

Systems and Services Mapping Report

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Executive Summary

The Champlain Regional Planning Table for Trans, Two Spirit, Intersex and Gender Diverse Health, Mental Health and Social Services (RPT) aims to improve the health of trans and gender diverse people. In 2017, the RPT published a report (hereafter referred to as the 2017 Report) which offered a services scan, outlined gaps in services, made recommendations for future planning work, and reported on community consultations.¹

This report is an expansion of the RPT's 2017 services scan and provides a services and systems map as well as a detailed description of available services in the Champlain region. The resulting systems map, which is found in a separate document, is a data repository for programs and services. This report describes the services found in the map and presents opportunities to utilize this data to further the systems planning work of the RPT.

The systems map data was collected through in-depth interviews with RPT members and focused phone interviews with service agency representatives and individual practitioners. Fourteen current RPT members and one former member were interviewed. In total, 63 agencies and 11 practitioners participated in phone interviews.

Primary and other health

On the whole, this systems mapping project has been successful in gathering data about transition-related health services. As such, it can inform further work to address the gaps identified in the 2017 Report. With this being said, the map does a much better job of capturing providers who serve a high number of trans people than those who serve relatively few trans and gender diverse folks. In other words, the map will more likely capture a physician who offers hormone services to 20+ trans people a year than a physician who provides hormones for only one or two clients. This limit presents a challenge for planning hormone and surgery services as smaller providers play an important role.

In addition to transition-related health services, the research team recruited agencies that offer non-transition related care. Future mapping exercises can build on this work to examine walk-in clinics and emergency rooms, sexual health services, prevention screening (e.g., pap smears), and professionals who work in close proximity to the body (e.g., chiropractors and massage therapists).

Mental health and substance use

It is useful to make a distinction between the mental health supports trans and gender diverse folks seek in relation to transition and those to assist them with mental health issues (e.g., anxiety, depression, or PTSD) or to treat severe mental illness. There is already a general lack of accessible mental health support in the Champlain region. For trans and gender diverse folks, the added challenge is to find someone with competency in gender diversity (for general services) or who offers targeted services (for transition support).

Moving forward it may be beneficial to take on a two-pronged approach. First, the RPT can address the lack of available transition-related support. Next steps include estimating supply and demand, determining if new services are needed or if current services can be scaled up. Second, to address a lack of other mental health support, the RPT could promote cultural competency and partner with initiatives to develop new services to ensure that trans and gender diverse people's needs are considered.

In addition to mental health providers, the research team recruited agencies that offer services related to substance use and addiction. The main finding is that trans and gender diverse people tend to under-utilize services. A next step would be to assess if low utilization is due to trans folks self-selecting out of programs they feel may be unsafe. In addition, the RPT could advise those agencies with gendered treatment facilities on how to best include trans and gender diverse folks.

¹ Planning for Culturally Safe Primary Health, Mental Health and Community Based Service Delivery for Trans, Two-Spirit, Intersex and Gender Diverse Communities in the Champlain Region

Community and peer-run supports

There is a significant number of community-based support services ranging from support groups to organized activities. Most are targeted towards youth (or university students) and cater to people who are currently transitioning or have recently transitioned. These findings are not surprising as trans and gender diverse folks tend to move on to other networks after transitioning. One reason is that the needs and interest of people who are transitioning are quite different than those of people who transitioned 10, 20, or 30 years ago.

There are three groups led by trans and gender diverse people: SAEFTY, Trans Health Information Ottawa, and Gender Mosaic.² In addition, there are peer-led groups run out of Kind Space. As one of the recommendations of the 2017 Report is to “Create and enhance opportunities for peer support and connection for trans, two-spirit, intersex, and gender diverse communities,” these groups could be prioritized in the RPT’s relationship-building work.

Housing and homelessness

Many trans people struggle to find affordable housing. For this reason, non-profit and social housing providers could be key partners moving forward. While landlords do not have the same kind of relationship with tenants as service providers have with their clients, they can nonetheless play a role in promoting inclusive communities. Notably, the Youth Services Bureau is considering converting one of its housing buildings into a LGBTQ2+ specific building.

