

**REGIONAL PROGRAM OF ACCESS
TO SERVICES IN THE ENGLISH LANGUAGE
FOR THE ENGLISH-SPEAKING POPULATION
OF MONTREAL
2007-2010**

**APPROVED BY THE BOARD OF
DIRECTORS OF THE AGENCE DE LA
SANTÉ ET DES SERVICES SOCIAUX DE
MONTRÉAL
MARCH 27TH 2007
REVISED JUNE 20TH 2007**

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*Agence de la santé
et des services sociaux
de Montréal*

Québec 

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Author: Service des relations avec la population

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INTRODUCTION TO THE REGIONAL PROGRAM OF ACCESS TO SERVICES IN ENGLISH

The Regional Program of Access to Services in the English Language for the English-Speaking Population of Montreal 2007-2010 (hereafter Regional Program) has been developed with the help of numerous people from the region's health and social service institutions and the English-speaking community.

The Program's goal is to determine institutions' obligations with regard to the health and social services that must be made accessible in English, in keeping with the human, material and financial resources of the institutions, and according to the legislation in effect, specifically sections 1, 4 and 29.1 of the Charter of the French Language. The purpose of the Regional Program is to make a range of health and social services available to English speakers, in English, close to where they live.

This program has been considered and validated by English-speaking community members and organizations, by previously *designated* or *indicated* institutions, and by the Agence de la santé et des services sociaux de Montréal (hereafter Agence). Furthermore, both the former (2003-2006) and current Regional Committee for Access Programs to Health and Social Services in English (hereafter Regional Committee) were involved in the work and consultations carried out within the English-speaking community.

The Ministère de la Santé et des Services sociaux du Québec's Frame of Reference for the Implementation of Programs of Access to Health and Social Services in the English Language for the English-Speaking Population establishes a multiple-step process for adopting regional programs. Once the consultation and validation steps have been completed, the boards of directors of each institution *indicated* in the Regional Program must send the Agence a resolution confirming that the institution agrees to be included in said program. In a parallel step, the Regional Committee must issue an opinion regarding the Regional Program and recommend its adoption by the Agence's board of directors. Subsequently, a Québec Government decree will put into effect to the Regional Program for Access to Health and Social Services in the English Language for the English-Speaking Population of Montreal.

LEGAL CONTEXT

The Act Respecting Health Services and Social Services (R.S.Q., c. S-4.2) sets out users' rights and institutions' and agency's responsibilities when it comes to service organization. Some sections detail how to fulfill these responsibilities so as to ensure access to services in English for English-speaking persons.¹

The first such section recognizes that "English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure

¹ "Spoken language" is defined according to respondents' declarations in the Statistics Canada Census regarding "First official language spoken" (or FOLS). Those who declare both French and English as 1st official language spoken are divided equally between the French-speaking group and the English-speaking group.

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).

For its part, Section 348 stipulates that “[E]ach 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.” Such a program must take into account the human, material and financial resources of the institutions in the region and include all those *designated* pursuant to Section 508 of that Act. Section 508 invites the Government to designate, from among the institutions recognized under of section 29.1 of the Charter of the French Language, those which are required to make health services and social services accessible in the English language to English-speaking persons.

Definition of an English-Speaking Person

However, before providing a profile of Montreal’s English-speaking community, it is worth defining this expression. The frame of reference of the Ministère de la Santé et des Services sociaux states that:

“An English-speaking person is one who, in his relations with an institution dispensing health services or social services, feels more comfortable in expressing his needs in the English language and receiving the services in that language.”²

DEVELOPMENTS SINCE THE LAST REGIONAL PROGRAM

The 1996 Regional Program of Access to Health and Social Services in the English Language for the Montréal-Centre region identified *designated* institutions as those required to make all of their services accessible in English, and *indicated* institutions as those required to provide specific services in English. In 1999, the Government of Quebec put the program into effect through Decree 848-99.

Since then, the health and social service network has undergone a major reorganization, notably through the creation, in 2004, of the health and social service centres, resulting from the merger of various institutions. The guiding principles of that reorganization were population-based responsibility for institutions, the hierarchical organization of services, and greater ease of movement through the system easier.

Despite the scope of the reform, the level of access to services in English for the English-speaking population was maintained. Sections 34 and 35 of the Act Respecting Development Agencies³ stipulated that the responsibilities of formerly *designated* or *indicated* institutions were maintained with regard to the English-speaking population, and that only a revision of the regional program could change the way services were offered in English.

² Ministère de la santé et des services sociaux. (March 2006). Frame of Reference for the Development of Programs of Access to Health and Social Services in the English Language for the English-Speaking Population. Government of Quebec, p. 17.

³ Under its full name: An Act respecting Local Health and Social Services Network Development Agencies; it was adopted in March 2003, and repealed in November 2005. The subsequent Act put everything into effect.

Developing this third Regional Program has made it possible to take stock of the recommendations of the 1996 and 1989 Regional Programs. The *designated* and *indicated* institutions were also given the opportunity to provide a status report on the accessibility of their services in English. This status report is presented on page 12.

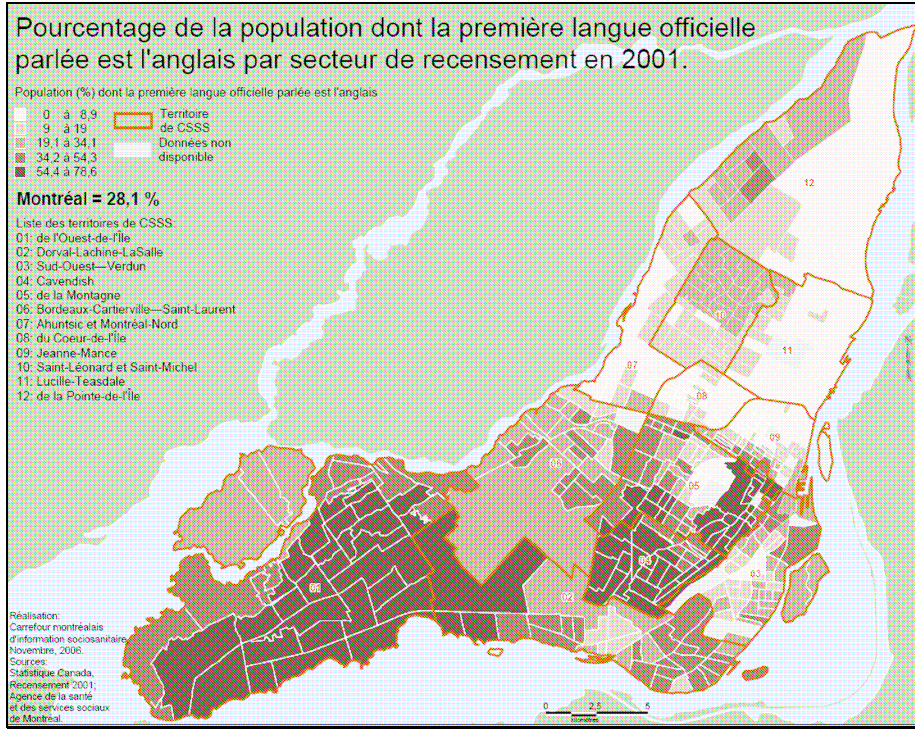
THE ENGLISH-SPEAKING POPULATION OF MONTREAL

A Regional Program aimed at meeting the needs of the English-speaking population must equip itself with a profile of that population. To achieve this, the Agence de Montréal has drawn on data from the census carried out by Statistics Canada every five years.

