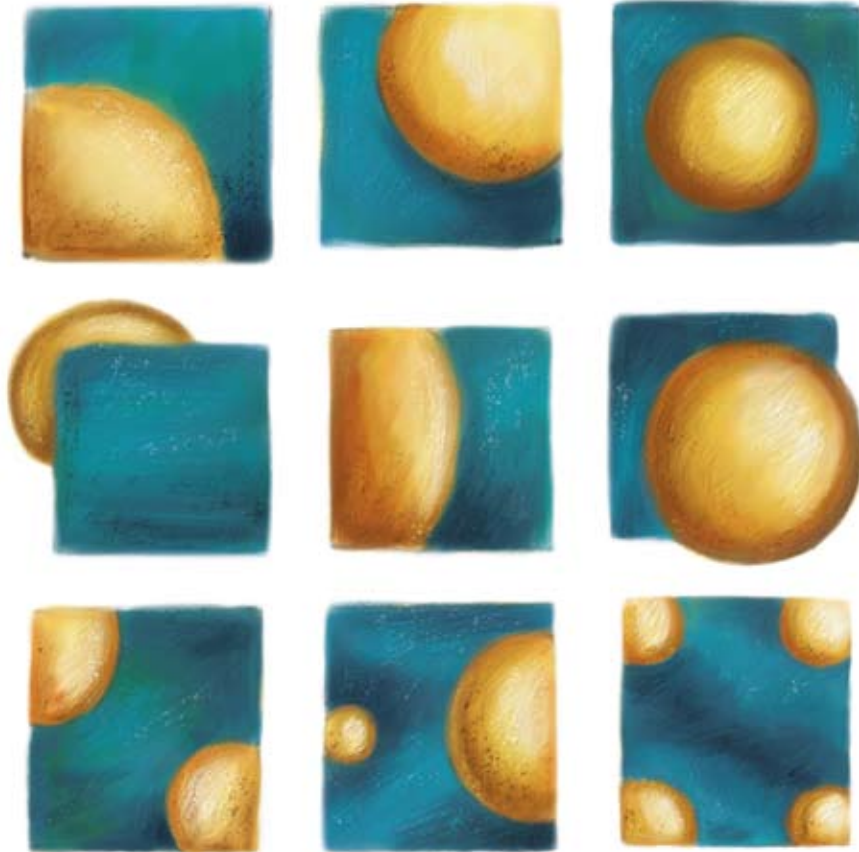


PAVILLON FOSTER

Addiction Rehabilitation Centre



ANNUAL REPORT

2010-2011



LOCATIONS

Administration and Inpatient Services

6, rue Foucreault
St-Philippe-de-Laprairie (Québec) J0L 2K0
Tel.: (450) 659-8911 Fax: (450) 659-7173
www.pavillonfoster.org

Montreal Outpatient Services

Notre-Dame-de-Grâce Outpatient Services

3285, boul. Cavendish, bureau 100
Montréal (Québec) H4B 2L9
Tel.: (514) 486-1304 Fax: (514) 486-2831
Toll-free number 1 866 851-2255

St-Léonard

CSSS St-Léonard et St-Michel
5540, rue Jarry Est
St-Léonard (Québec) H1P 1T9
Tel.: (514) 328-3460 ext. 1354 Fax: (514) 328-1468

Pointe-Claire (Adult Program)

CSSS de l'Ouest-de-l'Île – Outpatient Clinic of Psychiatry
175, avenue Stillview, bureau 310
Pointe-Claire (Québec) H9R 4S3
Tel.: (514) 630-2010 Fax: (514) 630-5184

Pointe-Claire (Youth Program)

CSSS de l'Ouest-de-l'Île – CLSC Lac St-Louis
180, avenue Cartier, bureau 152
Pointe-Claire (Québec) H9S 4S1
Tel.: (514) 697-4111 ext. 1553 Fax: (514) 697-4117

Montérégie Outpatient Services

Brossard Outpatient Services

6955, boul. Taschereau, bureau 115
Brossard (Québec) J4Z 1A7
Tel.: (450) 678-2426 Fax: (450) 678-0683

Châteauguay

CSSS Jardins-Roussillon
95, avenue de la Verdure
Châteauguay (Québec) J6K 0E8
Tel.: (450) 699-3333 Fax: (450) 691-6202

Huntingdon

CSSS du Haut-Saint-Laurent
10, rue King
Huntingdon (Québec) J0S 1H0
Tel.: (450) 264-6108 Fax: (450) 264-6801

Cowansville

CSSS La Pommeraie
397, rue de la Rivière
Cowansville (Québec) J2K 1N4
Tel.: (450) 266-4342 Fax: (450) 266-5872
option 4, 4414/4415

Vaudreuil

CSSS de Vaudreuil-Soulanges
490, boul. Harwood
Vaudreuil (Québec) J7V 7H4
Tel.: (450) 455-0507 ext. 205 Fax: (450) 424-8215

Research

Douglas Institute Research Centre Addiction Research Program

6875, boul. LaSalle
Verdun (Québec) H4H 1R3
Tel.: (514) 761-6131 Fax: (514) 888-4064

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MISSION STATEMENT



Pavillon Foster is a private addiction rehabilitation centre funded by the “*Ministère de la Santé et des Services sociaux*” to provide rehabilitation and social reintegration services to the English-speaking population of Quebec.

Pavillon Foster is guided by the following fundamental values in the organization and delivery of its services. We are specifically committed to:

- Providing accessible, quality services that respect the cultural diversity of the individuals we serve;
- Developing and maintaining the professional competencies of our multidisciplinary team;
- Establishing a continuum of care in the field of addictions by sharing our expertise and promoting partnerships with our institutional and community partners;
- Continuously improving our services by applying evidence-based interventions wherever feasible;
- Participating and contributing to the development of applied research in the field of addictions and transferring the knowledge gained from this research to the community.

Pavillon Foster is a “recognized” institution (*établissement reconnu*) under article 29.1 of the *Charte de la langue française*, thus permitting the use of French and English in its communications.

Pavillon Foster is also a “designated” institution (*établissement désigné*) under article 508 of the Act Respecting Health Services and Social Services to provide its services in English.

STATEMENT ON THE RELIABILITY OF THE DATA



The results and information contained in this annual report are my responsibility. This responsibility concerns the accuracy, completeness and reliability of data, information and explanations that are presented.

Throughout the financial year, information systems and reliable control measures were maintained to support this statement. Also, I made sure that work was done to provide reasonable assurance of the reliability of the results, specifically in relation to the management agreement.

To my knowledge, the information presented in the Pavillon Foster 2010-2011 Annual Report, and controls relating thereto are reliable, and this information corresponds to the situation as it existed on March 31, 2011.

The Director General

A handwritten signature in black ink that reads "John Topp". The signature is written in a cursive, flowing style.

John Topp

REPORT FROM THE PRESIDENT AND THE DIRECTOR GENERAL



The year 2010-2011 started on a positive note when Pavillon Foster was awarded, in May, the first Innovation Award of the “*Association des centres de réadaptation en dépendance du Québec (ACRDQ)*” for our project: **The GAIN: more than an evaluation, a new clinical practice.** The association recognized the innovative spirit of Pavillon Foster in introducing this new instrument and the sustained efforts of the institution in modifying its clinical practices surrounding the evaluation process.


This was also the year of the renewal of our accreditation. Accreditation is always a demanding process and this first renewal provided additional challenges. Firstly, some of the objectives of the first accreditation were unmet because of the numerous changes in our management team. Secondly, we undertook the renewal with, yet again, a reduced management team. However, the team stood up to the challenge and all managers were involved in the process while maintaining their usual responsibilities. The process took up the

whole year and many individuals were involved including representatives from the Board of Directors, Clients’ Committee, management and numerous employees representing all job titles, programs and services. The process culminated with the visit from the external evaluators in March. Overall, the process was a success and we were quite proud of the high scores in both the client satisfaction and the organizational climate surveys.

