The Clinic a nutshell 2025-2026 ISSUE





Midwives

Offering unique and useful services, despite the obstacle

Specimens and blood sampling at the Clinic The story of a complete fiasco

Point commun

A different approach to real estate is possible

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Cover photo: Céline Bianchi Emmanuelle Dennie-Filion, Head of Midwifery Services, and Ashraf Aslefallah, Midwife, at the Clinic's End-of-Summer Party on September 27, 2025.

A word from the board

AND THE GENERAL DIRECTOR

By Pierre Riley and Martial Mainguy

Chairman of the Board and General Director of the Clinic



The Point St. Charles Community Clinic mission with continues to pursue its determination and rigour, promoting accessible, equitable healthcare rooted in the realities of its neighbourhood. In a provincial by structural marked budgetary constraints and increased pressure on front-line services, we reaffirm that healthcare is a fundamental, collective and non-negotiable right.

Our model, based on autonomy, citizen governance and a community-based approach, remains unique in Quebec. Today more than ever, it is necessary to defend it, raise awareness about it and demonstrate its real impact on the health of the population.

At the Annual General Assembly on June 18 2025, the members of the Clinic adopted the following priorities for 2025–2026:

- Assert our autonomy and unique model with Santé Québec by developing a respectful dialogue based on recognition of our expertise and impact.
- Reduce our budget deficit while preserving the services and approaches that make our strength.
- Prepare for the next strategic planning cycle by taking the time to build on what we have accomplished.
- Continue our efforts to achieve Accreditation Canada compliance, a guarantee of quality and sustainability.
- And continue to promote our local birthing space project, which embodies our commitment to providing humane, inclusive, accessible care rooted in our community.

This positioning reflects our commitment to maintaining a high level of quality in the services we offer, while respecting the principles that guide our actions: citizen participation, social justice and solidarity.

We would like to sincerely thank all our members for their ongoing commitment, vigilance and support. It is thanks to you that the Clinic remains a key player in community health in Quebec.



Offering unique and useful services, despite the obstacles

By Céline Bianchi

Communications Agent

Open since 2019, the Clinic's midwifery services are seeking to stand out and find their own unique path, despite the threats posed by the arrival of Santé Québec and the new Health and Social Services System Governance Act (LGSSSS). In search of a local place to give birth, a sort of alternative to the birthing centre whose project has been postponed, the Point St. Charles midwives are now gaining recognition as a service which specifically supports families without RAMQ coverage.

On December 2, 2019, the Clinic's midwifery services opened their doors. While awaiting the construction of the future birthing centre requested by the women of Point St. Charles offices since 2010. consultation temporarily set up in the basement of the Clinic on Centre Street. A collaboration agreement with the Lac-Saint-Louis birthing centre in Pointe-Claire allowed users who wished to do so to give birth on their premises, while service corridors established with Lasalle and St. Mary's hospitals offered the possibility of giving birth in hospital with one's midwife.

No birthing centre in the near future

In the spring of 2024, the Ministry of Health and Social Services (MSSS) announced to the Clinic that its project to build the Point St. Charles birthing centre would be postponed for at least five to ten years, mainly due to the expected decline in birth rates in the coming years. Given that the agreement with the Pointe-Claire birth centre was set to expire in the spring of 2025, the Clinic had one year to find a solution that would allow it to continue offering users a choice of

three birth locations (home, hospital or birth centre).

Discussions quickly began to explore the possibility of an alternative birth facility with two birthing rooms in Point St. Charles. A committee was formed and a feasibility study, including architectural estimates and a budget, was submitted to the CIUSSS du Centre-Sud-de-l'Île-de-Montréal in the spring of 2025 for a request for support from the MSSS and Santé Québec. The Clinic is still awaiting a response.

Since the spring of 2025, the choice of birthing location for users of the Clinic's midwifery services has been limited to home and hospital. Since the vast majority of expectant mothers have a clear preference for giving birth in a birthing centre, the Clinic's midwifery services have suddenly become less attractive. It should be noted that in 2020, 75% of users of midwifery services in Quebec chose a birth centre as their place of delivery, while 20% chose home and 5% chose hospital (source: Naître et grandir, September 2020).

Santé Québec sows doubt

In late spring 2025, the Ministry of Health and Social Services contacted the Clinic via Santé Québec to announce that its midwifery team must be merged with the CIUSSS du Centresud-de-Montréal for professional insurance reasons. Following several exchanges with the various stakeholders during the summer of 2025 and a clear position taken by the Clinic, the MSSS changed its mind and informed us that 'verifications have been carried out and it appears that the concerns regarding the liability insurance offered by the DARSSS to midwives working at the Point St. Charles Community Clinic are no longer relevant.' Phew!

