COMMUNITY PARTNERSHIPS FOR SUSTAINABILITY

Report Community Network Forum

How can partnership projects between community organizations and the public system lead to sustainable results and positive change for the communities they serve?

March 25, 2015











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COMMUNITY NETWORK FORUM

COMMUNITY PARTNERSHIPS FOR SUSTAINABILITY

How can partnership projects between community organizations and the public system lead to sustainable results and positive change for the communities they serve?

Wednesday, March 25th 2015

8.30 am - 15.30 pm

Leonardo Da Vinci Centre
Galleria, second Floor
8370 Boulevard Lacordaire
Saint-Leonard, Q





Canadian Heritage Patrimoine canadien



To read more about the Community Network Table, visit the following link: http://reisa.ca/en/partners-ressources/files/montreal-laval-south-shore-community-network-table

Community-Public Partnerships and Sustainability of Outcomes

Remarks from Jim Carter, Program and Policy Advisor, CHSSN

- Community organizations are always challenged by the task of sustaining the results of their programs. The task has many dimensions (funding being a key one), but a basic requirement is that communities perceive that real needs are being met; and that communities are sufficiently mobilized to support an organization's efforts to sustain positive outcomes.
- Community organizations by choice or circumstance often have to take into account the role of public health and social services in the communities they serve. Public services often fall short of meeting needs, which can create pressures on community organizations to fill them. This is one important dynamic organizations have to address in defining a relationship with the public system.
- A community organization seeking a partnership with a public service provider has to "keep its balance", that is, maintain the integrity of its mission and engagement with communities while engaging a professional system. The reward may be more and better quality public services that meet defined needs even in a context of resource constraints for both public and community partners. Another outcome of public partnership may be "levering"; that is, carrying out joint or coordinated actions that directly enhance the community organization's capacity to meet community need.
- ➤ Here are some markers of sustainability of partnership outcomes:
 - Professional practices impacting a community have changed. This includes marked changes at a program and policy level.
 - Community stakeholders have declared in a public forum that concrete and positive change has occurred.
 - Partnership leaders, both institutional and community, view each other as credible actors in their respective domains. This has built mutual confidence, promoted a mature understanding of respective constraints, and deepened a joint commitment to achieve results.
 - The partnership has become "institutionalized"; that is, integrated into an institution's strategic and clinical plans.
 - The partnership has helped the community organization achieve program and leadership stability, and improve its capacity to meet ever-present funding challenges.
 - The community organization has integrated a "network model" as its operating style; that is, continual involvement in peer and partner networks to carry out its mandate.

Program

Community organizations carry out their missions in an environment of continual reorganization of the health and social services system. In this context, groups must face the challenge of mobilizing resources to engage communities in a collective effort to commit the public system to meet the specific needs of community members. Groups are also challenged to introduce innovative approaches into their programs in a continual effort to achieve positive and long-lasting results.

Three multi-year partnership projects will be presented to animate discussion of two themes.

<u>Community-Public partnerships</u>: How does a community partnership relationship with a public service provider balance and maintain the community role, expectations, and capacity with the promise of expertise and the reality of constraints of the public health and social services network?

<u>Sustainability of outcomes</u>: How does a community organization introduce and sustain innovation in its programs? How can a community resource promote an innovative practice and influence the wider service and policy milieus?

<u>REISA-CSSS Partnership Project</u>: This is a partnership project with 4 CSSS in the eastern part of Montreal, and Centre Almage for seniors. The project aims to improve access to first line services for vulnerable English-speaking seniors in the 4 CSSS territories. The project will evaluate the pertinence of a community liaison agent who facilitates access to services and helps sustain the community-public relationship.

Batshaw Youth and Family Centres and the African Canadian Development and Prevention Network project: This is a partnership project in collaboration with 6 CSSS, the African Canadian Development and Prevention Network, and the English Montreal and Lester B. Pearson school boards. The project aims to improve access to public and community prevention programs for English-speaking Black youth and their families, and support Black families in their parenting role. A project outcome is the adaptation of the MSSS program for youth in difficulty in order to promote better institutional response to the specific needs of ethnocultural communities.

