



Organizational Plan

2011-2014

ADOPTED JUNE 22, 2011



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INTRODUCTION

Batshaw Youth and Family Centres (Batshaw Centres) is committed to meeting the developmental needs of children and youths who require protection and rehabilitation services, and to assisting their families in assuming parental responsibilities in providing a safe and stable environment in which to grow. Services are also geared towards preparing youths to contribute positively to their community.

With a history which dates back to 1816 with the Female Benevolent Society of Montreal, Batshaw Centres has inherited, through its founding organizations, a long tradition of community and social services to the English-speaking and Jewish communities of Montreal.

Our interventions support and enable families and the community to respond to the needs of children so that they may develop to their full potential. Serving a large multi-ethnic population, we have developed a particular sensitivity to the sociocultural dimension of interventions and maintain close ties with the community we service.

The organizational plan communicates in an integrated manner the essential principles that guide and inspire our work on a daily basis.

This document lays out the parameters which govern our interventions, including our mission, vision, values and philosophies. It also provides a description of our clients, the socio-demographic context in which we are evolving, and the local, regional and provincial factors which impact our services. The context, as well as an understanding of the particular strengths we have and challenges we face, provides the backdrop to the strategic orientations chosen for the next three years.

The organizational structure describes the deployment of our manpower to meet the overall objectives, including the strategic orientations.

The preparation of this document has provided an opportunity to reflect and share with staff, managers, different representative bodies and board members a common understanding of the different influences that shape our organization and the unique role that each plays in the delivery of services.



SECTION I GUIDING PRINCIPLES

Mission

Batshaw Youth and Family Centres provides psychosocial, rehabilitation, and social integration services primarily related to the Youth Protection Act, the Youth Criminal Justice Act and An Act Respecting Health Services and Social Services (R.S.Q. Chapter S-4.2). It also ensures the provision of services related to child placement, family mediation, adoption and adoption disclosure, and expertise to the Superior Court on child custody.

Batshaw Youth and Family Centres provides services to residents of the island of Montreal who wish to receive services in English and to the Jewish community of Montreal in French or English. In addition, rehabilitation placement services are provided to English-speaking youths from other regions of Quebec under specific service agreements.

Vision

We place the child's best interest, the strengthening of families and respect of their cultural needs at the heart of our interventions and programming.

We seek to form the necessary alliances with the family and encourage their active participation in intervention planning.

We invest in creating collaborative partnerships internally and to offer responsive services in complementarity and continuity with those provided by our partners in the community.

In subscribing to continuous quality improvement, we are committed to learning and applying knowledge in practice.

Our management style seeks to promote commitment, confidence and competence in each employee.

Values

The values which guide service delivery, decision-making, relationships with clients, colleagues and partners are:

- respect of individuals, their rights and their diversity;
- recognition of strengths and the capacity of individuals to grow and develop;
- commitment to providing the best services in continuity with our partners;
- collaboration and team work;
- acknowledgement of successes of clients and staff;
- integration of pertinent knowledge in service delivery.



Service philosophy

We adopt a Collaborative Approach in our work with our clients and with our internal and external partners. Our services are also provided in a manner which reflects the following principles:

Child-Centered

- Children and youths have a right to grow up in a safe and stable environment.
- Families generally provide the best hope for the positive development of children and youths and our interventions aim at preserving the family unit.
- Our goal-based approach is designed to promote and monitor outcomes with respect to the physical, emotional, cognitive and psychosocial development of children and youths.
- When out-of-home care is necessary, we act in a way that ensures the continuity of positive family ties and provide support and guidance to caregivers.
- Our rehabilitation programs and services are designed to address the needs of children and youths for belonging, mastery, independence and generosity.
- While our interventions with youths involved in illegal activities consider the need to protect society, they are designed to promote legal, pro-social and responsible behaviours.

Family-Focused

- The composition of a family and the roles of its members are defined by the family.
- We support families in the exercise of their rights and responsibilities, in looking after their children, in strengthening their capacities and relationships and thus contribute to shaping their future.
- We engage family members, recognize their strengths and seek their collaboration in the assessment of their situation and the development of plans designed to address the situation that led to our involvement.

Client-Driven

- Our clinical processes address risk to safety and development, parenting capacity, attachment and environmental supports.
- We work within the limits of our legal mandate and we recognize the impact this authority has on families.
- We encourage the input of our clients into the delivery and the evaluation of our services.

Respect for Diversity

- We adapt our services and adopt models of practice to incorporate race, culture, language, religion, sexual orientation and other elements of diversity.
- We are sensitive to and respectful of the uniqueness of individuals, families and communities and we work with them to maintain their identities.

In Partnership

- We recognize that the family's community constitutes its primary source of formal and informal supports and we continuously work in partnerships with organizations and members of that community.
- Our interventions are carried out through an interdisciplinary approach which recognizes and draws from everyone's resources and expertise.



Management philosophy

The management of our human, financial, informational and material resources are guided by the following principles:

Communication:

- Regular communication regarding expectations, feedback and supervision are the foundation of our relationship with staff and managers.
- Managers play a pivotal role in promoting dynamic channels of communication, in sharing the orientations of the organization and in ensuring continuous feedback.
- We seek the input and the expertise of staff and managers regarding service delivery.

Collaboration:

- Staff are our strongest asset, staff appreciation is at the heart of many formal and informal events which are instituted.
- We work in a collaborative manner that promotes respect and transparency.
- Our approach with staff is strength-based, engaging and focused on solutions.
- We believe that the style of management will influence directly the quality of relationships that staff have with clients.
- We encourage staff-driven initiatives and creativity to improve services.
- Open channels of communication and collaboration are maintained in labour relations and a proactive stance is taken in resolving difficulties.

Accountability:

- Leadership is encouraged at every level of the organization, and decision-making closest to the action is encouraged.
- Our management, training and intervention practices reflect our commitment to diversity.
- Staff have a responsibility to promote and ensure a safe, secure and clean working and living environment.
- Managers are accountable for the outcomes of their teams in meeting standards set and for motivating their staff.
- Financial, informational and physical resources are managed in a manner which is efficient and effective.

Continuous learning:

- We promote active staff involvement in their own development.
- A culture of continuous learning exists with many training and development opportunities for staff to enhance their knowledge and skills.
- Built-in modalities for effective transfer of learning ensure that staff retain and transfer to the workplace what is learned.

In subscribing to continuous quality improvement, we seek feedback from staff, clients, foster parents and community partners. The accreditation process and the ensuing improvement plan are opportunities to clarify the vision of quality improvement and to mobilize the staff around a common vision.



SECTION II OUR CLIENTS AND SERVICES

Profile of Clients

Batshaw Centres offers a range of services to children and youths from ages 0 to 18 years¹ and their families as mandated under the Youth Protection Act, the Youth Criminal Justice Act, the Act Respecting Health Services and Social Services (R.S.Q. Chapter S-4.2) as well as certain provisions of the Civil Code for matters pertaining to adoption and legal custody.

Our clients typically present with severe psychosocial problems and challenging behaviours which are often the outcome of neglect. The focus of our interventions is the child or youth, the parents and the extended family and community network.

The family situations are often complex and difficult as a result of mental health problems, drug and alcohol abuse, family violence and marginal lifestyles which may severely impact parental capacity. The children may have developmental delays, attachment disorders or violent and impulsive behaviour.

¹ Certain youths are followed over the age of 18 in order to enable them to remain in care while completing their high school education under the Youth Protection Act, to complete their follow-up under the EQUIP program (Ensuring Qualifications and Independence Program), the Act Respecting Health Services and Social Services or if they are under the Youth Criminal Justice Act and their court order expires beyond their 18th birthday.

