



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

Meeting: May 24, 2017. 6 - 8pm

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

### Present:

#### Community members:

Maëlys McArdle, Kaeden Seburn, Mel Thompson, and Jaina Tinker.

**Service Providers:** Tammy DeGiovanni, CHEO; James Fahey, Champlain LHIN; David Hesidence, Royal Ottawa Mental Health Centre; and Simone Thibault, Centretown CHC (representing 6 Ottawa CHCs).

Erin Flemming, Project Coordinator

**Regrets:** Mikki Bradshaw, Benny Michaud, Patricia Vincent, Serena Rivard, Jane Fjeld, Youth Services Bureau of Ottawa (as lead agency for child and youth mental health); Stephanie Hemmerick, Seaway Valley CHC, Laurie Rektor, Family Services Ottawa, and Devon McFarlane, Rainbow Health Ontario.

### 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 24, 2017:**

- Approved by all

### **3. Review of community engagement focus group reports:**

- Recap from last meeting-report will not go public until community engagement reports were reviewed and approved by all; public version will not have the appendices that contain service provider interview information
- Given the small sample size of the Francophone report, the sections on pathways to care and pathways through care will be removed
- To protect the identity of the participants, the youth report will summarize section on age and sexual orientation, and will remove the specifics relating to religion

- The rural report will provide a brief explanation as to who Laverne Cox is and will spell out the acronym WHO
- Table has decided that they would like the final report and community engagement reports part of one document rather than two. Community engagement reports will become an appendix attached to the final report
- Final report piece has been translated

#### **ACTION:**

- Erin will amend the Francophone report
- Kaeden will amend the youth report and sent the final version to Erin
- Erin will connect with Jaina and Rika regarding the changes to the rural report
- Erin will compile the community engagement reports into the final report document

#### **4. Knowledge translation update:**

- Sam Bradd from Drawing Change-one of the first questions he asked was what our action was. He explained that the price and cost depended on what we want on and offline
- Sam offered a few options as to how we could create something to share with the community at large:
  - 1) He can work remotely and do any of the following:
    - ✓ We can send him the report and he will synthesize the results. Could create an infographic or PowerPoint
    - ✓ We can send him the text we'd like him to work with. Could create an infographic or PowerPoint
    - ✓ Graphic recording onto one poster by hand BUT not easy to translate. Could do it in French by hand but the best results would be to start digitally. Could work with another graphic designer for translated version
  - 2) He can work in person by:
    - ✓ Having a three hour conversation with the Table members
    - ✓ Will leave the room with an infographic
- Discussion around the benefits of doing it in person. Doing it in person would be a form of knowledge translation in and of itself. If we were to do it this way, we might want to consider opening the workshop up to others outside the Table
- Discussion around what our action items could be. We do not have any concrete action items. One idea was to sum up what's currently happening in the region. The community could take this info and use it. The other side of this however is that the community may say that they already know what's happening. Another suggestion for an action item is that the work of the Table is not done. We want to continue partnerships between providers and the community. One other

- suggestion for an action item is that services are fragile. This message would be different however depending on the intended audience
- One community member felt that the best use of Sam Bradd was to hold the Table accountable to the work they have done
  - Asked our funder if there is anything the Table can do to help. Funder indicated that after the report is complete he will set up a meeting with senior leadership, perhaps some folks from the Table, and work to determine next steps. Funder would like to engage their board, perhaps through an education session. The LHIN's discretionary funding comes out late summer/early fall. They will determine priority recommendations at that point
  - Discussed a communications strategy to address media inquiries. Not all service providers have a communication team, or have a strong one. Table will provide report to CHEO's communication team who will develop key messages that the Table will review. Potential spokes people for the table will be James from the LHIN, Kaeden and Maelys (Francophone). Would like to have a parent spokes person as well. We would like to have a roster of spokes people, utilizing whoever is available. One important message the Table would like to get across is pathologizing trans, two-sprit, gender diverse, and intersex as folks who have mental health issues
  - Erin will send out English version of the report to the Table next week. This will give the agencies time to review it internally. Erin will send the remainder of the report off to get translated. Once the translated version is ready, we will release both the English and French versions of the reports publically (either the third or fourth week of June)

**ACTION:**

- Laurie to follow up with Sam Bradd regarding his services for remote work
- Service providers who are able to will committ some funds to the work of Sam Bradd
- James to follow up regarding next steps at the LHIN
- Tammy to provide report to CHEO's communication team to construct key messages
- Stephanie to connect with communications team at Seaway Valley CHC
- Erin the send final English version of the report to the Table by Monday May 29, 2017
- Erin to send off remainder of report for translation
- Table to share both the English and French versions of the report either the third or fourth week of June.