The conversion into a public institution remained a priority of the Board during the year. The Board was especially concerned with our status as an institution providing services to the English-speaking population. After numerous discussions with the *Office de la langue française*, we were informed that our status could not be transferred to the converted institution and that we will have to submit a new request once we change our status. However, there is no reason to refuse the status to the newly converted institution since the conversion will not affect our mission, our mandates or the people we serve. This was also confirmed by the Agence de la Montérégie who supports our request and confirmed our status as a *designated* institution in the region.

As part of this process of conversion into a public institution, Pavillon Foster nominated a transitional Board of Directors, established a Multidisciplinary Council, to which the staff elected their first representatives to the executive committee, and also reinstated the Working Conditions Committee. Finally, we sold the unused portion of our land. The proceeds will go to fund needed renovation projects in the St-Philippe residence.

Numerous changes occurred in the membership of the Board during the year. A vacancy was filled at the beginning of the year by Mr. Howard Magonet. Howard is a former coordinator of youth services of Pavillon Foster. In February, Ms. Marie-Claude Jarry resigned because of professional obligations and was replaced by



Mr. Daniel Babin. Ms. Robin Hale resigned from the presidency of the Clients' Committee and from the Board but she will remain a member of the Clients' Committee. She was replaced by Mr. Mark Hayter. We presently have no vacancies on the Board. The management team was also consolidated with the nomination of Ms. Ximena Rodriguez-Solis as Coordinator of the Montreal Outpatient Services.

Pavillon Foster lost a friend this year with the untimely passing of Bob Bechard. In addition to his numerous volunteer activities, Bob had been active in the Clients' Committee for many years. He was a member of the Risk Management Committee and had been on the Accreditation Committee. He had resigned from this committee at the beginning of the accreditation renewal process when he was named director of Nazareth House. He will be missed.

Finally, Pavillon Foster maintained a solid financial situation and we finished the year with a budget surplus in spite of the first year cuts of Law 100. In addition, no complaints were filed to the Board of Director's Ethics Committee.

Peter Ohlin
President

John Topp
Director General

REPORT FROM THE CLIENTS' COMMITTEE



The Clients' Committee of Pavillon Foster is comprised of nine members and also serves as the residents' committee for the clients admitted to the inpatient facility. The membership of the Clients' Committee is as follows:

Mr. Mark Hayter	<i>President of the Clients' Committee and member of the Board of Directors</i>
Ms. Christine Gougeon	<i>Vice-President</i>
Mr. Paul Gravel	<i>Secretary-Treasurer</i>
Mr. John Delaney	<i>Member</i>
Ms. Robin Hale	<i>Member and President until February 2011</i>
Mr. George Hepburn	<i>Member</i>
Mr. Franklin Holmes	<i>Member</i>
Ms. Kathleen Walker	<i>Member</i>
Mr. Robert Reason	<i>Member</i>

Major changes occurred during year, the most important being the untimely passing of friend and long-time committee member Bob Bechard. The committee also elected a new president, Mark Hayter, to replace Robin Hale who resigned from the presidency for personal reasons. She will however remain on the committee. The committee also recommended the nomination of Mr. Hayter to the Board of Directors. The nomination was confirmed by the Board on March 8, 2011.

The main objective of the committee is to inform the clients of their rights and to assist them in formulating a complaint if they so desire. The committee also encourages the expression of dissatisfaction concerning the services received. To this effect, the members of the committee regularly meet with the clients admitted to the inpatient clinic and the clients of various treatment levels in the Montreal and Brossard outpatient programs. Concerns and dissatisfactions expressed by the clients are forwarded to the management of Pavillon Foster and a follow up is done with the clients. During the last year, fourteen dissatisfactions were received by the committee and forwarded to management for follow-up. The committee also has a toll free number equipped with an answering service for all comments and complaints.

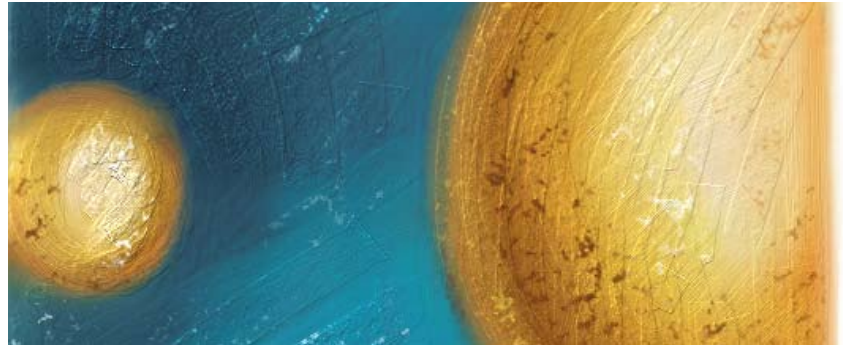
Bad weather had an effect on both of the yearly events organized by the Clients' Committee. Many of the past and current clients decided to avoid the snow storm and did not come to our Christmas party. The same situation happened at the summer BBQ held on a dreary June Saturday. While attendance was down as compared to previous years, many people attended and all had a good time.

The president of the Clients' Committee sits on the Board of Directors of Pavillon Foster and is also a member of the Watchdog Committee. The Clients' Committee is also represented on the Accreditation Committee and the Risk Management Committee.

Mark Hayter
President of the Clients' Committee

Robin Hale
Past President

REPORT FROM THE DIRECTOR OF PROFESSIONAL AND REHABILITATION SERVICES



This year our management structure was consolidated with the nomination of Ms. Ximena Rodriguez-Solis as the Coordinator of the Montreal Outpatient Services. Ms. Rodriguez-Solis has been a valued member of the Montreal team for over 3 years and has provided exemplary leadership as Interim Coordinator since January 2010. In order to provide increased support to the Montreal coordinator and to the clinical teams, Ms. Stephanie Leblanc was nominated as team leader. Additionally, Ms. Jo-Anne Théoret was identified as a clinical resource for the teams and, as such, has been working with Dr. Urga to deliver and coordinate the clinical training and supervision provided to staff. Other nominations include Mr. Ryan Aronson who was nominated as IPC team leader. He succeeds Ms. Edwina Gallant who was nominated to an ARH position in Châteauguay. She also took on the responsibility of team leader for the Montérégie Outpatient Services during the accreditation renewal process.

The leadership capacities of our program coordinators, Ms. Melissa McDonald and Ms. Ximena Rodriguez Solis, were especially appreciated throughout the 2010-2011 year as the resources of our senior management team and Dr. Phuong-Anh Urga were largely allocated to the process of renewing our accreditation. In addition to the preparation of the accreditation documents, the renewal process required the participation and commitment of eighteen clinical and non-clinical staff members who comprised the three evaluation teams. In addition to reviewing and rating each of the written processes, the evaluation teams also helped inform our proposed improvement plan by formulating specific recommendations for each of the processes. The successful completion of the accreditation renewal was a result of the contributions from all of our team members and managers. We will draw upon this commitment and excellence as we implement our second improvement plan and the CQA recommendations in our quest for the continuous improvement of Pavillon Foster.

In May 2010, Pavillon Foster was awarded the first *Prix d'excellence* in innovation by the *Association des centres de réadaptation en dépendance du Québec (ACRDQ)* in recognition of our successful implementation of the GAIN instruments to improve the quality of addiction services. Pavillon Foster continues to be associated to the GAIN French translation project and provides in kind consultation to the ACRDQ's GAIN trainers. This year the ACRDQ, in turn, invited Ms. Melissa McDonald to participate in the GAIN Advanced Clinical Training Certification. Ms. McDonald is the second person at Pavillon Foster to have received this certification.

Adult Substance Abuse Program

The Montérégie had a significant increase in services over the last year. In Châteauguay, accommodations in the new CLSC building have allowed us to improve service accessibility for adult clients in this region. An important collaboration also began

in March 2011 between Pavillon Foster and the Brome-Missisquoi-Perkins Hospital of the CSSS La Pommeraiie in Cowansville. Ms. Sandra Malenfant and Mr. Marcelin Cloutier now provide regular presence at the hospital to facilitate screening and evaluation of patients who would like to begin treatment with Pavillon Foster.

