

Regional Planning Table Teleconference Minutes

August 12, 2019



1. Participation at the Meeting

Present:

Karen Luyendyk, community member
Simone Thibault, Centretown Community Health Centre
Jane Fjeld, Youth Services Bureau
Laurie Rektor, Family Services Ottawa
Brook Lyn Davies, community member
Katelyn Lepinskie, Royal Ottawa Mental Health Group
Darlene Rose, Champlain LHIN
Patricia Vincent, community member
Tammy DeGiovanni, CHEO
Devon MacFarlane, Rainbow Health Ontario (via teleconference)
Natalie Duchesne, Connect2knowledge, consultant
Lynne Tyler, Catalyst Research and Communications, facilitator.

Regrets/Did not attend: Erin Flemming, Family Services Ottawa; Mel Thompson, community member; Kaeden Seburn, community member; Leyla Shahid, community member; Fae Johnstone, community member; Avery Velez, community member; Chris Clapp, Seaway Valley Community Health Centre.

2. Welcome and Acknowledgement of Algonquin Territory

The meeting acknowledged that we were meeting on the territory of the Algonquin people, and we reminded ourselves that many of us are guests here and to act, as much as possible, in accordance with local protocols.

3. Approval of July 9, 2019 Minutes

The minutes were approved as circulated. It was noted that we may want to have a “Business Arising” section in each agenda, to keep track of items that require follow-up and are not covered in other agenda items.

4. System Mapping Project

Natalie provided an update on the system mapping work, including work accomplished to date and an overview of remaining steps.

- a) Validation of the systems mapping report has been completed, translated and posted.
- b) Resource list: a person has been hired and the work is planned to be completed in September.

- c) Various details were provided about agencies being contacted for generating interest around the different steps in the process, and also to keep the relationship with the RPT open and active.
- d) The first fishbowl exercise is being planned for September. There was an extensive discussion of the design of the fishbowl exercises, with Natalie explaining the rationale for various aspects. Natalie noted that the RPT raised a number of useful considerations, including related to the selection of participants, especially service providers, and will take these factors into account in the final design of the session.
- e) The first design workshop will likely be in October with the Trans Health Team at CHC.
- f) Plans for gathering and sharing system planning information in the Cornwall / Seaway CHC area and the western part of Champlain were discussed.
- g) Service providers working with the francophone community were raised in a question, and Natalie confirmed that there are quite a number in the Cornwall area who are being contacted.

Natalie also raised several points about what she needs from the RPT to complete the work:

- a) In August and September, get the word out about the first fishbowl.
- b) Several member agencies will check for available and suitable space once a date has been chosen.
- c) Set a schedule of meetings to discuss the structure of the RPT. At each meeting, Taryn and Natalie will provide a briefing on a different aspect of the structure and the RPT can discuss the options and implications. It was agreed that the RPT will set a series of meetings over the fall to address this.
- d) Review the resource list and provide feedback, then assist with distributing it in the community.
- e) Provide any information RPT member may have about service pathways in eastern Champlain and the Seaway.
- f) Approve and post the report from each of the fishbowl exercises.
- g) Promote the January fishbowl.
- h) Review and provide feedback on the table of contents for the final report.
- i) Review and provide feedback on the draft report.
- j) Approve the final report.

There was considerable interest in the fishbowl concept and it may be useful for the RPT to consider doing versions of this in the future, above and beyond the systems mapping project (e.g. one where the roles are reversed and providers talk about their frustrations).

5. Members of the RPT

We had previously agreed that it made sense to wait until the new structure emerged before recruiting more members, but we are concerned about the low turnout of community members at successive RPT meetings. To be effective, the RPT needs strong community representation. In light of this, a series of actions were agreed on:

- a) RPT members will check in with those who have not been consistently participating to see if they are still interested and engaged, and if so, what is constraining their participation (e.g. transportation, timing of the meetings, the way meetings are

- conducted, etc.). Karen will contact Kaeden and Avery, Jane will contact Fae, and Simone will contact Leyla.
- b) Recruit additional community members through our contacts.
 - c) In the case of both existing and new members, emphasize that we are going through a transition and do not require a long-term commitment. We need people to commit to the next 6 months, and our focus during that time will be very clear: the system planning project and designing a new RPT structure.
 - d) In setting dates for RPT meetings, we will prioritize dates where community members can attend.

