

CHSSN COMMUNITY NetLink

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- + cancergaspesie.ca is “a really great adaptation idea” **P2**

- + Working in Partnership is the Key to Success **P3**

- + News from CHSSN Partners **P4**

- + ERCC Program Launched with \$5.7 million Investment **P5**

- + Le Havre / Our Harbour **P6**



◀ (Left to right) Iannick Martin, Jennifer Johnson & Ron Creary

Q&A

RON CREARY Chairman of the Board of CHSSN

NL The environment in which CHSSN operates has shifted substantially since the last edition of NetLink. How do you assess where we are?

RC Well first and most obviously, we have a new government! We're looking forward to getting to know the Minister of Health and Social Services, Danielle McCann, and working with her to ensure that access to equitable services in English as part of the broader commitment that she and the Premier have made to ensure that health care remains a top government priority. We're confident about an ongoing positive relationship with ministers of

the Coalition Avenir Québec government because we're building on very solid foundations of long-standing partnerships with the *Ministère de la Santé et Services sociaux*, especially with the *Secrétariat à l'accès aux services en langue anglaise*.

NL What are CHSSN's priorities for the next few months?

RC The new Provincial Committee for the Provision of Health Services and Social Services in the English Language has been appointed. We're impressed by the calibre of its 11 members and satisfied with how well it represents the diversity of our communities across the province. We're also pleased with the guidance that is being given to CISSSs and CIUSSSs for the development of new Access Plans; they become a priority focus for 2019. I'd add the implementation of the next generation


of Adaptation projects as the other key challenge for the coming year.

NL So Adaptation continues as a powerful part of CHSSN programming?

RC Very much so. We announced a new, \$6 million investment by Health Canada in Quebec-approved adaptation projects. 16 of the CIUSSS/CISSS have submitted applications. Partnerships with the community are a critical part of all of their projects. They are focused on adapting existing services or making services more accessible through translation or development of capacity of institutions to respond to the needs of the community. Each project is unique and reflects the realities of the local English-speaking community and the institutions that serve them. For example in Laval they have a multi-pronged approach.

Over the next four years they are working to improve the communities' access to services in general as well as focusing on the needs of clients with mental health needs, clients with intellectual deficiencies or are on the autism spectrum, and improving awareness of and access to front line services in English in the region.

NL That's a full plate already. Any other priorities to mention?

RC We're also looking forward to extending CHSSN's community mobilization model into areas other than health and social services. The Secretariat for Relations with English-speaking Quebecers has demonstrated great confidence in our model and our networks with its new ERCC (Enhancing Regional Community Capacity) funding. Now it's time to show that the confidence was well placed (see our report on ERCC, Enhancing Regional Community Capacity, p. 5). And all that is in addition to our regular work of supporting our NPI networks and building exciting new opportunities to enhance access to health promotion and health care. No question — 2019 is going to be a very busy year for CHSSN and its community and government partners! 

Ron Creary



cancergaspésie.ca is "a really great adaptation idea"


This is the story of a very successful health and social services adaptation project but with a bit of a twist.

Usually, it's a local English-speaking community that approaches the health care system with a request to have materials translated or access to services enhanced. In the case of the cancer information and support website created by the CISSS Gaspésie, it was the public system that approached CASA to build an English language mirror version.

"They came to us two years ago with their idea," explained Cathy Brown, Executive Director of CASA. "We've worked together on a range of projects over the years — they know us and have confidence in our ability to deliver. We were very happy to partner with them because the site is a really effective tool for cancer patients and their families."

The site can be accessed at cancergaspésie.ca. It puts a wide range of information from national and local cancer experts and support organizations at the fingertips of cancer patients in Gaspé and the Magdalen Islands.

"We're starting a second phase of the project where CASA volunteers, trained by the CISSS and equipped with tablet computers connected to the website, will be available to patients and their families who need some assistance in accessing online information and services," said Brown. "We also connect them to other resources we've developed for English-speaking residents of our area like the Traveling for Health Toolkits and the new Quebec City Patient Navigator service."

"We're very proud of the English version of the cancergaspésie.ca website," said Brown. "It's still not 100% done, but you just need to listen to some of the video testimonials from English-speaking patients posted on the site to see that this was a really great adaptation idea from the CISSS." 

Working in PARTNERSHIP is the Key to Success



Myriam Tessier

"MYRIAM TESSIER is very motivated and dedicated," said Pauline Wiedow, explaining the importance of their CISSS-based liaison agent for the work of the Montérégie West Community Network (MWCN), CHSSN's NPI in the Chateauguay, Huntingdon, Vaudreuil-Dorion region. "She really believes in accessible services for everyone, in every corner of Montérégie-Ouest. It's almost like it's her baby."