The Toxi-Court family drug court pilot program was carried out over the last year. From February 2010 to February 2011, Pavillon Foster provided screening to 34 clients at the court and, if necessary, facilitated access to evaluation and treatment services. The program was considered a success by all parties involved and has been renewed for the upcoming year.

Youth Program

Pavillon Foster received confirmation for funding as part of the *Stratégie d'action jeunesse* initiative, a ministerial project aimed at providing specialized addiction services to youth in residential settings. Although Pavillon Foster has been collaborating with Batshaw Youth and Family Centers for many years, the additional funding will allow us to expand the scope and intensity of the existing services we provide to youth seen at Shawbridge, North View, Dorval campuses and the La Source unit at Cité des Prairies.

Pavillon Foster has maintained its successful collaboration with all six Anglophone school boards from the Montérégie, Montreal and Laval regions. This year we formalized, in a service agreement, our longstanding collaboration with the Eastern Townships School Board. We've also improved accessibility for the students of the alternative schools of the Lester B. Pearson School Board by being present two mornings per week. These additional services have been well received and the initiative considered a success.

Problem Gambling

Key operational procedures were revised in our Problem Gambling program during the last year in an effort to increase program efficiency and client retention. Most notably, we shortened the intake assessment interview thereby minimizing the delay between first contact, assessment and treatment. We have also implemented revisions to the program to include optional participation in our skills based groups, thereby providing clients with the opportunity to learn addiction specific and general life skills without extending the duration of their treatment unnecessarily. We have also increased the flexibility of the program to allow for treatment duration to be determined according to assessed individual need, rather than requiring a fixed number of sessions or weeks.

Finally, outpatient services were expanded to include clients seeking treatment for Cyberdependence, or internet addiction. This is a new area of treatment and research and, as such, the scientific literature is currently limited. While we await scientific developments, we consider and treat Cyberdependence as a problem of behavioural dyscontrol and, consistent with ministerial directives, have included these clients in our Problem Gambling program.

Inpatient Program

What started out as an emergency short term replacement became a three-year commitment for Dr. Jacques Tremblay as we were actively seeking to recruit a new consulting physician. In March 2011, we were happy to welcome Dr. William Jones to Pavillon Foster. We wish to thank Dr. Tremblay for his years of support and dedication.

The inpatient center had a significant turnover of staff over the last year with three new educators being integrated into the clinical team. Despite the changes in staff, the number of admissions to the inpatient center has remained relatively stable overall. There has even been a slight increase in the number of clients being admitted for Problem Gambling. This increase may be attributed to the overall increase in the number of clients being treated following changes in the Problem Gambling program.

In order to revise our nursing protocols and ensure consistency within the nursing team, Pavillon Foster hired an external consultant to work with our head nurse to formalize all nursing policies and procedures. The policies and procedures will be finalized and implemented in the upcoming year.

Training

Pavillon Foster's training objectives for 2010-2011 reflected our effort to balance a commitment to professional development and fiscal responsibility. Thus, we maintained all of our core competency trainings and made concerted efforts to involve clinical team members in the delivery of ongoing training and clinical supervision. This past year also brought two developments with regard to maintaining Motivational Interviewing (MI) as a core clinical competency. In the fall of 2010 Dr. Urga became a member of the MI Network of Trainers (MINT), thereby contributing to Pavillon Foster's capacity to provide advanced MI training and supervision. In the spring of 2011, Dr. Thomas Brown, also a member of the MINT, commenced small group supervision with the second cohort of clinicians seeking to strengthen their MI skills.

In 2010-2011, Pavillon Foster trained and supervised bachelors and masters level students from the fields of Social Work, Criminology, and Special Care Counseling from various universities and CEGEPs. In the spring of 2011 Concordia's Clinical Psychology program approved Pavillon Foster as a clinical practicum site for doctoral students. We have since committed to training and supervising three doctoral psychology students in the upcoming year. Finally, in 2010-2011 Pavillon Foster hosted Dr. Ricardo Lucena, a visiting psychiatrist from the Universidade Federal da Paraiba, Brazil. During his three month internship at Pavillon Foster, Dr. Lucena worked with Drs. Brown and Urga to further his understanding of psychosocial models and interventions for the treatment of Substance Use Disorders, with the goal of transferring best practice recommendations and innovations to his university and hospital work. The expansion of our clinical training program is a strategic and necessary step in Pavillon Foster's growth as students and interns become an integral part of our service delivery. Additionally, a regular flow of students and interns requires that we train existing staff members to serve as clinical supervisors; by doing so we have another means to positively impact staff proficiency, professional development, and overall job satisfaction.

Regional Training

The Montérégie Regional Training Program provided 22 separate training sessions and more than 280 hours of training to over 340 front line and second line personnel in eight Montérégie CSSS regions in 2010-2011. Additionally, Mr. Marcelin Cloutier, a Pavillon Foster regional trainer since 2006, contributed to two significant developments to the Regional Training Program this past year. For the second consecutive year, the CSSS Pierre-Boucher invited Mr. Cloutier and Ms. Guylaine Sarrazin of Le Virage to provide a specialized training and extended supervision on Motivational Interviewing to second line mental health professionals. Finally, Mr. Cloutier's training and outreach initiatives resulted in a new collaboration with the CSSS Jardins-Roussillon to train physicians at the CLSC Châteauguay in screening, brief intervention, referral and treatment options for Substance Use Disorders. The specialized training that was developed and delivered by Mr. Cloutier and Dr. Thomas Brown was accredited by the *Fédération des médecins omnipraticiens du Québec*.

Finally, in 2010-2011 Ms. Laurence Fay was nominated as a Pavillon Foster Regional Trainer. Ms. Fay has been a resource for internal and school-based trainings since 2009 and will be a valuable asset to the Regional Training Program.

Complaints and Dissatisfactions

In 2010-2011 a total of fifteen client dissatisfactions were brought to our attention; of this number, fourteen were expressed to our Clients' Committee during their monthly meeting with the clients at the inpatient centre. All of these dissatisfactions were addressed and resolved to everyone's satisfaction. Finally, only one formal complaint was filed with the Local Commissioner for Complaints and Quality of Services. The complaint was not retained.

Jennifer Mascitto

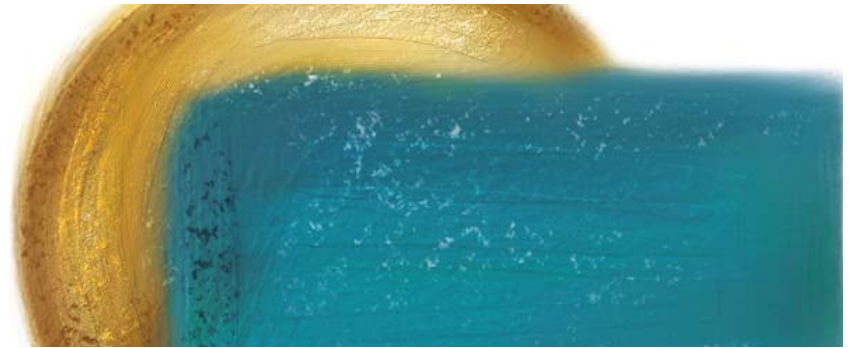
Director of Professional and Rehabilitation Services

Phuong-Anh Urga, Ph.D.