Nevertheless, the change in the framework that came with the arrival of the LGSSSS and Santé Québec has weakened our midwifery services. Firstly, the Clinic is the only private organisation in Quebec to manage a team of midwives, which is an aberration under the new law but a reality that we must constantly defend and explain. Secondly, the new law has led to a loss of autonomy for the midwifery profession in Quebec, subjecting their clinical practices to the judgement of doctors through their integration into the Conseil des médecins, dentistes et pharmaciens (CMDP), which under the new law has become the CMDPSF.

The next steps

Today, the Clinic's midwifery services are seeking to redefine their project, against a backdrop of budgetary restrictions. At the Clinic, we obviously intend to continue our campaign for a local birth centre in order to ensure that the midwifery approach and the expectations of families requesting these services are respected.

In addition, over the past few years, the Clinic's midwives have taken a clear stand in families with supporting precarious immigration status. In fact, the Point midwives are one of the few teams that offer services to these families without RAMQ coverage who suffer from discrimination and injustice. The Clinic has also undertaken a fundraising initiative to enable our midwives to continue this solidarity-based support and to provide financial assistance to the most vulnerable families in the event of hospitalisation. To give these babies a better start in life, they provide a wide range of support: food aid, transportation assistance, massage and babywearing workshops, second-hand clothing for infants, postnatal care, etc.

To learn more about the donation campaign, visit www.bit.ly/naissances-sans-frontieres



The Clinic and its allies sound the alarm

By Ariane Carpentier

Community Organizer

Developed without any public consultation, the new home health care policy, scheduled for December 2025, is raising concerns even before being unveiled. Without wasting any time, the Clinic and its allies took the initiative to analyse the foundations of the new policy. The findings are worrying, and a second Community Health Appointment was proposed on October 29 to inform the public of our concerns and recommendations regarding the future **Home Health Care policy.**

In November 2024, the Minister responsible for Seniors at the time, Sonia Bélanger, announced her intention to introduce a new national home health care policy December 2025. The national policy is the official document that guides and regulates home support services and proposes a service management plan. This policy has not been updated for more than 20 years, since the last policy regulating this type of care in Quebec dates back to 2003.

A consultation without citizens

To develop its national policy guidelines, the government invited some 60 organisations and partners to a consultation in January and February 2025. This panel of guests included partners from the public sector, the Department of Health, social economy enterprises, community organisations, researchers, experts, and private companies.

Concerned, the Clinic took the initiative to form a committee to analyse the basis for the CAQ's new policy. The committee was composed of clinical practitioners from the home health care team, a community organiser and members of management: Amélie Dumais (nurse), Laurence Charpentier (social worker), Roula Karaziwan (physiotherapist), Ariane Carpentier (community organiser), Valérie Drouin (director of nursing and physical health), and Martial Mainguy (general director).

The committee worked in collaboration with neighbourhood round tables in southwest Montreal, the Coalition solidarité santé and IRIS, a group of public policy researchers.

One of the committee's main concerns is that the new policy does not address in depth the issues that are causing endless waiting lists and distancing citizens from the decisions and services that affect them. There is also a

sense that the right to universal access to health services tailored to the real needs of users is being eroded.

The Clinic's intuition was correct: some of the government's preliminary guidelines do not bode well. The committee's analysis, along with various discussions with staff, identified three main concerns and three recommendations regarding the upcoming home health care policy. The main concerns are: funding for home support, how services are managed, and the capacity of the health and social services network to meet the health needs of the population.

A Community Health Appointment, a press conference and a petition

In order to take action in response to these findings, the collaborating community groups and the Clinic organised a *Community Health Appointment* on October 29 at the Point St. Charles Seniors' Pavilion.

Community Health Appointments are forums for discussion and information-sharing that serve to engage citizens on various health-related topics and to mobilise and network neighbourhood residents. The Clinic is nothing without the support and participation of Point St. Charles residents.

The group behind the statement also invited the media to a press conference prior to the event to publicly expose our concerns and recommendations for the upcoming home health care policy.

There are also plans to submit a petition to the National Assembly demanding that our decision-makers take our concerns and recommendations into account when developing policy.

