



pavillon  
**FOSTER**

ADDICTION  
REHABILITATION CENTRE

**ANNUAL REPORT**  
2008-2009

## LOCATIONS

### Administration and Inpatient Services

6, rue Foucreault  
St-Philippe-de-Laprairie (Québec) JoL 2Ko  
Tel.: (450) 659-8911 Fax: (450) 659-7173

[www.pavillonfoster.org](http://www.pavillonfoster.org)

### MONTREAL OUTPATIENT SERVICES

#### Notre-Dame-de-Grâce Outpatient Services

3285, Boul. Cavendish, suite 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, Jarry Est  
St-Léonard (Québec) H1P 1T9  
Tel.: (514) 328-3460 ext. 354 Fax: (514) 328-1468

#### Pointe-Claire (Adult Program)

CSSS de l'Ouest-de-l'Île – Outpatient Clinic of Psychiatry  
175, Stillview, suite 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, Cartier, suite 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, suite 115  
Brossard (Québec) J4Z 1A7  
Tel.: (450) 678-2426 Fax: (450) 678-0683

#### Cowansville

CSSS La Pommeraie  
112, rue Sud  
Cowansville (Québec) J2K 2X2  
Tel.: (450) 266-2522 Fax: (450) 266-5872

#### Vaudreuil

CSSS de Vaudreuil-Soulanges  
490, Boul. Harwood  
Vaudreuil (Québec) J7V 7H4  
Tel.: (450) 455-6171 Fax: (450) 455-9086

#### Châteauguay

CSSS Jardins-Roussillon  
101, rue Lauzon  
Châteauguay (Québec) J6K 1C7  
Tel.: (450) 699-3333 Fax: (450) 691-6202

#### Huntingdon

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

### 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

In keeping with the evolution of the mandates given to rehabilitation centres and the modification of the name of the ministerial program itself, the Board of Directors of Pavillon Foster has resolved to modify the designation of the institution to:

## **Pavillon Foster Addiction Rehabilitation Centre**

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This modification illustrates the reality of the clients we serve, specifically individuals with substance abuse and problem gambling problems. The mission itself remains the same:

*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.

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# STATEMENT ON THE RELIABILITY OF THE DATA CONTAINED IN THE ANNUAL REPORT AND RELATED CONTROLS

The information contained in this annual report is under my responsibility. This responsibility concerns the reliability of the data contained in the report and related controls.

The results and the data contained in the Pavillon Foster 2008-2009 Annual Report:

- Accurately describe the mission, the mandates, the values and the strategic orientations of the institution;
- Present the indicators, targets and results obtained;
- Present exact and reliable data.



I declare that the data contained in the annual report of activities as well as the related controls regarding the reliability of this data are reliable and that they correspond to the situation such as it appeared for the financial year ending on March 31, 2009.

**John Topp**  
DIRECTOR GENERAL

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# REPORT FROM THE PRESIDENT AND THE DIRECTOR GENERAL



The 2008-2009 financial year started with good news. Pavillon Foster received the official confirmation from the “Conseil québécois d’agrément” of their decision to grant us accreditation for a three year period. The final report was quite positive and validated our commitment and ongoing efforts to provide quality services to our clients. Our main objective will now be to complete our improvement plan. We have already started to address many of these objectives.

One of the major items of discussion at the Board of Directors this year was the legal status of Pavillon Foster. A special meeting was held at the beginning of the year to review and discuss the advantages and disadvantages of a change in status. The Health and Social Services network has gone through numerous reforms in recent years and this has impacted the organization of services on a regional level, specifically in regards to the roles of public and private institutions in the governance of the network.

Institutions in the network are either public or private. The vast majority of private institutions have a contractual agreement with the ministry. A few institutions, including Pavillon Foster, have a “private with budget” status. While being completely dependant on public funding for our operations, we are becoming increasingly marginalized and excluded from most of the regional decisional structures. This situation has a direct impact on our funding. We are regularly ignored or excluded from new programs and capital funding opportunities and must always lobby to receive our fair share. In most instances, we manage to be included in these projects; however we do not always succeed in influencing a decision. An illustration of this situation is our exclusion from the health and social services sector group insurance. We had no

choice but to buy individual professional liability and building insurance on the private market. The new contract will increase our premium ten-fold.

The most important consequence of our private status is the limitation to twenty beds in private institutions. This has a major impact on our current project with the MSSS and the

“Agence de la Montérégie” to add seven new beds to the St-Philippe residence. It also affects our capacity to take advantage of the generous donation from the Berman Foundation to implement a short term youth residential program. Early this year, the ministry had considered the possibility of a legislative change to the article limiting the number of beds in private centres, however, the situation has evolved and we were later informed that the change will not happen. We are thus left with the option of maintaining the status quo or becoming public.