Interim DSPR and Clinical Program Advisor

RESEARCH AT PAVILLON FOSTER

This year saw the activities of the Research Program increase considerably. This was mainly a reflection of the increased capacity for research provided by our CIHR team award, in which we are now in our third year. The capacity building it aims to provide is now bearing fruit. With the strengthening relationship with Dr. Marie-Claude Ouimet at the University of Sherbrooke, the building of a state-of-the-art driving simulator, and the arrival of a top-notch post-doctoral fellow we recruited this year, Dr. J. Bhatti, a MD-Ph.D trained in public health in Bordeaux, initiatives that would otherwise have been almost impossible to realize in the past are seeing the light of day. For example, over the last year alone, we have collectively won 5 new research awards, for a total of \$900,000 as principal investigators, all of which include a simulation component. These grants required not only the simulator technology we have developed, but the brain- and person-power to conceive and execute them. The contribution of Dr. Bhatti in these



initiatives is instrumental. Moreover, we have been able to ramp up our academic productivity as well. With new colleagues like Dr. Bhatti, we can take on writing projects that would have been almost impossible in the past. In this regard, we have produced a major invited review of interventions for impaired drivers to be published in the Encyclopaedia of Addictive Behaviors (Elsevier) and edited by Drs. Peter Miller and Samuel Ball, a scoping review for Veterans Affairs Canada, and are preparing invited manuscripts for an upcoming book called Alcohol-related Violence, edited by Dr. Mary McMurrin of the University of Nottingham, for Wiley-Blackwell's Forensic Clinical Psychology Series, and a special edition in the journal Substance Abuse and Rehabilitation, all in addition to our normal academic, research-based production.

Of course, along with these accomplishments, we continue to work with a growing network of collaborators. Last November 2010, we hosted the first Meeting of the Transdisciplinary Team into Traffic Risk Prevention held at McGill University. It was successful not only in permitting its participants to share their work, but in consolidating the required collegial synergy to generate successful new initiatives and recruit new team members committed to collaboration. One such new marriage was with Dr. Evelyn Vingilis, and eminent traffic safety researcher at University of Western Ontario, which has already resulted in a winning grant application concerning high-risk drivers. Another team initiative is the role we now play in the new strategic research network in traffic safety in Quebec. In addition, other funded collaborations continue with other accomplished investigators in addiction research at the Douglas Hospital Research Centre.

New Grants

Co-Principal Investigator, "Réseau stratégique de recherche et d'innovation en sécurité routière". Appui aux réseaux d'innovation (PI: Bellavance). Funding agency: Fonds de recherche du Québec- Nature et technologies (FRQNT).

\$500,000

2010-2015

Co-Principal Investigator, "Influence of alcohol and peer passengers on risky driving behavior in young adults" (PI: Ouimet). Funding Agency: Canadian Institutes of Health Research (CIHR).

\$285,000

2011-2014

Principal Investigator, "Multidimensional mechanisms of high risk driving". Funding agencies: Fond québécois de la recherche sur la société et culture (FQRSC)-Fond de la recherche en santé du Québec (FRSQ)- Société d'assurance automobile du Québec (SAAQ).

\$149,000

2011-2014

Co-Principal Investigator, "The effectiveness of in-vehicule alcohol detection technology in reducing impaired driving in young drivers". Fond québécois de la recherche sur la société et culture (FQRSC)-Fond de la recherche en santé du Québec (FRSQ)- Société d'assurance automobile du Québec (SAAQ).

\$149,000

2011-2014

Principal Investigator, "Improving administrative assessment of risk and decision making for driving while impaired recidivism". Funding Agency: Canadian Institutes of Health Research (CIHR).

\$165,000

2011-2013

Co-Investigator, "L'équipe des IRSC en épidémiologie sociale et psychiatrique et le développement de la zone circonscrite d'épidémiologie du sud-ouest de Montréal: la poursuite de l'étude longitudinale sur la santé mentale et l'étude de ses comorbidités avec la santé physique". (PI: Caron). Funding Agency: Canadian Institutes of Health Research (CIHR)

\$1.7 million

2011-2016

Publications

St. Jacques, M., Brown, T.G., Filion-Bilodeau, S., Legault, L., Topp, J. (2010). Implantation de programmes d'intervention précoce au regard de la consommation de substances psychoactives et des jeux de hasard et d'argent : Un profil québécois. *Echo-Toxico*, 21(1), 4-6.

Ouimet, M.C., Brown, T.G., Bedard, J.P., Bergeron, J. (2010). Measurement of readiness to reduce driving speed: a pilot study. *Psychological Reports*, 107(3): p. 749-761.

Couture, S., Brown, T.G., & Brochu, S. (2010). Neurobiologie et trajectoire des contrevenants de l'alcool au volant : vers un modèle multidimensionnel. *Revue internationale de criminologie et de police technique et scientifique*, 63, 445-468.

Maldonado Bouchard, S., Brown, T.G., Nadeau, L. (In revision). Decision-Making Capacities and Affective Reward Anticipation in DWI Recidivists Compared To Non-Offenders. *Accident Analysis and Prevention*.

Brown, T.G., Dongier, M., Ouimet, M.C., Tremblay, J., Chanut, F., Legault, L., Ng Yin Kin, N.M.K. (In revision). The role of demographic characteristics and readiness to change in 12-month outcome from two distinct brief interventions for impaired drivers. *Journal of Substance Abuse Treatment*.

Research monographs

Bhatti, J. and Brown, T.G. (2011). A Scoping Review of Associations between Operational Stress Injuries (OSIs) and Risk Behaviours in the Veterans. National Centre for OSI, Ste. Anne's Hospital, Montreal, Canada.

Presentations

Couture, S., Brown, T.G., Brochu, S. & Gianoulakis, C. (August, 2010). A neurobiological pathway to a high recidivism risk in first-time DWI offenders. Presented at the International Council on Alcohol, Drugs, and Traffic Safety (ICADTS). Oslo, Norway.

Brown, T.G., Luta, G., Dongier, M., Chanut, F., Tremblay, J., Ouimet, M.C., Ng, F. (August, 2010). Readiness to change and help-seeking as mediators of brief intervention action in DWI recidivists. Presented at the International Council on Alcohol, Drugs, and Traffic Safety (ICADTS). Oslo, Norway.

Brown, T.G., Ouimet, M.C., Nadeau, L., Lepage, M., Pruessner, J. (August, 2010). Sex and gender effects in DWI first time offenders: Neurocognitive differences. Presented at the International Council on Alcohol, Drugs, and Traffic Safety (ICADTS). Oslo, Norway.

Maldonado-Bouchard, S., Brown, T. G. , & Nadeau, L. (2010, August). Multiple DWI offenders show poorer decision making performance than healthy controls. Presented at the Conference of the International Council on Alcohol, Drugs and Traffic Safety, Oslo, Norway.

Ouimet, M. C., Brown, T. G., Robertson, R., & Averill F. (2010, August). The neuroscience of recidivism in DWI offenders: implications for prevention and intervention. Presented at the Conference of the International Council on Alcohol, Drugs and Traffic Safety, Oslo, Norway.

Brown, T.G. (2011, May) The Effects of Alcohol on Executive Functioning of Impaired Drivers. Invited address at the EU Drink Driving Forum, Brussels, Belgium.

Thomas G. Brown, Ph.D.

Head of Research, Pavillon Foster

Director, Addiction Research Program, Douglas Mental Health University Institute Research Centre

Assistant Professor, Dept. of Psychiatry, Faculty of Medicine, McGill University

HIGHLIGHTS FROM THE REPORTS OF THE BOARD COMMITTEES

Local Commissioner for Complaints and Quality of Services

In 2010-2011, there was one complaint, a consultation and a request for assistance. The complaint concerned an event that took place more than five years ago during inpatient treatment. The reason given by the complainant was related to inadequate care. After examination, it proved unfounded. A written response was forwarded to the complainant.

The assistance involved a request for services in French because the client lived in the West Island of Montreal. The person was directed to the Centre Dollard-Cormier. The consultation focused on a request for access to a file by a client who had significant psychiatric problems. The low volume of complaints can be explained by the active involvement of the professionals and managers in the management of dissatisfactions and also the presence and involvement of the members of the Clients' Committee.

During the year, the Commissioner participated in the Watchdog Committee. She also participated in the provincial table of Commissioners in rehabilitation centers of Quebec. For next year, the Commissioner has already planned a meeting of all treatment teams to promote the complaints examination procedure.

Watchdog Committee

The annual committee meeting focused on the presentation of the reports of the various committees which lead to a general discussion on the quality of services. This year, the Commissioner for complaints and quality of services was involved in three events. There was only one formal complaint received by the commissioner which was rejected after analysis.

