challenges with regard to the organization and administration of services will ensue from the continuing rise in the population requiring services, rapid demographic growth of the elderly, and the ability to meet requests for care and services from the portion of the population currently benefiting from services outside of the territory (Montréal and Laval).

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<sup>3</sup> Institut de la statistique du Québec, *Perspectives démographiques des MRC du Québec, 2006-2031*, December 2009.

<sup>4</sup> Système Lanaudois d'Information et d'Analyse (SYLIA), Service de surveillance, recherche et évaluation, DSPE, ASSSL, 2006, Updated June 12, 2009.



## 2.2 Brief portrait of the population's health and well-being

A brief portrait of the Lanaudière population's health and well-being is provided below, and takes into consideration the local service networks (LSN) in the region. The Northern Lanaudière LSN includes the RCMs of Joliette, Montcalm, Matawinie and D'Autray, while the LSN of Southern Lanaudière covers the RCMs of L'Assomption and Les Moulins.

Primary observations:

- A population that is growing quite rapidly.
- Faster demographic growth than that for the province of Québec (this is more prevalent in the Southern Lanaudière LSN).
- A population that, in spite of being more educated, still lags behind the population of Québec in this regard (this is more so in the Northern Lanaudière LSN).
- A noticeable percentage of premature births, and many newborns with a very low weight.
- A still considerable percentage of newborns whose mothers are less than 20 years old.
- An overall lifestyle that could still do with improvement.
- An overall health condition that could still be better, in spite of the progress made.
- Disabilities touching a considerable percentage of the population.
- The continued existence of chronic illnesses, in spite of a net drop in cardiovascular disease.
- Mental health problems afflicting a significant percentage of the population.
- Too many hospitalizations and deaths due to trauma and poisoning, particularly in Northern Lanaudière.
- And lastly, demographic, social, economic and sanitary disparities (sometimes large) between the region's northern and southern territories.

### A constantly growing population that is rapidly aging

- In 2011, 20.6% of the Lanaudière population was under 18 years of age, 65.3% of the population fell between the ages of 18 and 64, and 14% was aged 65 years or more. Over the next five years, the number of persons aged 65 years or more will increase by 25%, from 66,791 to 83,605 (in 2016). This group will then account for nearly 16.3% of the population of Lanaudière. The number of people under 18 years of age will, during the same period, increase from 98,349 to 103,750 (in 2016). This group will then account for 20.2% of the population of Lanaudière.
- In 2011, the Northern Lanaudière LSN's population was comprised of 18.5% of people aged less than 18 years, and 17.5% of persons aged 65 years or more, compared with 22.3% and 11.4% in Southern Lanaudière. By 2016, the relative percentage of persons under 18 years of age should have decreased in both LSNs (17.9% of all persons in the Northern territory and 21.9% in the South), while the percentage of persons 65 years or more should rise to 19.9% in the North and 13.6% in the South. Between 2011 and 2016, the population aged 65 years or more in the Northern Lanaudière LSN will rise to 20.9%; this increase will be 30.1% in the Southern Lanaudière LSN.
- Between 2011 and 2016, the population of Lanaudière and its two sub-regions will experience more growth than the average for Québec.

Overall, the health condition of Lanaudière residents has improved over the last few decades. This is in large part due to improved living conditions, the adoption of healthier lifestyle habits and the progress made with regard to the availability of a variety of more efficient services.

## **2.3 Profile of the English-speaking population of Lanaudière**

Data on the English-speaking population of Lanaudière originate from two sources: the Direction de santé publique et d'évaluation (public health and evaluation division) or DSPE of the Lanaudière health and social services agency (ASSSL), on the one hand, and the Community Health and Social Services Network (CHSSN or RCSSS) on the other.

Estimates from the CHSSN may differ from those of the DSPE, and this due to differences in how data is gathered. The DSPE, in fact, only considers "single responses", namely those from persons who claim to have only one mother tongue, while the CHSSN accepts "multiple responses", i.e., responses from persons who claim to have more than one mother tongue.

### **2.3.1 Data obtained from the Direction de santé publique et d'évaluation de Lanaudière**

The Direction de santé publique et d'évaluation (DSPE) de Lanaudière relies on data from the Canadian census of 2006 to estimate the number of English-speaking persons in the Lanaudière territory. The estimate of the English-speaking population can be obtained by using two indicators: population breakdown according to "mother tongue" and population breakdown according to "language spoken most often at home". This latter indicator is considered more relevant, for it more closely reflects the language of use, i.e., the language used every day.

Data concerning the language spoken most often at home, which is held by the DSPE, only considers single responses. According to the DSPE, this should not have a notable impact on the number of people who only speak English.

### **2.3.2 Breakdown of the English-speaking population according to mother tongue and language spoken most often at home (MRC, LSN and Lanaudière, 2006).**

In 2006, there were 6,545 people in Lanaudière for whom the language spoken most often at home was English only, out of a total of 422,025 Lanaudière residents (single responses). This represents 1.6% of the population. If we think about population according to mother tongue, the number of Anglophones in 2006 was 7,195 persons, or 1.7%.

As regards the language spoken most often at home (single responses), the breakdown of the Anglophone population according to RCM territory illustrates that the largest concentrations are found in the Matawinie (3.2%) and Les Moulins (2.3%) RCMs. The RCMs of Joliette (0.4%) and D'Autray (0.5%), in turn, have smaller percentages of Anglophones.

The largest concentrations of persons whose mother tongue is English reside in the Matawinie (3.3%) and Les Moulins (2.2%) RCMs. The Joliette RCM (0.6%) has the smallest percentage of persons whose mother tongue is English.

Below is an explanatory table with breakdowns according to mother tongue and language spoken at home.

## Population breakdown according to mother tongue and language spoken most often at home, Lanaudière, 2006

### Mother tongue

#### Population breakdown according to mother tongue <sup>1</sup>, RCM, LSN, Lanaudière region and Québec, 2001 and 2006 (N and %)

Sources: Statistics Canada, figures from 2001 and 2006 censuses, sample data (20%), file LANAU\_P3.ivt and product no. 97-555-XCB2006016 in the catalogue.

	French		English				Non-official languages				Total			
	2001		2006		2001		2006		2001		2006			
	N	%	N	%	N	%	N	%	N	%	N	N		
D'Au-tray	36 555	97,8	38 600	97,2	500	1,3	485	1,2	340	0,9	625	1,6	37 395	39 710
Joliette	51 015	98,1	55 345	97,1	475	0,9	345	0,6	525	1,0	1 290	2,3	52 015	56 980
Matawinie	38 270	90,6	44 490	91,0	1 800	4,3	1 590	3,3	2 170	5,1	2 820	5,8	42 240	48 900
Montcalm	37 350	98,1	40 885	97,4	440	1,2	605	1,4	290	0,8	495	1,2	38 080	41 985
<b>LSN - Northern Lanaudière</b>	<b>163 190</b>	<b>96,1</b>	<b>179 320</b>	<b>95,6</b>	<b>3 215</b>	<b>1,9</b>	<b>3 025</b>	<b>1,6</b>	<b>3 325</b>	<b>2,0</b>	<b>5 230</b>	<b>2,8</b>	<b>169 730</b>	<b>187 575</b>
L'Assomption	100 405	97,6	103 695	95,8	1 105	1,1	1 345	1,2	1 335	1,3	3 150	2,9	102 845	108 190
Les Moulins	104 470	96,2	119 400	94,1	2 270	2,1	2 825	2,2	1 870	1,7	4 635	3,7	108 610	126 860
<b>LSN - Southern Lanaudière</b>	<b>204 875</b>	<b>96,9</b>	<b>223 095</b>	<b>94,9</b>	<b>3 375</b>	<b>1,6</b>	<b>4 170</b>	<b>1,8</b>	<b>3 205</b>	<b>1,5</b>	<b>7 785</b>	<b>3,3</b>	<b>211 455</b>	<b>235 050</b>
Lanaudière	368 065	96,6	402 415	95,2	6 590	1,7	7 195	1,7	6 530	1,7	13 015	3,1	381 185	422 625
Québec	5 761 760	82,0	5 877 660	80,1	557 040	7,9	575 555	7,8	709 420	10,1	886 280	12,1	7 028 220	7 339 495

<sup>1</sup>This table only presents data for single responses.

Source: Système Lanaudois d'Information et d'Analyse (SYLIA), Service de surveillance, recherche et évaluation, DSPE, ASSSL, 2006, Updated June 12, 2009.

**Population breakdown according to mother tongue<sup>1</sup> and age group, RCM, LSN,  
Lanaudière region and Québec, 2006 (N and %)**

Source: Statistics Canada, 2006 census, file 97-555-XCB2006016 in the catalogue.