Shelters are often unsafe for trans and gender diverse folks. There are shelters in the Champlain region that are currently working on making their space safer and more inclusive. The RPT could support and encourage these efforts.

Other

Trans and gender diverse people’s health is impacted by several public systems. This report gives a first look at services related to economic supports, justice, education, disability, and sexual assault and partner abuse.

Key findings by population

- Non-binary and gender diverse people’s realities are less known by providers. It is encouraging, however, that many providers could confirm they had non-binary clients and several others were actively seeking solutions to become more inclusive.
- Since the 2017 Report, Wabano started a two-spirit group. There is still no two-spirit group run by a non-Indigenous organization.
- Less is known about the system planning needs of intersex folks. This report offers some potential avenues for future work based on a couple of information interviews.
- There appears to be new groups and services developing in rural areas. For example, PFLAG Canada now has a chapter in Renfrew County that provides support, education and outreach for LGBTQ2S individuals and their families. PFLAG Renfrew County has monthly peer support meetings in Pembroke and Renfrew, and is working with the community to expand to Deep River, Petawawa, Barry’s Bay and Arnprior.
- The Ontario Council of Agencies Serving Immigrants (OCASI) is currently in the process of developing a network in the Ottawa area to improve services for LGBT newcomers.
- Youth represent the biggest increase in numbers, they are also the most dissatisfied with current service offerings. Improving the relationship between providers and youth will be key to moving forward.
- Transgender and transsexual seniors are an often-forgotten segment of the trans and gender diverse population. This report discusses some of their service needs.

² Note that Gender Mosaic and THIO were not interviewed for this project. However, the research team did connect with Joanne Law (formerly of Gender Mosaic).

Opportunities moving forward with the systems mapping data

1. Use the systems mapping data to continue planning efforts: improve current services and prioritize future service development.
2. Together, the systems map and this report could form the basis for developing an accessible resource list. This would be a tangible contribution to trans and gender diverse folks in the Champlain region and would be greatly appreciated by service providers.
3. Relationship-building is a cornerstone of systems planning. The data from this project could assist relationship building efforts between RPT members, the RPT and service providers, and the RPT and community members.

Approach

Systems and services

There are several approaches to systems mapping and this methodology is not well known beyond service provider networks. Thus, this report begins with a brief overview of systems planning and mapping.

Trans and gender diverse people are marginalized, and for this reason, they tend to interact with multiple public systems such as health, mental health, and justice systems. Each of these public systems is made up of an intricate web of agencies and services that generally work in siloes. Further complexifying matters, public systems like health and justice also tend to work in isolation from one another. Trans and gender diverse folks must navigate this complex landscape to access the services they want and need.

Systems failures occur when a trans or gender diverse individual falls through the cracks of public systems. For example, if a trans person relies on economic support from Ontario Works, it will be difficult for them to afford a social and medical transition (e.g., changing identity documents, buying new clothes, electrolysis). Such delays to transition can intensify feelings of dysphoria and make it even harder to partake in activities such as work or schooling. Over time, this situation puts a significant strain on an individual's mental and physical health. As their well-being deteriorates, they risk problems related to social isolation, homelessness, and interactions with the justice system, to name a few.

Trans health is a complicated matter involving multiple agencies and services. **Systems planning** invites us to take a step back from individual services and consider systems as a whole. It recognizes that no one agency can solve systems failures on their own. For this reason, it's important that representatives from various sectors (e.g., health, mental health, community supports, funders) and community members work together. In order to move forward together, collaborators need a shared understanding of what services currently exist. A systems map provides this data.

A **systems map** is a foundational piece of systems planning. It works a lot like a census. Through the census, Statistics Canada creates a data repository about all of the people who live in Canada: their income, housing situation, identities, and much more. A systems map is a data repository for programs and services which serve trans and gender diverse folks. It collects data about the services offered, the people served, fees, waitlists, funding, and much more.