AMI-Quebec Best-Practice Model of Resiliency: This is a partnership project with Youth Employment Services and Cummings Centre for Seniors to test emerging and promising resiliency and prevention strategies in three different community settings. The resiliency programs aim to support and "inoculate" vulnerable populations, and those that serve them, with coping strategies in the face of psychological distress, loss of mobility, or social isolation. An outcome is the increased application of best-practice resiliency models to promote mental health and strengthen the complementary role that community resources can play with the health and social services system.

8:00 - 8:45am	Registration and Breakfast
8:45 – 9:00am	Welcome and Introduction Anne Usher
9:00 - 9.30	Community - Public Partnerships and Sustainability of Outcomes Jim Carter
9.30 - 10.00	REISA - CSSS Partnership Project Fatiha Gatre Guemiri and Ghislaine Prata
10.00 - 10.30	Batshaw Youth and Family Centres and the African Canadian Development and Prevention Network Madeleine Bedard – Batshaw; Tania Callendar - ACDPN
10.30 - 10.45	Question Period
10.45 - 11.00	Health Break
11.00 - 11.30	AMI-Quebec Best-Practice Model of Resiliency Ella Amir - AMI Quebec Iris Unger - YES Benita Golding - Cummings centre
11.30 - 12.00	Question Time and Final Remarks Anne Usher
12.00 - 1.15	Lunch
1.30 - 3.00	Tea and Exchange with Seniors at – Almage Centre 50+

REISA - CSSS Partnership Project

Liaison Project : Englishspeaking seniors in East Montreal

REISA-CLSCs-ALMAGE SENIORS CENTER



Agenda

EAST MONTREAL

The Context : Demographics

QCGN/SIRA Survey 2013

ASSSM: 2012 CROP Survey on Language Access

LIAISON PROJECT



Context : Demographics

CSSS	# English Speaking (% of population)	# English Speaking seniors 65yrs + (% of seniors)
St Léonard – St Michel	31, 345 (24%)	3, 330 (10.5%)
Pointe de l'Île	27,823 (14.6%)	2,130 (7.7%)
Ahuntsic - Mtl Nord	21,023 (13.4%)	2,218 (10.6%)
Lucille Teasdale	15,020 (8.9%)	1, 930 (12.8%)
Total East Montreal	95,211	9608

1 245 English-speaking seniors living below LICO

Moving Forward- Building Research Capacity related to Québec's English-speaking Seniors

QCGN-QUESCRN Research Project 2013-14

Evidence Base

- Literature review
- Statistical Data
 - >2011 Canadian census
 - ≥2010 CHSSN CROP survey
 - Survey of seniors 55+ in 8 regions: 835 respondents



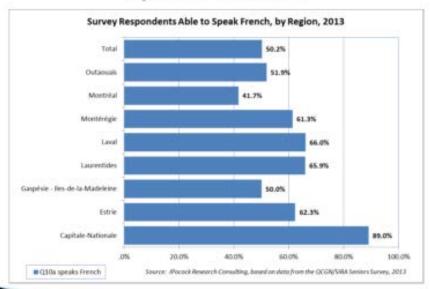
QCGN/QUESCRN Survey

A few results supporting the need for the Seniors Liaison Project

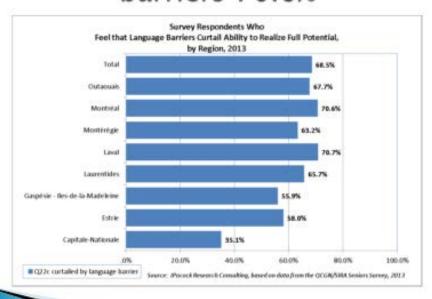
- Seniors residing <u>outside of the Montreal</u> area are more likely to be aware of the activities of community organizations.
- The 55 plus age group living <u>outside Montreal</u> was much more likely (44.6 per cent) to have received information from a community organization in their region compared to other age groups and compared to 55 plus living in the Montreal CMA (33.4 per cent).
- Overall, the preferred language of service of English-speaking 55 plus respondents is English (93 per cent).