**Total**

	0-14 years		15-24 years		25-44 years		45-64 years		65 years or more		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
D'Au-tray	6 760	100,0	4 675	100,0	10 260	100,0	12 455	100,0	5 535	100,0	39 685	100,0
Joliette	8 860	100,0	7 420	100,0	14 005	100,0	17 875	100,0	8 820	100,0	56 980	100,0
Matawinie	7 360	100,0	4 935	100,0	10 720	100,0	17 380	100,0	8 495	100,0	48 890	100,0
Montcalm	7 870	100,0	4 905	100,0	11 870	100,0	12 450	100,0	4 880	100,0	41 975	100,0
<b>LSN - Northern Lanaudière</b>	<b>30 850</b>	<b>100,0</b>	<b>21 935</b>	<b>100,0</b>	<b>46 855</b>	<b>100,0</b>	<b>60 160</b>	<b>100,0</b>	<b>27 730</b>	<b>100,0</b>	<b>187 530</b>	<b>100,0</b>
L'Assomption	19 690	100,0	14 600	100,0	28 875	100,0	33 245	100,0	11 735	100,0	108 145	100,0
Les Moulins	26 695	100,0	16 880	100,0	39 330	100,0	34 520	100,0	9 410	100,0	126 835	100,0
<b>LSN - Southern Lanaudière</b>	<b>46 385</b>	<b>100,0</b>	<b>31 480</b>	<b>100,0</b>	<b>68 205</b>	<b>100,0</b>	<b>67 765</b>	<b>100,0</b>	<b>21 145</b>	<b>100,0</b>	<b>234 980</b>	<b>100,0</b>
Lanaudière	77 235	100,0	53 415	100,0	115 060	100,0	127 925	100,0	48 875	100,0	422 510	100,0
Québec	1 225 950	100,0	931 025	100,0	2 042 365	100,0	2 148 885	100,0	991 255	100,0	7 339 480	100,0

**French**

	0-14 years		15-24 years		25-44 years		45-64 years		65 years or more		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
D'Au-tray	6 675	98,7	4 545	97,2	9 860	96,1	12 165	97,7	5 350	96,7	38 595	97,3
Joliette	8 565	96,7	7 175	96,7	13 515	96,5	17 505	97,9	8 590	97,4	55 350	97,1
Matawinie	6 400	87,0	4 450	90,2	9 780	91,2	16 320	93,9	7 535	88,7	44 485	91,0
Montcalm	7 740	98,3	4 805	98,0	11 515	97,0	12 140	97,5	4 690	96,1	40 890	97,4
<b>LSN - Northern Lanaudière</b>	<b>29 380</b>	<b>95,2</b>	<b>20 975</b>	<b>95,6</b>	<b>44 670</b>	<b>95,3</b>	<b>58 130</b>	<b>96,6</b>	<b>26 165</b>	<b>94,4</b>	<b>179 320</b>	<b>95,6</b>
L'Assomption	19 100	97,0	14 295	97,9	27 300	94,5	31 820	95,7	11 170	95,2	103 685	95,9
Les Moulins	25 490	95,5	16 115	95,5	36 525	92,9	32 555	94,3	8 720	92,7	119 405	94,1
<b>LSN - Southern Lanaudière</b>	<b>44 590</b>	<b>96,1</b>	<b>30 410</b>	<b>96,6</b>	<b>63 825</b>	<b>93,6</b>	<b>64 375</b>	<b>95,0</b>	<b>19 890</b>	<b>94,1</b>	<b>223 090</b>	<b>94,9</b>
Lanaudière	73 970	95,8	51 385	96,2	108 495	94,3	122 505	95,8	46 055	94,2	402 410	95,2
Québec	978 540	79,8	747 795	80,3	1 580 745	77,4	1 782 765	83,0	787 810	79,5	5 877 655	80,1

English

	0-14 years		15-24 years		25-44 years		45-64 years		65 years or more		Total	
	N	%	N	%	N	%	N	%	N	%	N	%
D'Autray	75	1,1	55	1,2	130	1,3	130	1,0	90	1,6	480	1,2
Joliette	45	0,5	55	0,7	70	0,5	105	0,6	70	0,8	345	0,6
Matawinie	170	2,3	100	2,0	340	3,2	545	3,1	430	5,1	1 585	3,2
Montcalm	65	0,8	60	1,2	210	1,8	195	1,6	70	1,4	600	1,4
<b>LSN - Northern Lanaudière</b>	<b>355</b>	<b>1,2</b>	<b>270</b>	<b>1,2</b>	<b>750</b>	<b>1,6</b>	<b>975</b>	<b>1,6</b>	<b>660</b>	<b>2,4</b>	<b>3 010</b>	<b>1,6</b>
L'Assomption	185	0,9	100	0,7	355	1,2	510	1,5	175	1,5	1 325	1,2
Les Moulins	550	2,1	330	2,0	945	2,4	745	2,2	240	2,6	2 810	2,2
<b>LSN - Southern Lanaudière</b>	<b>735</b>	<b>1,6</b>	<b>430</b>	<b>1,4</b>	<b>1 300</b>	<b>1,9</b>	<b>1 255</b>	<b>1,9</b>	<b>415</b>	<b>2,0</b>	<b>4 135</b>	<b>1,8</b>
Lanaudière	1 090	1,4	700	1,3	2 050	1,8	2 230	1,7	1 075	2,2	7 145	1,7
Québec	109 975	9,0	83 275	8,9	153 625	7,5	149 320	6,9	79 345	8,0	575 540	7,8

## Language spoken

### Population breakdown according to language spoken most often at home<sup>1</sup>, RCM, LSN, Lanaudière region and Québec, 2006 (N and %)

Sources: Statistics Canada, 2006 census, sample data (20%), file 94-577-XCB2006002.ivt.

	English		French		Non-official languages		Total
	2006		2006		2006		2006
	N	%	N	%	N	%	N
D'Autray	215	0,5	39 155	98,8	265	0,7	39 635
Joliette	200	0,4	56 080	98,5	670	1,2	56 950
Matawinie	1 575	3,2	45 245	92,6	2 060	4,2	48 880
Montcalm	450	1,1	41 285	98,4	215	0,5	41 950
<b>LSN - Northern Lanaudière</b>	<b>2 440</b>	<b>1,3</b>	<b>181 765</b>	<b>97,0</b>	<b>3 210</b>	<b>1,7</b>	<b>187 415</b>
L'Assomption	1 135	1,1	105 700	97,8	1 245	1,2	108 080
Les Moulins	2 970	2,3	121 975	96,4	1 585	1,3	126 530
<b>LSN - Southern Lanaudière</b>	<b>4 105</b>	<b>1,7</b>	<b>227 675</b>	<b>97,0</b>	<b>2 830</b>	<b>1,2</b>	<b>234 610</b>
Lanaudière	6 545	1,6	409 440	97,0	6 040	1,4	422 025
Québec	744 435	10,2	6 027 730	82,7	518 320	7,1	7 290 485

<sup>1</sup> This table only presents data for single responses.

The Anglophone population of Lanaudière consists of a fragmented and relatively diverse community, scattered between two separate geographic poles - north and south. The English-speaking persons in Northern Lanaudière are mostly concentrated around a single area: Rawdon. A good number of residents of European origin are members of various social, religious and cultural organizations, and Rawdon's Anglophone population is older than that elsewhere in Lanaudière. In addition, the area's distance from major centres leaves its population potentially more dependent on local health services and social services.

In the South, English-speaking persons mostly reside in the municipalities of Mascouche, Terrebonne and Repentigny. The two RCMs from the South (Les Moulins and L'Assomption), which are located in the belt or zone surrounding the Greater Montréal area, together account for a very large percentage of the Anglophone population of Lanaudière. With the exception of the Mascouche sector, the Anglophone population of these territories is scattered, and there is no cultural concentration such as that found in Rawdon.

The relative proximity of Montréal also has the effect of prompting the majority of the residents of the L'Assomption and Les Moulins RCMs to travel outside of their regional county municipalities to go to work each day. This commuting allows for assuming that these persons may also have gotten into the habit of obtaining services outside of the RCM in which they reside. It is only reasonable to assume that this reality also applies to Anglophones living in these same territories.

### **2.3.3 Data from the community health and social services network (CHSSN)**

The CHSSN is a non-profit organization constituted in September 2000 and operating out of physical facilities in Québec City. It receives its operating budget from the Department of Canadian Heritage, and consists of 64 agencies and institutions that are involved in the lives of the people and the communities they serve. Its objective is to work in conjunction with all levels of government in order to improve access to those health services and social services destined to Québec's Anglophone population.

This group fosters the development of partnerships between community resources, associations, public institutions, regional planning agencies and the government, to ensure that policies, programs and services meet the needs of English-speaking communities.

