

Members in the spotlight

Message from the Chair

Dear Readers,

The CHSSN's mission is to improve access to public health and social services in English for the English-speaking population of Quebec. Our overall strategy is to mobilize the anglophone community to interface with representatives of public establishments throughout the regions.

To do this, we need a network of member organizations that work together, share information and expertise, and collaborate on strategies for interaction with the public system.

An active, informed membership is crucial to our strategy for success. In this regard, we believe that it is very important to keep our members informed of the activities and successes of their colleagues across the province.

This issue of NetLink is designed to do just that. By providing our members with vital information on what is happening with fellow members at the local level, we hope they can use it to advance their cause with healthcare establishments in their area.

We hope that this issue will help you get to know your colleagues better and encourage even more contact and interaction among members.

Ron Creary
Chair, CHSSN Board of Directors

CHSSN and its members

The CHSSN is an innovative community development initiative that brings together the experience, creativity and expertise of community resources, associations and public institutions concerned with the health and well being of English-speaking communities in Quebec. Members of the CHSSN are autonomous organizations that subscribe to this community development orientation. CHSSN programs offer them opportunities to participate in an information network, make use of information products, participate in forums and to form partnerships with other members and the CHSSN.

CHSSN's basic goal is to create an environment that promotes such partnerships and opens new avenues of support for communities working to improve access to health and social services in English. It is through these partnerships and network building that the CHSSN fosters projects and initiatives that promote access to essential services and ensure the future vitality of English-speaking communities.

Membership categories:

Community organizations with health and social services as one aspect of their mandate; community resources in the health and social services sector; public health and social services institutions; public institutions in the education sector; foundations; associate members and corporate members. ■

This issue of NetLink features members that are community resources in the health and social services sector

- 4Korners Family Resource Centre
- Agape Inc.
- AMI Quebec
- Butters Homes Inc.
- CCS (Catholic Community Services)
- Centre Marc Vanier
- Cheshire Foundation
- Cummings Jewish Centre for Seniors
- ENRICH (English Network of Resources in Community Health)
- Family Resource Centre
- Fraser Recovery Program
- Friends for Mental Health
- Giant Steps
- Jeffery Hale Community Partners
- Lennoxville and District Women's Centre
- Old Brewery Mission
- Toxico-Stop
- West Island Palliative Care Residence

The old Mission has a new mission

The Old Brewery Mission (OBM) in Montreal is about to move in a totally new direction. For the first 115 of its 120 years, the OBM provided emergency shelter and meals for the city's indigent men. (Women were included 10 years ago.) But in 2004, the Mission introduced a transitional housing program to help some of its clients get out of homelessness. It is now focusing on social housing in a challenging new program that is unique in the province.

ER at the OBM

"We're completely reversing our mandate," says Matthew Pearce, executive director. "We're going to downscale our emergency services to a scale much like those in a hospital's ER. We'll analyze clients' needs quickly and offer shelter as needed, but eligible people will be quickly ushered through another door to transitional and permanent housing. Eventually, there will be

fewer people lining up for shelter, and for those that do, the line will be very much shorter."

The OBM currently houses 400 people a night, and serves 750 meals a day. It receives over 1,500 new clients a year, their average age dropping over the past 10 years from 55 to 37. "That's a startling statistic for our society and what that implies," says Pearce.

Housing is the answer

The OBM currently provides 120 transitional apartments for clients who "live in" as they are coached on integrating back into society. It is opening two small supervised apartment residences, one for men and one for women, who have completed the OBM's transition program. A new project will provide a network of apartments in different parts of the city for people who have demonstrated they are ready to handle that degree of autonomy.

They all will continue to receive counselling and support as needed.

Old problem, new solution

The next step is a full-fledged program of social housing. "We concluded that by concentrating on emergency shelter, we weren't making a positive contribution to solving homelessness," Pearce explains. "In fact, we were actually exacerbating the problem. So we decided that we would be part of a permanent solution by being one of the agencies that would maintain and manage social housing."