The systems mapping process is an opportunity to build relationships with agencies, to check-in on their conversations about serving trans people, and to identify potential champions. The data repository it creates serves as the basis to analyze how various services and systems interact with one another, the supply and demand for various service types, gaps and overlaps in the system, as well as pathways between services and systems. All of this analysis feeds into the work of improving current services and prioritizing future service development.

While systems mapping is a powerful tool, it does not capture everything. It centres on services offered by governments, not-for-profits, and charities as well as private practitioners. A systems map will capture a clothing swap run by a local organization, but it won't capture which clothing stores are trans-friendly. A systems map will not capture all of the organic supports (friends, families, communities) that impact trans health. Finally, systems mapping is not an evaluation of current programming (although it can inform future evaluation work).

Last, it's important to understand that both systems mapping and systems planning are iterative processes. When dealing with the complex systems that impact trans people's well-being, trial and error is bound to be involved. For this reason, there must be enough trust amongst collaborators (e.g., community members, provider, funders) to create an ethos where it's safe to fail and learn.

People-centred & strengths-based

This systems mapping project is organized around trans and gender diverse people, their life circumstances, needs, and desires. People's lives are so much more than any one program or service. This approach honours the whole person by mapping the services people want and use rather than services designed for them. This **people-centred** approach determined what services were mapped.

There are thousands of trans and gender diverse people living in the Champlain region, and each of them interacts with systems and services. Ultimately, each person's service utilization is unique and evolves as life circumstances change. People are differently located along axes of age, ability, ethnocultural background, sexuality, geography, and much more. They have different desires, values, worldviews, and goals. All of this diversity impacts how people need and experience services.

For this systems mapping exercise, there are three types of service utilization to keep in mind. The first is related to social and medical transitions (e.g., hormone initiation). Most targeted services fall under this rubric. Second are services trans people are more likely to need or use due to discrimination and marginalization, including services like homelessness shelters. Third, are any services trans and gender diverse folks use, but which are not related to their gender – for example, if a trans person goes to the emergency room because they fell and broke their arm. In that moment, this individual requires a medical service that is not related to being trans, yet they may not get the same level of service a cisgender individual would receive.

Starting from the perspective of those first concerned has the added benefit of making trans and gender diverse people's strength and agency visible. In a **strengths-based** approach, services and systems planning focus on people's assets instead of what they lack. To navigate an imperfect services landscape, trans and gender diverse people must develop interpersonal and communication skills, they must strategize and problem-solve. They must also access and assess a variety of information. Trans people are resilient, creative, tenacious, and strategic. These capacities should be nurtured and leveraged.

Ultimately systems planning and people-centred services work best when providers and trans people form a partnership. Everyone has a responsibility towards change, and each person brings their expertise and capacity to the table. Together they have the power to improve trans health and well-being.

Methodology

The Connect2knowledge team was made up of the consultant, Natalie Duchesne, and four research assistants. Delphine DiTecco, C. Icart, and Ansleigh Boateng helped develop the contact list, recruited agency and providers, and completed phone interviews. They also supported the development of the project. The fourth research assistant, Kaitlin Dowe, contributed to creating summaries of RPT member interviews and developing the contact list.

Interviews with RPT members³

The objective of the interviews with RPT members was to inform the framing of the services map and identify priority services to map. In total, fourteen current RPT members and one former member were interviewed. Most of these interviews took place in person, but some were done over the phone. Community members were offered \$50 in recognition of their contribution. A full list of participants is presented in Appendix A.

Interviews were organized into three parts. Participants were asked for their thoughts on the RPT: its role and the previous services scan. Second, participants were invited to discuss the diversity amongst trans, gender diverse, two-spirit, and intersex people. Third, participants were asked about the kinds of services they would like to map and the data they would like to collect.