In 2010, the CHSSN conducted a survey on the vitality of Québec's Anglophone and Francophone communities. CROP Inc. was mandated to carry out this survey, which was a duplicate of a survey it had conducted in 2000 and 2005 for the CHSSN. This study aimed, more specifically, to obtain the opinion, perceptions and expectations of a representative sampling of English Québécois from each of Québec's administrative regions with regard to various issues, among them health services and social services, education, labour force development, culture and communications. A table in this regard is included in Appendix 1.

3,195 English Québécois aged 18 years or more were surveyed by telephone in February and March of 2010. 80 of the total people surveyed were Anglophones from Lanaudière.

Below are certain observations culled from responses to the main questions asked with regard to the region's health and social services:

- 70% of the people stated that English was their mother tongue;
- 61% of them stated that English was the language spoken at home; for 31%, this language was French;
- 11% are fully satisfied with the availability of services in English, versus 69% who are not so satisfied (giving this a rating of 1, 2 or 3 on a scale of 5);
- Over the last 12 months, 65% of respondents (for themselves or to help someone else) received health or social services, either during a clinical appointment or from a private practice (57% in a CLSC, 40% in an emergency room or hospital outpatient clinic, and 35% through the Info-Santé line);
- 95% felt that receiving services in English was very important, given the circumstances, either during a visit to the emergency room or hospital outpatient clinic (83% in a CLSC, 82% during a hospital stay, 80% in a clinic or private practice, and 68% through the Info-Santé line);
- 18% believe that over the next 5 years, they will make use of services, either for themselves or for someone they know (18% for nursing services or home care, and 17% for a public long-term care centre);
- 64% feel that it would be acceptable to receive services in English if they were to receive them over the next 5 years, and 36% believe that it would be very important to receive them in English;
- 65% received information on services in English from a public health and social services institution;
- 47% feel comfortable requesting services in English from public health and social services institutions, 25% are not comfortable, and 28% do not feel that it is important to request services in English.



## 3. Organization of Health and Social Services

### 3.1 Existing Network

#### *Centre intégré de santé et de services sociaux de Lanaudière (unofficially referred to as the Integrated Health & Social Services Centre of Lanaudière)*

The Lanaudière CISSS is the result of the merger of five institutions in the region, namely the Centre de santé et de services sociaux - Southern Lanaudière, the Centre de santé et de services sociaux - Northern Lanaudière, the Centres jeunesse de Lanaudière (Youth Centres of Lanaudière), Le Bouclier physical disability rehabilitation centre and La Myriade intellectual disability rehabilitation centre.

The institution comprises 72 facilities, including two hospitals, located in six different RCMs and spanning an area of over 12,000 km<sup>2</sup>. It is responsible for promoting the health and well-being of the population, for welcoming, assessing and directing people and their loved ones towards the required services, for taking charge of, accompanying and supporting vulnerable clients. As a health institution, it must offer a range of health and social services and certain specialized services.

In order to fulfill its mandate with respect to the clinical and organizational project, the CISSS and its partners within the local services network identify, for their own given territory, the social and health needs for improving health and well-being; the service offering required in order to meet the population's needs and to adapt to its specific context; the organizational methods; and the contributions expected from the different network partners. They dispense the following range of services:

- prevention, assessment, diagnosis, treatment
- support
- education
- rehabilitation, including:
  - physical disability
  - intellectual disability
  - troubled youth
  - alcoholism, drug addiction and pathological gambling
- specialized care, including:
  - long-term psychiatric care
  - psychiatric services for children and teens
- hospital services
- CLSC services
- housing
- Info-Santé and Info-Social
- youth protection [child welfare]
- transportation and housing program for the disabled
- administrative coordination for the Breast Cancer Screening Program

These services are organized according to the nine services-programs of the MSSS:

- public health
- general services
- physical health
- loss of autonomy related to aging
- troubled youth
- mental health
- physical disability
- intellectual disability and pervasive developmental disorders
- addictions (drug and pathological gambling)

Bearing population-based accountability in mind, clinical projects take into account the needs and specific context of English-speaking residents living in their respective territories.

### **Other Institutions**

The Lanaudière CISSS regroups four private long-term residential care centres under agreement, two of which are located in the northern sector of the region, namely CHSLD Heather and CHC Le Château, and two others are located in the southern sector of the region, namely CHSLD de la Côte Boisée and CHSLD Vigi Yves-Blais.

## **4. Portrait of English Language Services Offering in Lanaudière Health and Social Services Institutions**

For the Lanaudière CISSS, the portrait of access to services was established on the basis of four variables:

### **Nature of the Service Offered**

- Briefly, there are two different requirement levels with respect to knowledge of the language and culture of English-speaking users. These two levels are intimately related to two different types of services:
  - services where personnel must welcome, inform, counsel or admit an Anglophone client require basic knowledge of the English language;
  - services that entail in-depth communication between personnel and the English-speaking user, whether due to the necessity of establishing a caregiving relationship, of dispensing care or a service, of providing complex information or of imparting relevant education, require proficiency in the English language.

### **Type of Professional**

This is in reference to personnel from different departments who work with the Anglophone population and more specifically to medical personnel who dispenses services to them.

### **Schedule**

English-speaking users are more likely to have easier access to health and social services if they contact personnel during weekdays. They may be dissatisfied with the response received if they make a request in the evening, at night or on weekends. This is easily explained by the fact that personnel working with an Anglophone user during the day will have more chances of being able to count on other employees or professionals on the premises as there are more of them during weekdays than there are at other times. This is not only the reality for personnel working reception but also for nursing staff (particularly at the hospital) who cannot count on, especially at night, help from colleagues or physicians when the dialogue with an Anglophone patient becomes more complex.

### **Regional Differences**

The portrait of the English language services offering in Lanaudière differs significantly depending on the geographic location of the CISSS facilities. In general, English-speaking users are more likely to have access to health and social services in their own language in facilities located in the two RCMs of the southern sector of the region (L'Assomption RCM and Les Moulins RCM). This could be explained by the proximity of the metropolis (North Shore of Montreal), where there is a greater number of bilingual frontline workers. The portrait also differs with respect to facilities offering specific services on a regional basis, such as the rehabilitation centres, for example.

### **4.1 Southern Lanaudière Facilities**

In the two RCMs of the southern sector of the region (L'Assomption RCM and Les Moulins RCM), members of personnel working in the two CLSCs, four long-term residential care centres as well as in the

Pierre-Le Gardeur Hospital and who are charged with offering primary health care services (namely personnel in charge of reception and first welcoming patients to each service or care unit) are capable of replying to the requests of the Anglophone users thanks to their command of the English language or by calling on colleagues who are either bilingual or more comfortable speaking English.

The possibility of easily communicating with an Anglophone user diminishes when the services call for a more detailed follow-up, meaning that the interaction requires more than just general information. However, members of personnel succeed in enlisting the help of people who speak English well. Furthermore, in most encountered situations, either the spouse, physician or a relative of the patient was able to help overcome the language barrier and improve exchanges between personnel and the user. It is also possible to use interpreters outside of the facilities. Outpatient psychiatric services are also available for English-speaking adults.

Our personnel only provides care to unilingual users on rare occasions. According to people surveyed, the relatively low rate of requests for services in English from English-speaking Lanaudière residents is firstly explained by the small size of the unilingual English population living within the territory and, secondly, by a habit that seems to characterize this population in that they often prefer to use services available in English health institutions located in Montreal (please refer to Schedule 2 - French only).

In addition thereto, it would appear that access to medical services is easier for English-speaking users. Indeed, physicians are generally capable of dispensing care in English.

The CLSC Lamater and CLSC Meilleur facilities, institutions identified in the former Access Program, currently maintain access to health and psychosocial services in English schools.

When a user is referred to another health institution outside of Quebec for health care purposes, the information in the medical record is translated to English prior to being forwarded. Finally, English-speaking users can use an English form to indicate their acceptance of a particular service or level of care.

English-speaking residents may also express their dissatisfaction or file a complaint in their mother tongue. The complaint process will be handled entirely in English.

## **4.2 Northern Lanaudière Facilities**

In the four RCMs of the northern sector of the region (D'Autray RCM, Joliette RCM, Montcalm RCM and Matawinie RCM), members of personnel working in the nine CLSCs, eleven long-term residential care centres as well as in the hospital (Centre hospitalier régional de Lanaudière (CHRDL)) and who are charged with offering primary health care services (namely personnel in charge of reception and first welcoming patients to each service or care unit) will manage to communicate, most often, with a relatively limited English vocabulary or by calling on colleagues who are more comfortable with the English language.

Most often, difficulties arise when the services call for a more detailed follow-up with the user. At this level, the linguistic limitations of personnel have their drawbacks; meaning that it is more difficult to communicate general information to the English patient with ease. Nursing staff especially seems to have faced challenges when communicating with English-speaking users. However, members of

personnel succeed in enlisting the help of individuals who speak English well. Consequently, in most encountered situations, either the spouse, physician or a relative of the sick person was able to help overcome the language barrier and improve the quality of the exchanges between personnel and the patient.