This year also saw changes in Board membership and in the management team. Dr. Nelio Renzi resigned from the Board after twenty-seven years of service to our organization. Our consulting physician, Dr. Stan VanDuyse left for medical reasons during the summer and was replaced by Dr. Jacques Tremblay on an emergency basis. Dr. Tremblay has since agreed to stay on a temporary basis until we recruit a new doctor. We wish to thank them all for their unwavering commitment to Pavillon Foster.

The management team has also been subject to unforeseen changes. Dr. David Ross resigned from his position to accept a challenging new position with Veterans Affairs Canada. We have since hired a new clinical advisor, Dr. Phuong-Anh Urga, a very competent young psychologist who had been on staff during the previous year. Ms. Melissa McDonald was nominated as Interim Coordinator of

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the Inpatient and Montérégie Outpatient Services. This nomination was motivated by the important workload in these departments and especially because of Dr. Morris Kokin's leave for medical reasons in late December. We wish him a speedy recovery.

Numerous clinical positions were vacant during parts of last year, which have since been filled. This situation has resulted in a slight decrease in the number of individuals served and a larger than anticipated financial surplus.

Finally, only one client complaint was filed but not retained by the Local Commissioner for Complaints and Quality of Services. The Watchdog Committee reviewed the recommendations of Local Commissioner and the main institutional committees and examined the twelve dissatisfactions brought to its attention. No complaints were filed to the Board of Director's Ethics Committee.

*Peter Ohlin*  
PRESIDENT

*John Topp*  
DIRECTOR GENERAL



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# 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:

Ms. Robin Hale	PRESIDENT OF THE CLIENTS' COMMITTEE AND MEMBER OF THE BOARD OF DIRECTORS
Mr. Mark Hayter	VICE-PRESIDENT
Mr. Robert Bechard	SECRETARY-TREASURER
Mr. John Delaney	MEMBER
Mr. Paul Gravel	MEMBER
Mr. George Hepburn	MEMBER
Mr. Franklin Holmes	MEMBER
Mr. Paul Raymer	MEMBER
Ms. Laurie Sutherland	MEMBER

We now have a full membership and there is even a waiting list to join the committee. We are in the process of adding sub-committees so we can add new members. This will allow us to also set up meetings with the two other groups at the Montreal outpatient

clinic, the Recovery Management and the Head Start groups.

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 meet with the clients admitted to the inpatient clinic on the first Wednesday of each month and meet the clients of the intensive outpatient day program on the first Tuesday of each month. The concerns and dissatisfactions expressed by the clients are forwarded to the management of Pavillon Foster and a follow up is done with the clients. The committee also has a toll free number equipped with an answering service for all comments and complaints.

The Clients' Committee also organizes a Christmas party and a summer BBQ. Invitations are sent out to ex-clients and over one hundred people attended each of the events. These activities are a good opportunity to keep contact with ex-clients, while providing motivation for the present clients. The summer event is especially aimed at the families of the clients and numerous activities are organized for the children.

**Robin Hale**  
PRESIDENT OF THE CLIENTS' COMMITTEE

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# PROFESSIONAL AND REHABILITATION SERVICES

Over the last year our focus was to continue to improve access to services not only for our clients but for our community partners as well. We put our energy and made strides collaborating and creating more efficient working relationships with our community partners and our partners in the health and social services network.



maintain services. The Access Mechanism has been successful in bringing awareness to the lack of services for youth who need services in English including short term residential and day programming. We continued to provide services to parents with our PEAK program having had 5 successive rounds of workshops in NDG and the West Island.

## YOUTH PROGRAM

In the Youth program, we have strengthened our longstanding working relationship with Batshaw Youth and Family Centres, by increasing access to services not only at Northview and Prevost campuses but also at the Dorval campus. We also worked to ensure that all residents going into group homes in Montreal will be systematically screened for a potential substance abuse problem. Pavillon Foster and Batshaw have taken steps to create an official, formalized agreement.

We continued to work with the Anglophone school boards of the Montreal and Montérégie regions by providing services and training. Over the last year we have provided training on brief intervention, screening and education regarding the effects of drugs on the brain to school and CSSS personnel. All trainings were appreciated, well received and led to improved collaboration. We also formalized our longstanding working relationship with New Frontiers School Board with a signed agreement.

The Montreal Youth Access Mechanism also continues to work efficiently, ensuring that all youth who apply for services in a treatment center are systematically evaluated and referred to the appropriate level of care. Although one of the access mechanism positions remained unfilled for the duration of the year, we were able to

In 2008-2009, our West Island offices moved to two locations of the CSSS de l'Ouest-de-l'Île. Youth services are now offered at the CLSC Lac St. Louis which has allowed us to provide additional services for our clients and has improved our partnership with the CSSS.

