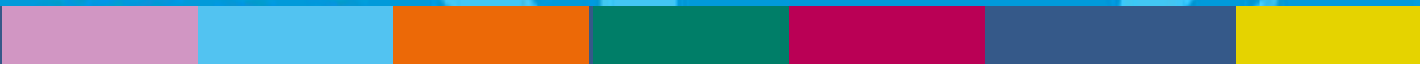




CENTRE
DE RÉADAPTATION
DE L'OUEST DE MONTRÉAL

WEST MONTREAL
READAPTATION
CENTRE

ANNUAL REPORT
2013-14



Note

Please note that this document uses the terms «client» and «user» interchangeably to designate a person receiving services from West Montreal Readaptation Centre (WMRC). The terms «pervasive developmental disorder (PDD)» and «autism spectrum disorder (ASD)» are also used interchangeably, but it should be noted that the use of either term in this context refers to all diagnoses encompassed by the broader (PDD) definition.

Most dissatisfaction expressed pertained to service accessibility.

The cause of this appears to be the historical under-funding of the WMRC.

Local Complaints and Service
Quality Commissioner
p. 53

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ADOPTED BY THE BOARD
on the September 22, 2014
Session

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ARTISTIC DIRECTION, MOUNTING
AND COORDINATION
CROM Communications - Nathalie Tétrault

COVER PHOTO CREDIT:
Nathalie Tétrault



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Our vision

Clients' full inclusion, self-determination and quality of life through the maximization of their potential.

Our values

Respect, integrity equity and collaboration built on a passion for service and a commitment to success.

Our mission

WMRC is a public social service establishment committed to ensuring that individuals within its jurisdiction with an intellectual disability or autism spectrum disorder and their families receive a wide range of services within community-based settings on a timely basis. WMRC promotes full inclusion and self-determination by offering these individuals the support and expertise needed to maximize participation of users in the life of their community.

Message from the Chairman of the Board and Executive Director

The Board of Directors, parents and user committees and our three foundations, Centre Marc Vanier, Taylor-Birks and SAIM (non-profit organization), along with the new Executive Director, a solid senior management team, an engaged middle management team, and our professionals and paraprofessionals, all joined forces to support the needs of our many users at WMRC.



Parents and Users

We saw commitment on the part of our parents and user's committee to lobby for the rights of users, and petition the government for increased funding for children with autism. Our three foundations adopted WMRC's vision for supporting users with challenging behaviour and have committed to support us in improving our physical environments.



Highlights

Over the year, we had many successes and underline a few highlights. WMRC put health, safety and security first for our users and our employees, and our accreditation results point to our commitment. We increased our quality of services to users by targeting accessibility and building the continuum of services for our children and adults. We moved forward with our optimization projects making the new management system our own; this allowed us to reallocate resources to children services to better respond to our growing wait list.

Partnerships

The year included reaching out to partners and creating a 'West End Consortium' with MacKay-MAB and Batshaw Youth and Family Services. We targeted administrative and clinical projects to support our users. Our community partner WIAIH worked vigilantly with our adult services to help build a new continuum

2013-14: Exciting and Challenging for WMRC

of service for our senior population.

Specialization

We continued to increase the development of our specialization, defining our expertise in providing 2nd line services to persons with autism spectrum disorders and/or intellectual disabilities. The implementation of the 4 best practice guidelines for children, adolescents and adults with autism spectrum disorders and for challenging behaviour are an example of WMRC's commitment to providing leading practices; as is the development of a new transition home for children and adolescents with challenging behaviour, along with the specialization of our InRoads home.

Going Forward

We will continue these efforts and more in the 2014-2015 year, starting with securing appropriate and equitable funding for WMRC and continuing to specialize our service offering to those most in need !

We hope we can count on your help to do so.



Gary Whittaker
Président du conseil d'administration



Dre Katherine Moxness
Directrice générale

Declaration of reliability

I am responsible for the information contained in this annual report. This responsibility pertains to the reliability of data contained in the report and of related controls.

With the exception of clientele and program data*, the results and data disclosed in West Montreal Readaptation Centre's 2013-2014 annual report:

- Faithfully describe the centre's mission, mandates, values and strategic orientations;
- Present the centre's objectives, indicators and results
- Present accurate and reliable data.

I declare that the objectives, error examples, verifiables and controls over data presented in this annual report are reliable.

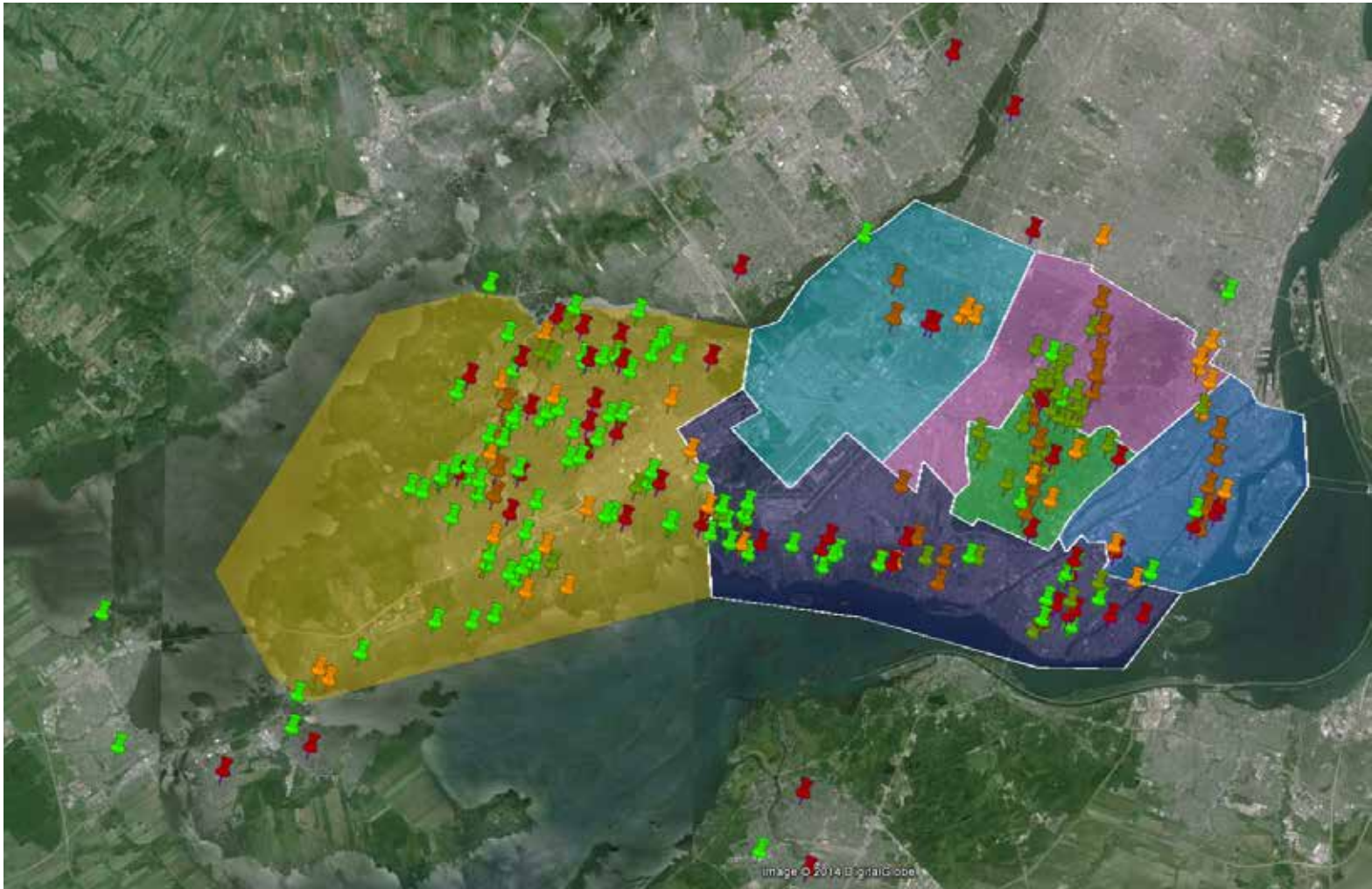
The data corresponds to the situation as presented for the fiscal year ending March 31, 2014.

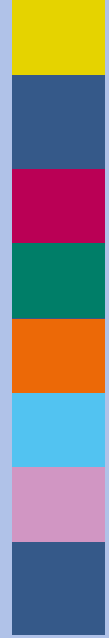


Dre Katherine Moxness

Dre Katherine Moxness
Directrice générale

WMRC's Service Area and its installations





WMRC's Team an the 2013-2014 Highlights

Senior Management



Dr. Katherine Moxness
Executive Director



Cedralia Barbara
Director, Administrative Services



Martine Beaurivage
Director, Child and Family Services



Dr. Marjorie Aunos
Director, Professional Services



Dr. Rhoda Root
Director, Adult and Family Services

Structure of the Executive Direction



Personnel Statistics AS OF MARCH, 31, 2014

Management personnel

- 32 full time
- 0 temporary full time

Regular Personnel

- 242 full time
- 16 part-time
- 12 equivalent of part-time as full time

Occasional Employees

- 81 Temporary
- 42 equivalent of occasional as full time

Total

- 371 employees
- 77 164 hours remunerated to occasional employees



OUR ACCOMPLISHMENTS

Executive Direction

Health, Safety and Security

The WMRC has prioritized the health and safety of its users, their families, and its employees, and has developed several initiatives aimed at reducing risks by promoting prevention programs. The facility, located on Benny Street, will undergo a number of changes next year following a complete assessment of the venue. The aim of this exercise is to reduce risk factors for users and employees. A list of all potential hazards has been compiled and will serve to determine the necessary projects and changes. The Certification Committee was satisfied with the work carried out by our team at Benny.

Our certification results were excellent: among other things, we received a 100% score for compliance of required organizational practices (ROPs). We were particularly impressed by our personnel, who are engaged, specialized, and properly trained, as well as by the dedication of our Board members, community partners, management system, and clinical processes that are all based on conclusive data. We were asked to improve our first and third-line partnerships, lengthy waiting list, service continuity, and employee complaint submissions system. All of these points are listed in our priorities for fiscal 2014-2015.

OBJECTIVES

- WMRC prioritizes health, safety and security of users, families and employees through education, adaptation and the implementation of prevention programs to reduce risk: medication, falls, aggression, emergency measures, etc.

Highlights

- Prospective analysis - TGC/Benny
- Monitoring of the client safety plan
- Implementation of the emergency measures committee and easy access to information on the Intranet
- Development of new policies and procedures
- Reduction in the CSST and salary insurance
- All departments were active in contributing to the Accreditation success.

WMRC chose to use the accreditation process and implement it as a permanent tool in order to continuously improve the quality of its services.

Once again, all the directions were involved in the accreditation process, and it is now a part of the daily routine of the establishment.







Quality, accessibility, continuity and performance

The WMRC effectively used the optimisation project to model its management system to suit its own needs; in doing so, it garnered highly positive results and developed new tools to ensure service quality. Faced with a long waiting list, the WMRC management team decided to redeploy resources from the adult division to the children's division with a view to shortening it. Furthermore, we introduced five clinical projects in order for children and adults to be able to benefit from specialized assessments, professional treatment plans, and family training.

OBJECTIVES

- Accessibility targets (0-6, 6-21)
- Continuum of services socio-professional
- Continuum of residential and support services
- TGC Projects (children and adults)
- RAC and TGC Complex
- Adopt a Quality and Performance model
- Identify Performance Indicators and develop a new dashboard in line with the provincial targets for CRDITEDs
- Continue optimization projects

Highlights

- 2014 users taken into services
- Transfer of 2 positions to DSEF from DSAF to support children
- Non-recurrent projects: 70 children (SLP and OT), 37 adults (specialized evaluations), 25 children (EIBI), 35 families (AEO evaluations)
- 8 training sessions for families on the WL
- WMRC took ownership of the optimization project
- Positive audit results on the management system (Optimization in our information and technology division and continued development of new tools to ensure quality)

Partnerships

Determined to offer its users service continuum, the WMRC continued to nurture a number of partnerships. We created a group called West-End Consortium by approaching partners such as Mackay-MAB and Batshaw, with the specific objective of putting in place administrative and clinical projects designed to support our users. We expanded our group by collaborating with community agencies including WIAIH and AVA-TIL and with teaching establishments.

OBJECTIVES

- «West End Consortium»
- Optimization of resources
- Consolidation of 2nd line services
- Harmonization of the Guichet d'accès for the island of Montreal
- Continue to work with Community partners to develop the continuum of services

Highlights

- Initiatives identified with «West End Consortium» to cost saving and sharing of expertise
- Mackay project
- WIAIH partnership - continuum of service
- Collaboration with Batshaw for TGC-RAC
- Expanded collaboration with educational institutions

Specialization

The WMRC plays a pivotal role with respect to ensuring the implementation of best practice that serve to define and support individuals with autism spectrum disorders (ASD) and/or intellectual disabilities accompanied by serious behavioral problems. The specialized approach of InRoads, the creation of a special recall list, and the reorganization of adult services, reflect our commitment to follow practice guides as well as our expertise in this field.