In addition thereto, it would appear that access to medical services is easier for English-speaking users. Indeed, physicians generally manage to understand Anglophone patients and to get their message across.

However, most staff members working in Chertsey and Rawdon have knowledge of English and many are even proficiently bilingual. It therefore becomes possible to adequately fulfill requests made by English-speaking people.

As a matter of fact, the Chertsey CLSC has been charged with granting access to the following services: reception/front desk, entry point to psychosocial services, psychosocial services, health services, home assistance services, troubled youth, ID- PP-PDD, youth mental health services (primary and secondary health care).

### **4.3 Regional Info-Santé - Info-Social Service**

The regional Info-Santé-Info-Social is a free telephone hotline service. It is available 24 hours a day, 7 days a week, for health services, and when the CLSC is closed for social services. The entire population of Lanaudière, including people with language and cultural difficulties or barriers, may call on this service.

In order to improve access to the Info-Santé/Info-Social service, a new telephone technology, which establishes a network in all Quebec regional services, has been in use since 2007. The new system allows the caller to select service in French or English from the first possible menu. Regional services are therefore capable of providing services in English at all times by attributing calls in accordance with specific qualifications of personnel available to take calls.

### **4.4 Psychiatric Services**

With respect to psychiatric services dispensed by the CHRDL (Joliette Hospital), it is important to explain the nuances between short-term psychiatric services and outpatient services. Personnel members with basic English vocabulary are available to take charge of an Anglophone patient who has been greeted, assessed and admitted to the hospital. The psychiatrist, who will be conducting the assessment, will necessarily have to be able to communicate in English. Other services related to the patient's stay at the hospital are not accessible in English. As a general rule, staff members will be able to provide basic information but will not be capable of having in-depth conversations.

However, therapists capable of communicating in English will treat and follow Anglophone people using outpatient clinics.

The most accessible service is the one requiring a psychiatrist. It should be noted that there are very few service requests of this nature from Anglophone patients.

Long-term residential care centres located in northern sector of the region offer only partial access, not due to lack of willingness of personnel or management, but because of the limited number of employees, irrespective of the work shift, with linguistic capabilities sufficient enough to offer all services and care in English to English-speaking residents. In this context, certain facilities have accommodated another facility by temporarily taking charge of an Anglophone person waiting for a permanent placement. Housing requests are sent to the Heather Long-Term Residential Care Centre in Rawdon, which is an institution designated by the Access Program. In many cases, if a portion of staff members are capable of managing in English, most of the English residents succeed in communicating, at the very least their basic needs. However, when considering this context over a long period, the CISSS cannot officially qualify the services it offers in Northern Lanaudière long-term residential care centres as being accessible to the English-speaking population.

Just like several other health and social services institutions, the CISSS cannot guarantee, for the time being, the continuity of access to English services in all of its care units and during every single work shift.

In the Joliette, D’Autray and Montcalm RCMs, there are very few requests for services in the English language. This can be explained by the small size of the English-speaking population living in this sector of the territory, by the fact that this clientele rarely requests services in English and by a habit that seems to characterize this population in that they often prefer to use services available in English hospitals located in Montreal.

It should be noted that service requests from Anglophone patients are very rare except when tourism within our territory is taken into account; for example, when English-speaking visitors require care, more often than not, following an accident.

#### **4.5 Specialized Services for Alcoholics and Drug Addicts**

With its three points of service located in Joliette, Terrebonne and Repentigny, the addiction rehabilitation centre serves the entire territory of Lanaudière. While routine services are listed as being accessible in English in all three centres, the global access level to all services is closer to 80%. This state of affairs is the result of difficulties encountered when trying to include English-speaking users in activities and of their limited presence in certain group services. This applies to both adult and youth clientele. When it comes to individual, couple and family therapy services, the personnel manages well enough in English. The entry point (reception), assessment and counselling services in all three centres are considered as totally accessible in English.

Furthermore, considering the absence of public detox beds, the organization of services prioritizes outpatient services. It should be mentioned, however, that service requests from English-speaking people are minimal (average of three requests per year by point of service).

Without access to a full range of public services, this clientele is referred to an addiction rehabilitation centre in Montérégie (CRD Foster). This 20-bed rehab centre has a supra-regional mission to serve an English-speaking clientele. Since 2008, the addiction rehabilitation centre has entered into agreements with several private certified centres in order to implement the adult access mechanism for Lanaudière. Freedom House Rehabilitation Centre participates in this adult access mechanism and serves English-

speaking clientele. Consequently, Lanaudière residents struggling with addiction and who require treatment in a closed private clinic are referred to Freedom House.

In order to help staff members improve their communication skills in English, conversation courses were offered, on a voluntary basis, to make such English services available.

We will be calling on bilingual employees working in our facilities in order to establish a register of staff members who may be asked to help facilitate communication with users and, in turn, ensure safe care and services.

The CISSS is equipped to deal with user dissatisfaction or receive complaints from English-speaking users or their representatives in their own language. At the user's request, the entire process will be handled in English.

#### **4.6 Rehabilitation Services - Intellectual Disabilities and Pervasive Developmental Disorders**

One component of the Lanaudière CISSS's mission is to permit residents with special characteristics living in the region to actualize and develop their potential so that they may take on their role as full-fledged citizens.

The health institution, with its two client-programs, offers and dispenses adjustment and rehabilitation services with a view to enlisting the social participation of persons living with an intellectual disability, a pervasive developmental disorder or struggling with a major mental disorder as well as educational assistance services for people in their entourage. It also offers support to its partners.

The institution also offers a regional pool of family type resources for children and adults in need of housing to all Lanaudière mental health institutions.

The non-institutional housing service is in charge of assessing and supervising non-institutional housing resources that cater to persons dealing with an intellectual disability, a mental health problem or age-related functional dependence (ARFD). It should be noted that the mandate of the non-institutional housing service for the ARFD is limited to family type resources (FTR).

Demand for English-language services catering to ID, PDD or MH is mostly concentrated in the Matawinie RCM (Rawdon, Chertsey). The volume of activities for the organization, however, remains quite negligible.

Access to English language services for the ID, PDD or MH clientele is uncomplicated. In this regard, the compilation of complaints over the past ten years confirms this state of affairs because no complaints appear to have been filed on this subject.

Training in English is made available to the staff of the institution. As a matter of fact, some of the employees did take advantage of this opportunity over recent years.

## **4.7 Rehabilitation Services - Physical Disabilities**

With points of service located in Joliette, L'Assomption, Repentigny (two facilities), St. Charles-Borromée and Terrebonne, all Lanaudière residents with a physical disability (mobility, hearing, visual, language impairment) can use the rehabilitation services in place.

All of the institution's rehabilitation services are available to English-speaking people. However, with the language skill levels of personnel being variable, the wait time for access to certain sectors of service may be somewhat longer for Anglophones.

In order to provide certain services (psychosocial, psychology, neuropsychology or speech therapy) to an Anglophone clientele requiring such services in their mother tongue, the CISSS purchases services from other service providers, such as the Mab McKay Centre or other private clinics.

## **4.8 Rehabilitation Services and Youth Protection (Child Welfare)**

The Lanaudière CISSS is charged with the mandate of providing secondary health care services for situations of a psychosocial nature, for exigent social circumstances and for housing in family type, intermediary or rehabilitation resources, all required in accordance with the Youth Protection Act (Chapter P-34.1) or the Youth Criminal Justice Act (Revised Statutes of Canada (1985), Chapter Y-1). It also contributes in matters of family mediation, expert testimony before the Superior Court for child custody cases, adoption cases or the search for biological parents. In this regard, the CISSS has points of service in Joliette (head office, psychosocial point of service and rehabilitation units), in St. Thomas (rehabilitation units), in Mascouche and Repentigny (psychosocial points of service) and two group homes (Joliette and Repentigny).

Reception and reporting processing services, as well as assessment-counselling and psychosocial treatment services, are available in English thanks to bilingual staff members working in these different points of service. However, staff movement sometimes entails a sporadic absence of bilingual workers for any given point of service. The purpose of the English language training program, underway for over two years now, is to maintain the requisite level of bilingual personnel in each department, specifically in the reception and reporting processing departments. Access to services in English requires the translation of documents, mainly reports and intervention plans, to be communicated to English users who make such a request. Service requests from the English-speaking population are extremely rare, both for Northern and Southern Lanaudière. This scarcity could be explained in part by the fact that most of the Anglophone users are proficient enough in French and therefore do not require specific services in their own language. To illustrate this fact, only 12 different English users requested translations of documentation arising from assessment-counselling or psychosocial care services over a two year period, during which a little over 7,000 different users were active in the system (less than 0.2%).