Montreal Seniors : lowest % able to speak French



Montreal Seniors : Language barriers 70.6%



ASSSM: 2012 CROP Survey on Language Access

Objective:

Assess satisfaction of Montrealers according to CSSS territory with respect to language of provision of H&SS in Montreal

To what extent do Montrealers experience problems with respect to language of service?

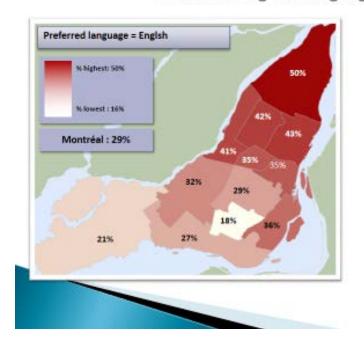
What are the problems?

1 - Définition proposée dans le cadre de référence du ministère de la Santé et des Services sociaux et repris dans le Programme d'accès

Description of the Survey (cont'd)

- March 6 Aug 28, 2012 telephone survey across
 Mtl CSSS territories
 - Respondents 18 years of age +
 - Response rate of 46%.
- A total of 8 967 Montrealers were surveyed
- Selection according to preferred language, English or French, with quotas according to CSSS territory
 - ~400 Francophones / CSSS
 - ~350 Anglophones / CSSS

Minor & Significant Problems with Access to English-Language H&SS



41%-50% of Anglophones in East Montreal report problems with language access

Liaison Project: ASSSM Adaptation Funds

Target population :

- Seniors 65 years of age +
- Given limited budget and time constraints (15 months) project will target 1 or 2 East Montreal CLSC's

Partners:

REISA, CLSC, Almage Senior Center & Satellites

Project Objective – increase access to CLSC services

- Support the CLSC in improving language access at first point of contact with seniors (reception, intake, home support services, SAPA program, etc)
- Networking & Partnerships between the CLSC, Almage Center/Satellite centers and REISA to meet the needs identified by ESC seniors
- Ensure the availability of vital / pertinent documentation in English
- Communication/Awareness:
 - among seniors of services available in the community and at the CLSC
 - among CLSC staff of ESC senior needs and community support services available

Project Activities

- Consultation : Almage seniors (focus groups, surveys), CLSC management and SAPA program service providers
- Establish steering committee
- Recruitment of liaison agent
- Agree on work plan with partners
- Implement work plan
- Project evaluation

Modèle logique Projet pilote REISA et CLSC Mercier-Est Anjou, Agente de liaison

IMPACTE	Santé et bien être des aînés d'expression anglaise	ime données et ce qu'il faudra uite à l'exercice LEAN s'il est
RÉSULTATS	Satisfaction des usagers: Documentation pertinente en anglais Access* Accès au services de 1° ligne Modalirés - accessibilité adaptées aux ainés	mécanismes d'accès Continuité* - Consolidation réseautage Qualité - Amélioration services de réception et d'accueil - Données requises – a voir ce qui est disponible comme données et ce qu'il faudra recueillir ** Il faut développer le plan de travail – se finalisera suite à l'exercice LEAN s'il est
RÉSULTATS IMMÉDIATS	Volume des services* (objectifs de croissance): # visites # groupes # Cliniques en anglais Documents disponibles	Données requises recueillir Retaillir Retaillir Retaillir
PROCESSUS	Rencontres (SAPA, Almage, gestionnaires (UISSS) LEAN Définir le processus actuel et les défis d'accès aux services en langue angliaise, pour les utilisateurs et pour l'Équipe SAPA D'Éfinir le processus désiré, souliernant ainsi les écarts souliernant ainsi les écarts	Exécution du plan de travail requis pour réduire les écarts** (par exemple): Sensibilisation / communication . Traduction de documents vers l'anglais . Diffusion d'information . Offre de services selon modèles novateurs (selon les écrits ou entrevues avec
ENTRANTS	Les aînés de la de communauté de communauté de cherression anglaise de l'Est de l'île de Mtl . Combien et où situés* . Services comus/utiliés . Services comus/utiliés continuité qualité . Satisfaction	Agent de liaison CLSC services SAPA Champions SAPA SAPA - documentation disponible en anglais*
CONTEXTE	Projet financé par l'Agence de Mtl, qui n'existe plus; changement majeur des chanpions du projet (haute direction de 2 CSSS)	Historique de l'offre de service pour les aînés de la communauté d'expression anglaise de l'Est de l'ife de MtI . Plus d'équipe pivot . Plus de Table SAD . Réorganisation en CIUSSS en cours