It is a revolutionary idea for a century-old homeless shelter. "The vision that we have of homelessness is not like anyone else's here," Pearce affirms. "I'm confident that with our approach, homelessness will no longer be considered normal in Montreal. So social housing is now the fastest growing element of our program; it's the OBM's future." ■

4Korners kicks in with outreach as a goal

The 4Korners Family and Resource Centre is the youngest member of the CHSSN family. It was founded in 2005 by a group of residents in Deux-Montagnes after CHSSN-sponsored studies showed how scarce healthcare services in English were in the Laurentians.

"Right now we're primarily a resource centre," explains Shane Corrigan, executive director. "We get about 60 distress calls a year from people not able to find the health care they need. But we also have introduced programs that don't exist in English in the region."

4Korners organizes activities for seniors as well as a respite program for senior caregivers. There is a program for young mothers that includes discussion groups on topics and issues that concern them while their children are tended in an onsite day care centre. Youth-oriented projects focus on isolation and employment opportunities.

"So far we have 150 registered members," says Corrigan. "But we expect to attract many more with the exciting new outreach project we've just started. We can't set up satellite centres in all the Laurentian

communities so, with CHSSN help, we've developed an information program to broaden our range."

A directory of services available in English and a new information exchange site are now online. "This will help us to track local needs and developments," says Corrigan. "It will be, in effect, an ongoing study of the situation here. We'll be using that information to lobby service providers and decision-makers. To keep those who don't have computers in the loop, we'll report our findings and activities in local community newspapers." ■

CCS has long history of service

The CCS (Catholic Community Services) has been a hub of social services activity in the Montreal area since 1932. Originally created to serve the city's Irish Catholic English-speaking communities, CCS has gone far beyond those historical roots. Its mandate now embraces anglophone individuals and families from many cultures and religions throughout Greater Montreal.

The agency provides a raft of social services. It operates three seniors' centres, two children's summer camps and a camp for HIV positive adults. There are several family support programs that deal with parenting skills and early childhood development. Isolated seniors and youth at risk are special targets. In all, these and other CCS programs reach over 6,000 individuals every year.

A tradition of innovation

The CCS has long been noted for helping to develop and support innovative projects in the community. Among its past accomplishments is a residence for single mothers wanting to continue their schooling, a youth centre, a food distribution centre, a low-cost housing complex for seniors, and a healthcare services network for isolated anglophones.

Partnerships and networking with other community organizations has become a staple of the CCS operation. The agency cites over 120 councils, community groups and institutions among the partners with which it has had joint activities in community development. ■

Friends focus on family support

Quebec's closing of psychiatric wards in the early 1980s left families with very few resources to take care of their loved ones. In 1981, a group of mothers on Montreal's West Island tackled that problem by forming a self-help group called Friends of the Mentally Ill. They now have 675 members, 75 percent of whom are anglophone.

"We don't deal with the mentally ill persons themselves," says Lucie Discepola, executive director. "We focus on the caregivers, providing ongoing family support. We offer some very specialized and personalized training to help them to better understand and cope with their particular problem. We have a 24/7 crisis centre to deal with emergency situations. Because we're so plugged in to the network of services that are available, we can educate the caregivers on what resources are available to them and help them to access the system."

Education is a common theme at Friends. "Early detection of mental illness is one of our major objectives," says Discepola. "Last year we started going into local high schools to increase awareness of mental health, to inform students how to pick up on warning signs in themselves or others."

Friends is now going to offer special workshops to children 7 to 12 years old who have a mentally ill parent. "They're the invisible victims," says Discepola. "Not only do they suffer the anxiety of having an afflicted parent, but they are also at risk of developing their own problems.

"We've also introduced a new psycho-educational program on borderline personality training. Very difficult to treat, this is now probably one of the most challenging disorders. And it's definitely a growing problem." ■

Butters Homes a Townships mainstay

The Butters Homes complex in the Eastern Townships was named after Lily Butters who, in 1948, began caring for intellectually disabled children and their families. Her homestead became a permanent care centre for disabled children. In the late '70s, a foundation was set up to purchase and maintain houses to accommodate those who became ready to move into the community.