With respect to rehabilitation services in a residential setting, the CISSS entered into a service agreement with the CIUSSS de l'Ouest-de-l'Île-de-Montréal (formerly the Batshaw Youth and Family Centres) who has a supra-regional mandate to provide services to English-speaking youth. This mandate only covers residential rehabilitation services (closed rehabilitation centres) and access mechanisms are proposed by the centre to clientele from other regions, including Lanaudière. The CISSS uses this resource on rare, exceptional occasions. For example, from 2004 to 2007, five Anglophone users took advantage of the



services offered through the partnership with Batshaw. From 2008 to 2010, no Lanaudière user required such services in English.

## **4.9 Private Long-Term Residential Care Centres under Agreement**

### **4.9.1 CHSLD Heather inc. (Heather Long-Term Residential Care Centre)**

It is the only designated facility in the area. This regional institution is located in Rawdon and offers housing services and care to elderly Lanaudière residents, irrespective of the language they speak or where they are from. Several staff members are bilingual and many documents are available in English.

Just like other institutions offering health and social services in the region, the Heather Long-Term Residential Care Centre has a waiting list. The current capacity is 76 beds under governmental agreement and the centre simply cannot meet demand for placement applications. The average wait time for Anglophones in Lanaudière is anywhere between two and three months.

Urgent cases are housed in other long-term residential care centres in the region until a place becomes available at Heather. However, this arrangement is particularly hard on Anglophones because the other residential care centres, where they are temporarily housed, are French environments. This situation has an impact on a patient's overall well-being and can lead to declined health in the Anglophone clientele.

The Heather Long-Term Residential Care Centre also offers day centre services: The Alternative Day Care Centre. Currently, there is a group of 20 Anglophone clients and the waiting list usually has two to three people registered. People who live outside of the Matawinie RCM are accepted if they can arrange for their own transportation. This English day centre is open every Tuesday and offers a rehabilitation program and nursing care. The CISSS, through its Matawinie facility, is responsible for referring clients.

### **4.9.2 CHSLD de la Côte Boisée (De La Côte Boisée Long-Term Residential Care Centre)**

The De La Côte Boisée Long-Term Residential Care Centre serves the population living in the Les Moulins RCM and dispenses housing services and outpatient services through its day centre, the J.-A. Duchesneau Centre.

In general, all departments are staffed with either bilingual personnel or employees that can manage well enough in English and who can call on colleagues if there are communication issues in order to ensure the provision of proper services. However, routine use of the English language is not part of the hiring criteria at the De La Côte Boisée Long-Term Residential Care Centre. Management encourages and supports employees who wish to improve their English language skills.

Furthermore, certain documents are translated into English to better meet the needs of this clientele (e.g.: introductory handbook, welcome guide, forms, individual exercise programs).

Among the residents and users, there are currently a few Anglophones.

Management is open to admitting more English-speaking people.

#### **4.9.3 CHSLD Vigi Yves-Blais (Vigi Yves-Blais Long-Term Residential Care Centre)**

The Vigi Yves-Blais Long-Term Residential Care Centre (formerly known as the Berthier Long-Term Residential Care Centre) was relocated in June 1999 to a new building in Mascouche.

Vigi Santé Ltd operates and manages the Vigi Yves-Blais Long-Term Residential Care Centre. This centre is home to Francophone residents; however, an English-speaking person is occasionally admitted to this facility. The clientele referred to the long-term residential care centre is from Southern Lanaudière. The organization recently adopted an ethno-cultural diversity management policy that integrates the objectives of the Access to Health and Social Services in the English Language Program. Thus, the organization recognizes the importance of effective communication and a resident's right to information. It is therefore committed to devoting, within the framework of its available resources, the necessary efforts to providing its services and making them accessible.

#### **4.9.4 Centre d'hébergement Champlain Le Château – CHC Le Château (Champlain Le Château Residential Care Centre)**

This centre mainly houses Francophones living between the borders of the D'Au-tray and Joliette RCMs. All services are therefore mainly dispensed in French.

Anglophone clients are referred to the Heather Long-Term Residential Care Centre, which is the designated institution, or to De La Côte Boisée Long-Term Residential Care Centre, which is an institution where certain services are included.

### **4.10 Complaint Review System**

The complaint review system is governed by the *Act respecting health services and social services* and applies to everyone, irrespective of their ethnic origin or mother tongue. A person may file a complaint regarding any service that he or she received or should have received.

At the Lanaudière CISSS, one Service Quality and Complaints Commissioner (SQCC) handles complaints with the assistance of two deputy commissioners and one complaints advisor. The SQCC and his team work together to handle complaints received in all of the Lanaudière facilities. The SQCC reports directly to the board of directors and is responsible for the respect of user rights and for handling their complaints all the while taking into account the requests made by English-speaking people.

More specifically, the SQCC's role is:

- to receive the complaint, examine it and draw relevant conclusions;
- to issue recommendations to the health institution and board of directors with respect to improving the quality and safety of services dispensed.

The Commissioner handles complaints received against:

- hospitals
- rehabilitation centres
- CLSC
- CHSLD

- family type resources (FTR)
- intermediary resources (IR)
- private seniors' residences (PSR)
- organizations the CISSS outsources to
- ambulance services
- etc.

Upon receiving a complaint, the Commissioner will examine the situation to ascertain the facts. If the complaint relates to a physician, the Commissioner refers it to a medical examiner. The law states that the Commissioner shall inform the complainant in writing of the examination's results no later than 45 days after having received the complaint. If, after 45 days, you have not received a response from the Commissioner or if you do not agree with the conclusions drawn, you may contact the Québec Ombudsman (Protecteur du citoyen).

The Québec Ombudsman is entirely independent from the health institution and ministries. The Ombudsman will reevaluate your complaint and inform you of the final decision.

Every institution must handle the complaint in English when an English-speaking user makes such a request. If the Complaints Commissioner is unable to handle the complaint himself, he will have to find alternate solutions to comply with this request.

## 5. Recommendations

The recommendations on the following pages express the positions of the institutions consulted, as well as their commitment with regard to the accessibility of health services and social services in the English language. They also take into consideration each institution's human, material and financial resources, as well as the requests it receives for services in English. Each institution is obviously responsible for implementing these recommendations, and will be need to report on its actions as specified in the regional action plan that will be developed in the near future.

The frame of reference for the development of programs of access to health and social services in the English language for the English-speaking population clearly notes that the “[Translation] ...access program seeks to provide English-speaking persons with access to the largest possible range of health services and social services in English, delivered as close as possible to the living environments of these clients.”<sup>5</sup> A service is considered as being available or accessible in the English language when a user can speak in English and receive an adequate response in this same language.

The frame of reference also specifies that these institutions, and more specifically CSSS, should take the necessary measures to adequately consider the needs of the Anglophone community as they pertain to the organization and the delivery of the various services. In fact, “[Translation] ...intervenors who offer services to the population of a local territory have a shared responsibility to this population. They must make available the most comprehensive group of services possible, including the taking charge and support of people as they navigate the health and social services system. They must also promote collaborative efforts as a means of improving the health and well-being of the territory's communities and population.”<sup>6</sup>

Northern Lanaudière is home to the largest Anglophone community (Rawdon - Chertsey sector) with a greater need for access to English-language services, and this specifically because the population in question is older and for the most part, not bilingual. These persons also live far from Montréal and cannot quickly or easily access services from the city's Anglophone institutions. There are also a few young families with limited means who cannot travel and are thus also limited with regard to obtaining services in Montréal.

The fact that Montréal is located close by, combined with the variety of services available in the metropolis, has consistently favoured the mobility of a portion of the population of Lanaudière towards the city. This is particularly true with regard to the residents of the two RCMs in Southern Lanaudière, the majority of whom work in Montréal and by virtue of being in the city, have for a The bilingualism level of the Anglophone population of Lanaudière should not serve as a reason for setting aside the needs of English-speaking persons who cannot express themselves in French, or for denying the needs of bilingual Anglophones with a health problem or a psychosocial problem that leaves them vulnerable. For the latter group, the fact of having to express themselves in a language other than their mother tongue usually generates a high degree of discomfort. More than a right acknowledged under the law, access to services in English is a real need for a portion of the population.

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<sup>5</sup> Ministère de la Santé et des Services sociaux: Frame of reference for the development of programs of access to health and social services in the English language for the English-speaking population. Québec, MSSS, 2006, p. 17.

<sup>6</sup> Ministère de la Santé et des Services sociaux: Frame of reference for the development of programs of access to health and social services in the English language for the English-speaking population. Québec, MSSS, 2006, p. 18.

