REGIONAL PROGRAMME OF ACCESS TO SERVICES IN THE ENGLISH LANGUAGE FOR THE ENGLISH-SPEAKING POPULATION OF MONTREAL 2012-2015

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Québec

REGIONAL PROGRAMME OF ACCESS TO SERVICES IN THE ENGLISH LANGUAGE FOR THE ENGLISH-SPEAKING POPULATION OF MONTREAL

2012-2015

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INTRODUCTION TO THE REGIONAL PROGRAMME OF ACCESS TO SERVICES IN ENGLISH

The *Regional Programme of Access to Services in the English-Language for the English-Speaking Population of Montreal 2012-2015* (hereafter Regional Programme) has been developed with the help of numerous people from the region's health and social service institutions and the English-speaking community.

The Programme's goal is to determine institutions' obligations with regard to the health and social services that must be made accessible in English, in keeping with the human, material and financial resources of the institutions, and according to the legislation in effect, specifically sections 1, 4 and 29.1 of the Charter of the French Language. The 2012-2015 Regional Programme seeks to maintain and improve accessibility to the health and social services provided to the English-speaking population.

The Regional Programme is the result of consultations with English-speaking community members and organizations, with previously *designated* or *indicated* institutions and with the Agence de la santé et des services sociaux de Montréal (hereafter Agence). Furthermore, Montreal's Regional Committee for Access Programmes to Health and Social Services in English contributed to the work and consultations that were carried out.

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

LEGAL CONTEXT

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

The first such section recognizes that "English-speaking persons are entitled to receive health services and social services in the English language, in keeping with the organizational structure and human, material and financial resources of the institutions providing such services and to the extent provided by an access program referred to in section 358." (Section 15)

For its part, Section 348 stipulates that "[E]ach agency, in collaboration with institutions, must develop a program of access to health services and social services in the English language for the English-speaking population of its area in the centres operated by the institutions of its region that it indicates or, as the case may be, develop jointly, with other agencies, such a program in centres

operated by the institutions of another region." Such a program must take into account the human, material and financial resources of the institutions in the region and include all those *designated* pursuant to Section 508 of that Act. Section 508 invites the Government to designate, from among the institutions recognized under Section 29.1 of the Charter of the French Language, those which are required to make health services and social services accessible in the English language to English-speaking persons. The fact that a *designated* institution is required to make its services accessible in English does not relieve it of its obligations under the Charter of the French Language.

Definition of an English-Speaking Person

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

> *An English-speaking person is one who, in his relations with an institution dispensing health services or social services, feels more comfortable in expressing his needs in the English language and receiving the services in that language.* [1]

DEVELOPMENTS SINCE THE LAST REGIONAL PROGRAMME

The *Regional Program of Access to Services in the English Language for the English-Speaking Population of Montreal 2007-2010* identified 28 *designated* institutions, required to make all of their services accessible in English and 26 *indicated* institutions, including two institutions outside of the region, required to provide only specific services in English. In 2007, the Government of Quebec put the Programme into effect through Decree 1160-2007

The guiding principles for the reorganization of the health and social services network, initiated in 2004, were population-based responsibility for institutions, the hierarchical organization of services, and greater ease of movement of people through the system. This reorganization was firmly implemented in 2011. The current programme reflects the reorganization of service offer through service programmes. The review process made it possible to take stock of the recommendations of the previous regional programme and to provide a status report on the accessibility of services in English. This status report is presented on page ***19.***

THE ENGLISH-SPEAKING POPULATION OF MONTREAL

In order to ensure that the needs of Montreal's English-speaking population are adequately met, a profile of that population must be established. To achieve this, the Agence de Montréal has drawn on data from the census carried out every five years by Statistics Canada.

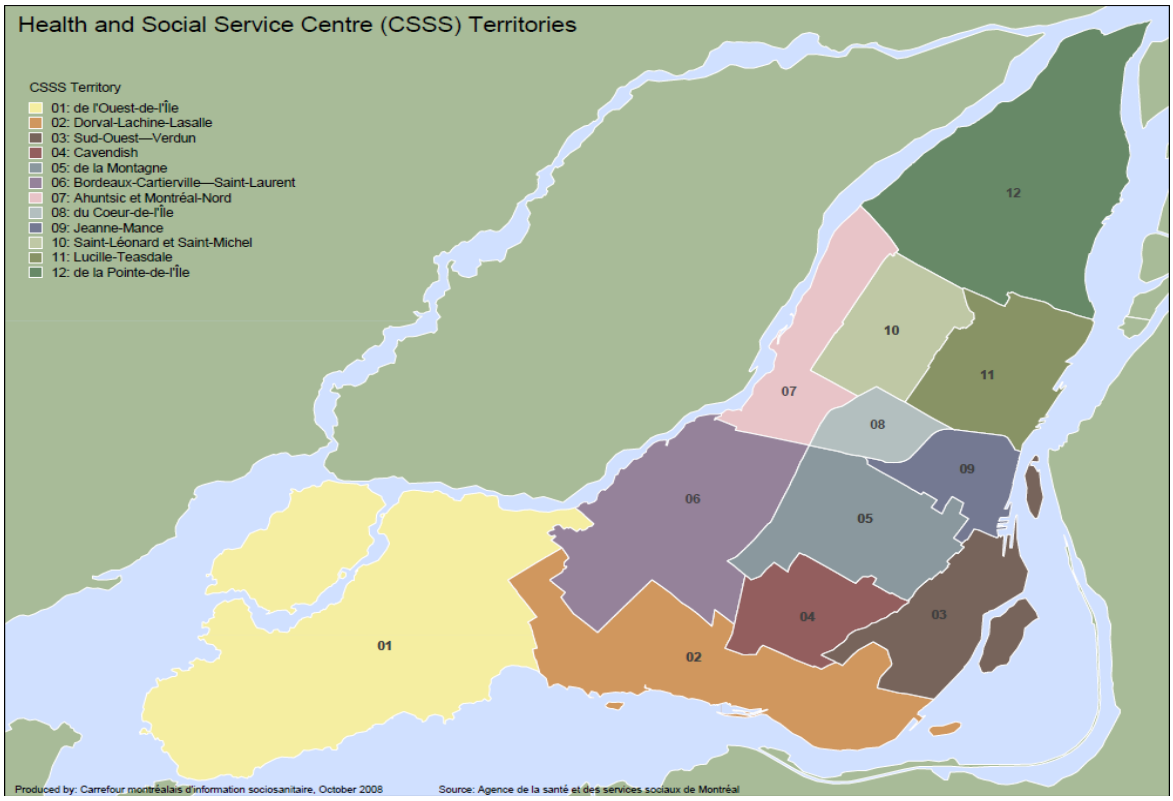
The main variable which enables the Agence to establish the number of English-speaking persons and their distribution throughout the territory is the respondent's statement with regard to their first official language spoken (hereafter FOLS). The concept of first official language is very useful since it allows nearly the entire population of Montreal to be broken down into two main language groups. In this