## ADULT SUBSTANCE ABUSE PROGRAM

There were numerous structural changes in our services during the year that led to a significant reduction in wait time at the NDG outpatient site, our biggest outpatient point of service with the highest volume of clients. We added an additional clinical full time position that was granted by the ministry on a temporary basis to accommodate the waitlist. This enabled us to schedule a third orientation day during the week, and a second Semi Intensive cohort in the evening for clients who are not available to come in during the day. As a result we were able to decrease the waiting time and increase access to services.

Another point of service facing increasing demand was the St. Leonard point of service. The volume in the East End of Montreal has been steadily rising; therefore we increased services by starting a Recovery Management group.

The adult services in the West Island moved to the Outpatient Psychiatry Department of the CSSS de l'Ouest-de-l'Île. The CSSS

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provided more office space which has resulted in an increased presence of clinical personnel and a reduction in wait time for services. We hope to continue to increase access to services in the West Island in the future.

As the CLSC Cowansville relocated so did Pavillon Foster, allowing us to occupy 2 full time offices at the new site.

#### **PROBLEM GAMBLING PROGRAM**

In the Montreal Gambling program we unfortunately had a high turnover of staff resulting in less clients being seen this year. Having filled the open positions, our goal for the upcoming year is to review our outreach strategy in the Gambling program for Montreal and the Montérégie.

Over the last year we had a successful outreach initiative for the Gambling Program for the Chinese community. The outreach initiative included developing a working relationship with community resources, providing training to volunteers in the community, and providing workshops on addiction to the Chinese community. We also began to systematically screen all clients attending our Gambling program for problems with substance abuse and we increased training opportunities so that staff may be able to provide both substance abuse and problem gambling treatment to their clients. These initiatives increased both the accessibility to services and the likelihood that the client will consent to treatment with their current case manager.

#### **INPATIENT PROGRAM**

Over the last year we implemented significant structural changes to the Inpatient Center that resulted in an increase in the occupation rate. We also increased the presence of Dr. Phuong-Anh Urga, the newly appointed Clinical Program Advisor, to provide clinical consultation and expertise at the case conferences, to identify training needs and to look closely at current programming issues.

#### **PROJECTS**

Pavillon Foster, the first treatment centre in Canada to implement the GAIN (Global Assessment of Individual Needs) family of instruments, collaborated closely with the “*Association des centres de réadaptation en dépendance du Québec*” in the preparation of a project to translate the assessment tools. In addition, Pavillon Foster invited Dr. Michael Dennis, Senior Researcher at Chestnut Health Services and developer of the GAIN, to present on Best Practices for youth substance abuse treatment. The presentation was enjoyed by Pavillon Foster staff and by our network partners. There were also multiple presentations on the GAIN to our partners including a visit to Centre de réadaptation Ubalde-Villeneuve in Quebec.

In 2008-2009 we began participating in a research project subsidized by the Canadian Center on Substance Abuse for youth gambling. The goal of the project is to test the reliability and validity of a new psychometric evaluation instrument. Our participation in this project has led us to systematically screen all youth clients applying for treatment for a potential gambling problem, thus improving accessibility to youth gambling treatment services.

#### **TRAINING**

Pavillon Foster continued to be very active in training over the last year. Staff was provided with internal training which included modules on concurrent disorders, motivational interviewing, evaluation, etc. We were also active in providing workshops in the community including presenting at the AITQ conference on Recovery Management. Following the workshop, Sandra Malenfant, who has been working for Pavillon Foster in the Cowansville point of service for 2 years, was invited to sit on the Board of Directors of the AITQ.

Pavillon Foster has also been active in working with the McGill School of Social Work and had 2 interns working in the Adult AOD

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program at the NDG point of service and 1 intern at the West Island office. Two interns were hired at the end of their internships.

Finally, Pavillon Foster joined the cross training program initiated by the Douglas University Institute in Mental Health with the goal

of improving the continuity of services for youth who have both substance abuse problems as well as mental health disorders.

***Jennifer Mascitto***

COORDINATOR OF THE MONTREAL OUTPATIENT SERVICES



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## RESEARCH AT PAVILLON FOSTER

Last year, the Addiction Research Program of Pavillon Foster and the Douglas Mental Health University Institute Research Centre was able to pride itself on winning a highly competitive 5 year research operating grant from the Canadian Institutes of Health Research (CIHR) with a budget of just under \$0.5 million. Beyond the financial security this award offered in support of our research, it was a strong endorsement of the innovation and rigour of our research, especially in the tight funding atmosphere of academic research in Canada at the moment. This significant accomplishment has been significantly overshadowed this year, however. In April 2009, we learned that our application for team funding to CIHR had been successful. This award, totalling approximately \$1.6 million over five years, represents a major achievement for any researcher and research group. With this award, we extend in quantum degree the scope, impact, capacity and profile of our research enterprise. Based upon our successful line of research into impaired driving, the team brings together internationally recognized investigators and world-class authorities in road safety to propose six major studies in the DWI field. Working with Pavillon Foster's head of research as the principal investigator, are co-Principal Investigators Dr. Marie Claude Ouimet and Dr. Louise Nadeau of the Universities of Sherbrooke and Montreal respectively. Also participating are several other investigators at the Douglas Research Centre, representatives from Quebec licensing board (SAAQ) and the "Association des centres de réadaptation en dépendance du Québec (ACRDQ)", the Traffic Injury Research Foundation and the Canadian Center for Substance Abuse in Ottawa, and investigators from the National Institutes of Health in Bethesda, Maryland, the



University of Massachusetts, Ben-Gurion University in Israel, and Concordia University in Montreal.