To sign the petition, visit www.ccpsc.qc.ca/prise-de-position-sad



POINT COMMUN

A different approach to real estate is possible

By Margot Silvestro

Community Organizer

To ensure that future real estate development meets the needs of the local population, community organisations in the Point have created *Point commun - Immobilier collectif*. This non-profit organisation (NPO) is dedicated to designing, owning and protecting social and affordable housing, as well as accessible 'commercial' premises for community groups and businesses that contribute to the vitality of the neighbourhood. A few weeks after its founding, *Point Commun* announced its first real estate project: 376 social and affordable housing units.

The area known as Bridge-Bonaventure, which covers one-third of the neighbourhood's total area, is home to the Point's remaining industrial activities. West of Wellington Street is the North Triangle, an area of factories with no heritage value that are mixed with residential buildings. The container transshipment site is also located here.

East of Wellington Street is the area known as Bridge, named after the street that leads directly to the Victoria Bridge. This area is still used for heavy industry and public utilities such as Hydro-Québec and Canada Post. Much of the land is owned by the Canada Lands Company (CLC), an entity whose mission is to redevelop unused federal sites. In recent years, the CLC has been mandated to promote affordable housing on its land.

This entire area of the neighbourhood is set to undergo radical changes over the next fifteen years.

An ambitious master plan

The Bridge-Bonaventure Sector Master Plan, adopted by City Council in April 2025, is certainly one of the legacies of Valérie Plante and Benoit Dorais (Mayor of the South-West for 16 years) to the City of Montreal. This ambitious plan calls for the potential development of 13,500 housing units in an area that extends to the Old Port and the Port of Montreal.

The Point St. Charles portion proposes 8,000 housing units, including more than 4,000 on CLC land. This will double the current number of housing units and population in our neighbourhood.



The plan was adopted just before the new *Montréal 2050 Land Use and Mobility Plan*, which aims to transform the city by increasing housing density, green spaces and sustainable mobility.

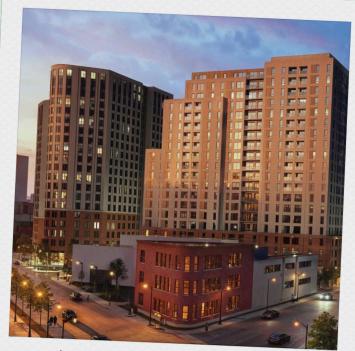
At the same time, the city also launched the *Montréal Abordable Initiative*, which aims to counter rising housing costs through a radical change of direction. The proposed solution is the massive construction of so-called offmarket housing. In other words, housing owned by entities whose goal is not to seek profit and which can better protect tenants' rights. Non-profit organisations or cooperatives will be responsible for managing social housing or so-called affordable housing. The idea is to reach a proportion of 20% of housing protected from speculation by 2050. It should be noted that this number is currently 7% on the island.

Working twice as hard

Local community groups and the Clinic are recognised as major players in the neighbourhood's development. The Action-Gardien Territory Committee has been at the heart of negotiations on the Bridge-Bonaventure master plan since 2019. Seeing that the plan was about to be adopted and that the development phase was fast approaching, Action-Gardien members jumped on board and created Point Commun - Immobilier Collectif last May.

Community control is enshrined in the NPO's constitution. Four of the seven positions on the board of directors are held by people directly linked to Action-Gardien members (the Clinic was invited to delegate one person to this board). The other three members are local experts in non-profit housing.

Point commun puts forward the neighbourhood's demands: a minimum of 50% off-market housing on public sites (such as the



The Point Commun / Broccolini project: 800 housing units, including 376 non-profit units, at the corner of Wellington and Saint Patrick Streets. Estimated completion date: 2028.

Image: Blanchette Architectes/Broccolini

CLC) and at least 40% on private sites. Currently, the regulations for the *Diverse Metropolis* by-law provide for around 20% of so-called social housing. These regulations are ineffective and outdated.

Setting the new standard

A few weeks after its creation, *Point Commun* announced a real estate project, the first in the Bridge-Bonaventure sector and the first in Montreal to be built on an equal basis: 50% offmarket, 50% on-market, on private land to boot! Thanks to a partnership with developer Broccolini and the Société d'habitation du Québec, two 20-storey towers of equal size will be built, comprising 376 non-profit and 424 forprofit units. It goes without saying that there will be more 'family' housing at *Point Commun* than at Broccolini.

Through this project, *Point Commun* aims to establish a new standard, as future projects on private or public land will have to measure up to

Working Together for more humane services

By Nathalie Parent

Senior Advisor to the General Director and Continuous Quality Improvement

Last year, the Clinic launched its first projects with user partners. The goal: to actively involve users in enriching our services through their unique experiences and perspectives. With these projects, the Clinic recognises the value of pooling the experiential knowledge of users with that of the Clinic's professionals in order to innovate and improve our practices.