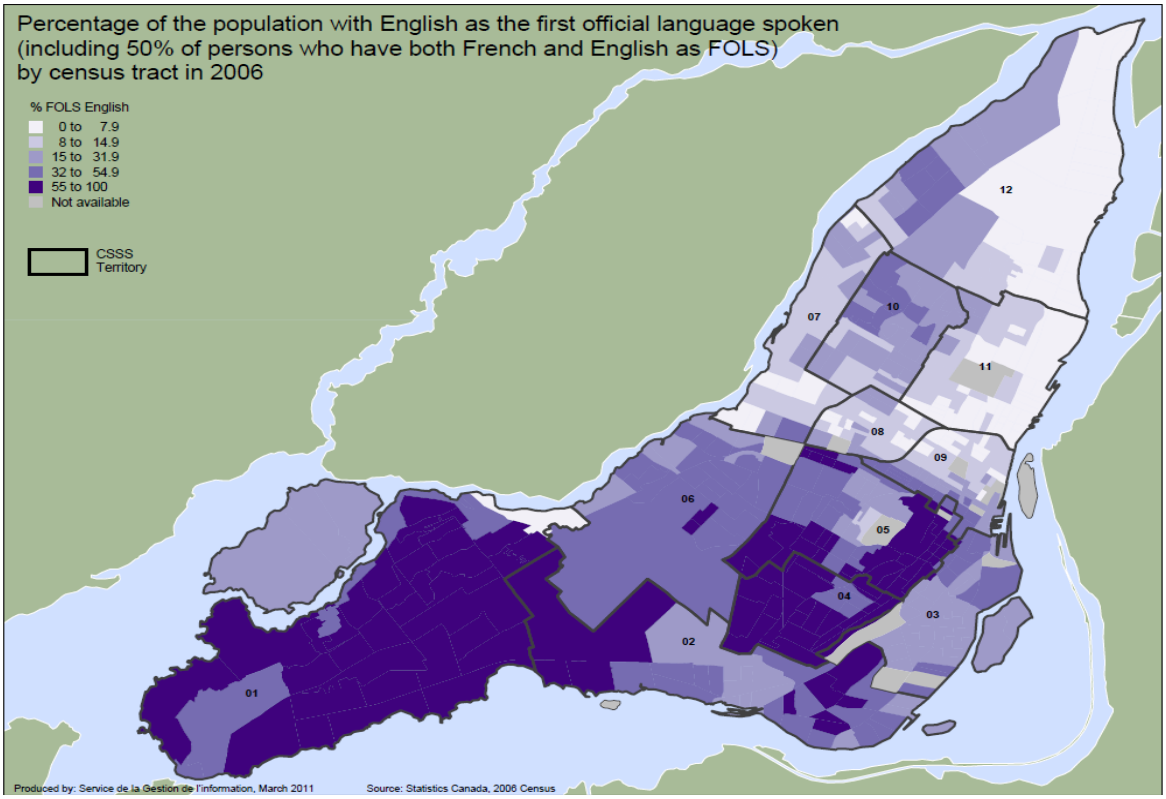
[1] Ministère de la Santé et des Services sociaux. (March 2006). *Frame of Reference for the Implementation of Programs of Access to Health and Social Services in the English Language for the English-Speaking Population*. Government du Québec, p. 17.

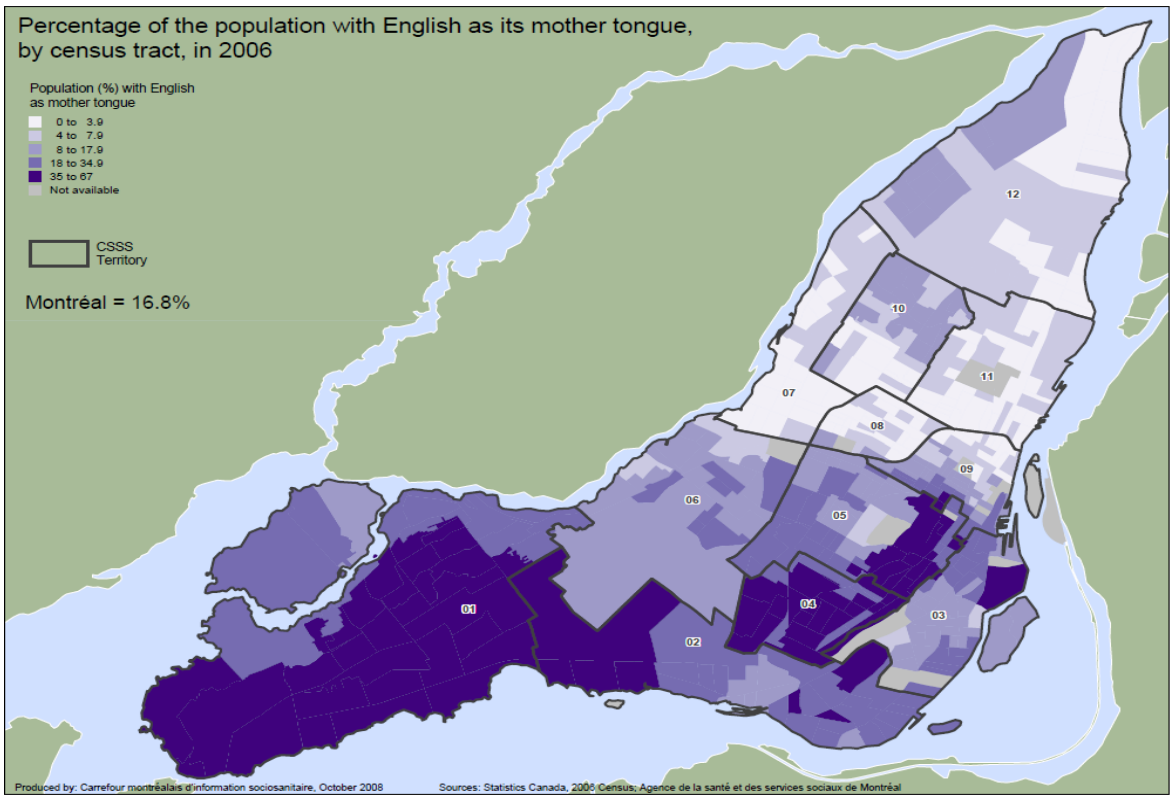
document, people who have both French and English as their FOLS have been distributed equally between the English-speaking population and the French-speaking population. Although this programme provides a statistical perspective primarily based on FOLS, particular attention is also paid to a second type of data, namely statements regarding mother tongue, since the mother tongue is sometimes the language that enables people to better express their feelings, emotions and needs, particularly in stressful situations. In any event, it should be kept in mind that these statements arise out of self-assessments of the person's ability to communicate in one language or the other – be it French or English. These statements of language skill do not, therefore, guarantee the ability to request and receive health and social services in that language.

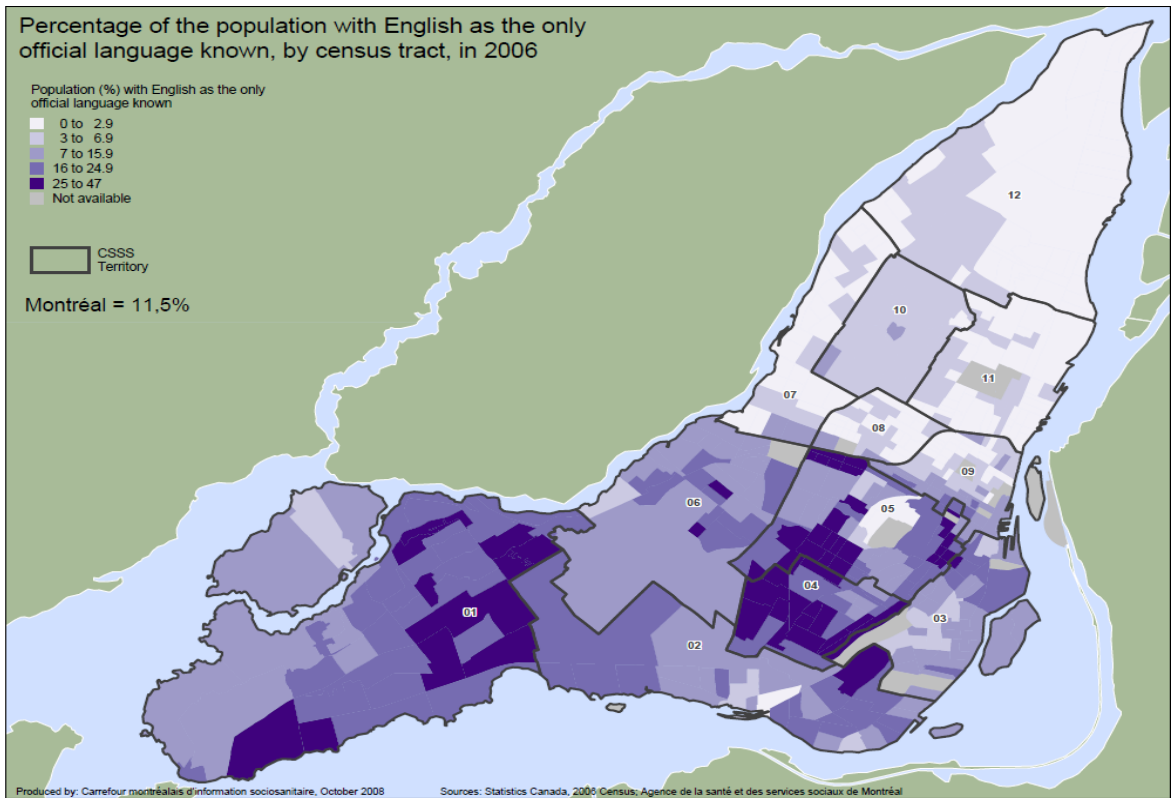
The first map[2], on the next page, shows the territories of the health and social service centres (CSSSs) of Montreal. This is followed by a second map which shows the population with English as its first official language spoken (33%). Below that, a map shows the breakdown of the population with English as its mother tongue (17%); this means that 51% of English FOLS have a mother tongue other than English. Most of them come from more or less recent immigration, and some belong to a visible minority. Over the years, both Montreal communities – the English-speaking and French-speaking community – have diversified and integrated immigrants and visible minorities. Finally, the last map shows the sectors where the population with English as the only official language is concentrated (12%). According to this data, we can conclude that, in Montreal, 35% of the English-speaking population cannot hold a conversation in French.

