

*Elizabeth House  
Annual Report  
2014-2015*



## Elizabeth House Annual Report 2014-2015

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MESSAGE FROM THE PRESIDENT AND THE EXECUTIVE DIRECTOR .....	5
DECLARATION REGARDING THE RELIABILITY OF DATA IN THIS ANNUAL REPORT .....	6
ABOUT ELIZABETH HOUSE .....	7
OUR VISION, MISSION AND VALUES .....	7
OUR CLIENTS.....	8
TREATMENT PHILOSOPHY AND APPROACH .....	8
THE ROLE OF ELIZABETH HOUSE IN PERMANENCY PLANNING.....	9
ELIZABETH HOUSE ORGANIZATIONAL STRUCTURE 2014-2015 .....	11
HIGHLIGHTS AND ACTIVITIES .....	12
PROGRAM ACTIVITIES AND SPECIAL WORKSHOPS FOR CLIENTS.....	12
Child Stimulation Group.....	12
The Ages and Stages Questionnaire .....	13
Terrific Toddlers.....	13
Independent Living Workshop .....	13
Planning Your Pathway to Autonomy.....	13
Writers in the Community .....	13
Activities in the Education Program.....	14
Action Plan on Reading in School .....	14
PROGRAM DEVELOPMENT .....	14
RESIDENTIAL SERVICES (MOTHER-CHILD AND PRENATAL PROGRAMS).....	15
Intake Statistics for Residential Services Programs .....	16
Food Services.....	17
EXTERNAL SERVICES .....	18
Semi-Supervised and Transitional Apartment Programs.....	18
Education and Nursery Programs.....	19
Family Assistance Program .....	20
Summer Day Camp.....	21
OBJECTIVES FOR REHABILITATION SERVICES IN 2015-2016 .....	21
PARTNERSHIP AND COLLABORATION.....	22
PARTNERSHIPS.....	22
COLLABORATIVE RELATIONSHIPS .....	22
PARTICIPATION ON ADVISORY TABLES AND TABLES DE CONCERTATION IN MONTRÉAL .....	23
ACCREDITATION .....	23
STRATEGIC PLAN 2014-2018.....	24
REPORT ON THE ORGANIZATIONAL OBJECTIVES FOR 2013-2014 .....	25
ORGANIZATIONAL OBJECTIVES 2015-2016 .....	26
RISK MANAGEMENT AND QUALITY IMPROVEMENT .....	27
THE SAFE PROVISION OF CARE AND SERVICES .....	27
INCIDENT, ACCIDENT AND RISK EVENT REPORTING .....	27
INTEGRATED RISK MANAGEMENT AND QUALITY IMPROVEMENT COMMITTEE (IRMQIC).....	29

Risk management/quality improvement objectives for 2015-2016:.....	30
SERVICE QUALITY AND VIGILANCE COMMITTEE (SQVC) .....	31
CLIENT SATISFACTION SURVEYS.....	32
HANDLING OF COMPLAINTS AND PROMOTION OF USER RIGHTS.....	33
COMMITTEE FOR CLIENT SUPPORT AND SATISFACTION (CCSS).....	34
GOVERNANCE.....	35
BOARD OF DIRECTORS 2014-2015 .....	35
BOARD OBJECTIVES FOR 2015-2016.....	36
HUMAN RESOURCES MANAGEMENT .....	37
HUMAN RESOURCES STAFFING LEVELS.....	37
LABOR RELATIONS COMMITTEE .....	37
PERFORMANCE MANAGEMENT .....	38
PROFESSIONAL DEVELOPMENT AND TRAINING.....	38
EMPLOYEE COMPLAINTS PROCESS .....	39
EMPLOYEE WELLNESS.....	39
HUMAN RESOURCE OBJECTIVES FOR 2015-2016.....	39
VOLUNTEERS .....	40
Student Interns.....	41
INFORMATION TECHNOLOGY, INFORMATION SECURITY AND CONFIDENTIALITY AGREEMENTS.....	41
MAINTIEN DES ACTIFS .....	42
BUILDING, PROPERTY, AND EQUIPMENT MANAGEMENT.....	43
MAINTENANCE, REPAIRS AND RENOVATIONS .....	43
CLINICAL PROGRAM EQUIPMENT REPLACEMENT .....	43
FINANCIAL MANAGEMENT .....	44
MANAGEMENT'S REPORT.....	44
INTRODUCTION.....	44
GRANTS.....	45
BILL 100: THE BALANCED BUDGET ACT.....	45
AUDIT RESULTS.....	45
INDEPENDENT AUDITOR'S REPORT ON SUMMARY OF FINANCIAL STATEMENTS.....	47
SUMMARY STATEMENT OF FINANCIAL POSITION .....	49
SUMMARY REVENUES AND EXPENSES.....	51
CODE OF ETHICS.....	52

## *Message from the President and the Executive Director*

This past year has presented Elizabeth House with particular challenges, and we are proud of what we have been able to accomplish. Despite significant cuts to our annual operating budget, we managed to end the fiscal year with a balanced budget. We have worked closely with the Elizabeth House Foundation to enhance collaboration on our common goal: fundraising to permit Elizabeth House to provide comprehensive educational and treatment services for our clientele.

Elizabeth House had to navigate Bill 10, the comprehensive reform of health and social services in Quebec. There was a climate of instability and uncertainty regarding the Bill's exact provisions, and its eventual impact for the *réseau* generally; as well, we had to determine its possible implications for our organization. This process had the effect of slowing the progress of some of our initiatives, especially the implementation of our Strategic Plan.

The Elizabeth House Strategic Plan for 2014-18 was adopted by the Board of Directors in September 2014. The Management team subsequently developed an Action Plan to achieve the four strategic directions endorsed, and work is well underway. The Board receives regular progress reports.

We also wish to highlight the accomplishments of our clinical team in joining the Alliance Program, a region-wide project aimed at reducing the occurrence of child neglect. The model, which has been adopted in the social services network in Montreal, will be adapted to the work of Elizabeth House in 2015-2016.

All of this has been accomplished with the dedication, competence and creativity of our management and staff teams. Our success is also due to the support of our volunteers, community partners and our Board of Directors. The beneficiaries of these essential and valued contributions are, of course, the young, vulnerable mothers and children for whom we exist to serve.

*Cerise Morris*

Cerise Morris  
President, Board of Directors

*Linda Schachtler*

Linda Schachtler  
Executive Director

## *Declaration Regarding the Reliability of Data in this Annual Report*

As Executive Director of Elizabeth House, I have the responsibility to ensure the reliability of the information contained in the annual report of activities as well as the integrity of the related controls.

The results and data in this report of activities for the fiscal year 2014-2015 accurately describe the mission, the mandate, the values and the strategic orientations of the organization; accurately describe the objectives, the indicators, and the results obtained; and present correct and reliable financial and statistical data.

I certify that the data contained in this annual activity report is reliable, in other words, is objective, accurate and verifiable. The same applies to the controls related to the data presented. The data and information accurately reflect the activities for the year ending March 31, 2015.

*Linda Schachtler*

Linda Schachtler  
Executive Director

## *About Elizabeth House*

Elizabeth House is a treatment centre that offers a continuum of intervention and support services to families with children aged 0-5 years. Elizabeth House works primarily with young mothers and mothers-to-be who are experiencing serious difficulties adjusting to pregnancy or their role as parents. The approach to treatment is educational and therapeutic, focusing on the needs, and building upon the strengths of the individual.

Services are provided to mothers and families through residential and external programs. Interventions focus mainly on the acquisition of parenting skills and life skills. Elizabeth House is equally concerned with optimizing children's development and in facilitating the development of a long term or permanent plan for each child.

Services are designed to serve the English speaking community in Québec and are generally offered in the greater Montréal area. Elizabeth House is funded through the Ministry of Health and Social Services but relies on private donations to support programs and activities.

## *Our Vision, Mission and Values*

The *vision* of Elizabeth House is a world where children are safe, secure and loved and where parents are supported and empowered so that they all have the opportunity to develop to their full potential.

The *mission* of Elizabeth House is to have a positive impact on the lives of young children whose parents require intensive support and intervention to improve their capacity to parent.

Elizabeth House is committed to the *values* of

### *Integrity*

- In respect for all
- In embracing diversity
- In effective communication
- In commitment to accountability and transparency
- In ethical practices

### *Excellence*

- In compassionate professional care and service
- In quality of service and risk management
- In management and decision-making
- In promoting teamwork and encouraging leadership
- In fostering a learning environment and the continuation of education

### *Innovation*

- In responding to the evolving needs of young families and changes in society
- In developing and disseminating best practices
- In creating and evaluating new knowledge
- In embracing the reality of change

### *Collaboration and Partnership*

- In working with young parents and their families throughout the rehabilitation process
- In supporting transitions of care and service
- In valuing the contribution of staff and volunteers
- In building knowledge and capabilities
- In all our relationships

## *Our Clients*

Elizabeth House serves a client population with varied and complex needs. Some clients require the services of Elizabeth House to help them transition into parenthood due to their young age and limited life experience. Others experience a difficult transition due to personal limitations caused by an intellectual deficiency or mental health condition. Instability with respect to housing, financial problems, inadequate support networks, abuse and/or exploitation are other factors leading to vulnerability, which clients commonly experience. The experience of immigration can also result in social isolation and poor adaptation to parenting.

Some clients have had past involvement with Youth Protection, placements in foster homes and group homes. They may continue to be involved with Youth Protection in their capacity as parents. They are likely to have experienced some of the following situations during their childhood or adult life:

- Separations from primary attachment figures and/or disruptions in care
- The absence of protective fathers or father figures
- Family disorganization/dysfunction
- Inadequate guidance and family support
- Physical, sexual and/or psychological abuse
- Substance abuse
- Experiences with conjugal violence
- Emotional or mental health problems
- Oppositional thinking and behaviour
- Frequent moves and lack of stability in the community
- Susceptibility to exploitation

## *Treatment Philosophy and Approach*

Elizabeth House is committed to the well-being of its clients, recognizing their physical, emotional, educational, cultural, spiritual, and social needs. Elizabeth House can provide support and guidance to clients in need, from pregnancy until their child has reached five years of age.

Elizabeth House staff members adopt a neutral, non-judgmental position when helping clients make choices about pregnancy and family planning. Clients are assisted in making informed decisions, whether they intend to raise their child or wish to explore other options.

Elizabeth House is sensitive to the many challenges experienced by parents or parents-to-be; particularly young persons who may not be prepared for the responsibility of parenting due to their developmental stage, their level of maturity and/or previous life experience. Elizabeth House helps clients have healthy

pregnancies and prepare for the arrival of their babies. Parents are given the opportunity to develop or improve the skills they require to become effective, successful parents.

Elizabeth House is concerned with optimizing children's development. Close attention is given to children's emotional, physical, social and cognitive needs. Given the vulnerability of young children, the needs and safety of the children are prioritized in all interventions and the clinical decisions that are made.

Clients are encouraged to reach out to family members and/or significant others and resources in the community. Fathers are seen as playing an important role in a child's care and development, as part-time parents, co-caregivers, and occasionally as a child's primary caregiver. All programs place an emphasis on including fathers in activities and interventions, whenever possible.

Clients participate in developing plans for themselves and their children. This is done through an intervention planning process whereby treatment goals and objectives are recorded and revised periodically. Each client is assigned an educator who acts as case coordinator. The case coordinator is responsible for writing the intervention plans and helping the client identify strategies to help them meet their goals and objectives.

Clients are encouraged to use the continuum of services available through Elizabeth House as their needs and situations change. They are supported to take advantage of educational

opportunities through Elizabeth House or other educational programs. Emphasis is placed on helping clients learn to be resourceful and to develop to their full potential, while decreasing their social isolation.

An integrated team approach is used at Elizabeth House. The team consists not only of the staff and clients of Elizabeth House, but may involve professionals from other organizations, family members and significant others. Emphasis is placed on transparency, collaboration, open and direct communication.

### *The Role of Elizabeth House in Permanency Planning*

Permanency planning refers to a timely, goal-directed approach used by child protection agencies aimed at ensuring stability and continuity of care for children. It is based on attachment theory and the tenet that all children need to form secure attachments for optimal development. The primary goal is for children to remain in the care of their parents. However, when this is not possible or not deemed to be in a child's best interest, another permanent or long-term plan is established for the child.

The 2007 amendments to the Québec Youth Protection Act support the practice of permanency planning. There are now legal timeframes and corresponding policies applied by all the Departments of Youth Protection (DYPs) to try to ensure that permanent plans are made for children as early as possible in a child's life. The DYPs are now able to intervene in potential situations of risk to an infant based on the history of neglect by his/her parent with respect to a child born previously.

Parents of young children (age 0-5 years) who are followed under Youth Protection are given limited periods of time to correct the situation of risk to their child (the reason for the involvement of Youth Protection), and to demonstrate that they can provide their children with security and

stability over time. They are requested to promptly take the necessary steps to improve their personal situations; at the same time there is a responsibility on the part of Health and Social Services to provide them the resources and necessary support.