Myriam Tessier & Pauline Wiedow

By law, every CISSS and CIUSSS is required to designate a "responsable" as part of its access plan for services in English. But the three CISSSs that cover the Montérégie region have gone further, adopting a designated liaison agent model. Myriam Tessier, like other liaison agents, has really taken the task to heart.

"Since I began my career as a social worker, I've always wanted to respond as well as I can to the needs of individuals and communities," said Tessier in an interview with NetLink. "Community development is a key strategy and tool to do that."

Tessier credits the leadership of CISSS de la Montérégie-Ouest for creating a supportive environment in which to enhance access to English language services. She points to two initiatives in Montérégie-Ouest that show what can be done to make services more accessible, friendly, and effective.

First, she praised the region-wide consultation with 65 local partners including community-based organizations, municipalities, school boards, and health and social services institutions that established a

baseline of information and needs for English-speaking Quebecers. She also highlighted a program to recruit bilingual and multilingual volunteers who give a "visage d'accueil" in CISSS establishments across the region.

"Working in partnership is the key to success," explained Tessier. "Community partners like MWCN are particularly important — they're our eyes and ears in the community and they inspire us with what they accomplish."


Jennifer Johnson, Executive Director of CHSSN, agreed: "We're very fortunate to have partners like the CISSS de la Montérégie-Ouest and imaginative liaison agents like Myriam Tessier who are willing to try new things and do things differently."

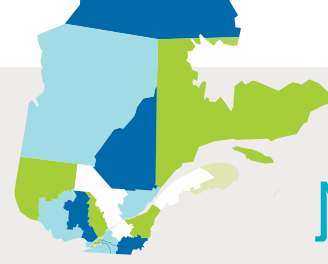
The *Coordonnateur à l'accès aux services en langue anglaise* at the *Ministère de la Santé et des Services sociaux*, Iannick

Martin, also pointed to the importance of partnering but added that there is a human dimension that often arises within the partnerships, a sense of mutual respect and of shared accomplishment.

"We have excellent relations with CHSSN," he said to NetLink. "I especially appreciate the concrete, on-the-ground focus that we share. As we develop new access plans across Quebec, the expertise of CHSSN and its NPIs becomes critical."

Tessier said that CHSSN has been an important partner at the local level as well, providing information, expertise, and funding: "They've been the wind in our sails, especially for adaptation projects."

"We're in a bit of a unique situation," explained Wiedow. "We have three CISSSs across the Montérégie. That means three NPIs and three very effective, experienced liaison agents — Myriam along with Lynn Mailloux and Émilie Bergeron. We work together and share ideas and results across the entire territory. It's a great situation, especially for a young NPI like ours, to have the support of someone like Myriam." 



News from CHSSN PARTNERS



STAYING SAFE ON MOBILITY AIDS

Michelle Eaton-Lusignan, Executive Director of the English Community Organization of Lanaudière (ECOL), reports that ECOL partnered with the Sûreté du Québec to offer a bilingual presentation on the rules of the road for people using motorized mobility aids (three and four-wheel scooters).

About thirty seniors from the Rawdon area were in attendance. Sponsors provided reflective tape and orange flags that were added to scooters to improve the visibility and security of the vehicles.

A short presentation on the latest fraud scams aimed at seniors was also given by the SQ officers at the event.

BIG ANNIVERSARY FOR LOCAL AMI QUÉBEC CHAPTER

Congratulations are offered by South Shore Community Partners Network (SSCPN) to AMI Québec Montreal South Shore Chapter which marked its 25th anniversary in September.

“Battling bridge traffic to attend AMI’s support program in Montreal was just too difficult,” explains Kevin Erskine-Henry of SSCPN, “so the group decided it was best to offer a program in its own community.”

These volunteers meet every second Wednesday throughout the year and regularly host conferences on a variety of mental health issues in a space provide by the Greenfield Park Baptist Church.

CASA RECOGNIZES ITS OWN “HEALTH STARS”

“As soon as I heard about the program in Prince Edward Island,” says Cathy Brown, Executive Director of CASA, “I thought, ‘We need to try that!’”

So last year, CASA started its own version of PEI’s “Étoile Santé”, a community-based effort to identify and celebrate majority language health care workers who serve patients well in the minority official language in their health care systems.

Recipients are nominated by patients and receive a plaque and a “warm and fuzzy polar fleece” from CASA.

Already thirteen francophone health care workers have been recognized for their helpfulness and the quality of the care they give to their English-speaking patients.