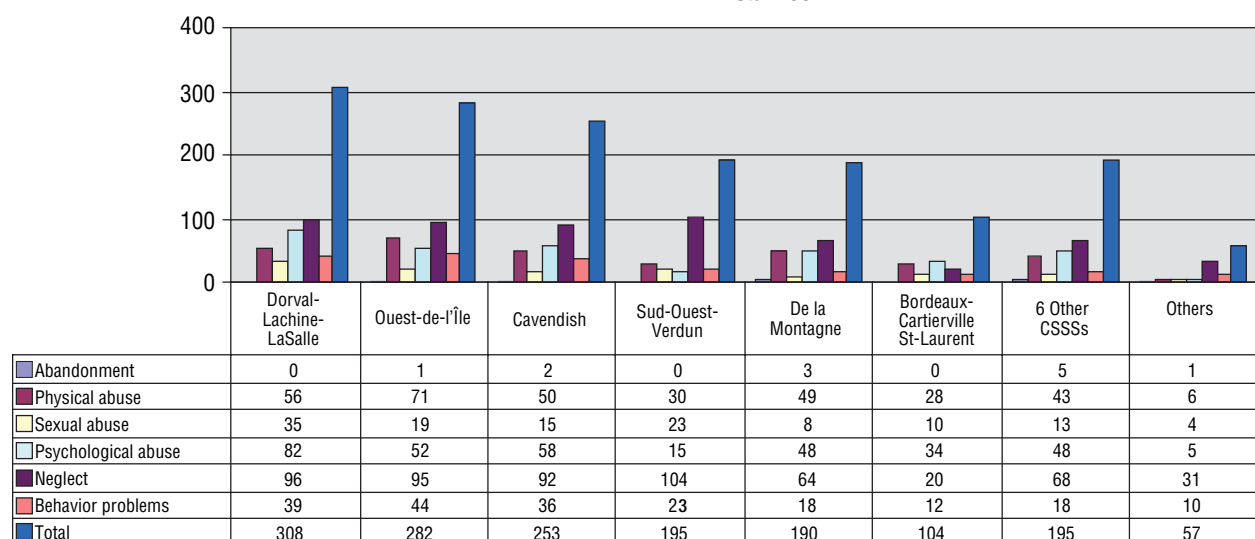
Services Offered

We receive annually approximately 7000 consultations and requests for service and an additional 3500 *signalements* under the Youth Protection Act. Of these *signalements*, close to half of them are retained for evaluation, and approximately 35% of them are referred after evaluation for ongoing services under voluntary or court ordered measures.

The *Centres de santé et de services sociaux* (CSSS) territories in which the vast majority of our clients reside cover the western part of the island (84%) with rates of retained *signalements* varying from 9 per 1000 English-speaking youths for the CSSS Ouest-de-l'Île territory to 32 for 2010-2011 for the Sud-Ouest-Verdun territory.

An average of 1250 children and youths receive ongoing services after a **Youth Protection** evaluation. They can reside with their families or significant individuals and can also be placed in foster homes, group homes or residential units with the goal of returning them to their families as soon as the situation allows it. When they cannot be reunited with their families, an alternate permanent plan is developed which may be long-term placement or entrustment, tutorship or adoption.

Signalements retained by CSSS territory and presenting problem in 2010-2011
Total 1584



Adolescents from the age of 12 up until 18 who commit offences can be referred under the **Youth Criminal Justice Act**. An average of 650 youths receive services in the form of judiciary or extra-judiciary sanctions. The primary focus is on rehabilitation and work with family and community partners to ensure the youth does not become a repeat offender. In the most serious offences, closed or open custody can be ordered. In recent years, open custody orders have become less frequent.

Children and youths can be followed under **An Act Respecting Health Services and Social Services** for voluntary placements. These situations are generally referred by the CSSS or the hospitals. Placements may occur in foster families, group home or residential programs. Children placed with us from out of region and out of province are shared dossiers with another child welfare organization and are tabulated as cases followed under the Act Respecting Health Service and Social Services.

Rehabilitation services are available to support families in child care and behaviour management issues in the home and in residential programs. We offer a wide range of residential services to meet the different needs and levels of supervision required.

Adoption is made available for children who are relinquished by their birth parents or through a declaration of adoptability. Adoptees and birth parents are entitled to adoption disclosure which contains their respective non-identifying background histories and if both parties are in agreement, can lead to a reunification process.

Psychosocial expertise services are rendered as requested by the Superior Court in situations where the legal custody of a child is in dispute before the Court. This service is provided by service agreement with the *Centre jeunesse de Montréal-Institut universitaire*. Clients are referred for mediation services.



SECTION III OUR CONTEXT

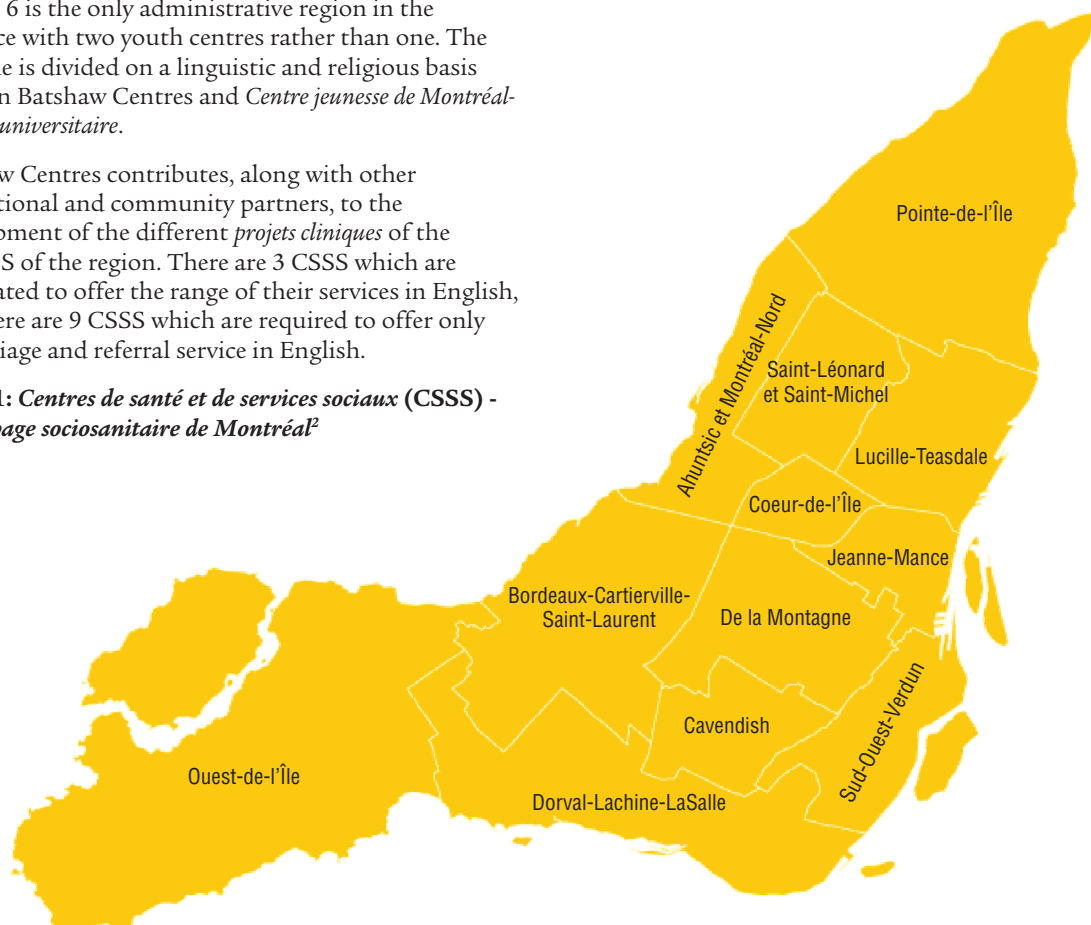
Our strategic orientations take into consideration the environmental factors including the organization of services in Montreal, the demographic profile and needs of the population, the strategic orientations chosen by the Ministry and the *Agence de la santé et des services sociaux de Montréal (Agence)*, as well as the particular strengths and challenges of our organization.

Environmental Factors

Region 6 is the only administrative region in the province with two youth centres rather than one. The clientele is divided on a linguistic and religious basis between Batshaw Centres and *Centre jeunesse de Montréal-Institut universitaire*.

Batshaw Centres contributes, along with other institutional and community partners, to the development of the different *projets cliniques* of the 12 CSSS of the region. There are 3 CSSS which are designated to offer the range of their services in English, and there are 9 CSSS which are required to offer only their triage and referral service in English.

Fig. 1.1: Centres de santé et de services sociaux (CSSS) - Découpage sociosanitaire de Montréal²



² www.santemontreal.qc.ca/En/population/etat.html



Characteristics of the general population

The characteristics and needs of the population of Montreal are at the heart of the organization of health and social services. In the following section, the data presented is especially significant in planning services to youths in difficulty in this administrative region.

Montreal is a large urban centre with a population which is also more ethnically diverse than that found in the rest of Quebec. Even though Montrealers have grown increasingly educated, poverty is more pronounced here than in other regions with pockets of wealth and poverty distributed unevenly throughout the island.³ The youth population represents approximately 18.3%. It has diminished slightly but presents increasing needs based on socioeconomic indicators and risk factors.

The 2006 census establishes the population of the island of Montreal at 1,854,442⁴, and a document produced by the *Agence*⁵ states that 28% of the population report English as the first official language spoken. Recent populational trends show an increase in this percentage as francophones tend to move off the island towards the suburbs in greater numbers than anglophones⁶. The *Agence* also estimates at 110,000 the number of English-speaking youths under 17 years of age. More than 80% of the English-speaking population resides on the 6 CSSS territories located on the western half of the island; these territories are the source of 84% of all retained *signalements* in youth protection at Batshaw Centres.