OBJECTIVES

- Continue the implementation of the 4 guides de pratique (TED 0-5, 6-17, Adults and TGC)
- TGC-RAC mandates
- Increase the competencies/efficiencies of employees: TGC projects, Category IV and Specialized recall list

Highlights

- WMRC leadership role in ensuring the implementation of the guides de pratique
- Specialization of InRoads
- Specialization of Recall List
- Reorganization of Adult Service to reflect areas of expertise

The WMRC has prioritized the health and safety of its users, their families, and its employees, and has developed several initiatives aimed at reducing risks by promoting prevention programs.



Weekly floor hockey nights organized by WMRC's employees for its users. In the photo, Monique Angnatuk.

Work Force - Work Culture

The WMRC adopted the “Healthy Business” program with a view to improving the health and wellbeing of all of its employees. A Standing Committee is now in place and is entrusted with organizing activities aimed at keeping employees informed about nutrition, health, and physical health, and with helping them find a healthy balance between work, fitness, and family. We also introduced a new Ethics Committee to support employees dealing with ethical dilemmas that occasionally arise when working with persons with disabilities and their families.

OBJECTIVES

- Succession Planning
- «Entreprise en santé» results
- Work place violence policy
- Development of a clinical and administrative supervision policy
- Promote teaching, learning and knowledge transfer

Highlights

- All teams supported «Entreprise en santé» initiatives which led to the development of a permanent committee
- Implementation of Category IV project
- Communication Committee
- Creation of the Ethics Committee

Produced by the WMRC Communication Committee, Connection is a bilingual magazine that enable the celebration of employees and their success; it also enables to demystify, clarify and better grasp various projects, procedures and programs. Connection is mostly available on intranet even though some printed copies are available.





Quality and Performance

Par Dennis Farley



The fiscal year of 2013 – 2014 brought forward a theme of integration and consolidation for the mandates of quality and performance at WMRC. With the transfer of the ‘Quality’ mandate to the Executive Director’s Office, the quality mandate was expanded to include ‘Performance’, and brought into proximity with the Communications Department to allow for a broader, more comprehensive approach to the age old notion of ‘quality control’ or ‘quality assurance’.

First and foremost was the process of WMRC going through the accreditation validation review, three years after our first accreditation process. Whereas in 2010 the goal to be successfully accredited was the goal, in 2013 WMRC sought to make the process more integrated for all staff and partners. In addition WMRC set out to have the accreditation process become more of a permanent feature of constantly looking to improve our quality of services. We all were successful in the exercise of being re-accredited, and the process is now a permanent feature of our day to day work.

The accreditation process really encompasses the notion of having in place structures and activities which allow us to continually evaluate the quality of our work, both from the delivery of the best services we can and doing so in an efficient and cost effective manner. In the last year, WMRC has also begun a process with the Federation of CRDI’s to identify and measure indicators of our quality and efficiency of services. We had already begun this work through our management performance system (Proaction) which was put into place this last year and this, along with other performance indicators, will make up the new performance model (EGIPSS) which should be fully in place by the end of 2015. Imagine a system which allows us to view our performance from all perspectives!

As we work in social services, it also means that providing quality services often is anything but a linear or black and white process. WMRC introduced a pilot project this past year in order to provide a vehicle in which we can figure out situations or issues that are not obvious or seemingly put us in a dilemma. The ‘Ethics Consultation’ committee was launched in January 2014 to provide this type of support for employees, as well as reporting ‘themes’ to the Board of Directors via the Quality and Vigilance Committee.

A busy year indeed! However one where all elements of providing quality services were touched upon, and communication throughout the organization of these key areas has been enhanced. With all of the other distractions in public services going on, these initiatives should allow for a more focused and concentrated approach to the goal of providing the best services we can, and measuring and feeding back to all exactly what we are able to accomplish.

OUR ACCOMPLISHMENTS

Direction, Administrative Services

Health and Wellbeing

- Policies, procedures, forms and capsules have been revised. A new page dedicated to this subject was created on the Intranet to make information more accessible. A registry was established to collect data on all the events in emergency measures and allow the institution the opportunity to develop indicators and better understand the impact of such events on its community members. Efforts in consolidating information and in developing shared electronic folders have also started.
- Achievements in procurement, emergency measures and techniques services have been quite numerous this past year, WMRC expects the 2014-2015 fiscal year to be even more productive seeing the many ongoing and developing projects

Quality and Accessibility to Services

- The rollout of Logibec made it possible for over 275 employees to enter their time sheet themselves.
- In the context of optimization, WMRC implemented virtualization (VMWARE View) and replaced 2,000 computer stations by terminals, saving on both acquisition and maintenance of equipment.
- In order to provide sustained services to users, DSA proceeded with a Lean project to review all processes and identify continuous improvement actions.
- The 2014 fiscal year has seen many achievements and developments in procurement; emergency measures and technical services, above and beyond the preparations necessary for Accreditation Canada's visit last fall.
- The Act Respecting Contracting by Public Bodies (LCOP) was strengthened once again to ensure the integrity and transparency in public contracts. The institution has had to adapt to the new procedures and accountability practices imposed by the enhancement of the law. Optimization efforts have also continued with the creation and deployment of a Purchasing Guide to standardize the items, furniture and products regularly consumed by the institution, as well as the utilization of three-year plans and group purchases to benefit from economies of scale and to reduce costs..



Employees Holidays Party 2013



Partnerships

- WMRC worked together with Batshaw Youth and Family Centres in order to share specialized training regarding children users.

Specialization

- Human Resources took part in career fairs organized in several high schools.
- WMRC is accredited as a training organization by the Commission des partenaires du marché du travail since 2010. Over 28 specialized in-house courses were given to managers and staff, such as ethics of touch, personality disorder and social attachment, integrated risk management, and health care. These courses, as well as external professional development training and workshops, helped ensure the enhancement of our employees' expertise.

Over 28 specialized in-house courses were given to Managers and staff, such as ethics of touch, personality disorder and social attachment, integrated risk management, and health care.



2013 Employees Holiday Party

Work Culture

- WMRC is a member of the “positioning of the employer” committee organized by the FQCRDI.
- The establishment and unions worked together to finalize local agreements and sign all 26 matters of the collective agreements.
- The human resources department, managers and employees of CROM continued their prevention efforts and they were successful. Indeed, this year again we notice a decrease in wage loss ratio and CSST allowances, hence a significant reduction in occupational accidents.
- We maintained the offer of free influenza vaccination to all staff and nearly a third have benefited.
- Replacement of computer equipment for the network infrastructure made it possible to put in place a more efficient system while improving our system’s security level.
- In 2012 we obtained a grant of \$150,000 for the implementation of the Healthy Enterprise standard. During 2013-2014, the Health and Well-being Committee worked on an action plan in line with the needs expressed in a survey given to the employee. We continued to provide activities and to promote the health and well-being in the workplace.
- 2013-2014 was a year of many challenges on the financial level; WMRC showed once again that it is an adaptable, accountable and trusted organization, and conformed to the *Lois sur l'équilibre budgétaire* as well as the *Loi sur les mesures de réductions administratives* despite significant budget cuts.
- The Executive Committee maintained and prioritized the strategic directions that were set by the Board of Directors and the Audit Committee. Appropriate monitoring mechanisms were set up in order to follow a strict follow-up of the optimization plan and establishment expenditures.
- Several major projects have been completed. Among the most important is the replacement of a large number of windows and the installation of new air conditioning systems in several units at 231 Elm in Beaconsfield, the installation of new security and access systems in three day programs, as well as the replacement of the transformer and the beginning of renovation projects at 7100 Champlain in Verdun. The institution has also invested many efforts to inventory and prepare its buildings for the introduction of a new software package to manage and monitor its numerous interventions in technical services. This new system should be deployed during the 2015 fiscal year.



OUR ACCOMPLISHMENTS

Direction, Children and Family Services

Health and Safety

The DSEF is entrusted with complying with the user safety plan in collaboration with the other divisions; also part of the Integrated Management Committee and related sub-committees.

Quality and Accessibility of Services

- The positive results of the audit of our management system developed in collaboration with the Pro-action firm enabled us to ascertain that the system is properly implemented and its use is virtually optimal.
- A total of twenty-five (25) children under age six were able to benefit from an intensive behaviour therapy program after being granted a one-time budget.
- A summer camp hosting fifty (50) children took place during the summer at the Eleanor-Côté respite home. The camp was extremely popular among parents and children. The experience will be repeated in summer 2014.

Partners

In addition to its regular activities, the DSEF always strives to develop partnerships in order to better respond to the needs of users with respect to access and service quality.

- A project involving the collaboration of the MAB-Mackay Readaptation Centre (MMRC) and the West Montreal Readaptation Centre (WMRC) was organized with a view to serving children under the age of six suspected of presenting with an autism spectrum disorder (ASD) who are on a waiting list. Since its inception, twelve (12) children have participated in this program, which entails offering intensive behavioural there be in groups using programs developed jointly by the professionals from the WMRC and the MMRC.
- The Montréal Down Syndrome Support Group, which was founded in 2012 on the initiative of a group of parents and two educators from the DSEF, continued its activities in 2013-2014. Furthermore, the group, which is becoming increasingly popular, is attended by over 20 parents each month.





Specialisation

- **Work organization project** The Montreal West Readaptation Centre (WMRC) and the Batshaw Youth and Family Centres (BYFC) submitted a work organization project for personnel involved with a clientele presenting with Severe Behaviors Disorder (SBD). This project was accepted by the MSSS and a subsidy of \$400,000 has been received.

More specifically, this project arises from the development and implementation of a new specialized residential service supply at the WMRC, for children and teens with an ASD or a mild intellectual deficiency with more severe occurrences than among the Youth Centre clientele. Several meetings involving the two establishments resulted in the necessary expertise being shared in order to develop an ultra-specialized response model based on the best practices.

- **Practical guides** The introduction of practical guides is progressing nicely. A number of task forces consisting of very active and engaged members have been formed.





Work culture

- Several employees participated in the Category IV project, which strives among other things to facilitate their work by granting them better access to information technologies.
- DSEF representatives are also part of the Health and Well-Being Committee headed by the DSA.
- An entire day was dedicated to meeting with personnel from the DSEF. The purpose of the meeting was to present management objectives and consolidate the different aspects of their practices. Those who meeting helped to manage work and fun, while also encouraging teamwork.

OUR ACCOMPLISHMENTS

Direction, Adults and Family Services

Health, Safety, Security

Dedicated to ensuring safety, security and quality of services, every member of the Adult Service team contributed to the Accreditation process, by ensuring the Client Safety Plan was adhered to. Collaboration with all Departments was evident as staff provided and shared documentation such as results of hand-washing audits, fire drills, safety check-lists, evacuation plans, medication audits etc. across the organization.

Quality, Accessibility & Continuum of Service

Concerned about our growing waiting list, through attrition Adult and Family Services was able to transfer two educator positions to the Department of Child and Family Services in March 2014. These two positions will enable DCFS to reduce the wait list for children between the ages of 6-18.

Partnerships

Adult and Family Services continued to work and strengthen our partnership with both WIAIH and AVATIL. As a result WIAIH is committed to work with WMRC to establish a program for aging individuals that will commence in September 2014. AVATIL and WMRC are also exploring how to best serve our aging population and hope to expand on AVATIL's already existing program for their senior Users.

In the past year DAFS continued our partnership with both Lester B. Pearson and English Montreal School Boards and accepted stage students from numerous academic institutions.




AVATIL (Towards Independent Living) is a community-based agency providing one-stop services to those with mild or borderline intellectual handicaps:

- social integration
- consultation services
- professional orientation
- practical help
- transitory accommodation services
- community pension program



WIAIH (West Island Association for the Intellectually Handicapped) is a volunteer not-for-profit organization that strives to enhance the lives of people with an intellectual disability or autism, to provide support to their families, and to maintain and develop innovative services and sensitize the community.

A young woman with dark hair, wearing a light pink polo shirt, is holding a large white sign. She has a slightly surprised or nervous expression. Behind her, a woman with brown hair and sunglasses on her head is looking down at the sign. The background is a plain, light-colored wall.

I am
friendly



A fete was held last Spring to underline a 10 years cooperation between CÉGEP ANDRÉ-LAURENDEAU and WEST MONTREAL READAPTATION CENTRE.

from left to right: ANNE-MARIE LECLAIRE, teacher, Social integration training, Cégep André-Laurendeau
PATRIZIA IACONESSI, Specialized educator, WMRC ROSETTA TUCCI Specialized educator, WMRC
MADDALENA IASSENZA, Chief, Readaptation, WMRC YVAN O'CONNOR, Director, Human Resources, Cégep André-Laurendeau
ÉLIANE FASSLER, Interim Director, Human Resources, Cégep André-Laurendeau and CHRISTIAN LÉGER, Director, Student Life and Community, Cégep André-Laurendeau

Specialization

With our main focus on further developing and highlighting our specialization, Adult services worked hand in hand with the Human Resource Department to reorganize adult services into three distinct programs, (Intellectual Disabilities, Autism Spectrum Disorders and Severe challenging Behaviors). The new structure will ensure the transfer of knowledge and build on expertise with the goal of improving quality of services for all individuals. Adult and Family Services, continues to work with DSA to develop a specialized recall list and determine and organize specializing training for our employees.





