

# Building Equitable Partnerships Symposium 2008

## Sessions –Workshops, Presentations, Panels, Posters and Media Arts

### *Thursday, November 6, 2008 - Morning Sessions*

#### **Strengthening Partnership Resiliency through a Critical Examination of Community Readiness**

##### **Workshop Facilitators:**

Tammy Décarie, Queen West Community Health Centre  
Deborah Konecny, Family Service Toronto

This workshop will demonstrate the elements of community readiness that will help to strengthen partnership resiliency. Through interactive discussions and activities, participants will explore: their own personal readiness to be fully engaged in partnerships; new language and tools to assess the readiness of their agencies to engage in partnerships; the readiness of the partnerships they participate within to fully engage each other and the broader community.

#### **Building Research Partnerships to Explore Mental Health Issues for Newcomer Youth: Some Thoughts on Power, Participation and Practice**

##### **Presenters:**

Dr. Nazilla Khanlou, York University  
Dr. Yogendra Shakya, Access Alliance Multicultural Health and Community Services  
Tahira Gonsalves, Research Coordinator, University of Toronto

This presentation will address the theme of building equitable partnerships within the context of community based participatory research between a university and community-based health centre. We will provide a brief description of the Newcomer Youth Mental Health project, with some preliminary findings. We will then discuss this in the context of academic-community partnerships highlighting why these partnerships are important, and the benefits and challenges that are entailed within these collaborative research projects. We will discuss such processes as obtaining ethics approval, and the hiring of peer researchers as part of the community-based participatory research model. After the presentation, we will lead a discussion to further explore challenges that researchers and others may have faced in doing collaborative and participatory work. It is hoped that participants will learn more through shared lessons and best practices, and be able to refer to this as a case study of an academic-community research model, towards addressing inequities in health for different communities in Canada.

#### **PHA ACCESS: Improving Access to HIV Mental Health Services in the Community through Community-Hospital Collaboration – Lessons Learned and key Ingredients for Success.**

##### **Panel Presenters:**

Jocelyn Watchorn, RSSW, AIDS Committee of Toronto  
Amanuel Tesfamichael, BSc, Africans in Partnership Against AIDS (APAA)  
Liz Creal, MSW, Casey House

##### **Moderator:**

Maureen Mahan, Casey House

The panel will describe their experiences and perspectives as community-based co-investigators and counsellors in the PHA ACCESS project, reflecting on lessons learned and what the key ingredients for the project's success proved to be. PHA ACCESS is a community-based research project pilot-testing a model of community-hospital collaboration, knowledge exchange, and capacity building, aimed at increasing access of people living with HIV to mental health services by training and supporting AIDS service organization (ASO) workers and volunteers in the provision of evidence-based (art, mindfulness and narrative) psychotherapies.

**The Power to Participate: Exploring the Relationships Between Mental Health, Literacy, and Social Determinants of Health**

**Workshop Facilitator:**

Kelly Robinson, CMHA Toronto  
Tannis Atkinson, Literacies

This interactive workshop is based on my recent research about mental health and literacy, broadly defined. It suggests that the relationships between the two are rich, complex and involve issues related to power and participation in civic life. This workshop will begin by briefly presenting some of the research findings. It then seeks to promote a participatory approach to encouraging dialogue, sharing expertise, and creating knowledge about the ways in which social determinants of health affect mental health and learning. In this experiential and interactive workshop participants interested in mental health, learning and social determinants of health will use a learning circle approach to share and create knowledge about mental health, wellness, literacy and learning. This format represents one method of creating equitable alliances. We will address the ways in which health disparities, power relations, and institutional cultures can challenge our attempts to create these alliances. We will consider how communities, individuals and grassroots organizations can partner with academic and health institutions. Finally we will consider elements and strategies that may be effective in addressing the challenges to building equitable partnerships.

**New Mentality – Ready ... Set ... Engage!**

**Workshop Facilitator:**

Cathy Dyer, Project Coordinator, The New Mentality  
Nancy Pereira, Knowledge Transfer and Evaluation Lead, The New Mentality

In February of 2007 Children’s Mental Health Ontario and The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO launched a provincial pilot project to promote mental health awareness in the province of Ontario. The New Mentality (TNM) supports youth, adults, and mental health agencies in coming together to form effective partnerships and create opportunities for youth to become engaged. In partnership with 2 TNM youth leaders, we will present the successes, challenges, and lessons learned from this pilot project. Moreover, workshop participants will assess the knowledge, skills, attitudes, and behaviours necessary for working in partnership with young people. This workshop will not only share the findings learned from this pilot, but also provide a forum for professionals to discuss their own feelings about engaging youth.