As these clients required more workshops and other work training sites, Butters created a workshop in Knowlton. As more were living and working in the community, Butters

purchased special buses to transport them to and from their jobs.

In 1986 the foundation formed Butters Homes Inc. Subsequently, three houses adapted for clients with associated physical disabilities were purchased and added to the stock. Today, Butters Homes runs a network of 30 homes, serving 150 clients throughout the Townships.

The Butters Foundation is now setting up a working farm in Rougemont to provide intellectually disabled adults and adolescents with therapy and work experience. ■

Off the streets and off the drugs

Toxico-Stop, an addiction assistance centre headquartered in East End Montreal, is celebrating its 10th anniversary in September. Three friends, former substance abusers working with addicts, became disillusioned with how existing community organizations were handling the issue and decided to form a more compassionately effective group. “We wanted to provide these clients with respect and dignity,” says Gerry Tullio, one of the co-founders. “They weren’t getting it in our district.”

Serving beyond its borders

Over the decade, close to 4,500 addicts have sought the assistance of Toxico-Stop. While most clients are Montrealers, many are from out of province, including an increasing number of Americans referred by their healthcare providers. They are tended by a permanent staff of four, which is bolstered by a small army of volunteers, most of whom are former addicts.

Spreading love in the community

The Youth and Parents Agape Association, located in Laval, north of Montreal, had its beginnings in the early '70s when a religious young couple started helping vulnerable families and children. They called their work Agape, which means love in the community in Hebrew.

For many years, Agape’s activities were conducted on an itinerant basis, volunteers working with youth in classrooms, running day camps in the local park, distributing food and clothing to the needy. Finally in 1995, permanent

Toxico-Stop operates out of two buildings, one a residence dedicated to an intensive 15-day program for detoxification. “We’re in the front line of withdrawal management,” explains Tullio. The other is a “sober living” residence, providing a controlled environment for up to 22 people for three to six months.

“When you’re dealing with addicts,” explains Tullio, “you’re also dealing with all their underlying issues: conjugal violence, mental illness, homelessness. We provide counselling and referral to other organizations and programs to help get them back on track.”

Success in schools

Prevention is another concern of Toxico-Stop. Tullio leads a very successful drug awareness program in east Montreal schools. He has spoken to over 2,000 students in the past year. “I’ve been on the street,” Tullio says, “and I’ve been behind bars. I’ve got a lot to tell them.”

accommodation was found for the Agape Centre, which now serves some 5,000 needy families. There is also Agape House, a shelter for the homeless and immigrant families.

“There are no English services to speak of in Laval, which is 17 percent anglophone,” says Betty McLeod, an early volunteer and Agape treasurer. “Through CHSSN, we did a needs study that proved how much is lacking. We led a task force to evaluate what must be done to ensure that anglos receive the services to which they are entitled.” ■

Tullio credits CHSSN support of the East End community network for making the drug awareness program possible. “It’s made other major changes possible too,” he says. “Before this networking got under way, the CSSS located right beside our centre had never heard of us. Now we sit together to talk services. So we’re like a sponge soaking up information from the CHSSN; we’ve learned a lot.”

Thanks to clients

Tullio looks forward to getting more government funding for his centre. “We don’t get great support from the public system yet,” he affirms. “I like to say that our operation is not really low budget, it’s no budget.

“But in the meantime, we’re still heavy on compassion. Our attitude is not just about what we can do for our clients; we owe them. Those thousands of people we’ve helped have helped keep us sober.” ■

Help for the dying

The West Island Palliative Care Residence in Kirkland, west of Montreal, opened in October 2002. The nine-room residence has so far received over 1100 patients.

The residence staff works closely with the healthcare network to ensure a continuum of services and promotes education and research in the field of palliative care. The service is free, but although there is government support, a million dollars a year must be raised through a wide array of fundraising activities to cover operating costs. ■

AMI Quebec supports many mental health programs

Many Montrealers will soon be sporting a bright yellow button bearing the message “1 in 5”. It is part of an AMI Quebec campaign to alert the public that 20 percent of Canadians will be affected by some form of mental illness in their lifetime. It is both an educational and a fundraising venture.