For reasons related to the parents' history and/or the seriousness of the risk factors, some parents would not be permitted to maintain their child(ren) in their care if it were not for the intensive services that Elizabeth House provides. Residential Services programs, in particular, offer mothers an important opportunity to demonstrate that they can improve their parenting skills and stabilize their situations, while they are supported and supervised in their parenting role.

In response to permanency planning and the changes in the law, there has been a consistent demand for the Residential Services at Elizabeth House. This year 95% of the children admitted to the residence were followed under Youth Protection. The figure was 100% for 2013-2014, and 73% for 2012-2013.

In situations where a child is followed under Youth Protection, a strong collaboration is required to ensure that pertinent information is exchanged and that clients are

well aware of the tasks or changes they are being asked to undertake. Members of the Clinical Team accompany clients to key meetings at the Youth Protection offices where they provide direct, transparent feedback regarding a client's progress. Their role is vital - they provide a neutral assessment of a parent's strengths, weaknesses and abilities and they help parents understand the decisions that are being made.

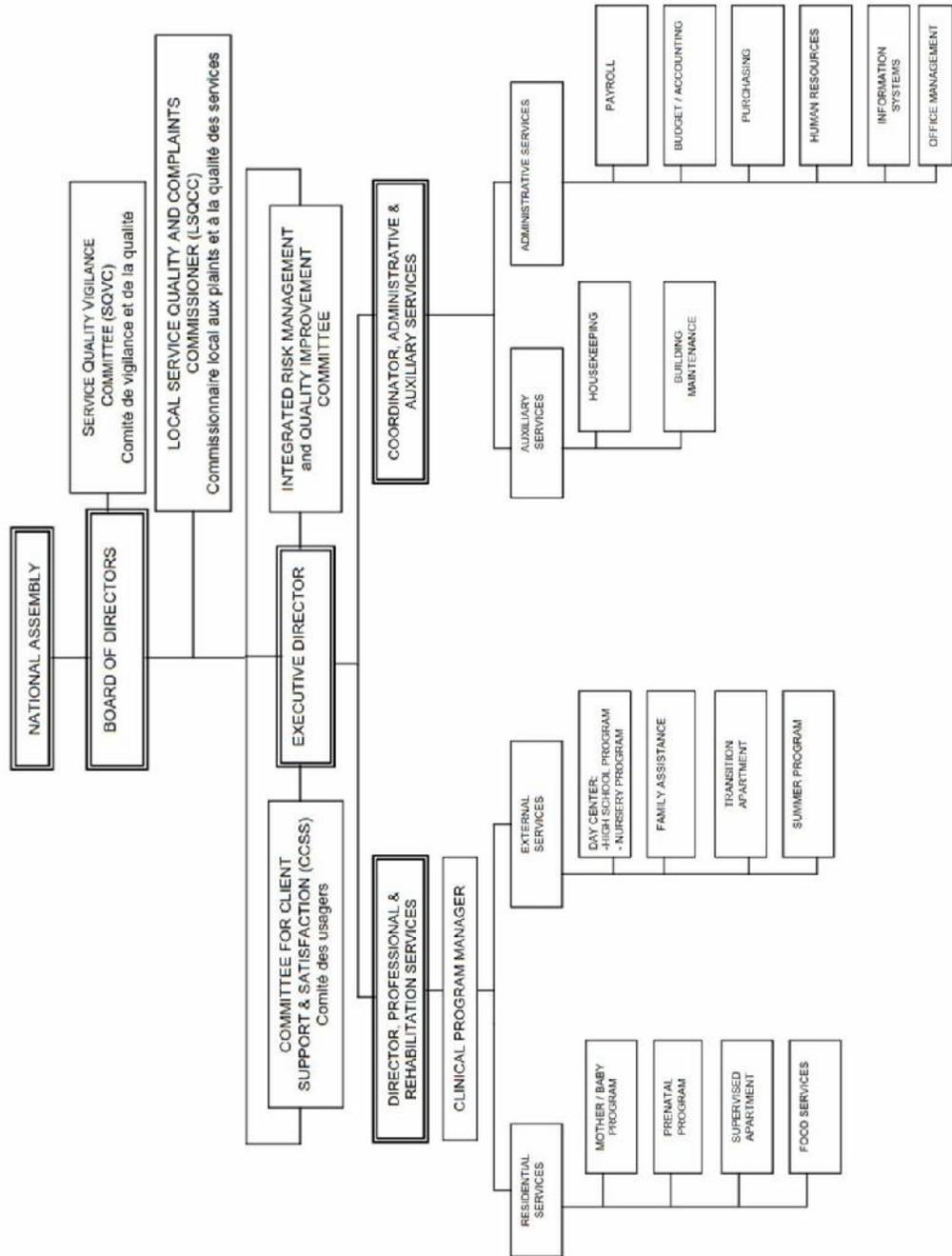
The main objective of our work to assist parents in learning to provide adequate care for their children cannot always be realized. When it is determined that a parent is not in a position to meet all their child's needs, or where a parent determines for herself that she is not ready to parent full-time, the

staff continues to play a role in evaluating the parent's ability to care for her child part-time, where applicable, and to support the parent, where possible, in influencing decisions that are made for her child.

Some mothers within the residential program have shown a great deal of courage by acknowledging their limitations and/or decision not to parent. They are commended for their maturity and sense of responsibility, and more often than not, respected and accepted by their parent peers. External support is provided to these mothers for a period of time while they reorganize their lives and set new goals - a different measure of success, but success nonetheless.



# Elizabeth House Organizational Structure 2014-2015



## *Highlights and Activities*

Elizabeth House provided services to 152 clients through its residential and external programs.

Many of these clients received services through two or more separate programs, concurrently or sequentially as they moved throughout the continuum of services, thus reducing the official statistics to 109 individual clients.

The above figure also includes incidental contacts, including consultations with professionals, and brief interventions to assist former and potential clients (20 in total). One hundred and fifty five clients were serviced in 2013-2014, representing a similar and steady demand for residential and external services.

## *Program Activities and Special Workshops for Clients*

Work in Residential Services and in the external Education and Family Assistance programs has continued to focus on helping clients to cope with the many challenges of parenthood and young adulthood they face, such as the adjustment to parenthood, emotional or mental health difficulties, lack of support, lack of financial resources, and conjugal violence. Regular group sessions, animated by Elizabeth House staff and students, were held throughout the year on the topics of pre-natal care, parenting, child safety, life skills development, relationships and sexuality.

In addition to the above, Elizabeth House clients have benefited from the expertise of external resources who provided information sessions, workshops and classes to clients. The young women in the residence learned about child safety and internet safety through the Missing Children's Network. Nurses from the CSSS Cavendish conducted a workshop with clients in the residence on basic first aid and supplies.

A guest speaker from Aids Community Care conducted a workshop at the high school on safe sex. A presentation was given to students by an agent from the *Centre Emploi Québec* on *Ma place au soleil*, a financial

program to assist young parents in completing high school. A nutritionist from the CSSS *Sud-Ouest-Verdun* taught a class on childhood and nutrition. A representative from *Les Maisons Transitionnelles 03* (On Our Own) gave a presentation on low-income housing: the above representing just some examples.

The Local Service Quality and Complaints Commissioner met with clients at the school and at the residence, to give a presentation on client rights and the client complaint process. This is organized annually so that clients can meet the person who handles complaints and have the opportunity to ask questions.

### **Child Stimulation Group**

Clients within the Residential Mother-Child Program participate in child stimulation groups so they may learn how to interact and play with their child, according to their child's age and stage of development. The goal is to work with and through the parent to promote optimal child development. Parents are also encouraged to participate in child stimulation programs offered through the CSSSs and community organizations to continue and further maximize their child's development and to

learn how to access and effectively use community resources.

Two of these sessions, given during the fall of 2014, were animated by a speech therapist from *Au Baluchon*, who showed clients specific activities to stimulate their children's language development. The same therapist conducted a teaching session with the Elizabeth House educator staff from the various programs to increase their knowledge of language development and to show them how to coach the clients.

### **The Ages and Stages Questionnaire**

The Ages and Stages Questionnaire (ASQ), published by Paul H. Brookes, is used in all programs. The questionnaire is a user-friendly tool which involves parents in the screening and monitoring of their child's development. The objective is to promote clients' interest in their children's development, and to help them recognize the benefits of child stimulation.

Since the implementation of the ASQ, there has been an increased focus on children's individual needs. Parents, for the most part, have been receptive to using the tool. They have shown pride in their children's accomplishments and motivation to partake in additional activities to enhance their child's development. In some instances, the tool has assisted in the early identification of difficulties requiring expert consultation.

The increased focus on child development is consistent with the work done by our community partners in helping parents prepare their children for school, and identifying as early as possible, children who may require specialized services in order to develop to their full potential.

### **Terrific Toddlers**

The Terrific Toddler's resource guide, published by Alberta Health Services, is used by Elizabeth House for teaching of parenting skills through individual work with parents and group work. The guide includes

numerous activities to teach parents how to effectively communicate with their child, about the importance of play, about normal developmental challenges, about different parenting styles, and positive disciplinary techniques. The activities help the parents to learn about their children, while they acquire self-awareness by finding out how they influence their child's behavior and development.

### **Independent Living Workshop**

The Family Assistance educator and a Concordia student studying adult education worked together in 2013-2014 to create a series of workshops on independent living. The workshop, launched in the residence in the winter of 2015, covers almost every aspect of what a young person needs to know to live independently, while meeting the needs of a young child. Some of the topics covered include making the right decisions, banking, budgeting, learning to shop smartly, how to find suitable housing and day care, and childproofing the home. The workshops are highly interactive through the use of team activities, role play and the simulation of real life scenarios.

### **Planning Your Pathway to Autonomy**

Elizabeth House uses a questionnaire called "Planning Your Pathway to Autonomy" (PAP) to help older adolescents and young adults evaluate their competencies, identify areas of weakness and set personal goals for themselves. The tool is being used by other rehabilitation service providers, including Batshaw Youth and Family Centres and *Centre Jeunesse de Montréal*, and has become the "common language" used to identify and address the needs of youth, particularly vulnerable youth who have limited family or social support.

### **Writers in the Community**

The residential program has continued to offer creative writing workshops through a

joint project with the Québec Federation of Writers and the Centre for Literacy of Québec. The workshop given in the spring of 2014 was met with ongoing enthusiasm by clients, as they realized their ability and creative talents, and benefited from having an outlet to deal with some of the complex emotions and issues they face. A spoken Word performance was held in May 2014 where clients had the opportunity to present their poetry. The poetry was entered into a zine published by the Québec Writer's Federation.

### Activities in the Education Program

Students in the Education Program participated in numerous educational and cultural activities at the school and through planned outings. Students have continued to benefit from an art course given by a professor from the Montréal Museum of Fine Arts, both in-class and at the museum through guided tours. They have attended several plays at the Segal Centre through a steady, generous donation of tickets. They took part in a zumba class and also received free passes to attend a gym called Femme Fitness.

### Action Plan on Reading in School

The English Montreal School Board and Elizabeth House High School received an award from the Ministry of Education, Leisure and Sport for carrying out a project aimed at promoting literacy in young children through the creation of a children's lending library and by teaching students how to stimulate their children's language development through singing, sound and word games. An award ceremony was held in the month of May 2014 at the *Grande Bibliothèque* of the *Bibliothèque et Archives nationales du Québec (BANQ)*. The project carried on this past school year with monthly mother-child activities which revolved around reading, singing, music and puppet play.

### "*Vous êtes ce que vous mangez*" Cooking Course

The Ministry of Education, Leisure, and Sport has continued to provide a cooking course to students, as part of the high school curriculum, to teach French as a second language and to promote healthy living skills. The course entitled "*Vous êtes ce que vous mangez*" (You Are What You Eat) began in October 2014 and ran throughout the school year.

### Program Development

Program development continues to be a priority for Rehabilitation Services. Ongoing efforts are being made to standardize the teaching done at Elizabeth House related to pre-natal care and nutrition. Evidence-based tools, such as the Ages and Stages Questionnaire (ASQ), and programs, such as Terrific Toddlers, are used to ensure that services will have the most effective outcomes as demonstrated by practice and research. Work is being done to identify measurable and specific goals and objectives for Rehabilitation Services, including learning objectives for clients and criteria for measurement.

A Masters in Social Work student intern conducted a small survey in 2014 to find out about the service needs of fathers, from the perspective of professionals and interveners who work with families with young children. The results of the survey indicate that there are very few services exclusively available to fathers in the west end of the city, and that outreach work is seen to be a pivotal step in identifying fathers who are vulnerable and in need of support to actively assume a parental role. The possibility of providing external services to fathers, in partnership with other organizations in the community, is actively being explored.