Workplace Culture

To encourage a positive workplace culture Adult and Family Services encouraged and supported all Healthy Enterprise initiatives and encouraged staff to develop their own “Healthy” habits. Some Adult Service initiatives include, Staff running the stairs during their lunch hour, Staff being encouraged to stop and have lunch, birthday celebrations and a team building day.

Our users working in various installations; learning, helping, participating and contributing meaningfully to the well-being of others while making friends and supporting each other.

OUR ACCOMPLISHMENTS

Direction, Professional Services

Over the course of 2013-2014, the Department of Professional Services (DPS) has seen major changes and achievements.

The year began with, Frank Vincelli, M.S.W., as Professional Services Acting Director, and it ended with the arrival of a new Director, Marjorie Aunos, Ph.D. Many objectives have been fulfilled in cooperation with other Departments within the establishment, especially ones related to Accreditation Canada inspectors' visit.



Safety and Security

DPS worked relentlessly in order to develop, finalize and communicate policies and procedures related to dental care, infection control, self-administration of medication by users and safe food preparation. A committee made up of professionals also addressed the issue of pressure sores on users with multiple disabilities and decreasing independence. The first aid guide was edited and a new clinic for health evaluation of users residing in Intermediate resources was set up, with nurses offering services two afternoons a week. An Integrated Risk Management Committee directed by DPS, through prospective analysis of data obtained from the incident-accident report system as well as management reports, established several incident reduction clinical objectives. Also, this data helped justify the development of a special project on work organization, supported through additional funding from Agence de Montréal, for the Benny TED/TGC program. Several analysis and intervention sub-committees were also created, for example those on falls, aggressions and control measures. Finally, thanks to non-recurring funding, a project on best nutrition principles and safe food preparation in continuous residential was developed and implemented.

The addition of an archivist will contribute a new point of view on information management and privacy principles, which will lead us to modify appropriately some file management processes in 2014-2015.



AUTISM SPEAKS
It's time to listen.



Service quality and accessibility

DPS was allotted non-recurrents budgets from a 2009 surplus. This additional funding allowed for several clinical projects to be launched in cooperation with other departments. Through these projects, seventy (70) children were provided with evaluation and brief intervention speech therapy and occupational therapy services, thirty-seven (37) adults were provided a variety of specialized evaluations, caregivers within all departments were supported in developing groups on emotional, romantic and sexual life for twenty (20) teenage and adult users, and thirty-five new families were provided with an AEO evaluation (welcome, evaluation and orientation services). Finally, professionals and caregivers from the establishment developed eight sessions which they later presented to parents on the waiting list.

WMRC received four hundred ten (410) new requests; 91% of these requests were eligible and 6% were subject to confirmation of eligibility. The waiting list for a first service is long; the year finishes with a longer list even though we were able to service two hundred three (203) new families. Sixteen (16) new investigations were opened, eleven of them concerning physical abuse, three (3) sexual abuses and one (1) as a result of negligence. Seven (7) investigations were founded and lead to recommendations and action plans.

In 2014-2015 a new software will be used for integrated risk management processes and research management system. We will therefore extend our leadership in terms of performance and quality indicators follow-up.

Partnerships

The parenting program was strengthened through nomination of a social worker and internal partnerships with user services. A joint group was formed regarding prevention of developmental lag in children of our users who are parents. Under partnerships with McGill, UQAM and Montréal universities, we accepted twelve social work students, three psychology students and two psychoeducation students. Also, six specialized education students, fifteen administration students, one medical secretary student and two communication students completed internships with the establishment. Fifteen research projects were realized and twenty are ongoing.

Most projects are for children aged 0 to 6, young adults aged 18 to 35 and aging population; themes of these projects include parenting, EIBI services and support to users.

Challenges

In 2014-2015, the challenge will be to reinforce partnerships with English universities and formally affiliate with them.

Specialization

WMRC professionals took part in the development and delivery of seventeen (17) internal training sessions and knowledge transfer activities, including the Université de Montréal knowledge transfer project on self-stimulation offered to all of WMRC employees and several partners. In the autism spectrum disorder diagnostic clinic, open Saturday mornings for children on the waiting list, our psychologists saw thirty-eight (38) families. one-hundred fifty seven (157) users and their families received regular follow-up from the transdisciplinary team and nineteen (19) were supported by our team and specialized residence for challenging behaviours. WMRC professionals participated actively in the SQETGC community of practice. Preliminary steps have also been taken, including a revision of best practices, and many discussions were held with stakeholders in order to elaborate a clinical supervision policy. Although this policy has yet to be approved, its implementation and follow-up in 2014-2015 will be quite a challenge. In order to achieve this, a variety of model and activities related to support the clinical development of caregivers will be implemented and reviewed. Supporting implementation of practice guidelines presents yet another major challenge.

Improving institutional culture

DSP was part of establishing an Ethics Committee and supervised its functioning. Six consultations were organized involving different themes related to ethical issues. In order to ensure its mandate of knowledge transfer and practice development support, DSP took leadership of the communication committee. The internal newsletter, Connexion, has been published again since May of 2014, due in great part to participation from employees in all departments. Persevering in our efforts for transparency, information sharing and expertise is now the challenge.



Risk Management

*Sylvie Dugas, Coordinator, Risk Management and Clinical Information Systems
Julie Duquette, Planning, Programming and Research Officer*

The risk management team has been active in the past year. Our priority is to optimize prevention as well as the reporting/disclosing process. The Research Service used its skills to ensure that the directors of every service were instructed and up-to-date with the best possible information.

A total of 3457 incidents and accidents were declared during the 2013-2014 year in the local risk management logging system (GESRISK). More specifically, 42 incidents and 3415 accidents were reported, involving 542 users. A slight decrease in the number of reports was noted this year, with 225 fewer events.

The incidents and accidents occurring most frequently are the following: assault, falls, and medication. These event categories are headed by subcommittees so as to enable a more in-depth analysis and specific intervention with regard to the implementation of preventive and systemic measures. For example:

Falls The WMRC has an aging population that is at risk of falling; the physical exercise program is ongoing, and stakeholders apply preventive measures for users with failing autonomy.

Medication Training exercises and inspections were carried out by the team from the health department among site workers to encourage compliance with the safe administration of medication. Solutions were devised in collaboration with the case workers themselves.

The health team came up with adapted training for users, thereby helping to increase their understanding of the reasons for being medicated. Furthermore, each user is now given a more systematic explanation of each medication's benefits and possible side effects. The support the users receive has probably helped to reduce anxiety and cases of refusal to take medication.

Contracts regarding control measures

During fiscal 2013-2014, contracts for control measures were authorized for 41 users. Six (6) contracts expired and eleven (11) new requests were submitted to Direction of Professional Services. On March 31, 2013, thirty-five (35) users were party to control measure contracts.

Addendum

- We are hereby submitting our annual statistical report as required by the AHSSS and in compliance with the prescribed timelines that take into consideration the extension granted by the MSSS. Although we signed the «Déclaration de fiabilité des données de l'établissement et des contrôles afférents», we cannot attest to the reliability and accuracy of the data submitted. This reservation is based mainly on the following two factors:
- We did not receive all of the business rules relating to data extraction.
- In some cases a user is assigned to a page, and the same user is awaiting an initial services at the establishment on a different page makes as question the number of users actually served.

In this context, we have taken the liberty of stating our reservations with respect to the veracity of the overview of activities at our establishment presented in this report.

THE WEST MONTREAL
READAPTATION CENTRE

Addendum - Statistical annual report AS-485

TABLE 1
Users served
as of March 31, 2014

The concept of a “registered user” in effect on March 31 was repealed for Fiscal 2013-2014. As such, it is impossible to compare with the financial data from fiscal 2012-2013.

The term “served user” is now used to identify a user who received services at the establishment. More specifically, a “served user” has been dispensed a service corresponding to one or more actions carried out for him or her or for a significant person (relative) in his or her life. These actions are carried out in conjunction with the user’s intervention plan or, in the absence of this, with a professional decision or order. To this end, only type 100, 300 and 500 HPS forms will be used for served users. We note that users who receive a summary assessment of needs (RR02 form) for access purposes will now be considered as having received initial services at the establishment. From this perspective, it is important to note that 211 served users may be added to the total number of separate users served during the year, and that a procedure is under way to make corrections in the system (SIPAD). Finally, for fiscal 2013-2014, the total number of separate users at the WMRC was 2014*.

Users with a HPS 025 will be considered as having been served by the establishment’s access department.

Contrary to previous years, this year, we accounted separately for services sold to other establishments.

ANNUAL REPORT 2013-2014

WMRC	AGE GROUP								Total
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +	
Access (AEO)									
Women	58	37	26	24	26	12	0	0	183
Men	174	120	58	29	21	1	0	0	403
TOTAL	232	157	84	53	47	13	0	0	586
DI Adaptation Readaptation									
Women	34	50	44	41	183	152	23	1	528
Men	49	69	59	44	241	169	28	5	664
TOTAL	83	119	103	85	424	321	51	6	1192
ATA-TED									
Women	10	12	0	0	0	0	0	0	22
Men	38	54	0	0	0	0	0	0	92
TOTAL	48	66	0	0	0	0	0	0	114
TED Adaptation Readaptation									
Women	6	24	27	8	30	8	0	0	103
Men	23	105	114	42	100	24	0	0	408
TOTAL	29	129	141	50	130	32	0	0	511
Distinct Users									
Women	48	75	69	49	211	158	23	1	634
Men	98	202	171	83	341	191	28	5	1119
TOTAL	146	292	240	132	552	349	51	6	1753

SERVICES SOLD	AGE GROUP								Total
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +	
Access (AEO)									
Women	0	0	0	0	0	0	0	0	0
Men	0	0	1	1	2	0	0	0	4
TOTAL	0	0	1	1	2	0	0	0	4
DI Adaptation Readaptation									
Women	0	4	2	10	5	1	0	0	22
Men	0	3	8	1	14	2	0	0	28
TOTAL	0	3	12	3	24	7	1	0	50
ATA-TED									
Women	0	0	0	0	0	0	0	0	0
Men	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0
TED Adaptation Readaptation									
Women	0	0	0	0	0	1	0	0	1
Men	0	1	5	2	1	0	0	0	9
TOTAL	0	1	5	2	1	1	0	0	10

DISTINCT USERS	AGE GROUP								Total
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +	
Women	0	0	4	1	6	6	1	0	18
Men	0	3	10	3	14	2	0	0	32
TOTAL	0	3	14	4	20	8	1	0	5

TOTAL OF USERS SERVICED (1 803 + 211 = 2014*) **1803**

TABLE 2
Distinct Users according to their living environment as of March 31, 2014

The term “registered user” in effect on March 31 was withdrawn for fiscal 2013-2014. It is therefore impossible to conduct a comparison with the data for fiscal 2012-2013.

As opposed to previous years, we accounted separately for services sold to other establishments.

ENVIRONMENTS	AGE GROUP								Total
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +	
Natural environment (autonomus)									
WMRC	0	0	0	1	58	77	10	0	146
Services sold	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	1	58	77	10	0	146
Natural environment (parents)									
WMRC	138	247	187	95	261	39	1	0	968
Services sold	0	0	2	1	3	3	0	0	9
TOTAL	138	247	189	96	264	42	1	0	977
Family Type Resource (RTF)									
WMRC	3	7	14	7	46	39	7	1	124
Services sold	0	0	3	0	0	4	1	0	8
TOTAL	3	7	17	7	46	43	8	1	132
Intermediate resources (RI)									
WMRC	1	11	37	25	169	176	28	3	450
Services sold	0	2	9	4	16	1	0	0	30
TOTAL	1	13	46	29	185	177	28	3	480
Residential resources with continuous assistance (RAC)									
WMRC	0	0	0	0	5	9	0	0	14
Services sold	0	0	0	1	2	0	0	0	3
TOTAL	0	0	0	1	7	9	0	0	17
Admitted in another establishment									
WMRC	0	0	0	0	0	1	0	0	1
Services sold	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	1	0	0	1
Others									
WMRC	0	0	1	1	4	11	2	0	19
Services sold	0	0	0	0	0	0	0	0	0
TOTAL	0	0	1	1	4	11	2	0	19
DISTINCT USERS									
AGE GROUP									
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +	Total
WMRC	142	265	239	129	544	351	48	4	1722
Services sold	0	2	14	6	21	8	1	0	50
TOTAL	142	267	253	135	565	359	49	4	1772
TOTAL OF DISTINCT DI & TED USERS									1772

TABLE 3
Users served in a context of community and work integraton

The term “registered user” in effect on March 31 was withdrawn for fiscal 2013-2014. It is therefore impossible to conduct a comparison with the data for fiscal 2012-2013.