The committee also reviewed the dissatisfaction report. There were 15 dissatisfactions reported this year, 14 of them were raised during meetings with the Clients' Committee. The majority concern quality of life issues at the inpatient. The issues were discussed at the management level and most were solved to the clients' satisfaction. Many of the issues raised resulted from misinformation.

The Accident/Incident report prepared by the Risk Manager was discussed. The report contained 55 events, only 2 of which happened at the Montreal office, all others were from the IPC. The major categories were: falls (15); sport injuries (11); medication errors (8). The institution is addressing these identified problem areas by drafting policies on safety in sports and also reviewing the nursing protocols.

The president of the Clients' Committee reports that the committee is doing very well. The membership is complete at nine members and they have created a sub-committee for other individuals who wish to participate in the committee. The committee suffered an important loss with the passing of Bob Bechard this year.



The committee was informed that the Working Conditions Committee has been reactivated and staff representatives elected. The committee will deal with health and safety issues and will report to the Watchdog Committee. Finally, the committee met the Accreditation Council visitors during the accreditation visit on March 18, 2011.

Risk Management Committee

The Risk Management Committee went through important changes this year. Firstly, the committee suffered the loss of Bob Bechard, the representative from the Clients' Committee and one of the original members of the committee. The Clients' Committee delegated Paul Raymer to replace Bob. It was also decided to transfer the responsibility of Risk Manager from the Director of Administrative Services to the Director of Professional and Rehabilitation Services. Jennifer Mascitto, DSPR, took over the responsibility in February.

The committee reviewed the 2010-2011 objectives. All of the objectives have been reached. However, we will have to wait to send our new staff to the ongoing OMEGA training provided by the CSSS de l'Ouest-de-l'Île because of restrictions in training activities resulting from Law 100.

The incident/accident forms are now being integrated into the SSSS software. During the year, 55 events were recorded. The majority of them concern falls, sport injuries and medication errors. The committee reviewed documents and policies prepared by the consultant hired to revise the nursing protocols. This should guide our actions and reduce these incidents and accidents.

Multidisciplinary Council

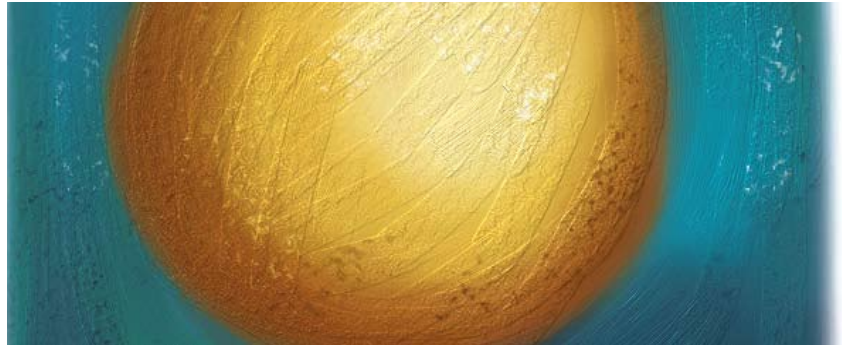
The Multidisciplinary Council was established this year. An executive committee comprised of the Director General, the Director of Professional and Rehabilitation Services and clinical representatives from the Inpatient and the Montreal and Montérégie Outpatient programs was nominated. The executive committee elected Carol-Ann Milch as President, Marilyn Payne as Vice-President and Julie Leblanc as Secretary.

The first year of operation was devoted to implementing the council and reviewing the mandate. An internal regulation was prepared and submitted to the Board of Directors for approval. The executive met four times and a general assembly of members was held on March 17, 2011 as part of the annual general staff meeting. One of the first tasks of the executive committee was to nominate Julie Leblanc as representative of the clinical personnel on the Accreditation Committee.

The executive committee reviewed the training objectives for the current year, the previous accreditation improvement plan and various documents pertaining to the current accreditation. Specifically, the committee reviewed the results from the client satisfaction survey and the newly adopted client satisfaction questionnaire and discussed the 2011-2014 improvement plan. It was also decided that a staff member of the executive committee would sit on the newly established research committee.

The members of the executive committee were elected to a two-year mandate; hence all members are renewed for the coming year. One of the objectives of the coming year will be to establish a formal consultation structure with the clinical staff.

SUMMARY OF RELEVANT STATISTICS



Pavillon Foster maintained a high volume of activity throughout the year in both its inpatient and outpatient programs. While there are variations from one year to another, these changes are usually the result of changes in the availability of services in various locations. Overall, we have been fairly constant over the years and it can be said that Pavillon Foster operates at full capacity in the majority of its programs and locations.

Outpatient Services

During the course of the year, 2568 individuals were treated in the various outpatient programs offered by Pavillon Foster. The same individual can be counted more than once if that person received more than one episode of service. An episode is defined as an individual registered in a program and receiving services at a specific time. An individual registered in two programs, i.e. gambling and substance abuse will be counted twice. An individual who registers to services at two specific periods during the year will be counted twice. Hence, these 2568 individuals represent the total volume of activity in the outpatient program. The number of distinct individuals served is slightly lower.

Number of clients treated by program

Program	Individuals	Percentage
Youth	477	19%
Adult Substance Abuse	1321	51%
Adult Problem Gambling	300	12%
Entourage	470	18%
Total	2568	100%

The table below shows the distribution of these 2568 individuals according to where the service was delivered. Six youth clients were also seen in Laval. The NDG point of service is the heart of our services, 58% of all services are provided at this location.

Number of clients by point of service

Point of service / Program	NDG	Pointe-Claire	St-Leonard	Brossard	Châteauguay	Vaudreuil	Huntingdon	Cowansville
Adult substance abuse	791	118	94	117	13	88	20	80
Youth	168	94	40	83	16	17	15	20
Adult problem gambling	217	16	30	32	1	3	0	1
Entourage	292	78	19	46	9	7	3	16
Total	1486	306	183	278	39	115	38	117
Percentage	58%	12%	7%	11%	2%	4%	1%	5%

Inpatient Services

During the year, 254 individuals were admitted to the St-Philippe residence for a total of 270 individuals served. The twenty substance abuse rehabilitation beds were occupied at a rate of 80%, and the two problem gambling beds were occupied at a rate of 82% for an overall occupation rate of 81% for our twenty-two beds. The average length of stay was 25 days for substance abusers and 26 days for problem gamblers.

Occupation rate and duration of stays in the inpatient program

Program	Substance Abuse	Problem Gambling	Total
Total Served	246	24	270
Average stay (days)	25	26	
Occupation rate	80%	82%	81%

Region of Origin

The regional distribution of clients at Pavillon Foster reflects the distribution of Anglophones in Quebec. The majority of our clients come from the Montreal region, followed by the Montérégie and Laval regions. In total, Pavillon Foster served clients from 14 different administrative regions in our inpatient programs and from 8 regions at our outpatient locations.

Region of origin of clients

Region/Program	Montreal	Montréalégie	Laval	Estrie	Other
Inpatient	68%	19%	4%	2%	7%
Outpatient	68%	23%	4%	2%	3%

It is interesting to note that while 68% of our clients reside in the Montreal administrative region, the volume of services provided by the Montreal team represents 77% of the total volume of Pavillon Foster. Many factors explain this situation. Firstly, the Montreal region and especially the NDG point of service provide the full continuum of services so that clients requiring a specific level of service travel to the NDG office for this service. In addition, the vast majority of our Laval clients receive services in Montreal. A number of youth residing in the Vaudreuil-Soulanges area of the Montréalégie attend Lester B. Pearson School Board schools located in the West Island and are thus served in Montreal. Finally, Anglophones from many regions come to Montreal for outpatient services because these services are not available in their region.

2010-2011 Management and Accountability Agreement with the “Agence de la santé et des services sociaux de la Montréalégie”

Pavillon Foster has signed a management and accountability agreement with the Montréalégie Agency containing specific objectives which must be met during the year. The agreement specifies two indicators, one for the ratio between the number of hours paid in sick leave and the number of hours worked and the other monitors the number of problem gamblers treated in the Montréalégie. The following tables describe the results obtained in both the Montréalégie and Montreal regions for the gambling indicator and the global ratio of hours paid in sick leave.