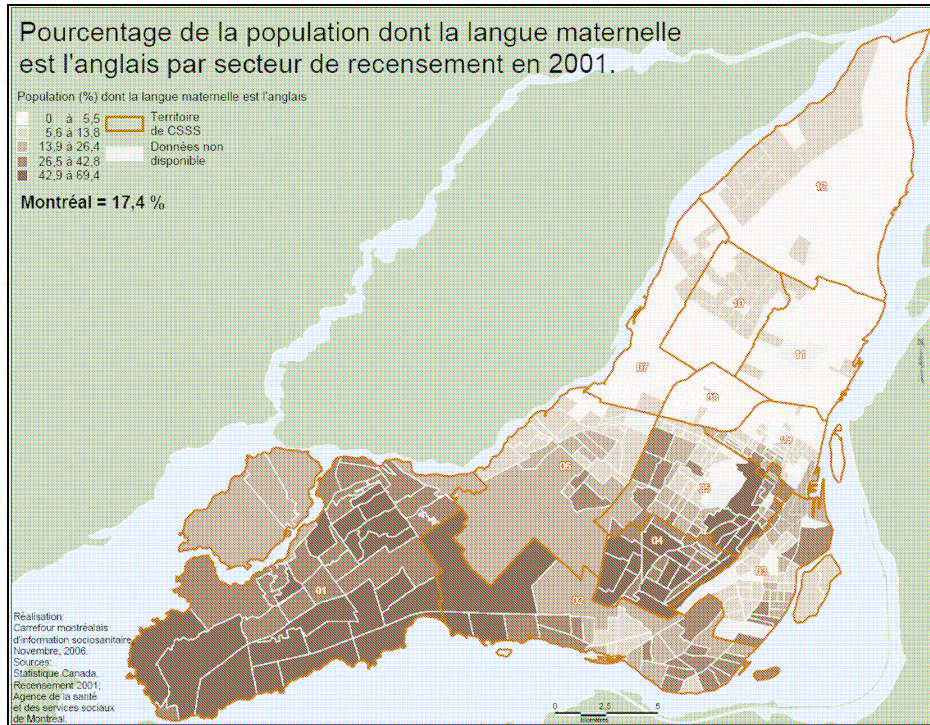
The foremost census data enabling the Agence to establish the number of English-speaking persons and their distribution throughout the territory is each respondent's statement with regard to their first official language spoken (hereafter FOLS). Persons who have stated English to be their first official language spoken are therefore recognized as English-speaking. This does not necessarily mean that English-speaking persons are unable to express themselves in French. Particular attention is paid to a second bit of data, namely statements regarding mother tongue, since the mother tongue is sometimes the language that enables people to better express their feelings, emotions and needs. It should be kept in mind that, in any event, these statements arise out of self-assessments of the person's ability to communicate in one language or the other – be it French or English. These statements of language skill do not, therefore, guarantee the ability to request and receive health and social services in that language.

The three maps ⁴ below represent a breakdown of the English-speaking community within the territory of the Agence de Montréal, starting with English as first official language spoken (28%). Below that, we have a map showing where the population with English as its mother tongue (17%) is established; this means that 40% of English FOLS have a different mother tongue. Most of them come from recent or less recent immigration, and some belong to a visible minority. Over the years, both Montreal communities – the English-speaking community and the French-speaking community – have diversified and integrated immigrants and visible minorities. And finally, the last map shows the sectors where the population with English as the only official language is concentrated (12%). According to this data, we can conclude that, in Montreal, 40% of the English-speaking population cannot hold a conversation in French.

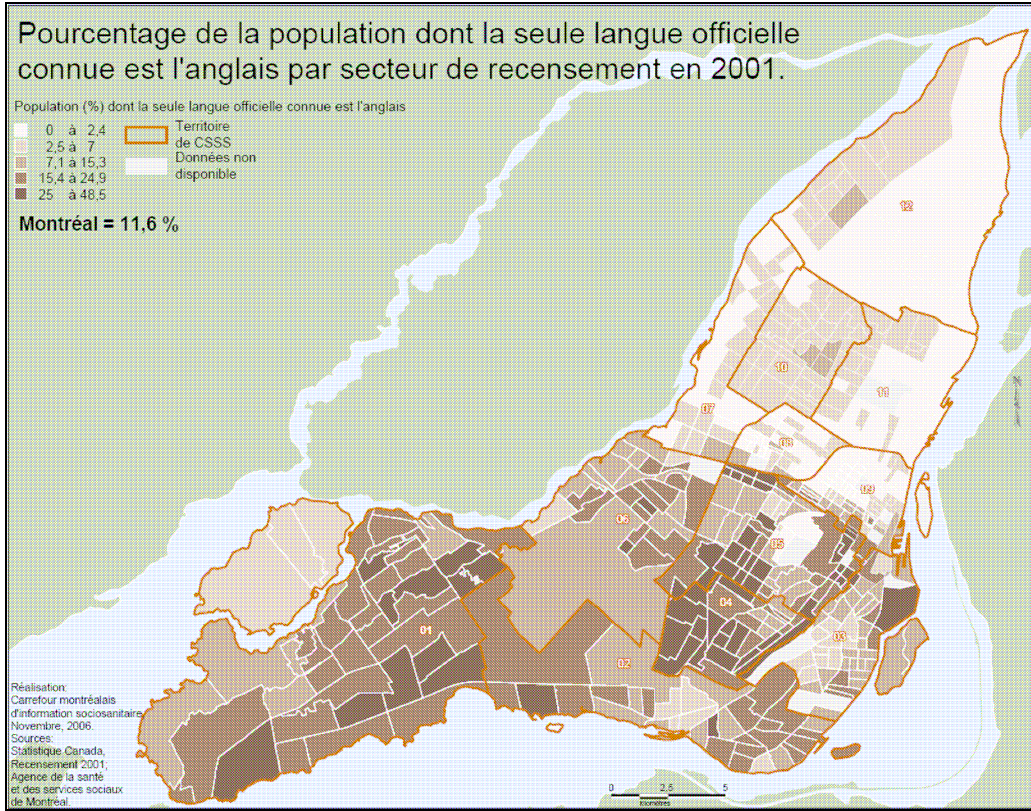
⁴ Please note that colour printing provides better contrast and makes it possible to read the maps more clearly. The same applies to the charts.