AMI Quebec was started in 1977 by four Montreal couples caring for mentally ill family members who began meeting for mutual support. That small group has steadily evolved into an association of over 700 families. First called the Alliance for the Mentally Ill, its name was changed in 2007 to Action on Mental Illness to better reflect the role it has assumed over the years.

“Mutual support will always be the core of our operations,” affirms Ella Amir, executive director. “But we also offer a very broad menu of professional assistance for our

members, as well as educational and outreach activities for the public and for professionals in the field. We also play a leading advocacy role to lift the stigma of mental illness. The new button is designed to help.”

AMI now maintains 12 support groups on a variety of mental health issues. It holds counselling sessions, discussion round tables and telephone workshops. It has a well-stocked lending library service and organizes public educational events, which include an annual Depression Week. Over 100 volunteers deliver the programs.

Adding to regular presentations in high schools, AMI is now looking to reach students in lower grades to help with their transition from childhood to adolescence. “It’s quite likely that our startling dropout rate is related at least in some respect to undetected, and therefore untreated, mental problems,” says Amir.

The social stigma of mental illness has lessened only slightly over the years, according to Amir. “Even among medical professionals,” she says, “we often find an aversion to having to cope with mentally ill people. We’ve been making progress slowly to convince professionals to pay more attention to the family, to convince them of the importance of the family and the community in helping with the recovery process.

“I feel that caregivers to children and adolescents in particular are getting short shrift,” adds Amir. “Services for children are so fragmented and inefficient; services for their caregivers are practically nil. That’s something else we’re working to improve.”

The recently created National Mental Health Commission seeks to address the same issues. Ella Amir was named Chair of its Family Caregivers Committee. ■

A haven of care

Cheshire Foundation Quebec is a home for physically-disabled adults, established in Dollard-des-Ormeaux in 1981. It is part of a 250-member international network founded in 1948 in England by an ex-RAF pilot to treat wounded veterans.

The home has two facilities. One houses six autonomous adults who receive physical rehabilitation and skills training to prepare them for independent living. The second, opened in 2008, is a permanent residence for six people who cannot care for themselves and require intensive nursing care. ■

Fraser gets out the message

Ten years ago, Hugh Fraser became concerned about the growing number of high-schoolers in Quebec City using drugs and alcohol. “And we’re talking serious substance abuse here,” says Fraser. “Somebody had to take these kids in hand.” Fraser did, and to date over 500 have passed through his Fraser Recovery Program (FRP).

The FRP is a combination of compassion, tough love, straight talk and education. Fraser campaigns in schools, runs awareness meetings for parents and operates a camp outside Quebec City where young

people meet for intense weekends of self-help workshops.

Three years ago, Fraser carried his message to the Magdalene Islands and the Gaspé, working with community networks to help them tackle the serious and growing problem of substance abuse in those regions. “They’ve made tremendous headway in educating people and getting drug awareness programs into the schools,” says Fraser. “But there’s still the problem of denial: so many parents have drug problems themselves. That’s a huge challenge across the province.” ■

A partnership built on tradition

Jeffery Hale Community Partners (JHCP), formerly known as the Holland Resources Development Corporation, works with its public partner, St. Brigid's Home-Jeffrey Hale Hospital (SBJH) to develop health and social services for the English-speaking population of the Greater Quebec City region.

"It's an interesting partnership of community organizations with a public establishment," says Richard Walling, executive director. "SBJH provides frontline healthcare services to the English-speaking population. As the key community partner, JHCP is charged with developing innovative approaches to those services."

New developments begun

Over the past year, JHCP has targeted three areas of service development. A seniors' housing project on the site of St. Brigid's Home is just about to start. An activities program for special needs children is being expanded. And an art therapy program has started for all SBJH clients whose works will then decorate their institutions.