³ In addition, information interviews were accomplished with Joanne Law, Dr. Karine Khatchadourian, and the Ottawa Birth and Wellness Centre

There was a consensus that the RPT and its role take on different meanings for different members. Everyone agreed that it was important for the RPT to work towards concrete accomplishments. The importance of truly hearing the contributions and concerns of community members was also brought up in several interviews (and by both service providers and community members).

RPT members brought up a great variety of services to map, from primary care and counselling to peer support and shelters. Community members tended to include a larger scope of programs and services than members representing agencies. For example, they touched on government programs like Ontario Works (OW) and the Ontario Disability Support Program (ODSP) or the refugee board. They also noted the importance of trans-friendly businesses like clothing stores and hair salons. Finally, they tended to put more emphasis on the importance of fundamental changes to society (addressing health professionals, university curriculums or gendered infrastructure).

Interviews with service providers

In total 63 agencies and 11 individual providers participated. The objective of the 20-minute phone interviews with service providers was two-fold: to generate the data to build the systems map, and inquire about agency needs in order to better service trans and gender diverse folks.

To begin, a list of service categories was established to facilitate the identification of agencies and providers to be recruited. This service category list was built with the help of the consultant's previous research, the RPT's 2017 Report, the RPT's terms of references, and interviews with table members. It included:

- Health
- Mental health
- Substance use and addictions
- Community and peer support⁴
- Housing and homelessness
- Indigenous
- Newcomer
- Youth
- Justice
- Disability
- Economic supports
- Education⁵

⁴ Including practical support and life skills

⁵ While education is important, it was out of the scope of this project to recruit schools for interviews

The Connect2knowledge team then populated each category with agencies and individual service providers based on their previous knowledge, internet searches, RPT member suggestions, the 2017 Report, a list of LIHN funded agencies, and lists curated by Trans Health Information Ottawa (THIO) and Rainbow Health Ontario (RHO). Approximately 250 agencies and practitioners were identified.

Agencies and practitioners were then recruited through phone calls and e-mails. Research assistants asked to be put in contact with the person best placed to answer questions about the agency's services. Interview questions were sent to respondents before their phone interview.

The interview guide was based on RPT's 2017 services scan guide. A few changes were made based on the 2017 results and to ensure that phone interviews could be done in 20 minutes or less. The guide was then translated into French. A separate guide was developed for individual providers.⁶ Both interview guides are found in Appendix B.

Limits

The final systems map is limited to those agencies and providers who participated. Many agencies and groups do not have the capacity to participate and many health professionals are over-solicited. For this reason, the systems map document includes an appendix with a list of providers named by THIO and RHO, but who were not interviewed by this project. Furthermore, it is difficult to fully capture the services offered by larger agencies such as community health centres through a single interview. Both of these limits can be overcome through relationship building and continuous updates to the map.

⁶ No one requested to do the interview in French thus this second guide was not translated.

Services mapping highlights: Targeted services⁷

In total, 14 of the agencies and 9 private practitioners interviewed provide targeted services for trans, gender diverse, or two-spirit people. Of those agencies and private practitioners:

- The average length of time service providers and private practitioners in the Champlain region have been offering services to trans, gender diverse, or two-spirit populations is approximately 8 years.
- 42.86% of agencies that provide targeted services offer services in English and French, the other 57.14% offer services in English only. 33.33% of private practitioners offer services in English and French; 55.56% of private practitioners only offer services in English; and 11.11% of private practitioners offer services in English and languages other than French
- The catchment areas are either: Ottawa, a subsection of Ottawa, or the Champlain LIHN.
- There are approximately 11.6 full-time equivalent employees providing targeted services across agencies.
- Wait lists for targeted services (primary and other [e.g., surgery, endocrinology, etc.] health care, mental health care, and community services) range anywhere from 2 weeks-to over 1 year. The average for hormone service is 4.1 months. The average for mental health services is 4.6 months.
- Private practitioners who provide non-primary health care services (psychotherapy) charge a fee for service and the private practitioner who provides plastic surgery charges a fee for those procedures not covered by OHIP (chest contouring and liposuction)
- Gender data practices: Agencies offering primary health care services use EMR systems that generally have three options: male, female, and other. However, some agencies also use in-house IT systems that allow more flexibility. Smaller agencies and most private practitioners use open ended forms to capture gender (when this data is relevant to the service they offer).
- Most service providers are able to refer clients to others in the community who provide services to address the needs of trans, gender diverse, or two-spirit people. However, many noted that a resource list would be immensely helpful.