As opposed to previous years, we accounted separately for services sold to other establishments.

WMRC	AGE GROUP					Total
	18-21	22-44	45-64	65-74	75 +	
Community Integration						
ID - Day Program	6	92	86	24	4	212
TED - Day Program	3	40	15	0	0	58
TOTAL	9	132	101	24	4	270
ID Work Integration						
Workshops		2	23	13	0	38
Workshops Support	8	143	96	9	1	257
Individual Internship Support		2	79	51	2	134
Work Intergration		0	22	11	1	34
TOTAL	12	267	171	12	1	463
TED Work Integration						
Workshops		1	11	4	0	16
Workshop Support	0	31	6	0	0	37
Individual Internship Support		10	23	4	0	37
Work Integration		0	4	0	0	4
TOTAL	11	69	14	0	0	94
Distinct Users						
Women	9	163	123	13	0	308
Men	23	262	144	18	5	452
TOTAL	32	425	267	31	5	760

SERVICES SOLD	AGE GROUP					Total
	18-21	22-44	45-64	65-74	75 +	
Community Integration						
ID - Day Program	0	5	0	0	0	5
TED - Day Program	1	1	0	0	0	2
TOTAL	1	6	0	0	0	7
ID Work Integration						
Workshops		0	2	0	0	2
Workshop Support	0	3	3	0	0	6
Individual Internship Support		0	0	0	0	0
Work Integration		0	0	0	0	0
TOTAL	0	5	3	0	0	8
TED Work Integration						
Workshops		0	0	0	0	0
Workshop Support	0	0	0	0	0	0
Individual Intership Support	0	0	0	0	0	0
Work Integration		0	0	0	0	0
TOTAL	0	0	0	0	0	0

TABLE 4
Users awaiting initial services on March 31, 2014

Users who were considered to be waiting for services on March 31, 2014, correspond to the selection criteria outlined in the Access Plan. Users awaiting services are considered to have not received any hours of type 100 services (HPS).

Once the corrections are made to the separate number of users served, the number of separate users awaiting services will be readjusted accordingly.

WMRC	AGE GROUP								Total
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +	
ID - Adaptation Readaptation									
Number of Users	28	41	44	25	27	8	1	174	
*Waiting Time	268,96	357,83	284,91	384,64	353,70	412,50	1215,00	335,74	
TED - Adaptation Readaptation									
Number of Users	195	131	56	17	10	0	0	409	
*Waiting Time	305,27	416,36	475,21	422,29	371,10	0,00	0,00	370,59	
Distinct Users									
Number of Users	223	172	100	42	37	8	1	583	
*Waiting Time	300,71	402,41	391,48	399,88	358,41	412,50	1215,00	360,19	
NUMBER OF DISTINCT USERS WAITING									583

*Average Waiting Time in Days

TABLE 5
Users served while awaiting other program services on March 31, 2014

An active user may be waiting for other services offered by different programs. It should be noted that in the 0 to 4 age group, among the 19 TED users awaiting services, 15 are waiting for an intensive behavioural intervention (IBI) services. In the 5 to 11 age group, among the 232 TED users awaiting services, 3 are waiting for intensive behavioural intervention (IBI) services.

WMRC	GROUPE D'ÂGE							
	0-4	5-11	12-17	18-21	22-44	45-64	65-74	75 +
Adaptation/Readaptation								
All disciplines*								
DI	1	23	29	47	29	4	2	135
TED	19	232	124	57	1	2	0	435
TOTAL	20	255	153	104	30	6	2	570
Community Integration								
Day Program								
DI	0	0	0	6	5	4	1	16
TED	0	0	0	2	6	0	0	8
TOTAL	0	0	0	8	11	4	1	24
Work Integration								
Workshop								
DI	0	0	0	1	2	2	0	5
TED	0	0	0	2	1	0	0	3
TOTAL	0	0	0	3	3	2	0	8
Support - Workshops								
DI	0	0	0	7	6	0	1	14
TED	0	0	0	10	0	0	0	10
TOTAL	0	0	0	17	6	0	1	24
Support Individual Internships								
DI	0	0	0	8	4	1	0	13
TED	0	0	0	3	2	0	0	5
TOTAL	0	0	0	11	6	1	0	18
Residential Resources Integration								
DI	0	0	0	0	1	0	0	1
TED	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	1	0	0	1
Intermediate resources								
DI	2	8	3	4	27	8	0	52
TED	1	17	15	8	11	1	0	53
TOTAL	3	25	18	12	38	9	0	105
Foster Families								
DI	4	9	13	12	12	0	0	50
TED	7	13	13	16	2	0	0	51
TOTAL	11	22	26	28	14	0	0	101
Community Residence								
DI	0	0	0	3	34	12	0	49
TED	0	0	0	1	4	0	0	5
TOTAL	0	0	0	4	38	12	0	54

* Specialized Educator, Psychologist, ergotherapist, social habilities group, etc.

Orientations for 2014-2015

Governance

- Board Evaluation
- Develop the strategic plan for 2015-2020
- Budget balanced
- Continue initiatives to secure appropriate and equitable funding

Health and Safety

- Implementation and monitoring of our client safety plan
- Development of expertise related to work environments
- Implementation of the action plan related to security of information

Partnerships

- Transfer of resources to community organization with building of a comprehensive leisure program
- Implement West End Consortium cost saving initiatives
- Develop clinical projects with MacKay/MAB for children with global developmental delay
- Consolidate the partnership with Little Angels
- Development of a volunteer pilot project - exercise project for fall prevention
- Consolidate relationship with English Universities

Quality, accessibility and Continuum of Services

- Reduce waiting list
- Reallocation of adult resources to children services through attrition (minimum one position)
- Consolidate our management system to ensure on-going optimization
- Continue to pursue administrative optimization projects
- Establish performance indicators (Chantier Performance)
- Develop a clear dashboard
- Program evaluation for minimally 5 programs
- Implementation of the «cadre de reference» related to the quality control in the RNIs

WMRC Leadership role in ensuring the implementation of the Guides de pratique.

Work Culture

- Implementation of Healthy and Wellness Committee and the action plan
- Certification BNQ related to «Entreprise en Santé»
- Increase attraction and retention of new employees (Chantier positionnement employeurs)
- Improve communication and ensure the implementation of the communication plan
- Increase skill set and competencies in information and technology

Specialization

- Implementation of Guide de pratique (chantier Guide de pratiques)
- Implementation of Clinical supervision policy
- Implementation of the Sexual Framework
- Actualization of the TGC RAC adolescents and the Benny/TSA projects
- Ensure on-going training for staff to increase expertise

Entente de gestion

- Increase the number of users to 2129
- Increase the HPS per user on average to 150.3 hours/year
- Access criterias 90% in all categories
- Increase the number of children in EIBI to 102
- Increase the HPS of children in EIBI to an average of 14,5 hour/weekly
- Maintain the low ratio salary insurance costs
- Implement the new «cadre de référence» on restrictive measures
- Train 66% of the employees concerned in restrictive measures
- Designate an employee responsible for civil security
- Respect the Plan de gestion en ressources informationnelles (PGRI)
- Respect the targets for optimization



Councils and Committees of the Establishment





Board of Directors

Chairman

Mr. Gary Whittaker

Vice-President and Treasurer

Mr. Jacques Nolin

Secretary and

Executive Director

D^r Katherine Moxness

Users Committee

Ms. Marjolyn Rutherford

Mr. Stéphane Bertrand

Population

Mr. Gary Whittaker

Agency

Mr. Jacques Nolin

Ms. Jacqueline Scott

Cooptation

Rev. Bill Jay

D^r Evelyn Lusthaus

M^e Gary H. Waxman

Ms. Suzanne Sévigny

Multidisciplinary Council

Mr. Frank Vincelli

Ms. Kelly Wilson

Ms. Monique Bureau

Non-Clinical Staff

Mr. François Côté

Foundation

Mr. Ian H. Moodie

Finance and Audit Committee

President

Mr. Jacques Nolin

Members

Mr. Ian H. Moodie

Ms. Suzanne Sévigny

D^r Katherine Moxness

Mr. Gary Whittaker

Ethics and Conduct Committee

President

M^e Gary H. Waxman

Members

Mr. Stéphane Bertrand

Ms. Marjorie Rutherford

D^r Katherine Moxness

Vigilance and Quality Committee

President and Member of the Board

Rev. Bill Jay

Vice-President and Member of the Board

M^e Garry H. Waxman

Member of the Board

D^r Evelyn Lusthaus

Secretary and Executive Director

D^r Katherine Moxness

Ombudsman

Mr. Stuart Rechnitzer

Multidisciplinary Council

Representatives of the Professionals and Specialists

Ms. Monique Bureau, présidente

Ms. Jessica Levine

Representative of the Clinical Leaders

D^r Stephanie Torchin

Representative of the caregivers

Mr. Sébastien Tremblay, vice-president

Ms. Sylvie Barbara, treasurer

Ms. Kelly Wilson

Representatives of the Executive Direction

D^r Rhoda Root, Director, DSAF

D^r Katherine Moxness,

Executive Director

Users' Committee

President

Mr. Joe Malko

Vice-President and Secretary

Ms. Diane Sabourin

Members

Ms. Marjolyn Rutherford

Mr. Steven Goulet

Mr. Mathieu Dubuc

Mr. Tim Marshall

Mr. Jerry Haikalas

Mr. Richard Mannion

Special Counsellor

Mr. Jack Carlon

WMRC Familiator

Mr. Dennis Farley

Integrated Risk Management Committee

President

D^r Katherine Moxness

President

Ms. Monique Bureau

Secretary and risk manager

Ms. Sylvie Dugas

Members

D^r Marjorie Aunos,
Director, Professional Services

Ms. Julie Duquette,
*Planning, Research Officer,
Risk Management*

Ms. Shelja Arya,
Chief, Health Services

Mr. Stéphane Bertrand,
Co-President, Users Committee

Ms. Cédalia Barbara,
Director, Administrative Services

Ms. Martine Beurivage,
Director, DSEF

D^r Rhoda Root,
Director, DSAF

Ms. Emmanuella Michel,
Representative RNI - children

Mr. Glen Fletcher,
Representative RNI - adults

Ms. Jennifer Springer,
Communication Officer

Mr. Dennis Farley,
Quality





Vigilance and Quality Committee

Rev. Bill Jay, president

During the course of the year the Vigilance and Quality of Service Committee (VQC) welcomed three new members whose energies and wise counsel have been much appreciated. Both Dr. Moxness and Mr. Rechnitzer are members of the committee by virtue of their office, and Mr. Waxman comes as a Board member and its Ethics Chair, and is a lawyer by profession.

During the year covered in this report the committee held six regular meetings (two of which were attended by representatives of the Multi-Disciplinary Council, the Users Committee, and the Parents Committee).

Priority issues in 2013-2014

1. Following considerable consultation, a brochure, describing the Internal Investigations process was published, and distributed to employees, caregivers, parents, and users. Its publication has been welcomed, and the process is increasingly valued as a means of quality improvement.
2. Random Safety and Security Audits were carried out in 30 residential resources, and follow-up to observed deficiencies is being carried out by the Quality Advisor (DSP). The committee (VQC) has reported its recommendations to the Board of Directors regarding emerging issues in its residential settings.
3. Meeting with representatives of the Multi-Disciplinary Council, the Users Committee, and the Parents Committee, the Committee was made aware of concerns regarding wait lists for service, communication between the establishment and its users and their families, ongoing organizational changes and their impacts on both residential and day programs resources.
4. The committee receives regular reports from senior management and the Ombudsman (LCQSC), and on the basis of those makes recommendations to the Board of Directors.

Priorities for 2014-2015

1. Work will continue on bringing WMRC's Standards of Care policies into line with the MSSS new cadre de reference guidelines regarding residential resources. These will assist the committee in more adequately addressing and monitoring safety and security concerns.
2. As a follow-up to the recent visit and recommendations of Accreditation Canada, the committee is working closely with senior management in developing a comprehensive client safety plan with performance targets that will assist the committee in tracking on an ongoing basis, as well in the committee's reporting to the Board of Directors.
3. Follow-up on both the Ombudsman's reporting, and the Quality Advisor's (DSP) reports will be conducted with a view to determining persistent systemic issues which might occasion further discussion.
4. The committee will continue to engage broader discussion and collaboration with various constituencies within WMRC, including the Multidisciplinary Council, the Users and Parents Committees and other Board committees, in order to benefit from their various perceptions, information, and opinions.