Translation: Percentage of the population whose first official language spoken is English, by census tract, in 2001 / Population (%) whose first official language spoken is English / 0 to 8.9 / 9 to 19 / 19.1 to 34.1 / 34.2 to 54.3 / 54.4 to 78.6 / CSSS Territory / Data not available / **Montréal = 28.1%** / List of CSSS territories

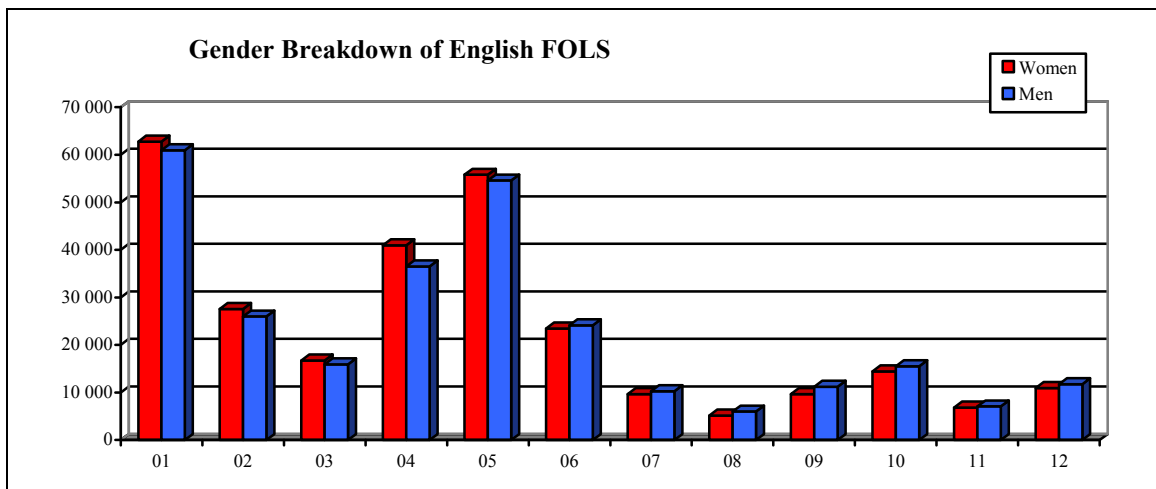


Translation: Percentage of the population whose mother tongue is English, by census tract, in 2001 / Population (%) whose mother tongue is English / 0 to 5.5 / 5.6 to 13.8 / 13.9 to 26.4 / 26.5 to 42.8 / 42.9 to 69.4 / CSSS Territory / Data not available / **Montréal = 17.4%**



Translation: Percentage of the population whose only known official language is English, by census tract, in 2001 / Population (%) whose only known official language is English / 0 to 2.4 / 2.5 to 7 / 7.1 to 15.3 / 15.4 to 24.9 / 25 to 48.5 / CSSS Territory / Data not available / Montreal = 11.6%

Finally, a look on the breakdown according to gender makes it possible to see that the English-speaking population has a lower proportion of women than in the general population (50.36% vs. 51.96%).



CSSS KEY

01 de l'Ouest-de-l'Île
05 de la Montagne
09 Jeanne-Mance

02 de Dorval-Lachine-LaSalle
06 de Bordeaux-Cartierville-Saint-Laurent
10 de Saint-Léonard et Saint-Michel

03 du Sud-Ouest-Verdun
07 d'Ahuntsic et Montréal-Nord
11 Lucille-Teasdale

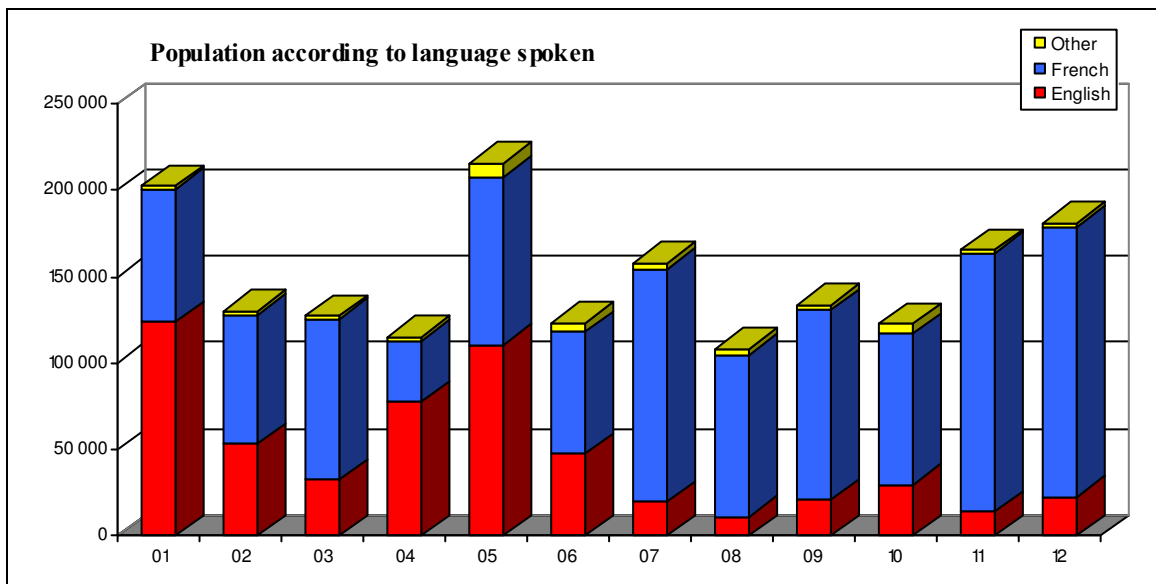
04 Cavendish
08 du Cœur-de-l'Île
12 de la Pointe-de-l'Île

Population Trends within the Community

Although a recent census was held in May 2006, this Regional Program is based on data from the 2001 census. The former program was based on data from the 1991 census.

During the 2001 census, 563 940 Montrealers declared English as their first official language spoken (total population: 1 782 830). Despite the fact that there has been a drop in English as the language spoken at home (from 24 to 22%), the English-speaking community grew by about 60 000 people between 1991 and 2001.

The English-speaking community is unevenly spread out over the various CSSS territories; for example, 55% of this community lives in only three out of the region’s twelve CSSS territories. Nevertheless, the health and social service centres are responsible for the state of health of their population, regardless of the size of their share. They must therefore ensure that the English-speaking community has access to services in English, the modalities for which the present Regional Program aims to specify.



CSSS KEY

01 de l’Ouest-de-l’Île	02 de Dorval-Lachine-LaSalle	03 du Sud-Ouest-Verdun	04 Cavendish
05 de la Montagne	06 de Bordeaux-Cartierville-Saint-Laurent	07 d’Ahuntsic et Montréal-Nord	08 du Cœur-de-l’Île
09 Jeanne-Mance	10 de Saint-Léonard et Saint-Michel	11 Lucille-Teasdale	12 de la Pointe-de-l’Île

Needs of the English-Speaking Community

Generally speaking, the health and social service needs of Montreal’s English-speaking community are similar to those of its French-speaking community. However, the nature of the service required has an impact on the need for it to be provided in English. In fact, the more crucial verbal communication is to the intervention, the more important English language skills and fluency become to ensuring that the service is provided in a satisfactory manner, both for the client and the service provider. In psychosocial services, the quality and effectiveness of the intervention depend greatly on the quality of communication.

While many members of the English-speaking community are comfortable requesting and receiving services in French, it is equally true that those same people may wish to receive certain services in English. Services linked to mental health problems, domestic violence or particularly stressful medical situations are often mentioned as services that people would particularly like to receive in their own language. Furthermore, as people get older, some might feel more comfortable communicating in English. Similarly, families with sick children appreciate having such services close at hand.

The English-speaking community and the French-speaking community are in the same situation and are both multifaceted: they have their share of rich and poor, of functionally illiterate persons and university graduates. Program development must always keep this in mind, along with the communities' ethnic diversity. Similarly, vigilance must be shown toward CSSSs where the English-speaking community is small, to ensure that services are provided close by, in accordance with mandates and available resources. Evaluating the nature of the required intervention helps define the desired closeness. Finally, the English-speaking community should be able to benefit from information and prevention campaigns on the same footing as all other Montrealers. It is therefore important to make sure that these campaigns are also in English.