**Concurrent Disorder Support Services: Building Capacity through Partnership**

**Panel Presenters:**

Michele Heath, Director of Community Services at Fred Victor Centre  
Lynn Hillman, Manager of Concurrent Disorders Support Services (CDSS)  
Wayne Skinner, Deputy Clinical Director, Addictions Programs at CAMH

Drawing upon the development and implementation of the CDSS model and its Diversity Plan, the three presentations will blend a philosophical and practical orientation to assist those who are developing networks to explore the possibilities for integrated services. The presenters will encourage participants to ask questions, describe their experiences with collaboration and invite other participants’ responses to the issues presented.

**The Ontario Works Addiction Services Initiative: A Collaboration**

**Presenters:**

Sharron Kusiar, Ministry of Community and Social Services  
Linda Sibley, Addiction Services of Thames Valley  
Glenalee Berman-Hatch, Ontario Works, City of London

This presentation will describe the history, process and outcomes of the Ontario Works Addiction Services Initiative (ASI), an employment assistance program to assist Ontario Works participants whose substance use is a barrier to employment. The presentation will include government, community addiction agency and Ontario Works participant perspectives.

The ASI was first introduced by the previous Ontario government, and was viewed with distrust by many in the addiction treatment community. The presentation will describe how the provincial government, municipal governments and the addiction treatment community forged an effective partnership to overcome this distrust and create more positive outcomes for Ontario Works participants with addiction problems.

### **OASIS Centre des femmes**

#### **Workshop Facilitator:**

Mawuena Gbesemete

This workshop will give the spectator a synopsis of our French speaking women centre. Help them realise how well the feminist approach is a great answer to the French speaking woman's needs. It will put the emphasis on the importance of a culture friendly environment and on the importance of inter-agency partnerships especially given issues faced by the women we see. All this takes place in an environment that favours an anti-oppressive approach where the worker herself promotes her culture in a respective manner to all shadowed with freedom of expression, culture, sexual orientation and religion.

### *Thursday, November 6, 2008 – Afternoon Sessions*

#### **How do We Create and Environment of Partnering**

##### **Workshop Facilitators:**

**Subha Sankaran, Health Nexus**

**Peggy Schultz, Health Nexus**

How do we work beyond the tendency to separate 'us' from 'them' so that the feeling and reality of belonging become conscious and intentional at individual, organizational and community levels? Creating the conditions for equitable partnerships calls us to work together differently with clients, colleagues, organizations and community. How do we do this during times of constant change, fiscal pressures and increasing expectations?

Building on our health promotion initiatives – Count Me In, Connecting the Dots, Primer to Action – Health Nexus (Nexus Santé) will consider practices and organizational cultures that help or hinder partnerships. In our interconnected world, we know that partnerships are needed to address complex issues, and, yet, the process of doing so requires a deep reorganization of our beliefs about and experience of what it means to work together.

#### **Bringing the Stigma of Mental Illness Out of the Shadows: A Diverse Forum with a Diverse Audience but Shared Lessons**

##### **Presenter:**

Melanie Goroniuk, University of Alberta

Stigma remains a major barrier to full participation in usual life-roles, particularly the workplace. A Mental Health Forum on "Bringing Stigma Out of the Shadows", held in Edmonton, Alberta, Canada on May 29, 2008, was the first step to addressing this longstanding issue through developing partnerships between clients, employers, health care providers and researchers. This Forum, organized by the Workplace Wellness Task Group of the Greater Edmonton (Capital) Region Health Consortium had objectives to (1) enhance general awareness of mental illness

and/or addictions, associated stigma and the ‘silent crises’; (2) present research highlights and personal experiences; and (3) focus on the workplace as one setting which can implement programs to assist with changes in attitudes and behaviours.

This presentation will address the lessons learned in using a forum strategy to forge partnerships and to expand on the questions arising from the experience including: What can all of us do to make a difference in enhancing awareness and reducing the stigma of mental illness? How can we tackle denial and avoid enabling behaviours? What programs and supports are suggested to reduce disparities in the workplace?