⁷ A targeted service is here defined as a service directed at trans, gender diverse, or two-spirit folks or a service directed at LGBTQ2+ folks which the provider classified as targeted.

Services by category

Primary and other health care

Primary and other health care includes services linked to medical transitions (e.g., hormones, surgeries) as well as services that trans and gender diverse folks are likely to experience differently than cisgender people (e.g., emergency rooms). Access to timely and competent transition-related care can prevent many physical and mental health concerns. For this reason, this category of service is a top priority for any mapping exercise.

Unfortunately, mapping the full extent of primary care providers, endocrinologists, and surgeons who offer services related to medical transitions is difficult. Health professionals such as physicians, nurse practitioners, surgeons, and endocrinologists are difficult to reach, and most are unable to dedicate 20 minutes to an interview.

Hormone therapy

Through this systems mapping project as well as the Hormones Initiation Review project (Duchesne, Husband, and Peters 2019),⁸ the following agencies and providers were identified as offering hormone initiation or maintenance services:⁹

⁸ Names with an asterisk were identified in the hormone initiation project, but not interviewed for the systems mapping project.

⁹ Dr. Blair Voyvodic, who was included in the 2017 scan, has since retired.

- **CCHC'S Trans health program:** The Trans health program serves approximately 100 clients per year. The program offers a hormones initiation service before transferring clients back to their primary care provider and works through an informed consent model. Clients have access to a community support worker who can offer practical supports and mental health counsellors. The current wait time is between 5 and 6 months.
- **Dr. Jennifer Douek** is a private physician who offers services out of CCHC and Montfort. She has 10 years of experience. Her current wait time is approximately 2 months.
- **Dr. Stéphane LaPlante*** is a physician at the Montfort Family Academic team, who has been offering hormones services since about 2015.
- **Dr. Hasina Visram**, is an endocrinologist who has been serving trans and gender diverse folks for about 4.5 years. 30% of her practice is made up of trans and gender diverse individuals and typically there is a 2-6-month waitlist (however, she sees urgent cases sooner).
- **Dr. Mark Silverman** is an endocrinologist who sees under 20 trans and gender diverse clients per year.
- **Dr. Margaret Lawson** is a pediatric endocrinologist at CHEO who has been offering hormone care to trans and non-binary youth since 2006.

Furthermore, the following agencies identified at least one of their providers as offering hormone initiation or maintenance services:

- Community health centres: South East Ottawa CHC*, Sandy Hill CHC*, Pinecrest Queensway CHC*, and Seaway Valley CHC
- Glengarry Nurse Practitioner Led Clinic
- H.E.A.L.T.H
- Ottawa Newcomer Health Centre
- Carleton University Health and Counselling Services (Dr. Janet Still)*

Mapping the full extent of available hormones services is particularly challenging. There are a small number of providers who service many trans people and a large number of providers who service a few trans people. This second group is harder to identify and engage. As a next step, the RPT should consider making a more robust list of providers by combining the names found on all available lists (e.g., RHO) and calling practitioners to confirm if they still offer hormone services. As this is information that many medical receptionists could provide, there should be a better response rate than asking providers to do an interview or fill out a survey. Such a list would be helpful in assessing the current system capacity to offer hormones as well as in the development of a resource list for community members and providers.

Transition-related surgeries

This category of services includes referral letters (mandatory for OHIP funded surgeries), pre- and post-surgical care as well as transition-related surgeries themselves.