Here is an overview of the five projects that were carried out

- Rethinking telephone reception: our Chantal, a user partner, participated in the access committee that oversaw the overhaul of the telephone system. The result: a more fluid reception with a human being at the end of the line, in place since June.
- Living better with anxiety: Michael, a user partner, designed and co-facilitated a workshop with two practitioners from the Adult team to help participants in the anxiety group consolidate what they had learned. Α great success construction!
- · Revision of the code of ethics: Sarah, a user partner and member of the User Committee, participated in the committee set up to update the Clinic's code of ethics. See for yourself this wonderful new version of the code (in French only).

- Supporting pregnant immigrant women: Four immigrant women shared their experiences with the midwifery team during a group discussion, enabling the team to better tailor their support to the women's specific realities and challenges.
- Improving DI-DP-TSA services: Sebrena and Judith collaborated with a youth team worker on a questionnaire designed to identify the needs of families affected by intellectual and physical disabilities or autism spectrum disorders. questionnaire will provide a solid foundation for ensuring that no blind spots are left in the collection of information on the subject.

Proud of this first year of highly positive experiences, both for users and staff, the Clinic will launch a new call for projects next January. 🧐

Do you have any project ideas or would you like to become a user or partner?

Call us at 514 937-9251, option 2 ou write to: implication.psch@ssss.gouv.qc.ca

THE USERS' COMMITTEE

News from the Committee

By Simon Cardinal

President

The Users' Committee held its annual general meeting on September 27. We are pleased to report that 25 people attended this friendly and enriching meeting. Thank you to everyone who got involved and contributed to the discussions on service quality, user concerns and ways to improve access to care.

We would also like to take this opportunity to inform you that *Users' Rights Week* will be held November 9 - 15 2025. This annual event aims to raise awareness of your rights within the health and social services network and to highlight the essential role of user and resident committees.

The User Committee is made up entirely of passionate volunteers who are committed to defending your rights and ensuring that you receive quality care. We are here to support you in your dealings with the Clinic, whether you wish to express dissatisfaction or file a complaint. We will do our best to help you, within the limits of our resources and the time our volunteers can offer.

We also invite anyone interested in getting involved to contact us. Your voice is important, and together we can help improve the quality of care and accessibility for our entire community.



To reach the Users' Committee:

e-mail:info@cuccpsc.ca

Phone: 514 937 9251, Ext. 7403

Point St. Charles Community Clinic



The story of a complete fiasco

By Valérie Drouin, Director of Nursing and Physical Health **and Céline Bianchi**, Communications Agent

What was supposed to be a simple procedural change, a decision imposed by regional service agreements, ultimately turned into an incredible mess that has been going on for over a year. A misunderstanding of the Clinic's special status is believed to be at the root of a mix up that is depriving users of a blood collection service in the neighbourhood.

In the spring of 2024, the Clinic was informed of a change in procedure requiring it to change laboratories for its users' samples. These new procedures were to be implemented at the Clinic by the end of 2024. At the time, we were pleased that the Clinic had been given so much advance notice, as it is too often overlooked in communications between the Ministry of Health and Social Services and the CISSS and CIUSSS. However, what was presented to us as a minor and simple change turned out to be a real obstacle course.

At the end of June 2024, representatives from the Clinic met with the new laboratory testing provider. The provider informed the Clinic that it would have to purchase new equipment and carry out a major IT upgrade before the launch, scheduled for October 1.

But on the day of the launch, it quickly became apparent that there was a major problem with the new system. Not only did the digital platform not recognize the Point St. Charles Community Clinic, but we also learned that we had not received the correct information about the equipment needed for sampling and for complying with certain mandatory work procedures!

This resulted in a very high rejection rate for analyses - when we actually received the test results, which was not always the case. At this point, it was impossible to backpedal since the former supplier has terminated its contractual relationship with the Clinic. Given the scale of the problem, we decided to temporarily suspend testing services.



A whole winter of buck-passing

Throughout the winter and spring of 2025, the supplier and the CIUSSS passed the buck back and forth, arguing over who will help the Clinic break the deadlock. Meanwhile, the Clinic was receiving information in dribs and drabs. Fortunately, we were able to handle very urgent cases by making handwritten labels and manually validating the results, but this was very time-consuming! It wasn't before the end of spring 2025, after several meetings, email exchanges and weeks of waiting for responses, that we finally received information on the equipment to purchase, the work processes to adopt and the IT resources to secure.