### **Evaluating Equitable Partnerships: CAMH’s Partnership Evaluation Toolkit**

#### **Presenters:**

Roslyn Shields, Centre for Addiction and Mental Health (CAMH)  
Kim Bell, Canadian Mental Health Association, Peel Branch  
Bryce Taylor, Bill McMurray Residence

CAMH develops partnerships with many community agencies to help better serve our clients. These partnerships can be challenging due to the inherent inequities in funding and resources between a large hospital and smaller agency. Through stakeholder consultations and literature reviews, the Community Support and Research Unit (CSRU) identified five components of effective hospital-community partnerships: communication, shared vision/mission, resources, power sharing and synergy. Tools to measure how well partnerships adhere to these components were then developed and incorporated into the user-friendly Partnership Evaluation Toolkit (PET).

This presentation will educate participants on the components of effective partnerships and the tools used to measure them. It will also focus on how to use the PET for participants’ own evaluation needs. A major emphasis of the PET is to develop and implement partnership evaluations that encourage full participation from all stakeholders. Methods for including staff members, management, volunteers, family and clients in the evaluation process will be discussed. The presenters will also share feedback and lessons learned from two pilot tests of the PET.

### **Frontline Partners with Youth Network – Reflections on Power, Organizations and Collaborations**

#### **Panel Presenters:**

Jenny Katz, Frontline Partners with Youth Network  
Ashton D’Silva, (Project CANOE) Frontline Partners with Youth Network  
Neemarie Alam, Frontline Partners with Youth Network

Each presentation addresses different types and aspects of power and partnerships. The presentation was put together by members of the Frontline Partners with Youth Network (FPYN), who have experienced different governance structures within the context of the social service sector. We understand from the frontlines how these structures impact on the people and communities we serve, as well as sustainability in the sector.

#### **Presentation #1**

In order to understand organizational relationships, it is important to understand hierarchy, why it exists, and its different forms. Neemarie will present the historical context of the development of common organizational and governmental structures, including hierarchy and bureaucracy. The different explicit power relationships present in organizational structures will be outlined. The presentation will include why these structures are changing and what these changes mean to the dynamic youth-serving sector. Neemarie will conclude with the description of an innovative, working governance model.

#### **Presentation #2**

Ashton will showcase the incorporation of participatory principles into a well-established organization. Project C.A.N.O.E.’S unique operating model allows for the staff of the organization to contribute, inform and advocate

for the youth that participate in its programs. This is an example of a seemingly conventional organization from the outside whose actions, in reality, reflect a reversal of power. The presentation will address this juxtaposition of blending the new with the traditional. Key concepts will be addressed such as internal partnerships, sharing power and meaningful frontline consultation.

### **Presentation #3**

Jenny will describe the history of the development of the FPYN and some of the issues the network is gearing up to tackle. She will also discuss the ways the network attempts to address:

- power differences among different kinds of network members
- advocacy and the threat of job loss
- what it means to be a “holistic” network
- vicarious trauma, burnout and sustainability in the sector

### **An Introduction to Critical Self-Reflection**

#### **Workshop Facilitator:**

Njeri Damali Campbell

Critical Self-Reflection is an important aspect of building equitable partnerships. In order to work effectively together, partners must develop the skills to look within, ask insightful questions, and courageously share their processes in solidarity.

Using life writing and popular theatre methods, participants in this workshop will practice self-reflection exercises, learn how to facilitate group reflection exercises, and receive a toolkit of relevant resources.

### **What Works and Why to Address Concurrent Disorders Among Marginalized Populations? Reflections on a Community-Research Partnership to Address Evidence/Action Gaps**

#### **Presenters:**

Maritt Kirst, Centre for Research on Inner City Health, St. Michael’s Hospital

Michelle, Firestone, St. Michael’s Hospital, Centre for Research on Inner City Health

Erika Khandor, Street Health

We will discuss the collaborative process we are following to reach our equity goals and to establish equitable partnerships for community mental health.

Specific issues and accomplishments we will address include:

- Tools and Templates we developed to promote equitable relationships and use of knowledge (e.g. terms of references, Research Agreements, Ethics Applications)
- Processes and Activities we followed to enhance equitable, inter-professional collaboration. This project was not aimed to enhance community capacity to conduct research but to capitalize upon and combine the expertise represented by our team.
- Lessons Learned about Time, Space, Power, and Culture, as we worked together over the course of a year. We will address challenges such as working effectively with more than twelve people and six organizations holding diverse mandates; learning a new research method and a new set of policy issues ‘concurrently’; meeting timelines that make sense for all parties; and maintaining clarity about our goals. We will also discuss recent achievements, including multiple ‘spin-off’ collaborations that have evolved between and among partners, activities to share the results of our study with CD stakeholders, and lessons related to ‘what works and why’ in equitable partnerships.