The topics pursued for the team agenda are as wide-ranging as are the credentials of the collaborating team members, including studies in neurobiology, applied neuroscience, and using structural magnetic resonance imaging, state-of-

the-art computer driving simulation, and random controlled trials among others methodological highlights. Moreover, the team program represents an experiment in itself by postulating that a transdisciplinary approach is needed to attack a complex, multi-determined and multi-level public health risk that is the 9th most important burden on world health. Finally, in recognition of the role the team can play in building research capacity in DWI, road safety and transdisciplinary studies, substantial funding is available for the recruitment and training of graduate students within the team. So far, we have recruited three new graduate students in addition to the three who have been working with us towards their doctoral dissertations.

While this team award will to a large extent focus Pavillon Foster's research program agenda over the next five years, other pertinent studies and initiatives in the field of addiction are currently underway that are likely to have a significant impact in health service delivery in Quebec. These include a major review and reconsideration of the role of alcohol and drug detection and brief intervention in Quebec's frontline, and looking forward, the translation and validation of the GAIN family of assessment instruments in collaboration with the "Association des centres de réadaptation en dépendance du Québec (ACRDQ)", and investigators/GAIN authors from Chestnut Health Systems.

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## NEW STUDIES

**1.** Co-Investigator, A Randomized Controlled Evaluation of «Extended Specialized Early Intervention Service» vs. «Regular care» for Management of Early Psychosis over the Five year Critical Period (PI: Malla). Funding Agency: Canadian Institutes of Health Research (CIHR).

\$2.4 MILLION

2009-2014

**2.** Principal Investigator, “CIHR team in transdisciplinary studies in DWI onset, persistence, prevention and treatment”. Funding Agency: Canadian Institutes of Health Research (CIHR).

\$1.6 MILLION

2009-2014

## PUBLICATIONS

**1.** Perreault, M., Wiethaeuper, D., Perreault, N., Bonin, J.P., Brown, T.G., Brunaud, H. (2009). Best practices and training in the context of integrated mental health and substance use services : Cross-training program in south-west Montreal. *Quebec Mental Health*, 34(1), 143-160.

**2.** Brown, T.G., Ouimet, M.C., Nadeau, L., Gianoulakis, C., Lepage, M., Tremblay, J., Dongier, M. (2009). From the brain to bad behaviour: Neurocognitive and psychobiological mechanisms of driving while impaired. *Drug and Alcohol Review*, 28, 406-418.

**3.** Brown, T.G., Dongier, M., Ouimet, M.C., Tremblay, J., Chanut, F., Legault, L., Ng Yin Kin, N.M.K. (In revision). Brief Motivational Interviewing for refractory DWI offenders not participating in mandated DWI intervention: a randomized controlled trial. *Alcoholism: Experimental & Clinical Research*.

**4.** Couture, S., Brown, T.G., Tremblay, J., Ng Yin Kin, N.M.K., Ouimet, M.C., Nadeau, L. (Under review). Are biomarkers of chronic alcohol misuse useful in the assessment of DWI recidivism status? Accident analysis and prevention.

**5.** Ouimet, M.C., Brown, T.G., Bergeron, J. (Under review). Measurement of readiness to reduce speed behaviors: a pilot study. *Psychological Reports*.

## PRESENTATIONS

**1.** Fillion-Bilodeau, S., Ouimet, M.C., Brown, T.G., Nadeau, L. & Lepage, M. (2008, June). Cognitive deficits in female DUI offenders. Paper presented at the Canadian Multidisciplinary Road Safety Conference, Whistler, BC, Canada.

**2.** Brown, T.G., Dongier, M., Ouimet, M.C., Tremblay, J., Chanut, F., Mien Kwong, N.M.K. (June, 2008). RCT of ultra brief Motivational Interviewing for DUI recidivists not engaged in remedial measures: 12 month outcomes. Paper presented at the First International Conference on Motivational Interviewing (ICMI), Interlaken, Switzerland.

**3.** Brown, T.G. and Topp, J. (June, 2008). Training of frontline community health workers in substance abuse screening with MI: dispatches from the field in Quebec. Paper presented at the First International Conference on Motivational Interviewing (ICMI), Interlaken, Switzerland.