"We're also going to expand our role in supporting other anglophone organizations," affirms Walling. "JHCP and SBJH together have become experts on the health and social services needs of the Greater Quebec City region's English-speaking community. Through our membership in the CHSSN, JHCP will be sharing this expertise with other anglophone organizations in the province to improve access to services in their region." ■

ENRICH is a growing concern

Since its inception in 1997, youth and their families has been the primary focus of attention for the Outaouais' English Network Resource in Community Health (ENRICH). Adding to that mandate, the organization has recently assumed leadership of the Outaouais Health and Social Services Network.

"We're still adding partners to that regional network," explains Sheilagh Murphy, ENRICH board president. "And we're close to setting up an official resource centre in a local school to better handle its operations."

At the same time, ENRICH is broadening its own scope. "We've been very active in our urban centres of Aylmer and Gatineau," says Murphy, "particularly with our drug awareness program in high schools. We've recently received funding to introduce that program into Rouyn-Noranda and Pontiac high schools. This expansion into rural western Quebec gives us a huge territory to work with."

Centre Marc Vanier continues care

The Centre Marc Vanier is a network of group homes established for clients of the West Montreal Readaptation Centre. Intellectually disabled adults, some may also suffer from physical disabilities or behavioural problems. The Centre was started in 1980 by a group of parents when Quebec began releasing disabled patients from its healthcare institutions. The Centre, which can house 150, is named after a child of one of the founders.

ENRICH has been very active in local high schools with a health promotion and prevention program, and now reaches over 600 elementary school students with its social skills program.

The organization has also achieved some significant success with a program called Aware, Prepared and Linked, designed for families with children at risk of drug abuse and school dropout. "We get the kids into classrooms during the summer for sessions on life skills learning, and arrange for interning sessions with local businesses. In the fall, the parents join them in workshops to discuss issues of concern. In our experience, it's a very good prevention program."

"We'd like to share what we've learned with others," Murphy says. "We developed a self-contained practice manual that can be adopted by any community organization. They have to get facilitators, but all the material is there. It's a very good tool that anyone can use to set up their own program." ■

The Centre has begun selling its 30 individual houses and buying larger ones that fit the nature of the clientele. Some of the earliest clients still require permanent housing, and their advancing years dictate a change in infrastructure because the buildings are no longer functional. More recent residents, however, most of whom can achieve a higher degree of autonomy, are being gradually transferred to "foster placements" in the community. ■

Family Centre started out small

“We began with \$700; now we’re running on an annual budget of \$70,000.” Carrie Goldenberg, founder and executive director of the Family Resource Centre in Pierrefonds, is proud of the centre she set up in 1999 to help children with ADD and learning disabilities. “So far, we’ve helped over 1,000 kids with our programs,” she says.

The Centre dropped the notation ADD from its original name when it expanded its program to include clientele with other problems. “We’re now helping children and adults with behavioural issues who need to learn certain skills to cope with their lives,” says Goldenberg.

The Centre provides individual and family counselling, support groups and workshops for parents, and offers referrals to other available resources. It also conducts public seminars and professional workshops for teachers.

Breaking new ground

Two innovative programs introduced by the Centre are being adopted by some Montreal schools. “There are children who’ve not been diagnosed with a disability but it’s obvious that something’s not quite right in their interpersonal behaviour,” says Goldenberg, “We help them deal with their emotions.”

The Centre’s new study skills program is designed for children in grades 3 through 7. “Look at the dropout rate: our youngsters just aren’t ready for high school,” says Goldenberg. “We’re preparing kids for that important transition.” ■

Women’s Centre one of a kind

The Lennoxville and District Women’s Centre had a modest beginning. Four friends who moved to the area in 1979 and couldn’t find healthcare services in English set about gathering information, storing what they could find in a car trunk. Perseverance paid off, however, and funds did arrive to set up a small office that has grown steadily over the years into a full-fledged resource centre for women in l’Estrie.

“We’re the only women’s centre in the province with an English mandate,” says Terry Moore, executive director. “We’re in direct contact with 1,100 women through our activities and services. Because there aren’t a lot of direct services to anglophones in general, the whole population comes to our door. We’ve become a very busy meeting place in the community.”