### **St. Clares’ Housing Model for Affordable Housing for People.**

**Presenters:**

Andrea Adams, St. Clares Multifaith Housing Society.  
Stewart J. Smith, Tenant Support Coordinator, Family Service Association of Toronto

Overall description of the fifteen community based partnership initiated and maintained by St. Clares Multifaith Housing Society. The two buildings owned by St. Clares offers affordable housing to people accessing service with one or more social service agencies. People living in apartments in the St. Clares’ building are dealing with issues such as addictions being H.I.V. positive, criminal justice issues, mental health challenges and/or new to Canada issues.

**Partnering for Change: Working together to create tools for advocacy, equity and community-building**

**Presenters:**

Sheela Subramanian, Scadding Court Community Centre  
Susanne Burkhardt, Scadding Court Community Centre  
Cynthia du Mont, West Scarborough Neighbourhood Community Centre  
Julia Greenbaum, Centre for Addiction and Mental Health

The Equity Toolkit Project, a partnership between Scadding Court Community Centre and CAMH, is developing a web-based resource to support the planning, implementation and evaluation of equity related organizational change. Governance and organizational structure, which are defined by partnerships, are an important part of equity related organizational change.

The purpose of this workshop is to identify elements of an Equitable Partnership Tool that may form part of the Equity Toolkit. The facilitators will share their experiences of developing equitable partnerships through the Equity Toolkit project, the Chester Le Community Coalition, and the Community Education and Access to Police Complaints project.

Each partnership is unique in its mandate, history, partner composition, challenges and strengths, and is shaped by its geographic location. For example, while the Chester Le Community Coalition’s experience offers an example from Scarborough of a marginalized community engagement project developing an equitable partnership model of community members and about 20 organizations including two trustees, small and larger NGOs, government partners, political representatives, and even corporate partners, the Equity Toolkit Project reflects a partnership between a large health institution and a medium-sized community organization in downtown Toronto. The Community Education and Access to Police Complaints Partnership is a network of 40 organizations from across Toronto that developed in 2002 in relation to responses to community-police relations.

The workshop’s participants will be encouraged to share and reflect on their partnership experiences. Through this process of sharing and discussion, elements of an Equitable Partnership Tool will be identified.

***Thursday, November 6, 2008  
Poster Presentations***

**Evaluation of a Unique Mental Health Program: Exploring Partnerships with Immigrant Communities**

**Presenter:** Sharon Chakkalackal

**Background:** To date in Canada, no study has solely aimed to study immigrant women’s personal attitudes, beliefs, knowledge and practices towards mental health issues. Furthermore no published Canadian study, has evaluated a culturally and linguistically sensitive program assessing the aforementioned goals.

**Goals:** First, to conduct a program evaluation for the Canadian Mental Health Association's (CMHA) mental health promotion program. And second, to describe the mental health beliefs, attitudes and practices of immigrant women attending CMHA's mental health program in Toronto, Canada. Lastly, to evaluate the partnerships formed between mental health community-based agencies and alliances formed between mental health services and immigrant communities.

### **The Use of a Calendar to Share Research Results: An Innovative Participatory Research Project Focused on Occupational Engagement**

**Presenters:**

Nathalie Reid, Student, OT, University of Toronto

Jennifer Shin, Occupational Therapist, The Four Villages Community Health Centre

Based on findings from a previous project at this community health centre, the aim of our project was to develop a resource calendar about the occupational science terms, *occupational deprivation* and *occupational engagement*, and to explore the response of both consumers and occupational therapists to these concepts. Our research team consisted of several consumers, two occupational therapists and a university student who discussed their roles and understandings of research throughout the project, and reflected the groups being studied (consumers and OTs). Including consumers in all stages of the research project meant that their voices and interpretations were central to the work.

In reflecting on the research process, all the researchers felt that the project had been richer and more valuable because of using the participatory action research design. This project can be an example of developing an equitable partnership between consumers and professionals to work towards a project that may benefit consumers. Further, the information presented in the calendar was more positively received because of the partnership among the researchers. The response from consumer participants was that materials developed by other consumers were more valued.