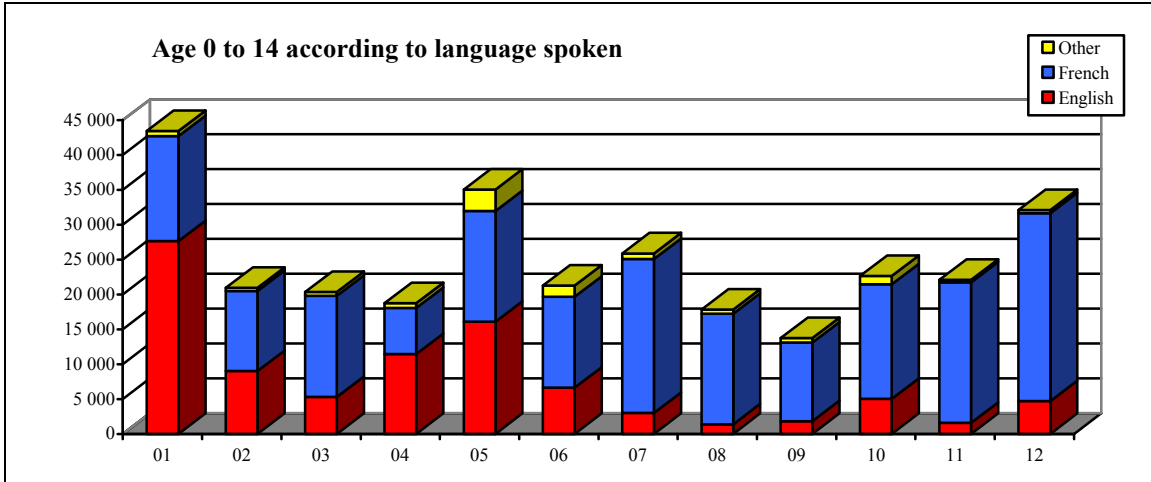
Young People in School

Approximately 110 000 young people under the age of 17, which means 32% of young people in the region, can be considered English speakers. The percentage of young English speakers in relation to all young Montrealers is therefore similar to the proportion of the entire English-speaking community within the Montreal population.

According to the English-Montreal and Lester B. Pearson school boards, 48 000 young Montrealers will be attending their schools in 2006-2007. Other young people will either go to English-language private schools, or to private or public schools in the French-language network.

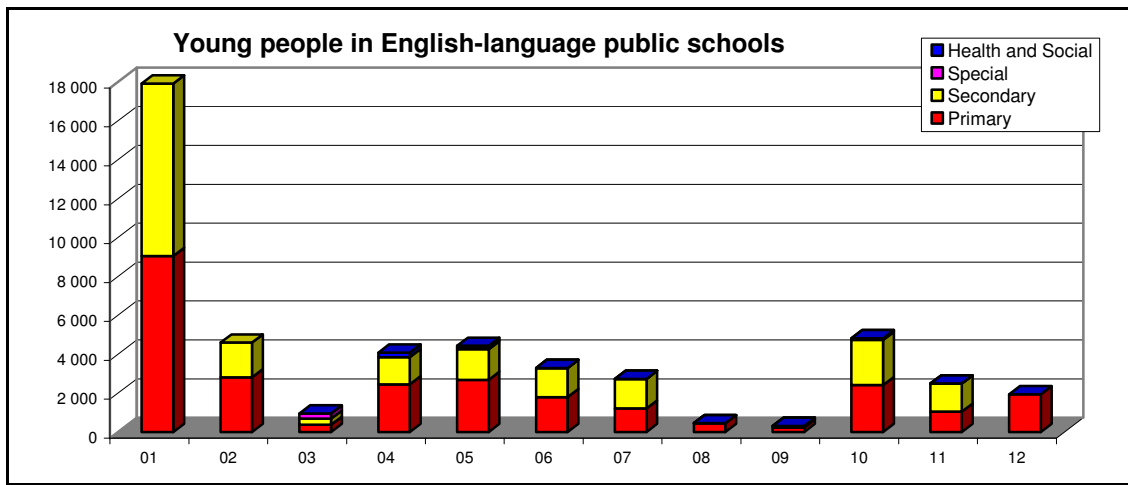
CSSSs must take this into account when assigning social workers, nurses and other health professionals to the various schools within their territory. It is expected that those working in the English network should have the level of skill required to practice effectively in English. Measures must be taken, as needed, to improve English-language communication skills.

The first chart below shows the breakdown of young people between the ages of 0 and 14 (N = 290 920) according to their language spoken, across the region's twelve CSSSs. The second chart shows English-language public school attendance.



CSSS KEY

01 de l'Ouest-de-l'Île	02 de Dorval-Lachine-LaSalle	03 du Sud-Ouest-Verdun	04 Cavendish
05 de la Montagne	06 de Bordeaux-Cartierville-Saint-Laurent	07 d'Ahuntsic et Montréal-Nord	08 du Cœur-de-l'Île
09 Jeanne-Mance	10 de Saint-Léonard et Saint-Michel	11 Lucille-Teasdale	12 de la Pointe-de-l'Île

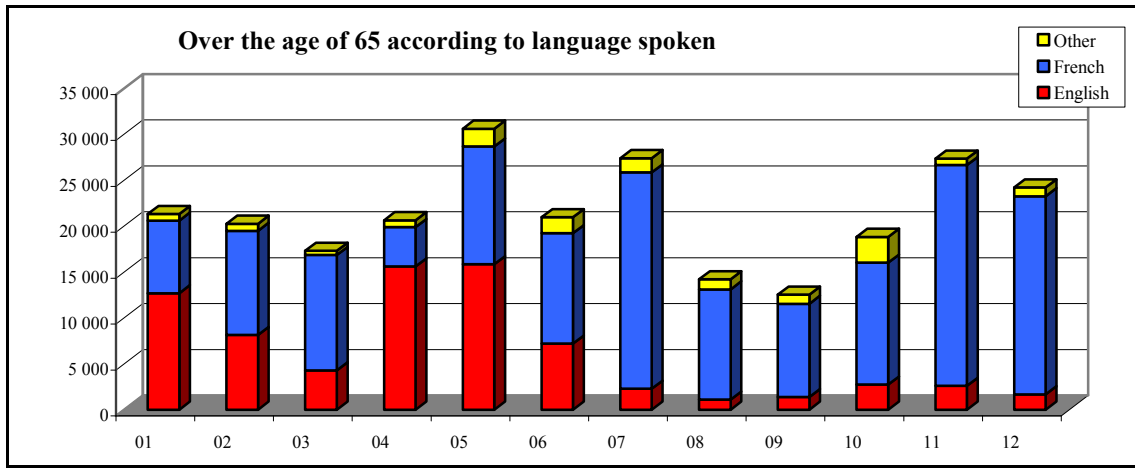


CSSS Key

01 de l'Ouest-de-l'Île	02 de Dorval-Lachine-LaSalle	03 du Sud-Ouest-Verdun	04 Cavendish
05 de la Montagne	06 de Bordeaux-Cartierville-Saint-Laurent	07 d'Ahuntsic et Montréal-Nord	08 du Cœur-de-l'Île
09 Jeanne-Mance	10 de Saint-Léonard et Saint-Michel	11 Lucille-Teasdale	12 de la Pointe-de-l'Île

The Elderly: in Residential Care or at Home

According to the 2001 census, 75 560 of Montrealers over the age of 65 declared English as their first official language spoken, which represents 30% of people over the age of 65⁵. This percentage is slightly lower than the overall weight of the English-speaking community, which is 32%. The chart below shows the breakdown of people over the age of 65 by CSSS territory and according to first official language spoken.