Batshaw Centres' services are offered on a linguistic and cultural basis. The data around ethnicity indicates that 4.6% of the total population of the Island reported being of Jewish faith, with the vast majority of them (95%) residing on four CSSS territories (Cavendish, De la Montagne, Ouest-de-l'Île and Bordeaux-Cartierville/St-Laurent).

The population of Montreal has become increasingly diverse with visible minorities representing 25% of the total population. The Black community constitutes the largest group (28.5%) while the Arab/Muslim population is the second largest (16.3%) and growing rapidly. Immigration is a major contributor to the increase in population on the island with 141,102 new immigrants arriving between the years 2003 to 2007, in comparison with 95,873 between 1998 and 2002⁷. Half of all children under the age of 5 live in an immigrant home.

³ www.santemontreal.qc.ca/En/population/etat.html

⁴ www.cmisstats.mtl.rtss.qc.ca

⁵ Regional Program of Access to services in the English Language for the English-Speaking Population of Montreal, 2007-2010.

⁶ The Gazette, October 26, 2010, p. A21 "More English or less French?"

⁷ http://www.stat.gouv.qc.ca/publications/referenc/quebec_stat/pop_imm/pop_10.htm

Key population health and well-being issues⁸ for the Montreal region as reported by the *Agence*

Socio-economic situation

The socio-economic factors affect the well-being of families and issues of neglect which are present in 70% of the families followed by Batshaw Centres often appear in situations where poverty is present.

- 29% live below the poverty line, 35% live on less than \$15,000/year.
- Poverty percentages are 2.5 times higher in single-parent families.
- One child out of 3 lives in a low income family.
- The unemployment rate is higher at 8.7% versus 7.2% for the province.
- Unemployment is 3 times higher for the Black community.

School performance

The correlation between school performance and future socio-economic status is well documented. The strongest protective factor against poverty is education.

- In 2007-2008, 30.3% of the youth dropped out of school.
- Variation regarding drop-out rates between CSSS territories serviced by Batshaw Centres ranges from 18% to 48%.

Other risk factors

Social irregularities begin very early in life and can be detected well before entering school.

- One out of three children is vulnerable in one or more aspects of functioning when entering school. Most often, this is related to cognitive, linguistic and emotional development.
- Social inequality results in severe social and health problems:
 - higher rate of infant mortality, lower birth weight, developmental delays, teenage pregnancies.
 - lower education results in lower wages and precarious employment.
 - health problems include chronic disease, psychological distress, suicide and high-risk behaviours.
 - life expectancy is lower by 10.6 years in certain districts.
 - 10% of the mortality rate for 15 to 34-year-olds is due to suicide.

⁸ *Planification stratégique 2010-2015, mars 2010. Agence de la santé et des services sociaux de Montréal*



Provincial, Regional and Local Orientations:

The following documents and orientations influence the parameters of the services rendered by Batshaw Centres:

Programme-services Jeunes en difficulté – Offre de service 2007-2012

In accordance with the new Youth Protection Act, the program *Jeunes en difficulté* outlines the ministerial orientations and expectations of the CSSS and the youth centres in the provision of services to youths and their families. They describe 22 different programs or services (*fiches*) offered separately or in partnership, in response to the needs of children and youths faced with problems regarding their development, behaviour or social adaptation, or who require assistance in ensuring their security or development. Each *fiche* determines standards regarding the accessibility, quality, continuity and efficiency of services for which the establishments are held accountable.

Programme en santé mentale

The publication entitled, *La force des liens*, describes the organization of services in the area of mental health. The concept of “*guichet unique*” identifies the CSSS as the entry door to access mental health services. It also attributes different responsibilities to the CSSS, the youth centre and the hospital sector, indicating the importance of functional channels of communication and time delays to be respected in the delivery of services.

Stratégie d'action jeunesse 2009-2014

Following a regional consultation organized by the *Agence*, the following priorities were established:

- Integrate youths to the job market;
- Facilitate the transition towards independent living;
- Reduce the drop-out rate from school;
- Reduce social exclusion of marginal groups.

These priorities target many of our youths and compel us to develop further our offer of services in collaboration with partners.

Planification stratégique 2010-2015

The strategic planning exercise of the MSSS and the *Agence* determined a number of priorities aimed at improving the health and welfare of the population.

Four priorities:

- Improve health and well-being;
- Facilitate access to services;
- Improve quality of services;
- Ensure the sustainability of health and social services.

Objectives focus on the integration of different services for increased efficiency, better access to services and adapting services to the needs of the different cultural communities.

Two further objectives pertaining specifically to the program *Jeunes en difficulté* were added:

- Develop collaborative interventions to reduce the number of recurring *signalements* in situations of neglect and serious behaviour problems.
- Enhance continuity of service and stability for children placed under the Youth Protection Act.

Hiérarchisation des services

This concept calls for the coordination of services on a given territory between service providers, ensuring the right service is available at the right time for each client. It is aimed at simplifying access to services through liaison functions between service providers while defining accountability for each. This concept was key in structuring services in the region.

Guide de partenariat CSSS – Centres jeunesse

This guide, developed jointly with the CSSS provides guidelines for effective collaboration when both establishments are involved with a client and promotes personalized referrals and transfers to enhance continuity in service delivery.

Les tables régionales et locales

A number of regional tables exist as a means to coordinate and develop services for vulnerable clients.

La Table régionale des directeurs du Programme-services Jeunes en difficulté monitors the implementation of the ministerial orientations and the *Guide de partenariat* with a particular focus on services for the 0 to 5-year age group, neglect and cultural diversity. It has also taken on the responsibility of ensuring that partnerships exist with each CSSS territory.

Certain *Tables clientèle*, already in existence, involve many different partners, including schools, to discuss and resolve complex cases. Batshaw Centres takes part in many of them.

In addition, we take part in many partnership initiatives, as we develop joint protocols and service agreements with other youth centres and institutional and community partners such as:

- *La Table de concertation en violence conjugale de Montréal*, responsible for the development and deployment of the *Protocole de collaboration intersectorielle pour les enfants exposés à la violence conjugale*;
- *Service de police de la ville de Montréal*;
- *Centre d'expertise Marie-Vincent*;
- Intellectually-handicapped network;
- Hospitals;
- School boards;
- Community organizations working with different cultural communities;
- Day care centres (CPE);
- Addiction and substance abuse centres.



SECTION IV

STRATEGIC ORIENTATIONS OF BATSHAW CENTRES 2011-2014

Our strategic orientations take into consideration the environmental factors listed in the previous section, the strategic orientations chosen by the Ministry and the *Agence*, as well as the particular strengths and challenges facing our organization

OUR STRENGTHS AND CHALLENGES

In the area of clients:

Our strengths:

1. Working with the family and the community in finding solutions to the multifaceted problems of clients.
2. Introducing innovative practices and programs that have produced positive results.
3. Ensuring that our services, policies, hiring practices and collaborations with the community take into consideration cultural sensitivity and diversity.
4. Making a commitment to excellence and best practice as reflected in activities related to research, training, accreditation, and membership with the Child Welfare League of Canada, the Quebec Association of Educators, the *Association des centres jeunesse du Québec* and the *Conseil québécois d'agrément*.
5. We provide quality services.

Our challenges:

1. Becoming more adept at engaging families in a collaborative, transparent and strength-based manner, where we empower them to make the necessary changes in their lives.
2. Developing more coherence between service providers, both internally and externally, with a goal of remaining child-focused and family-centered.
3. Meeting special needs of clients.
4. Improving continuity of services, continuity of information so that clients do not have to repeat their history with different service providers, and continuity of relationship by ensuring personalized transfers when changes of workers are necessary.
5. Improving accessibility and intensity of services.

In the area of partners:

Our strengths:

1. Developing ties with educational institutions and providing placement opportunities for their students.
2. Establishing collaborations with diverse communities to ensure a culturally sensitive response to clients' needs.

3. Providing residential rehabilitation services to English-speaking clients from other youth centres.
4. Working collaboratively with the hospital sector.

Our challenges:

1. Sensitizing the *Agence* to the needs of the organization and the youth mandate.
2. Improving continuity with partners in the community and advocating for anglophone services.
3. Developing closer ties with the CSSS, school boards and community services.
4. Negotiating family work and social reinsertion services with partners on behalf of clients placed in residential programs who are at a distance from their community of origin.
5. Establishing partnerships to better serve certain cultural communities like the Aboriginals who may be transient.

In the area of human resources:

Our strengths:

1. Initiating approaches and programs to better meet the needs of our clients through the efforts of a very generous, creative, dedicated and passionate staff.
2. Hiring staff from diverse cultures.
3. Sharing our expertise with the community.
4. Valuing knowledge mobilization.