### *Friday, November 7, 2008 - Morning Sessions*

#### **Developing a Multi-disciplinary Outreach Team to Serve Homeless Individuals with Health/Mental Health Needs**

**Panel Presenters:**

Shayla Gutzin, Centre for Addiction and Mental Health

Susan Meikle, Toronto North Support Services

Katherine Chislett, City of Toronto Shelter, Support and Housing Administration

The Multi-disciplinary Outreach Team (M-DOT) was developed after broad consultation with other major cities across the continent. A multi-organizational partnership approach was decided on in order to bring together the connections and networks of a number of organizations, both community and hospital based. M-DOT is a unique blend of talented clinicians and outreach staff who have worked through many challenges in developing their own culture and shared values. Team members are employed by their organization of origin and seconded to M-DOT through service agreements, which have evolved over the 2 years the program has been in existence. An Oversight Committee, made up of managers from each of the partnering organizations as well as the funder, provides direction and conflict resolution. An evaluation process is in place to better understand who is being served and how their situations are changing over time.

The panel presentation will highlight the very challenging process of negotiating roles and the importance of working through the various stages of developing a common vision and shared culture. Presenters will touch on the lessons learned in taking the psychiatrist out to the ravine and the outreach worker into the hospital. The

highly successful outcomes demonstrated by this project will illustrate the tremendous gains that can be made when two sectors (mental health/addiction and homeless services) work hand in hand to create access to services. A service recipient will talk about what this program has meant to them and why their experience with M-DOT proved different from other services.

### **The wHEALTH Community-Based Research Project –Women’s HIV Empowerment Through Life Tools for Health**

#### **Presenters:**

Dr. Adriana Carvalhal

Allyson Ion, McMaster University

The *Women’s HIV Empowerment Through Life Tools for Health (wHEALTH) Project* is a community-based research project looking at how strength-based case management can improve the quality of life for women living with HIV/AIDS in the Greater Toronto and Hamilton Areas.

Specifically, the research will compare the quality of life of HIV+ women who participate in six months of strength-based case management with the quality of life of HIV+ women who participate in general support programs. The research will evaluate whether strength-based case management decreases depression, improves coping skills, and increases social support among women living with HIV/AIDS. The outcomes of this study will ensure that the most effective services are made available to women living with HIV/AIDS in Ontario and dissemination plans will ensure that these services can be modeled elsewhere across Canada.

This presentation will focus on the development and implementation of the *wHEALTH* project including how equitable partnerships were initiated and nurtured as well as the elements and strategies that were required to address the challenges of building these partnerships.

### **Stories from both sides: Marginalized communities and mental health and addiction service providers**

#### **Spoken Narrative:**

Hajera Rostam, UBC Doctoral Student in Counselling Psychology

Through a spoken narrative of my life as a refugee in Canada as well as working as an addictions and mental health researcher and practitioner, I will be sharing both the voices of the marginalized communities and the efforts of service providers to help these communities. My presentation will address all of the themes of this symposium by acknowledging the following. The diverse communities and service providers situated within the mainstream healthcare system need to engage in collaborative efforts to understand each other’s definitions and practices around mental health and addictions. Equitable partnerships are needed for the future of Multicultural Canada and its diverse communities. Such partnerships are only possible when diverse communities move beyond oppression towards empowerment and participation. Similarly, the mainstream health services need to move beyond imposing a Euro-centric model of care towards holistic services that promote access and incorporate the traditional healing practices of its diverse communities.

### **Intersections of Marginalization**

#### **Workshop Facilitators:**

Christopher Mark D’souza, Faculty of Education- York University

In a diverse society, comprised of complex individuals and vibrant communities, social service providers must ensure that their environment, policies, and practices demonstrate equity and respect.

As communities and agencies envision strategic partnerships, they will need to address the systems of oppression that present simultaneous challenges that marginalized individuals and communities experience in

Canada.

Through the medium of "Storytelling", this workshop will examine barriers to employment, education, and health based on these barriers.

Participants will be offered strategies that can empower their agencies to address gaps in the services provided to marginalized individuals and communities through equitable partnerships.

### **Counseling issues for People who use Substances and have or are at risk of HIV**

#### **Workshop Facilitators:**

Charles Shames, Ontario HIV and Substance Use Training Program

The Ontario HIV & Substance Use Training Program (OHSUTP) provides training to substance use and related service providers in Ontario in order to increase knowledge of HIV/AIDS and promote skills development. HIV disproportionately affects marginalized and stigmatized communities of people in Ontario. Aboriginal peoples, people from countries where HIV is an endemic, prisoner, homeless and street involved people, gay men and people who use injection drugs have the highest rates of HIV infection. Our program exists to create better access to substance use and related programs in order to increase the health outcomes of people with HIV and to decrease the risks for acquiring HIV. Part of our training is to increase awareness of case management and referral opportunities across services that people with HIV may or should be accessing.