In order to access OHIP funded transition surgeries, trans and gender diverse folks must get letters of referrals from health professionals. For upper surgeries, one letter from a physician or nurse practitioner is required. For bottom surgeries, two letters are required, one from a physician or nurse practitioner and a second letter from either a physician, nurse practitioner, psychologist, social worker with a Masters, or registered nurse. There are 44 unique providers in the Champlain LIHN who offered referrals in 2016/2017 (Hyman 2018). The 2017 Report explained that many providers do not know how to make referrals. This remains true in 2019.

Another gap that was identified by the 2017 report is pre- and post-surgical care. While this particular service was not mapped, it appears to still be a gap.

Both primary care providers and community members struggle to know who offers surgeries in the region (Duchesne, Husband, and Peters 2019). Top surgeries as well as some bottom surgeries are available in the Champlain region. No surgeons were directly interviewed; however, CHEO's services were mapped. Based

on CHEO's responses as well as the 2017 scan and conversations with other providers one can identify the following providers:

- At CHEO:
 - gynecologists Dr, Maria Kiely and Dr Tania Dumont and plastic surgeon Dr Kevin Cheung
- Dr. Adrienne Quirouet, Urologist
- Dr. Helene Gagne, Gynecologist
- Dr. Mario Jarmuske, plastic surgeon

Non-transition-related care

Obviously trans and gender diverse folks require health care beyond their transition. Below are examples of non-targeted services that trans and gender diverse folks in the Champlain LIHN utilize.

- **Eastern Ontario Health Unit** reported that 5% of clients served by their Sexual Services and STI testing program are trans or gender diverse.
- **Sandy Hill Community Health Centre** hosts a youth walk-in clinic in partnership with **Youth Services Bureau**. They noted that a significant number of trans and gender diverse youth utilize this service.

Future systems planning may also want to assess trans people's experiences in emergency rooms, their access to screening tests such as pap smears and prostate exams, as well as their access to any health professionals that work in close proximity with the body (e.g., massage therapists, chiropractors).

Mental health and substance use

Mental health

As the 2017 Report indicated, there is limited access to, and therefore choice of, psychiatrists and other private practice practitioners, as well as a lack of access to specialized mental health and addictions services. This is concerning given that mental health is a top priority for trans and gender diverse folks in the Champlain region. In a recent survey of trans and gender diverse folks in the region, 81.4% of respondents identified mental health as one the most urgent needed health system improvements (N=131) (Moorhouse et al. 2017).

Trans people may seek mental health services to support their social or medical transition, to assist them with mental health issues such as anxiety, depression, or PTSD, or to treat severe mental illness. It should be noted that access to mental health services is a gap for the general population. The added challenge for trans folks is to find someone with cultural competency (for general services) or who offers targeted services (for transition support).

In addition, as noted in the 2017 Report, the majority of specialized counselling and mental health services operate on a fee-for-service basis. Moreover, even services for which there is a fee can have long waitlists. For example, Centre Psychologique de l'Est d'Ottawa, which offers DBT to youth, has had to close its Anglophone waitlist due to high demand. Francophones wait approximately 6 months.

Below are the services that were mapped:

- **Jewish Family Services** offers counselling for Jewish people. They see trans and gender diverse folks in both their walk-in and general counselling services. They have recently launched a walk-in counselling service for LGBT individuals. Their partners for this service include CCHC and Max Ottawa.