## ***Residential Services (Mother-Child and Prenatal Programs)***

Elizabeth House can accommodate up to eighteen clients (mothers-to-be, mothers and children) in its residence. The residence provides services and supervision twenty-four hours a day, seven days a week. There are nine bedrooms. Each client has her own furnished bedroom which she shares with her child.

Accommodation can be made for a mother with more than one child, depending on the number of residents at the time of referral. The length of stay is not pre-determined, but is based on the individual's needs, abilities and progress. The average length of stay is six to nine months.

The residence offers a safe, structured, and supportive living environment for adolescents/women who are having significant difficulty in caring for their child. In situations involving Youth Protection, the services provide an opportunity to pregnant girls and women to demonstrate that they can stabilize their situation and adequately meet their child's needs. This opportunity is often pivotal in determining whether a child can be maintained in the mother's care, or reunited with the mother (in situations where children are placed in foster care or entrusted to another).

*Note: Elizabeth House is licensed as a rehabilitation centre and an open custody facility for youth who are followed under Youth Protection and/or under the Youth Criminal Justice Act, and require residential services and meet the Elizabeth House criteria.*

Two programs are offered through Residential Services:

The **Pre-Natal Program** helps pregnant girls/women have healthy pregnancies, while developing a plan for the arrival of their babies. Most clients who are admitted to Elizabeth House have made the decision to keep their babies. Others may require counseling and support in order to reach a decision. The transition to motherhood can be difficult for first-time parents, particularly adolescents who must balance their own developmental needs with the demands of full-time parenting.

The **Mother-Child Program** helps mothers to develop or enhance their parenting skills, and prepare for a successful integration or re-integration into the community. Clients who are in the Pre-Natal Program, and who need to transfer to the mother-baby program, go through a new contracting process.

### **Statistics and Trends in Residential Services Programs 2014-15:**

There continued to be a consistent demand for residential services in 2014-2015.

Services were received by 18 mothers and 19 children, as compared to 15 mothers and 13 children last year. Although the number of clients admitted to the residence increased, it should be noted that the occupancy rate was significantly lower than last year.

The length of completed service ranged from 0-3 months to 15-18 months.

Distribution of Residential Clients by Age							
Age	0-12 mo	12 mo-5 yrs	15 yrs-17yrs	18 yrs-20 yrs	21yrs-25yrs	26yrs-31 yrs	Total
2014-2015	11	8	7	7	2	2	37
2013-2014	6	7	7	2	4	2	28

Residential Services: Length of Service						
Months	0-3	3-6	6-9	9-12	12-15	15-18
2014-2015	2	4	4	1	1	2
2013-2014	4	1	2	1	0	0

### Other statistics and trends:

- The majority of mothers and mothers-to-be (78%) were under the age of 21, with half between the age of 15 to 17; the remainder (22%) were between the age of 21 to 30.
- 2 of the mothers (11%) were admitted for the second time.
- 5 of the 7 adolescent mothers (71%) were followed under Youth Protection.
- The majority of mothers (15) were first-time mothers (83%), while 3 mothers (17%) had a second child in their care.
- 11 of the children were infants under twelve months of age (58%), while 8 of the children (42%) were toddlers or pre-school age.
- All of the children, except one, were followed under Youth Protection.
- There were no mothers for whom the mother tongue was French, compared with 13% the previous year.
- 14 of the 19 children had their father's name declared on their birth certificates, compared to 11 out of 13 children in the previous year.
- Of the 14 children with legally declared fathers, 3 children had regular contact with their fathers, two children had inconsistent contact due to physical distance, and nine had inconsistent contact due to circumstances related to the fathers.
- One child, whose biological father was not declared, had occasional contact with their father.

### Intake Statistics for Residential Services Programs

Referrals to the residential program increased over the past year, as did the number of admissions. The clients who were referred tended to be a good fit for the program with respect to their needs and motivation level. Clients were referred by the various *Centres Jeunesse*, with Batshaw Youth and Family Centres making the most referrals, followed by *Centre Jeunesse de la Montérégie*.

<b>Comparative Statistics: Client Intakes</b>	<b>2014-2015</b>	<b>2013-2014</b>
<b>Meetings:</b>		
Intake meetings	18	12
Intake meetings leading to residential admissions	11	7
<b>Clients in the Residential Program referred from:</b>		
Batshaw Youth and Family Services	11	9
Centre Jeunesse de la Montérégie	3	2
Centre Jeunesse de la Montérégie and Kahnawake Community Services (shared case)	0	1
Centre Jeunesse de Montréal	1	2
Centre Jeunesse de l'Outaouais	1	1
Cree Health Board	1	0
From the community (hospitals, CLSC's or community)	1	0
<b>Totals</b>	<b>18</b>	<b>15</b>

<b>Distribution of Residential Clients by Law</b>		
	<b>LHSS</b>	<b>YPA</b>
<b>2014-2015</b>	14	23
<b>2013-2014</b>	9	19
LHSS = Act Respecting Health and Social Services YPA = Youth Protection Act		

<b>Occupancy Rate</b>			
	<b>A</b>	<b>B</b>	<b>C</b>
<b>Occupancy Rate 2014-2015</b>	41%	54%	41%
<b>Occupancy Rate 2013-2014</b>	68%	82%	63%
A = <i>jours présences</i> as per government regulations			
B = when client is either sleeping at EH or absent – but is still considered admitted – i.e. the bed is not available for other clients			
C = Theoretical occupancy is 9x 365 as opposed to 18x 365 (1358/3285=41%)			

## Food Services

Elizabeth House provides food for clients in its residential programs. Clients participate in menu planning, grocery shopping, meal preparation and clean-up. They are encouraged to prepare and share recipes from their cultural traditions.

The residential aide and the clinical staff teach clients the principles of healthy eating, and teach them the essentials related to hygiene, cleanliness, food handling and storage. Meals are shared in the common

dining room, providing opportunities for communication and positive supportive interaction, not only between staff and clients, but also between the clients. Along with providing structure and routine, shared meals also have a positive impact on children's language acquisition and their socialization.

Elizabeth House continues to be guided by its Food Policy which was developed in response to the Ministry of Health and

Social Services' plan calling for the promotion of healthy lifestyles and the prevention of problems linked to obesity (*Plan d'action gouvernemental de promotion des saines habitudes de vie et de prévention des problèmes reliés au poids 2006-2012*). The policy is based on the Ministerial document: "Miser sur une saine alimentation: une question de qualité" as well as on the Canada Food Guide.

Residential clients took part in nutrition programs given during the summer of 2014 and this past winter, which included lessons

on nutrition through group cooking. A small garden was maintained in the backyard of the residence during the summer of 2014. Elizabeth House also received generous donations of fresh produce from *Action Communiterre*, a non-profit organization in Notre-Dame-de-Grace which provides a community garden for its citizens and organized activities to promote healthy eating.

<b>Food Services</b>		
	<b>2014-2015</b>	<b>2013-2014</b>
<b>Number of Meals</b>	11, 360	17, 726
<b>Food Costs</b>	\$17, 628	\$25,479
<b>Cost per Meal</b>	\$1.55	\$1.44

## *External Services*

### **Semi-Supervised and Transitional Apartment Programs**

Elizabeth House runs two independent living programs for clients who require assistance to transition into living in the community. The housing, which consists of two duplex apartments, is situated in close proximity to the main residence. Each location can support a parent and child(ren) or a couple and child(ren). The apartments are furnished and equipped with basic items.

The **Path Program** is intended for clients who are leaving the residential program yet still require daily intervention and support to consolidate the gains or progress they have made.

The **Track Program** is intended for Elizabeth House clients (mother, father or couple) who require independent living support, but of a less intensive nature. Clients must demonstrate the capacity to ensure the safety and security of his/her child(ren) on their own. They must have an income to support their living expenses.

The length of stay in a Path or Track apartment is generally up to six months. Path and Track clients are followed by an educator from Residential Services or the Family Assistance Program.

These programs benefited 5 mothers and 6 children, compared to 2 mothers and 2 children in 2013-2014. Two mothers successfully transitioned to apartments in the community; one mother left prematurely; and two mothers and their children presently occupy the apartments.

## Education and Nursery Programs

Elizabeth House offers an education program for teenagers who are pregnant and/or have a child in their care. The program is available to clients in the residential programs and in the community, who meet the requirements for entrance into a youth sector school and who are eligible for English education.

The program is run through a partnership with the English Montréal School Board, and offers core curriculum for Secondary I-V. A modified curriculum is also offered to prepare some students for a vocational or skills-related program. Clients have their own individualized education plans and work at their own pace.

Elizabeth House further supports mothers attending the Education Program by offering an on-site Nursery for children 18 months of age and younger. The staff in the nursery cares for the children while the mothers attend classes and groups. They assist parents in monitoring their children's health and development and help them to address

any specific concerns. The fathers of the children are given the opportunity to participate in certain events and activities, and to visit their child in the nursery, where deemed appropriate.

### Statistics and Trends in Education Programs in 2014-15

Eighteen (18) clients or students were registered in the Education Program at various points during 2014-2015, compared to 21 in the previous year.

Fifteen (15) children attended the nursery at various points, compared to 18 for the previous year.

There is a lessening demand for school services at Elizabeth House for reasons that are unclear. The population in the nursery was low at times, throughout the year, due to some students having enrolled their children in community daycares, due to convenience (close to home), or due to their child's age (over 18 months).

### Distribution of Clients in the Education Program By Age

Age	0-5	12-14	15-17	18+	Total
2014-2015	15	0	9	9	33
2013-2014	18	0	15	6	39

### Other statistics and trends in the academic year:

- 9 of the students (50%) were minors, compared to 71% the previous year.
- Of the 9 minors, 5 students (56%) were followed under Youth Protection, compared with 47% the previous year.
- 9 of the 15 children (60%) were followed under Youth Protection, compared with 50% last year and 29% the year before, indicating a steady increase.
- 6 out of 18 students (33%) were returning students, compared to 14 last year.
- 13 out of 18 students (72%) had participated in other Elizabeth House programs, similar to 76% last year.
- 10 out of 18 students (56%) had resided at the residence at some point during the school year, compared to 43% the previous year.
- 4 students attended school from out-of-region, including one student from Terrebonne and 3 from Chateauguay or Kahnawake.
- The majority of students resided with their parents and/or in a multi-generational household.

## Family Assistance Program

The Family Assistance Program offers support and follow-up to families (mothers, fathers and couples) living in the community who require more intensive support and intervention than may be available through first-line services. Services are provided to clients in conjunction with their local CSSS (*Centre de santé et de services sociaux*) to avoid any duplication of service, and to ensure that the clients' needs are fully met.

The program is primarily intended to help clients who are leaving residential services make a successful transition to the community. Clients in the community may be self-referred or be referred by a first-line professional. Self-referred clients are connected with their local CSSS for assessment of their first-line and second-line service needs, and for the purpose of joint intervention planning.

In 2014-2015, the program ran with one full-time educator and a social services intern (*stagiaire*). The work continued to focus on the following areas: child discipline and routines, home organization, cleaning and child safety, accompaniment related to legal and welfare issues, domestic violence and controlling relationships, other relationship issues, finding affordable housing and daycare, and following through on medical and other critical appointments.



### Statistics and Trends in the Family Assistance Program in 2014-15:

Twenty-nine (29) parents and 33 children received services through the Family Assistance Program, compared to 28 parents and 24 children the previous year.

There were two couples (mothers and fathers); the remainder consisted of services provided to 25 girls or women.

Of the 25 women, 23 lead a single parent household, while two resided with partners who did not participate in Elizabeth House services.

The average length of completed service ranged from 0-3 months to 21-24 months.

### Other statistics and trends:

- 5 of the 29 parents (17%) were minors, compared to 29% the previous year.
- Three of the 5 minor age clients were followed under Youth Protection.
- 8 of the 29 parents (28%) had more than one child, compared to 11% the previous year.
- 16 of the 33 children (48%) were followed under Youth Protection, compared to 25% the previous year.
- 12 of the 29 parents (41%) had participated in other Elizabeth House services, compared to 39% last year, representing a small increase.
- Nine out of the 29 parents had received residential services (31%), compared to 25% in the previous year.

<b>Distribution of Clients in Family Assistance</b>			
	<b>Mothers</b>	<b>Fathers</b>	<b>Couples</b>
<b>2014-2015</b>	25	0	2
<b>2013-2014</b>	21	1	3

<b>Family Assistance: Average Length of Service</b>								
<b>Months</b>	<b>0-3</b>	<b>3-6</b>	<b>6-9</b>	<b>9-12</b>	<b>12-15</b>	<b>15-18</b>	<b>18-21</b>	<b>21-24</b>
<b>2014-2015</b>	3	4	2	2	4	0	1	2
<b>2013-2014</b>	6	1	1	3	0	2	0	0

### Summer Day Camp

The summer day camp offers Elizabeth House clients a unique opportunity to spend quality time with their children, taking part in child-oriented activities and benefiting from some teenage or adolescent time while children are cared for in the nursery. It provides much-needed respite for young parents and demonstrates to them how to balance their needs and their children's needs through the planning of family-centered activities and through the friendships developed with other parents. For some parents it breaks the isolation they experience as single parents with limited support.