Our challenges:

1. Recruiting and retaining bilingual staff.
2. Creating more opportunities to celebrate our successes and share information internally and externally.
3. Mobilizing first-line managers around organizational choices and our strategic objectives.
4. Producing bilingual documents for internal and external circulation.
5. Maintaining and expanding on knowledge mobilization.



In the area of management of resources:

Our strengths:

1. Creating a comfortable environment in living units through the investment of staff and the Batshaw Centres Foundation.
2. Maintaining a balanced budget.
3. Recruiting a large number of dedicated volunteers.

Our challenges:

1. Locating a site in Montreal to regroup our residential units.
2. Facing high costs of transportation and maintenance of aging buildings.
3. Examining some of our practices to become more cost effective.
4. Ensuring maintenance and cleanliness of living conditions for our clients and staff in our aging buildings.

STRATEGIC ORIENTATIONS

The strategic orientations, which were developed with the input of the Board, managers and staff of Batshaw Centres, reflect our perspective of expressed needs of the community, our clients and foster families. These orientations are also aligned with ministerial expectations and the Batshaw Improvement Plan developed through the accreditation process. Indicators will be selected to measure the attainment of the strategic orientations, and we will report on the results on an annual basis to the Board and through our annual management report to clients, partners and the public in general.

1. Quality services for each youth and their family

The objective:

Ensure access to personalized, quality, specialized services within established delays and in continuity with those offered in the community.

Activities:

- Recruiting and retaining staff to ensure timely access to services.
- Maintaining continuity in relationships with clients, information-sharing and clinical approaches within and between services.
- Ensuring personalized transfers between services and with service-providing partners.
- Developing service agreements with appropriate follow-up.
- Implementing the *Programme-services Jeunes en difficulté* in collaboration with the CSSS.
- Implementing individualized service plans.

2. Coherence in our approach

The objective:

Clarify and improve our offer of services through program development, and promote and integrate common language and approach, clear practice expectations, validated clinical tools, and multidisciplinary work between services and with partners.

Activities:

- Implementing a Program on Neglect.
- Increasing the participation of clients through the use of the Collaborative Approach.
- Implementing Circle of Courage as an overarching approach for clients in residential rehabilitation services.
- Ensuring permanency, stability and continuity of relationships for children.
- Continuing the deployment of LAC (Looking after Children), a program for children in foster care.
- Preparing youths leaving care and clients who transition out of our services.
- Ensuring the quality of the clinical planning processes.
- Providing an intensity of services as determined by the intervention plan.
- Reflecting an integrated understanding of the various clinical models in our interventions through our Clinical Integration Groups and other processes.
- Aligning our services in conjunction with those of our partners.



3. Development of our human resources

The objective:

Implement strategies in the management of our human resources in order to provide a safe and stimulating work environment that contributes to professional development and growth.

Activities:

- Incorporating the Collaborative Approach in management practices.
- Implementing the *Programme de développement des ressources humaines* (PDRH) with particular attention to strategies for recruiting, retaining, training, and supervising and evaluating staff.
- Consolidating the Management Development Program (*Plan de relève*) for the organization.
- Ensuring transfer of learning, knowledge and expertise.
- Promoting leadership at all levels.

4. Development of key performance and quality indicators

The objective:

Develop quality and performance indicators that allow for the monitoring of targeted results in the follow-up of our services, *entente de gestion*, strategic plan and improvement plan.

Activities:

- Ensuring reliable data.
- Developing management indicators and selecting indicators linked to targeted results.
- Ensuring clarity at all levels re: accountability of targeted results.
- Equipping the Board to assume its governance responsibilities.

5. Optimizing our human, material, informational and financial resources

The objective:

Optimize the use of human, financial, material, physical and informational resources to accomplish the objectives of our strategic plan.

Activities:

- Maximizing the efficiency of bed use.
- Implementing the organizational plan to ensure appropriate staffing and reviewing the roles and responsibilities of managers for equity in workload and accountability.
- Integrating the different data systems (human resource, finance, clinical) to create a comprehensive reporting system which will help measure efficiency, effectiveness and continuity of services, and communicate a vision of services, expectations of staff and ownership.
- Integrating health and safety issues, violence prevention and positive working conditions in the management of our staff and facilities to ensure a healthy environment and work climate.



SECTION V ORGANIZATIONAL STRUCTURE

Organizational Parameters:

The organizational structure of Batshaw Centres takes into consideration geographic, linguistic and cultural realities in planning service delivery for the client population. Organizational parameters which guide the choices made in how service delivery is structured include:

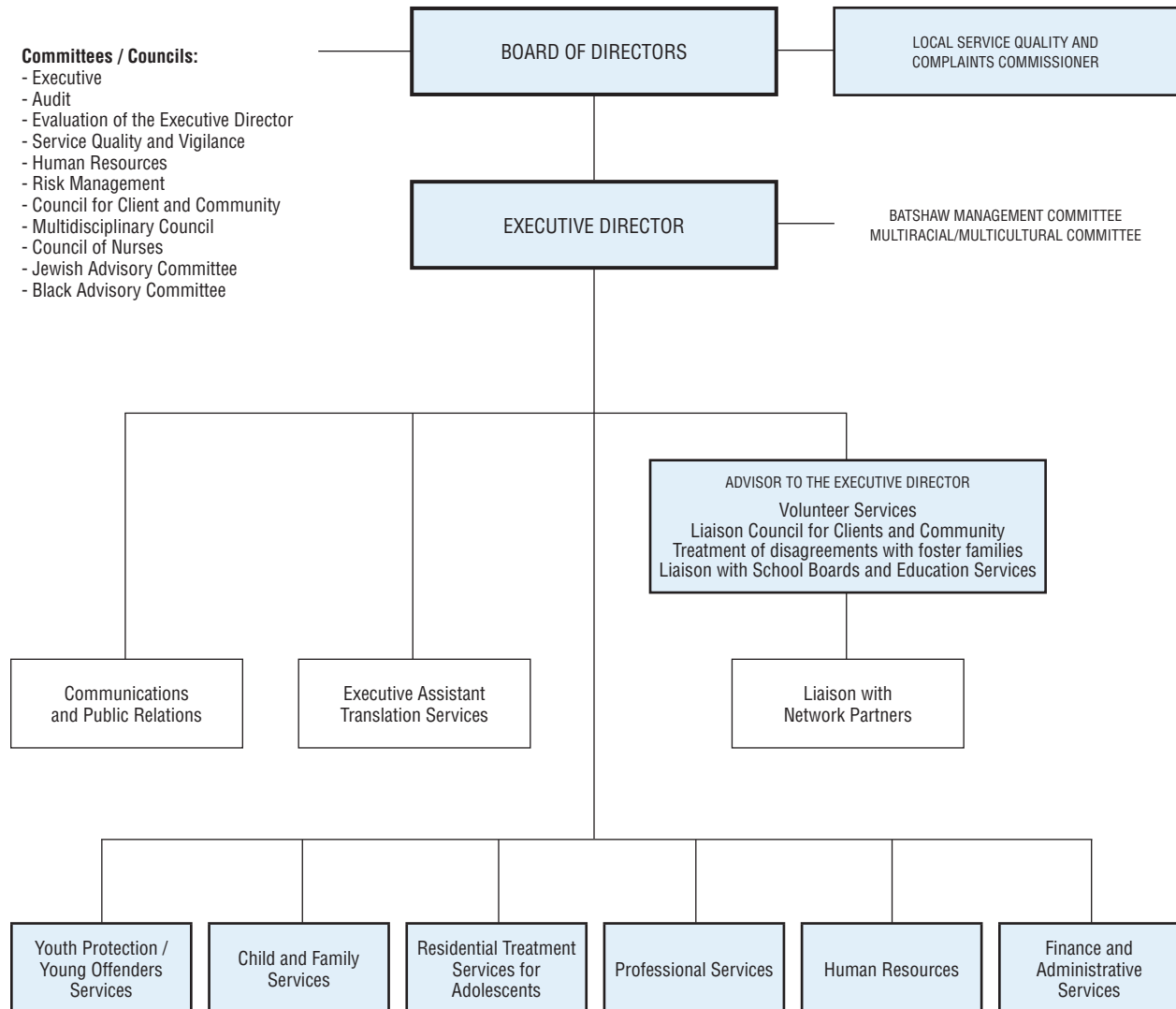
- Services in the community are organized on a territorial basis and are matched with those of the CSSS to promote continuity and partnership with first-line services.
- Services are more concentrated in the western part of Montreal to reflect the density of the English-speaking clientele.
- Some services are regrouped given the small volume of clients and level of specialization needed.
- Residential services have programs that respond to different profiles according to age, needs, legal mandates, etc.
- Staff-management ratio is at an optimal level to ensure that staff are well supported in their role.
- Managers play a key role in communication flow and collaborative action between services.
- Leadership is encouraged at every level of the organization and decisions are made close to the action.
- The Board and its committees are provided with the necessary information to execute their governance role and monitoring function.