We spent the summer of 2025 looking for a supplier and finally purchasing the equipment we needed, which resulted in unexpected expenses in our budgets: barcode readers, software for these readers, centrifuges, etc. We also had to completely review our internal sample management procedures and change our work processes.

Light at the end of the tunnel?

Since early autumn 2025, the Clinic has been conducting tests to see if everything is working properly, but the results have been mixed. The Clinic's doctors are not systematically recognised by the system, and information does not always flow between the IT platform and the electronic medical records.

However, since mid-October, the situation seems to be improving and we have been informed that we may soon be able to resume our sampling service. We're keeping our fingers crossed!

We would like to apologise for the lack of clear communication regarding this issue, which has been concerning us for too long (and has taken up far too much of our energy and resources!). That said, it is very difficult to communicate information that we do not have and situations that we do not fully understand ourselves!

But one thing is clear: the Clinic's unique status is still poorly understood those in the healthcare system and appears to be the cause of an administrative error that has led us into this unfortunate situation. In this process of changing the sampling procedure, the Clinic was apparently considered a hospital and not a CLSC (for which the sampling systems were scheduled to be changed in 2025, not 2024!). We will therefore have to double our efforts to ensure that our colleagues in the healthcare system better understand the special status of our clinic.

To find out the status of our sampling services, visit www.ccpsc.qc.ca/blood-testing-state-of-services



A committee that stirs things up!

The Clinic remains committed to promoting citizen participation.

To this end, the Health Action Committee campaigns to preserve an accessible, universal public health system and opposes the growing privatisation of patient care.

Here are the issues we plan to work on over the coming year:

- Proposing concrete solutions to limit the incursion of the private sector into healthcare;
- Expanding dental and vision care coverage in Quebec:
- For seniors with severe hearing loss, RAMQ coverage for the purchase of hearing aids for both ears, rather than just one, as is currently the case;
- Establishment of a national school program to improve mental health education for young people.

We are looking for citizens who want to get involved with the Clinic to advance these political issues. We can never have too many people to help us make our demands heard!

You can join the Health Action Committee by contacting Stéphane Defoy, Community Organiser.

514 937-9251, poste 7212 stephane.defoy.psch@ssss.gouv.qc.ca

Calling the Clinic



ONE NUMBER TO REACH US

514 937-9251

Monday to Friday · 8 am to 8 pm

To make an appointment with your family doctor or a nurse or to cancel your appointment

You will be placed in a queue and we will respond as soon as possible.

Dial

For walk-in medical appointments:

- Monday at 11 a.m. for a Monday afternoon appointment
- Monday at 6:30 p.m. for a Tuesday morning appointment
- Wednesday at 6:30 p.m. for Thursday morning appointment

You will be placed in a queue and we will respond as soon as possible. If there are no more places available, the line will be disconnected.

Dial I

For psychosocial support

You can leave a message on the voicemail. Please leave your contact details and we will call you back within 24 hours. Dial

For midwifery care

We will respond as soon as possible, or you can leave a message on our voicemail.

Dial

For any other questions

You will be placed in a queue and we will respond as soon as possible.

Dial



Cont'd from page 11: A different approach to real estate is possible

it. It will be difficult for developers to aim for less than 50% off-market housing. This is especially true given that CLC has also presented its own master plan: at least half of the buildable land will be for non-profit purposes. Point Commun - and other social developers - are also at the heart of this master plan. Decontamination of these sites is expected to begin in 2026.

We can therefore expect Point St. Charles to become more densely populated in the coming years, but this reality will come with better control over our housing. Currently, one-third of the Point's housing stock is non-profit. With *Point Commun*, we are seeking to increase this.

Breastfeeding Walk-ins 2026

EVERY SECOND AND FOURTH WEDNESDAY OF EACH MONTH, FROM 1:15 P.M. TO 3:30 P.M.

- January 14
- March 11
- May 13

- January 28
- March 25
- May 27

- February 11
- April 8
- June 10

- February 25
- April 22

At St. Charles Library, 1050, Hibernia Street (3rd floor), Montréal (Québec) H3K 2V2

For more information www.ccpsc.qc.ca/breastfeeding-drop-ins





For youths aged 6 to 24*



- Contraception
- Pregnancy (testing and referral for termination)
- STI screening
- Information on sexuality, the body and romantic relationships
- · Etc.

To make an appointment with the youth nurse, call

514 937-9251 option 2







Psychosocial support

- Personal, relationship and/or family difficulties
- · Romantic relationships,
- · Anxiety, depression, grief, addictions
- Etc.

To get support

514 937-9251 option 4

accueil.psychosocial.psch@ssss.gouv.qc.ca