Last summer, eight mothers and their children took part in the program compared to 12 mothers in the previous year. Though the number of mothers enrolled was lower

than usual, the participation was consistent and positive.

As part of the parent/child activities, the parents participated in child-led play with their children based on the "Watch, Wait, and Wonder" therapeutic approach, aimed at strengthening parent/child attachment. Interactions between parent and child were filmed for teaching purposes. Parents benefited as they acquired a greater appreciation of their child(ren)'s needs and capabilities, and could observe their own strengths and weaknesses in how they related to them.

This program is run with the help of two student grants from the Canada Summer Jobs 2014 student employment program. Without this financial support, the summer program could not be completely staffed and would not run in its current format.

### Objectives for Rehabilitation Services in 2015-2016

The main objective will be to carry on with the standardization of core programming for clients, with the specific focus on standardizing in the areas of pre-natal care and nutrition.

Longer term objectives for Rehabilitation Services, currently in progress, are the following:

- Completing the work on evidence-based outcomes through staff evaluation of the outcome of their work, and mechanisms to evaluate client satisfaction and integration of knowledge;
- Defining competencies, activities and evaluation criteria;
- Developing a framework for the provision of services for fathers;
- Continuing to develop and implement aspects of the Client Safety Plan.

## *Partnership and Collaboration*

Elizabeth House values collaboration and continues to work in partnership with other organizations in the Health and Social Service network and the Montréal community to ensure a range of complementary services for our clients, to promote clear and ongoing communication among treating professionals and to ease the transfer of clients between organizations.

This past fiscal year Elizabeth House signed a formal partnership agreement with Batshaw Youth and Family Centres. Batshaw Centres refers many clients to Elizabeth House, particularly for residential services. This partnership is aimed at improving the coordination and quality of services provided to our shared clientele.

Through its partnership with the CSSS Cavendish, Elizabeth House has joined the Alliance Program, which is a region-wide project aimed at reducing the occurrence of child neglect in Montréal through community sensitization, training of professionals in health and social services, and the provision of cohesive services to children and families. This model is to be adapted to the work at Elizabeth House in 2015-2016, and used to strengthen the partnerships with other organizations who work with young families in difficulty.

## *Partnerships*

CSSS Cavendish	Elizabeth House Foundation
CSSS Sud-Ouest Verdun	Les Maisons Transitionnelles O3-On Our Own
Batshaw Youth and Family Centres	Trinity Memorial Church
English Montréal School Board	Unitarian Church of Montréal

## *Collaborative Relationships*

Aide Juridique Sud-Ouest de Montréal	Lasalle College
AIDS Community Care Montréal	Maison Bleue
Avenir d'Enfants	Maison Jean Lapointe
Carrefour Jeunesse-Emploi Notre-Dame de Grâce	Mackay Centre
CCS-Collective Community Services	MAP-Mères avec Pouvoir
CDN-NDG Public Library	McGill University School of Social Work
Centre communautaire Walkley	Montréal Children's Hospital Adolescent Clinic
Centre Emploi Québec	Montréal Diet Dispensary
Centre for Literacy of Québec	Montréal Museum of Fine Arts
Centre Jeunesse de la Montérégie	Montréal Public Health Department
Centre Jeunesse de la Montérégie	Mosaik Family Resource Centre
Centre Jeunesse de l'Outaouais	Native Women's Shelter
Centre Jeunesse de Montréal	Notre-Dame de Grâce Community Council
Champlain College Saint Lambert/Longueuil	Pointe Saint-Charles Community Clinic
Champlain College Lennoxville	Regroupement pour la Valorisation de la Paternité
CPE Lieu des petits-Installation Petites Chenilles	Royal Victoria Hospital
CSSS Dorval-Lachine-Lasalle	Service de police de la Ville de Montréal, Poste de Quartier I I

Concordia University	Service de police de la Ville de Montréal, Poste de Quartier 16
Cree Health Board	Shield of Athena
Dawson College	Québec Writers' Federation
Douglas Hospital	Saint-Raymond Community Centre
Ecole Rosalie Jetté	Segal Centre
Fondation de la visite	Separated Fathers
Foster Pavillion	Southwest United Church and Mission
Generations Foundation	Tandem Côte-des-Neiges/Notre-Dame de Grâce
Head and Hands	Teen Haven
Hippy-Québec	Université du Québec en Outaouais
Jeunes en santé NDG	Vanier College
Kahnawake Community Services	Volunteer Bureau of Montréal
Lasalle Boys and Girls Club	West Montréal Re-adaptation Centre
	Women Aware
	Women on the Rise
	YWCA

### *Participation on Advisory Tables and Tables de Concertation in Montréal*

An ongoing objective is to raise the profile of Elizabeth House so that professionals and organizations are aware of the specialized services offered. Participation on committees and advisory tables has also benefited Elizabeth House due to the exchange of best practice methods and ideas, networking and training opportunities. The organization committed resources to the following tables and/or committees whose work revolves around youth or providing services to families with children age 0 to 5:

- Table de concertation 0-5, CSSS Cavendish
- Table SIPPE, CSSS Cavendish (Les services intégrés en périnatalité et petite enfance pour les familles vivant en contexte de vulnérabilité)
- Table de concertation Mères Adolescentes du Sous-Comité du RUIS
- Anglo Family Council (Verdun)
- Network Partnership Initiative – LaSalle Steering Collective
- My Family, My Community Coordination Committee
- Réseau d'organismes et d'établissements œuvrant auprès des jeunes familles (ROÉJF)

### *Accreditation*

Elizabeth House was accredited with exemplary standing by Accreditation Canada for the period of 2013 to 2017. All required organizational practices (ROP'S), guidelines and tests for compliance were met. Although there was no follow-up required prior to the next visit (September 2017), Elizabeth House continues its quality

improvement journey. The Accreditation Coordinator continues to work with the management team keeping abreast of changing accreditation requirements. A mid term assessment will be completed and the Elizabeth House Improvement Plan will be updated to guide and track improvements.

## *Strategic Plan 2014-2018*

The Board of Directors approved a new strategic plan on September 29, 2014. An action plan was developed by the Management Team and approved by the Board of Directors on December 1, 2014. Initiatives are underway to realize the action plan. The Board will receive regular progress reports.

The following lays the foundation for the four strategic directions:

### **1. Enhancement of Clinical Services**

- a. Outreach and collaboration with partners who can assist Elizabeth House in jointly developing programs for fathers.
- b. Seek out collaborative relationships with individuals and organizations to assist EH in its interventions and in finding therapeutic resources for clients who have mental health or emotional difficulties.
- c. Ongoing development of treatment outcome measures in order to track client progress, assess the effectiveness of interventions and programs, and explore their potential use in research on this client population.

### **2. Financial stability for Elizabeth House**

- a. Assess the needs of Elizabeth House, organizing essential operations so that they can be financed with existing government funding.
- b. Encourage and support the development of the Elizabeth House Foundation's capacity to design and organize fundraising activities.
- c. Identify specific projects and incorporate them into the annual plan once funds have been secured by the Elizabeth House Foundation.

### **3. Investigation of Additional Space/Alternate Location**

- a. Feasibility vis-à-vis government regulations through Agence, and in light of mandate.
- b. Research the advantages and disadvantages of relocating or expanding physical plant (requires an assessment of locations in other areas of the city, rents or property values in these areas, and refitting costs), resale value of existing properties.
- c. Find common ground among other healthcare and social service providers in the area to assess and to better understand and deal with the impact of the new super-hospital on traffic, business and delivery of services by these provider organizations.

### **4. Enhancement of French-language Skills**

- a. Engage new staff with established French-language proficiency and promote improved French language skills among longer term staff in order to interact more fully with governmental agencies and healthcare providers in the francophone sector.
- b. Increased proficiency will allow staff to take greater advantage of training opportunities and professional development offered in the health network.

## *Report on the Organizational Objectives for 2013-2014*

### **1. Strategic Plan**

The strategic plan was finalized and approved by the Board of Directors on September 29, 2014. Our partners and the community will be informed of the new directions through the annual report.

An action plan was developed by the Management Team and was approved by the Board of Directors on December 1, 2014.

A report was made to the Board at the last meeting of the fiscal year, March 2, 2015.

### **2. Accreditation**

Management kept abreast of new standards, guidelines and new accreditation requirements. Work for accreditation continues to be paced out over the accreditation cycle so that the process does not have a significant impact on regular operations and personnel in the actual accreditation year (2017). New policies, procedures and practices are based on accreditation guidelines, where applicable.

### **3. Rehabilitation Services**

The DPRS has continued to work in partnership to identify the needs and develop services to meet the needs of fathers. An MSW intern conducted a survey of social work professionals in order to determine the services available to fathers in the community and service needs that are not being met. The meetings held with Collective Community Services (CCS) did not lead to a pilot project as had been hoped. Elizabeth House is part of a newly formed committee, through the *Table 0-5 Cavendish*, to explore ways of improving services to fathers within the territory of CSSS Cavendish.

The standardization of program material to teach parenting skills, to help parents

track their children's development, and to teach independent living skills has been done (ASQ, Terrific Toddlers, Independent Living Workshop). The standardization of program materials pertaining to pre-natal care and nutrition has yet to be developed.

With respect to the Education Program, students have been eligible for the *Ma Place Au Soleil* Program through *Emploi Québec*. Students have also benefited from the DEAL Program, overseen by the educator and teachers at the school. The issue of budget allotment to the Education Program, and the potential reorganization of services in accordance with new budgets, are being addressed by the Management Team and will require English Montreal School Board involvement.

### **4. Risk Management**

The admission and discharge procedures were revised. As well, the Clinical Program Manager (CPM) and the Coordinator of Administrative and Auxiliary Services worked on the guidelines to Path/Track programs which will address the necessary safety issues pertaining to the apartments, and response to emergency situations.

A general review was undertaken (March/April 2014) by the DPRS of the risk related topics that must be included in a synthesized Health and Safety Manual, Emergency Measures Manual and the associated risk management related policies and procedures.

### **5. Evidence Based Objectives**

Some preliminary work was done with the clinical program manager and the former MSW student in updating the Logic Model so that it may be used for intervention planning purposes and the development of an eventual phase system to monitor and encourage client progress. The ongoing development of

treatment outcome measures is required to assess the effectiveness of interventions and programs, as outlined in the current Strategic Plan.

## **6. Human Resources**

The Wellness Committee had its best year ever with participation and excitement around the month long activities that brought the group together.

Administrative staff was trained in aspects of their colleagues' jobs in order to ensure consistency and coverage of the critical and most important dossiers.

Extensive training was put in place with regards to first aid and therapeutic crisis intervention using trainers from partner organizations and negotiating costs for large groups.

Guidelines and a mini-training session on how to read pay cheques and what must be verified by the employee have been prepared. The CAAS will meet with each employee to review the guidelines and answer any questions. Once done, the plan calls for an annual verification of this information by Human Resources.

## **7. Financial Management**

Several discussions were held regarding the presentation and reporting of financial information at Board meetings. The new format has been integrated

over the course of the year and will be fully implemented for the 2015-2016 year.

The chart of accounts was revised taking into consideration new requirements and new ways of working; ease and consistency of classifying and locating pertinent information; report production; financial reporting to the Board of Directors.

Adjustments were made to accounting practices to accommodate the harmonization requirements. Adjustments are now being done each pay to harmonize the sick, stat, vacation and overtime banks. We expect no surprises at year end but will not know if further adjustments are needed until we have the final results at year-end.

## **8. Information Systems**

Discussions regarding the management of data, both electronic and paper, led to the discovery that a new server is essential and that the policy and procedure on archiving client and other data must be revised.

In addition, electronic and paper files must be culled and/or destroyed, depending on pre-established retention schedules. This will be a work in progress that will span at least two years.

# ***Organizational Objectives 2015-2016***

## **1. Strategic Plan**

Continue to pursue the strategic directions by following the action plan elaborated by the Management Team.

## **2. Accreditation**

Keep abreast of new standards, guidelines and new accreditation requirements.

Pace accreditation work out over the next 2 years such that the 2017 process does not have a significant impact on regular operations and personnel.

Complete a mid-term assessment and develop a plan of action.

## **3. Risk Management**

Review policies, procedures and materials related to risk management and develop a plan a) to formally review and update the Risk Management section of the Policy and Procedures Manual; b) to formally review and update the Health and Safety Binder/Emergency Measures Binder and other related documentation. This

objective was carried over from 2014-2015 and is expected to be a work in progress from now to the accreditation visit in September 2017.

#### **4. Rehabilitation Services**

Continue to standardize group work, modules, workshops and education sessions with specific focus on standardizing in the areas of pre-natal care and nutrition.

Study the issue of budget allotment to the Education Program, and the potential reorganization of services in accordance with the budgets. This will require involvement of the EMSB through the Joint Standing Committee.