ORGANIZATIONAL STRUCTURE

Committees / Councils:

- Executive
- Audit
- Evaluation of the Executive Director
- Service Quality and Vigilance
- Human Resources
- Risk Management
- Council for Client and Community
- Multidisciplinary Council
- Council of Nurses
- Jewish Advisory Committee
- Black Advisory Committee



Description of Responsibilities:

The Board of Directors

The Board of Directors carries the ultimate responsibility for the administration of the organization. It establishes the strategic orientations and priorities, sees to their implementation and ensures that geographic, linguistic, socio-cultural and socio-economic particularities are taken into consideration.

The Board of Directors is responsible for:

- The pertinence, the quality, the security and the efficiency of services rendered;
- The respect of rights of clients;
- The treatment of client complaints;
- The efficient and effective use of human, material and financial resources;
- The participation, motivation, appreciation and development of human resources.

The Board of Directors is responsible for adopting the organizational plan, naming the Executive Director, all senior managers and the Local Service Quality and Complaints Commissioner. It mandates certain Board committees and consultative committees to assist in the execution of its mandate and that of the Executive Director.

These include:

- Executive Committee of the Board (staffed by the Executive Director);
- Audit Committee (staffed by the Director of Finance and Administrative Services);
- Service Quality and Vigilance Committee (staffed by the Director of Professional Services);
- Committee for the evaluation of the Executive Director (chaired by the Board President);
- Risk Management Committee (staffed by the Director of Professional Services);
- Finance and Administration Committee (staffed by the Director of Finance and Administrative Services);
- Human Resources Committee (staffed by the Director of Human Resources);
- Users' and Residents' Committees (staffed by the liaison with the Users' Committee – Council for Clients and Community);
- Multiracial/Multicultural Committee (staffed by the Advisor to the Executive Director);
- Multidisciplinary Executive Committee (staffed by the Director of Professional Services);
- Council of Nurses (staffed by the Coordinator of Professional Services).

The Board of Directors is composed of 15 volunteers plus the Executive Director.

The Local Service Quality and Complaints Commissioner

The Local Service Quality and Complaints Commissioner is named by the Board of Directors and reports to the President. The role of the commissioner is to ensure that the rights of clients are respected and that complaints are treated with diligence. The Commissioner takes the initiative to intervene when problems related to quality of services are brought to light.

The commissioner reports to the Local Service Quality and Vigilance Committee on complaints and the outcome of the treatment of complaints including solutions and recurrent themes. Reports are also tabled with the Board on an annual basis.

The commissioner exercises an exclusive function thereby ensuring that there will be no conflict of interest.

The Division of the Executive Director

The Executive Director reports to the Board of Directors and assumes the responsibilities related to the execution of the mission and objectives of the organization. The Executive Director supports the Board in fulfilling its responsibilities and carries out the decisions made by the Board.

The Executive Director plays a pivotal role in developing a common vision for the organization, defining a management philosophy and a service philosophy, its values, orientations, priorities and strategies for implementation. The Executive Director plans, organizes, coordinates and evaluates the manner in which human, financial, material and informational resources are used.

The Executive Director assures coherence in service delivery as well as in administrative and professional services. Strategic partnerships are established to achieve the objectives and priorities of the organization.

• The Batshaw Management Committee (BMC)

The BMC is composed of the senior directors (Director of Youth Protection/Provincial Director, Director of Child and Family Services, Director of Residential Treatment Services for Adolescents, Director of Professional Services, Director of Human Resources and Director of Finance and Administrative Services) as well as the Advisor to the Executive Director.



The BMC assists the Executive Director in the fulfillment of the mandate. The directors contribute to the development and adherence to a common vision, and develop policies, procedures and global orientations of the organization.

The BMC participates actively in the transmission of information throughout the organization as well as receiving feedback from the divisions.

- **The Advisor to the Executive Director**

The advisor is responsible for the accreditation process in the organization, developing and maintaining service agreements, promoting partnerships with community and institutional service providers, maintaining relationships with the school boards and supporting the Multiracial/Multicultural Committee in its functions. The advisor is responsible for the promotion of the organization's multiracial/multicultural commitments.

The advisor is the liaison for the transmission of information and statistical data to the *Agence* and other partners. The advisor is responsible for supporting the Council for Clients and Community (the users' committee) in its mandate, and oversees the management of Volunteer Services and the treatment of disagreements with foster families.

- **The Manager of Communications and Public Relations**

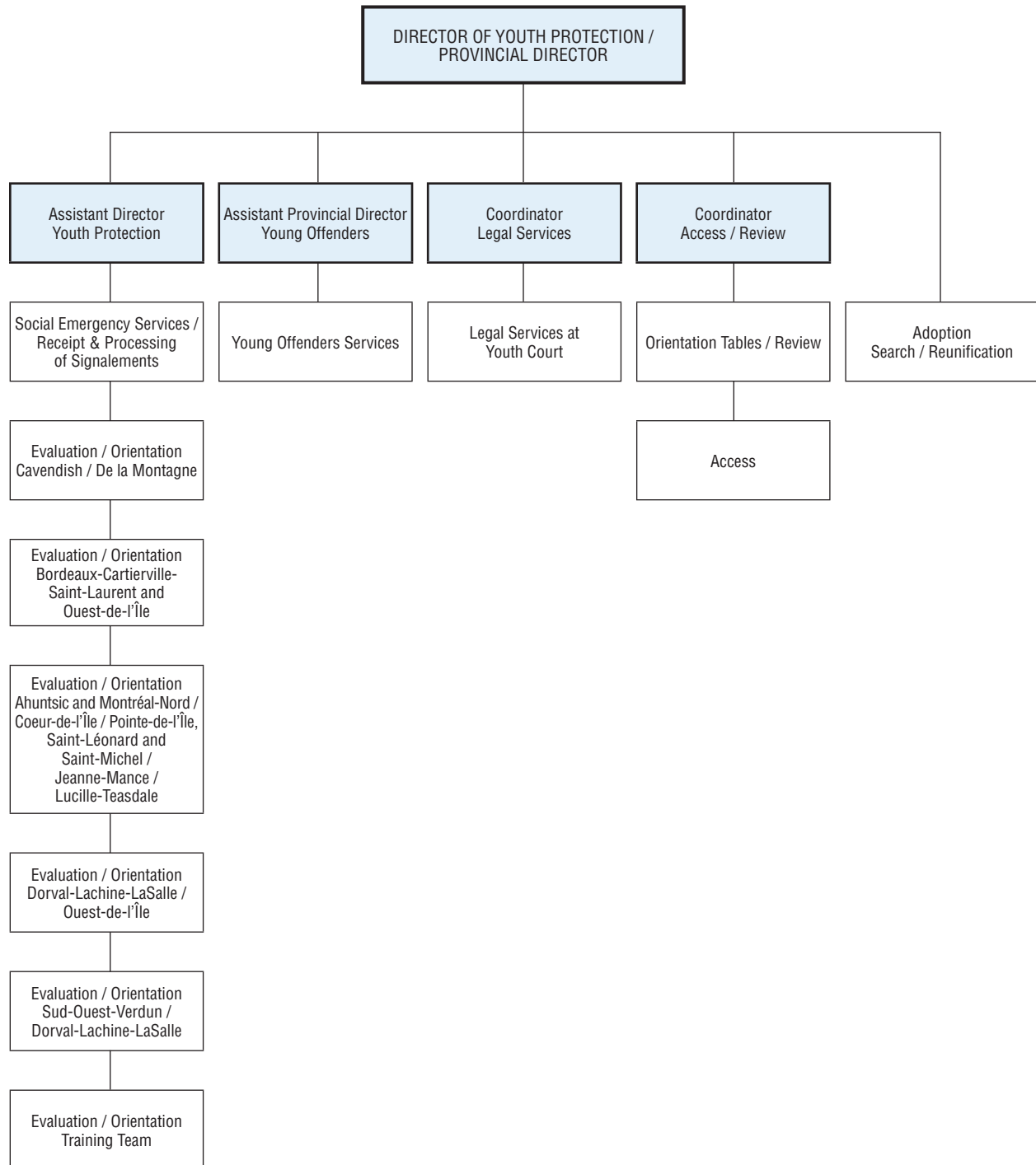
The Manager of Communications and Public Relations reports to the Executive Director and is responsible for developing and implementing a communication plan for the organization.

All the communication tools which support the dissemination of information across the organization and externally are coordinated by this manager. These include activities which support fund-raising, the image of the organization and the sense of belonging and appreciation of the staff.

Relationships with the media and the provincial communication table of the *Association des centres jeunesse du Québec* are supported and led by this manager.



DIVISION OF YOUTH PROTECTION



The Division of Youth Protection

The Director of Youth Protection and Provincial Director has responsibilities which are attributed to the director through various laws, and responsibilities that are given by the organization because of the services which fall within the division.

