

COMMUNITY  
**NetLink**

NEWS FOR THE COMMUNITY HEALTH AND SOCIAL SERVICES NETWORK



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Artwork by Visual Versa created for the Trust and Resilience event highlighting its themes.

# Trust & Resilience

The Partenariat d'assistance aux organismes en santé mentale (PAOSM) initiative aims to support the English-speaking community by enhancing access to mental health services across Quebec.

**F**unded by the Secrétariat aux relations avec les Québécois d'expression anglaise, this initiative has successfully aided mental health organizations in broadening their services to the English-speaking community and has grown from 9 to 16 organizations in the 2024–2025 year.

For the third consecutive year, the CHSSN hosted a unique event called Trust and Resilience, bringing together organizations to engage with leaders and peers from the mental health sector. This year's event saw the participation of 91 Networking and Partnership Initiative (NPI) coordinators, PAOSM project

# Trust & Resilience

continued...

leads, their Executive Directors, and other members of the broader mental health community. Key themes such as resilience, shared strategies, and service gaps at national, provincial, and local levels were explored.

The first day featured a dynamic panel of experts discussing the state of mental health on global, national, and local scales.

With funding from Health Canada, a health fair was added at the end of the day with 18 kiosks showcasing various mental health organizations and services.

On the second day, Benoit Chalifoux, a renowned speaker on resilience, delivered an inspiring keynote address, setting the stage for further thought-provoking discussions. Attendees were

encouraged to leverage their collective expertise, deepen conversations, strengthen collaborations, and exchange valuable insights. They also had the opportunity to network with organizations from across the province, fostering connections and exploring potential partnerships with mental health service providers. [N](#)

▼ Artwork by Visual Versa created for the Trust and Resilience event highlighting its themes.



## CHSSN Celebrates its 25th Anniversary

For 25 years, the CHSSN has been serving the English-speaking communities of Quebec! To celebrate this achievement, the CHSSN has created a special 25<sup>th</sup> anniversary logo.

Also, on September 16, 2025, the CHSSN will be hosting special 25<sup>th</sup> anniversary events in conjunction with its Annual General Meeting (AGM), the community builders' awards banquet and annual NPI event.

Stay tuned in for the fall Netlink as it will be a special 25<sup>th</sup> anniversary edition showcasing these special events along with some historical organizational and community achievements. [N](#)



# CHSSN's Architect Retires

After over 40 years of service to the English-speaking community of Quebec, Jim Carter, CHSSN senior policy advisor, announced his retirement for the end of May 2025.

“Jim is a pillar in our community and is simply unreplaceable,” says Jennifer Johnson, Executive Director at CHSSN. She goes on to say, “It has been a privilege to work along side him for the past 25 years and he will be dearly missed.” Ron Creary, CHSSN Board President, says that “Jim has provided invaluable support to the CHSSN board and gave important strategic advice over the years.” He continues by saying that “on behalf of the board of directors, he wishes Jim the best and a well-deserved retirement.”

As background, Jim was responsible for putting the fundamental architecture of CHSSN in place and

has worked for the organization since its inception in 2000. In 2003, he was instrumental in negotiating with Health Canada the first official languages funding in health, a relationship that has endured over two decades. Jim will also be remembered at the CHSSN for important partnership development with the Ministry of Health and Social Services, Dialogue McGill and the INSPQ to name a few. His passion and skills in community organizing and policy development has also had a significant impact in shaping the development of what is now, 23 community health and social service networks (NPIs) in operation across the province. ■



(Left) Jim Carter at the 2019 Adaptation Conference. (Below left) Jim Carter, Russell Kueber, Brenda Edwards, Laura-Lee Bolger and Jennifer Johnson at a NPI Retreat. (Below centre, L to R) Fatiha Gatre Guemiri, Jim Carter and Jennifer Johnson at the Ice Hotel. (Below right) Jim Carter at the 2024 Community Builder Awards with Jan Warneke and Joanne Pocock.





Members from CASE Senior Wellness Initiative — new Shawinigan site — participating in a SHARP webinar.