#### **5. Communications/Public Relations**

Raise the profile of Elizabeth House services, mainly residential, by promoting EH services to the French speaking network of organizations working with English speaking youth and young parents.

#### **6. Human Resources**

Put a system in place to have employees verify their payroll deductions and bene-

fits. Develop a procedure for Human Resources to verify the information annually such as salary increases, benefits, insurance, and premiums.

#### **7. Financial Management**

Finalize the plan to replace the accountant and manage financial services now and into the future.

Identify needs and present proposals to the Foundation for funding of special projects, programs or needs.

#### **8. Information Systems**

Develop a system for the management of data, both electronic and paper. An additional server must be installed and the policy and procedure on archiving client and other data must be revised and will include the guidelines for transporting and emailing confidential information. In addition, electronic and paper files must be culled and/or destroyed, depending on pre-established retention schedules. Although the work is planned to begin in earnest this year, it is expected to take two years to complete the archive room.

## ***Risk Management and Quality Improvement***

### **The safe provision of care and services**

In an effort to improve service quality and in order to respect the organization's obligations under the Law on Health and Social Services, Elizabeth House continues to place great emphasis on the reporting of risk situations which could have, or did have, a negative effect on the health, safety and security of clients, students, visitors, volunteers and personnel.

### **Incident, Accident and Risk Event Reporting**

Data on incidents and accidents is submitted to the Ministry of Health and Social Services using a computer program referred to as *Système d'information sur la sécurité des soins et services, or SISSS*.

An incident is defined as: an action or situation that does not have consequences for the state of health or welfare of a user, professional involved or third-party, but the

outcome of which is unusual and could have had consequences under different circumstances."

An accident is defined as: an action or situation reaching or affecting a user, a professional involved or third party, which has, or could have, consequences for their state of health or welfare.

A complication, in the psychosocial context, is defined as: the foreseeable aggravation of a situation in which the risks are already known. The Ministry of Health and Social Services makes a distinction between accidents and complications. The latter are not reported to the Ministry, as they relate to the risk situations and observations made in rehabilitation services which are anticipated and to which interventions are geared.

Elizabeth House has maintained reporting and monitoring procedures to deal with specific risk situations that do not fall within the legal definition of incident or accident. The events which concern clients are

referred to as intervention-related risk events and generally relate to complications. The other three categories of risk events include general risk events (related to equipment, building security, and general safety), infection prevention and control (related to communicable disease or infection), and staff work accidents.

The recording of risk events provides us with valuable information used to determine key areas of intervention, communication and training to ensure the safety of clients and staff. The table below provides a comparison of the number of incidents, accidents and risk events that have been recorded over the past three fiscal years.

<b>Type of Risk Occurrence</b>	<b>2014-2015</b>	<b>2013-2014</b>	<b>2012-2013</b>
<b>Accidents</b>	9	25	10
<b>Incidents</b>	2	9	1
<b>Events:</b>			
<b>Intervention-related</b>	47	40	24
<b>General risk</b>	54	56	29
<b>Infection Prevention and Control (IPAC)</b>	16	28	17
<b>Staff work accidents</b>	4	4	0
<b>Totals</b>	132	162	81

There was a marked decrease in the number of incidents, accidents and events reported this fiscal year, compared to last year and the year before. The figures with respect to the number of incidents and accidents in 2012-2013 and 2014-2015 are almost identical. Interestingly enough, the occupancy rate in the residence was the same in 2012-2013 and 2014-2015 (41%), while in 2013-2014 it was significantly higher (68%). This suggests that there may be greater risk of incidents and accidents when clients are spending more time in the residence. However given the low number of incidents and accidents, and possible other variables, it is impossible to reach any firm conclusions.

The above table indicates a lower number of IPAC events in 2014-2015 compared to last year. Significant efforts were made by staff and clients to try to prevent the spread of colds and infections which may have contributed to this.

There were no accidents related to breach of client confidentiality this past year, compared to six last year (2013-2014) and one the year before (2012-2013). Client confidentiality is a key focus at Elizabeth House, with the objective of educating and sensitizing staff, and reducing the risk of any breaches.

There were no incidents or accidents related to medication this past year, compared to six in 2013-2014. (There were

also none in 2012-2013). It is important to note that Elizabeth House staff do not administer client medication, therefore the incidents or accidents usually pertain to problems with the handling or storage of medication. The safe handling of medication is viewed as very important due to the possibility of a child ingesting the wrong medication and/or finding medication on the floor.

There were four client falls this past year, compared to five last year (2013-2014), and four the previous year (2012-2013). The falls have generally occurred on account of factors related to the clientele; such as negligence or distraction, or 'age and stage' activity on the part of the children (learning to walk, running). The Elizabeth House Falls Prevention strategy aims to reduce the risk of falls through the analysis of falls that occur during the fiscal year, and the gathering of staff feedback, in order to improve the physical environment.

The above table indicates similar figures pertaining to the number of general risk and intervention-related events reported in 2013-2014 and 2014-2015. Reports of co-sleeping, inadequate child supervision, and

improper use of child equipment, have constituted, in that order, the three most frequently reported intervention-related events, for that past two fiscal years. These risk issues are addressed by the clinical staff through the important work they do, intervening before accidents occur and teaching parents about child safety.

The number of general risk events reported this year (54) is almost at par with the number reported last year (56). General safety events have represented the majority of general risk events reported this year (42) and last year (36). Almost half these events in 2014-2015 (15 out of 42) and 2013-2014 (13 out of 36) have consisted of situations that were identified as creating risk to children. These figures confirm the importance of maintaining an internal reporting system, in order to capture the risk events that do not meet the criteria for the incidents and accidents reported to the Ministry.

The number of work accidents has remained fairly low, including four this year, four last year (2013-2014) and zero the previous year (2012-2013).

## **Integrated Risk Management and Quality Improvement Committee (IRMQIC)**

The mandate of the Integrated Risk Management and Quality Improvement Committee (IRMQIC) is to oversee the management of risk within the organization, through the analysis of risk situations and the development of policies and procedures to reduce risk. The IRMQIC reviews and approves the quarterly Incident, Accident and Event Reports and the recommendations made, ensuring that follow-up is done. Reports are provided to the Board of Directors on the activities related to risk management and quality improvement.

The organization has maintained a heightened awareness of the importance of health and safety within the culture of the organization. The IRMQIC sub-committee has continued to meet regularly, in between the scheduling of the quarterly IRMQIC meetings. Incidents, accidents and events are also discussed at Management meetings on a bi-monthly basis.

The internal forms for reporting events continue to be reviewed as attempts are made to clarify and simplify procedures. A staff training schedule has been developed to establish training priorities, with funding priority given to training required to meet

accreditation standards, occupational health and safety laws and laws under the Ministry of Health and Social Services.

The annual inspections of the fire alarm and smoke detectors in the residence were carried out. Fire drills, including staff and clients, took place on a quarterly basis to test knowledge and compliance, while debriefing sessions were held in team meetings and group client meetings to reinforce and evaluate procedures.

A decision was made in March 2015 to add child equipment to the Preventive Maintenance and Building Repair Plan. An inventory list of all child equipment, in storage and in circulation, will be added to the existing inventory of Elizabeth House equipment, with designated roles and responsibilities assigned to staff to ensure the regular inspection of equipment, including expiry dates and possible recalls. A

pro-active risk assessment is underway in order to find effective solutions to improve window safety within the residence.

### **Control Measures**

The incidents and accidents reported this past fiscal year were not of a critical nature and did not result in any serious or permanent injury to a client. There was no exceptional recourse to a measure of control (restraint or isolation) in order to manage dangerous behavior on the part of clients.

The Elizabeth House policy entitled Measures of Control Including Physical and Mechanical Restraints, Isolation and Chemical Substances (2004) is being revised to reflect ministerial orientations and current practices at Elizabeth House. The revised policy will be presented to the Board of Directors for approval in the 2015-2016 year.

### **Risk management/quality improvement objectives for 2015-2016:**

1. Follow-up on recommendations in the Annual Incident and Event Report;
2. Establish a plan and review and update documentation related to risk management i.e. risk management related by-laws, frameworks, policies and procedures, manuals and practices.

This includes:

- Shortening and rewording of sections of the evacuation plan for greater simplicity and clarity;
- Modification of procedures in the Emergency Measures Binder related to power failures, including the notification of the C.A.A.S. during prolonged power failure, as it affects the building and property, information technology, and safety and security;
- Development of routine and additional precautions for the prevention and

management of communicable illness, childproofing procedures, and procedures for the management of extreme heat advisories;

- Finalization of guidelines for integration to Path/Track, for client orientation, building and general safety;
- Identification of concrete solutions to improve window safety in the residence (pro-active risk assessment);
- Updating the security of information policy to include protocols for the secure transfer of client information internally and externally;
- Completing work on policies and procedures related to measures of control.

## Service Quality and Vigilance Committee (SQVC)

The mandate of the SQVC is to ensure respect for users' rights and promptness in processing users' complaints. It is also mandated to contribute to the pertinence, quality, safety and effectiveness of the services provided by Elizabeth House. It receives and analyzes reports, and makes recommendations to the Board on the quality, safety, and effectiveness of services, the handling of complaints, the enforcement of users' rights and actions to be taken. It ensures the implementation of recommendations and encourages collaboration. It ensures that the Local Service Quality and Complaints Commissioner (LSQCC) has the necessary resources to carry out the responsibilities of this office.

The committee is composed of five members – the Executive Director, LSQCC, and three Board members who do not work for or practice their profession in any of the Elizabeth House facilities. In 2014-2015, the committee functioned with the Executive Director, the LSQCC, and two board members.

The SQVC met five times. One meeting was dedicated to client satisfaction survey assessment and development. As well, the committee revised the Policy on the Handling of Client Complaints.

### Ongoing work of the SQVC included:

- Fostering the growing culture of quality improvement such that it is woven through all aspects of the work at Elizabeth House;
- Reviewing and accepting the recommendations resulting from periodic reports and the annual Incident, Accident and Event Report;
- Reviewing and accepting periodic reports and the Annual Complaints Report produced by the LSQCC and recommending to the Board to accept the report at the Annual General Meeting;
- Monitoring the adherence to the new bylaw regarding the safe provision of health and social services;
- Ensuring that clients were made aware of and had free access to the client complaint process;
- Ensuring that clients were aware of their rights in general and reviewed their rights as Elizabeth House clients;
- Clarifying client rights in relation to protection (e.g. protection of privacy and of dignity), for provision (of basic rights, e.g. education) and for participation (e.g. the Youth Protection Act, the right to have a lawyer in court); sessions were offered to clients in the Residential, Family Assistance and Education Programs;
- Renewing the mandate of the Local Service Quality and Complaints Commissioner;
- Receiving satisfaction surveys and exit interviews results; monitoring changes and improvements.

### Objectives for 2015-2016 include:

- Fostering the growing culture of quality improvement such that it is woven through all aspects of the work at Elizabeth House;
- Reviewing and approving the recommendations resulting from periodic reports and the Annual Incident, Accident and Event Report and the Client Complaint's Report;

- Monitoring the adherence to the new bylaw regarding the safe provision of health and social services; this will involve approving a plan to review and update documentation related to risk management i.e. risk management related by-laws, frameworks, policies and procedures, manuals and practices;
- Ensuring that clients are made aware of and have free access to the client complaint process;
- Ensuring that clients are aware of their rights in general and reviewed their rights as Elizabeth House clients;
- Renewing the mandate of the Local Service Quality and Complaints Commissioner;
- Receiving satisfaction surveys and exit interviews results; monitoring changes and improvements;
- Holding focus groups to deepen the understanding of recurrent themes in client feedback in an effort to increase client satisfaction with all aspects of Elizabeth House services;
- Facilitating discussions regarding program evaluation goals as differentiated from client satisfaction survey goals;
- Articulating a policy and procedure for the gathering, analysis, feedback and use of satisfaction survey results.

## Client Satisfaction Surveys

Client satisfaction is evaluated every four years as part of accreditation. In addition to this process, Elizabeth House has a long standing practice of conducting satisfaction surveys and exit interviews to determine client satisfaction levels and to discuss possible improvements to its programs, the rules and how it functions. The survey is broken down into five main areas: accessibility, care and services rendered, interpersonal relations, environment and material resources and access to services.

The Executive Director met with the residential clients to confidentially survey their satisfaction with the services they have received from Elizabeth House and to discuss any issues or recommendations for improvements. Exit interviews were also conducted with clients leaving the Residential Program when circumstances permitted. In total, feedback was received from 20 mothers this year, as compared to 14 mothers in 2013-2014.

Overall, clients expressed satisfaction with Elizabeth House services. Of the 87 questions, 68 received a satisfaction rating of over 70%. Once again clients were

generally satisfied with food services, infection prevention and control practices, the physical environment, safety and security, intake and discharge processes, the availability of services, to name a few. These results will be used as a benchmark for future satisfaction surveys. The survey highlighted some areas that require attention. The Director of Professional and Rehabilitation Services and the Clinical Program Manager will analyze and discuss feedback with staff to identify problems that are inherent to group living and placement and those that require improvement and action.