The director is responsible for the application of the Youth Protection Act in the English-speaking and Jewish community of Montreal, and is also responsible for the application of the Youth Criminal Justice Act.

To meet these responsibilities the director authorizes workers to carry out the following exclusive responsibilities under Section 32 of the Youth Protection Act:

- Receive the reports (*signalements*), do summary analysis and decide whether to retain the report for evaluation;
- Ensure that the declarant has been informed of the decision to retain or not;
- Evaluate the situation of the child in order to decide if security or development is compromised;
- Decide on the orientation for the child;
- Review the situation of a child and decide to end protection services if the security or development of the child is no longer compromised;
- Exercise tutorship or request that Youth Court names a tutor;
- Receive the general consents required for adoption;
- Decide to file for an order for the disclosure of information;
- Decide personally to reach an agreement on the voluntary measures with only one parent in special circumstances;
- Refer clients to appropriate resources at every stage of the youth protection process.

The director may also authorize other individuals to carry out one or more duties excluding the duties mentioned in Section 32 (listed above), in conformity with Section 33.

Reception and processing of *signalements*, *Vérification terrain* and Social Emergency Services are centralized services. Evaluation/Orientation are also centralized services although teams are organized to respond to specific geographical regions of the city. The teams are under the direct responsibility of the Assistant Director of Youth Protection. The Human Relations Agents training team is also based in this department.

The director delegates to workers responsibilities with regard to the Youth Criminal Justice Act. The Assistant Provincial Director is assisted by a manager in the supervision and coordination of clinical and administrative activities. This service is centralized and located in the building that also houses the Youth Court.

The director relies on the guidance and support of the legal department. This centralized service is composed of lawyers and administrative staff who are located at Youth Court and are coordinated by a manager. The Coordinator of Legal Services is responsible for this team and has other duties in relation to the legal representation of the Executive Director.

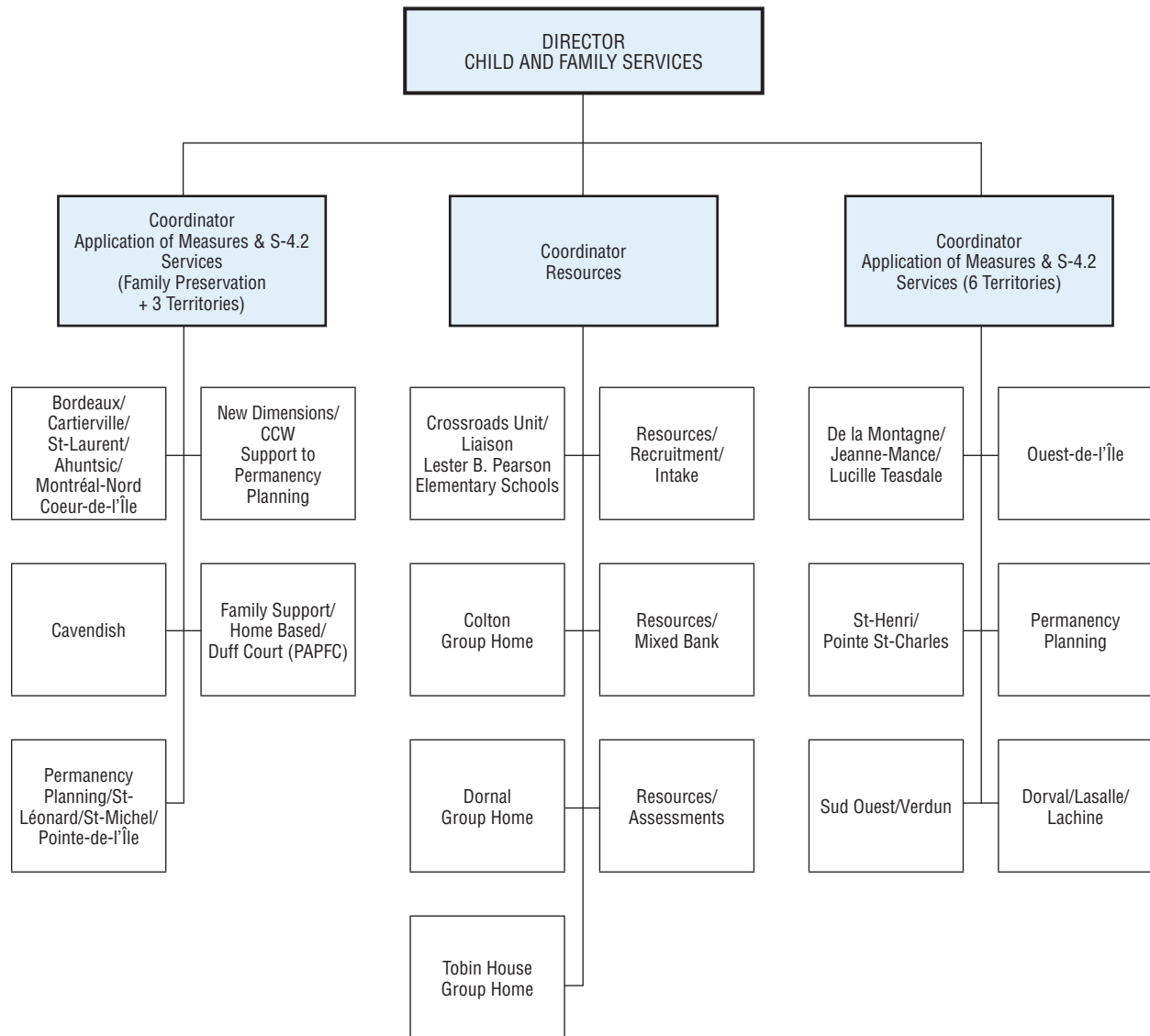
The Coordinator of Access manages the following services: the coordination of access and admission to emergency foster care and residential care, Orientation Table, youth protection reviews, inter youth centres transfers and liaison with partners in the provision of services to shared clients.

Adoption, search and reunification (*retrouvailles*) activities are coordinated by a manager.

Psychosocial expertise services are provided through a service agreement with *Centre jeunesse de Montréal-Institut universitaire*, and mediation services are available by referral in the community.



DIVISION OF CHILD AND FAMILY SERVICES



The Division of Child and Family Services

The Director of Child and Family Services is responsible for Application of Measures, Family Preservation, and Resources (which includes 1 living unit and 4 group homes).

Reporting to the director are three coordinators, one of whom is responsible for 6 Application of Measures teams, one of whom is responsible for 3 Application of Measures teams and Family Preservation, and one of whom is responsible for Resources.

In Application of Measures, 7.5 teams correspond to the CSSS territories listed below, and 1.5 teams are dedicated to Permanency Planning.

- Sud-Ouest – Verdun;
- Saint-Léonard and St-Michel, Pointe-de-l'Île (due to the low number of clients emanating from this geographical area, this team is also dedicated half-time to permanency planning);
- Bordeaux-Cartierville – Saint-Laurent, Ahuntsic and Montréal-Nord, Coeur de l'Île;
- Cavendish;
- De la Montagne, Jeanne-Mance, Lucille-Teasdale;
- Dorval-Lasalle-Lachine;
- Ouest-de-l'Île;
- Saint-Henri and Pointe-St-Charles.

Each is composed of 8–10 human relations agents whose work is supervised by a manager reporting to a coordinator. Educators work with human relations agent teams in order to provide an enhanced supervised visiting program and to create a more multidisciplinary approach.