REISA - Introduction of the Network

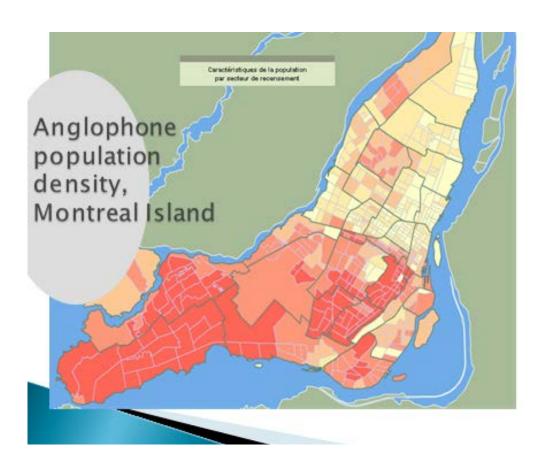


The East Island Network for English Language Services Le Réseau de l'Est de l'Île pour les services en anglais

www.reisa.ca

REISA's Mission

Community and public partners work to develop and promote access to English-language health and social services in the east-end of Montreal.



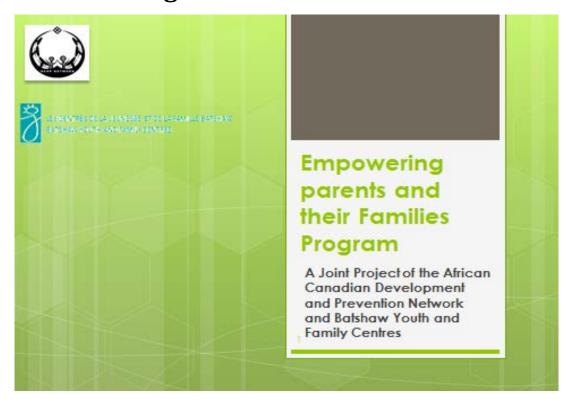
REISA is a partnership between community and public sector services.







Empowering Parents and their Families Program - Batshaw and ACDPN



2

Missions

- BYFC's mission is established under the Act re HSSS.
- Services are provided primarily in accordance to the YPA, the YCJA and the Act re HSSS with respect to the placement of children and youths.
- More specifically, through these acts, BYFC provides psychosocial, rehabilitation and social integration services to families wishing to receive services in English.
- Under the YPA, the DYP of BYFC receives and processes reports (signalements) coming from the general population or professionals who believe a child may be in need of protection.
- The DYP has the responsibility of determining whether a child's security and/or development is endangered and to decide on the orientation of the child's situation.

Missions

- Started in 2005, the purpose of the ACDP Network is to foster solidarity and inter-organizational collaboration across sectors that influence the health and wellness of the black community.
- The mission is concentrated in 2 major complementary areas: prevention and community development

Our objectives are to:

- Promote healthy practices and best practice prevention models
- Advocate for improved access to services for the Black community
- Promote and support the Strengthening of Black families
- Develop a network of organizations that can contribute to a thriving Black community
- Facilitate organizational capacity building, joint planning and resource development

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The question asked of us

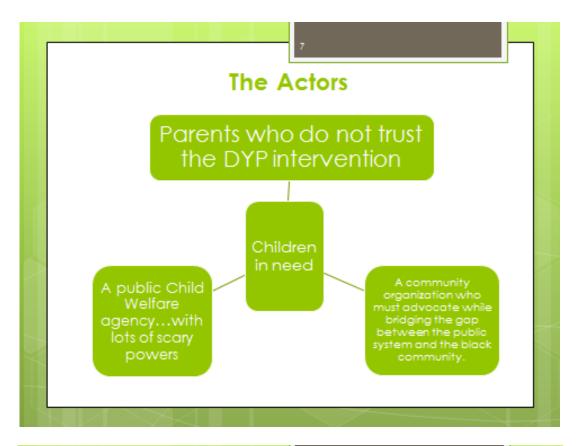
o How can partnership projects between community organizations and the public system lead to sustainable results and positive change for the communities they serve?