### **Building Reciprocal and Action-Oriented Research Collaborations: Challenges, Successes and Possibilities**

#### **Presenters:**

Sarah Marsh, Centre for Community Based Research

Joanna Ochocka, Centre for Community Based Research

Helen Song, Centre for Community Based Research

Baldev Mutta, Punjabi Community Health Centre

Partnerships between community groups, service providers, and academia can be challenging. Each partner brings their own sometimes conflicting set of assumptions, needs and expectations into the research partnership. Yet if such partnerships are developed equitably and carried out through collaborative processes, the synergy they create holds great reward and promise for stimulating sustained community change.

This presentation will feature the learnings gained by collaborators in the *Taking Culture Seriously in Community Mental Health* Community University Research Alliance (CURA), a five-year study (2005-2009). Its purpose is to explore, develop, pilot and evaluate how best to provide mental health supports that are effective within multicultural Canada. The partnership involves over 45 community-based service providers, cultural-linguistic community members and academics in Waterloo and Toronto.

The presentation will be co-presented from four perspectives: an academic, a service provider, a cultural-linguistic community member, and a project coordinator. Together, we will share with the audience some of the key challenges that were confronted in developing and maintaining partnerships. Next we will highlight main benefits of collaboration, and we will also comment on our thoughts and hopes for the future of our research topic. We will offer participants our insights and ideas for partnership building processes, based on our candid observations about our concrete lived experiences in collaboration.

### **Innovative Partnerships to Address Inequities and Promote Community Empowerment**

**Panel Presenters:**

Dr. Alan Li, CAAT  
Maureen Owino, CAAT  
Josephine Wong, CAAT  
Luis Lama, CAAT

Using a population health approach, the Committee for Accessible AIDS Treatment (CAAT) panel will share a multiplicity of approaches based on CAAT's experiences in coalition partnership building to address various social determinants affecting immigrants, refugees and non-status People with HIV/AIDS. Starting with the needs of the target populations, the panel will highlight specific steps in building different kinds of partnerships to address the identified needs.

- a) **Building the evidence:** constructing equitable community/provider/academic partnerships in community based participatory action research. Speaker will highlight strategies in identifying and engaging partners, recruiting and involving target group PHAs and implications for systemic designs in the research process including terms of reference development, team roles and resource planning.
- b) **Bridging the gaps:** engaging diverse stakeholders to build sustainable programs. Speaker will share experience on the development of a multi-partnered program involving community, corporate and government partners that provide compassionate access to treatment for PHAs without coverage.
- c) **From engagement to empowerment:** passing the torch to affected marginalized groups. Speaker will share experience of partnered capacity building initiatives and programming methodologies that support and mentor IRN PHAs to take leadership role in decision making, advocacy and knowledge transfer. These include incorporating capacity building and usage of concept mapping to engage communities in critical decision making and planning, and training programs to facilitate service users to be key knowledge brokers.

**After the initial presentations the panel will work with workshop participants through interactive discussion and case studies to collectively identify transferable best practice elements and critical pathways in developing equitable and effective partnerships to address needs of various vulnerable and marginalized communities.**

**Engaging the Community and Moving Forward**

John O'Mara, Addiction Services for York Region  
Dave Williams, Community Organizer  
Barb Urman, Coordinator, York Region LGBT Community Outreach Project

In January 2005, The Ontario Trillium Foundation agreed to fund the York Region Lesbian, Gay, Bisexual, Transgender (LGBT) Community Outreach Project. The Project which is a co-partnership between Addiction Services of York Region and Family Services York Region is a four-year pilot Project. This panel discussion will focus on how this project is partnering with a variety of community stakeholders to eliminate discrimination and oppression on the basis of sexual orientation and gender identity.

*Friday, November 7, 2008 – Afternoon Sessions*

**Journeying Together: A Case Study of How Two Very Different Agencies Joined Forces in aid of Victims of Violence**

**Presenters:**

Cindy Cepparo, The Vitanova Foundation

Sunder Singh, Elspeth Heyworth Centre for Women

The presenters will describe the process by which VNF, having secured a grant from the Ontario Victims Services Secretariat, engaged EHCW in a collaborative 'roll out' of the project, *Journeys to Empowerment*--- an internet-accessible collection of first-person accounts in a variety of languages of how female victims empowered themselves and ended their victim status.

The audience will be engaged through a set of simple inter-active exercises involving the pairing of unacquainted audience members, the mutual exchange of information, and 'blueskying' (speculating on possible partnerships), with prizes to the first three pairs who report potential partnerships.