Axis: Problem gambling

Indicateur : 1.7.2 Number of gamblers treated by specialized problem gambling treatment services	2009-2010 Results	2010-2011 Target	2010-2011 Results
Montréalégie	32	145	43
Montreal	216	310	258

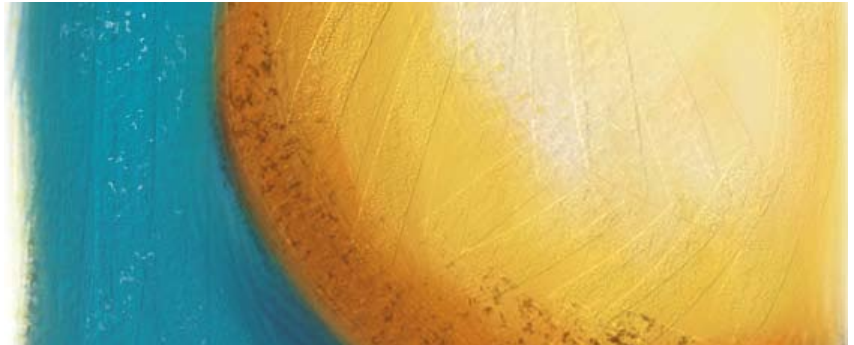
Comments: The number of gamblers treated is increasing in both the Montreal and Montréalégie regions. There is no waiting list for services in the Montréalégie and a very short list in Montreal. It should also be noted that the therapist in the problem gambling program also sees the significant others of gamblers. This year, 51 family members were seen in Montreal and 8 in the Montréalégie.

Axis: Management of workplace presence

Indicateur	2009-2010 Results	2010-2011 Target	2010-2011 Results
Ratio between the number of hours paid in sick leave and the number of hours worked	5.90	5.75	2.37

Comments: We are below the target.

REPORT FROM THE DIRECTOR OF ADMINISTRATIVE SERVICES



The Department of Administrative Services manages all the activities related to financial and human resources, physical plant services and information technology and security.

During the year two important events were the focus of attention of Administrative Services, the CQA accreditation renewal and the furnace replacement. Below are other issues of importance addressed by Administrative Services during 2010-2011.

Financial Resources

The 2010-2011 financial year ended with a main activities surplus of \$34,442 compared to \$58,428 in 2009-2010. This surplus is due principally to expenses that did not materialize given the accreditation process, personnel not replaced during their absence, and hiring delays.

A substantial reduction was recorded in salary insurance expenses which reached \$101,585 in 2009-2010 compared to \$40,094 in 2010-2011. This decrease is due to the end of benefits paid to the manager who passed away last year. Our ratio, salary insurance hours to hours worked, is 2.55 compared to 5.91 in 2009-2010. The regional average in 2010-2011 was 5.58.

The ancillary activities showed a surplus of \$23,105 compared to \$26,695 in 2009-2010. This surplus is recorded in the driver evaluation program.

The statement of operations of the main activities fund and the balance sheet presented in the following pages, provide a complete picture of the financial situation of Pavillon Foster on March 31, 2011.

Human Resources

During the financial year, Pavillon Foster welcomed eight new employees to fill vacant positions and also saw five departures from the organization. As of March 31, 2010, Pavillon Foster employed sixty-four employees and had nine vacant positions (6.5 ETC).

During the year, \$228,152 was spent on agency nurses. This represents 40% of regular working hours carried out by agency nurses compared to 26% in 2009-2010. This

is almost \$100,000 more in expenses for the nursing department. Next year the situation should remain the same considering the difficulty recruiting in this job category.

An amount of \$91,558 was invested on training in 2010-2011 compared to \$146,088 in 2009-2010. This decrease of 38% in spending is principally due to Law 100 and that clinical management staff concentrated on the accreditation renewal.

During the financial year, the department revised and put in place many human resources policies and developed a welcome guide to help integrate new employees.

Physical Plant Resources

In the fall of 2010, the institution proceeded to change the furnace at the inpatient facility. This major project took place over several months due to the presence of asbestos in the piping and the boiler. Accidental flooding on the 3rd floor caused damage on two occasions to the director general's office, the poolroom and a bedroom. The institution also replaced the photocopiers/printers, a gas stove and the pool table. In addition, an emergency plan was developed for the inpatient facility.

Information Technology Resources

During the year, our information technology department replaced 11 computer stations (10% of the inventory) as part of the informational asset maintenance plan. The IT personnel also automated the installation procedure of web based software and installed the TrueCrypt application to ensure the security and confidentiality of information kept on laptops. Over the year, \$32,300 was invested in office equipment (computers and photocopiers/printers).

I thank the members of my team for their collaboration and their continued effort.

Maryse Couturier, CMA, MBA

Director of Administrative Services

REPORT FROM THE EXTERNAL AUDITOR



Demers Beaulne, S.N.C./LLP
1300, boulevard Pierre-Laporte Ouest, 30^e étage
Montréal (Québec) Canada H3B 4H4
1 514 878 9631 / 514 874 0319
www.demersbeaulne.com

RAPPORT DE L'AUDITEUR INDÉPENDANT

Aux membres du Conseil d'administration de
Pavillon Foster

Nous avons effectué l'audit des états financiers de **Pavillon Foster** inclus dans la section auditée du rapport financier annuel qui comprennent les bilans des fonds d'exploitation et d'immobilisations au 31 mars 2011, ainsi que les états des résultats et de solde de fonds des mêmes fonds pour l'exercice terminé à cette date. Les états financiers audités incluent également le bilan du fonds en fiducie et le bilan regroupé au 31 mars 2011, ainsi que les états des résultats, de solde de fonds et des flux de trésorerie regroupés pour ce même exercice. De plus, ils comprennent un résumé des principales méthodes comptables et d'autres informations explicatives de la section auditée. Le présent rapport sur les états financiers ne couvre pas les unités de mesure et les heures travaillées et rémunérées présentées aux pages 330, 352, 650 et 660 puisqu'elles font l'objet d'un rapport d'audit distinct.

Responsabilité de la direction pour les états financiers

La direction est responsable de la préparation et de la présentation fidèle de ces états financiers conformément aux normes comptables canadiennes pour le secteur public ainsi que du contrôle interne qu'elle considère comme nécessaire pour permettre la préparation d'états financiers exempts d'anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs.

Responsabilité de l'auditeur

Notre responsabilité consiste à exprimer une opinion sur les états financiers, sur la base de notre audit. Nous avons effectué notre audit selon les normes d'audit généralement reconnues du Canada. Ces normes requièrent que nous nous conformions aux règles de déontologie et que nous planifions et réalisons l'audit de façon à obtenir l'assurance raisonnable que les états financiers ne comportent pas d'anomalies significatives.

Un audit implique la mise en œuvre de procédures en vue de recueillir des éléments probants concernant les montants et les informations fournis dans les états financiers. Le choix des procédures relève du jugement de l'auditeur et, notamment, de son évaluation des risques que les états financiers comportent des anomalies significatives, que celles-ci résultent de fraudes ou d'erreurs. Dans l'évaluation de ces risques, l'auditeur prend en considération le contrôle interne de l'entité portant sur la préparation et la présentation fidèle des états financiers afin de concevoir des procédures d'audit appropriées aux circonstances, et non dans le but d'exprimer une opinion sur l'efficacité du contrôle interne de l'entité. Un audit comporte également l'appréciation du caractère approprié des méthodes comptables retenues et du caractère raisonnable des estimations comptables faites par la direction, de même que l'appréciation de la présentation d'ensemble des états financiers.

Nous estimons que les éléments probants que nous avons obtenus sont suffisants et appropriés pour fonder notre opinion d'audit.

Nos partenaires canadiens et internationaux
Our Canadian and International Affiliates



Opinion

À notre avis, les états financiers donnent, dans tous leurs aspects significatifs, une image fidèle de la situation financière de **Pavillon Foster** au 31 mars 2011, ainsi que des résultats de ses activités, de la variation de sa dette nette et de ses flux de trésorerie pour l'exercice terminé à cette date, conformément aux normes comptables canadiennes pour le secteur public.