## English-Speaking Seniors are Staying SHARP!

In 2023–2024, the *Community Health Education Program (CHEP)* transformed into the *Services for Healthy Aging in the Right Place (SHARP)*. The aim is to provide information sessions on health and social services, resources and tools to help English-speaking older adults age better in their community settings. Older adults can participate from home, or in groups at the local Senior Wellness Initiative. We continue to offer monthly webinars on the third Wednesday of every month to English-speaking seniors across Quebec through our NPIs and SHARP coordinators. The webinars can be watched live and recordings are made available for on-demand viewing.

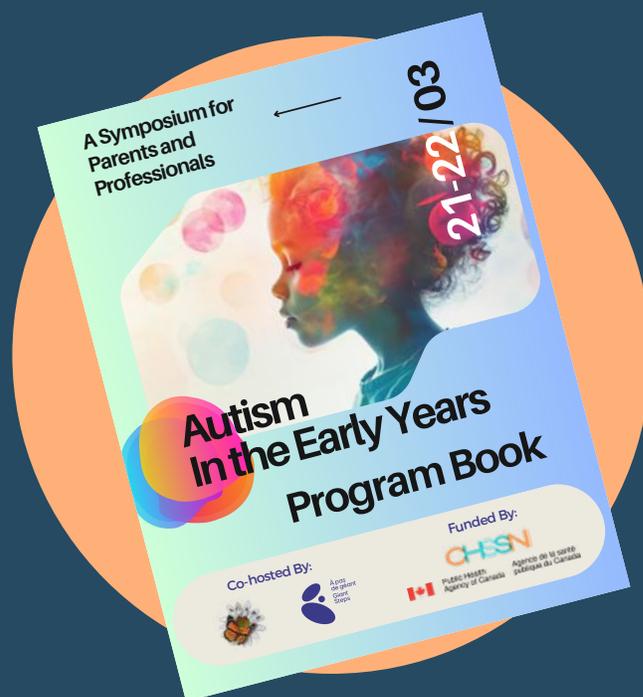
Topics were determined after sending a survey to SHARP coordinators who indicated which topics their seniors would like to see. A few examples of these topics include accessing health and social services; adapting their home to safely age in place; and becoming aware of mental health resources. The CHSSN would like to say a special thank you to all the older adults, speakers, SHARP coordinators, and community organizations that have made this program so successful. 📖

**In the past year, 729 English-speaking seniors participated in SHARP sessions.**

# Empowering Families and Professionals Across the Province in Autism Support

This is the second year in a row the CHSSN has received funding from the Public Health Agency of Canada (PHAC) to support English-speaking communities across the province to help parents and their children with autism. Services are very limited in English for this vulnerable clientele and having a little extra support goes a long way in making a difference in these children's lives.

A great example of what this funding supports is a recent autism symposium hosted by AGAPE in partnership with Giant Steps. Parents and service providers left with practical strategies, awareness of resources and services available, and renewed energy and empathy to support neurodivergent children and their families in meaningful, respectful ways. 📖



## A few survey results:

More than 90% of the respondents agree or strongly agree that the NPI organization offers them knowledge, skills, tools and support.

More than 80% of the partners indicate making service improvements in the past 2 years.

Most improvements made are related to services for children, youth, seniors and mental health.

# Partner's Survey Shows Important Service Improvements

The CHSSN and VANASTAS, an Evaluation & Applied Research Consulting firm, recently conducted a partner's survey in collaboration with the 23–community health and social services networks (NPIs) throughout the province. The survey asked several questions to regional partners including the number

and type of service improvements made over the past two years and if the NPI offered them support in the way of skills, knowledge or tools.

“This survey provides valuable information with regards to the impact NPIs have in supporting regional and local health and social services partners

to make service improvements” says Russ Kueber, CHSSN Director of Programs. He adds that “even though the health and social services system seems to be struggling given the recent restructuring, the partners that NPIs collaborate with are still making significant improvements to offer services in the English-language.”