Overrepresentation...

- In spite of concerted efforts over the last few years, the prevalence of reports to the Director of Youth protection of alleged physical abuse on black children by their parents or caregivers remains alarmingly high in Montreal.
- 6.2% versus...
- o 20.3%

... And Bad Press

- A significant number of people from the Black community do not trust the youth protection authorities
- Collaboration between the community organizations and the public system is not always easy



Our Dilemmas, part 1

• Physical abuse or inappropriate disciplining and/or...?

• Sources of referral: what this tells us

• The goal of DYP is NOT to take children away! So what then?

• How can we get past the front door?

• Better still: how can prevent cases coming to us altogether?

c

Our dilemmas, part 2

- o How can we get the public system to truly help, earlier, without discrimination?
- o How can we promote a communitybased support network that will break families' isolation?
- o How can we create bridges so that families access pertinent services when and how they need them?

...

Our dilemmas...But a common vision

We want the same thing:

- Keep children safe
- o Consolidate the family bonds
- Support and empower the families

Our Story

o 2000's: Laying the groundwork

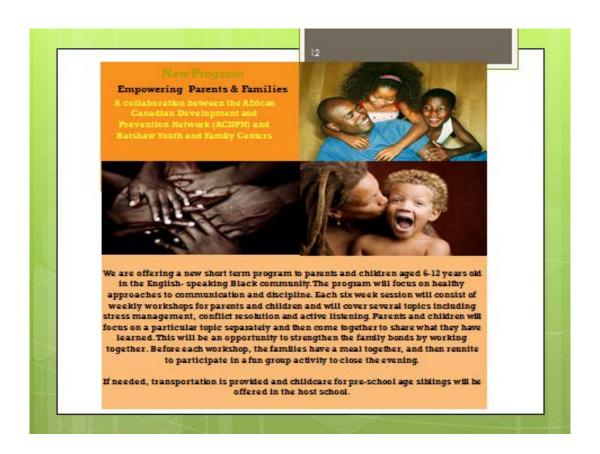
o 2005: An opportunity is created

o March 2013: Meeting of the minds

o 2013: Brainstorming

o 2014: The Big Year

o 2015: Launch



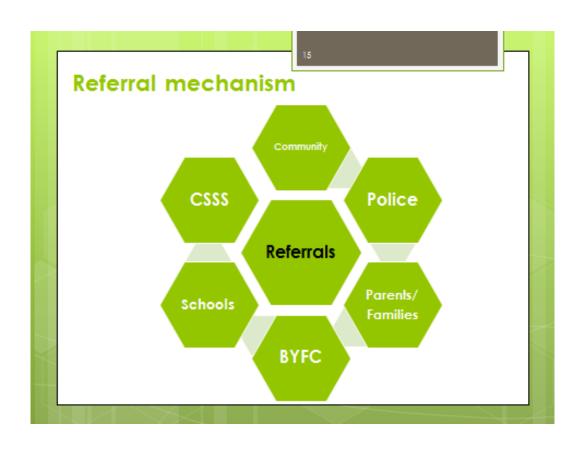
OBJECTIVES

- Make prevention services more accessible to Montreal' Black English-speaking youth and families where there is an allegation of, or risk of physical abuse (inappropriate disciplining);
- Empower parents by offering healthier and more positive approaches to discipline;
- Improve the engagement of parents with institutional and community services;
- Develop a coordinated partnership involving BYFC, ACDPN, CSSSs, School Boards and other English-speaking Black Community organizations in order to achieve these objectives