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

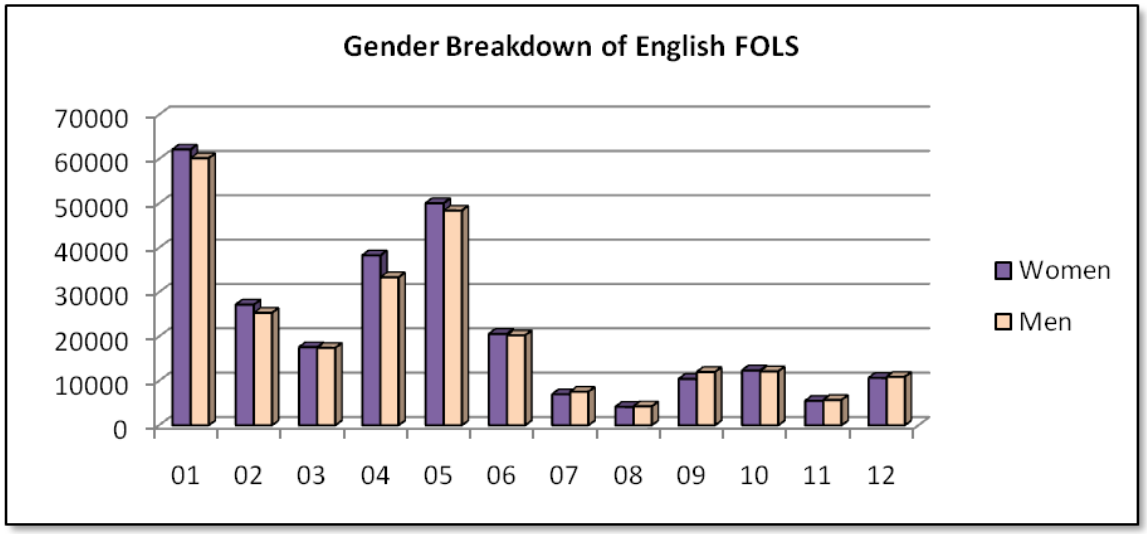

Health and Social Service Centre (CSSS) Territories
CSSS Territory
01: de l'Ouest-de-l'Île
02: Dorval-Lachine-Lasalle
03: Sud-Ouest—Verdun
04: Cavendish
05: de la Montagne
06: Bordeaux-Cartierville—Saint-Laurent
07: Ahuntsic et Montréal-Nord
08: du Coeur-de-l'Île
09: Jeanne-Mance
10: Saint-Léonard et Saint-Michel
11: Lucille-Teasdale
12: de la Pointe-de-l'Île
01
02
03
04
05
06
07
08
09
10
11
12
Produced by: Carrefour montréalais d'information sociosanitaire, October 2008
Source: Agence de la santé et des services sociaux de Montréal


Percentage of the population with English as the first official language spoken (including 50% of persons who have both French and English as FOLS) by census tract in 2006
% FOLS English
0 to 7.9
8 to 14.9
15 to 31.9
32 to 54.9
55 to 100
Not available
CSSS Territory
01
02
03
04
05
06
07
08
09
10
11
12
Produced by: Service de la Gestion de l'information, March 2011
Source: Statistics Canada, 2006 Census


Percentage of the population with English as its mother tongue, by census tract, in 2006
Population (%) with English as mother tongue
0 to 3.9
4 to 7.9
8 to 17.9
18 to 34.9
35 to 67
Not available
CSSS Territory
Montréal = 16.8%
01
02
03
04
05
06
07
08
09
10
11
12
Produced by: Carrefour montréalais d'information sociosanitaire, October 2008
Sources: Statistics Canada, 2006 Census; Agence de la santé et des services sociaux de Montréal


Percentage of the population with English as the only official language known, by census tract, in 2006
Population (%) with English as the only official language known
0 to 2.9
3 to 6.9
7 to 15.9
16 to 24.9
25 to 47
Not available
CSSS Territory
Montréal = 11,5%
01
02
03
04
05
06
07
08
09
10
11
12
Produced by: Carrefour montréalais d'information sociosanitaire, October 2008
Sources: Statistics Canada, 2006 Census; Agence de la santé et des services sociaux de Montréal

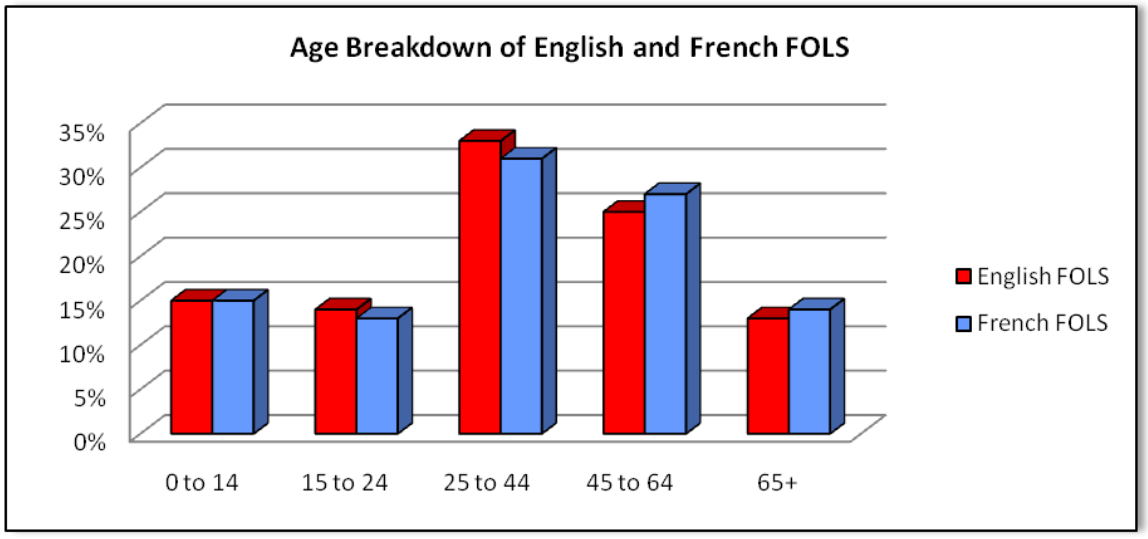
A look at the breakdown according to gender makes it possible to see that the English-speaking population has a slightly lower proportion of women than in the general population (50.81% vs. 51.74%). The breakdown according to gender differs very slightly from one territory to another.