According to the Health and Social Service law L.R.Q., Chapter S-4.2, article 226: A Multidisciplinary Counsel is instituted by each public establishment and must consist of at least five persons who have the necessary qualifications as stated in this law. The council is composed of persons who hold a collegial or university degree and who carry out clinical functions in their roles for the establishment directly related to the health services, social services, research or teaching purposes. According to the law, the council also includes nurses if there are five or less nurses employed by the establishment. The Multidisciplinary Council is a sub-committee of the board of directors and as such three members are elected by its membership to sit on the board. Our multidisciplinary counsel is made up of 240 members, the titles of such members include: Specialized educator, psychoeducator, psychologist, occupational therapist, social worker, Human Relation Agent (ARH), Clinical Activity Specialist (SAC), coordinators, consultants, and nurses.

For the first time in many years, elections took place for 2 positions representing professionals and specialists. Jessica Levine (Social Worker), and Monique Bureau (Occupational Therapist), were both elected to represent professional clinical interests on the executive committee of the multidisciplinary council.

During our annual assembly, 122 people attended and had the privilege to take part in 5 excellent presentations offered by 9 multidis-

ciplinary council members on “the different kinds of interventions and clinically innovative tools” that are being used on a clinical basis. The feedback from many of the participants was very positive that they very much appreciated the projects presented by their colleagues as they found them to be varied and stimulating.

During the last year, a group of specialized educators from the council volunteered and dedicated their time to create a code of ethics in order to help define their roles and responsibilities as educators.

The council members actively participated in giving their feedback during the Canada Accreditation and the implementation of pro-action. We were also consulted on the model of clinical supervision and the policies and procedures of the ethical framework used in the establishment. The executive members continue to represent the different clinical committees of the establishment some include:

- The committee on Integrated Risk
- Work load and SIPAD committee
- Communication committee

The executive members: Monique Bureau, Kelly Wilson and Frank Vincelli, continue to represent the council members on the board of directors of the establishment.

Priorities for 2012-2013

1. A better understanding of the clinical needs of our members
2. To increase the visibility of the multidisciplinary council through various activities
3. To contribute to the development of clinical staff through mini-conferences in order to promote the transfer of knowledge
4. To contribute to the implementation of a clinical model of supervision



Users' Committee

Joseph Malko, president



The past year was an exciting and fast-paced year, beginning in September and ending in December when new elections were held. The users' committee now sports a more stream-lined look which will permit us to become a more efficient group. At this time, I would personally like to thank our out-going members for their dedication and valuable input: Mr. Paul Coudriau, Mr. Stratis Ioannou, Ms. Tina Lemieux, Mr. Kosta Tsambalieros, Ms. Lydia Waddell, Ms. Aram Alborzi, Mr. Stephane Bertrand and Ms. Therese Belanger-Ardron.

I would also like to introduce the new and returning members: Mr. Terry Rutherford as Co-Secretary, Mr. Steven Goulet as Co-President & Board Representative, Ms. Marjorie Rutherford as Board Liaison, Mr. Mathieu Dubuc, Ms. Dianne Sabourin as Vice-President, Mr. Dennis Farley as CROM Liaison, Mr. Jerry Haikalis as Co-Vice president, Mr. Jack Carlon as Special Advisor, Mr. Richard Mannion as Secretary and Mr. Tim Marshall.

Our number one priority this past year has been to participate with the Parent's Committee and their Forgotten 500 Campaign. The Users' Committee has provided promotional and financial support so the Parent Committee can continue to pressure the Ministry of Social Affairs to address this serious waiting list issue. This issue will remain our number one priority as the waiting list and waiting time continues to grow due to underfunding and budget cuts.

With our board liaisons, Ms. Marjorie Rutherford and Mr. Steven Goulet, we are maintaining our participation at all board meetings. This past year we participated in the WMRC Accreditation process. The Users' Committee continues to be an active member of the Vigilance Committee.

We are and will continue to work closely with the Director of Adult Services in promoting and developing the various training seminars for Users, caregivers and families. We are working closely with the Department of Professional Services to formulate new topics and subjects of interest for our users and their families. The past year, we, once again, supported the Special Olympics and the children's service annual information BBQ.

It is our firm belief, that to insure that quality services and best practices are being provided, we must continue to strengthen our ties with users, parents and the corporation.

Integrated Risk Management Committee

D^r Katherine Moxness, president



It was a busy year highlighted by many achievements! In May, 2013, the planning programming and research officer joined the integrated risk management team on the committee. In particular, DPS brought about changes by integrating risk management to its research department, hence joining forces. This way, DPS is better prepared to support user services when it comes to prevention and management tools.

2013-2014 Report

During 2013-2014, the Integrated risk management committee held 5 meetings where members discussed key themes and organized activities below:

Medication error prevention subcommittee

- Health services used a verification grid to improve safe medication management in all environments (work, community, RNI).
- Systematically submitting a statistical report to managers regarding medication errors to facilitate follow-up in the environment and with individuals involved.
- All environments conforming to the Bubble pack system implemented, including respite services with users; the Head of health services sent a letter to families to that effect, highlighting how important it is to use the bubble pack system even during respite.
- It is important to report, through an incident/accident report form, instances in which the bubble pack system was not used in a certain environment, since it poses a risk.

Quality evaluation subcommittee

The practice standards policy was updated in accordance with the non-institutional resources framework.

Fall prevention subcommittee

- Systematically submitting a statistical report on falls to managers and occupational therapists to facilitate follow-up in the environment and with individuals involved
- It was asked that the fall prevention subcommittee be reactivated and meet on a regular basis
- It was asked that the exercise program in September 2013 be reinstated for users at high risk of falling or those who have already fallen repeatedly (referred by occupational therapists or physiotherapists)

Pressure sore subcommittee

- Health services, with the help of the occupational therapist, developed a policy/procedure on pressure sores, since there was little reporting of such issues through risk management and since preventative (when redness is observed) reporting is essential.
- Systematic evaluation of at risk users began in the fall of 2013.

Prospective analysis subcommittee / Prevention of aggression / organizational project

The Benny project committee prioritized prospective analysis of unsafe conditions, a process for prevention improvement required by Accreditation Canada for dealing with aggressive behaviour towards employees. This was later used to obtain MSSS funding for organizing work practices at Benny.



Hand hygiene and infection control

The use of appropriate technique for hand hygiene by users and employees has been checked repeatedly; nurses also trained rehabilitation assistants so they could in turn train resource supervisors.

- Use of a verification grid to ensure an objective data collection
- Update of the procedure for infection prevention and control

Training program for employees on the recall list

To make sure all employees on recall-list have received proper training in order to provide services to users in a safe manner.

Risk Management and DPS

Policies and procedures regarding risk management have been updated with the goal to communicate DPS recommendations arising from inquiries in order to predict the recurrence of risk events and accidents.

Incident/Accident statement report

- The incident/accident report process has been simplified: a manager signs levels of severity 1 to 3 and a director must sign levels of severity 4 and 5.
- Option to consider electronic incident/accident report input to make the transmission and processing more efficient.
- For someone reporting, transmission time according to severity level is noted on the first page of each report
- For managers, a reminder to correct severity level on page 1 and complete section 8 for disclosure is found on page 4
- For DPS, a sub-section is added to indicate if it is a sentinel event and if a systematic measure must be shared

Definitions of sentinel event and sentinel accident have been specified to members of the committee.

Paratransit

Members of the committee still prioritize training for paratransit drivers specifically for our users, in order to reduce the number of adverse events reported.

Control Measures

Since there are more users for whom a control measure is necessary (41), members of the committee require further analysis in order to reduce the occurrences of control measures applied..

- The permanent committee on control measures is up and running again.
- Policy and procedure have been reviewed.

Local Complaints and Service Quality Commissioner

Stuart Rechnitzer



Outcomes of year 2013-2014

Most complaints pointed out to the lack of accessibility to services, which seems to be caused by an historical underfunding of the establishment.

No serious professional fault were found through the complaints investigation procedures.

The Ombudsman handled 19 complaint files in 2013-2014 compared to 11 files in 2013-2013, which represents an increase of 73%. In 2011-2012 he handled 6 files which amount to a 83% increase.

The Ombudsman notes a great collaboration and open mindedness from the administration, management and employees in regards to implementation of corrective measures, both individually and systematically. This, in order to improve the care and the services offered by the West Montreal Readatation Centre.



Classification of reasons for complaints by category	2013-2014
Complaints	19
Intervention	1
Request for assistance	6
Consultation	4
Medical Complaint	0
Review Committee	0
Number of complaints handled	30
Reference to the Québec Ombudsman*	0
Recommendation to the Board in regards of access	2

**The Protector handled one intervention of the CLPQS, also in intervention. The Protector handled one complaint in 2013-14 but concluded in 2014-2015; therefore, it does not show up in this annual report but will appear in the 2014-15 report..*

Classification of reasons for intervening *

Category	Total 2013-2014
Accessibility**	10
Financial Aspects	2
Specific Rights	4
Organization of the premises and material resources	7
Interpersonal relationships	5
Care and services provided**	8
Other	0
Total	36

**1 dossier peut contenir plusieurs motifs*

*** Parmi les motifs 'Soins et services', 3 concernent la continuité des soins, qui pourraient aussi être considérés sous la rubrique 'Accessibilité'*

Parents' Committee

Carole Mercier, president



It was a very busy year for the Parents' Committee. In an effort to keep the WMRC Board of Directors aware of parents' concerns, members of the Executive Committee attended most of their meetings. In addition, we organized four general meetings to bring parents up-to-date on WMRC's organizational changes and challenges. They also included presentations on subjects of interest such as the intervention plan and adapted transport.

During one of the meetings, we held a brainstorming session to address ongoing concerns with the primary focus being the impact the ongoing waiting list has on our families. They included the following:

1. Providing additional support for families that are waiting for services.
2. Addressing the waiting list without reducing existing adult services.
3. The increase in the number of residents in individual homes without a corresponding increase in staff. That change has a major impact on the quality of care clients receive.

The Executive Committee also embarked on a campaign to address the need for additional funding to reduce the waiting list.

With support from the Users' Committee and Taylor-Birks Foundation, we were able to acquire the services of a consulting firm to help us plan and coordinate the campaign.

In the fall of 2013, we launched a petition on the National Assembly website which eventually drew more than 1350 signatures. In February, 2014, the petition was presented in the National Assembly by Geoff Kelley, MNA for Jacques-Cartier. At the same time, a Facebook page called The Forgotten 500 was started to highlight the stories of individuals on the waiting list and make the issue a personal one. The media immediately showed interest and several segments were aired on CTV that included interviews with parents. CJAD Radio also invited parents to be interviewed. The print media also picked up the story, notably the *Suburban* and the *West Island Gazette*.

After the election, letters outlining our concerns were sent to the new MNAs and Ministers in WMRC's territory

In light of the serious budget cuts being implemented by the provincial government, we will be reassessing our strategies in the near future.

The current members of the Parents' Committee Executive are Ricky Held, Courtney Lai-Hing, Joe Malko, Richard Mannion, Carole Mercier, Kathy Worsnip, Jack Carlon, Consultant, and Stephanie Torchin, WMRC Representative.

Adorable. Créatif. Perspicace.



Ce sont des termes qui décrivent bien Gabriel. Il est sur une liste d'attente depuis deux ans.

Comme Gabriel, 500 enfants qui ont un trouble du spectre autistique attendent désespérément des services.

Le gouvernement du Québec doit entendre votre voix.





The Suburban

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CROM needs sustainable funding

by Kevin Woodhouse, March 8th, 2014

"We launched this campaign because the voices of these forgotten children need to be heard," said Courtney Lai-Hing, member of CROM's Parents Executive committee.

The committee has launched a petition in the National Assembly last week that was tabled by Jacques-Cartier MNA Geoffrey Kelley who also praised the agency despite budget cutbacks. Kelley noted to his colleagues that "since 2002, cases of ASD (autism spectrum disorder) has augmented by 600 percent" and that sustainable funding will be the key to success, particularly for children aged three to six as early diagnosis of autism and treatment can play a role in a child's life as he petition is asking the government to help more than 500 children who are on a waiting list for services as well as upgrading funding levels of \$12.2 million to a "Forgotten 500".

"We have been listening to the heartbreaking stories of families who have been waiting years for services," said Hai-Ling. "The average waiting time is two years for users have been on the list since 2007. Meanwhile, they are left helpless. This backlog is a direct result of CROM's chronic underfunding."

Over the last 15 to 20 years, government cutbacks has now given CROM a backlog of 500 families," Hai-Ling told The Suburban. "A recent Auditor's report the \$12.2 million is needed to get rid of the backlog before services can be improved across the board."

A story on CROM's waiting list was featured on CTV News at 6 this past Saturday. Watch here (forward to 7:12): <http://montreal.ctvnews.ca/video?binId=1.1332514>

Une reportage présenté sur CTV Nouvelles à 18 h ce samedi passé au sujet de la liste d'attente de CROM. Cliquez ici (début à 7:12): <http://montreal.ctvnews.ca/video?binId=1.1332514>



Tania Krywiak from CTV News reports on the effects of CROM's waiting list, the importance of early intervention and the launch of the petition: www.theforgotten500.com.