Based on feedback from clinical staff and clients, some of the survey questions were reworded to be more specific and for greater clarity. This revised survey will be used in the 2015-2016 survey process.

## Handling of Complaints and Promotion of User Rights

The handling of formal client complaints is the exclusive mandate of the Local Service Quality and Complaints Commissioner (LSQCC). There were no complaints in 2014-2015 as compared to one complaint last year. There was one intervention processed and concluded as compared to none last year. It was unfounded. No corrective measures were required and the intervention was concluded within the prescribed delays to the satisfaction of the client representative. No appeals were made to the Public Protector.

The Commissioner reported again this year that “clients continue to be aware of the complaint procedures. Elizabeth House has a long-established approach that includes the practice of addressing client dissatisfactions and complaints directly with the persons involved and are committed to soliciting client participation.”

The activities of the LSQCC fell into three categories:

### 1. Promoting Client Rights

- Presentation (October 15, 2014) to the Elizabeth House residents and the clients of the Education Program concerning the Youth Protection processes, and the rights and responsibilities of parents whose children are under Youth Protection were given by the LSQCC, in conjunction with staff members. Clients from the Family Assistance Program were invited to the presentations.
- The LSQCC participated in a staff meeting to consult on the proposed updates to the Policy and Procedures on the handling of client complaints.
- Updated the promotional pamphlet describing the client complaint process.

### 2. Reporting

- Preparation of the qualitative and quantitative reports, including the Annual Complaints Report.
- Preparation of the report for the Service Quality and Vigilance Committee (SQVC).

### 3. Other

- Participated in five meetings of the Service Quality and Vigilance Committee (SQVC).
- Contributed expertise to the development of the evaluation tool to assess client satisfaction.
- Revised the policy and procedure on the management of Client Complaints.
- Formalizing a continued agreement with the *CIUSSS du Centre-Est-de-l'Isle-de-Montréal* for the services of the Local Service Quality and Complaints Commissioner.

### The focus for 2015-2016 will be on:

- Repeating a series of presentations to promote the Client Complaints Procedure, the Code of Ethics, and client rights and responsibilities - with continued emphasis on including Family Assistance clients and creating links with the Committee for Client Support and Satisfaction (CCSS);
- Participating in the continued development of the evaluation tool to assess client satisfaction and in the preparation to hold focus groups;
- Through the SQVC, provide input into the process to develop a plan to review and update documentation related to risk management, i.e. risk management related by-law frameworks, policies and procedures, manuals and practices.

## Committee for Client Support and Satisfaction (CCSS)

Efforts were made to support the Committee for Client Support and Satisfaction (CCSS). The challenges that many current and ex-clients face, in addition to their young age, make it difficult for them to commit to organizing and participating in CCSS activities on a consistent basis. The committee did not meet this year.

The Resource Committee (RC), established to support the activities of the CCSS and to help develop the capacity of committee members, includes an administrative technician, a third-year student intern when available and a clinical educator who works closely with the members to coordinate meetings, and to stimulate and support clients in further developing the committee and its activities for the year.

### In 2014-2015

The President of the CCSS was involved in the following activities

- Promoting and facilitating a lifeskills workshop to the students in the Education Program November 11, 19, and 25, 2014. The three part program focused on moving and preparation for independent living;
- Assisting current clients with access to the internet and social media;
- Participating in informal meetings and discussions with current clients regarding their satisfaction with Elizabeth House services.



### Objectives for 2015-2016 include:

- Re-establishing the committee; supporting activities and committee business;
- Creating a link on the Elizabeth House website for users; creating a page on the website to highlight the goals and activities of the CCSS;
- Promoting user rights to new clients; promoting the committee to Elizabeth House clients which included the design of a recruitment poster and attendance at client activities;
- Providing feedback regarding the client safety handbook;
- Developing a strategy to maintain membership and recruit new members; hold elections, as necessary;
- Participating in the Open House;
- Evaluating the need for and objectives of a client mentor program.

## ***Governance***

Board members of Elizabeth House are wholeheartedly committed to the mission and values of the organization, and to fulfilling governance responsibilities accordingly.

### **Board of Directors 2014-2015**

Cerise Morris, President  
Howard Nadler, Vice-President  
Sandra Sinclair, Secretary  
Claude David, Treasurer  
Cristina Birks  
Jane Bracewell  
Nooshin Maleki  
Donna Varrica  
Linda Schachtler, Executive Director,  
Member ex officio

### **Board Committees 2014-2015**

Building Committee  
Clinical Program Committee/Program and  
Services Evaluation Committee  
Education Fund Committee  
Executive Committee  
Finance and Audit Committee  
Integrated Risk Management and Quality  
Improvement Committee (IRMQIC)  
Joint Standing Committee (English Montréal  
School Board and Elizabeth House)  
Labor Relations Committee  
Nominations Committee  
Public Relations/Communications  
Committee  
Service Quality and Vigilance Committee  
(SQVC)  
Strategic Planning Committee

### **Accomplishments 2014-2015**

In addition to its regular governance responsibilities, the Board of Directors and its committees focused its efforts this year on making improvements to its functioning as it continued to assess its performance, using Accreditation Canada guidelines and standards.

Highlights include:

- Provided leadership to the strategic planning process and approved the new Strategic Plan 2014-2018;
- Held an education and development session for Board members on ethical dilemmas and conflict of interest issues and considerations;
- Evaluated the Executive Director, the functioning of the Board, the Chair of the Board and the officers of the Corporation;
- Individual members continued to develop their roles on the Integrated Risk Management and Quality Improvement Committee and the Service Quality and Vigilance Committee;
- Held Executive Committee meetings and in-camera sessions regularly throughout the year;
- Continued to develop the fundraising capacity of Board members; developed links with the Elizabeth House Foundation; established a new practice of holding two joint meetings per year;
- Completed the first draft of a manual for board members to accompany the new by-laws;
- Together with the Executive Director and the Elizabeth House Foundation, began discussion to define the relationship between the Elizabeth House Foundation, Elizabeth House and Les Maisons Transitionnelles O3.

## Board Objectives for 2015-2016

- Oversee and support the strategic plan;
- Administer the Sustainable Governance Functioning Survey and the Board Functioning Questionnaire;
- Conduct an annual stakeholder survey to promote two-way communication;
- Evaluate the Executive Director, the functioning of the Board, the chairperson of the Board and the officers of the Corporation;
- Actively recruit new members and involve Board members and others in identifying and bringing in targeted expertise; articulate a strategy for recruitment;
- Continue to hold at least one Board development activity each year;
- Continue to develop the role of Board members in relation to risk management and quality improvement on the IRMQIC and SQVC;
- Continue to raise the fundraising capacity of Board members; develop links with the Elizabeth House Foundation;
- Define the relationship between Elizabeth House, the Elizabeth House Foundation and *Les Maisons Transitionnelles O3* with respect to fundraising and access to services for Elizabeth House clients.



## Human Resources Management

### Human Resources Staffing Levels

Elizabeth House operated again with 20 permanent full-time and part-time employees or 16.59 full-time equivalent positions as compared to 19 and 16.44 in 2012-2013. There are (8) trained educators on the on-call list who work replacement shifts as needed.

In addition, Elizabeth House also used the services of consultants, contract workers and occasional laborers.

SUMMARY	Full Time		Part Time		TOTAL	
	No. of Staff	F.T.E.	No. of Staff	F.T.E.	No. of Staff	F.T.E.
Management	2.00	2.00	0.00	0.00	2.00	2.00
Clinical Staff	7.00	7.00	7.00	4.59	14.00	11.59
Admin Staff	2.00	2.00	2.00	1.00	4.00	3.00
Auxiliary Staff	0.00	0.00	0.00	0.00	0.00	0.00
<b>Total</b>	<b>11.00</b>	<b>11.00</b>	<b>9.00</b>	<b>5.59</b>	<b>20.00</b>	<b>16.59</b>

Contracted Services as needed		
Accountant		0.10
Accounting Clerk		0.60
Accounting Technician		0.50
Admin Tech Support		0.60
Maintenance / Housekeeping		1.00
<b>Total</b>		<b>2.80</b>

### Labor Relations Committee

A labor relations committee was established to clarify the working conditions at Elizabeth House and to look at developing an employee handbook to guide new managers and staff. The committee was also tasked with undertaking the revision of human resource policies and procedures. The Committee met three times.

Members from the Board were selected for their expertise. The committee is comprised of the Executive Director, the Coordinator of Administrative and Auxiliary Services and three Board members – a lawyer, a human resources expert and the President.

The Management Team deposited selected policies and procedures for review, including on-call coverage, transportation of confidential information and professional development. Numerous other policies are in draft form and ready for review and feedback in 2015-2016. The work of the committee was suspended when an application for union certification of the clinical staff was deposited.

A pro bono file was opened with BLG to support the policy and procedure review and other labor relations topics.

## Performance Management

As part of its commitment to ongoing improvement, Elizabeth House continues to evaluate performance, provide feedback to employees and set performance objectives for the next period. These evaluations contribute to better collaboration and coordination to achieve organizational goals; provide employees with a better understanding of their role and management expectations; identify and support learning and skill development; and help direct work in a results-based manner.

## Professional Development and Training

Elizabeth House supports individual and team development by providing employees with opportunities for ongoing learning and development. Cuts imposed by Bill 100 have required Elizabeth House to find new, creative and less costly ways to provide training.

As part of the commitment to ongoing improvement and staff development, employees attended a variety of professional development activities.

Staff members participated in the following external professional development and training activities in 2014-2015:

- Presentation given by a nurse from the Douglas Hospital on borderline personality disorder and treatment through the use of Dialectical Behavioral Therapy.
- Training on child stimulation (*Jeux d'Enfant*) based on the Abecedarian approach.
- Training in Therapeutic Crisis Intervention contracted through Batshaw Youth and Family Centres. A two-day training on Therapeutic Crisis Intervention (TCI) was attended by the majority of clinical staff in November and December 2014. In December 2014 the educator and aide

Formal performance evaluations continue to be done on an annual basis in a two-way communication process between the supervisor and employee. They are also conducted at the end of the probationary period for new employees. Replacement and on-call workers are included in the performance evaluation process.

at Elizabeth High School participated in a training given by the English Montréal School Board (EMSB) on the handling of various crises that may arise within a school, as part of the EMSB Social Emergency Program.

- Almost all the clinical staff were certified or re-certified in first aid through training given by the *Centre de formation en secourisme du Québec*. The training included an additional certification referred to as '*petite enfance*,' which qualifies staff to respond to emergency situations involving young children.
- *Prise de risque, adolescence et transition à l'age adulte*: Training given by psychologist from *Dans La Rue* on working with high risk adolescent behavior.
- Training on the stimulation of language development given by a speech therapist from *Au Baluchon*, funded through *Avenir d'Enfants*.
- Introduction to the Alliance Program, the regional project for the identification and treatment of child neglect.

In-house training sessions were provided to all staff, and in many cases to clients also, throughout the year to review policies and

procedures pertaining to the following topics:

- Medication Policy
- Falls Prevention
- Infection Prevention and Control (IPAC)
- Protective Personal Equipment (PPE)
- Hand Hygiene and Respiratory Hygiene
- Security Alert System (SAS)

### **Employee Complaints Process**

Four years ago, the Board of Directors approved a formal complaints process for employees as part of the development of Human Resources policies and procedures.

### **Employee Wellness**

Elizabeth House acknowledges the importance of personal and collective wellness in the workplace for the health of individuals, the effectiveness of the organization and for its impact on client satisfaction. Healthy employees provide better services to our clients and can better support the mission and strategic goals of the organization.

Discussions also took place over the year regarding vulnerability due to the small size of the organization along with the need to look closely at succession planning. The organization began to cross train administrative staff to lessen the impact of personnel changes, to offer employees the opportunity to develop new skills and to provide enhanced job satisfaction.

### **Human Resource Objectives for 2015-2016**

- Negotiation of a Collective Agreement;
- Extend the Orientation Program to include fathers and visitors; in the spirit of ongoing improvement, continue to develop orientation tools;
- Establish a program to encourage staff to verify their payroll information and benefits at least annually;
- Develop a procedure for Human Resources to verify payroll information and benefits annually;
- Assess organizational needs, restructure administrative services, revise job descriptions and hire into any vacant positions;
- Continue to cross train employees to create backup supports for key functions such as payroll, bookkeeping,

- Workplace Hazardous Materials Information (WHMIS)
- First aid and first aid kits
- Use of Anti-ligature tool (suicide and strangulation prevention)
- On-the-job cross training in administrative services.

The process is reviewed as part of the orientation program for new employees. There was one staff complaint dealt with over the course of the year.