CSSS KEY

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

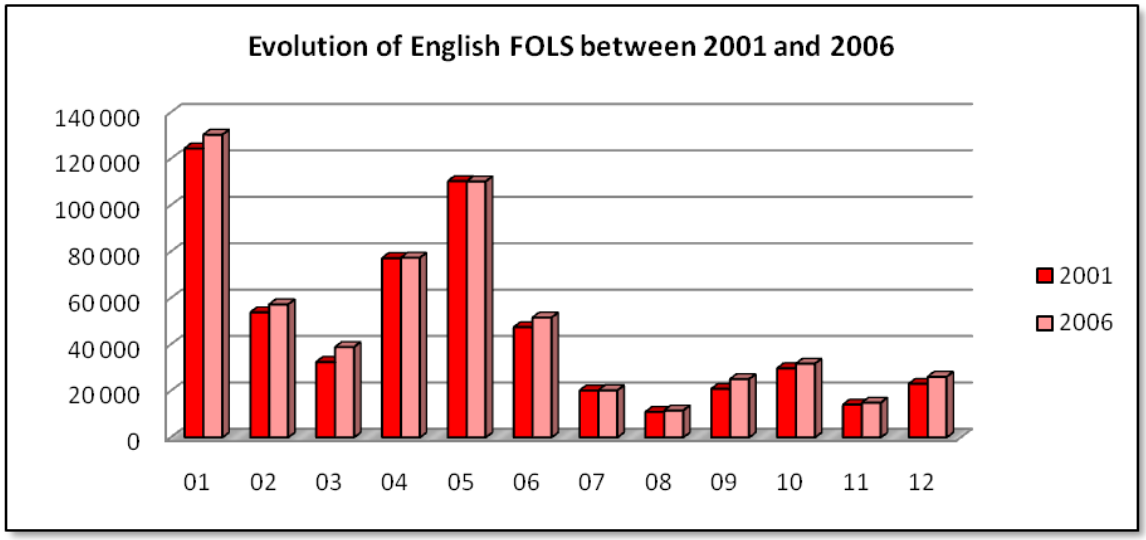
Finally, a chart illustrating the breakdown of French and English FOLS according to age does not show any significant differences between both populations.



Population Trends within the Community

This Regional Programme is based on data from the 2006 census. The former programme was based on data from the 2001 census.

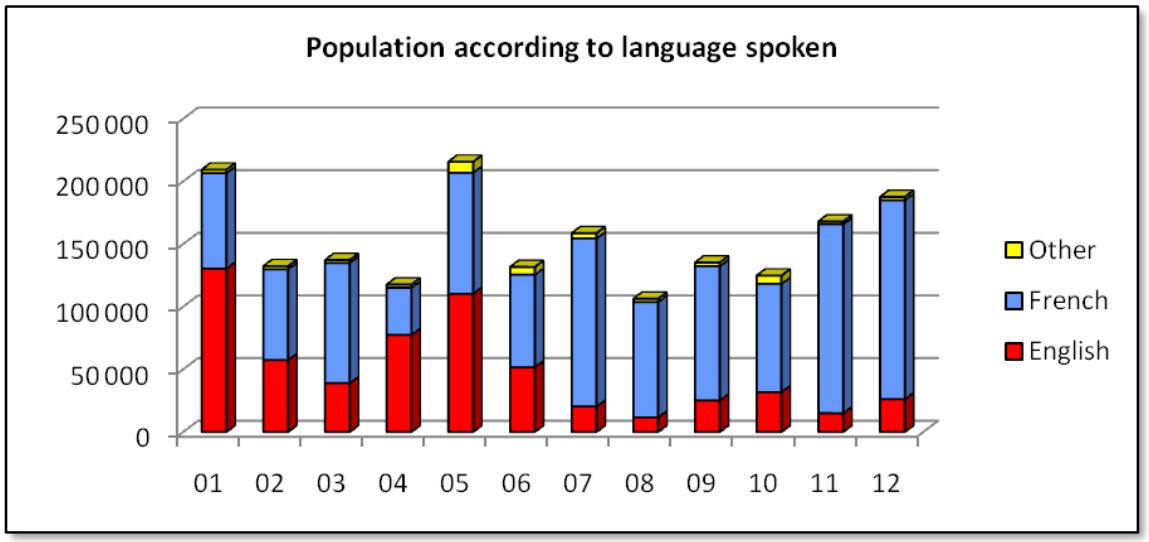
During the 2006 census, 595 918 Montrealers declared English as their first official language spoken, compared to 565 227 in 2001. Of this number, 306 520 have English as their mother tongue. Therefore, the English-speaking community grew by about 30 691 people. The chart below represents this evolution by CSSS territory.



CSSS LEGEND

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

The English-speaking community is unevenly spread out over the various CSSS territories; for instance, 53% of this community lives in only three out of the region's twelve CSSS territories. Nevertheless, the health and social service centres are responsible for the state of health of their population, regardless of this uneven distribution. They must therefore ensure that the English-speaking community has access to services in English.



CSSS LEGEND

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

Needs of the English-Speaking Community

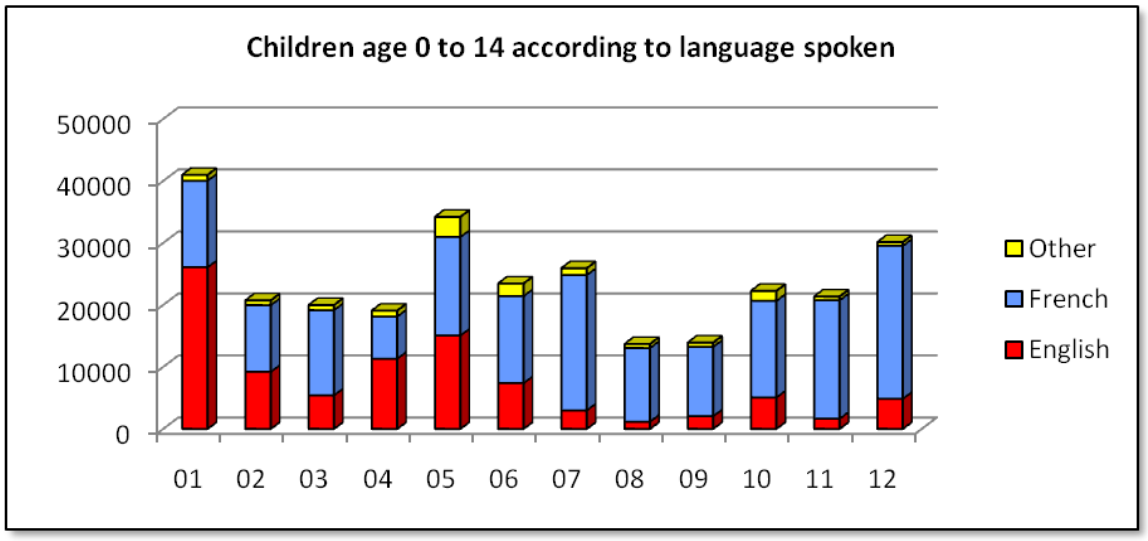
Generally speaking, the health and social service needs of Montreal's English-speaking community are similar to those of the French-speaking community. However, the nature of the service required has an impact on the need for it to be provided in English. In fact, the more crucial verbal communication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

While many members of the English-speaking community are comfortable requesting and receiving services in French, it is equally true that those same people may wish to receive certain services in English. Services linked to acts of violence, mental health or addiction problems are mentioned as services which people would particularly like to receive in their own language. Also, as people grow old, they may lose proficiency in their second language and develop the need to communicate in their mother tongue.

The English-speaking community and the French-speaking community are in the same situation; they have characteristics specific to those of large urban centres and they stand out in a number of ways from the population of other Quebec regions. Essentially, the socio-demographic profile reveals that these two communities are marked by a particularly aging population, which is more and more multiethnic. Their level of poverty is more pronounced than that of other regions, despite the significant progresses made in terms of schooling. Both poverty and wealth are very unevenly distributed across the territory. These realities must be taken into account in the development of any programme. CSSSs that have a small English-speaking population must be vigilant to ensure that the best possible access is provided to nearby services in English in accordance with mandates and available resources. Evaluating the nature of the required intervention helps define the desired closeness.