# Policy Challenges for the CHSSN in the Period Ahead

AN INTERVIEW BETWEEN  
JENNIFER JOHNSON,  
CHSSN EXECUTIVE DIRECTOR  
AND JIM CARTER, CHSSN  
PROGRAM AND POLICY ADVISOR

**JJ.** YOU HAVE BEEN AT THE CENTRE OF CHSSN'S DEVELOPMENT AND HAVE ADDRESSED MANY DIFFERENT CHALLENGES TO THE ORGANIZATION OVER THE LAST 25 YEARS. WHAT DO YOU CONSIDER CHSSN'S MAIN STRENGTH TO BE IN LIGHT OF YOUR EXPERIENCE?

**JC.** I would say our program model has been the key feature that has endured and anchored us in times of change. When we achieved our first major investments in 2005, we had to create an organizational model that would sustain the results and secure our core capacity to carry out our mission. As a result, our approach to building community networks through partnership has always been

based on creating strategic knowledge to support evidence-based action. And connected to this are the innovative programs we created for networks to meet priority needs. These programs and the partnerships built around them have been key elements supporting our goal to influence public policy aiming to improve access and health outcomes in English-speaking communities.

So, I consider the model to have been important in guiding our strategic direction up to now. I believe that a program model that informs public policy, develops innovative models of service delivery and applies knowledge-based strategies of community development will give us the "leg up" we need to address the challenges ahead.

**JJ.** THE REORGANIZATION OF QUEBEC'S HEALTH AND SOCIAL SERVICES SYSTEM IS ONE OF THOSE CHALLENGES. HOW WOULD YOU CHARACTERIZE THE CHSSN STRATEGY RESPONDING TO THE REFORMS?

**JC.** I would say we have had a consistent approach to the continual changes in Quebec's system. In 2003, we saw a restructuring through mergers of long-term care facilities, CLSCs, and hospital centres. With Bill 10 in 2014, more mergers reduced the number of health and social services facilities. And finally with Bill 15, all public institutions were amalgamated under a Santé Québec board appointed by the Government. It was evident that protecting the legislative framework ensuring the right to services in English required a broad-based community effort. The CHSSN was an active member of a community coalition seeking legislative changes to Bill 10 to secure this right. And again with Bill 15, we were directly involved in the legislative process to secure key provisions at the heart of the CHSSN program mission.

Our strategy required a dual role involving public advocacy while maintaining relations with the Government as a credible development organization working in partnership with the health and social services system. An illustration of this is the partnership model we introduced into the public system through our Adaptation Program. This federally-funded initiative has been supported by the MSSS for two decades. It has promoted adaptation of services to better meet the needs of English-speaking communities while respecting

Quebec's jurisdiction. It has helped to make CHSSN a credible voice in the legislative and policy processes connected to major changes in the health and social services system.

### **JJ. WHAT KEY CHALLENGES DO YOU SEE AHEAD FOR THE CHSSN AS A RESULT OF THE REFORM?**

**JC.** I would say the first priority is to establish new relationships with Santé Québec and the MSSS (Ministère de la Santé et des Services sociaux) with respect to CHSSN administrative requirements. These include securing government authorization to distribute funds to third parties, and here I am referring to the administration of the Adaptation Program supporting the CI(U) SSS projects to improve access. Also, I think CHSSN can begin to engage Santé Québec with respect to the preparation of community priorities for the next Health Canada agreement for 2028–2033.

Secondly, I think CHSSN can offer Santé Québec a solid perspective on regional access committees now under their charge. For example, we would want regional access committees to continue to have an active role at the institutional level to develop and monitor access programs. The objective is to ensure representation of English-speaking communities is maintained at the regional level. Also, the regional committees are active in supporting the Adaptation Program projects.

Of course, we are sensitive to the challenges of the health and social services network. In addition to the

Jennifer Johnson,  
CHSSN Executive  
Director

reorganization of the system, there are post-pandemic issues such as the chronic lack of human resources and budget constraints that will affect access to services for the general population. These dynamics could present additional challenges in establishing continuity of services in English and durability of community partnerships with the public network. This circumstance points to the importance of maintaining and promoting representation of English-speaking communities within the health and social services system.