- **Family Service Ottawa** offers mental health community programs, including counselling for LGBTQ adults (18+).
- Community health and resource centres: In addition to the walk-in clinic named above, **CCHC** offers gender exploration and general counselling services to trans and gender diverse folks. Integrated approach counselling is available at **Sandy Hill CHC**. A youth counsellor at **Carlington CHC** sees a significant portion of trans and gender diverse youth in his practice.
- **Valoris for Children and Adults of Prescott-Russel** is a child protection agency that offers youth mental health services. They have recently implemented new data practices that will allow them to better track the number of trans and gender diverse clients.
- **CHEO** offers ad hoc pediatric psychiatric care to clients of their gender diversity clinic.
- **Youth Services Bureau** offers a mental health walk-in clinic, counselling services and a crisis line.
- **Royal Ottawa Mental Health Centre** does see trans and gender diverse patients but does not have targeted services.¹⁰
- **CMHA** offers a variety of mental health and case management supports. They report seeing more people who disclose being trans and gender diverse in their treatment groups and have currently established a working group to determine how to better serve this population.
- **Centre Psychologique de l'Est d'Ottawa** is a clinic specialized in youth mental health (14+). They offer individual and group therapy as well as couples counselling. Their staff was recently trained by RHO and will be able to offer referrals for hormones and surgeries. Trans and gender diverse folks make up between 25% and 33% of their DBT group. They could be a potential champion for the RPT.
- **Dr. Helma Seidl** has been providing psychotherapy services for over 20 years. Trans and gender diverse folks represent 70% of her practice.
- **Geneviève Leblanc, Rosemary Ernhofner, Antoine Quenneville, and Christie Esau** offer psychotherapy.
- **Marie Robertson** offers counselling.

Substance use and addiction services¹¹

Substance use and addiction services include everything from harm reduction initiatives such as needle exchanges and safe injection sites to specialized counselling and addictions treatment programs.

The main finding was that while agencies involved in harm reduction work report serving some trans and gender diverse people, most residential treatment programs spoken with have seen very few, if any, trans clients. This may in part be explained by the fact that trans and gender diverse folks self-select out of gendered programs for fear of being mistreated by program staff or other program participants. Residential treatment facilities, like other gendered facilities, also face particular barriers in trying to become more trans friendly.

Community and peer-run supports

¹⁰ Dr. Watson, who was included in the 2017 scan, has since retired.

¹¹ Substance use and addiction services are identified as priorities in the RPT's Terms of Reference. The 2017 report noted a lack of specialized addiction services.

Community supports and peer services are important sources of support, social connection, practical assistance, and information.

- **SAEFTEY, Gender Mosaic, and the Trans Health Information Networks (THIO)** deserve special mention as they are by-and-for trans and gender diverse groups.¹² SAEFTY is a trans, two-spirit and gender diverse youth group run by and for trans youth. They estimate seeing 100 people per year. Gender mosaic hosts gatherings (other services they offer are on hold). THIO¹³ shares information with the community through their website and social media accounts. They also curate a list of providers on their website, where community members can review the services they received.
- Community health and resource centres:
 - **Orléans-Cumberland Community Resource Centre** hosts Espace Jeunesse, a bilingual support group for youths. A significant portion of participants are trans or gender diverse.
 - **Western Ottawa Community Resource Centre** runs a weekly youth drop-in called Queerios.
 - **Seaway Valley Health Centre** hosts the LGBTQ Social Gathering and the LGBTQ Gathering for Youth and Young Adults
- **Family Services Ottawa** offers a youth group named Transcend that meets once a month (ages 11-17). A significant portion of participants are trans or gender diverse. They also host a monthly support group for the families of trans and gender diverse youth.
- **Max Ottawa** serves gay, bisexual, Two-spirit, queer, and other “guys who are into guys.” They offer a variety of community programs, support groups, help with system navigation, and counselling. Trans and gender diverse individuals make up about 25% of support group participants, but for some specific groups the percentage is higher. For example, trans men make up 50% of their anxiety group. Trans and gender diverse people also utilize their system navigation service which consist of one-hour consultations. In addition, they offer hormone injection materials.
- **PFLAG Renfrew County** has monthly support meetings in Pembroke and Renfrew. They would like to expand their service to Petawawa and Barry’s Bay. They also have the In-transition clothesline program which provides clothes for people who are transitioning.¹⁴
- **Senior Pride Network** is open to trans and gender diverse folks.
- **The Ten Oaks Project** runs summer camp programs for children and youth from 2SLGBTQ+ identities, families, and communities, as well as community and fundraising events, including an annual Bowl-A-Thon, monthly swim night for trans children and youth, and a monthly discussion group on creating 2SLGBTQ+ families called Shaping Parenthood.
- University and college pride centres:
 - The **Algonquin Student’s Association Pride Centre** offers a drop-in space, peer support, and resources. They have a specific trans or non-binary social every two months. People come in and ask about specific information concerning medical and social transitions.
 - The **Carleton University Students Association Gender and Sexuality Resource Centre** offers peer support and a safe space for LGBTQ+ community. They offer practical assistance to trans and gender diverse folks looking to change their campus

¹² In the past Gender Mosaic ran a 24-hour phone line and curated a list of services available online.