Young People in School

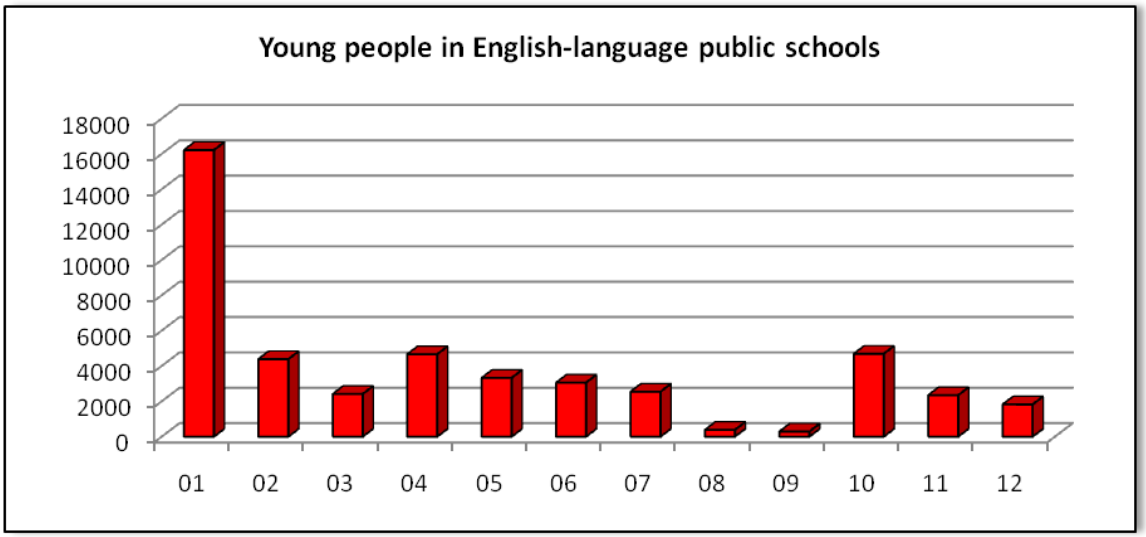
Approximately 92 247 young people under the age 14, which means 32% of young people in the region, can be considered English speakers. The percentage of young English speakers in relation to all young Montrealers is therefore similar to the proportion of the entire English-speaking community within the Montreal population. The chart below shows the breakdown of young people between the ages of 0 and 14 (N=285 589) according to their language spoken across the region's twelve CSSSs.



According to the English-Montreal and Lester B. Pearson school boards, approximately 50 000 young Montrealers attended their schools in 2009-2010. Other young people attended English-language private schools, or private or public schools in the French-language network. It should be recalled that, according to Bill 101 (Charter of the French Language), a student must meet certain admissibility criteria to be eligible to attend an English-language public school.

CSSSs must consider English-speaking students when assigning social workers, nurses and other health professionals to the various schools within their territory. It is expected that those working in the English network should have the level of skill required to practice effectively in English.

The following chart shows English-language public school attendance by CSSS territory.

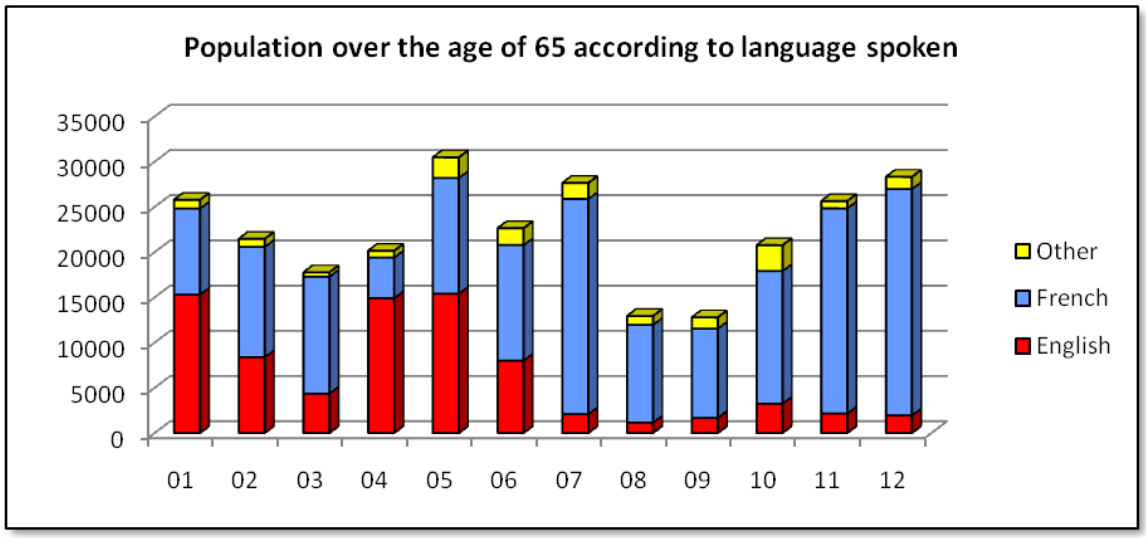


CSSS LEGEND

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09	Jeanne-Mance	10	de Saint-Léonard et Saint-Michel	11	Lucille-Teasdale	12	de la Pointe-de-l'Île

The Elderly: in Residential Care or at Home

According to the 2006 census, 78 633 Montrealers over the age of 65 declared English as their first official language spoken, which represents 30% of people over the age of 65[3]. This percentage is slightly lower than the overall weight of the English-speaking community, which is 33%. The chart below shows the breakdown of people over the age of 65 by CSSS territory and according to first official language spoken.



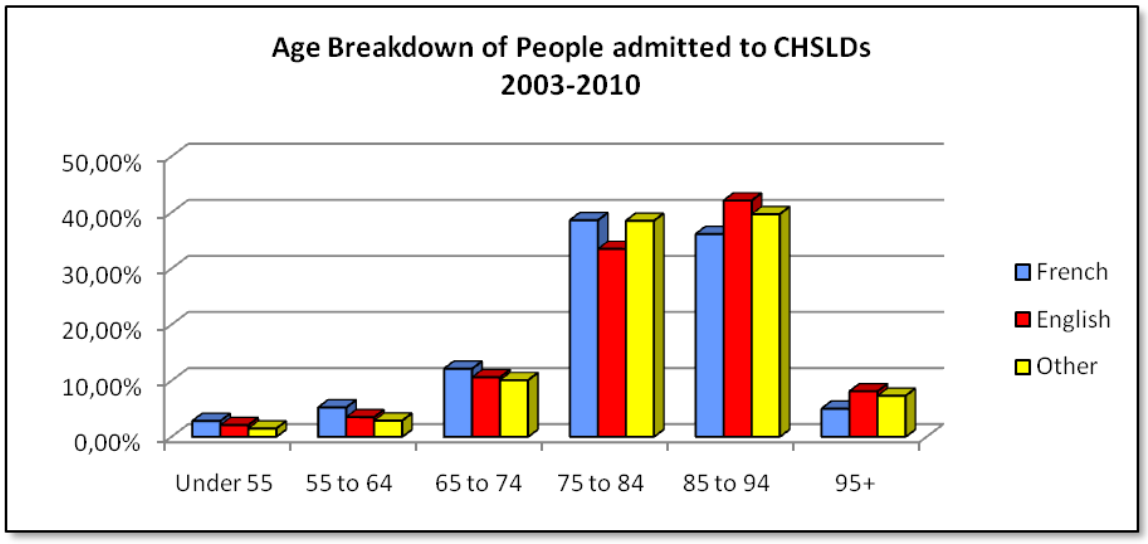
CSSS LEGEND

01	de l'Ouest-de-l'Île	02	de Dorval-Lachine-LaSalle	03	du Sud-Ouest–Verdun	04	Cavendish
05	de la Montagne	06	de Bordeaux-Cartierville–Saint-Laurent	07	d'Ahuntsic et Montréal-Nord	08	du Cœur-de-l'Île
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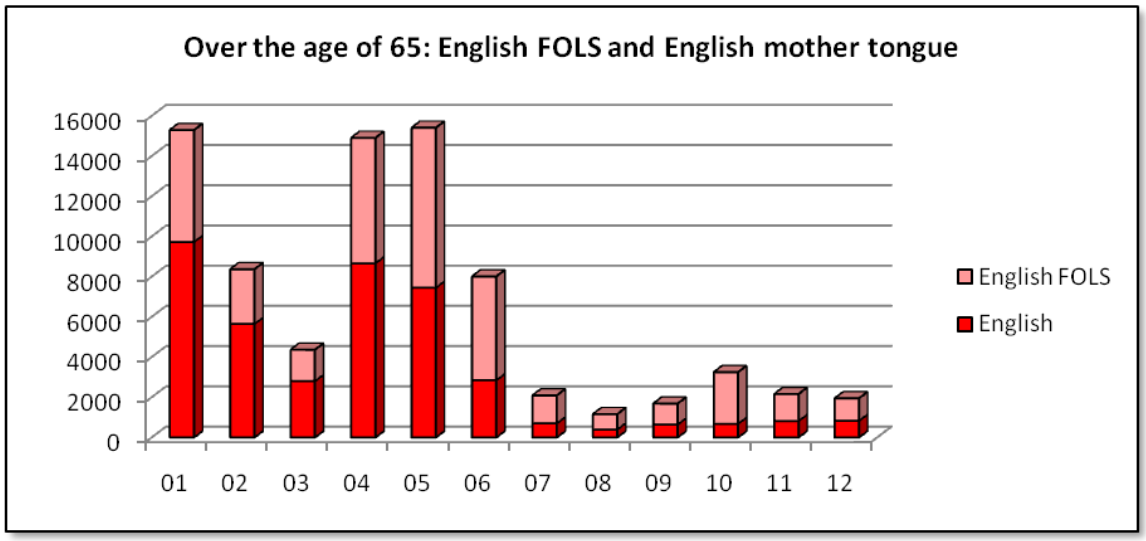
[3] According to the 2006 census, 266 555 Montrealers were over the age of 65.