### **JJ. YOU HAVE TALKED ABOUT OUR POLICY STANCE WITH RESPECT TO QUEBEC'S REFORM OF ITS HEALTH SYSTEM. WHAT IS THE KEY CHALLENGE YOU SEE AHEAD OF US AT THE FEDERAL LEVEL?**

**JC.** I think this question revolves around federal policy regarding support of the vitality of English-speaking communities. I am referring here to the emerging context of a renewed Official Languages Act. A federal institution's obligation to take positive measures to support vitality impacts us directly, as our five-year contribution agreement with Health Canada falls under a provision called Part VII. A new clause regarding federal-provincial cooperation will likely

engage Quebec in some manner in the development of measures for English-speaking communities in the next five-year plan. We have done five of these plans with Quebec's support since 2003. I think we have successfully integrated federal investments into English-speaking communities and supported Quebec's initiatives to improve access to health and social services in English.

Our relationship with Health Canada, which recognizes CHSSN as a designated recipient, represents an important community link between federal programs for Official Language minority communities and Quebec's English-speaking communities. I think there would be considerable interest that this historic relationship be maintained. But once again, it is the CHSSN partnership with MSSS and the health and social services network that has been a key factor in the success of the Health Canada investments. I would be suggesting the CHSSN seek to establish a similar relationship with Santé Québec to ensure support for a new program under CHSSN stewardship for 2028–2033.

**JJ.** Thank you, Jim, your ability to interpret the impacts of government policies on our communities has been instrumental in the success of the programming at CHSSN. ■

Jim Carter,  
CHSSN Program  
and Policy Advisor





# Sharing Knowledge

## with francophone health networks across Canada

▲ CHSSN and the Société Santé en français (SSF) network representatives.

This past winter, CHSSN and the Société Santé en français (SSF) collaborated to bring together their respective health networks from across Canada.

The main objectives of this event, which was held in Montreal, were to share best-practices, discuss priorities and challenges in improving access to health services for the two minority language communities across the country.

“There are so many great initiatives happening throughout Canada and it’s important to share the learnings between provinces and linguistic communities” explains Antoine Désilets, Executive Director of the SSF. He also goes on to

explain that “it was thought-provoking to see the number of common issues French and English-language health networks face in their daily work and it creates a greater level of solidarity between the two linguistic health networks.”

Jennifer Johnson, Executive Director of the CHSSN, comments that “over the years, the CHSSN and its health and social services networks (NPIs) have applied many ideas we have learned from the SSF and its networks such as: recognizing health professionals that have gone above and beyond to offer services to the linguistic minority community; and having colors and even sunflowers on ID badges to show patients that they can offer services in English.” She also goes on to say, “It was wonderful to have Health Canada (the main funder for both organizations) present at the event. They have been encouraging the CHSSN and SSF to share best-practices over the years.” **N**



The Société Santé en français (SSF) is a national organization dedicated to promoting the development of French-language health care for Canada’s Francophone and Acadian minority communities. The SSF brings together 16 regional, provincial and territorial partners interested in improving access to French-language health services in all provinces and territories where French is not the language of the majority of the population.

# Surveying English-speakers in Nord-du-Québec

With support from JPocock Research Consulting, the CHSSN, in collaboration with the Centre régional de santé et de services sociaux (CRSSS) de la Baie-James, conducted a survey on the experiences of English-speakers in Nord-du-Québec accessing health care and social services in the English-language.

**M**arie-Ève Barbeau, spécialiste en procédés administratifs du CRSSS de la Baie-James explains that “the purpose of the survey was to gather feedback from English-speakers to deepen understanding of the barriers they may face in accessing services.” She continues by saying that “the results will help us better adapt services for English-speaking patients and offer the best quality of health care possible.”