Parents sign petition against long waiting lists for children with autism
montreal.ctvnews.ca

Though Early Intensive Behavioral Intervention, better known as EIBI, has been

Les 500 Oubliés/The Forgotten 500 a partagé le statut de West Montreal Readaptation Centre - CR de l'Ouest de Montréal.
26 mars

Ne manquez pas, demain soir, le mercredi 26 mars, le premier segment des nouvelles de 17h à CBC-TV.

CBC a interviewé Gary Whittaker, président du conseil d'administration du CROM et Carole Mercier, du comité des Parents.

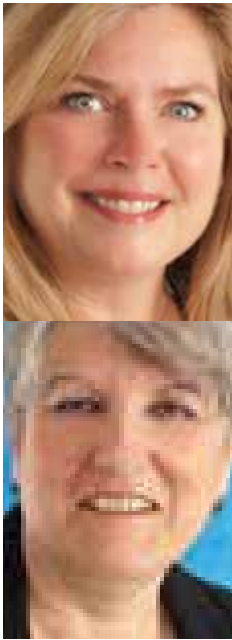
Il s'agit d'un reportage concernant les institutions de santé, leurs attentes par rapport aux chefs et les élections en cours.

4 février

Listen to CJAD 800 now: Donny, father of Rylee who is on the CROM waiting list is on the Barry Morgan show. He is joined by Courtney from the CROM Parents' Committee who will be discussing **Les 500 Oubliés/The Forgotten 500** campaign.



Financial Statements 2013-2014



Financial Declaration

The financial statements of West Montreal Readaptation Centre (WMRC) were completed by the Department of Administrative Services, which is responsible for their preparation and accurate presentation, including the estimates and significant judgments that they contain. This responsibility includes selecting appropriate accounting methods that comply with Canadian accounting standards for the public sector as well as characteristics outlined in the financial management manual of Article 477 of the Act respecting Health Services and Social Services. The financial information contained in the remainder of the annual report reflects the information provided in the financial statements. In fulfilling its responsibilities, the department maintains system of internal controls that it believes to be necessary. The latter provides reasonable assurance that resources are protected, that operations are adequately accounted for, and that in a timely manner they are duly approved and allow for the production of reliable financial statements.

WMRC management acknowledges that it is responsible for managing its affairs in accordance with the laws and regulations under which it operates.

The Board of Directors supervises the manner in which the department fulfills its responsibilities with respect to financial information, and has approved the financial statements. It is assisted in the execution of these responsibilities by the Audit and Finance Committee. This Committee meets with the department and with the auditor, examines the financial statements, and recommends their approval to the Board of Directors.

The financial statements were audited by the Raymond Chabot Grant Thornton firm, which is duly mandated to serve in this capacity in accordance with Generally Accepted Accounting Principles of Canada. The report exposes the nature and scope of the audit as well as the firm's opinion. Raymond Chabot Grant Thornton may, without restriction, meet with the Audit and Finance Committee to discuss any matters relating to its audit.

Katherine Moxness
Executive Director

Cedralia Barbara
Director,
Administrative Services

Independent Auditor's Report on the Summary Financial Statements

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To the Members of the Board of Directors of
West Montreal Readaptation Centre

The accompanying summary financial statements, which comprise the Statement of Financial Position as at March 31, 2014, the Statement of Earnings and Statement of changes in net debt for the year then ended, are derived from the audited financial statements of West Montreal Readaptation Centre for the year ended March 31, 2014. We expressed a qualified opinion on those financial statements in our report dated June 9, 2014 (see below). Those financial statements, and the summary financial statements, do not reflect the effects of events that occurred subsequent to the date of our report on those financial statements.

The summary financial statements do not contain all the disclosures required by Canadian public sector accounting standards. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of West Montreal Readaptation Centre.

Management's responsibility for the summary financial statements

Management is responsible for the preparation of a summary of the audited financial statements on the basis described in Appendix 1 of circular 2013-013 (03.01.61.19) published by the ministère de la Santé et des Services sociaux du Québec (MSSS).

Auditor's responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements".

Opinion

In our opinion, the summary financial statements derived from the audited financial statements of West Montreal Readaptation Centre for the year ended March 31, 2014 are a fair summary of those financial statements, on the basis described in Appendix 1 of circular 2013-013 (03.01.61.19) published by the MSSS. However, the summary financial statements are misstated to the equivalent extent as the audited

financial statements of West Montreal Readaptation Centre for the year ended March 31, 2014.

The misstatement of the audited financial statements is described in our qualified opinion in our report dated June 9, 2014. Our qualified opinion is based on the fact that, as required by the MSSS, building leases concluded with the Société québécoise des infrastructures are recognized as operating leases whereas, under Accounting Guideline PSG-2, "Leased Tangible Capital Assets", these are rather capital leases. The impact of this departure from Canadian public sector accounting standards on the financial statements as at March 31, 2014 and 2013 could not be reasonably determined.

Our qualified opinion states that, except for the effects of the described matter, those audited financial statements present fairly, in all material respects, the financial position of West Montreal Readaptation Centre as at March 31, 2014 and the results of its activities and the changes in its net debt for the year then ended in accordance with Canadian public sector accounting standards.

*Raymond Chabot Grant Thornton LLP*¹

Montreal
September 5, 2014

¹ CPA auditor, CA public accountancy permit no. A116823

ÉTATS DES RÉSULTATS

	Budget	Exploitation Ex.courant (R.deP358 C4)	Immobilisations Exercice courant (Note 1)	Total Ex.courant C2+C3	Total Ex. préc	
	1	2	3	4	5	
REVENUS						
Subventions Agence et MSSS (FI:P408)	1	42 569 961	42 013 637	558 392	42 572 029	41 211 622
Subventions Gouvernement du Canada (FI:P294)	2					
Contributions des usagers	3	4 356 497	4 384 469	XXXX	4 384 469	4 217 462
Ventes de services et recouvrements	4	3 880 011	4 223 522	XXXX	4 223 522	4 062 914
Donations (FI:P294)	5	5 543	14 594	5 536	20 130	20 613
Revenus de placement (FI:P302)	6	10 100	18 065		18 065	10 010
Revenus de type commercial	7			XXXX		
Gain sur disposition (FI:P302)	8					100
...	9	XXXX	XXXX	XXXX	XXXX	XXXX
...	10	XXXX	XXXX	XXXX	XXXX	XXXX
Autres revenus (FI:P302)	11	31 711	240 112	790	240 902	65 981
TOTAL (L.01 à L.11)	12	50 853 823	50 894 399	564 718	51 459 117	49 588 702
CHARGES						
Salaires, avantages sociaux et charges sociales	13	22 359 403	22 290 221	XXXX	22 290 221	22 061 570
Médicaments	14	86 915	11 402	XXXX	11 402	7 549
Produits sanguins	15			XXXX		
Fournitures médicales et chirurgicales	16	1 500	1 401	XXXX	1 401	1 773
Denrées alimentaires	17			XXXX		
Rétributions versées aux ressources non institutionnelles	18	21 677 607	21 744 409	XXXX	21 744 409	20 393 420
Frais financiers (FI:P325)	19	160 000		152 842	152 842	162 377
Entretien et réparations, y compris les dépenses non capitalisables relatives aux immobilisations	20	136 955	117 403	52 225	169 628	150 552
Créances douteuses	21	5 000	1 738	XXXX	1 738	
Loyer	22	634 680	579 758	XXXX	579 758	581 519
Amortissement des immobilisations (FI:P422)	23	320 000	XXXX	292 654	292 654	304 635
Perte sur disposition d'immobilisations (FI:P420, 421)	24		XXXX			
...	25	XXXX	XXXX	XXXX	XXXX	XXXX
...	26	XXXX	XXXX	XXXX	XXXX	XXXX
Autres charges (FI:P325)	27	5 464 639	5 729 046		5 729 046	5 909 193
TOTAL (L.13 à L.27)	28	50 846 699	50 475 378	497 721	50 973 099	49 572 588
SURPLUS (DÉFICIT) DE L'EXERCICE (L.12 - L.28)	29	7 124	419 021	66 997	486 018	16 114

Note 1: la colonne 3 s'applique aux établissements publics seulement

ÉTAT DES SURPLUS (DÉFICITS) CUMULÉS

		Fonds Exploitation Ex.courant	Fonds immobilisations Ex.courant	Total Ex.courant (C1+C2)	Total Ex.préc.	
		1	2	3	4	
SURPLUS (DÉFICITS) CUMULÉS AU DÉBUT DÉJÀ ÉTABLIS	1	154 834	43 961	198 795	182 681	Notes
Modifications comptables avec retraitement des années antérieures (préciser)	2	380 000		380 000		1
Modifications comptables sans retraitement des années antérieures (préciser)	3				XXXX	
SURPLUS (DÉFICITS) CUMULÉS AU DÉBUT REDRESSÉS (L.01 à L.03)	4	534 834	43 961	578 795	182 681	
SURPLUS (DÉFICIT) DE L'EXERCICE	5	419 021	66 997	486 018	16 114	
Autres variations:						
Transferts interétablissements (préciser)	6					
Transferts interfonds (préciser)	7	(71 247)	71 247	0		2
Autres éléments applicables aux établissements privés conventionnés (préciser)	8		XXXX			
...	9	XXXX	XXXX	XXXX	XXXX	
TOTAL DES AUTRES VARIATIONS (L.06 à L.09)	10	(71 247)	71 247			
SURPLUS (DÉFICITS) CUMULÉS À LA FIN (L.04 + L.05 + L.10)	11	882 608	182 205	1 064 813	198 795	
Constitués des éléments suivants:						
Affectations d'origine externe	12	XXXX	XXXX			
Affectations d'origine interne	13	XXXX	XXXX			
Solde non affecté (L.11 - L.12 - L.13)	14	XXXX	XXXX	1 064 813	198 795	
TOTAL (L.12 à L.14)	15	XXXX	XXXX	1 064 813	198 795	

ÉTAT DE LA SITUATION FINANCIÈRE

	FONDS	Exploitation	Immobilisations	Total Ex.courant (C1+C2)	Total Ex.préc.
		1	2	3	4
ACTIFS FINANCIERS					
Encaisse (découvert bancaire)	1	2 775 068	45 598	2 820 666	1 988 332
Placements temporaires	2				
Débiteurs - Agence et MSSS (FE:p.362, FI p408)	3	60 715	87 868	148 583	129 642
Autres débiteurs (FE:p360, FI: P400)	4	2 794 054		2 794 054	2 504 010
...	5	XXXX	XXXX	XXXX	XXXX
Créances interfonds (dettes interfonds)	6	(35 087)	35 087	0	
Subvention à recevoir (perçue d'avance) - réforme comptable (FE:p362, FI:p408)	7	2 399 824	942 128	3 341 952	3 083 648
Placements de portefeuille	8				
Frais reportés liés aux dettes	9		4 208	4 208	5 261
...	10	XXXX	XXXX	XXXX	XXXX
...	11	XXXX	XXXX	XXXX	XXXX
Autres éléments (FE: p360, FI: p400)	12	123 697		123 697	99 617
TOTAL DES ACTIFS FINANCIERS (L.01 à L.12)	13	8 118 271	1 114 889	9 233 160	7 810 510
PASSIFS					
Emprunts temporaires (FI: p403)	14		748 467	748 467	650 795
Créditeurs - Agence et MSSS (FE: p362, FI: p408)	15				
Autres créditeurs et autres charges à payer (FE: p361, FI: p401)	16	4 095 153		4 095 153	3 940 593
Avances de fonds en provenance de l'agence - enveloppes décentralisées	17	XXXX	259 419	259 419	98 596
Intérêts courus à payer (FE: p361, FI: p401)	18		87 869	87 869	93 044
Revenus reportés (FE: p290 et 291, FI: p294)	19	766 416	19 056	785 472	523 055
...	20	XXXX	XXXX	XXXX	XXXX
Dettes à long terme (FE: p361, FI: p403)	21	XXXX	2 539 878	2 539 878	2 685 394
Passifs environnementaux (FI: p401)	22	XXXX			
Passif au titre des avantages sociaux futurs	23	2 445 371		2 445 371	2 440 802
...	24	XXXX	XXXX	XXXX	XXXX
Autres éléments (FE: p361, FI: p401)	25	11 502		11 502	4 877
TOTAL DES PASSIFS (L.14 à L.25)	26	7 318 442	3 654 689	10 973 131	10 437 156
ACTIFS FINANCIERS NETS (DETTE NETTE)(L.13 - L.26)	27	799 829	(2 539 800)	(1 739 971)	(2 626 646)
ACTIFS NON FINANCIERS					
Immobilisations (FI: p420, 421, 422)	28	XXXX	2 722 005	2 722 005	2 732 714
Stocks de fournitures (FE: p360)	29		XXXX		
Frais payés d'avance (FE: p360, FI: p400)	30	82 779		82 779	92 727
TOTAL DES ACTIFS NON FINANCIERS (L.28 à L.30)	31	82 779	2 722 005	2 804 784	2 825 441
CAPITAL-ACTIONS ET SURPLUS D'APPORT	32		XXXX		
SURPLUS (DÉFICITS) CUMULÉS (L.27 + L.31 - L.32)	33	882 608	182 205	1 064 813	198 795