However, in order to properly identify the needs of these 78 633 Montrealers and to ensure a suitable organization of the service offer, particularly with regard to residential care, it is necessary to take into account other factors, such as mother tongue, ethnic origin and religion. English is the mother tongue of 41 210, or 52% of English-speaking persons over the age of 65. The other 37 423 speak a range of different mother tongues. This situation, which is typical of Montreal, has given rise to several facilities devoted to certain clienteles, namely Chinese, Italian, Polish and Jewish. The fact that these facilities' clienteles come from the English-speaking community and the French-speaking community has an impact on the organization of the residential care and the allocation of residential care places.

Between 2003 and 2010, 24 453 people were admitted to residential and long-term care centres (CHSLDs) in Montreal. Of this number, 5 239 individuals, or 18%, had English as their spoken language. When looking at the age of people admitted to residential care, it can be noted that people with English as their spoken language are admitted to CHSLDs at a slightly older age than French-speakers. As such, persons over the age of 85 represent 50% of admissions to CHSLDs against 41% for French speakers. The chart below shows the percentages of people admitted to CHSLDs by language and age group. The Agence de Montréal, as part of its work related to the regional action plan for persons who are no longer self-sufficient for reasons related to ageing, is considering these factors in order to establish the available and required resources.



The chart below illustrates the proportion of English-speaking people over the age of 65 whose mother tongue is English.



CSSS LEGEND

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

The English-Speaking Hearing Impaired Community

The mandate to meet the ASL (American Sign Language) interpretation needs of the English-speaking hearing impaired community of Greater Montreal, which has fewer than 500 members, was handed back to the Agence de la santé et des services sociaux at the end of 2004. This temporary mandate came to an end in February 2011 when this service was transferred to an external organization, the *Centre de la communauté sourde du Montréal métropolitain* (CCSMM) [Unofficial translation: Centre for the Hearing Impaired Community of Greater Montreal]. The transfer to the CCSMM will ensure that accessibility to services will be in line with the normative framework developed by the *Office des personnes handicapées du Québec* (OPHQ) [Unofficial translation: Quebec Office for the Disabled].

THE ORGANIZATION OF SERVICES IN MONTREAL

The Agence, one of the priority strategic objectives of which is to promote the development and implementation of clinical projects, is carrying out different work aimed at restructuring the regional service offer based on the populational approach and hierarchical provision of services. Accordingly, the reorganization of the mental health care service continuum is currently under way; the first two phases dealt with the establishment of front-line mental health teams within CSSSs, mental health services for youth placed in youth centres, residential services, measures for intensive follow-up or support of variable-intensity within the community, emergency psychiatric services, crisis services for adults and suicide prevention services for high-risk individuals. The work related to Phase 3, which is currently under way, deals with mental health and aging, as well as with long-term psychiatric services.

Among other work spearheaded by the Agency, we should also mention that related to improving the performance of speech therapy services for children and youth, as well as the reorganization of services for persons who are no longer self-sufficient for reasons linked to ageing.

In terms of front-line services offered by CSSSs, several programmes have recently been implemented in Montreal. We should mention the integrated multidisciplinary approach to stimulation (AMIS), the health education centres (CESs), healthy schools and environments (EMS), the *Service Crise-Ado-Famille-Enfance* (CAFE) [Unofficial translation: adolescent-family-childhood crisis service]. The implementation of these programmes varies according to the needs of each CSSS. For instance, AMIS is currently available in English within five CSSSs and is in the implementation phase at a sixth institution.

Since service accessibility is one of its key concerns, the Agence will ensure that the needs of the English-speaking population of Montreal are taken into consideration for all the work under way.

STATUS REPORT ON ACCESSIBILITY WITHIN INSTITUTIONS

The status report on service accessibility within institutions is based on the following three elements: management agreements with the institutions, an evaluation of the 2007-2010 programme by an independent firm, and a review of numerous satisfaction surveys conducted by the Agence over the last years.

Management agreements

Within the framework of its management agreements, any *designated* or *indicated* institution is required to report annually on the accessibility of its services in English based on its missions. The status reports provided by the institutions, although brief, indicate to us in general terms, that the latter are respecting their obligations and have taken the necessary steps to ensure that English-speaking persons can receive their services in English.

2007-2010 Programme Evaluation

In 2010, the Agence undertook the revision of the 2007-2010 regional access programme by commissioning a firm to carry an evaluation of the programme. The objectives of this evaluation were to provide a status report on the accessibility of English-language services, to highlight the regional programme's strengths and weaknesses and to propose areas for improvement. This evaluation was conducted with the help of members from the Regional Access Committee, staff members, as well as managers from institutions targeted by the programme and different community partners. The overall finding of this evaluation was that the services offered in English, in most institutions, were deemed adequate to meet to the needs of English-speaking clientele. Since their obligations are significantly different, it is appropriate to separate the findings for *designated* institutions and *indicated* institutions.

***Designated** institutions*

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

Although all of their services are accessible in English, *designated* institutions are also facing a number of challenges. They reported that they experience difficulties recruiting and retaining bilingual

staff, particularly for certain specialist positions such as psycho-educators, optometrists and speech-language pathologists. Furthermore, they mentioned that there are delays in obtaining English-language documentation from the Agence and from the Ministère de la Santé et des Services sociaux, and that resources are not sufficient to meet all the translation needs of institutions. Certain service providers sometimes hesitate to refer clientele to *indicated* institutions by fear that the services will not be offered in English.

***Indicated** institutions*

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

Targeted services are offered in English by *indicated* institutions. The evaluation of the regional programme made it possible to identify certain areas of weakness, such as the lack of support and resources earmarked for translation, particularly relating to documentation developed within institutions; the network service providers' lack of awareness of English-language resources and services offered by community organizations; the lack of information available to the clientele regarding services offered in English within institutions; and, the limited number of professionals with an adequate level of English to conduct full interventions with clientele for certain types of services, such as psychosocial follow-up, which can lead to additional waiting periods. Certain service providers also mentioned having difficulty clearly identifying their institution's obligations pursuant to the 2007-2010 access programme. The good practices listed include the spirit of mutual assistance and openness within teams with respect to the importance of providing services in English, the development of lexicons of frequently used terms, the identification of the staff's level of English, the inclusion of an English-language requirement when jobs are posted, and the English language training offered to staff members.

Satisfaction Surveys

Since 2007, several satisfaction surveys commissioned by the Agence have been conducted among English-speaking users.

The results from these surveys seem to indicate that the satisfaction of English-speaking users is comparable to that of French-speaking users. Accordingly, in 2007, 63% of English-speaking respondents who had consulted a health and social service professional on the island of Montreal, either for themselves or for a dependent, during the last 12 months, indicated that, overall, they were very satisfied with the services received from these institutions. This rate is slightly higher than that of French-language users (56 %)[4].

The table below, the numbers of which are based on two satisfaction studies[5] commissioned by the Agence, shows a comparison of the overall satisfaction of users based on the place of consultation.

	Very satisfied users	
	English-speakers	**French-speakers**
CLSC [4]	**68 %**	**60 %**
Hospital centres [4]	**52 %**	**48 %**
CHSLDs [5]	**56 %**	**52 %**
Home care [5]	**82 %**	**79 %**
Caregivers [5]	**66 %**	**63 %**

[4] *Attentes et satisfaction des usagers montréalais anglophones à l'égard des services de santé et des services sociaux en 2006-2007* (a survey on expectations and satisfaction of English-speaking users from Montreal regarding health and social services in 2006-2007), study carried out by Zins Beauchesne & Associates for Montreal's Agence de la santé et des services sociaux (September 2009)

[5] *Enquête de satisfaction auprès des personnes en perte d'autonomie – Rapport linguistique* (a linguistic report following a survey on the satisfaction of persons who are no longer self-sufficient), study conducted by Jolicoeur & Associates for Montreal's Agence de la santé et des services sociaux (December 2007)

2012-2015 REGIONAL PRIORITIES

The status report on accessibility within institutions made it possible to identify areas for improvement. The Agence therefore identified four priorities in order to improve accessibility to health and social services for the English-speaking population of Montreal.