A range of activities

Women’s concerns are still the core preoccupation. The Centre is the source of healthcare information and referral services. It organizes educational activities like computer training and French classes and offers the only prenatal courses in the region. “We hire professionals to consult on the whole gamut of women’s health issues,” says Moore.

The Centre recently concluded a program with marginalized young women to help them with parenting and social skills. New programs for disconnected anglophone youth and isolated seniors are being planned. The Centre is an original and active member of the regional healthcare network sponsored by CHSSN. ■

Serving Jewish seniors

Over 6,000 members enjoy the services of the Cummings Jewish Centre for Seniors (CJCS) in Montreal. CJCS was created in 2000 through the merger of two long-existing agencies. It is a full service agency for autonomous and frail people of 50 plus. It also operates off-campus sites at four other locations in Greater Montreal.

The Centre offers an extensive range of services and activities for seniors and caregivers. It runs over 200 day and evening courses and workshops, including a wellness centre. Members are encouraged to volunteer at the Centre. The Centre has assumed a strong advocacy role in promoting seniors’ rights. ■

Taking Giant Steps

Giant Steps, in Westmount, is a school for autistic children founded in 1992. It has a capacity for 52 children, aged 6 to 13 years. With a waiting list numbering up to 500, the school is filling an obvious need.

The school uses a holistic approach, with activities and curriculum individualized according to the needs of each child. Classes have a one-to-one ratio of teacher to child. The goal is to prepare children for integration into mainstream schools.

With that in mind, the school’s interdisciplinary team works with local school boards to train educators in dealing with the special needs of autistic children. It also has an extensive resources centre to provide information on autism for both professionals and the public. ■

CHSSN building on a sound foundation

The CHSSN has worked effectively over the last five years with community, institutional and government collaboration to build a solid foundation of programs promoting the health and well being of English-speaking Quebecers.

The CHSSN has represented anglophone communities' interests in the promotion of a new federal government contribution to Quebec's initiatives to improve access to services in English. New resources will enable the CHSSN to implement a four-point action plan over the next four years.

Expanding and increasing support to community networks

Nine community networks are currently acting as a focal point for addressing the needs of English-speaking communities. The community networks are working with public partners to create new models of service delivery that better meet the needs of English-speaking Quebecers. The CHSSN aims to enhance the capacity of existing networks to collaborate with public partners, as well as promote creation of new networks.

Adapting public health and social services for English-speaking communities

The CHSSN will again support initiatives developed by the regional health and social services agencies to provide service providers with the means to adapt their services to meet the needs of English-speaking people. The regional agencies will be invited to identify priorities for improved access in consultation with service providers, as well as with the English-speaking representatives on their advisory committee.

Promoting health information and better health outcomes

The CHSSN will sponsor projects to improve the capacity of community resources to promote better health outcomes and complement the health promotion mandate of the public system.

Increase the knowledge base on the health of English-speaking communities

The CHSSN will work with the public system and English-speaking communities to sponsor projects to create new knowledge on the health status of anglophone Quebecers. This is to build the information base needed to support stakeholders working to ensure equitable access to services and improved health outcomes for English-speaking communities. ■

CHSSN Board of Directors

The CHSSN's board of directors is made up of representatives from its membership. This ensures that the needs and interests of members are always in the forefront of the CHSSN agenda.

President	Ron Creary
Vice president	Charlotte Dousett
Treasurer	Richard Walling
Directors	Zenny Bryniawsky Kathy Dodson Benita Golden Louis Hanrahan Stella Kennedy Peter McGibbon Ann Marie Powell John Walker

The CHSSN

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.

The 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

Any organization interested in becoming a member of the CHSSN may contact us at:

CHSSN
1270, chemin Ste-Foy, bureau 2000
Québec (Québec) G1S 2M4
e-mail: info@chssn.org
Telephone: 418 684 2289
Fax: 418 684 2290
Website: www.chssn.org

Legal deposit:
National Library of Canada:
ISSN 1709-2175
Bibliothèque Nationale du Québec

CHSSN Community NetLink is
developed and produced by
GM&A Communication