CSSS Key

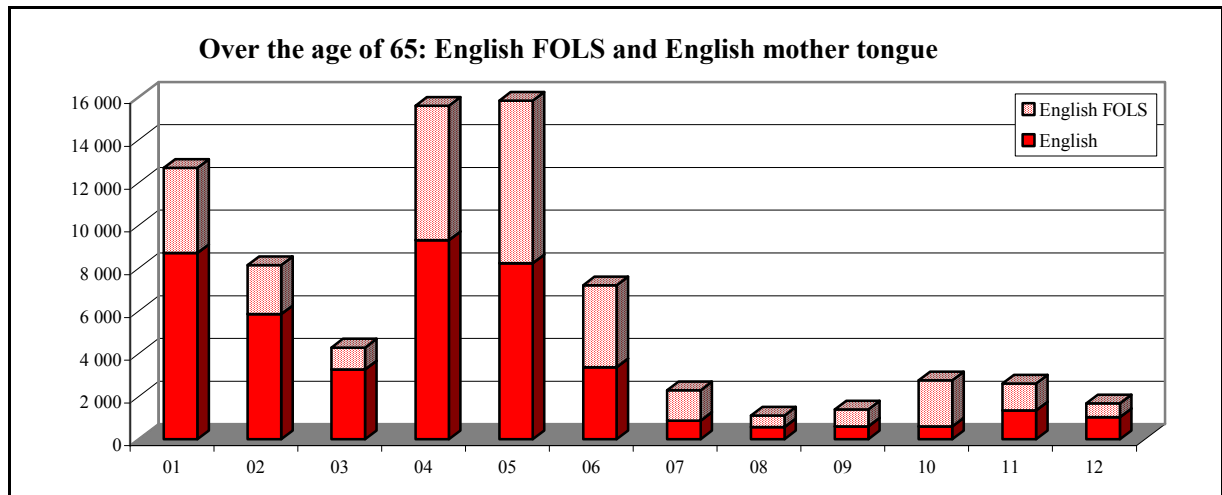
01 de l'Ouest-de-l'Île	02 de Dorval-Lachine-LaSalle	03 du Sud-Ouest-Verdun	04 Cavendish
05 de la Montagne	06 de Bordeaux-Cartierville-Saint-Laurent	07 d'Ahuntsic et Montréal-Nord	08 du Cœur-de-l'Île
09 Jeanne-Mance	10 de Saint-Léonard et Saint-Michel	11 Lucille-Teasdale	12 de la Pointe-de-l'Île

However, in order to identify the needs of these 75 560 Montrealers properly and ensure a suitable organization of the service offer, particularly with regard to residential care, it is necessary to take into account other factors, such as mother tongue, ethnic origin and religion. English is the mother tongue of 51 925, or 69% of English-speaking persons over the age of 65. The other 23 635 speak a range of different mother tongues. This situation, which is typical of Montreal, has given rise to several facilities devoted to certain clienteles, namely Chinese, Italian, Polish and Jewish. The clienteles of these facilities come from the English-speaking community and the French-speaking community, which will have an impact on the organization of residential care and the allocation of residential care places.

The Agence de Montréal, as part of its preparatory work for the regional Action Plan for persons who are no longer self-sufficient for reasons linked to ageing, is taking these elements into account in establishing the number of beds available and required. It shall pay particular attention to the fact that many people over the age of 65 have linguistic, cultural and religious differences. This work should be finished in 2007.

⁵ According to the 2001 census, 264 025 Montrealers were over the age of 65.

The chart that follows illustrates the proportion of English-speaking persons over the age of 65 whose mother tongue is English.



CSSS Key

01 de l'Ouest-de-l'Île	02 de Dorval-Lachine-LaSalle	03 du Sud-Ouest-Verdun	04 Cavendish
05 de la Montagne	06 de Bordeaux-Cartierville-Saint-Laurent	07 d'Ahuntsic et Montréal-Nord	08 du Cœur-de-l'Île
09 Jeanne-Mance	10 de Saint-Léonard et Saint-Michel	11 Lucille-Teasdale	12 de la Pointe-de-l'Île

The English-Speaking Hearing Impaired Community

Montreal's English-speaking hearing impaired community, which has fewer than 500 people, experiences a certain amount of difficulty when it comes to accessing services, given the small number of ASL (American Sign Language) interpreters available to meet the health and social service network's needs. Having benefited from a Federal grant awarded to McGill University,⁶ in 2005 the Agence de Montréal accepted the challenge of helping to train future ASL interpreters who speak both French and English. This grant, which is to be provided in instalments over three years, should make it possible, in the medium term, for the English-speaking hearing impaired community to benefit from the services of three to five new interpreters.

THE CURRENT HEALTH AND SOCIAL SERVICE SYSTEM REFORM

The health and social service system reform undertaken in Quebec over the last few years rests on two basic principles. The first principle is shared responsibility for the population on the part of all actors in the network, and the second is a hierarchical organization of services. For Montreal, the Conseil des ministres (provincial government cabinet), acting on the recommendations of the Agence de la santé et des services sociaux de Montréal, decided to create twelve (12) local service networks.

The health and social service centres (or CSSSs) are at the heart of these twelve local networks. The twelve CSSSs are therefore responsible for developing clinical and organizational projects

⁶ Financial contribution from the Contribution Program to improve access to health services for official-language communities in a minority situation, Health Canada, administered by McGill University.

that make it possible to achieve targets with regard to the accessibility, continuity and quality of services, taking into account the needs and specific characteristics of its population, notably language aspects. This requires cooperation from the various partners in the local network, including community organizations. If necessary, agreements can be entered into with other health care institutions to complete the service offer. In fact, while all CSSSs fulfill a CLSC mission, they do not all have a CHSGS or CHSLD.

Furthermore, certain more specialized institutions have sub-regional or regional mandates, such as rehabilitation centres, youth centres, etc. Some institutions are already *designated* and others are *indicated* to provide one or more services. In the Montreal region, five (5) institutions have supra-regional mandates with regard to certain very highly specialized services, pursuant to Section 112 of the Act Respecting Health Services and Social Services (c. S-4.2) (see appendix). In the 2007-2010 Regional Program, these supra-regional services will be accessible in English, both for the English-speaking population of Montreal and of other regions.

Before the reform, the responsibility for ensuring access to services in the English language for the English-speaking population lay at the regional level. Now, that responsibility is shared with the CSSSs and their local networks. In fact, one of the basic principles of this reform is the *population-based responsibility* of the various actors within the local networks.

MONTREAL'S CLINICAL PROJECT

Montreal's clinical project aims to define and organize the service offer at the regional level. As part of its work, the Agence makes sure that the English-speaking population is able to access services in the language of its choice.