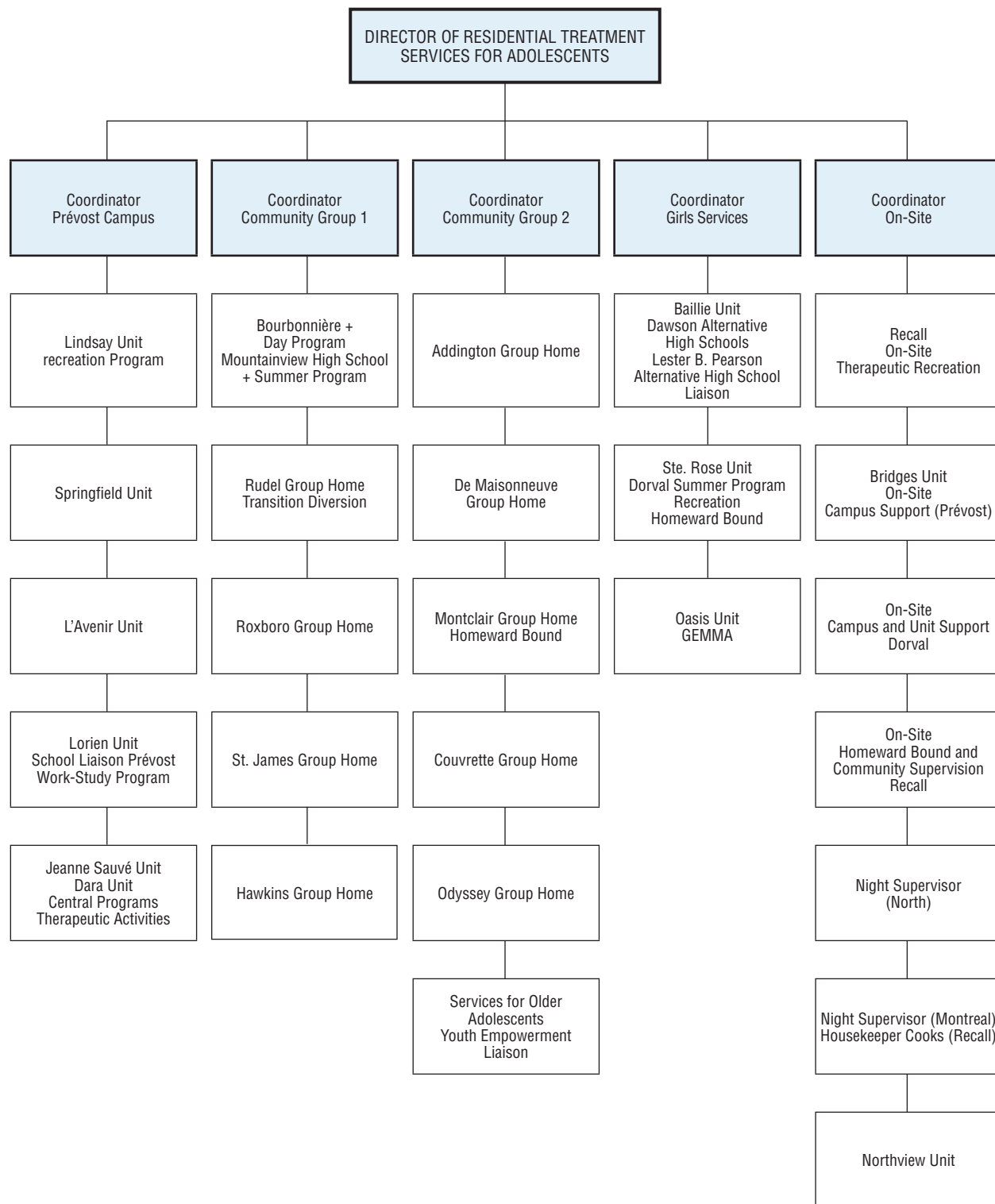
The Family Preservation Program, which offers intensity of service to children living with their families, is overseen by two managers reporting to a coordinator. There are five programs within Family Preservation: one for 0 to 5 years-old, one for 6 to 12 years-old, one for 12 to 18 years-old, a community project, Duff Court - PAPFC (*Programme d'aide personnelle, familiale et communautaire*) model, and a group of educators who work specifically with families followed under our Permanency Planning Policy.

The Resources Department, responsible for the recruitment, evaluation and follow-up of foster homes, and for five preadolescent living units, is managed by one coordinator who oversees the work of eight managers, three in foster care, and five in the preadolescent living unit and group homes.

Of the five living units, four managers are responsible for four group homes located in the community, and one manager is responsible for a more structured campus-based program and has a liaison role with the Dorval campus school.



DIVISION OF RESIDENTIAL TREATMENTS SERVICES FOR ADOLESCENTS



The Division of Residential Treatment Services for Adolescents

The Director of Residential Services for Adolescents is responsible for the adolescent residential treatment and reinsertion services. There are twenty residential programs for adolescents: 9 community-based group homes and 11 campus-based units. The division is organized into five departments, each led by a coordinator. Coordinators oversee the services offered by programs in their departments and supervise the program managers. The departments are:

- Prévost campus units:
 - 6 units at Prévost campus
 - 4 open units for boys
 - 1 closed unit for boys
 - 1 closed unit for girls
- Dorval campus units:
 - 3 open units for girls
- Community group homes #1:
 - 3 group homes for boys and girls (including a group home specializing in mental health services)
 - 1 group home for boys
- Community group homes #2:
 - 3 group homes for boys and girls
 - 1 group home for girls
 - 1 group home for boys
- An On-Site and Recall team:
 - after hours on site, recall workers
 - 1 open unit for co-ed back-up services and “engorgement”
 - 1 closed unit for boys at Cartier campus

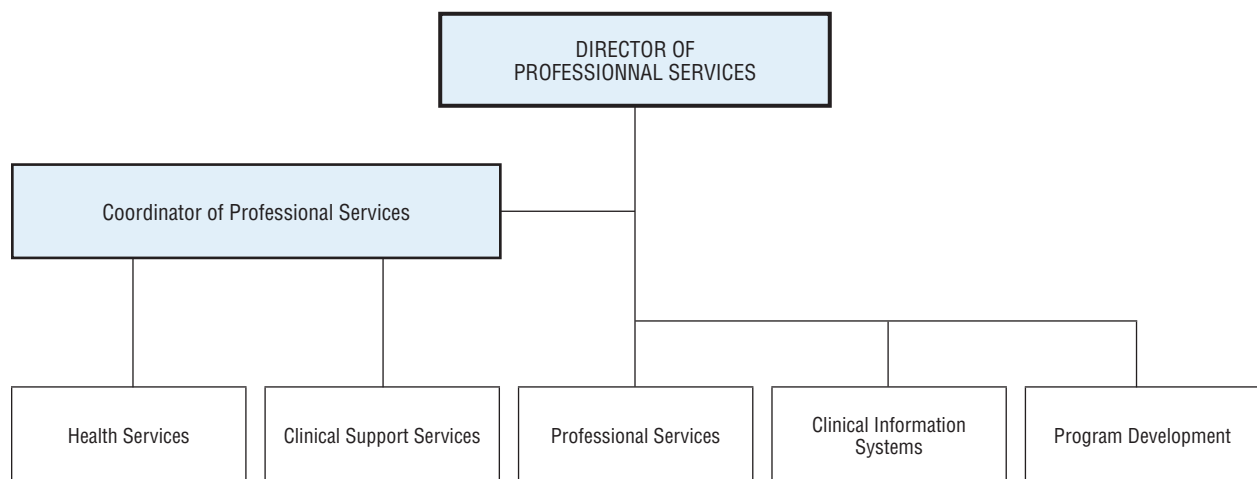
Program managers are generally responsible for one residential program and a second non-residential program or service. Residential programs are staffed by educators and resident night supervisors. Group homes also have housekeeper-cooks.

The programs and services in the division that are offered as a support and follow-up to the residential placement programming are:

- Support to the education programs at Dorval campus (Dawson Alternative School – Lester B. Pearson School Board) and at the two Mountainview schools: in Montreal (English Montreal School Board) and at Prévost (Sir Wilfrid Laurier School Board);
- Therapeutic activity and recreational programs (including Aggression Replacement Training);
- Services to Older Adolescents, employment preparation and transition to the community services;
- A girls’ supervised apartment;
- A Transition Diversion program (a family preservation program aimed at prevention of longer term placement);
- Social reinsertion programming aimed at supporting youth and families after placement;
- A closed unit for young offenders operated at *Cité-des-Prairies* by the *Centre jeunesse de Montréal–Institut universitaire*.



DIVISION OF PROFESSIONAL SERVICES



The Division of Professional Services

The Division of Professional Services carries both a support to clinical practice mandate as well as a direct client service mandate. It provides leadership in the establishment of clinical standards and the promotion of best practices.

The Director of Professional Services is assisted by a coordinator whose responsibilities include Risk Management, the development of clinical protocols, policies/procedures and support to their implementation, access to client information and the coordination of the Mental Health Second-Level Teams. The Coordinator of Professional Services oversees the management of the division's direct client services: Health Services and Clinical Support Services.

Under the authority of the Coordinator of Professional Services:

- The Manager of Health Services supervises a team of nurses who provide health care and consultation services. The Health Services team also carries liaison and coordination functions with various medical resources affiliated with Batshaw Centres and in the community.
- The Manager of Clinical Support Services supervises the team of professionals (psychologists, art therapists) who provide direct therapeutic services to clients and consultative services to staff. The manager also oversees the Challenges, Liking Yourself, Loving Others (LYLO) and Youth Sexuality Programs as well as the management of Contracted Psychological Services, Cultural/Linguistic Support, and the Post-Trauma Crisis Intervention Team.

A Professional Services manager, in addition to providing support to clinical practice, coordinates all research activities and supervises services provided by the Librarian.