Obligations contractuelles (pages 635-00 à 635-03) et PPP (638.01 et 638.02)

Éventualités (pages 636-01 et 636-02)

Colonne 2: Établissements publics seulement

Ligne 06, Colonne 3: Le montant doit être égal à zéro

Ligne 32: applicable aux établissements privés seulement

ÉTAT DE LA VARIATION DES ACTIFS FINANCIERS NETS (DETTE NETTE)

		Budget	Fonds Exploitation	Fonds Immobilisations	Total - Ex.Courant (C2+C3)	Total - Ex.Précédent
		1	2	3	4	5
ACTIFS FINANCIERS NETS (DETTE NETTE) AU DÉBUT DÉJÀ ÉTABLIS	1	(2 626 646)	62 107	(2 688 753)	(2 626 646)	(2 840 604)
Modifications comptables avec retraitement des années antérieures	2		380 000		380 000	
Modifications comptables sans retraitement des années antérieures	3					XXXX
ACTIFS FINANCIERS NETS (DETTE NETTE) AU DÉBUT REDRESSÉ (L.01 à L.03)	4	(2 626 646)	442 107	(2 688 753)	(2 246 646)	(2 840 604)
SURPLUS (DÉFICIT) DE L'EXERCICE (P.200 L.29)	5	7 124	419 021	66 997	486 018	16 114
VARIATIONS DUES AUX IMMOBILISATIONS:						
Acquisitions (FI:P421)	6	489 000	XXXX	(281 945)	(281 945)	(131 169)
Amortissement de l'exercice (FI:P422)	7	320 000	XXXX	292 654	292 654	304 635
(Gain)/Perte sur dispositions (FI:P208)	8		XXXX			
Produits sur dispositions (FI:P208)	9		XXXX			
Réduction de valeurs (FI:P420, 421-00)	10		XXXX			
...	11	XXXX	XXXX	XXXX	XXXX	XXXX
...	12	XXXX	XXXX	XXXX	XXXX	XXXX
...	13	XXXX	XXXX	XXXX	XXXX	XXXX
TOTAL DES VARIATIONS DUES AUX IMMOBILISATIONS (L.06 à L.13)	14	809 000	XXXX	10 709	10 709	173 466
VARIATIONS DUES AUX STOCKS DE FOURNITURES ET AUX FRAIS PAYÉS D'AVANCE:						
Acquisition de stocks de fournitures	15			XXXX		
Acquisition de frais payés d'avance	16					
Utilisation de stocks de fournitures	17			XXXX		
Utilisation de frais payés d'avance	18		9 948		9 948	24 378
TOTAL DES VARIATIONS DUES AUX STOCKS DE FOURNITURES ET AUX FRAIS PAYÉS D'AVANCE (L.15 à L.18)	19		9 948		9 948	24 378
Autres variations des surplus (déficits) cumulés	20		(71 247)	71 247	0	
AUGMENTATION (DIMINUTION) DES ACTIFS FINANCIERS NETS (DETTE NETTE)(L.05 + L.14 + L.19 + L.20)	21	816 124	357 722	148 953	506 675	213 958
ACTIFS FINANCIERS NETS (DETTE NETTE) À LA FIN (L.04 + L.21)	22	(1 810 522)	799 829	(2 539 800)	(1 739 971)	(2 626 646)

ÉTAT DES FLUX DE TRÉSORERIE

		Exercice courant 1	Exercice précédent 2
ACTIVITÉS DE FONCTIONNEMENT			
Surplus (déficit)	1	486 018	16 114
ÉLÉMENTS SANS INCIDENCE SUR LA TRÉSORERIE:			
Créances douteuses	2	1 738	
Provisions liées aux placements et garanties de prêts	3		
Stocks et frais payés d'avance	4	9 948	24 378
Perte (Gain) sur disposition d'immobilisations	5		
Perte (Gain) sur disposition de placement	6		
Amortissement des revenus reportés liés aux immobilisations:			
- Gouvernement du Canada	7		
- Autres	8	(6 326)	(13 754)
Amortissement des immobilisations	9	292 654	304 635
Réduction de valeur des immobilisations	10		
Amortissement des frais reportés liés aux dettes	11	1 053	1 051
Amortissement de la perte(gain) de change reporté	12		
Amortissement de l'escompte et de la prime	13		
Autres	14	380 000	
TOTAL DES ÉLÉMENTS SANS INCIDENCE SUR LA TRÉSORERIE (L.02 à L.14)	15	679 067	316 310
Variation des actifs financiers et des passifs reliés au fonctionnement	16	115 679	410 456
Flux de trésorerie provenant des (ou utilisé pour les) activités de fonctionnement (L.01 + L.15 + L.16)	17	1 280 764	742 880
ACTIVITÉS D'INVESTISSEMENT EN IMMOBILISATIONS			
Immobilisations:			
Acquisitions	18	(281 945)	(131 169)
Produits de disposition	19		
Flux de trésorerie provenant des (ou utilisé pour les) activités d'investissement en immobilisations (L.18 + L.19)	20	(281 945)	(131 169)
ACTIVITÉS D'INVESTISSEMENT			
Variation des placements de portefeuille:			
Placements effectués	21		
Produit de disposition et de rachat de placements	22		
Placements réalisés	23		
Variation d'autres éléments:			
Subvention à recevoir - Réforme comptable	24	(258 304)	(410 867)
Flux de trésorerie provenant des (ou utilisé pour les) activités d'investissement (L.21 à L.24)	25	(258 304)	(410 867)

ÉTAT DES FLUX DE TRÉSORERIE (SUITE)

ACTIVITÉS DE FINANCEMENT		Exercice courant 1	Exercice précédent 2
VARIATION DES DETTES:			
Emprunts effectués - Dettes à long terme	1		
Emprunts effectués - Refinancement de dettes à long terme	2		
Emprunts remboursés - Dettes à long terme	3	(145 516)	(139 693)
Emprunts remboursés - Refinancement de dettes à long terme	4		
Capitalisation de l'escompte et de la prime	5		
Capitalisation des gains ou pertes de change	6		
Variation des emprunts temporaires effectués - fonds d'exploitation	7		
Emprunts temporaires effectués - fonds d'immobilisations	8	99 165	531 473
Emprunts temporaires effectués - Refinancement fonds d'immobilisations	9		
Emprunts temporaires remboursés - fonds d'immobilisations	10	(1 493)	(31 403)
Emprunts temporaires remboursés - Refinancement fonds d'immobilisations	11		
VARIATIONS D'AUTRES ÉLÉMENTS:			
Fonds d'amortissement du gouvernement	12		
Flux de trésorerie provenant des (ou utilisé pour les) activités de financement (L.01 à L.12)	13	(47 844)	360 377
AUGMENTATION (DIMINUTION) DE LA TRÉSORERIE ET DES ÉQUIVALENTS DE TRÉSORERIE (P.208-00, L.17+L.20+L.25 + P.208-01, L.13):	14	692 671	561 221
TRÉSORERIE ET ÉQUIVALENTS DE TRÉSORERIE AU DÉBUT	15	2 254 047	1 692 826
TRÉSORERIE ET ÉQUIVALENTS DE TRÉSORERIE À LA FIN (L.14 + L.15)	16	2 946 718	2 254 047
TRÉSORERIE ET ÉQUIVALENTS DE TRÉSORERIE À LA FIN COMPRENNENT:			
Encaisse	17	2 946 718	2 254 047
Placements dont l'échéance n'excède pas 3 mois	18		
TOTAL (L.17 + L.18)	19	2 946 718	2 254 047
AUTRES RENSEIGNEMENTS:			
IMMOBILISATIONS:			
Comptes à payer sur les immobilisations	20	67 702	31 894
INTÉRÊTS:			
-Intérêts créditeurs (revenus)	21	18 065	10 010
-Intérêts encaissés (revenus)	22	18 065	10 010
-Intérêts débiteurs (dépenses)	23	151 790	161 325
-Intérêts déboursés (dépenses)	24	156 966	166 026
PLACEMENTS TEMPORAIRES			
Échéance inférieure ou égale à 3 mois:			
- Solde au 31 mars de l'exercice précédent	25		
- Solde au 31 mars de l'exercice courant	26		
Échéance supérieure à 3 mois:			
- Solde au 31 mars de l'exercice précédent	27		
- Placements effectués	28		
- Placements réalisés	29		
- Solde au 31 mars de l'exercice courant (L27 + L28 - L29)	30		

Fonds d'exploitation-Activités principales

exercice terminé le 31 mars 2014 - NON AUDITÉE

CHARGES PAR CENTRE D'ACTIVITÉS - C.R.

		Exercice courant 1	Exercice précédent 2	Variation (C.1 - C.2) 3
NON EXCLUSIFS À UN PROGRAMME				
6370 Enseignement scolaire	1			
6390 Service de pastorale	2			
6430 Encadrement des ressources non institutionnelles	3	898 384	923 493	(25 109)
153 Gestion et soutien aux programmes - Centre de réadaptation (toxicomanes, DP)	4			
690 Transport externe des usagers	5			
999 Autres activités spéciales	6			
TOTAL (L.01 à L.06)	7	898 384	923 493	(25 109)
PROGRAMME SERVICES GÉNÉRAUX - ACTIVITÉS CLINIQUES ET D'AIDE				
606 Centre de prélèvements	8			
TOTAL (L.09 = L.08)	9			
PROGRAMME SANTÉ PUBLIQUE				
132 Immunisation et manifestations cliniques inhabituelles liées à l'immunisation	10			
134 Vaccination massive et urgente	11			
995 Lutte à une pandémie d'influenza	12			
TOTAL (L.10 à L.12)	13			
PROGRAMME SANTÉ PHYSIQUE				
512 Ressources intermédiaires - santé physique	14			
401 Déplacement des usagers entre établissements	15			
402 Déplacement des usagers âgés de 65 ans et plus	16			
553 Nutrition clinique	17			
TOTAL (L.14 à L.17)	18			
PROGRAMME SANTÉ MENTALE				
513 Ressources intermédiaires - santé mentale	19			
523 RTF - Familles d'accueil - santé mentale	20			
533 RTF - Résidences d'accueil - santé mentale	21			
543 Autres ressources non institutionnelles d'hébergement - santé mentale	22			
940 Soutien dans la communauté aux personnes souffrant d'un trouble mental grave	23			
002 Centre pour activités de jour - santé mentale	24			
013 Atelier de travail - santé mentale	25			
023 Support des stages en milieu de travail - santé mentale	26			
033 Intégration à l'emploi - santé mentale	27			
043 Ressources résidentielles - assistance résidentielle continue - santé mentale	28			
053 Ressources résidentielles avec allocations pour assistance résidentielle - santé mentale	29			
105 Adaptation et soutien à la personne - santé mentale	30			
TOTAL (L.19 à L.30)	31			
PROGRAMME JEUNES EN DIFFICULTÉ				
107 Adaptation et soutien à la personne - jeunes multiproblématiques	32			
TOTAL (L.33 = L.32)	33			



Our new retired!

- Réal Dion
- Paula Celani Capraro
- Sandra Babich
- Judith Grandsire
- Delores Tomlinson
- Bunty James
- Linda Jones
- Valerie Laberge

- ABSENT
- Jacques Dion
 - Larissa Kanondjian

35 years!

- Maddalena Iasenza
- Carol Gilmour
- John Ashby
- Jennifer Holt Alexander
- Deborah Elliott

- ABSENT
- Christina Iannitto
 - Saty Kokinasidis
 - Claire Leblond
 - Michael Wyman



30 years!

- Jennifer Mundee
- Rhoda Root
- Heather Belanger
- Carmelina Diliello
- Trudy Weidenbach

- ABSENT
- Fernand Cyr
 - Anna Maria Olivaro



Among its personnel, the WMRC boasts employees who have been performing their duties for many years.

To all of these people, the members of the Board of Directors and management would like to express, on behalf of users and their families, the most sincere thanks for their tremendous contribution to the progress of individuals presenting with intellectual deficiencies or autistic spectrum disorders.

25 years!

Normand Comtois
Alain Ouvrard
Heather Hanks
Linda Laflamme
Anne Ponniah
Julie Bubelis
Mark D. Donnici
Robert-Thomas Smith



20 years!

Kerry Hall
Sandra Costa
Mary Mallaci
Heather McIntosh
Suzy Chedore
Nadia Fuoco
Boris Parades
Alexandra Boisrond

ABSENT
Marian Baines



15 years!