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Target Group

- Black English-speaking children aged between 6-12 yrs old, whose situation has been signalled to the BYFC DYP due to allegations of physical abuse or risk of physical abuse
- Black English-speaking children aged between 6-12 yrs old, known to personnel from schools, CSSS, community organizations where there is a perceived risk of use of physical disciplining
- Prevention resource to parents and families seeking support to deal with parenting challenges



16					
Empowering Parents and Families					
		Batshaw & AC	DPN		
2014-2015	Session # 1	Session #2	Session #3	Session #4	
		Participants			
Adults	6				
Children	7				
Total	13				
Auto-in					
Batshaw	63% (5)	Referrals			
ACDFN	37% (3)				
CSSS	2.13,2,				
Écoles					
Autres					
Total	8				

Weekly sessions

- 1. Families share dinner together as a group
- Parents and kids work in separate groups:
- Co-animation of parents program by 1 trainer from DYP and 1 from ACDPN.
- 2 ACDPN trainers deliver a program designed and tailored for children.
- The families come together at the end of the session to work together and share what they have learned.

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Content Development

The content was developed jointly with trainers from ACDPN and DYP.
The 6 week lesson plan covers the following topics:

- 1. Building Trust, Healthy relationships
- 2. Communication
- 3. Discipline vs Punishment
- 4. Stress Management
- 5. Demystifying Youth Protection
- 6. Graduation celebration

Challenges/Successes

First session complete!

February 12th to March 19th 2015

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So how can partnership projects between community organizations and the public system lead to sustainable and positive change for the communities they serve?

- Create a climate of trust
- Establish a win-win collaboration
- Model it, promote it within and outside
- Always focus on the clients' needs
- Staying creative, constantly adapting
- Demonstrate results (research piece)
- Forge alliances in the community

AMI-QUEBEC - Health Canada Project: Best Practice Model of Resiliency

AMI-Quebec, Youth Employment Services (YES) and Cummings Centre

The AMI-Quebec project brings together three community organizations serving, respectively, families of those with mental health problems, English-speaking youth, and seniors. The two other organizations are Youth Employment Services (YES) and the Cummings Centre. The project will test emerging and promising resiliency and prevention strategies in three different community settings. The focus will be on application of programs supporting community organizations and volunteer engagement in resiliency and health promotion interventions. The principal aim is to support and "inoculate" vulnerable populations, and those that serve them, with coping strategies in the face of psychological distress, loss of mobility, or social isolation. A key objective is to strengthen the complementary role that community resources play in Quebec's public health and social services system.

More specifically, the project will have three objectives:

- 1. Resiliency building programs for caregivers of people with mental health problems and illnesses, and for service providers working with them (AMI-Quebec)
- 2. Developing and supporting resiliency and peer-to-peer support program for youth experiencing situational mental health issues as a result of unemployment and are at risk (YES)
- 3. Resiliency building programs for homebound seniors and older adult family caregivers (Cummings Centre).

Activities will include the delivery and evaluation of best-practice and promising resiliency and health promotion interventions. Dissemination activities will include the provision of tools and information for established community networks in English-speaking communities in order to enhance services for community members.

The project outcomes are aligned with Health Canada OLMC's goal of "Adoption of health systems knowledge, strategies and best practices to meet the health needs of OLMCs." More specifically, it is expected to affect the three participating population groups in the following ways: increase their knowledge, resiliency, and capacity to cope with the challenges presented by their respective life circumstances; reduce the potential negative effects associated with their particular circumstances. Working with vulnerable populations affect also the care providers who work with them. The project outcomes will have positive effect on their professional capacity as well as on their own wellbeing.