## **5.1 Health and social services centres (CSSS)**

### **5.1.1 Health and social services centre - Southern Lanaudière (CSSSSL)**

#### **Recommendations**

##### **That the CSSSSL ensure that:**

- intake and reception services welcome, inform or refer English-speaking clients in all activity sectors;
- emergency services welcome, evaluate, treat and orient English-speaking clients towards appropriate services;
- English-speaking clients consent to care and services by completing consent forms for the appropriate care and services in their own language;
- English-speaking users can be transferred to a designated hospital centre in Montréal if services cannot be provided in English, and this at a patient's request;
- its personnel can benefit from English-language training courses at the opportune moment.
- the Lamater and Meilleur CLSC facilities be included in the 2011-2014 access program for health services and psychosocial services in the school environment (for students of the primary schools in the L'Assomption and Les Moulins RCMs).
- the CSSSSL be included in the access program with regard to its local services in the area of complaint investigation.

### **5.1.2 Health and social services centre - Northern Lanaudière (CSSSNL)**

#### **Recommendations**

##### **That the CSSSNL ensure that:**

- its services accessed most often in English remain available, particularly in light of the concentration of Anglophones located in and around Rawdon;
- emergency services welcome, transfer or treat English-speaking clients;
- intake and reception services welcome English-speaking clients;
- English-speaking users can be transferred to a designated hospital centre in Montréal if services cannot be provided in English, and this at a patient's request. In this regard, included in the access program are the following Montréal hospitals:
  - McGill University Health Centre (MUHC);
  - Sir Mortimer B. Davis - Jewish General Hospital;
  - Douglas Hospital.
- the intake, evaluation and orientation services of Le Tremplin rehabilitation centre are considered as accessible in English;

- external rehabilitation and detoxification services for persons with addictions in Le Tremplin’s three points of service (Joliette, Terrebonne and Repentigny) are available to the Anglophone population;
- special attention is paid to English-speaking clients that require internal (residential)rehabilitation services;
- its personnel can benefit from English-language training courses at the opportune moment;
- the 24/7 service offered by Info-Santé and Info-Social is included in the 2011-2014 access program under psychosocial and nursing telephone intervention services;
- the Chertsey CLSC facility continues to be included in the 2011-2014 access program, for the following services:
  - intake
  - home care services
  - psychosocial intake
  - youth in difficulty
  - psychosocial services
  - ID-PD-PDD
  - health services
  - youth mental health, front and second line
- the services associated with the programs “youth in difficulty”, “ID-PD-PDD” and “youth mental health”, and this with regard to both the front and second lines and including the delivery of services to clients in English schools, are considered as “included” for the entire territory of the Northern Lanaudière CSSS, without having administrative ties to the Chertsey CLSC as an included facility;
- the CSSSNL be included in the access program with regard to its local services in the area of complaint investigation.

## **5.2 La Myriade rehabilitation centre**

### **Recommendations**

- That La Myriade RC offer its employees the necessary English-language training at the opportune moment.
- That La Myriade RC be included in the access program with regard to its local services in the area of complaint investigation.

## **5.3 Le Bouclier physical rehabilitation centre**

### **Recommendations**

- That CRDP Le Bouclier offer its employees the necessary English-language training at the opportune moment.
- That CRDP Le Bouclier be included in the access program with regard to its local services in the area of complaint investigation.

## 5.4 Centres jeunesse de Lanaudière

### Recommendations

- That the receiving and processing of reports, the assessment and direction phases, and the psychosocial taking in charge by Centres jeunesse de Lanaudière be included in the 2011-2014 access program.
- That as regards placements in rehabilitation centres, to continue participating in the supraregional measure whereby young Anglophones are housed at the Batshaw youth and family centres in Montréal (the number of English-speaking Lanaudière youth who rely on Montréal resources does not justify the existence of a regional resource).
- That the availability of English-language training continue to be ensured, as a means of assuring the availability of bilingual intervenors in various service areas, and more so as personnel are transferred, etc.
- That Centres jeunesse de Lanaudière be included in the access program with regard to its local services in the area of complaint investigation.

## 5.5 Residential and long-term care centres (CHSLD) - private, registered

The 2011 access program identified three institutions for the delivery of long-term care services to the English-speaking population:

- CHSLD Heather, an institution designated to provide all services in English;
- CHSLD de la Côte Boisée, an establishment included with regard to current services as well as its local services in the area of complaint investigation, and this even if it only has the occasional English-speaking client.
- CHSLD Vigi Yves-Blais, an institution included with regard to its local services in the area of complaint investigation.

### Recommendations

- That personnel be able to benefit from English-language training courses at the opportune moment.
- That CHSLD Heather be again designated in the access program with regard to all of its services, namely:
  - residential and long-term care services;
  - day care centre;
  - physical therapy;
  - social work;
  - specialized education teachers;
  - recreation-leisure services;
  - nutritional/diet services;
  - medical services.

- That CHSLD de la Côte Boisée maintain its status as included for its current services and with regard to its local services in the area of complaint investigation.
- That CHSLD Vigi Yves-Blais be included with regard to its local services in the area of complaint investigation.

## **5.6 The ASSSL**

### **Recommendations**

- That the ASSSL continue offering English-language training to employees in the network while taking into account the allocated financial resources.
- That the ASSSL be included in the access program with regard to its local services in the area of complaint investigation.



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# **Appendix 1**

**CHSSN**

**2010 CHSSN survey on the vitality of communities**

**Report submitted to: CHSSN**

**Community Health and Social Services Network**

**April 2010**

**The report can be consulted at the following address:  
2010 CHSSN survey on the vitality of communities**

For the survey regarding Anglophones, a total of 3,195 Anglophone Québécois aged 18 years or more were surveyed over the telephone between February 9, 2010 and March 31, 2010. The sample used (n = 3,195) had a margin of error of 1.7 points, 19 times out of 20.

For the survey regarding Francophones, a total of 1,001 Québécois aged 18 years or more were surveyed over the telephone between March 15 and 20, 2010. The sample used (n = 1,001) had a margin of error of 3.1 points, 19 times out of 20.

Of the total people surveyed, for the Lanaudière region, n = 80 Québécois. Data were weighted by using data from the 2006 census.

As part of the revision of the access program, we will only consider questions regarding health care and social services.

**Population breakdown according to mother tongue and language spoken**

Total (%)

Mother tongue	Lanaudière n=80
English	70 %
French	0 %
English and French	10 %
Others	18 %

Total (%)

Language spoken at home	Lanaudière n=80
English	61 %
French	31 %
English and French	8 %
Others	0 %

**Question: On a scale of 1 to 5, where 1 is not at all satisfied, how satisfied are you with regard to the services offered in your region in English in the following sectors, and this for persons other than retirees. Anglophones from Québec (n=3,195)**

**Satisfaction with the availability of services in English**

Total (%)

Health and social services	Lanaudière n=80
5 out of 5	11 %
4 out of 5	8 %
1, 2, 3, out of 5	69 %

**Question: Over the last few months, have you, for yourself or to help someone else, made use of the following services in your region? Anglophones from Québec (n=3,195)**

**Use of health services**

Total (%)

Made use of the following services over the past 12 months, for you or to help someone else	Lanaudière n=80
Clinic or private practice	65 %
CLSC	57 %
Info-Santé line	35 %
Hospital ER or outpatient clinic	40 %
Hospital with stay of at least one night	15 %

**Question: Given the circumstances, do you feel that receiving services in English was very important?**

**Among those who made use of the services: private clinic = 1,857; CLSC = 1,015; Info-Santé = 436; hospital emergency room = 1,086; hospital with stay of one night = 479.**

Total (%)

Very important to receive services in English given the circumstances	Lanaudière n=80
Clinic or private practice	80 %
CLSC	83 %
Info-Santé line	68 %
Hospital ER or outpatient clinic	95 %
Hospital with stay of at least one night	82 %

**Question: Over the next five years, do you think that you or someone you know or are taking care of will require one or the other of the following services? Anglophones from Québec (n=3,195)**

**Planned use of health services**

Total (%)

Planned use over the next five years for oneself or someone else	Lanaudière n=80
Public long-term care institution	17 %
Public home care program	18 %
Private retirement residence	16 %
Private home care or home nursing services	18 %

**Question: Do you think it would be very important to receive these services in English or would it be acceptable to receive them in English?**

**Among those persons who anticipate receiving one of these services over the next five years (n=1,423).**

**Planned use of health services**

Total (%)

Importance of receiving anticipated services in English	Lanaudière n=37
Very important	36 %
Acceptable if in French	64 %
Not important	0 %
DNK	0 %

**Question: Did you receive information on access to the services in English provided by public health and social services institutions from the following sources? Multiple responses. (n=1,147)**

**Information received on services in English**

Total (%)

Sources of information on access to services in English supplied by a public health and social services institution	Lanaudière n=16
Public health and social services institution	65 %
Newspaper	7 %
Community organization	4 %
Other sources	30 %
DNK	0 %

**Question: When you request services from a public health and social services institution, do you feel comfortable asking that they be provided in English? Anglophones from Québec (n=3,195)**

**Request for services in English**

Total (%)

Request for services in English in public health and social services institutions	Lanaudière n=80
Yes	47 %
No	25 %
Not important to request services in English	28 %
DNK	0 %

## **Appendix 2**

### **List of services included in the access program and provided by institutions from another region**

Anglophone clients can obtain English-language services from institutions located in other regions (Montréal, Montérégie), contingent on these services being included in the access programs of these regions and on the existence of an agreement between the regions.