### **Necessary Partnerships: A View of Mental Health and Substance Abuse Provider Networks in Rural and Urban Missouri**

#### **Presenters:**

Edward Riedel, Missouri Institute of Mental Health

Ron Claus, Missouri Institute of Mental Health

Michael Renner, Missouri Foundation for Health

Fragmented service delivery systems represent a major barrier to effective treatment for co-occurring substance abuse and mental health problems. In this session, we will describe the Missouri Foundation for Health's Co-Occurring Disorders Priority Area Grant program, a three-year initiative that supports 23 publicly-funded agencies seeking to implement integrated treatment services for adults diagnosed with co-occurring disorders, using best practice models and methods. A primary goal of the initiative is to strengthen collaborative relationships among major stakeholders, including substance abuse, mental health and health care providers, judicial systems, consumer-run organizations, and other partners that will guide the course of change in the system of care. A multisite evaluation used qualitative and quantitative data to examine the extent and strength of collaborative relationships between each grantee and key stakeholders in their first grant year. Network members denoted the stage of collaboration (e.g., networking, cooperation, coordination, coalition, collaboration) between their agency and each partner and identified barriers to and factors that promoted collaboration. Since resource allocation to this disadvantaged population differs geographically, the study will contrast organizational attributes and client mix factors for grantee networks in rural and urban areas. The presentation will demonstrate the use of a Collaboration Map that graphically depicts the dynamics of a complex service network. This visual representation method, used as feedback, has encouraged grant partners to identify realistic collaboration goals.

### **The Coalition on HIV and Mental Health: Lessons Learned from nine years in the Life of a Collaborative Service Delivery Project**

#### **Presenters:**

Jocelyn Watchorn, AIDS Committee of Toronto

Scott Bowler, Clinic for HIV-related Concerns, Mt. Sinai Hospital

Laura Klie, HIV Clinic, Sunnybrook Health Sciences Centre

Since our first meeting was convened at the AIDS Committee of Toronto in March, 1999, the Coalition on HIV and Mental Health has evolved into an innovative collaborative service delivery project that offers group services for people living with HIV/AIDS in community-based settings facilitated by HIV community volunteers, community-based AIDS service organization staff and hospital-based HIV medical/mental health clinic staff. To date, over 35 individuals, representing five community-based AIDS service organizations and 4 hospital-based HIV services have been members of the Coalition. More than 100 people living with HIV have participated in the twelve, 20-session groups offered by the Coalition. While maintaining our primary focus on collaborative service delivery, the Coalition has also engaged in collaborative research partnerships with university-affiliated, hospital-affiliated and community agency-affiliated researchers over the past nine

years.

Through a combination of PowerPoint presentation and interactive group discussion, this presentation will review the lessons learned and challenges we have faced in building and sustaining a longstanding collaborative service delivery project. Participants in this presentation will learn about the Social Group Work Model used by Coalition members to facilitate the groups we offer. Presentation participants will also learn why we feel that this model, which also informs how we work as a Coalition, supports collaboration and equitable partnerships across boundaries of community/hospital/volunteer/ paid staff/service provider/service user. This presentation will also address our experiences in collaborative research, reviewing the knowledge gained, as well as challenges faced when a collaborative service delivery project attempts to interface with researchers and research funding bodies, examining issues of power differentials and the hierarchy of “knowledge” that can impact on equity in partnerships.

### **Body Mapping: Race and Gender Explored Through Art and Health**

#### **Facilitators:**

Nicole Ghanie-Opondo, East Mississauga CHC

Kinsi Warsame, East Mississauga CHC

A Community Consultation launched on January 25<sup>th</sup> 2007 brought together 140 participants from Toronto, Halton and Peel Regions to launch the Health and Racism Working Group. The consultation provided a venue for discussion, debate engagement and unapologetic acknowledgement of the health experiences of racialized peoples. Members of the Health and Racism Working Group include social service agencies and residents of Mississauga.