**5. Fragility of services:**

- We have passionate folks who want to do great work

- Part of the fragility of services is that there is typically only one person within an organization as the go to person
- Hormone start clinic at CCHC had to stop taking new referrals (was a pilot project). Project will officially end in June but will continue to see current clients on the list until September. Potential bridge funding from the LHIN? Need a formal evaluation of the project before thinking long-term
- Fragility in services for transition aged youth. Needs to be through
- Royal Ottawa needs more training
- Family Services Ottawa only has project-based funding for its programming
- Youth Services Bureau-youth are well supported. Need more support for parents and homeless at-risk youth
- All services have pressure points now, but how relevant will they be in 3 to 5 years for example
- Real worry is that people do not know what exists (look to Internet, etc)
- Worry that providers doing work are overwhelmed with the demand. They do not have time to educate, etc. We need to create some stability
- Don't want to keep disappointing the community
- LHIN: fragility issue is the #1 issue. Need to decide what the priority fragility items are. Table wants LHIN to continue to fund table
- Discussion around some of the priority areas.
  - ✓ Project between Kind, PPO, and THIO-one year grant from the Ontario Trillium Foundation. First six months has been dedicated to planning, last six months to service delivery. The project has two part-time positions, one for system navigation and another for peer support. Would like to see continued funding for this project
  - ✓ Would like to see continued funding for Centretown's hormone start clinic. If age were able to be lowered that would be helpful. It was discussed that age is not a funding issues, but a clinical competency issue (at what point is an endocrinologist no longer needed)
  - ✓ Would like to see funding for Dr. Jarmuske, who does top surgery. At one point Dr. Jarmuske almost stopped performing surgeries because he wasn't getting paid. He has long waitlists. James from the LHIN followed up with OHIP regarding billing for Dr. Jarmuske
  - ✓ Would also like to see funding for CHEO. CHEO talked about access to social services-possibly from community, more primary care providers (possibly nurse practitioners, surgical access for youth. CHEO has a surgeon interested in top surgery, and an adult gynaecologist looking into bottom surgery processes
  - ✓ Important to keep social services in mind. Parent support group at Family Services Ottawa is beyond capacity. Need better access to information for those first coming out. Lots of people have talked

about a website for the region (system navigator/system planner).  
Established models we can follow (e.g., OARS, Health Line, etc)

- ✓ Training and awareness building is a huge need in the mental health field
- ✓ Biggest priority issue in the rural area is finding some method of transportation to Ottawa to get service
- ✓ David from the Royal Ottawa would like to go to the community members to look at first point of contact to discharge and their experiences around that

**ACTION:**

- James to look into the specifics on eligibility criteria for transportation from the rural areas

**6. Work plan:**

- 1) Finish report
- 2) Communication strategy
- 3) Knowledge translation
- 4) Members of RPT to meet with LHIN board
- 5) Come up with some short term priority areas
- 6) Explore bridge funding options

**ACTION:**

- Erin to finish report. Send off for translation
- CHEO to work with communication team to develop a communications strategy
- Laurie to connect with Sam Bradd regarding knowledge translation
- James to follow up with Table regarding meeting with LHIN board

**7. Budget:**

- Reviewed latest budget
- In a bit of a deficit. Centretown CHC is eating costs

**8. Other business:**

- Centretown CHC was the transfer payment agency. They transferred the funds to Family Services Ottawa to complete the work for the project. Now that work is complete, question is how do we move forward

**ACTION:**

- Discuss next steps at meeting in September

**9. Closing rounds:**

- Each member discussed thoughts and feelings around the table's process and work

**10. Next meeting:**

- September 2017