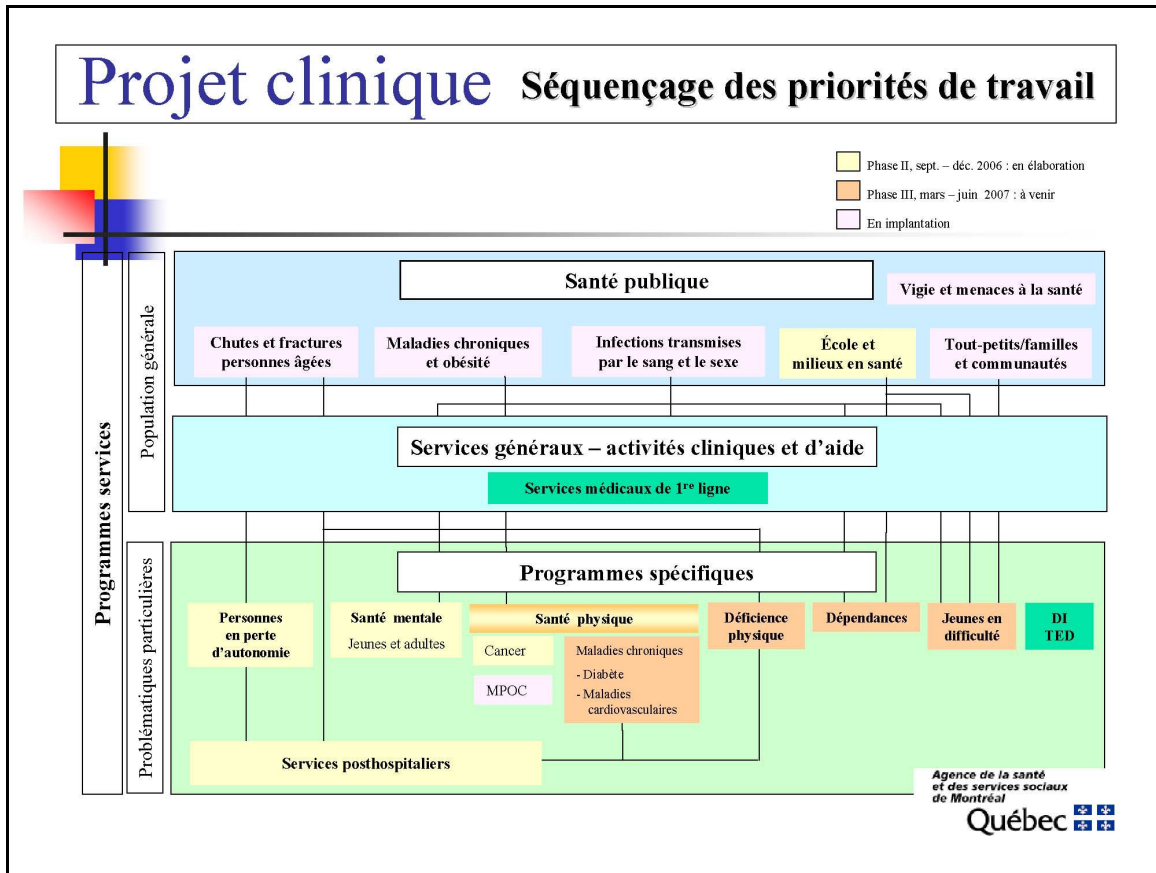
The health and social service centres define their clinical project and organize their various service programs within the regional framework. They must also take into account the English-speaking population within their territory and make sure that their service offer enables all English speakers to receive services in English, be it within the local network or through agreements with other institutions.

It goes without saying that work at the regional level is not all carried out at the same time. The consequence of this for the present update of the Regional Program of Access to Services in the English Language for the English-Speaking Population of Montreal is that some of the work will not be finished or even begun until the Regional Program is adopted.

The Agence de Montréal has already undertaken the regional reorganization of the mental health care service continuum, with the aim of ensuring that services are provided as close as possible to where clients live. Consequently, the planned redeployment of front-line services should increase the CSSSs' capacity to provide mental health services in English to the English-speaking population. Similarly, the reorganization of services for persons who are no longer self-sufficient should make it possible, among other things, for English-speaking elderly persons who so desire to obtain residential care in a *designated* or *indicated* institution. Vigilance will be exercised to ensure that enough beds are available, and to correct the shortage revealed in earlier three-year regional plans. The same applies to future work, such as the work on services provided to the

clientele with physical impairments, intellectual impairments, pervasive developmental disorders, etc.

Here is the schedule for work at the regional level as established in the fall of 2006.



(Translation: Clinical Project Work Priority Sequence / Phase II, Sept. – Dec. 2006: under development / Phase III, March-June 2007: to come / Under implementation / (vertical) Service Programs / General Population / Specific Issues / (horizontal) Public Health / Health Watch and Threats / Falls and fractures, elderly persons / Chronic diseases and obesity / Sexually transmitted and blood-borne diseases / Healthy schools and environments / Young children, families and communities / General Services – Clinical and Assistance Services / Front-line medical services / Specific Programs / Persons who are no longer self-sufficient / Medical health, young people and adults / Physical health / Physical impairments / Addictions / Troubled youth / II (Intellectual Impairments) PDD (Pervasive Developmental Disorders) / Cancer / COPD / Chronic Diseases, Diabetes, Cardiovascular Diseases / Services following discharge from hospital)

STATUS REPORT ON ACCESSIBILITY WITHIN INSTITUTIONS

The status report, developed to help draft this Regional Program, reconciles institutions’ obligations as defined in Decree 848-99 of 1999 and their obligations arising from the 2003 reform. It also respects the designations made in Decree 919-2006, which has been in effect since October 2006. Finally, this status report reflects the new situation of the Montreal health and social service network.

All institutions *designated* or *indicated* in the 1996 Regional Program and named in Decree 848-99 were invited to report on the status of their legal obligations with regard to the accessibility of their services in English. As needed, the institutions set goals, necessary measures and a timetable for improvement. During this exercise, the institutions and the Agence paid particular attention to sub-regional, regional and supra-regional mandates, since the attribution of any specific mandate to a given institution must in no event deprive the English-speaking community of access to those specialized services in English.

Definition of designated institutions and indicated institutions

A designated institution is one which the Government designates among the recognized institutions. It refers to an institution required to make the health and social services it offers accessible, in the English language to English-speaking persons.

An indicated institution is one which is identified in an access program as being required to offer at least one service or one service program in the English language. ⁷

Designated Institutions

Designated pursuant to Decree 919-2006 of October 12, 2006, the institutions in this group must make all of their services available in English.

The *designated* institutions are:

- 3 health and social service centres (CSSSs);
- 1 child and youth protection centre;
- 8 hospital centres;
- 10 residential and long-term care centres;
- 6 rehabilitation centres.

In their reports, some institutions indicate that they experience difficulties recruiting and retaining bilingual staff, which has given rise to a need for English classes for employees, or internships for professionals graduating from English-language institutions.

Generally speaking, the status reports indicate that reorganization and the granting of certain sub-regional, regional or supra-regional mandates should improve access to services in English. Thus, the centralization of Info Santé, a mandate granted to the CSSS de la Montagne, should increase the service’s penetration into the English-speaking community of Montreal and of Quebec. More specifically, institutions highlight the fact that access to midwife services would improve if birthing centres could support midwives’ efforts to learn or hone their English-speaking skills. Furthermore, the effectiveness of workplace health teams would grow if more documentation were translated. Many institutions also indicate the importance of being able to access living

⁷ Ministère de la santé et des services sociaux. (March 2006). *Frame of Reference for the Development of Programs of Access to Health and Social Services in the English Language for the English-Speaking Population*. Government of Quebec, p. 27.

environments that reflect English-speaking culture and some believe in the importance of a regional vision of residential care. Finally, some institutions wish to achieve closer ties with the English-speaking community.