Region	Institutions	Services offered	2011
	<b>Hospital centres - general and specialized care</b>		
06 06	Montréal Children's Hospital Montréal General Hospital	Specialized Short and long term, nursing, outpatient	MUHC <sup>1</sup> MUHC <sup>1</sup>
06 06	Sir Mortimer B. Davis – Jewish Hospital Royal Victoria Hospital	Short terme, ultraspecialized Current services	Yes MUHC <sup>1</sup>
06	<b>Psychiatric services</b> Douglas Hospital	Short and long term psychiatric care, Pavillon beds	Yes
	<b>Rehabilitation centres for youth in difficulty</b>		
06 06	Horizons de la jeunesse shelter Centre Mont St-Patrick	Housing Housing	CJFB <sup>2</sup> CJFB <sup>2</sup>
06	<b>Rehabilitation centres for mothers with adjustment difficulties</b> Maison Élizabéth	Housing	Yes
06	<b>Rehabilitation centres for persons with an intellectual disability</b> Les Promotions sociales Taylor-Thibodeau	Inhouse services	West Montreal Readaptation Centre <sup>3</sup>
06	<b>Rehabilitation centres for persons with physical disability and persons with a hearing impairment</b> MAB Mackay Centre	Current services	MAB Mackay rehabilitation Centre
06	<b>Rehabilitation centres for persons with a visual impairment</b> Montreal Association for the Blind	Current services	Montreal Association for the Blind
16	<b>Rehabilitation centre for alcoholics and drug addicts</b> Pavillon Foster	Inhouse services	Yes
14	<b>Private certified centre Freedom House</b>	Inhouse services	Yes

1. Facilities integrated to the MUHC = McGill University Health Centre

2. Facilities integrated to the CJFB = Batshaw youth and family centres

3. New name subsequent to the integration of the West Island rehabilitation centre and Chalet d'enfants Primavesi to Promotions sociales Taylor-Thibodeau in 1997.

## **Appendix 3**

**Designated institution for the Lanaudière region:**

**CHSLD Heather Inc.**



Québec City, February 14, 2007

Mr. Jean-François Foisy  
President and Executive Director  
Agence de la santé et des services sociaux de Lanaudière 245, rue du Curé-Majeau  
Joliette (Québec) J6E 8S8

Dear Mr. President and Executive Director,

Section 508 of the Act respecting health services and social services (R.S.Q., c. S-42) (hereinafter referred to as the Act) notes that the government shall designate from among the institutions recognized under section 29.1 of the Charter of the French language (R.S.Q., c. C-11) those which are required to make health and social services accessible in the English language to English-speaking persons. The institutions thus designated must make all of their services available to English-speaking persons in the English language.

In applying this section, the government on October 12, 2006 adopted order 919-2006, which designated institutions for all of Québec under section 508 of the Act. The following institution was designated for your region: CHSLD Heather Inc.

Please remember that according to the second paragraph of section 348 of the Act, the program of access to health services and social services in the English language established by an agency in conjunction with institutions from its territory, must include all of the region's institutions designated under section 508. The institution mentioned in the previous paragraph will thus need to be included in the access program currently being revised by your agency.

The health and social services network remains concerned with the importance of taking the needs of English-speaking persons into account, and I am personally relying on your cooperation to ensure that these users receive the services they are entitled to, in their own language.

Yours truly,

The Minister

Philippe Couillard

c.c.:

Committee for the delivery of health services and social services in the English language  
Mr. Paul Arbec, President and Executive Director, CHSLD Heather Inc.

## **Appendix 4**

### **Resolution of the ASSSL and the institutions on its territory with services included in the 2011-2014 access program**

**EXCERPT FROM THE MINUTES OF THE REGULAR  
MEETING OF THE BOARD OF DIRECTORS OF THE  
LANAUDIÈRE HEALTH AND SOCIAL SERVICES AGENCY**

**HELD IN JOLIETTE ON JUNE 14, 2011**

**RESOLUTION  
NO.: ASSSSL-2011-25**

**REVISION OF THE ACCESS PROGRAM FOR  
SERVICES IN THE ENGLISH LANGUAGE - 2011-2014**

**CONSIDERING** that the access program must be revised every three years, and that it must be adopted for the years 2011-2014;

**CONSIDERING** that all of the health and social services network institutions have adopted the 2011-2014 access program by means of a resolution of their respective Boards of directors;

**CONSIDERING** that CHSLD Heather continues to be the designated centre for the region;

**CONSIDERING** that the ASSSSL must recognize its regional services in the area of complaint investigation in the quality of an included service;

**CONSEQUENTLY**, following a proposal duly put forth by Mr. Yvan Ouellet and seconded by Mr. François de Villemure, **IT IS AGREED:**

**TO ADOPT** the program of access to health services and social services in the English language - 2011-2014.

**TO ACCEPT** the recognition of the regional services in the area of complaint investigation of the Lanaudière health and social services agency in the quality of an included service.

**CERTIFIED TRUE COPY**

Jean-Francois Foisy  
Secretary of the Board of directors  
June 15, 2011

**179th REGULAR MEETING OF THE BOARD OF DIRECTORS HELD ON WEDNESDAY, APRIL 27, 2011 AT THE HEADQUARTERS BUILDING, PRESIDED BY MR. RENÉ BROUILLETTE AND FOR WHICH THERE WAS A QUORUM.**

EXCERPT FROM THE MINUTES

ACCESS PROGRAM FOR SERVICES IN THE ENGLISH LANGUAGE - 2011-2014

RESOLUTION 2011.17

CONSIDERING that section 15 of the Act respecting health services and social services establishes that English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program for services in the English language, as referred to in section 348;

CONSIDERING that section 348 of this same Act, which requires that the health and social services agency develop an access program for English-language services, in conjunction with the institutions concerned, and while giving due consideration to their human, material and financial resources;

CONSIDERING that the 2006 frame of reference of the Ministère de la Santé et des Services sociaux regarding the access program for services in the English language requires a resolution from the Board of directors of each institution agreeing to be included in the access program be appended to the access program once it is submitted to the MSSS;

CONSIDERING that in March 2007, the Board of directors accepted the recommendations made with regard to the access program for services in the English language for 2007-2010 of the health and social services agency;

CONSIDERING that the access program must be revised every three years and approved by the Ministère de la Santé et des Services sociaux;

FOLLOWING A DULY SECONDED PROPOSAL, IT IS UNANIMOUSLY AGREED:

That Centres jeunesse de Lanaudière accept the following recommendations and ensure that they are adhered to:

That the receiving and processing of reports, the assessment and direction phases, and the psychosocial taking in charge by Centres jeunesse de Lanaudière be included in the 2011-2014 access program.

-That as regards placements in rehabilitation centres, to continue participating in the supraregional measure whereby young Anglophones are housed at the Batshaw youth and family centres in Montréal (the number of English-speaking Lanaudière youth who rely on Montréal resources does not justify the existence of a regional resource).

That the availability of English-language training continue to be ensured, as a means of assuring the availability of bilingual intervenors in various service areas, and more so as personnel are transferred, etc.

-That Centres jeunesse de Lanaudière be included in the access program with regard to its local services in the area of complaint investigation.

CERTIFIED TRUE COPY

filed in Joliette, this May 18, 2011.

Pierre Racette, Executive Director and Secretary of the  
Board of Directors  
/SP

## RESOLUTION OF THE DIRECTOR OF CHSLD DE LA CÔTE BOISÉE INC.

Subject: Services included in the access program for services in the English language services for the Lanaudière region

Whereas section 15 of the Act respecting health services and social services establishes that English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program for services in the English language, as referred to in section 348.

Whereas section 348 of this same Act requires that the health and social services agency develop an access program for services in the English language, in conjunction with the institutions concerned, and while giving due consideration to their human, material and financial resources.

Whereas the 2006 frame of reference of the Ministère de la Santé et des Services sociaux regarding the access program for services in the English language requires that a resolution from the Board of directors of each institution agreeing to be included in the access program be appended with the access program once it is submitted to the MSSS.

### IT IS AGREED:

That the institution CHSLD de la Côte Boisée agrees to be included in the access program for services in the English language for the Lanaudière region, and this with regard to the following facilities and services:

Facility name  
CHSLD de la Côte Boisée

List of services included  
Services and caregiving support for persons suffering from a major lack of autonomy (housing and temporary housing)

Services from the J.-A. Duchesneau outpatient centre

Conditions for accessing services  
in the English language

- Bilingual employees have been assigned to meet the needs of English-speaking residents. This list is currently up to date.
- At reception (intake), the institution offers English-speaking persons an information packet containing various items drafted in English.
- Administrative services can be delivered in English.
- The institution can address complaints in English. If the complaints commissioner is unable to personally handle a complaint, he will make sure an alternative solution is implemented to ensure this service.