1-**Language training**

English second language training is offered to all the *indicated* CSSSs of Montreal, as well as to the nursing staff of the regional headquarters of Info-Santé. This programme, which was initiated in 2006, had a positive impact on the accessibility of English-language services to the English-speaking community, as well as on staff motivation and language skills. The Agence intends to continue offering this training over the coming years.

2-Document translation

The Agence will work together with institutions in order to facilitate the translation of documents into English. Priority will be placed on documents that are of use regionally.

3-Clear organizational policy

This Programme clearly identifies the obligations of each institution. The Agence is committed to working together with the institutions in order to develop internal policies and procedures that enable them to carry out their obligations.

4-Dissemination of documents and information

In order to improve access to information for the English-speaking population, the Agence intends to support the adaptation and translation of the Web Sites of network institutions (CSSSs, the *Direction de la santé publique de Montréal* [Unofficial translation: the Montreal Public Health Directorate], the Agence). Additionally, it will identify other ways to improve the dissemination of documents in English within *designated* and *indicated* institutions.

THE 2012-2015 REGIONAL PROGRAMME

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

The Programme's Guiding Principles

1st Principle

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

2nd Principle

All disease prevention and health promotion campaigns addressed to the population must be available in English, making it necessary to foresee translation or interpretation services.

3rd Principle

The English-speaking population must have access to information on the services available in English and on the complaints procedure.

Recommendations for the Programme's Implementation

1st Recommendation

That the staff of all *designated* or *indicated* institutions be informed of the institutions' obligations pursuant to the programme.

2nd Recommendation

That all *designated* or *indicated* institutions have policies and procedures enabling them to assume their responsibilities towards English-speaking clientele.

3rd Recommendation

That all *designated* or *indicated* institutions provide annual reports on the accessibility of their services in English, particularly within the framework of management agreements.

Designated institutions

"A *designated* institution is one which the Government designates among recognized institutions. It refers to an institution required to make the health and social services it offers accessible, in the English language, to English-speaking persons."[6]

The *designated* institutions	
Type	**Name**
Health and Social Service Centres (CSSSs)	Centre de santé et de services sociaux Cavendish Centre de santé et de services sociaux de la Montagne West Island Health and Social Services Centre
Child and Youth Protection Centres (CPEJs)	Les Centres de la jeunesse et de la famille Batshaw
Hospital Centres (CHs)	St. Mary's Hospital Centre McGill University Health Centre The Salvation Army Catherine Booth Hospital Douglas Hospital Mont-Sinaï Hospital Shriners Hospital for Children (Québec) Inc. The Sir Mortimer B. Davis Jewish General Hospital
Residential Long-Term Care Centres (CHSLDs)	C.H.S.L.D. Bayview Inc. Centre d'accueil Héritage inc. Centre d'hébergement et de soins de longue durée Bussey (Québec) inc. Centre d'hébergement et de soins de longue durée du Château-sur-le-Lac-de-Sainte-Geneviève inc. Grace Dart Extended Care Center CHSLD Juif de Montréal Maimonides Hospital Geriatric Centre 88980 Canada Inc. (Manoir Beaconsfield)
Rehabilitation Centres (CRs)	Constance-Lethbridge Rehabilitation Centre West Montreal Readaptation Centre MAB-Mackay Rehabilitation Centre Miriam Home and Services Teen Haven Elizabeth House

[6] Ministère de la Santé et des Services sociaux. (March 2006). Frame of Reference for the Implementation of Programs of Access to Health and Social Services in the English Language for the English-Speaking Population. Government of Quebec, p. 27.

Indicated institutions

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

The *indicated* institutions	
Type	**Name**
Hospital Centres (CHs)	Centre hospitalier de l'Université de Montréal Centre hospitalier universitaire Sainte-Justine Hôpital Maisonneuve-Rosemont Hôpital du Sacré-Cœur de Montréal Institut de réadaptation Gingras-Lindsay-de-Montréal
Residential and Long-Term Care Centres (CHSLDs)	Château Westmount Inc. Vigi Santé Ltée
Local Community Health Centres (CLSCs)	Clinique communautaire de Pointe St-Charles
Rehabilitation Centres (CR)	Centre d'accueil le Programme de Portage inc. Centre de réadaptation en déficience intellectuelle et en troubles envahissants du développement de Montréal La Corporation du Centre de réadaptation Lucie-Bruneau Le Centre Dollard-Cormier Villa Medica
Health and Social Service Centres (CSSSs)	Centre de santé et de services sociaux de Dorval-Lachine-LaSalle Centres de santé et de services sociaux Sud-Ouest—Verdun Centre de santé et de services sociaux Bordeaux-Cartierville—St-Laurent Centre de santé et de services sociaux Ahuntsic et Montréal-Nord Centre de santé et de services sociaux du Cœur-de-l'île Centre de santé et de services sociaux Jeanne-Mance Centre de santé et de services sociaux Saint-Léonard et Saint-Michel Centre de santé et de services sociaux Lucille-Teasdale Centre de santé et de services sociaux de la Pointe-de-l'île

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

Services accessible in English – *Indicated* institutions

Services accessible in English – *Indicated* CHs, CHSLDs, CLSCs, CRs		
Type	**Name**	**Services offered in English**
Hospital Centres (CH)	Centre hospitalier de l'Université de Montréal	- Detoxification services and services for severe burn victims
	Centre hospitalier universitaire Sainte-Justine	- Emergency. - Reception services. - Services for patients with head trauma. - National bone marrow transplant programme.
	Hôpital Maisonneuve-Rosemont	- Emergency.
	Hôpital du Sacré-Cœur de Montréal	- Emergency. - Services for patients with spinal cord injuries and quadriplegic persons requiring respiratory assistance.
	Institut de réadaptation Gingras-Lindsay-de-Montréal	- All services.
Residential and Long-Term Care Centres (CHSLDs)	Château Westmount Inc.	- Residential care services - Activities of the day centre.
	Vigi Santé Ltée[8]	- Reception. - Nursing care. - Medical care. - Rehabilitation services. - Day centre.
Local Community Health Centres (CLSCs)	Clinique communautaire de Pointe St-Charles	- All services.
Rehabilitation Centres (CRs)	Centre d'accueil le Programme de Portage inc.	- Reception, evaluation, orientation. - Outpatient rehabilitation: Drug addiction, alcoholism and compulsive gambling. - Inpatient rehabilitation: Drug addiction, alcoholism and compulsive gambling. - Replacement therapy. - Reintegration programme and post-residential follow up. - Family support and assistance.

[8] Facilities: CHSLD Vigi Dollard-des-Ormeaux, CHSLD Vigi Mont-Royal, CHSLD Vigi Pierrefonds and CHSLD Vigi Reine-Elizabeth

Services accessible in English – *Indicated* CHs, CHSLDs, CLSCs, CRs (continuation)		
Type	**Name**	**Services offered in English**
Rehabilitation Centres (continuation)	Centre de réadaptation en déficience intellectuelle et en troubles envahissants du développement de Montréal	- Access, evaluation and orientation services. - Adjustment and rehabilitation services. - Services in the context of residential integration: ▪ Family-type resources ▪ intermediate resources ▪ ongoing assistance resources or specialized clinical interventions. - Services in the context of work integration: ▪ workshops to support community integration. ▪ day activity centres. - Services in the context of community integration: ▪ community integration support services. ▪ skill and quality of life maintenance service. - Specialized educational assistance services for families and relatives. - Specialized support services for partners.
	La Corporation du Centre de réadaptation Lucie-Bruneau	- Services for patients with spinal cord injuries. - Services to quadriplegic persons requiring respiratory assistance.
	Le Centre Dollard-Cormier	- Access, evaluation and orientation services.
	Villa Medica	- Services to victims of severe burns.