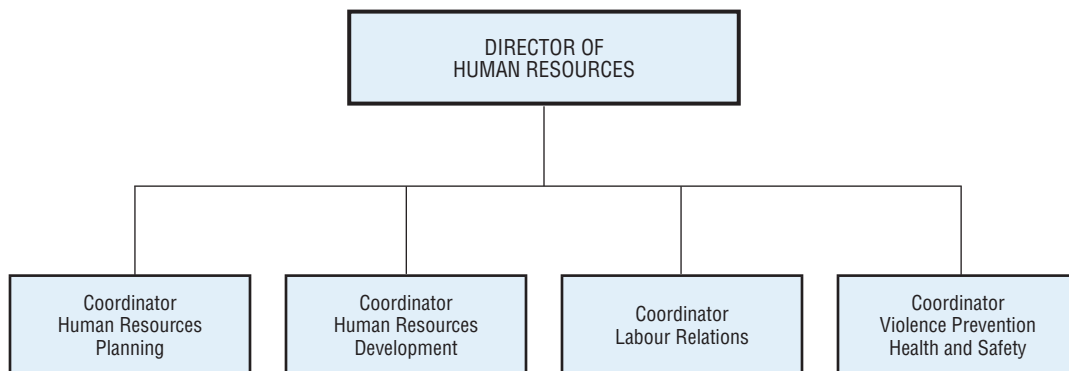
The division establishes and maintains partnerships with various research centres and actively participates in the *Réseau universitaire intégré jeunesse* (RUIJ).

Under the authority of the director, the Manager of Clinical Information Systems, assisted by clerical personnel, oversees the management of client dossiers, Central Archives and Client Information Systems.

The director is also assisted by a manager responsible for developing and supporting the implementation of various clinical programs and approaches.



DIVISION OF HUMAN RESOURCES



The Division of Human Resources

The Division of Human Resources is responsible for supporting staff and managers in matters related to human resources. Consultation and support services are offered regarding manpower planning, labour relations, development, recruitment, hiring and retention, orientation and integration, supervision and evaluation, staff recognition, health and safety in the workplace, absenteeism, training and development and the management of the recall lists.

The Director of Human Resources is assisted by four coordinators, each responsible for a different range of support services. The director exercises a functional authority in matters related to recruitment, hiring, fringe benefits, training, human resource development, safety and security, labour relations and staff appreciation activities.

The Coordinator of Human Resource Planning ensures the implementation of a Recruitment and Retention Strategy, a Management Development Program and supports employees in their career planning. The coordinator oversees the management of absenteeism and fringe benefits.

The Coordinator of Training and Development maintains strong relationships with educational institutions to contribute to the development of practical educational programs and to ensure

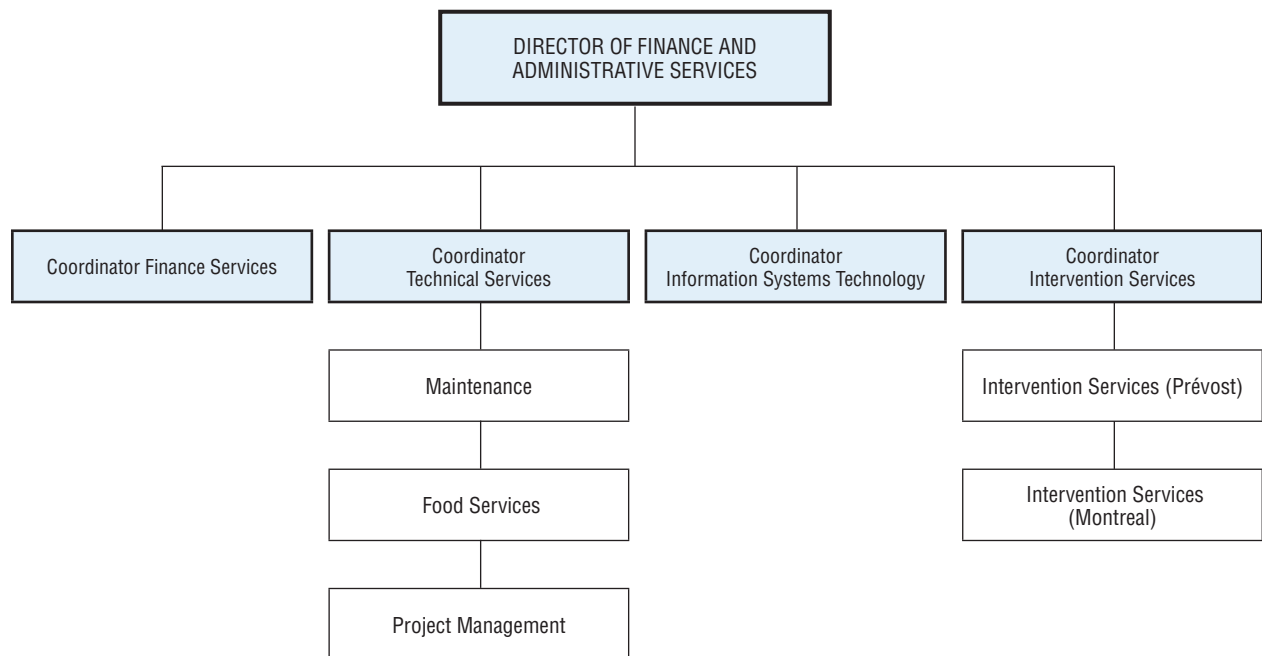
the organization of student placements within the establishment. The coordinator manages the development, implementation and evaluation of a human resource development plan and the transfer of learning for all employees in addition to an Orientation and Integration Program for newly hired employees.

The Coordinator of Labour Relations promotes a spirit of collaboration in labour relations by maintaining ongoing channels of communication with the range of representatives of the different staff groups, in particular with the unions and the management associations. The coordinator ensures that the working conditions are applied according to the labour laws and collective agreements. In addition, support and counsel is offered to all managers in the organization in the management of their human resources and information is provided to employees. The coordinator oversees the recall service.

The Coordinator of Violence Prevention, Health and Safety maintains ongoing communication with these same bodies to ensure a workplace that is safe, respectful and free from discrimination. The development of Violence Protocols and the Civil Security Plan are also vital towards ensuring a healthy quality of work life and a positive organizational climate.



DIVISION OF FINANCE AND ADMINISTRATIVE SERVICES



The Division of Finance and Administrative Services

The Division of Finance and Administrative Services is responsible for providing the organization with the necessary tools to operate without a deficit, as well as planning a budget process to allow for the balancing of our resources with client needs. The activities of this division are grouped into four centralized services—finance, technical services, information systems and technology, security and transport—each under the leadership of a coordinator.

Finance Services

The Coordinator of Finance is responsible for:

- Pay;
- Purchasing;
- Budget/Payment to foster families and parental contributions;
- Financial statements/ Accounts payable and receivable.

Information is provided in an accurate and timely manner to assist in decision-making processes.

Technical Services

The Coordinator of Technical Services is responsible for construction, maintenance and repair projects, as well as food preparation for living units. There is a Manager of Maintenance and a maintenance team leader for the Montreal region, and a Manager of Food Services and a maintenance team leader for Prévost campus.

The Manager of Maintenance and the team leaders oversee construction projects and repairs to improve the living facilities for our clients and the administrative buildings.

The Manager of Food Services and two teams (Dorval and Prévost campus) prepare daily meals for the living units.

The Project Manager is responsible for special construction and renovation projects.

The Coordinator plans for equipment, furniture and appliance needs, and manages leases and their renewal, and contracts regarding the laundry services provided for Prévost campus.

There is a close collaboration between Technical Services and the divisions that deliver direct client services to ensure that identified needs are planned for.

Information Systems and Technology

The Coordinator of Information Systems and Technology is supported by two teams of professionals responsible for the information network and programming, and technicians who are responsible for the installation and support for computers and telephones, and support to users.

The coordinator is responsible for ensuring that the computerized environment responds to the needs of the organisation, that licences are renewed, links with software are done when needed, *Projet d'intégration jeunesse* (PIJ) updates are implemented.

The “1000” help-line service is available to employees who have a problem with a computer, a cell phone or an emergency and who need to communicate with technical services for help.

The coordinator is responsible for the management of *plan directeur informatique* and is accountable for the security of our informational assets and the related policies and procedures.

Intervention Services

The Coordinator of Intervention Services has two managers responsible for security and transport. One is based at Prévost campus and the other is responsible for the Montréal region.

Transport Services for our clients are planned by the dispatchers on a daily basis. The managers also ensure that the fleet of vehicles is renewed on a needs basis, and that preventive maintenance and repairs are done.

Security Services are carried out by intervention agents who ensure the security of our clients when the client is a danger to himself or others.



Upon reading the Organizational Plan and being asked for a quote that would summarize the work that we have undertaken, Manny Batshaw shared the following famous saying with us, which is attributed to Rabbi Tarfon.

*It is not incumbent upon you to complete the work,
but neither are you at liberty to desist from it. (Avot 2:21)*