6. Translation

There is \$4,000 available in the translation budget, and the systems planning final report will require approximately \$3,200. Other options include re-profiling funds in other categories that are under-spending, and accessing a free translation service that is available to certain health services.

We also considered what other documents need to be translated. In the interests of transparency, we should be posting minutes and all reports emerging from the systems planning project, and many of these need to be translated.

Decision:

- a) Simone will test the free service, using a recent RPT document. Our understanding is that the service is not always very rapid, and that will be a factor in some instances. If the service provides good quality translation, we can use it for non-urgent translations.
- b) We will use the budget funds for urgent translations.

7. Updates

- a) General developments in the changes to the health system:
 - An interim CEO and Chair for Ontario Health have been named, as well as a Board,
 - The Board has established a number of working groups focused on merging approximately 20 health entities under the Ontario Health umbrella,
 - Health teams: Connected Care provides updates on these. Preliminary health teams have been approved to develop full proposals. Provincially there are likely to be about 100 health teams.
 - No news yet on what happens to the LHINs and thus what happens to the RPT budget, which currently expires March 31, 2020. We may know by the end of September.
 - There are some encouraging developments in the partnerships emerging. For example, 55 partners with an end age of 18 years signed a letter of intent about providing mental health and addictions services.
- b) YSB has opened their first long-term housing apartment building designated for LGBTQ+, with 30 units.

- c) Royal has a new CEO who is focused on being a “hospital without walls”. Dr. Susan Farrell has been appointed Vice President of Community Relations where she will lead equity work, including for the trans+ community. She and Dr. David Hesidence are working on a clinic that provides rapid access to services for those who do not need the ER, as one strategy to help address long waiting lists.
- d) RHO
 - Developing a post-surgical wound care course for home care nurses that supports providing respectful and appropriate care for trans+ community, and looking for advisory committee members.
 - RHO conference next year: RPT has submitted a letter and it has been accepted.
 - Producing a report on gender-independent children that will be available on the website shortly.
 - Working with CHEO and Sick Kids to develop a training session on blockers.
 - Producing a document with brief answers to common questions about transition.
- e) Centretown CHC
 - Tamara is now responsible for the trans health clinic.
 - Brook is moving to a new role at Centretown in harm reduction, and so can now sit as a community member on the RPT.
 - Reminder of the Urban Outreach program and walk-in for homeless and street involved.
- f) FSO
 - Working to ensure the VAW program is inclusive of trans+ folks
 - There are now fewer hours available for LGBTQ+ counselling unfortunately, however are trying to address this through ensuring all clinicians are competent to work with LGBTQ+ clients.
 - Have seen an influx of new participants into the LGBTQ support groups.
- g) CHEO
 - Recruited a new gynaecologist who also does hormone starts.
 - Youth Advisory Committee is helping with the discussion about how to take into account the range of stakeholders, e.g. parents who were involved, those who were not, youth who changed their minds, etc.
- h) Patricia reported that EDC is going to Pride March as a company, complete with team T-shirts!
- i) Karen reminded everyone of the Trans March on Saturday – everyone welcome!

8. Next Meetings

The schedule of meetings over the fall, where we will designate time at each meeting to discuss RPT structure, will be set based on polling members about their availability.

ACTION:

To support the systems planning project

- In August and September, get the word out about the first fishbowl.
- Check for available and suitable space once a date has been chosen.
- Review the resource list and provide feedback, then assist with distributing it in the community.

- Provide any information RPT member may have about service pathways in eastern Champlain and the Seaway.

Re: community members on the RPT

- Check in with those who have not been consistently participating to see if they are still interested and engaged, and if so, what is constraining their participation (e.g. transportation, timing of the meetings, the way meetings are conducted, etc.). Karen will contact Kaeden and Avery, Jane will contact Fae, and Simone will contact Leyla.
- Recruit additional community members through our contacts.
- Emphasize that we are going through a transition and do not require a long-term commitment. We need people to commit to the next 6 months, and our focus during that time will be very clear: the system planning project and designing a new RPT structure.
- Prioritize meeting dates where community members can attend.

Translation:

- Simone will test the free translation service, using a recent RPT document.