Services accessible in English – Indicated CSSSs

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

The *indicated* CSSS shall:

– design a service structure allowing the English-speaking community to receive its services in English for each of its service-programmes; and

– foresee ways of facilitating access to ongoing services in English for the English-speaking community, and, if required, reach agreements with its partners.

The tables below list CSSSs' obligations. The first is a summary table which includes the services accessible in English within the region's *indicated* CSSSs. It is followed by 9 tables, one for each *indicated* CSSS, which lists the services available in detail.

Services accessible in English – *Indicated* CSSSs									
Services	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12
AMIS (integrated multidisciplinary approach to stimulation)	02*, 03*, 06, 10, 11, 12		02*, 03*, 06, 07, 10, 11, 12*						
L'Entremise (crisis centre): Evaluation						11			
Day Centre					02, 03, 07				
CES (health education centre)								02, 03, 06, 07, 08, 10, 11, 12	
Outpatient clinics in hospital environments							02		
Côté cour* (regional mandate)									09
Prenatal courses (sub-regional mandate)									10
EMS (Healthy schools and environments)								02, 03, 06, 10, 11, 12	
Homelessness and street youth				09					
Regional programme for elective abortion							09		
Occupational health							09		
CAFE (adolescent, family and childhood crisis service)				02*, 03, 06, 07, 08, 10, 11, 12					
Home services	02, 03, 06, 07, 08, 09, 10, 11, 12				02, 03, 06, 07, 08, 09, 10, 11, 12		02, 03, 06, 07, 08, 09, 10, 11, 12		

* Assistance for victims of domestic violence who must appear in court

Services accessible in English – *Indicated* CSSSs (continuation)

Services	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Residential services					02, 09				
Special services unit - Type 3 (regional mandate)					11				
Specific services unit - Type 2					03				
Psycho-geriatric services					10				
Front-line mental health services						02, 03			
Services involving emergency measures									02, 03, 06, 07, 08, 09, 10, 11, 12
SIPPE (Integrated perinatal and early childhood services)								02, 03*, 06, 07, 08, 10, 11, 12	
Common medical services									02, 03, 06, 08, 09, 10
Psychosocial services	02, 03, 06, 07, 08, 09, 10, 11, 12	06, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12	02, 03, 06, 08, 09, 10, 11, 12	02, 03, 06, 07, 08, 09, 10, 11, 12
Family birthing unit							02		
Emergency in hospital environments							02, 03, 07, 08		
Psychosocial emergency - Justice						09			
HIV-AIDS							09		

CSSS LEGEND

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

Note: If the number is followed by an asterisk, the services are in the implementation phase.

Services accessible in English - CSSS de Dorval-Lachine-LaSalle

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)	*		*						
Day centre					●				
CES (health education centre)								●	
Outpatient clinics in the hospital environments							●		
EMS (Healthy schools and environments)								●	
CAFE (adolescent, family and childhood crisis service)				*					
Home services	●				●		●		
Residential care services					●				
Emergency services in the hospital environment							●		
Front-line mental health services						●			
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Common medical services									●
Psychosocial services	●		●	●	●	●	●	●	●
Family birthing unit							●		

Legend: Services currently offered: ● Services in the implementation phase *

Services accessible in English - CSSS du Sud-Ouest—Verdun

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)	*		*						
Day centre					●				
CES (health education centre)								●	
EMS (Healthy schools and environments)								●	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Specific services unit - Type 2					●				
Front-line mental health services						●			
Services involving emergency measures									●
Emergency measures in the hospital environment							●		
SIPPE (Integrated perinatal and early childhood services)								*	
Common medical services									●
Psychosocial services	●		●	●	●	●	●	●	●

Legend: * Services currently offered: ● Services in the implementation phase *

Services accessible in English - CSSS de Bordeaux-Cartierville—St-Laurent									
Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)	●		●						
CES (health education centre)								●	
EMS (Healthy schools and environments)								●	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Common medical services									●
Psychosocial services	●	●	●	●	●	●	●	●	●

Legend: Services currently offered: ●

Services accessible in English - CSSS d'Ahuntsic et Montréal-Nord

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)			●						
Day centre					●				
CES (health education centre)								●	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Psychosocial services	●		●	●	●	●	●		●
Emergency in the hospital environment							●		

Legend: Services currently offered: ●

Services accessible in English - CSSS du Cœur-de-l'île

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
CES (health education centre)								●	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Common medical services									●
Psychosocial services	●		●	●	●	●	●	●	●
Emergency in the hospital environment							●		

Legend: Services currently offered: ●

Services accessible in English - CSSS Jeanne-Mance

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
Côté cour* (regional mandate)									●
Homelessness and street youth				●					
Regional programme for elective abortion							●		
Occupational health							●		
Residential care services					●				
Home services	●				●		●		
Services involving emergency measures									●
Common medical services									●
Psychosocial services	●		●	●	●	●	●	●	●
Psychosocial emergency justice						●			
HIV-AIDS							●		

Legend:
* Assistance for victims of domestic violence who must appear in court Services currently offered: ●

Services accessible in English - CSSS de Saint-Léonard et Saint-Michel

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)	●		●						
CES (health education centre)								●	
Prenatal courses (sub-regional mandate)									●
EMS (Healthy schools and environments)								●	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Psycho-geriatric services					●				
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Common medical services									●
Psychosocial services	●		●	●	●	●	●	●	●

Legend: Services currently offered: ●

Services accessible in English - CSSS Lucille-Teasdale

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)	●		●						
L'Entremise (crisis centre): Evaluation						●			
CES (health education centre)								●	
EMS (Healthy schools and environments)								●	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Special services unit - Type 3 (regional mandate)					●				
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Psychosocial services	●		●	●	●	●	●	●	●

Legend: Services currently offered: ●

Services accessible in English- CSSS de la Pointe-de-l'île

Services and programmes accessible in English	Déficience physique (Physical disability)	Dépendances (Addictions)	DI-TED (Intellectual disabilities and pervasive developmental disorders)	Jeunes en difficulté (Youth in difficulty)	PPA (Persons with decreased independence)	Santé mentale (Mental health)	Santé physique (Physical Health)	Santé publique (Public health)	Services généraux (General services)
Reception, evaluation, orientation, referral	●	●	●	●	●	●	●	●	●
AMIS (integrated multidisciplinary approach to stimulation)	●		*						
CES (health education centre)								●	
EMS (Healthy schools and environments)								*	
CAFE (adolescent, family and childhood crisis service)				●					
Home services	●				●		●		
Services involving emergency measures									●
SIPPE (Integrated perinatal and early childhood services)								●	
Psychosocial services	●	●	●	●	●	●	●	●	●

Legend: Services currently offered: ● Services in the implementation phase *

The Agence de la santé et des services sociaux de Montréal

Commitment

The Agence is responsible for implementing the principles set out in the 2012-2015 Regional Programme of Access to Services in the English Language.

Interregional agreements

The Agence is taking action in order to ensure that the English-speaking clientele of Montreal has access to the services of two institutions outside of the region that were included in the 2007-2010 programme, namely:

- Pavillon Foster (Montérégie)
  - Detoxification and fighting addictions (e.g. alcoholism, drug addiction, compulsive gambling, etc.), both for minors and adults.
- Jewish Rehabilitation Hospital (Laval)
  - Rehabilitation services for the Jewish community.

CONCLUSION

The intent of the 2012-2015 Regional Programme of Access to Services in the English Language for the English-Speaking Population of Montreal is to maintain and improve the services provided to the English-speaking community. It is based on principles that should enable it to adjust to change, both within the population and at the organizational level. In addition to the *designated* and *indicated* institutions, it includes general recommendations aimed at ensuring that the English-speaking population has access to a range of services in English. It is up to the Agence to monitor the application of the Regional Programme, which reflects an inherent concern for equitable access to quality health and social services.

ACRONYMS

CHSLD	Residential and Long-Term Care Centre (centre d'hébergement de soins de longue durée)
CLSC	Local Community Service Centre (centre local de services communautaires)
CSSS	Health and Social Service Centre (centre de santé et de services sociaux)
II-PDD	Intellectual Impairments-Pervasive Developmental Disorders (II-PDD)
FOLS	first official language spoken
NLSS	Persons who are no longer self-sufficient

Agence de la santé
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Québec