- (1) The project component that will be delivered by AMI-Quebec will respond directly to the Mental Health Strategy set out by the Mental Health Commission of Canada, as well as to its National Guidelines for Caregiver Support¹. The strategy and Guidelines call for increased levels of support and recognition to help caregivers provide care for and foster recovery in people living with mental illness. It also aims to help caregivers meet their own needs in handling stress challenges. In response, AMI-Quebec will introduce a resiliency-building program for adults (caregivers) that is emerging from successful resiliency models for children. This innovative program will pilot emerging adult resiliency programs currently in development, and incorporate evaluation as a project outcome. In addition to delivering its own program, as the project lead AMI-Quebec will also oversee the implementation of the programs at both YES and the Cummings Centre and will be responsible for reporting the project results and outcomes.
- (2) Youth Employment Services (YES) is a not-for-profit organization located in Montreal that provides job search services, training and networking opportunities to Quebec's English-speaking youth. YES has entrepreneurship programs and offers business skills to artists of all ages. In response to an increase in the number of clients experiencing mental health challenges in the course of their job search, YES uses limited resources to offer additional support through a focus group that is designed for clients who are experiencing symptoms such as decreased motivation, anxiety, social isolation and diminished confidence in dealing with the transition process. In response to increased incidence of psychological distress, YES commissioned a study and client survey that confirmed the disproportionate level of unemployment among English-speaking youth, and the rising level of distress in its clientele².

When survey respondents were asked if they ever felt worried, anxious or stressed during their job search or while launching a business, a substantial 89.3% replied 'yes'. Among those who answered 'yes', 50% rated their stress level as high or very high and another 47.7% rated their stress level as moderate. A high proportion (60.7%) of clients who responded to the client survey reported feeling distressed during the process to the point where it impacted their daily or weekly routine. In their interviews YES staff agreed that they had observed "a big shift" in terms of an increase in transition-related mental health problems among their clients in recent years.

The project component of YES will support a resiliency and peer support program over three years. The peer support model is in line with the orientations of the Mental Health Commission of Canada³. The Commission has affirmed that the development of personal resourcefulness and empowerment improves lives and saves costly use of the formal mental health, medical and social services. An evaluation of the YES program will begin in the first year, with the collection of information on the direct impacts of the program on clients and personnel. The gathered data will contribute to the final evaluation and report to be coordinated by AMI-Quebec.

(3) The Cummings Centre is a non-profit community organization that provides a full continuum of services and programs to individuals 50 years of age and over living in and around Montreal. This includes social services to assist seniors and their family caregivers in accessing the resources and services needed to maximize independent living and enhance their quality of life. Cummings Centre has been serving seniors for over 50 years. Approximately 6,000 older adults are affiliated with the Centre, which operates with a staff of 94 and 800 volunteers.

Quebec' English-speaking communities have a very high rate of aging. These communities lead all other Canadian official language minority communities in the rate of unpaid assistance to seniors⁴. The growing number of seniors coincides with a shrinking middle-aged "caregiver generation" resulting in greater caregiving responsibilities for this age group. A study of caregivers commissioned by the Cummings Centre notes a substantial variance between working caregivers of seniors located in Montreal's language minority and majority groups⁵. The impact of informal caregiving on working caregivers affects the quality of life of both the caregiver and the care receiver. A substantial body of research shows that family members who provide care to individuals with chronic or disabling conditions are themselves at risk for increased health care needs. Higher levels of stress, anxiety, depression and other mental health effects are common among family members who care for an older relative or friend, and caregivers are less likely than non-caregivers to engage in preventive health practices⁶.

Use of caregiver support services has been shown to have clinically significant outcomes in improving caregiver depression and anxiety. Specific caregiver interventions, which appear to be the most beneficial, include those that work with both the caregiver and the care recipient⁶. The Cummings Centre project will address a constituency of agency clients and volunteers with reduced mobility who can no longer participate in agency health promotion programs. The objective is to offer a program of distance learning and in-home exercise that will re-engage them in community life, support their caregivers and decrease their social isolation.

The Cummings Centre's project component will address a constituency of agency clients and volunteers with reduced mobility who can no longer participate in agency health promotion programs. The objective is to offer a program of distance learning and inhome exercise that will re-engage them in community life and decrease their social isolation. The outcomes are expected to benefit not only the isolated seniors, but also their caregivers by reducing their burden both physically and emotionally.