Rapport relatif à d'autres obligations légales ou législatives

Conformément à l'article 293 de la *Loi sur la Santé et les Services sociaux du Québec*, à l'Annexe 1 du Règlement sur la gestion financière des établissements et des conseils régionaux et sur la base des éléments probants obtenus lors de la réalisation de nos travaux d'audit sur les états financiers, à notre avis, dans tous les aspects significatifs, l'établissement s'est conformé :

- aux dispositions de la Loi susmentionnée et aux règlements s'y rapportant dans la mesure où en sont touchés ses revenus ou ses dépenses;
- aux explications et aux définitions se rapportant à la préparation du rapport financier annuel;
- aux définitions contenues dans le Manuel de gestion financière publié par le ministère de la Santé et des Services sociaux du Québec dans ses pratiques comptables.

Demers Beaudre, S.E.N.C.R.L. ⁽¹⁾

Comptables agréés

Montréal, le 14 juin 2011

⁽¹⁾ CA auditeur permis n° 19032

FINANCIAL REPORT

BALANCE SHEET – Combined funds as of March 31, 2011

	Operating fund	Capital fund	Total
Assets			
Available funds			
Cash	\$355,639	\$114,132	\$469,771
Temporary investments	627,344		627,344
Agency & MSSS accounts receivable	14,079	17,559	31,638
Other accounts receivable	78,479	7,066	85,545
Prepaid expenses	10,117		10,117
Amount due from Operating fund		12,909	12,909
Total of available funds	1,085,658	151,666	1,237,324
Fixed assets		305,687	305,687
Receivable grant - accounting reform	309,354		309,354
Total assets	1,395,012	457,353	1,852,365
Liabilities			
Current liabilities			
Other accounts payable	643,168	127,588	770,756
Amount due to Capital fund	12,909		12,909
Deferred incomes	199,080		199,080
Other			–
Total current liabilities	855,157	127,588	982,745
Equity	539,855	329,765	869,620
Total liabilities and equity	\$1,395,012	\$457,353	\$1,852,365

Operating fund		
For the year ending March 31	2011	2010
Main Activities		
Revenues		
Agency & MSSS	\$3,318,517	\$3,323,509
Sales of services	8,077	6,663
Recoveries	22,728	21,578
Other	16,610	2,695
Total	3,365,932	3,354,445
Expenses		
Salaries	2,021,077	1,886,311
Fringe benefits	477,306	584,526
Employee deductions	260,278	263,362
Medication	11,487	12,207
Medical supplies	2,396	1,320
Foodstuffs	52,341	50,986
Maintenance and repairs	51,464	57,461
Other	455,141	439,844
Total	3,331,490	3,296,017
Revenue surplus for main activities	34,442	58,428
Secondary Activities		
Revenues		
Agency & MSSS	834,620	841,571
Income from other sources	127,109	117,534
Total	961,729	959,105
Expenses		
Salaries	496,392	486,251
Fringe benefits	138,488	142,378
Employee deductions	71,670	71,314
Other	232,074	232,467
Total	938,624	932,410
Revenue surplus for secondary activities	23,105	26,695
Revenue surplus for operating fund	\$57,547	\$85,123

MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES *



Board of Directors

Officers

Peter Ohlin	<i>President</i>
Janet Soutter	<i>Vice-President</i>
Jim Wyant	<i>Treasurer</i>
John Topp	<i>Secretary and Director General</i>

Administrators

Daniel Babin
Dara Charney
Paul Gillis
Robin Hale
Howard Magonet
Gordon Pinkerton
Kathy Vaux

Committees of the Board of Directors

Risk Management Committee

John Topp	<i>President</i>
Maryse Couturier	<i>Risk Manager</i>
Bob Bechard	
Réjeanne Simard	
Phuong-Anh Urga	

Watchdog Committee

Peter Ohlin	<i>President</i>
Danièle Gagnon	<i>Local Commissioner for Complaints and Quality of Services</i>
Robin Hale	
John Topp	

Audit Committee

Peter Ohlin	<i>President</i>
Paul Gillis	
Robin Hale	<i>(until February 2011)</i>
Jim Wyant	
Janet Soutter	

Executive Committee of the Multidisciplinary Council

Carol-Ann Milch	<i>President</i>
Marilyn Payne	<i>Vice-President</i>
Julie Leblanc	<i>Secretary</i>
Jennifer Mascitto	
John Topp	

* as of March 31, 2011

Employees of Pavillon Foster

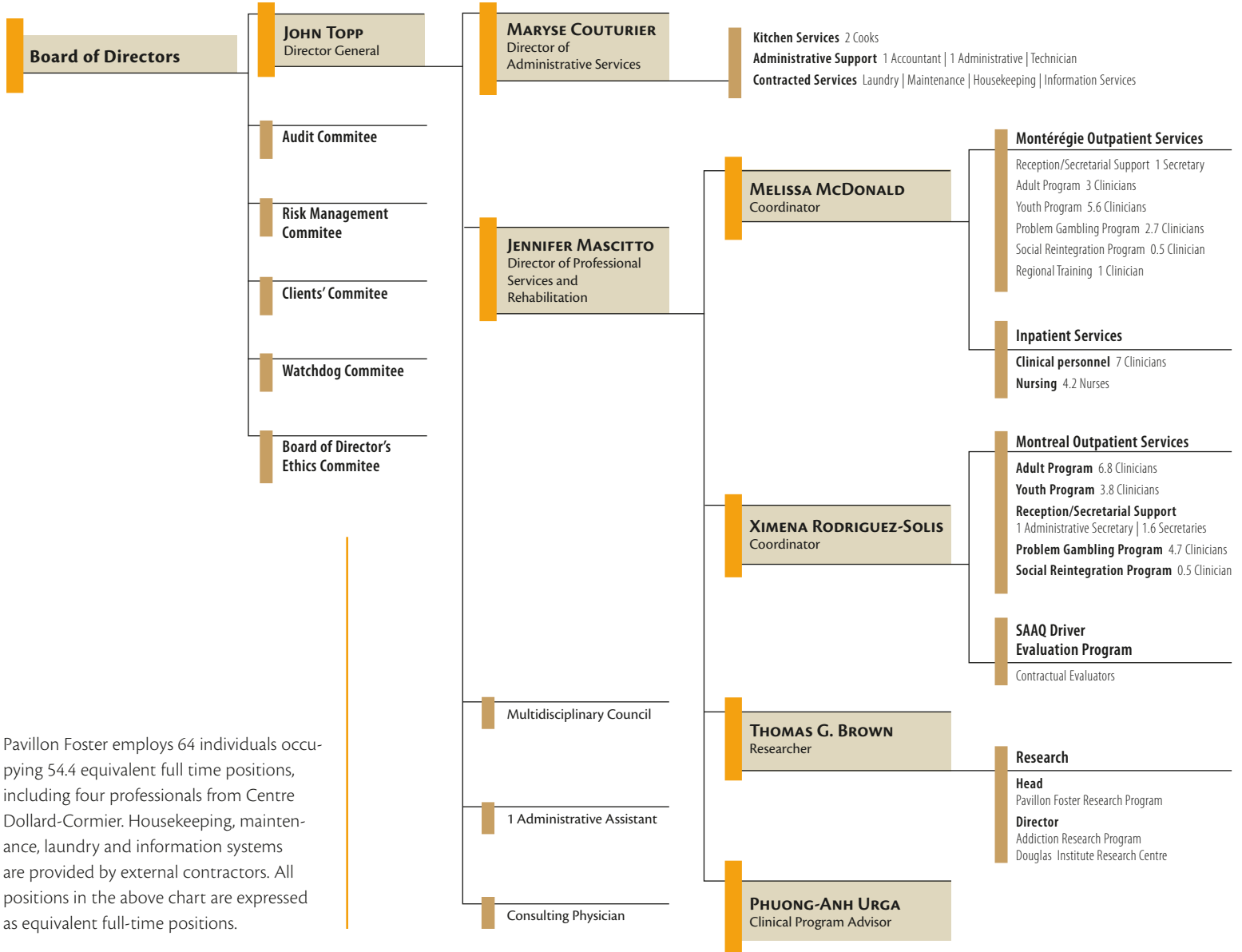
Daniel Abar
Ryan Aronson
David Bailey
Daniel Balenzano
Jacques Beaudin
Francine Bergeron
Monica Bourgeois
Johanne Boulé
Sylvie Bourgon
Chantal Boyer
Thomas Brown
Sophie Buckiewicz
Emily Campbell
Alix Chodkowski
Valérie Constantineau
Marjorie Clarke
Marcelin Cloutier
Maryse Couturier
Anita Cugliandro
Lucy Cumyn
Julie Dahmé
Claire Dalgleigh
Graciela De Dona
Joseph Douek
Laurence Fay
John Furuli
Edwina Gallant
Debra Gartenberg
Gina Gibbs
Mario Giguère
Ariane Guberman-Caron
Arpita Gupta
Philip Huntoon