CASE — A NEW CHSSN PARTNER IN MAURICIE/ CENTRE-DU-QUÉBEC

With support from MDCDC in Thetford Mines, the Mauricie/Centre-du-Québec region launched a new community organization in 2017 called the Center for Access to Services (CASE). In 2018 CASE was one of two community groups invited to join the CHSSN network and we look forward

to working with our partners from around the province to support our mission of creating a more healthy and engaged English-speaking community.

This year, CASE is focusing on carrying out two outreach projects, coordinating a series of literacy-related activities for parent and/or caregivers and their children at Drummondville Elementary School (funded in part by the *Table régionale de l’éducation du Centre-du-Québec*) as well as engaging with seniors through a series of workshops on important health issues in Trois-Rivières.

CASE will also be continuing its partnership with the CIUSSS de la Mauricie/ Centre-du-Québec by administering the Liaison Agent Program, stationed in Trois-Rivières with information, referral, and advocacy services for the English-speaking community.

(Left) ECOL with SQ partner.

(Below) “Health Star” Chantal Horth with Sally Walker from CASA.



ERCC PROGRAM LAUNCHED with \$5.7 million Investment

(Left to right) Tania Callender (ACDPN – ED), Jillian Ritchie (CCS), Paula Celani (CHSSN Board Member), Josie Primiani (CHSSN Board Member), Fatiha Gatre-Guermiri (REISA – ED), Stephanie Helmer (4 Korners – ED), Vaughan Roche (CCS – ED), Cathy Brown (CASA – ED), Jim Carter (CHSSN), Jennifer Johnson (CHSSN – ED), Ron Creary (CHSSN Board Member – President), Brigitte Wellens (VEQ – ED), Kathleen Weil (Minister responsible for Relations with English-Speaking Quebecers, Secrétariat à l’accès à l’information et à la réforme des institutions démocratiques), William Floch, (Assistant Secretary for the Ministère du conseil exécutif) Ministère du Conseil exécutif, Secrétariat aux relations avec les Québécois d’expression anglaise), Kevin Ernskin-Henry (CHSSN Board Member), Pauline Wiedow (MWCN – ED), Christian Lapointe (ARC – ED)

In a decisive vote of confidence for CHSSN’s model of community mobilization and its networks, the then Minister Responsible for Relations with English-speaking Quebecers, Kathleen Weil, announced a new three-year, \$5.7 million program on August 14, 2018, called “Enhancing Regional Community Capacity” (ERCC) that will be managed by CHSSN.

“We’re very proud that the Secretariat responsible for relations with English-speaking Quebecers sees our model and our networks as robust enough to take on this important new program for isolated and under-represented communities,” said Jennifer Johnson, Executive Director of CHSSN. “The money will allow local communities to apply the CHSSN community development model to areas other than health and social services and we’re excited to see the results.”

Explaining the foundations of the program, the Secretariat says, “It is important for the English-speaking community to feel fully at home in Québec.”

Support programs like ERCC are “intended to contribute to the vitality of English-speaking communities, enhance their ability to participate fully in Québec society, bolster the ability of communities to act in various areas of intervention, and enable them to work in collaboration with the Québec government.”

William Floch, the Assistant Secretary for the Ministère du conseil exécutif who leads the Secretariat, said that he has been impressed by the accomplishments of CHSSN in the field of health and social services, especially with the strong partnerships that have been built with public sector decision-makers.

“I’m convinced that across a wide range of issues where the Government of Quebec has jurisdiction for services that are critical for the vitality of English-speaking communities, these communities must come closer to the Government,” he said. “Often they simply need to be better known to public servants and to elected representatives.

“Just before starting at the Secretariat in November,” he continued, “I had the opportunity to participate in the exchange forum organized by CHSSN and the MSSS and was very impressed with the collaborative partnerships between community organizations and the public health and social services system. It would be great to build on this networking and partnership approach.”

Floch also stressed the need for approaches to community challenges that take into account the regional offices and structures through which decisions are made and programming is delivered: “We think the model and the spirit of CHSSN’s efforts will transfer well to other areas of community-based mobilization.”

“When the Secretariat approached us to take this on, we took some time to consider it,” said Johnson. “But we’re confident in our model and we know the new resources can make a big difference for local communities, so we overcame those early concerns. And, of course, CHSSN’s main focus remains enhancing access to health care for people in our communities.”

More information on the Secretariat’s “Support Program for Organizations Serving the English-Speaking Communities” is available at <https://www.mce.gouv.qc.ca/srqa/secretariat/programme-en.asp>



A MEMBER ORGANIZATION OF CHSSN

“Stability!” insisted Dolly Shinhat. “Stability is what our residents need and, frankly, what we depend on to survive.”