**4.** Ouimet, M.C., Brown, T.G. et al. (June, 2008). What kind of DWI recidivist responds most to MI? Poster presented at the First International Conference on Motivational Interviewing (ICMI), Interlaken, Switzerland.

**5.** Perreault, M., Bonin, J.-P., Fleury, M.-J., Brown, T., Israël, M., Alary, G., Ferland, I., Landry, M., Tremblay, J. (Sept. 2008). A cross-training program to improve service integration for dual-diagnosis patients of Montreal, Canada. Transforming psychiatric services to better respond to emerging needs: Three initiatives from Canada. Paper presented at the World Psychiatric Association Annual Conference, Prague.

**6.** Brown, T.G., Dongier, M., Chanut, F., Ouimet, M.C., Tremblay, J., Nadeau, L., Ng Ying Kin, N.M.K. (September, 2008). Ultra brief Motivational Interviewing for DUI recidivists not engaged in remedial measures: a 12-month follow-up. Paper presented at the 4th International Conference on Traffic and Transport Psychology (ICTTP), Washington, DC, USA.

**7.** Brown, T.G., Topp, J. and Kokin, M. (November, 2008). Training of frontline community health workers in substance abuse screening and brief intervention: Dispatches from the field in Quebec. Paper presented at the International Council on Alcoholism and Addiction (ICAA), Limassol, Cyprus.

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8. Brown, T.G. (May, 2009). Artificial neural network technology in modeling and predicting recidivism in first-time DWI offenders. Paper presented at the International Traffic Medicine Institute, The Hague, Netherlands.

9. Fillion-Bilodeau, S., Brown, T. G., & Nadeau, L. (April, 2009). Attention deficits in DWI recidivists. International Traffic Medicine Association Conference, The Hague, Netherlands.

10. Couture, S., Brown, T.G., Gianoulakis, C., Pruessner, J., Brochu, S. (April, 2009). The criminal history of DWI recidivists is linked to the corti-

sol stress response. International Traffic Medicine Association Conference, The Hague, Netherlands.

***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



# SUMMARY OF RELEVANT STATISTICS



For the first time in five years, Pavillon Foster has not increased the total number of individuals served. The reduction in volume was observed mostly in the problem gambling and the adult substance abuse programs. A high number of vacant positions during the year explain most of the variation. The youth program was fairly stable with a slight increase and the entourage program is constantly progressing.

## OUTPATIENT SERVICES

During the past year, 1669 individuals applied for services for a total of 2273 individuals seen during the year at our various outpatient locations. The table below shows the number of clients served by program.

NUMBER OF NEW CLIENTS BY LOCATION	
Program	Number
Youth	481
Adult Substance Abuse	1172
Adult Problem Gambling	222
Entourage	398
<b>Total</b>	<b>2273</b>

NUMBER OF NEW CLIENTS BY LOCATION								
Location / Program	NDG	Pointe-Claire	St-Leonard	Brossard	Châteauguay	Vaudreuil	Huntingdon	Cowansville
Adult substance abuse	534	75	41	71	11	51	17	47
Youth	137	60	12	30	46	7	22	23
Adult problem gambling	118	6	12	17	0	3	0	2
Entourage	196	48	8	31	3	12	1	23
<b>Total</b>	<b>985</b>	<b>189</b>	<b>75</b>	<b>149</b>	<b>60</b>	<b>73</b>	<b>40</b>	<b>95</b>

The table above shows the distribution of these 1669 new registrations. Three youth clients were also seen in Laval.

## INPATIENT SERVICES

During the year, 273 individuals were admitted to the St-Philippe residence for a total of 294 individuals served. The twenty substance abuse rehabilitation beds were occupied at a rate of 86%, and the two problem gambling beds were occupied at a lower rate of 46% for an overall occupation rate of 82% for our twenty-two beds. The average length of stay was 24 days for substance abusers and 20 days for problem gamblers.

Program	Substance Abuse	Problem Gambling
Total Served	277	17
Average stay (days)	24	20
Occupation rate	86%	46%

### 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. We also served clients from 14 different administrative regions at our St-Philippe-de-Laprairie inpatient residence and from 10 administrative regions in our various outpatient locations, mostly at the main Notre-Dame-de-Grâce office.

### REGIONAL DISTRIBUTION OF CLIENTS

Region/Program	Montreal	Montérégie	Laval	Other
Inpatient	62%	21%	4%	13%
Outpatient	67%	25%	3%	5%

### REGIONAL DISTRIBUTION OF OUTPATIENT CLIENTS BY PROGRAM

Region/Program	Montreal	Montérégie	Laval	Other
Youth	49%	41%	3%	7%
Adult Substance abuse	71%	23%	3%	3%
Problem Gambling	77%	16%	6%	1%
Entourage	74%	19%	3%	4%

**2008-2009 MANAGEMENT AND ACCOUNTABILITY AGREEMENT**  
with the “Agence de la santé et des services sociaux de la Montérégie”

Pavillon Foster has signed a management and accountability agreement with the Montérégie Agency containing specific objectives which must be met during the year. The following tables describe the results obtained in the Montérégie and Montreal regions for these objectives.