The Wellness Committee supported healthy workplace initiatives and work-life balance for employees. Members were active in planning and organizing special activities. Employees expressed their appreciation and actively participated in wellness activities: gratitude boards, wellness walks, high tea, potluck breaks and neighborhood activities. Human Resources sent out information to staff related to health and safety. The Committee will continue to promote staff wellness in conjunction with the Human Resources Department.

The Employee Assistance Program was renewed and continues to be valued by staff.

- website maintenance, with a view to succession planning;
- Continuing to discuss the topic of staff recognition with a view to developing a staff recognition plan;
- Continuing to cross train staff to ensure coverage of important dossiers;

- Further developing the Wellness Committee and program;
- Finding creative ways to provide training to all staff that are pertinent and affordable.

## Volunteers

Volunteers take on many important roles in the Elizabeth House community.

### Community Volunteers

Elizabeth House received numerous donations of clothing, baby items and equipment, as well as gifts which were distributed to clients over the holiday period. Food, milk products, baby accessories, toddler dishes, storage containers, pajamas, yoga classes, baby and toddler furniture, and books are just some of the items that volunteers gathered for us this year.

- Kids Fun and Learning Centre
- Roslyn School staff, students, parents and volunteers
- The Mile End Mission
- Lower Canada College Youth and Philanthropy Initiative
- The Surrey Knitters
- Glasspoole Crafters
- Mount Royal United Church Youth Group and Sunday School
- Generations Foundation
- *Action Communiterre*
- Trudeau Corporation
- NDG Food Depot
- Women who have mobilized their networks to support Elizabeth House – Daija Douglas, Susan Webber, Carolyn Bouchard-MacNeil, Jennifer Heinegg, Fezeh Abdelmoumen, Paige McEachren

### Respite Volunteers

The organization continued to focus on recruiting volunteers to provide planned respite for mothers so that they could follow-up on the goals identified in their intervention plans, attend school or simply

get a break from the new challenges of parenthood. Volunteers are a critical support to our young mothers and their children. Without their help many young mothers would not have a break. They are appreciative of the many hours of help and caring that they have received from the dedicated women who have been part of our volunteer team this year. Seven volunteers supported the residential program totaling 217 hours of respite. One volunteer supported the nursery that helped provide childcare services while mothers were in school. The total number of hours over the academic year totaled 180 hours of work.

### Corporate Volunteers

Corporations have also stepped up to help Elizabeth House with many projects that would otherwise not be realized without the generous outpouring of services, time, equipment and materials. Our thanks go out to the following companies for their philanthropic commitments:

- Fauteaux, Bruno, Bussière, Leewarden (FBBL) – employees volunteered to clean the backyard, do landscaping and create a vegetable garden for clients. New perennials were added to the gardens providing color and a nice seating area for all. The activity took place on June 4, 2014 and 10 volunteers provided 700 hours of work.

- Sienna Construction – provided consultation services regarding building issues and renovation projects.
- MNP – the company donated significant office furniture and equipment, kitchen furniture and appliance, storage solutions and couches.
- The Québec Centre for Literacy – the Centre donated desks, filing cabinets, bookcases, conference table and chairs.
- The following companies participated in the fundraising event for the 2015 Scotia Run Charity Challenge for Elizabeth House
  - Fednav
  - Luxury Retreats
  - MNP

### **Governance Volunteers**

The final group of volunteers is the dedicated and compassionate men and women on the Board of Directors of Elizabeth House and the Foundation. Our thanks go out to them for the expertise they bring to Board discussions, the vision they bring to our Strategic Plan and the energy they put into the ongoing improvement and development of Elizabeth House and its support network. Eight volunteers provided 310 hours of support to Elizabeth House as they fulfilled their governance duties.

### **Student Interns**

Elizabeth House welcomes students from different disciplines to complete their internship (stage) requirements. These students play an integral role in the team as they apply their skills and knowledge to intervention planning, program development, client supervision and accom-

paniment. The students are also able to benefit from in-house training as well as an extensive orientation program.

This year Elizabeth House received six students in our internship program within the Residential, Education and Family Assistance programs. The total number of stage hours dedicated to Elizabeth House by students amounted to 2,467 hours.

There were three students studying Special Care Counseling in their third year; one from Champlain College Lennoxville and two from Vanier College. There was a third-year student from the Dawson College Social Services Program, a third-year student from the Concordia University Applied Human Sciences Program, and a third-year nursing student from *Université du Québec en Outaouais*. In addition, two third-year Applied Human Sciences students from Concordia University animated group work in the residence.

The acceptance of a nursing student represented a new endeavor for Elizabeth House. This *stage*, as determined by the university, was intended to provide the student with experience working in a psycho-social milieu versus a health care setting. The student, who already had a college diploma in nursing, was supervised by a professor at the university while Elizabeth House played a facilitator role. This experience was enriching for both sides; the nurse, who acquired greater knowledge and sensitivity to the challenges faced by young parents, and the clients, who benefited from the nurse's experience in her field.

## ***Information Technology, Information Security and Confidentiality Agreements***

In compliance with the Law Respecting Health and Social Services, Elizabeth House continues to implement its policy and procedures on information security. These govern the evaluation, appropriate use, and adequate protection of personal information as well as the protection of information of legal, administrative, or economic value. An addendum to the policy was

developed to further outline the measures in place for the transporting of confidential information and will be approved in the 2015-2016 year.

Elizabeth House meets the basic standards regarding information security and technology as set out in the guidelines from the Ministry of Health and Social Services and the *Agence de santé et des services sociaux de Montréal (15 mesures prioritaires du cadre global de gestion des actifs informationnels - volet sécurité CGGAI)*, taking into consideration our unique circumstances: the limitations of the physical space, the computer hardware in use and the budgetary constraints to the purchase/upgrade of computer equipment (hardware or software), etc.

## **Maintien des actifs**

Elizabeth House has spent significant funds in the past 10 years on computer equipment and systems and technical expertise necessary to maintain these systems. Costs related to computers and technology continue to increase. The organization has received non-recurrent funding in its budget to recognize and cover some of these costs. Upgraded software and equipment are key to having access to the information, systems (ex: incident and accident reporting systems, financial management and reporting systems) necessary for Elizabeth House to function within the réseau and to staying abreast of information, changes and requirements of the *Agence de développement de Montréal* and others. This is a challenge, as Bill 100 requires cuts in administrative services, including computer software and hardware.

This non-recurrent budget allocation was received from the Agence two years ago to help offset the expense of upgrading information systems software and equipment (including laptops, desktops and servers). The balance of this budget was put towards the purchase of the following technology-related equipment:

- Server upgrade
- Computers
- printers

Administration continued to follow a three-year plan (*Plan directeur des actifs informationnels*) regarding information security objectives and projects for information technology, computer equipment replace-

ment plans, and the development of procedures regarding how information is maintained, accessed and stored on computers in offices and in the archives.

### **Objectives for 2015-2016 include:**

- Developing a plan for the management of data, both paper and electronic, with particular emphasis on the partitioning of the server; develop new guidelines for the use of the server for data storage and retrieval;
- Signing new employee, volunteer and intern (*stagiaire*) Information Security and Confidentiality Agreements;
- Updating Information Security Procedures and Guidelines, including finalizing specific requirements related to the transportation and emailing of confidential information.

## *Building, Property, and Equipment Management Maintenance, Repairs and Renovations*

The results of a building inspection were used to establish the Repair and Renovation Plan for the next five years. Plans are in place for preventative and routine maintenance of equipment, building systems and property. The auxiliary services request form was revamped to include maintenance and housekeeping needs.

Elizabeth House carried out a number of repairs or replaced equipment in a continued effort to improve client living areas and promote safety:

- Replacement of the hot water tank;
- Installation of additional finger protector guards in key areas;
- Resolution of plumbing problems and replacement of toilets;
- Replacement of child gates;
- Completion of new electrical work in client bedrooms for the installation of air conditioners (to address extreme heat/window safety issues);
- Purchase of a steam cleaner to disinfect carpets and chairs;
- Replacement of the dishwasher through a donation from MNP;
- Upgrade of the telephone system.

## *Clinical Program Equipment Replacement*

The following equipment was replaced in the residence, nursery, and the supervised and transition apartments:

- Mattresses, box springs, protectors and linens
- Toys and equipment for infant stimulation
- Safety gates
- High chairs and playpens
- Small appliances
- Rocking chairs
- Air conditioners and associated electrical work
- Lighting
- Microwaves
- Kitchen items for food preparation and storage
- Child monitors
- Laptops for clients
- Lighting for client bedrooms
- Office chairs
- Sofas for client living rooms

## *Financial Management*

### *Management's Report*

The Elizabeth House financial statements were completed by management which is responsible for their preparation and accurate presentation, including estimates and significant judgments.

This responsibility includes the selection of appropriate accounting policies which comply with Canadian Accounting Standards for the public sector as well as the features provided in the Financial Management Manual decreed under section 477 of the Act Respecting Health and Social Services. The financial information found elsewhere in the Annual Management Report is consistent with the information given in the financial statements.

To fulfill its responsibilities, management maintains a system of internal controls which it considers necessary. It provides reasonable assurance that assets are protected, that transactions are properly recorded in a timely fashion, that they are duly approved and that they are able to produce reliable financial statements.

*Linda Schachtler*

Linda Schachtler  
Executive Director

### *Introduction*

Elizabeth House continues to rise to the challenges of shrinking budgets while still trying to meet the growing requirements for performance and technology. We continue to do more with less!

The long-time accountant tendered his resignation. This gave the organization an opportunity to make changes to its internal

The management of Elizabeth House acknowledges that it has the responsibility to manage its business in accordance with the laws and regulations that govern it.

The Board of Directors oversees the way in which management fulfills its responsibilities regarding financial reporting and it has approved the financial statements. The Board is assisted in its responsibilities by the Audit Committee. This Committee meets with management and the auditors, reviews the financial statements, and recommends their approval to the Board of Directors.

The financial statements have been audited by the duly authorized CPA firm Richter LLP, in accordance with auditing standards generally recognized by Canada. Its report outlines the nature and the extent of this audit as well as its opinion. The firm, Richter LLP may, without restriction, meet with the Audit Committee to discuss anything that concerns its audit.

*Joanna Giammaria*

Joanna Giammaria  
Coordinator, Administrative & Auxiliary Services

financial structures. The accounting team continued to work with consultants to revise accounting procedures and to transition to a more automated way of working. A review of the accounting tasks was also carried out to further streamline activities, look at the segregation of duties, cross-train staff and begin planning for the accountant's retirement in 2015.

## Chart of Accounts and Financial Reporting

An extensive review and revision of the chart of accounts was completed and will be fully implemented for the 2015-2016 year. The format for presentation of financial information was modified to better serve Board needs. Formal profit and loss statements and income statements will be presented twice annually in September and January. Reports at other regular intervals will provide Board members with a snapshot

## Grants

Elizabeth House received a grant from the Elizabeth House Foundation in the amount of \$30,000 for clinical programs and activities and for major repairs/renovations. This bridges the gap between critical needs and lack of funding and allows Elizabeth

## *Bill 100: The Balanced Budget Act*

As of September 2010, the Ministry of Health and Social Services put measures in place to obtain budgetary equilibrium and reduce the debt in the *réseau* by 2014. Establishments have reduced administrative and information systems expenses, as well as realized reductions through the non-replacement of retirees, reductions in

## Audit Results

Elizabeth House underwent another successful financial audit. The auditors reported that the financial matters of the organization are well managed. There were no unresolved differences of opinion with management on financial accounting and reporting matters. The accounting policies are clear, complete and have been applied consistently. Internal controls were evaluated and were confirmed to be in place.

of where the organization is at vis-à-vis its projected budget.

The management team carefully scrutinized spending and priorities in order to develop a budget for 2015-2016 that addresses strategic directions and organizational priorities. Essential and desirable services and expenditures were identified prior to finalizing the budget projections that will guide us through the next year.

House to make necessary expenditures that are not covered in the annual operating budget allocated by the Ministry of Health and Social Services. The Foundation's granting capacity was significantly less than in years past.

training, publicity and travel expenses. Elizabeth House staff has made every effort possible to reduce costs. Since 2010, Elizabeth House has received a cumulative reduction of \$50,599 related to Bill 100. This cut, along with the \$8,653 cut to administrative expenses bring the total reductions for 2014-2015 to \$59,252.

There were no misstatements resulting from error. Testing of the financial records and enquiries made of personnel did not reveal any instances of irregularities, illegal acts or fraud.

Elizabeth House finished the year with a balanced budget and was able to maintain the level of service to clients with grants from the Elizabeth House Foundation totaling \$30,000.

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# *Independent Auditor's Report on Summary of Financial Statements*

To the Members of the Board of Directors of  
**Maison Elizabeth House**

The accompanying summary financial statements, which comprise the summary statements of financial position of the Operating and Capital Assets of Maison Elizabeth House as at March 31, 2015 and the summary statements of revenues and expenses of the Operating and Capital Assets Funds and summary statements of accumulated surplus are derived from the audited financial statements of Maison Elizabeth House for the year ended March 31, 2015. We expressed a qualified audit opinion on those financial statements in our report dated June 15, 2015 (see below).