Shinhat is the Director General of Our Harbour, a small community-based member organization of CHSSN based on Montreal’s South Shore that provides long-term housing with life management support and social programming to people living with mental illness.

Twenty-four residents live in Our Harbour’s small network of eight apartments, clustered on one street. The apartments are managed though not owned by Our Harbour which also provides a range of assistance, training, and recreative activities that all serve to assist each resident’s integration into society. Residents pay a monthly rental for their shared apartment space that includes electricity, internet, and other basic accommodation costs.

“That means we need to operate at full capacity to make our budgets,” explained Shinhat. “Our residents have to be secure and comfortable in their shared apartments and to feel they are benefitting from the programming we provide.”

The overall goal of Our Harbour is to allow its residents to “find friendship, lead happy and productive lives, and significantly reduce their risk of re-hospitalization or homelessness.” The program is based on a successful model

developed in the 1990s in Montreal called *L’Abri en ville*. Operational now for fifteen years, it’s the only service of its kind in English in Quebec.

She credits her staff colleague Regine Bouzi, with the insight about the critical importance of stability for the health of residents and for the organization.

Bouzi is a health professional who worked in a similar program in New York City.

“Even though we need to be operating at close to full capacity to survive,” she said from the organization’s little office in the church hall of St. Lambert United Church, “you can’t just accept anybody who’s able to fill a bed. We had to adjust our screening to make sure that we selected residents who fit our model of community building. You have to want to be part of our program to be one of our residents.”

Our Harbour’s residents are men and women living with mental illness who come from a wide variety of backgrounds. They range in age from in their 20s to 70s and live, three to an apartment, sharing the costs, responsibilities, and benefits of living together. They join with other residents in planned activities like movie outings and board-game nights and participate

(Left) Volunteer (Susan Kerwin-Boudreau) and resident (Bob Bilodeau) catching up. (Facing page, left) Volunteer (Diane Denny) and resident (unnamed) hugging. (Below) Enjoying the colour and scent of lavender: Resident, Anna Uotila



in workshops on life skills like budgeting and meal planning.

With the very active support of a network of Our Harbour volunteers, they become integrated into the community at large. Several residents have been able to return to jobs, to go on to further education, and to strike out on their own and live independently once more.

“We wouldn’t exist without local volunteers, churches, and donors,” said Shinhat, “especially our volunteer president, Catherine Gilbert — she’s a force of nature!”

To learn more, visit ourharbour.org



The Community Health and Social Services Network (CHSSN) is a network of community resources, associations and public institutions dedicated to the development of health and social services for English-speaking communities in Quebec.

CHSSN’S OBJECTIVES ARE TO:

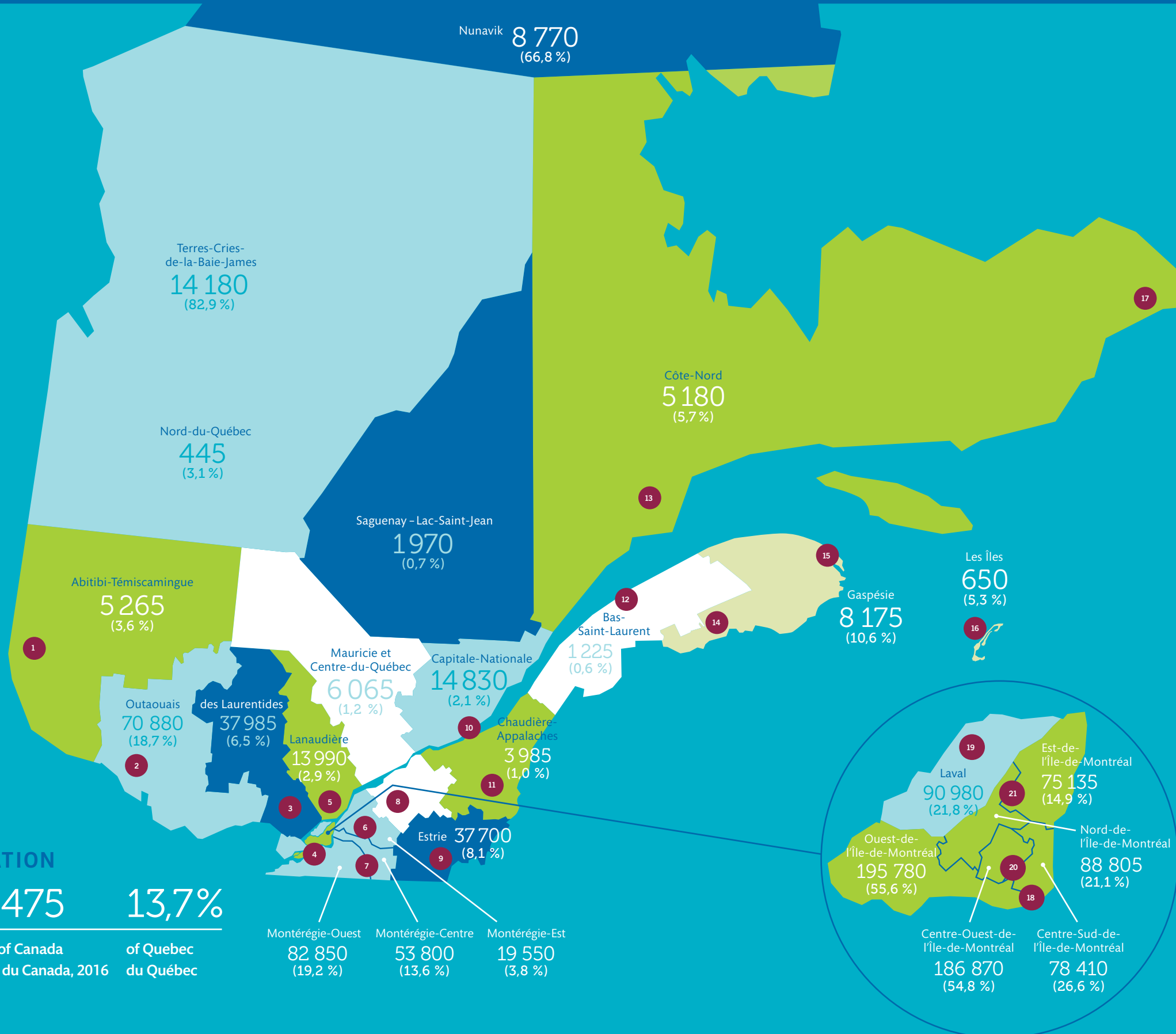
- + Foster projects and initiatives, through partnership and network building, to promote access to English-language health and social services and support community vitality;
- + Create new knowledge and provide information on English-language communities and their needs;
- + Promote, evaluate and disseminate successful models of organization of services;
- + Promote informed public policy supporting the vitality of English-speaking communities;
- + Support conferences and other forms of consultation on health and social services for English-speaking communities.

FOR MORE INFORMATION ON CHSSN VISIT THE WEBSITE OR CONTACT US AT:

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POPULATION
1 103 475 **13,7%**

2016 Census of Canada
Recensement du Canada, 2016

of Quebec
du Québec

**THE CHSSN
NPI* NETWORK**

**LE RÉSEAU
NPI* DU CHSSN**

- 1 **Rouyn-Noranda**
Neighbours Regional Association of Rouyn-Noranda
- 2 **Gatineau**
Connexions Resource Centre
- 3 **Deux-Montagnes**
4 Korner's Family Resource Center
- 4 **Châteauguay**
Montérégie West Community Network (MWCN)
- 5 **Rawdon**
English Community Organization of Lanaudière (ECOL)
- 6 **Brossard**
Assistance and Referral Centre Health & Social Services (ARC)
- 7 **Lac-Brome**
Townshippers' Association
- 8 **Drummondville**
Centre for Access to Services in English (CASE)
- 9 **Sherbrooke**
Townshippers' Association
- 10 **Quebec City**
Jeffery Hale Community Partners
- 11 **Thetford Mines**
Megantic English-speaking Community Development Corp. (MCDC)
- 12 **Métis-sur-Mer**
Heritage Lower Saint Lawrence
- 13 **Baie-Comeau**
North Shore Community Association (NSCA)
- 14 **New Carlisle**
Committee for Anglophone Social Action (CASA)
- 15 **Gaspé**
Vision Gaspé-Percé Now (VGPN)
- 16 **Grosse-Île**
Council for Anglophone Magdalen Islanders (CAMI)
- 17 **St. Paul's River**
Coasters Association (LNSCH)
- 18 **Verdun**
Collective Community Services (CCS)
- 19 **Laval**
AGAPE - The Youth & Parents AGAPE Association Inc.
- 20 **Côte-des-Neiges**
African Canadian Development & Prevention Network (ACDPN)
- 21 **Saint-Léonard**
East Island Network for English-language Services (REISA)

* Networking and Partnership Initiative

INFORMATION: CHSSN.ORG