AXIS	INDICATOR		2007-2008 RESULTS	2008-2009 TARGET	2008-2009 RESULTS	COMMENTS
Problem gambling	1.7.2	Number of gamblers treated by specialized problem gambling treatment services	46	145	47	The number of gamblers treated is still low in both the Montreal and Montérégie regions. There was a high number of vacant positions in the Montreal region which explains most of the reduction. These positions have now been filled. There is no wait list in the Montérégie, but we have revised our outreach strategy.
			229	310	182	
Problem gambling	1.7.B	Number of significant others seen in the problem gambling program (experimental indicator)			6	
					48	
Management of workplace presence		Ratio between the number of hours paid in sick leave and the number of hours worked	2.53	5.75	2.80	Our ratio is low and under the provincial average for substance abuse treatment centres.

Montérégie
Montreal



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# REPORT FROM THE DIRECTOR OF ADMINISTRATIVE SERVICES

The Director of Administrative Services manages all the activities related to financial and human resources, physical plant services and information technologies. Below are the issues of importance addressed by Administrative Services during 2008-2009.

## FINANCIAL RESOURCES

The 2008-2009 financial year ended with a surplus of \$98,305 in our main activities; a significant increase compared to the surplus of \$50,306 in 2007-2008. Once again, these results are due principally to the difficulty filling vacant positions. By March 31, 2009, the vacant positions were filled with the exception of a few nursing vacancies.

The ancillary activities showed a surplus of \$28,782 compared to \$32,421 for 2007-2008.

During the 2008-2009 financial year, the government modified its accounting practices to adhere to the generally recognized accounting practices. The integration of the financial results of public institutions and agencies to the Consolidated Revenue Fund of the government is an example. Even though Pavillon Foster is not a public institution, we apply nearly the whole financial management manual of the health and social services network.

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, 2009.



## HUMAN RESOURCES

During the financial year, Pavillon Foster welcomed 14 new employees to fill the 7 vacant or temporary positions and also 8 employees left the organization. As of March 31, 2009 Pavillon Foster employed 69 employees and had only 2 vacant positions in nursing.

During the year, \$178,916 was spent on agency nurses. This represents again this year more than 34% of regular working hours carried out by agency nurses. Next year should see an improvement since only 2 part-time positions remain vacant.

The hiring of 14 new employees significantly increased our training expenses. In 2008-2009, Pavillon Foster invested \$140,951; a sum equivalent to 4.52% of the salary mass compared to \$98,280 in 2007-2008. The primary trainings given to employees this year were on motivational interviewing and tools such as the GAIN and SIC-SRD.

## PHYSICAL PLANT RESOURCES

During the year no large scale projects were undertaken other than the repair of the washing area of the kitchen and the men's showers. However, the heating system required urgent work. The obsolescence of the St-Philippe-de-Laprairie building and its systems will necessitate attention during the coming years. A five-year plan will be developed to ensure our assets are well maintained.

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As of April 1, 2009, the institution has been excluded from the group insurance program of the health and social services network due to its legal status as a private institution. As a result, we had to call for tenders on the public market which required an inventory and evaluation of all our assets. The expense for insurance next year will be 11 times the cost of 2008-2009.

The revision of the directions inside our three points of service of St-Philippe, Montreal and Brossard was completed this year.

#### **INFORMATION TECHNOLOGY RESOURCES**

The implementation of the new SIC-SRD information system was completed, including the replacement of 20 computers and a server at the Montreal site. The institution also acquired and installed

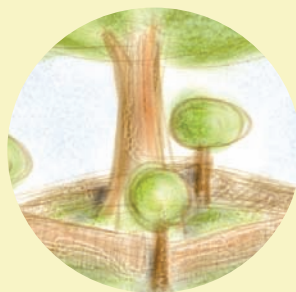
2 backup servers in St-Philippe and Montreal. These servers will allow for remote backup of computers located in our partners' offices and act as a security measure in case of hard disk failure of all workstations.

During the year we also developed the information technology plan for 2009-2011, the categorization process of the informational assets and presented policies on informational asset security to employees.

I thank the members of my team for their collaboration and hard work.

