



Champlain Regional Planning Table for Trans, Two Spirited, Intersexed and Gender Diverse Health Services

Meeting: April 24, 2017. 6 - 9pm

Location: Centretown CHC Boardroom, 400 Cooper St., Ottawa

Present:

Community members:

Maëlys McArdle, Kaeden Seburn, Mel Thompson, Serena Rivard, Mikki Bradshaw, Benny Michaud, Jaina Tinker, and Patricia Vincent.

Service Providers: Tammy DeGiovanni, CHEO; James Fahey, Champlain LHIN; Stephanie Hemmerick, Seaway Valley CHC; David Hesidence, Royal Ottawa Mental Health Centre; Laurie Rektor, Family Services Ottawa, Simone Thibault, Centretown CHC (representing 6 Ottawa CHCs).

Erin Flemming, Project Coordinator

Regrets: Devon McFarlane and Jane Fjeld, Youth Services Bureau of Ottawa (as lead agency for child and youth mental health)

Minutes:

1. **Welcome:** We acknowledge and honour that we hold this meeting on unceded Algonquin Territory. To be present on this land is an honour, a privilege and not a right.
2. **Approval of minutes of meeting April 10, 2017:**
 - Will be sent out by email shortly for the Table to review
3. **Review of executive summary:**
 - Question came up to as whether a youth stream would be embedded within a service, or if a stand-alone service for youth would be created. Our youth community member indicated that as a youth it doesn't really matter, but it's really important to recognize transitioning age youth. If someone is more interested in going to adult services they should be able to. Other thoughts were that it was really important that age be a blurred line. When we use age it's very limiting. In Indigenous cultures for example youth goes to 29 years of age
 - Decided that standardization of data should be a priority recommendation in Executive Summary of the report including something around indicators and outcomes
 - Decided to change the order of the priority recommendations in the Executive Summary
 - Discussed and agreed to make small edits to the body of the report (Add in line that priority recommendations are inclusive of all age groups, move line about limited time frame to conduct service provider interviews right above agencies selected to interview,



shorten description of Dr. Voyvodic’s services , remove top and bottom surgery example provided for “Other” services as this does not apply to some (e.g., CHEO))

ACTION:

- James to write out recommendation and send to Erin
- Erin to make final edits to the report

4. Sharing the final report:

- At the beginning of the RPT project it was understood that the final report would be translated and shared on the RPT website as public. At the last meeting we discussed how the report would not be shared
- Promises were made to the service providers interviewed to see a copy of the final report
- Benny shared with her focus group that the participants would not get the final report
- Ownership of focus group reports belongs to each community member. They can share as they see fit
- It was discussed that we wouldn’t want to make the service provider interviews public without providing some context. Decided to remove the service provider interview results (Appendix C) from the report that is to go public
- Discussion around whether to include the list of service providers interviewed in the report that goes public. Pros of including names are that it makes the Table accountable and the information more transparent. Agreement to keep in names
- Table agreed that report will go as is to the LHIN for final submission
- Focus group reports will go in a separate document entitled “Background Documents.” Community members need to go through their focus group reports to ensure that data sets/information shared do not identify participants. At this point the Francophone report could not be released and the rural report will need to be reviewed. Background documents will be labelled confidential and will not be distributed publically until they have been reviewed by the Table
- It is imperative that focus group reports are associated with the Table. It was decided that the report will not be released to the public until focus group reports have been reviewed

ACTION:

- Erin to send out final report for translation by the end of the week
- Erin to remove Appendix C for report that goes public
- Community members to review respective focus group reports and re-submit if necessary to Erin by May 5th
- Table will review focus group reports before the next meeting

5. Knowledge translation:

- Discussion to have some form of knowledge translation other than the RPT website. Suggestion to have a graphic representation of work to circulate the results (provides accountability to the community for the work we did). Community members want to use Sam Bradd from Drawing Change
- Suggestion from some community members was to use the remaining money from the community engagement budget. It was discussed that we cannot do that as we are in a new fiscal year so no longer have that money. The LHIN budget was spent as of March 31, 2017. We need to use new money

ACTION:

- Laurie to contact Sam Bradd to discuss the work he does and get a quote

6. Going forward-opportunities, next steps:

- Provincial budget gets dropped this week. The LHIN doesn't know about their budget until late summer/early fall
- The Table knows what the priority areas are, but how do we get there? What happens after the report goes to Senior Management at the LHIN in May? James indicated that there are some discretionary resources available now. He will take the final report to the Senior Management Team/engage with LHIN board and consult on next steps. They will determine if there are any priorities within the next six months. James will come back to the group to see how we would do it. Perhaps look at business cases for specific recommendations later in the year. We could then look at tabling issues the LHIN cannot tackle and how they could help with these
- Bring conversations about business cases to the Table
- There needs to be more collaboration between providers
- Discussed fragility of services already available
- Commitment from Table to go forward. Question as to whether the RPT could become a LHIN supported table. James said it was possible. The timing is good
- It was decided that we need to go back to the workplan-could have a conversation just around pathways, what would it look like if we were to prioritize health care providers, do homework as to what recommendations/ask is and what the results are

7. Closing round:

- All members of the table discussed what they appreciated about the table

8. Other business:

- Community members want to donate the remaining gift cards to THIO. THIO provides gift cards to community members as an incentive to provide service provider reviews



ACTION:

- Laurie to follow up with Kaeden regarding this matter

9. Next meeting:

- Erin to send out Doodle poll for next meeting date
- Do work planning
- Schedule next couple of meetings (If resources permit)