- This presentation will include an artistic display of our Body Maps, a description of the process (including a guided visualization for the participants)
- A description of our group (process, membership, working practices, equitable decision-making structures, best practices, impact on our health and wellness)
- An unveiling of 5 Body Maps created by group members to give a voice to the experiences of racism and their impact on our health and wellbeing.
- Selected members will share their Body Map stories with the audience.
- Recommendations for working with racialised groups on racism and health

### **Building Partnerships to Address the Problem Gambling Prevention and Treatment Needs of Ethno-cultural Communities**

#### **Presenters:**

Colleen Tessier, Centre for Addiction and Mental Health

Vince Pietropaolo, COSTI Immigrant Services

Elizabeth Gajewski, Polycultural Immigrant and Community Services

The presentation will focus on the relationship, and partnership that began with COSTI, a community based organization and CAMH. The presentation will articulate the evolution of the program, with a focus on the development of equitable partnerships with ethno specific community agencies and their respective communities. The presentation will highlight a community development model with key philosophical underpinning necessary to build partnerships and to maintain sustainability, as well as expound on the lessons learned from the program.

From its research and program experience, COSTI and CAMH have developed an innovative community development model of working with ethno-cultural communities to help build capacity, infrastructure and deliver services with the goal of increasing accessibility to services, information and participation of all members of immigrant ethno-cultural communities, while maintaining and respecting accountabilities.

Operationally the model works in close partnership with ethno-specific agencies, or community leaders where no infrastructure exists. The partnerships are based on equality, and on the premise that the community has the authority and expertise to communicate, develop strategies and methods of engagement to deliver services and programs where none exist. Although COSTI and CAMH provide leadership, the focus is on working collaboratively with ethno-specific agencies and communities, embracing and respecting cultural values, differences and unique qualities that exist in all communities.

### **A Journey of Equitable Partnerships – the Vibrant Action Looking Into Depression in Today’s Young Women**

#### **Presenters:**

Cathy Thompson, Centre for Addiction and Mental Health  
A young woman from the VALIDITY ♀ Project

The VALIDITY ♀ (Vibrant Action Looking Into Depression In Today’s Young Women) project empowers young women to move beyond traditional biological and medical models and share their stories and recommendations related to preventing depression. Over the past 9 years, over 250 young women have shared the emotions of their lived experiences and provided leadership to the VALIDITY ♀ project. They are the experts in knowing the best ways for them to learn and exchange knowledge with their peers and with professionals. In the words of one young woman, “We don’t want to be treated, we want to be heard”.

This presentation will allow participants to share in the partnership journey VALIDITY ♀ has taken over the past 9 years; including the collaborative development of a free resource for service providers entitled *Hear Me, Understand Me, Support Me: What Young Women Want You to Know About Depression*. The resource looks at the interplay between women’s psychological and physical well-being and participants will learn ways to use this resource in their work with young women who are at risk for depression. A new VALIDITY ♀ poster developed in partnership with young women will also be presented to highlight the social determinants of young women’s health.

### **Understanding “Partnership” Across 3 Community-Based Research Projects With and For Women Who Use Drugs in Vancouver’s Downtown Eastside**

#### **Presenters:**

Dr. Amy Salmon, Canada Northwest FASD Research Network  
Vancouver Area Network of Drug Users (VANDU) Women’s Group Member

This presentation reflects on the experience of a team of academic researchers and representatives and peer-driven organizations supporting women who use drugs in Vancouver’s the Downtown Eastside (DTES). We will examine how power dynamics, ethical responsibilities and partnership strategies have differed across three projects. In the VANDU Women CARE study, the VANDU Women’s Group initiated a partnership and sought BCCEWH’s technical expertise to conduct research examining the experiences of women who use drugs in interactions with primary care services. The Women’s Health Information Project (WHIP) is an attempt to bridge the gap between research and community by synthesizing and translating scientific evidence to respond to local health information priorities. The Women and Harm Reduction Research Group (WHRRG) is a vehicle to encourage equitable research processes in an over researched community. We discuss successes and challenges we encountered as partners with shared long-term goals, different locations on axes of power and privilege. We detail the ractical strategies we used and some of the lessons we learned about using research to “build capacity” and “foster critical consciousness” with and for women who use drugs. In so doing, we highlight implications for building feminist and anti-oppressive activist research that is informed by emerging understandings of what partnership means, and which reflect the challenges of doing “credible”, participatory, and collaborative health research.

## **Building and Maintaining Partnerships with Francophone Communities**

Workshop Facilitators:

*Danièle Daigle, Centre for Addiction and Mental Health*

*Anne-Marie Couffin, AMC Associés*

The goal of this workshop is to integrate the health services offered to French speaking communities in all the sectors of health care. To respect the objective of the Local Health integrated network given by the Ministry of Health and Long Term Care, health providers must build and maintain partnerships with the different primary care services offered to the French speaking communities.

During the workshop we will develop several examples of what did succeed in the French speaking communities and how it was achieved.