**Maryse Couturier, CMA, MBA**

DIRECTOR OF ADMINISTRATIVE SERVICES



# FINANCIAL REPORT



<b>BALANCE SHEET</b>			
<b>Combined funds as of March 31, 2009</b>	<b>Operating fund</b>	<b>Capital fund</b>	<b>Total</b>
<b>Assets</b>			
Available funds			
Cash	\$250,784	\$ —	\$250,784
Temporary investments	1,000,000	—	1,000,000
Agency & MSSS accounts receivable	26,020	29,988	56,008
Other accounts receivable	63,410	—	63,410
Prepaid expenses	10,022	—	10,022
Amount due from Operating fund	6,004	—	6,004
Other	288	—	288
<b>Total of available funds</b>	<b>1,356,528</b>	<b>29,988</b>	<b>1,386,516</b>
Fixed assets			
Receivable grant - accounting reform	305,630	—	305,630
<b>Total assets</b>	<b>1,662,158</b>	<b>372,620</b>	<b>2,034,778</b>
<b>Liabilities</b>			
Current liabilities			
Other accounts payable	677,915	—	677,915
Amount due to Capital fund	—	6,004	6,004
Deferred incomes	585,559	—	585,559
Other	1,499	—	1,499
<b>Total current liabilities</b>	<b>1,264,973</b>	<b>6,004</b>	<b>1,270,977</b>
<b>Equity</b>	<b>397,185</b>	<b>366,616</b>	<b>763,801</b>
<b>Total liabilities and equity</b>	<b>\$ 1,662,158</b>	<b>\$372,620</b>	<b>\$2,034,778</b>

## STATEMENT OF OPERATIONS

<b>Operating fund</b> for the year ending March 31	2009	2008
<b>Main activities</b>		
Revenues		
Agence de la santé et des services sociaux	\$3,164,796	\$3,019,767
Sales of services	6,151	6,160
Recoveries	26,672	20,857
Other	18,288	29,791
Total	3,215,907	3,076,575
Expenses		
Salaries	1,828,048	1,788,149
Fringe benefits	461,665	450,975
Employee deductions	236,977	221,159
Medication	5,268	6,822
Medical supplies	1,004	1,001
Foodstuffs	53,285	45,940
Other	531,355	503,223
Total	3,117,602	3,017,269
Revenue Surplus for main activities	98,305	59,306
<b>Secondary Activities</b>		
Revenues		
Public funding	742,287	865,343
Income from other sources	104,033	91,451
Total	846,320	956,794
Expenses		
Salaries	404,556	475,554
Fringe benefits	124,470	124,510
Employee deductions	58,615	66,168
Other	229,897	258,141
Total	817,538	924,373
Revenue surplus for secondary activities	28,782	32,421
<b>Revenue surplus for operating fund</b>	<b>\$127,087</b>	<b>\$91,727</b>



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# MEMBERS OF THE BOARD OF DIRECTORS AND EMPLOYEES\*



## BOARD OF DIRECTORS

### Officers

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Peter Ohlin	PRESIDENT
Janet Soutter	VICE-PRESIDENT
Gordon Pinkerton	TREASURER
John Topp	SECRETARY AND DIRECTOR GENERAL

### Administrators

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Paul Gillis  
Robin Hale  
Marie-Claude Jarry  
Kathy Vaux  
Jim Wyant

## COMMITTEES OF THE BOARD OF DIRECTORS

### Risk Management Committee

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Bob Bechard  
Maryse Couturier  
Morris Kokin  
Réjeanne Simard  
John Topp

### Watchdog Committee

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Danièle Gagnon	LOCAL COMMISSIONER FOR COMPLAINTS AND QUALITY OF SERVICES
Robin Hale	
Peter Ohlin	
John Topp	

### Audit Committee

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Peter Ohlin, President	
Paul Gillis	
Robin Hale	
Gordon Pinkerton	
Janet Soutter	SUBSTITUTE MEMBER

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## EMPLOYEES OF PAVILLON FOSTER

Ryan Aronson  
Dany Babin  
Daniel Balenzano  
Jacques Beaudin  
Francine Bergeron  
Johanne Boulé  
Sylvie Bourgon  
Chantal Boyer  
Thomas G. Brown  
Sophie Buckiewicz  
(CENTRE DOLLARD-CORMIER)  
Anna Cegielka  
Virginia Chow  
Marjorie Clarke  
Marcelin Cloutier  
Maryse Couturier  
Anita Cugliandro  
Julie Dahmé  
Claire Dalgleigh

Patricia Dawes  
Marie-Louise Delisle  
(CENTRE DOLLARD-CORMIER)  
Linda Delli Colli  
(CENTRE DOLLARD-CORMIER)  
Joseph Douek  
(CENTRE DOLLARD-CORMIER)  
Laurence Fay  
John Furuli  
Edwina Gallant  
Debra Gartenberg  
Gina Gibbs  
Mario Giguère  
Arpita Gupta  
Rachael Herbert  
Morris Kokin  
Annie Lafontaine  
Julie-Marie Larocque  
Vanessa Lai  
Julie Leblanc