It is interesting to note that according to the survey respondents, the top two reasons for not requesting services in English were that they thought the service was not available in English, or that the staff only speak French. [N](#)

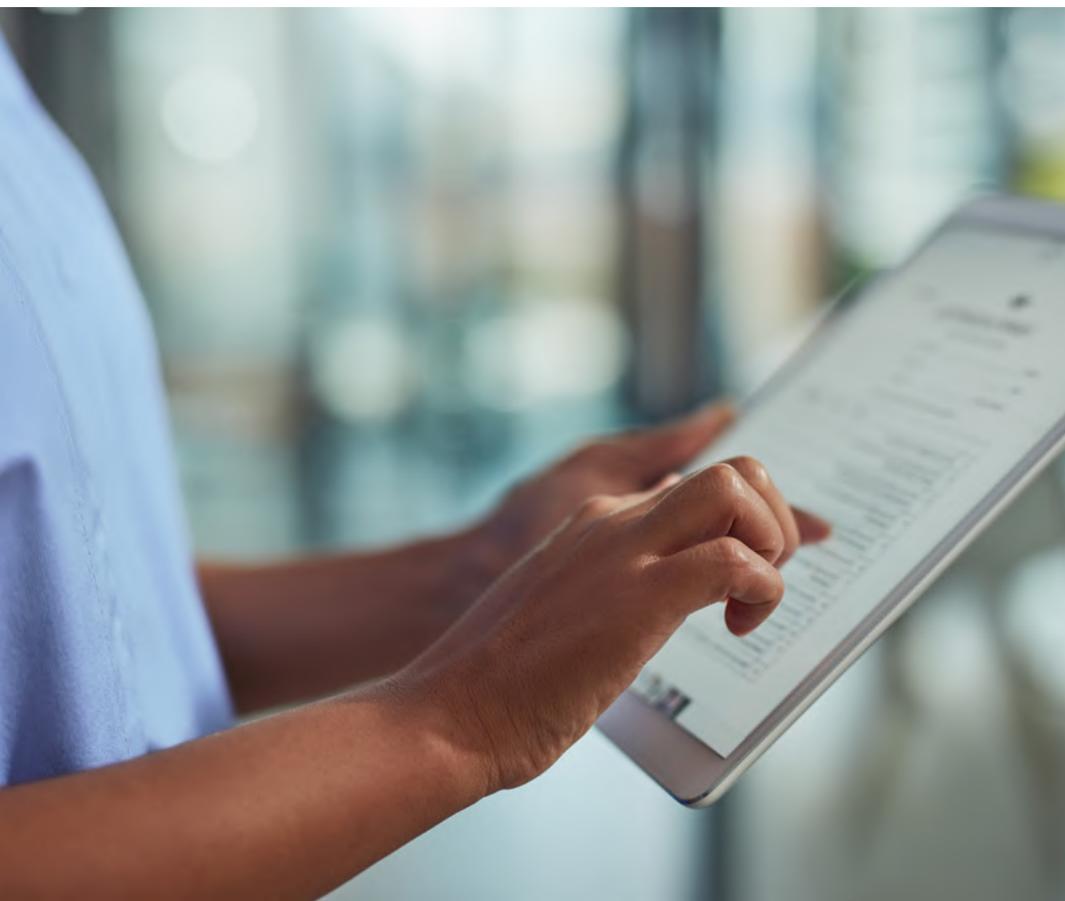
A few survey results:

**62.5%**  
reported they were not satisfied or somewhat satisfied with the availability of health and social services in English.

**50%**  
of the respondents reported being served always or often in English by their family doctor.

Close to  
**60%**  
reported always or often being served in English in the emergency room.

**46.7%**  
were always or often served in English when accessing home care services.





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.

**FOR MORE INFORMATION ON CHSSN  
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Legal deposit: National Library of Canada: ISSN 1709-2175  
Bibliothèque et Archives nationales du Québec.



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THIS NEWSLETTER IS FUNDED BY HEALTH CANADA AS PART  
OF THE ACTION PLAN FOR OFFICIAL LANGUAGES 2023-2028