Community Network Forum Evaluation Summary March 25th 2015

1. What did you find useful?

- The great storytelling, the networking opportunity and the success stories as an example of community partnership initiatives
- Making connections, sharing resources, building bridges and seeing we share similar goals
- Seeing the diversity of projects and broad scope of participants
- Learning about innovative approaches in partnerships and their achievement
- Learning about the existing organizations in the East End and seeing we can share the demographic data
- Finding the opportunity to partner with East End organizations
- Being aware of how these partnerships affect the community
- Presentations by Reisa, Ami Quebec and Yes Montreal were very useful
- The case approach and the follow-up with the moderating panel
- Jim Carter's summary and direction was very helpful
- All presentations were excellent and very informative
- The open forum and the opportunity to ask questions to the panel
- The knowledge sharing of best practices
- The leadership and the mentoring
- The space was comfortable and the event was well planned
- A very comprehensive review of how the network is operating within the community and seeing that it represents a real social safety network within the community
- This event was very useful for my work as a service provider for the EMSB clients

2. Would you like to participate in other forums like this? If so, how often?

- Yes, definitely once a year
- Yes, definitely once or twice a year
- Yes, four times a year

3. Was there any organization that should have been invited today? If so, which one?

- Public Health services (CSSS) representatives
- Members of the political arena (MNA's, MP's, etc.) and representatives of the funding bodies
- Official Languages representatives
- Key players from relevant institutional partners
- Members of professional orders and universities relevant to the issues discussed
- Chamber of commerce
- A big level organization to unite us all
- Average citizen from the English speaking community
- NDG Community council/other community councils, Seniors Action Quebec, Up House, Forward House, Ometz

Invitation List Community Network Forum: Community Partnerships for Sustainability March 25, 2015

Name	Email address	Organisation	Present	
Amir, Ella	ellaamir@amiquebec.org	Executive Director AMI- Québec	√	
Arsenault, Christian	christian.aesenault@projectmontreal. org	Project Montreal		
Bedard, Madeleine		Batshaw		
Boushel, Lyna	lyna.boushel@gmail.com	Seniors Action Québec	√	
Boushel, Tom	tom.boushel@gmail.com	ccs	√	
Bozzo, Pietro	direction@centredawson.ca	Dawson Community Centre	√	
Callendar, Tania	tcallender@acdpn.org	ACDPN	✓	
Carter, Jim	chssn@sympatico.ca	Program Advisor, Community Health and Social Services Network-CHSSN	✓	
Cesta, Dora	dcesta@emsb.qc.ca	EMSB		
Chubb, Gloria		Verdun Anglo Family Council	√	
Colasurdo, Giovanna	giovannac@almage.org	Almage	√	
Coole, Colin	infonet@videotron.ca	Executive Director, Assistance and Referral Centre-ARC	✓	
D'Abate, Dominic	dabated@videotron.ca	Consensus Family Mediation	√	
Edwards, Brenda	bedwards@chssn.org	CHSSN	✓	

El Krarraz, Djahida	<u>liaison.reisa@gmail.com</u>	REISA	✓
Ertzen, Ozlem	ozleme@ccs-montreal.org	ccs	
Furlong, Jennifer	msturtle@gmail.com	Drama Therapy	√
Gagnon, David Roger	DGagnon@emsb.qc.ca	EMSB	√
Gatre Guemiri, Fatiha	fguemiri@reisa.ca	REISA	√
George, Kevin	kevingeorge@ssss.gouv.qc.ca	CSSS Sud-Ouest Verdun	
Goldberg, Carrie (in the afternoon)	Carrie@FamilyResourceCenter.qc.ca	Director of the Family Resource Center	
Golding, Benita	benita@cummingscentre.org	Cummings Centre	√
Graham Johnson, Robyn	rgrahamjohnson@hotmail.com	REISA	√
Jansen, Fred	fredi@ccs-montreal.org	Executive Director, CCS	√
Johnson, Jennifer	jjonhson@chssn.org	CHSSN	√
Kosseim, Mylène	mylene.kosseim@gmail.com	REISA	√
Lafferty, Cheryl	cheryl@labrienville.org	L'Abri en ville	√
Leduc, Geneviève	GLeduc@ree.qc.ca	Coordinator, NPI, Réseaux Emploi Entrepreneurship-REE	√
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