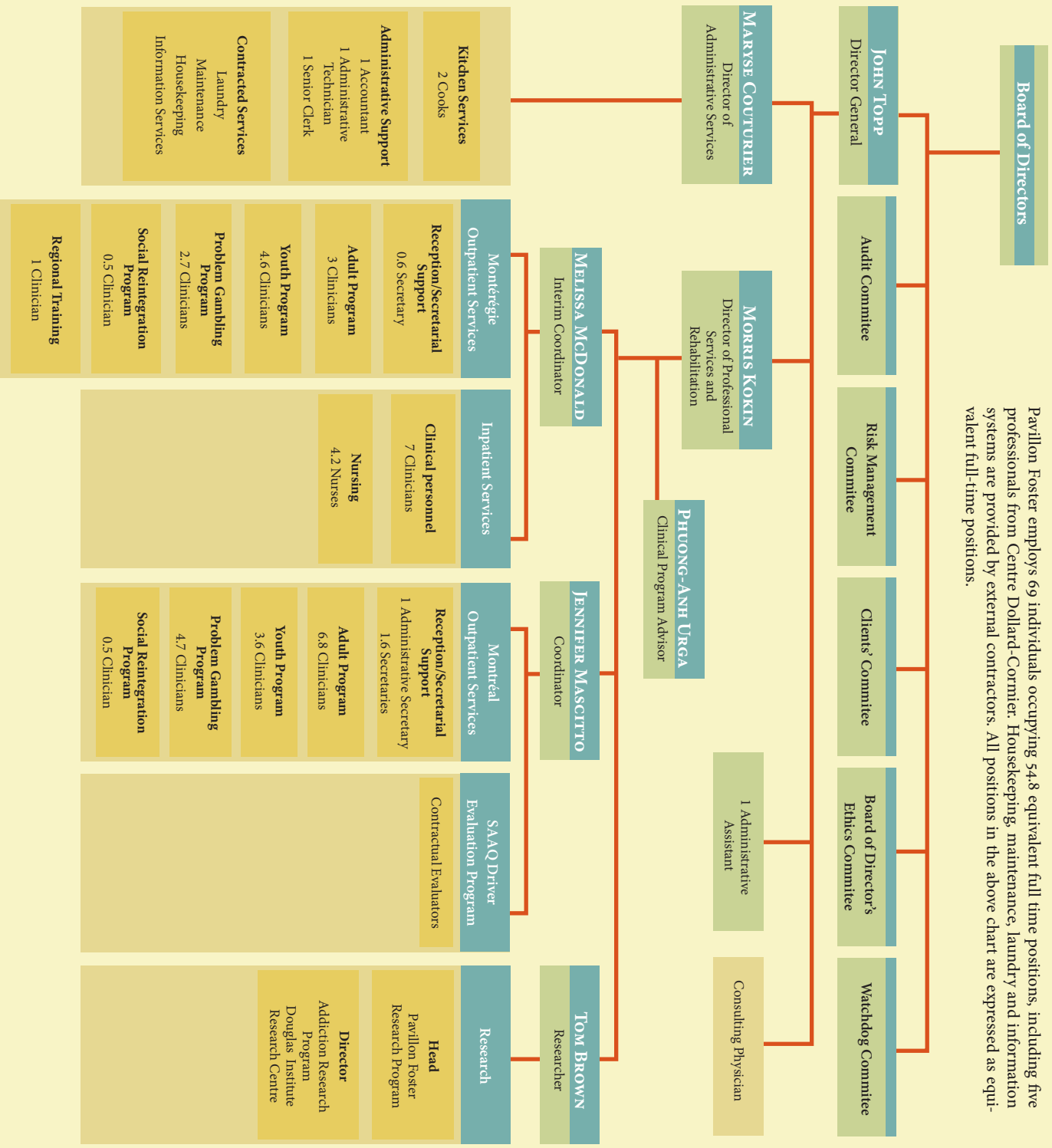
Stéphanie Leblanc  
Amélie Légaré-Leduc  
Richard Lestage  
Louisa Leung  
Alice Li  
Yvonne Lo  
Isabelle Lussier  
Maria Machado  
Sandra Malenfant  
Jennifer Mascitto  
Melissa McDonald  
Marlene McIntyre  
Carol-Ann Milch  
Marti Miller  
Marie-Sylvie Morin  
Colleen O'Shea  
Marilyn Payne  
Marie-Claire Roberge  
(CENTRE DOLLARD CORMIER)

Ximena Rodrigues  
Sybille Rulf  
(CENTRE DOLLARD-CORMIER)  
Tanya Schultz  
Wendy Shepherd  
Réjeanne Simard  
Sabrina Somma  
Colleen Soutter  
Nicole St-Pierre  
Suzanne St-Pierre  
Ron Swan  
Sara Sylvestre  
Jo-Anne Théoret  
John Topp  
Jacques Tremblay  
(CONSULTING PHYSICIAN)  
Phuong-Anh Urga  
Kathy Vaux  
Eric Widdicombe



# ORGANIZATION CHART

Pavillon Foster employs 69 individuals occupying 54.8 equivalent full time positions, including five 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.



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# PAVILLON FOSTER

## 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.

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### 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