Rachael Herbert
Annie Lafontaine
Julie Leblanc
Stéphanie Leblanc
Richard Lestage
Alice Li
Yvonne Lo
Sandra Malenfant
Jennifer Mascitto
Melissa McDonald
Marlene McIntyre
Alyssa Mew
Carol-Ann Milch
Marti Miller
Colleen O'Shea
Marilyn Payne
Alison Pollock
Ximena Rodriguez-Solis
Tanya Schultz
Wendy Shepherd
Réjeanne Simard
Kathy Sisak
Colleen Soutter
Suzanne St-Pierre
Jo-Anne Théoret
John Topp
Jacques Tremblay
William Jones
Sophie Trudeau
Phuong-Anh Urga
Kathy Vaux
Eric Widdicombe
Robyn Yanofsky

(Consulting physician)

(Consulting physician)

ORGANIZATION CHART



Pavillon Foster employs 64 individuals occupying 54.4 equivalent full time positions, including four professionals from Centre Dollard-Cormier. Housekeeping, maintenance, laundry and information systems are provided by external contractors. All positions in the above chart are expressed as equivalent full-time positions.

CODE OF ETHICS OF THE BOARD OF DIRECTORS



Introduction

The administration of a publicly funded institution presents characteristics and obeys imperatives, which distinguish it from private sector administration. Such a social contract imposes a particular trust between the institution and the citizens it serves. Ethical behavior remains, consequently, a constant concern of the institution to guarantee to the general population an honest and responsible management of public funds.

In order to respect these fundamental values, we have collected in this Code of Ethics of the Board of Directors the major ethical guidelines to which the administrators of Pavillon Foster adhere. Each administrator of Pavillon Foster is expected to respect the principles of ethics stated in the law and the Code of Ethics of the Board of Directors. At all times, the most demanding principles and rules apply.

Administrators must act not only according to the letter but also to the spirit of these principles and of these rules.

Duties and Obligations of the Administrators

1. To act in good faith, in the best interests of the institution and the population served without taking into account the interests of any other person, group or entity.
2. To take a position on propositions by exercising their right to vote in an objective manner. To this end, they can make no commitment towards third parties nor grant them guarantees with regard to their vote or to whatever decision.
3. To demonstrate discretion concerning information acquired in the exercise of their duties. Furthermore, to demonstrate evidence of caution and restraint towards confidential information, which, if communicated, could damage the interests of the institution, infringe on the private life of individuals or confer an advantage to a physical or legal person.
4. To maintain strict confidentiality in all matters where such confidentiality is prescribed by law or specific decision of the Board.
5. To reveal any information or fact to the other members of the Board when they know or suspect that the communication of this information or this fact could have a significant impact on the decision.
6. To refrain from intervening in the process of hiring of staff, with the exception of the director general or a director.
7. To refrain from favouring friends or close relations, or to act as intermediaries, even for free, between a corporation, profit or non-profit, and the institution.

Conflict of interests

8. Administrators should avoid situations that may give rise to a conflict of interest; they should also conduct themselves in a manner that avoids procurement of unwarranted advantages or benefits resulting from their functions as administrators, either for themselves or for others.
9. Administrators, under pain of forfeiture of office, should announce in writing their interests to the Board of Directors when they have a direct or indirect interest in a company, which may create a conflict of interest. In such a case, administrators should refrain from sitting and from participating in any discussion or decision when a question concerning the company in which they have this interest is discussed.

However, being a minority shareholder of a legal person who runs such a company does not in itself constitute a conflict of interest if the shares of this legal person are traded in a recognized stock exchange

and if the administrator is not an insider of this legal person in the sense of article 89 of the Loi sur les valeurs mobilières. (L.R.Q., chapter V-1.1).

10. Administrators should use the property, the resources or the services of the institution in ways recognized and applicable to all. They cannot confuse the possessions of the institution with their own.

11. Administrators cannot accept nor seek any advantage or profit, directly or indirectly, from a third party conducting business with the institution, or acting in the name or for the profit of such a party, if this advantage or profit could influence them in exercising their duties or create expectations of favouritism or gain.

In particular, it is considered unacceptable to receive any gift, sum of money, loan at a preferential rate, remission of a debt, job offer, favour or any other consideration having an appreciable monetary value which may compromise or seem to compromise the capacity of the administrator to make just and objective decisions.

12. Administrators should receive no compensation or other pecuniary or material advantages with the exception of the reimbursement of their expenses incurred while exercising their duties as defined in the travel expense policies determined by the government.

The administrators, after the end of their mandate

13. Administrators should continue to conduct themselves in such a manner as to avoid benefiting from unjustified advantages, whether in their personal name or on behalf of others, resulting from their previous functions as administrators.

14. In the year following the end of their mandate, administrators should avoid acting in their personal name or for others, in any procedure, negotiation or other operation in which the institution is a party and about which they may hold information unavailable to the public.

15. Administrators should, in the year following the end of their mandate, refrain from seeking employment with the institution, if they are not already employed by the institution.

16. Administrators should not at any time make use of confidential information they may have obtained in the execution of their duties, or during their tenure.

17. Administrators should avoid tarnishing, by inappropriate comments, the reputation of the institution, its employees or other administrators.

Mechanisms for the application of the code

18. Any allegation of misbehavior or neglect regarding the law or the Code of Ethics of the Board of Directors that is made against an

administrator must be forwarded to the President of the Committee on the Code of Ethics of the Board of Directors or, if the allegation is aimed at the latter person, to another member of the Committee. The person to whom this allegation is forwarded informs the Committee, which must then convene within thirty (30) days.

19. The Committee can also examine, on its own initiative, any situation or irregularity associated with the behaviour of an administrator.

20. By virtue of the preceding article, the President of the committee can, on summary examination, reject any allegation against an administrator as frivolous, persecutory or as having been made in bad faith. However, the President must inform the other Committee members of this decision, during their next meeting. The Committee may then still decide to investigate the allegation.

21. The Committee decides on the necessary procedures to conduct any inquiry within its competence. The inquiry must however, be conducted in confidence and protect, as much as possible, the anonymity of the person at the origin of the allegation.

22. At a moment deemed appropriate, the Committee has to inform an administrator under investigation of the nature of the complaint by stating the relevant articles of the law or the Code of Ethics. At his or her request and within a reasonable delay, the administrator has the right to be heard, to have person(s) of his or her choice testify and to deposit any document which the administrator may consider relevant.

23. When the Committee comes to the conclusion that an administrator has broken the law or the Code of Ethics or gave evidence of misbehavior of a similar nature, the Committee presents to the Board of Directors a report containing the contents of the inquiry and the recommendation of a penalty. This report is confidential.

24. The Board of Directors meets in camera to decide on the penalty to be imposed on the said administrator. The latter cannot participate in the considerations or in the decision but can, on demand, be heard before the decision is taken.

25. According to the nature and the seriousness of the neglect or the misbehavior, the penalties, which can be taken, are a call to order, a reprimand, suspension or forfeiture of office. The administrator in question is informed, in writing, of the penalty imposed.



Centre de réadaptation en dépendance
Addiction Rehabilitation Centre