Date of the Board of directors meeting: April 26, 2011

Name of signatory: Gérald Asselin  
Function of the signatory: President of the Board of directors  
Authorized signature: \_\_\_\_\_ Date signed: \_\_\_\_\_

Excerpt from the minutes of the regular meeting of the Board of directors of Vigi Santé Ltée held on May 24, 2011 at 9:00 a.m. at 197 rue, Thornhill, Dollard-des-Ormeaux, H9B 3H8

03. Adopted within the framework of the revision of the access program for services in the English language for the clients of the CHSLD Vigi Yves-Blais

Whereas section 15 of the Act respecting health services and social services establishes the right of English-speaking persons to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 348.

Whereas section 348 of this same Act requires that the health and social services agency develop a program of access to services in the English language in conjunction with the institutions concerned and while taking into consideration their human, material and financial resources.

Whereas the 2006 frame of reference of the Ministère de la Santé et des Services sociaux concerning the access program for services in the English language requires that a resolution of the Board of directors of each institution indicating their agreement to being included in the access program be appended with the access program once it is submitted to the MSSS.

Whereas within the framework of the revision of the access program of the Lanaudière health and social services agency is included the adoption by means of a Board of directors resolution the revision of the 2011-2014 access program for services in the English language as well as the recommendations and services indicated in the area of complaint investigation.

It is PROPOSED, duly SUPPORTED and unanimously AGREED TO that the institution Vigi Santé accept, within the framework of the revision of the 2011-2014 access program for services in the English language, to be included in the area of complaint investigation for its CHSLD Vigi Yves-Blais facility. In the event that the regional service quality and complaints commissioner is unable to address complaints in English, the institution will seek alternative solutions enabling it to honour its commitment in this regard.

Vincent Simonetta

Secretary of the Board of directors

Certified true excerpt, as it appears in the minutes of the regular meeting of the Board of directors (May 24, 2010)..

EXCERPT from the minutes of a regular meeting of the Board of directors of La Myriade rehabilitation centre held on Wednesday, April 27, 2011 at 7:00 p.m., at 1180, boul. Manseau in Joliette.

#### 4.8 Adoption of the revision of the 2011-2014 access program for services in the English language

RESOLUTION N° 2011-04-320

As proposed by Mr. Martin Lapointe and seconded by

Mr. Mario Pauze, it was unanimously agreed to adopt the revision of the 2011-2014 access program for services in the English language, the recommendations and indicated services in the area of complaint investigation with regard to

La Myriade RC submitted by the ASSSL.

Secretary of the Board of directors,

Robert Lasalle, C.A.

CERTIFIED TRUE COPY

Excerpt from the minutes of a regular meeting of the Board of directors of the CRDP

Le Bouclier held on May 17, 2011 at 1300, Curé Labelle in Blainville.

#### REVISION OF THE 2011-2014 ACCESS PROGRAM FOR SERVICES IN THE ENGLISH LANGUAGE

- LANAUDIÈRE

1105-15 FOLLOWING A PROPOSAL put forth by Jacques Thibault and supported

by Marie-France Joly, it was unanimously agreed to give effect to the revision of the 2011-2014 access program for services in the English language - Lanaudière, as well as to the recommendations and indicated services in the area of complaint investigation with regard to CRDP Le Bouclier.

True copy

LISE BOLDUC

Executive Director and Secretary of the Board of directors of Le Bouclier physical rehabilitation centre

May 24, 2011



Excerpt from the minutes of the 60th regular meeting of the Board of directors of the CSSS - Northern Lanaudière held on May 24, 2011 in the Maurice-Blais room (6C-24) of the administrative centre.

2011-062 Adoption of the revision of the 2011-2014 access program for services in the English language

Whereas section 15 of the Act respecting health services and social services establishes that all English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 348.

Whereas the 2011-2014 access program for services in the English language for the Lanaudière region was recently revised, in compliance with section 348 of the Act respecting health services and social services;

Following a proposal put forth by Ms. Jacqueline Bérard and seconded by Mr. Jean-Louis Pelland, the CSSS – Northern Lanaudière Board of directors adopted the recommendations pertaining to the 2011-2014 access program for services in the English language, and will ensure that:

- its services accessed most often in English remain available, particularly in light of the concentration of Anglophones located in and around Rawdon;
- emergency services welcome, transfer or treat English-speaking clients;
- intake and reception services welcome English-speaking clients and refer them as needed;

English-speaking users can be transferred to a designated hospital centre in Montréal if services cannot be provided in English, and this at a patient's request. The following Montréal hospitals are listed in the access program for this purpose:

- o McGill University Health Centre (MUHC)
- o Sir Mortimer B. Davis - Jewish General Hospital o Douglas Hospital

- the intake, evaluation and orientation services of Le Tremplin rehabilitation centre are considered as accessible in English;

external rehabilitation and detoxification services for persons with addictions in Le Tremplin's three points of service (Joliette, Terrebonne and Repentigny) are available to the Anglophone population; special attention is paid to English-speaking clients that require internal (residential) rehabilitation services; its personnel can benefit from English-language training courses at the opportune moment;

the 24/7 service offered by Info-Santé and Info-Social is included in the 2011-2014 access program under psychosocial and nursing telephone intervention services;

the Chertsey CLSC facility continues to be included in the 2011-2014 access program, for the following services:

- ✓ intake            ✓ home care services
- ✓ psychosocial intake    ✓ youth in difficulty

✓ psychosocial ✓ ID-PD-PDD

services ✓ youth mental health, front- and second line

✓ health services

the services associated with the programs “youth in difficulty”, “ID-PD-PDD” and

“youth mental health”, and this with regard to both the front and second lines and including the delivery of services to clients in English schools, are considered as “included” for the entire territory of the Northern Lanaudière CSSS, without having administrative ties to the Chertsey CLSC as an included

facility;

the Northern Lanaudière CSSS be included in the access program with regard to its local services in the area of complaint investigation.

Certified true copy

Marie Beauchamp

Executive Director

Secretary of the Board of directors

Saint-Charles-Borromée, May 25, 2011

CSSS - Southern Lanaudière

EXCERPT FROM THE MINUTES OF THE TWENTY-FOURTH SPECIAL MEETING OF THE CSSSSL BOARD OF DIRECTORS ON JULY 11, 2011 - RESOLUTION CA-83-599

REVISION OF THE PROGRAM OF ACCESS TO HEALTH SERVICES AND SOCIAL SERVICES IN THE ENGLISH LANGUAGE - 2011-2014 - LANAUDIÈRE

CONSIDERING section 15 of the Act respecting health services and social services, which states that "English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 348." (section 15, R.S.Q., c. S-4.2).

CONSIDERING section 348 of the Act respecting health services and social services, which states that "Each agency, in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other agencies, such a program in centres operated by the institutions of another region." (section 348, R.S.Q., c. S-4.2).

CONSIDERING that the access program must be revised every three years and approved by the Ministère de la Santé et des Services sociaux.

CONSIDERING that the 2006 frame of reference of the Ministère de la Santé et des Services sociaux concerning the access program for services in the English language requires that a resolution of the Board of directors of each institution indicating their agreement to being included in the access program be appended with the access program once it is submitted to the MSSS.

CONSEQUENTLY, and as duly proposed by Ms. Marguerite St-Gelais Halle and seconded by Ms. Manon Blain, IT WAS UNANIMOUSLY AGREED:

THAT the CSSS - Southern Lanaudière give effect to the revision of the Program of access to health services and social services in the English language - 2011-2014 - Lanaudière and adopt the recommendations seeking to ensure: that intake and reception services welcome, inform or refer English-speaking clients in all activity sectors;

\* that emergency services welcome, evaluate, treat and orient English-speaking clients towards appropriate services;

\* that English-speaking clients consent to care and services by completing consent forms for the appropriate care and services in their own language;

\* that English-speaking users be transferred to designated residential centres or other institutions in the Montréal region if services cannot be provided in English in our territory, and this at a user's request;

THAT the Lamater and Meilleur CLSC facilities be included in the 2011-2014 access program for health services and psychosocial services in the school environment (for students of the primary schools of the Sir Wilfrid-Laurier school board), located in the L'Assomption and Les Moulins RCMs;

THAT the CSSS - Southern Lanaudière be included in the access program with regard to its local services in the area of complaint investigation.

CERTIFIED TRUE COPY EXECUTED THE SECRETARY,

IN TERREBONNE ON JULY 11, 2011

BERNARD FORTIN, EXECUTIVE DIRECTOR