Indicated Institutions

As *indicated* institutions, the institutions in this group must make the services specified in Decree 848-99 of 1999 available in English.

The institutions for which specific services are *indicated* are:

- 9 CSSSs, mainly for their CLSC mission;
- 5 hospital centres;
- 2 residential and long-term care centres;
- 5 rehabilitation centres;
- 1 community clinic with a CLSC mission.

The status report provided by *indicated* institutions encourages us to believe that they respect their obligations. In fact, they have taken the necessary measures to make sure that English-speaking persons can receive their services in English. The services set out in Decree 848-99 cover everything from emergency rooms to reception and evaluation services in rehabilitation centres, to residential care places. In addition to hiring bilingual persons, a variety of measures have been taken, including English classes, service purchasing or mutual agreements among institutions, offering documentation in English, or even putting together work teams and shifts in such a way as to make sure there is a bilingual presence at all times.

The nine *indicated* CSSSs are required to offer the following services in English: reception, home services, front-line psychosocial services, and emergency measures, as well as, in five of those CSSSs, everyday medical services. These services are linked to the CSSSs' CLSC mission. The CSSS Dorval-Lachine-Lasalle has the further obligation to make sure that members of the English-speaking community can receive their services in English when they go the hospital's emergency room or outpatient clinics. It must also provide residential care and the services of a day centre in English in two of its facilities.

The *indicated* services in the CSSSs are, to varying degrees, accessible in English. Different strategies have enabled the CSSSs to provide services in English. While the most popular strategies are to provide English classes and recruit bilingual persons, some CSSSs have notably reconsidered the composition of teams and shifts. CSSSs are counting on the upcoming transfer of resources to improve access to mental health services in English. The union's agreement has allowed one CSSS to provide English classes to its nursing staff.

Over the last 24 months, four CSSSs in the eastern and northern areas of Montreal have worked together and with the English-speaking community to improve access to services in English within these territories, where the English-speaking community is smallest in Montreal. A survey and two public consultations have made it possible to identify the community's expectations and

set priorities. In 2006, the CSSSs created a sub-regional table. For its part, the *Table de concertation des anglophones de l'est de Montréal* (East Montreal English-Speakers' Coordination Table), brings together the community. Both seek to achieve the same objective: to develop a spirit of interconnectedness and sharing in order to improve access to services in English for the English-speaking community within their territory. Furthermore, all four of these CSSSs have committed to improving their staff's English-language skills. These activities were made possible by one-time federal funding from the CHSSN ⁸ and McGill University.

⁸ Financial contribution from the Primary Health Care Transition Fund, Health Canada, administered by the Community Health and Social Service Network or CHSSN.

THE 2007-2010 REGIONAL PROGRAM

Designated and *indicated* institutions must provide health and social services as specified in the Regional Program, according to the legislation in effect, the mandates granted to them and available resources.

The following are the guiding principles for selecting which institutions to designate or indicate, and for determining their obligations with regard to the services they must provide in English to the English-speaking community, as well as accountability procedures to this effect.

1st principle

Every CSSS shall be responsible for the health of the entire population within its territory, and therefore for the health of the English-speaking community.

2nd principle

All clinical and organizational projects shall involve an organization of services designed to enable the English-speaking community to receive services in English. The CSSS must, as needed and where called for, reach agreements with its partners as to the modalities for accessing their services. These modalities should enable the English-speaking clientele to obtain equitable access to negotiated services beyond the CSSS territory's limits.

General Recommendations of the Regional Program

1st Recommendation

All sub-regional, regional or supra-regional mandates must be examined by the Agence to ensure that the English-speaking community has access to the services involved, or that an institution that has already been *designated* or *indicated* offers these services in English.

2nd Recommendation

All disease prevention and health promotion campaigns addressed to the population must be available in English for the English-speaking community, making it necessary to plan translation or interpreter services.

3rd Recommendation

All *designated* or *indicated* institutions must report annually on the accessibility of their services in English according to their missions, notably in the context of management agreements.

Designated Institutions

Pursuant to Section 508 of the Act Respecting Health Services and Social Services (R.S.Q., c. S-4.2), the government has designated by ministerial decree (919-2006) the health and social service institutions required to make all of their services accessible in the English language to the

English-speaking population. The government selected these institutions from among those recognized in subsection 3 of the second paragraph of Section 29.1 of the Charter of the French Language (R.S.Q., c. C-11). This designation leads them ipso facto to be mentioned in the Regional Program of Access to Services in the English Language by the English-Speaking Population of Montreal as “designated institutions”.

In April 2006, the Agence de santé et des services sociaux de Montréal submitted its recommendations to the Ministère regarding the institutions that should be mentioned in the decree. It was mainly a matter of renewing previously designated institutions, although four (4) new institutions had been added. These four CHSLDs had already indicated to the Agence that they accepted this designation.⁹

Health and Social Service Centres (Centres de santé et de services sociaux - CSSS)

- Centre de santé et de services sociaux Cavendish
- Centre de santé et de services sociaux de la Montagne
- West Island Health and Social Services Centre (CSSS de l’Ouest-de-l’Île)

Child and Youth Protection Centre (Centre de protection de l’enfance et de la jeunesse)

- Les Centres de la jeunesse et de la famille Batshaw

Hospital Centres (Centres hospitaliers)

- St. Mary’s Hospital Center
- McGill University Health Centre
- The Salvation Army Catherine Booth Hospital
- Douglas Hospital
- Mont Sinai Hospital
- Shriners Hospital for Children (Québec) Inc.
- The Lindsay Rehabilitation Hospital
- The Sir Mortimer B. Davis Jewish General Hospital

Residential and Long-Term Care Centres (Centres d’hébergement et de soins de longue durée - CHSLD)

- C.H.S.L.D. Bayview Inc.
- Centre d’accueil Héritage inc.
- Centre d’hébergement et de soins de longue durée Bussey (Québec) inc.
- St. Andrew’s, Father-Dowd and St. Margaret’s Homes
- Centre d’hébergement et de soins de longue durée du Château-sur-le-Lac-de-Sainte-Geneviève inc.
- Grace Dart Extended Care Centre

⁹ The English names of institutions in the list that follows are those filed with the Registraire des entreprises du Québec.

- CHSLD Juif de Montréal
- Maimonides Hospital Geriatric Centre
- The United Church Montreal Homes for Elderly People
- 88980 Canada Inc. (Manoir Beaconsfield)

Rehabilitation Centres

- Constance-Lethbridge Rehabilitation Centre
- West Montreal Readaptation Centre
- MAB-Mackay Rehabilitation Centre¹⁰
- Miriam Home and Services
- Teen Haven
- Elizabeth House

Indicated Institutions

Health and Social Service Centres (Centres de santé et de services sociaux – CSSS)

The nine (9) indicated CSSSs are obliged to make the following services accessible : reception, home-care services, front-line psychosocial services and psychosocial services related to emergency measures. Five (5) of them also must provide access to common medical services¹¹. One (1) is obliged to offer prenatal courses in English to the clientele from the Eastern part of the Island¹². The above services are tied to the CSSS CLSC mission.