François Jasmin
Charmaine Banton
Mélanie Hawkins
Elizabeth Plaitis
Sybil Mayers
Annick Rajotte
James Wilson Allan

ABSENT
Suzie Tremblay
Rosetta Tucci



Code of Ethics and Conduct of the Administrators

Adopted May 20th, 2003

SECTION 1 – GENERAL

General Objective and Scope of Application

1.1 *Content* This Code is not intended to replace the laws and regulations in force, nor to establish an exhaustive list of behaviour standards expected from directors. It is intended, rather, as a compilation of their general duties and obligations. In particular, it:

- concerns preventive measures, and in particular, the rules relating to the declaration of interests;
- concerns the identification of conflict of interest situations;
- concerns the duties and obligations of directors after the completion of their mandates;
- provides mechanisms for the application of the Code.

1.2 *Scope* All directors of the establishment must respect the ethics principles and the rules of conduct contained in the laws and regulations and by this Code. In the case of disagreement, the more stringent principles and rules shall apply.

Directors must, in case of doubt, act in the spirit of these principles and rules.

Directors are bound by the same obligations when, at the request of the establishment, they perform administrative functions or become members of another organization or business.

Article 2: Definitions

2.1 « *Director* » means a member of the Board of Directors of the establishment, whether elected or appointed;

2.2 « *Conflict of interest* » means in particular, but without limiting the legal scope of the term, any situation where the direct or indirect interest of a director is such that it is likely to compromise the objective performance of his work. His judgement may be influenced and his independence affected by the existence of such interest;

2.3 « *Enterprise* » means any form of organization of the production of goods, services or any other commercial, industrial or financial business, including all groups whether incorporated or not, that seek to promote certain values, interests or

opinions, or to influence the authorities of the establishment;

2.4 « *Closely related person* » means the legal or common-law spouse, child, father, mother, brother or sister of a director, or the spouse or child of any such person, or the business associate of the director.

SECTION 2 - DUTIES AND OBLIGATIONS OF THE ADMINISTRATORS

Article 3: Duties

Together with the other directors of the establishment, in the interest of the population served and of the establishment:

3.1 *Priorities and Policies* Directors shall determine the priorities and policies of the establishment and ensure respect for them, particularly regarding the needs of the population, given its mission, the clientele it serves, and the services it offers.

3.2 *Quality* Directors shall ensure the pertinence, quality and effectiveness of the services provided.

3.3 *Rights of the User* Directors shall ensure that the rights of the user are respected and that any complaints are treated diligently.

3.4 *Efficiency* Directors shall ensure the effective and efficient use of human, material and financial resources.

3.5 Human Resources

Directors shall promote the participation, the motivation, and the affirmation and preservation of skills of its employees, and the professional development of human resources.

Article 4: Obligation of Care, Prudence, Diligence and Competence

In order to act with care, prudence, diligence, and competence, directors shall adhere to the following:

4.1 Availability and Active Participation

Invest the time necessary to perform their functions and play an active role in the decision-making process of the Board of Directors.

4.2 *Care and Competence* Maintain an interest in and monitor the evolution of the establishment; they shall seek information before making decisions.

4.3 *Neutrality* Express an opinion on resolutions by using their right to vote as objectively as possible. In this regard, they may not make commitments to a third party nor make any guarantee to such party regarding any future votes or decisions.

4.4 *Discretion* In general Use discretion in regard to information acquired in the performance of their functions. Furthermore, they shall use prudence and restraint regarding confidential information whose disclosure or use could harm the interests of the establishment, violate the privacy of people or give an undue advantage to a person or a corporation.

4.5 *Confidentiality* Maintain the confidentiality of facts or information which, under the Law or by a decision of the Board of Directors, must be kept confidential.

4.6 Public Relations

4.6.1 Respect the rules of politeness and courtesy in all interactions with the public and avoid all forms of discrimination or harassment prohibited by law.

4.6.2 Refer citizens who ask for information to the appropriate department of the establishment.

4.6.3 Adopt an attitude of reserve and restraint in the public expression of their opinions.

Article 5: Obligation of Honesty and Loyalty

Directors shall act with honesty and loyalty, and to this end they shall adhere to the following:

5.1 *Interest of the Population* Act in good faith, in the best interest of the establishment and the population served, without favouring or taking the specific interests of other groups, people or entities into account.

5.2 *Abuse of Power* Reject and militate against all forms of abuse of power such as conflicts of interest, infringement of

rules, administrative inefficiency, wastefulness, disclosure of confidential information, granting of favours, concealment of mistakes or deception of the public.

5.3 Conflicts Avoid conflicts of interest or conflicts of role.

5.4 Property of the Establishment Use the goods, resources and services of the establishment in the ways recognized by and applicable to all, and refrain from confounding the property of the establishment with their own property.

5.5 Advantages or Benefits

5.5.1 Refrain from drawing undue advantages from their position as director on their own behalf or on behalf of others.

5.5.2 Refrain from accepting or soliciting advantages or benefits, whether directly or indirectly, from a person or a business that does business with the establishment or one that acts on behalf of or for the benefit of such person or a business, if such advantage or benefit is intended or likely to influence the director in the exercise of his functions or create an expectation that such influence could occur.

5.5.3 In particular, gifts, amounts of money, loans at preferential interest rates, forgiveness of debt, job offers, special favours and anything else having appreciable monetary value which compromises or appears to compromise a director's ability to make fair and objective decisions, are considered prohibited advantages.

5.6 Treatment Refrain from receiving any remuneration or other pecuniary advantage, with the exception of refunds for expenses incurred in the performance of their functions, under the conditions and in the amounts determined by government regulation.

5.7 Openness Reveal to the other members of the Board of Directors any information or facts which could have a significant impact on the decisions to be made.

5.8 Abusive Interventions

5.8.1 Refrain from intervening in the hiring of employees, with the exception of the Director General.

5.8.2 Refrain from manoeuvring to favour friends or closely related persons.

5.8.3 Refrain from acting as an intermediary, with or without compensation, between a profit-making or non-profit organization and the establishment.

5.9 Director General In addition to his obligations as a director, the Director General shall respect all obligations and requirements imposed upon him by the law, especially the prohibitions on conflicts of interest, the obligation to devote oneself exclusively to the task (excluding the exceptions contemplated in the law), and the obligation not to receive any other remuneration except that which is provided by law, and more specifically, not to receive any salary or benefit from a foundation.

Article 6: Obligations after Completion of Mandate

After the completion of mandate, directors remain bound by their obligations of prudence, discretion, honesty and loyalty, and in particular, they shall adhere to the following:

6.1 Advantage Behave in a manner so as not to draw undue advantage, on their behalf or on the behalf of others, from their former position as a director.

6.2 Intervention Avoid, in the year following the end of their mandate, acting, either on their own behalf or on behalf of others, in respect of a process, a negotiation or another operation in which the establishment is involved and regarding which they have information not available to the public.

6.3 Employment Refrain from applying for a position with the establishment in the year following the end of their mandate, if they are not already in the employ of the establishment.

6.4 Confidentiality Refrain, at all times, from using confidential information acquired in the exercise of their functions as a director.

6.5 Reputation Refrain from tarnishing, by immoderate comments or otherwise, the reputation of the establishment or that of any of its employees.

Article 7: Undertakings

7.1 Declaration of Interests In the sixty (60) days following adoption of this Code by the Board of Directors, each director, with the exception of the Director General, shall produce a duly completed and signed declaration of interests, a copy of which appears in Appendix II of this By-law. The Director General shall produce his declaration of interests as prescribed by law. A copy of such document appears in Appendix I of this by-law.

7.2 Personal Undertaking In the sixty (60) days following adoption of this Code by the board, each director shall produce the undertaking appearing in Appendix III of this By-law.

Each new director shall do likewise in the sixty (60) days following his election or appointment.

7.3 Undertaking of Members of the Ethics Committee Members responsible for the enforcement of the Code of Ethics shall, in the sixty (60) days following their appointment, produce the undertaking appearing in Appendix IV of this by-law.

SECTION 3 - EXCLUSIVITY OF THE DIRECTOR GENERAL

Article 8: Act Respecting Health & Social Services

The Board of Directors ensures the application of section 199 (Appendix I) of the Act respecting Health & Social Services which states that the Director General and the senior management must devote themselves exclusively to the work of the establishment and to the duties of office. The Director General may, however, hold another position, office or function, or provide another service in certain circumstances and under the following conditions:

1. Without authorization, if no remuneration or direct or indirect benefit is paid or granted to him;
2. With the authorization of the Board of Directors, if he holds, outside the health and social services sector, another position, office, function or services for which remuneration or benefit of any kind is paid or granted to him. He may also hold a function within an association, grouping a majority of the establishments carrying out activities inherent in the mission of establishments with the same mission, or within an association of directors of health and social services recognized by order in council, for labour relations purposes, or within an institutional certification body;
3. With the authorization of the Regional Board and the Board of Directors if he holds, within the health and social services sector, another position, office, function or service for which remuneration or direct or indirect benefit of any kind is paid or granted to him.

Article 9: Statement of the Director General

The Director General and senior management must file with the Board of Directors a written statement declaring any pecuniary interest in corporations, partnerships or enterprises that may enter into contract with the establishment. The statement must be updated within 60 days of the acquisition of such an interest by the Director General and, each year, within 60 days of the anniversary of his appointment.

The Director General and senior management must, in addition, file with the Board of Directors, a written statement declaring his pecuniary interest in a corporation, partnership, or enterprise which has entered into a professional services contract with the establishment, and this to be done within thirty (3) days of the signing of the contract, (art. 198, LSSSS)

Article 10: Modalities

10.1 When the Board of Directors gives an authorization to the Director General or to a member of the senior management team, it must be specific and subject to the condition that the new function does not interfere with the complete fulfilment of his duties as Director General or senior manager.

10.2 Notwithstanding the above mentioned, if the Board of Directors determines that this other position, office, function or service interferes with the complete fulfilment of his duties as Director General or senior manager, it asks the person concerned to correct the situation within a fixed time frame, in default of which, the authorization should return to the Board of Directors for review.

10.3 If the Director General or senior manager contravenes the rules of section 199 of the Act, the Board of Directors applies the sanction provided by the Act; that is to say, a suspension without pay that varies from three (3) to six (6) months or a forfeiture of office, depending upon the gravity of the infraction.

10.4 In such a case as referred to in 3 (above), the Board of Directors, within the following ten (10) days, must inform the Régie régionale and the Minister of Health & Social Services, indicating the nature of the case and the measures it has taken.

SECTION 4 - APPLICATION OF THE CODE**Article 11: Request for Examination and Investigation**

11.1 *Filing a Request for Examination* Any allegation of misconduct or infraction of the laws and regulations of this Code of Ethics against a director must be submitted in writing to the president of the Ethics Committee, or, where the latter is the subject of the allegation, to any member of this Committee. The person to whom this allegation is transmitted shall submit it to the Ethics Committee, which shall then meet within thirty (30) days of receipt of the complaint.

11.2 *Cursory Examination* Where an allegation is submitted pursuant to the foregoing section, the president may dismiss it, upon examination, if he deems it to be frivolous, vexatious or in bad faith. If the complaint is substantiated, the Ethics Committee shall, prior to any examination, address itself in writing to the director concerned.

11.3 *Holding of Investigation* The Committee determines the resources necessary to hold any investigation within its jurisdiction. The investigation shall be conducted in a confidential manner and shall protect the anonymity of the person from whom the allegation originates as well as the person against whom the allegation is directed. The discretion of the Ethics Committee is essential.

11.4 *Information from the Director in Question* As soon as a complaint has been made, the Committee shall inform the director concerned, to the exclusion of anyone else, of the alleged infraction. Within a reasonable time period, the director has the right to be heard, call witnesses of his choice, have a lawyer present and produce any document that he deems pertinent at a hearing duly convened to this effect.

11.5 *Reporting to the Board* At such time as the Ethics Committee concludes, after a hearing held in due form, that the director has violated the Code of Ethics, it must deliver a written report to the Board of Directors containing a summary of the investigation. The report shall also be submitted in writing to the director concerned by the report.

11.6 *Confidentiality* All deliberations are confidential and « in camera ». All members of the Board of Directors receiving a report from the Ethics Committee are bound by confidentiality.

Article 12: Sanctions

12.1 *Decision* The Board of Directors shall meet in camera to determine the sanction to be imposed upon the director concerned. Either upon his own request or upon the request of the Board of Directors, the director against whom the allegation has been made shall be informed in writing of the time and date of said meeting. The director concerned may not participate in the deliberations nor have a voice in the decision, but may be heard before the decision is made by the Board of Directors at a meeting duly convened by the Board of Directors for this purpose.

12.2 *Sanctions* Depending on the nature and the gravity of the infraction or the misconduct, the possible sanctions are an informal disciplinary action, a reprimand, a suspension or an action for forfeiture of office. The aforementioned must remain confidential until the director concerned is notified in writing of the imposed sanction.

Article 13: Publicity

13.1 *Consultation of the Code* This Code is available for consultation by all interested persons. It shall be published in the annual activity report of the establishment.

Number of cases dealt with in 2013-2014
No case were dealt with as per the code of ethics and conduct of the Administrators in 2013-2014.





CENTRE
DE RÉADAPTATION
DE L'OUEST DE MONTRÉAL

WEST MONTREAL
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