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

## *Management's Responsibility for the summary financial statements*

Management is responsible for the preparation of a summary of the audited financial statements in accordance with the applied criteria described in the summary of significant accounting policies in Note 3.

## *Auditor's Responsibility*

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

## *Opinion*

In our opinion, the summary financial statements derived from the audited financial statements of Maison Elizabeth House for the year ended March 31, 2015 are a fair summary of those financial statements, in accordance with the applied criteria described in the summary of significant accounting policies in Note 3. However, the summary financial statements are misstated to the equivalent extent as the audited financial statements of Maison Elizabeth House for the year ended March 31, 2015.

The misstatement of the audited financial statements is described in our qualified audit opinion in our report dated June 15, 2015. Our qualified audit opinion is based on the fact that the Organization does not amortize the property and equipment and does not present a statement of cash flows and does not present a comparison of the results for the accounting period with those originally planned which constitute departures from Canadian public sector accounting standards. It is not practicable to determine the impact of these departures. Our qualified audit opinion states that, except for the effects of the described matter, those financial statements present fairly, in all material respects, the financial position of Maison Elizabeth House as at March 31, 2015 and the results of its operations for the year then ended in accordance with Canadian public sector accounting standards.

**CPA Auditor, CA, Public Accountancy Permit No.A125137**  
Montréal, Québec

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## Maison Elizabeth House

Summary Statement of Financial Position  
as at March 31, 2015

<b>Financial Assets</b>	<b>Operating Fund</b>	
	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
Cash	126,258	75,639
Term Deposits	190,402	187,441
Due from Other Funds	9,959	9,959
Amounts due from Elizabeth House Foundation	0	0
Accounts Receivable	48,886	24,764
Due from Agence de la santé et des services sociaux	149,129	150,583
	<b>524,634</b>	<b>448,386</b>
<b>Liabilities</b>		
Accounts Payable	422,918	339,504
Due from Other Funds	0	0
Deferred revenues		
Agence de la santé et des services sociaux	6,640	7,427
Other	15,294	15,296
	<b>444,852</b>	<b>362,227</b>
Net Financial assets	79,782	86,159
Property and equipment	0	0
Prepaid expense	7,703	1,127
Accumulated Surplus	87,485	87,286
<b>Accumulated surplus (operating fund/ Fund balance (capital assets fund)</b>		
Unliberated	56,487	56,288
Liberated	30,998	30,998
	<b>87,485</b>	<b>87,286</b>

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## Maison Elizabeth House

Summary Revenues and Expenses  
for the Year Ended March 31, 2015

<b>Revenues</b>	<b>Operating Fund</b>	
	<b>2015</b>	<b>2014</b>
	<b>\$</b>	<b>\$</b>
Agence de la santé et des services sociaux	1,421,208	1,394,316
Contributions from Elizabeth House Foundation	30,000	40,522
Other Revenues	5,573	2,730
	<b>1,456,781</b>	<b>1,437,568</b>
<b>Expenses</b>		
Residential Services	608,726	608,352
Administration expenses	373,657	350,749
External Services – Day Centre	186,167	203,491
External Services – Family Assistance	97,472	96,973
Maintenance and repairs	71,889	51,640
Food Services	17,628	25,479
Housekeeping	16,104	18,646
Building Operations	37,883	38,940
Information Systems	34,892	30,232
Other	12,164	13,066
	<b>1,456,582</b>	<b>1,437,568</b>
<b>Ancillary activities</b>		
Revenues	5,710	5,710
Salaries and employee benefits	(5,710)	(5,710)
<b>Excess (deficiency) of the ancillary activities</b>	<b>0</b>	<b>0</b>
<b>Excess (deficiency) of revenues over expenses</b>	<b>199</b>	<b>0</b>

## *Code of Ethics*

The Elizabeth House Code of Ethics and Professional Conduct guided staff, board, volunteers, consultants and *stagiaires* as they fulfilled their respective roles and responsibilities over the course of the year. They incorporated the Code of Ethics and ethical considerations into the decisions that they made, in the way they intervened with clients and their families, in the way they interacted with each other as colleagues and co-workers, and in the way they carried out professional acts. They constantly strived to create an atmosphere of understanding and caring within Elizabeth House.

There were no ethical issues affecting the organization that arose over the course of the year.

## *Elizabeth House Code of Ethics (Basics)*

### **Introduction**

The code of ethics sets out the rules and standards of behaviour for everyone at Elizabeth House. Our code of ethics tells clients what rights they have and what their responsibilities are, and what they can expect from Elizabeth House (in terms of treatment, professionalism of staff, respect of confidentiality etc.). Everyone who works for or at Elizabeth House (all full-time, part-time or on-call staff, all volunteers, *stagiaires* (students completing an internship program), members of the Elizabeth House board of directors, as well as contractual workers) must follow the code of ethics.

The code of ethics, along with the professional codes of ethics that apply to the various professionals who work at or for Elizabeth House, as well as the Elizabeth House policies and procedures guide our behaviour.

### **Organizational Commitments**

Elizabeth House is a private rehabilitation center providing a continuum of specialized services to pregnant adolescents and women, mothers and babies, fathers, and families experiencing significant difficulty in adjusting to pregnancy and to their new roles as parents and caregivers.

1. We believe that a pregnant woman or adolescent 14 and over has the right to determine her plans regarding her pregnancy. We will provide the information and support she needs to

make a decision (regarding continuing the pregnancy to term, and the custody of the child), without imposing personal views or judgments.

2. We care about and are committed to the wellbeing of our clients, recognising their physical, emotional, spiritual, social and cognitive needs.
3. We help the young woman (and the young man) who chooses to become a parent to assume this role, while ensuring that the baby has a healthy, stable and safe environment.
4. We involve the client in developing intervention and service plans, listen to what the client has to say and take the client's needs, opinions and desires into account.
5. Our prime concerns are optimizing the healthy development of the child and the young parent.
6. We advocate with and on behalf of our clients according to their needs.
7. As part of the discharge process when a client leaves an Elizabeth House program, appropriate post-discharge services will be determined with the client, and the necessary services will be arranged.
8. We promote ongoing collaboration among youth, families, and colleagues

within and outside the health and social service system, in order to provide the best possible services.

## Ethical Standards

Regardless of role or position, everybody who works for or at Elizabeth House (all clinical, administrative and support staff, members of the Elizabeth House board of directors, all volunteers, stagiaires (students completing an internship program), as well as contractual workers) acknowledges and acts in the spirit of the following principles.

### Respect for others

1. We treat everyone with dignity, care and respect, regardless of their race, religion, ethnic origin, socio-economic status, disability, age or what their plans or views regarding the pregnancy are.
2. We provide a residential, educational, and employment environment free from all forms of intimidation, hostility, offensive behaviour, discrimination and sexual harassment.
3. We recognise that everyone is unique. We act in a manner that respects and promotes the understanding of differences and reflects the cultural diversity of our clientele.
  - We work towards the elimination of prejudice, discrimination, and racism.
  - We respect the values, religious beliefs and sexual orientation of our clients.

### Professionalism and Objectivity

4. We acknowledge that we are accountable for our actions and decisions. We are aware of the impact of our actions on others, and act in a manner that exemplifies integrity, consistency and caring. We are all role models for our clients.

5. We act in a dependable and trustworthy manner while maintaining professional boundaries and objectivity.
6. We exercise care, prudence, diligence and skills in the performance of our duties, and act honestly and in good faith in the best interest of Elizabeth House and its clients.
7. We know and respect the laws, standards and ethics of our particular professions or occupations, and Elizabeth House policies and procedures.
8. We invest in our personal and professional development in order to carry out our respective roles.

### Conflict of Interest

9. We put the interest, the rights and needs of the client and of Elizabeth House before our interest and needs. We avoid actual or potential conflicts of interest, or even the appearance of conflict of interest, in the decisions we make and the way we intervene.

### Confidentiality and Privacy

10. We respect the confidentiality of clients. We communicate – whether verbally, non-verbally, or in writing – in ways that respect the privacy of individuals, as well as their right to confidentiality.
11. We do not discuss (confidential) agency business with anyone who does not have a legitimate need to know the information. We respect Elizabeth House policies and procedures regarding communication with the media.

The obligation to maintain confidentiality extends beyond the period of employment or service, and/or the expiration of the mandate of board members.

## Parental Responsibility and the Importance of Family

12. We act with the knowledge that parents retain primary responsibility for their children.
13. The mother or father who is a direct client of Elizabeth House is always part of the process when decisions are made regarding intervention plans and about services to her or him, or her or his child.
14. We act with the knowledge that family bonds are vital. We encourage grandparents, siblings, members of the extended family and significant others to be involved in the care and services we provide.

## Client Needs and Development

15. We help each client experience success and encourage the fullest possible development of the mother's, the child's and the family's potential.
16. We recognise the potential vulnerability of the clients we serve and use our authority in an appropriate and responsible manner as we carry out Elizabeth House mandates.
17. We provide care and services according to the individual needs of the client, in the most appropriate setting for the client.
  - Clients do not remain in the residential program longer than is necessary to meet the needs assessed at intake, and the purpose for which placement was provided.
  - Development and growth are possible, but the driving force for change has to come from within; we work with the clients to help them achieve their goals. We help them take responsibility and learn to find solutions.

18. We promote a safe and secure environment.
19. We promote responsibility and autonomy.
20. We provide the necessary information and support to allow access to services and resources, and the exercise of individual rights.
  - We communicate – whether verbally, non-verbally, or in writing – in ways that improve the quality of our services. We use clear, accessible language, devoid of condescension.
21. In any intervention the protection and interests of the child take precedence over all other considerations. In any conflict between the rights and interests of a child, and the rights and interests of the child's parent, the rights and interests of the child shall prevail.

## Application of the Code of Ethics

As employees of Elizabeth House, we incorporate our Code of Ethics and ethical considerations into the decisions that we make, in the way we intervene with our clients and their families, in the way we interact with each other as colleagues and co-workers, and in the way we carry out professional acts. We constantly strive to create an atmosphere of understanding and caring within Elizabeth House.

## Avoiding Conflicts of Interest

Employees, volunteers, stagiaires and persons under contract to Elizabeth House are encouraged to discuss situations in which there may be a perceived or a potential conflict of interest, with their supervisor or with the Executive Director, so that the situation can be resolved in such a way that no conflict of interest arises.

### **Reporting Conflicts of Interest**

Any person who believes that a conflict of interest may or does exist must bring the situation to the attention of their supervisor or the Executive Director (for employees, volunteers and persons employed by or under contract to Elizabeth House), or to the attention of the President or Vice-President of the board (for board members, and any real or potential conflict of interest involving the Executive Director).

### **Investigating Conflicts of Interest**

Should the allegations or situation concern an employee, a volunteer, or a person who has been hired to perform a service for Elizabeth House, the Executive Director shall conduct an inquiry into the situation or allegations, or designate individuals to do so.

Should the situation or allegations concern the Executive Director or a member of the board of directors, the President or Vice-President of the board may then designate individuals to conduct inquiries into the allegations or situation. The person in question shall be informed in writing that he or she is the subject of an inquiry.

The results of the inquiry will be submitted in writing to the appointing body. The person under inquiry shall receive a copy of this report.

If a potential conflict of interest is identified, the Executive Director or the Board of Directors shall take steps to ensure that it is avoided. If a conflict is found to exist, they will ensure that it is resolved, and that the clients' rights and interests are upheld.

### **Disciplinary procedures**

Any breach or omission of duty or standard prescribed under this code of ethics may entail the imposition of a sanction or disciplinary measures, which may include a warning, a reprimand, temporary suspension or dismissal, or in the case of a board member, the temporary suspension of the

member of the board, or his or her removal from the board, according to the seriousness and nature of the derogation.

Should the results of the inquiry result in a recommendation for dismissal, the matter shall be reviewed by a committee of at least two members. For employees of Elizabeth House, the committee shall consist of the Executive Director plus at least one other person appointed by her or him. If the conflict of interest involves the Executive Director, or a member of the Board of Directors, the committee shall consist of at least two members: the President or Vice-President of the board, plus at least one other person.

All penalties shall be communicated in writing to the individual concerned.

All inquiries and any penalties imposed are to be confidential.

Individuals conducting inquiries as well as the individuals determining and imposing penalties cannot be prosecuted by reason of acts engaged in good faith in the performance of their duties and functions.

### **Integration of the Code of Ethics**

The code of ethics has been developed to help us fulfill our functions as we work together to help our clients. This document codifies much that is already in practice, and aims to clarify any points that might be ambiguous. Staff members, volunteers, stagiaires and contractual workers are encouraged to bring any questions or comments they may have about the code of ethics to their supervisor, or the Executive Director. Board members are encouraged to speak to the President of the Board of Directors.

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