Each CSSS defines its clinical and organisational project for the different service programs. Upon implementation, the reception and evaluation functions for all of the clinical project's service programs must be accessible in English. The services that follow must be accessible in English within the CSSS; otherwise, they must be made available, either within the local network, or through a service agreement with another institution in the region.

- Centre de santé et de services sociaux de Dorval-Lachine-Lasalle
- Centre de santé et de services sociaux du Sud-Ouest—Verdun
- Centre de santé et de services sociaux de Bordeaux-Cartierville—Saint-Laurent
- Centre de santé et de services sociaux d'Ahuntsic et Montréal-Nord
- Centre de santé et de services sociaux du Cœur-de-l'Île
- Centre de santé et de services sociaux Jeanne-Mance
- Centre de santé et de services sociaux de Saint-Léonard et Saint-Michel
- Centre de santé et de services sociaux Lucille-Teasdale
- Centre de santé et de services sociaux de la Pointe-de-l'Île

¹⁰ There was a merger on December 14, 2006, between the Mackay Centre and the Montréal Association for the Blind.

¹¹ The institutions concerned are the CSSS de Dorval-Lachine-Lasalle, CSSS du Sud-Ouest—Verdun, CSSS de Bordeaux-Cartierville—Saint-Laurent, CSSS Jeanne-Mance and CSSS de Saint-Léonard et Saint-Michel

¹² The institution concerned is the CSSS de Saint-Léonard et Saint-Michel

The following four CSSSs are also *indicated* for specific mandates:

- Centre de santé et de services sociaux de Dorval-Lachine-Lasalle
 - Residential care services, including the activities of the day centre; emergency services and outpatient clinics in the hospital environment; family birthing unit
 - Front-line mental health services
- Centre de santé et de services sociaux Jeanne-Mance
 - Regional mandates, such as UPS Justice (Legal-Psychosocial Emergency), HIV-AIDS, Côté cour (assistance for victims of domestic violence who must appear in court) and homelessness and youth on the street
- Centre de santé et de services sociaux de Saint-Léonard et Saint-Michel
 - Psycho-geriatric services
- Centre de santé et de services sociaux du Sud-Ouest—Verdun
 - Front-line mental health services

Hospital Centres

- Centre hospitalier de l'Université de Montréal
 - Detoxification services and services for severe burn victims
- Centre hospitalier universitaire Sainte-Justine
 - Emergency, reception services, head trauma patient services, national bone marrow transplant program
- Hôpital Maisonneuve-Rosemont
 - Emergency
- Hôpital du Sacré-Cœur de Montréal
 - Emergency
 - Services for patients with spinal cord injuries and quadriplegic persons requiring respiratory assistance
- Institut de réadaptation de Montréal
 - Services for persons with severe impairments

Residential and Long-Term Care Centres (Centres d'hébergement et de soins de longue durée – CHSLD)

- Château Westmount inc.
 - Residential care services, including the activities of the day centre
- Vigi Santé Ltée
 - Residential care services in the CHSLD Dollard-des-Ormeaux, CHSLD Mont-Royal, CHSLD Pierrefonds and CHSLD Vigi Reine-Elizabeth facilities

Rehabilitation Centres

- Centre d'accueil le Programme de Portage inc.
 - Inpatient and outpatient services
- Centre de réadaptation Gabrielle-Major

- Reception, evaluation, socio-residential services, socio-professional services, psychosocial services, client support, adaptation and rehabilitation services
- Centre de réadaptation Lisette-Dupras
 - Reception, evaluation, socio-residential services, socio-professional services, psychosocial services, client support
- La Corporation du Centre de réadaptation Lucie-Bruneau
 - Services for patients with spinal cord injuries and quadriplegic persons requiring respiratory assistance
- Le Centre Dollard-Cormier
 - Reception and referral services
- Services de réadaptation l'Intégrale
 - Reception, evaluation, socio-residential services, socio-professional services, psychosocial services, client support
- Villa Medica
 - Services to victims of severe burns

CLSC

- Clinique communautaire de Pointe St-Charles
 - Reception; home care; front-line psychosocial services and those involving emergency measures; common medical services

The Agence de la santé et des services sociaux de Montréal

Commitment

The Agence is responsible for implementing the principles and general recommendations of the 2007-2010 Regional Program of Access to Services in the English Language.

Interregional Agreements

The Agence shall undertake to ensure that the English-speaking clientele of Montreal has access to the services of two institutions outside of the region that were included in the 1996 Program, namely:

- Pavillon Foster (Montérégie)
 - Detoxification and fighting addictions (for example: alcoholism, drugs, compulsive gambling, both for minors and adults)
- Jewish Rehabilitation Hospital (Laval)
 - Rehabilitation services for the Jewish community

CONCLUSION

The 2007-2010 Regional Program of Access to Services in the English Language for the English-Speaking Population of Montreal seeks to maintain and improve the services provided to the English-speaking population. It is based on principles that should enable it to adjust to change, both within the population and at the organizational level. In addition to the *designated* and *indicated* institutions, it includes general recommendations aimed at ensuring that the English-speaking population has access to a range of services in English. It is up to the Agence to monitor the application of the Regional Program, which reflects an inherent concern for equitable access to quality health and social services.

APPENDIX

INSTITUTIONS WITH A SUPRA-REGIONAL VOCATION

Constance-Lethbridge Rehabilitation Centre ¹³

- Complex adaptation of motor vehicles
- Evaluation of the capacity to work for clientele with complex clinical profiles
- Services for adults who have suffered head and brain trauma, and have severe behaviour problems
- Services for the clientele with severe rheumatic problems

La Corporation du Centre de réadaptation Lucie-Bruneau ¹⁴

- Services for persons with spinal cord injuries
- Services for quadriplegic persons requiring respiratory assistance

Institut de réadaptation de Montréal ¹⁵

- Services for persons with spinal cord injuries
- Services for quadriplegic persons requiring respiratory assistance

Hôpital du Sacré-Cœur de Montréal ¹⁶

- Services for persons with spinal cord injuries
- Services for quadriplegic persons requiring respiratory assistance

Institut Raymond-Dewar ¹⁷

- Super-specialized services for clientele having received a cochlear implant, and for the hearing impaired-visually impaired clientele
- Services for hearing impaired persons who use sign language and augmentative hearing aids

* In accordance with Section 112 of the Act Respecting Health Services and Social Services (chap. S-4.2).

Source: Institution Reference System, *Carrefour montréalais d'information sociosanitaire* (Montreal Health and Social Service Information Clearinghouse), Agence de Montréal.

¹³ *Designated* institution.

¹⁴ *Indicated* institution.

¹⁵ *Indicated* institution.

¹⁶ *Indicated* institution.

¹⁷ This institution is neither *designated* nor *indicated*. The Centre de réadaptation MAB-Mackay, a *designated* institution, provides services to the hearing-impaired clientele.

ACRONYMS

CHSGS General and Specialized Care Hospital Centre (centre hospitalier de soins généraux et spécialisés)

CHSLD Residential and Long-Term Care Centre (centre d'hébergement de soins de longue durée)

CLSC Local Community Service Centre (centre local de services communautaires)

CSSS Health and Social Service Centre (centre de santé et de services sociaux)

CHSSN Community Health and Social Service Network

FOLS first official language spoken

**Agence de la santé
et des services sociaux
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Québec 