¹³ Gender mosaic and THIO were not interviewed and are thus not included in the systems map.

¹⁴ PFLAG Renfrew County also offers presentations to schools, businesses and community groups on how to create safe spaces for LGBTQ2S persons, with a focus on building understanding and awareness of gender identity/gender expression.

identity cards, as well as binders. They are planning a community closet to assist folks with clothing.

- **Youth Services Bureau** has a downtown drop-in service, the Spectrum LGBTQ Drop-In, and a Queer Youth Action Committee.

Housing and homelessness

Unfortunately, there are no reliable statistics on the percentage of people experiencing homelessness who also identify as trans or gender diverse, but there is a significant number. In the consultant's previous research in Montréal and Toronto, interviews with 30 trans folks found that 50% lived in affordable housing (social, supportive, and coop) and 26% were experiencing or had recently experienced homelessness (Duchesne, 2016). Amongst youth experiencing homelessness in Canada, 1.9% identify as trans and 2.5% identify as non-binary (Gaetz et al., 2016).

The research team spoke with four affordable housing providers. Landlords do not have the same relationship with their tenants as service providers have with their clients and as such, do not keep the same kind of demographic data. While some respondents indicated that they housed or previously housed trans or gender diverse tenants, most could not offer an estimate. One landlord noted that they would appreciate the RPT's guidance on data practice for landlords.

Options Bytown is considering developing a broad diversity lunch and learn for tenants which would address general diversity issues, as they believe a lunch and learn specifically targeted towards gender would put too much pressure on the few trans or gender diverse folks in the buildings where it would be offered. They are also open to developing targeted programming but do not want to create overlaps and would want more information on what is currently available, what is needed, and what they can offer in-house.

Youth Services Bureau will be converting one of their supportive housing buildings into an LGBTQ2S+ building. Interestingly, participants in both a recent LGBTQ2S Adult Housing Needs Assessment in Ottawa (Ecker 2018) and an A Way Home Ottawa project about LGBTQ youth perspectives of homelessness (Sauvé et al. 2018) identified a desire for targeted housing and homeless services.

The research team spoke with three shelters, including two violence against women shelters. **Shepherds of Good Hope** keeps track of trans people, but only those who self-disclose. They have adopted an open-gender mandate. While this does not mean that trans and gender diverse folks feel or are safe at the shelter, Shepherds of Good Hope may be a potential champion moving forward.

Conversations held with the two violence against women shelters are an indication that there is increasing openness amongst the VAW sector to include trans and gender diverse people. One shelter indicated that they have received a limited number of requests from trans women. They have, however, had basic training. They would appreciate a resource list. The second VAW shelter is open to anyone who identifies as a woman, as well as their pets and children. They are currently looking into how they might better serve non-binary people. Their challenges are that they are funded to serve women and that they have women-only spaces, where, for example, women take off their hijabs.

Other

There were some service categories for which the research team did not speak to enough representatives to offer a robust overview of availability, but which are nonetheless priorities for many trans folks. Future systems planning work should consider how these other public systems intersect with targeted services in trans people's lives.

Economic support & employment services

The TransPULSE project uncovered that the median income amongst trans folks is \$15,000 per year, that many trans people face employment discrimination, and that a significant number rely on economic support from OW or ODSP (Baeur *et al.* 2011).

- **Causeway:** while few in number, Causeway does see some trans and gender diverse folks in their Job Quest program.
- **Centre Communautaire Vanier** also sees some trans folks in their employment services, which is geared towards helping people find work.

Justice

The TRANSforming Justice project found that 71% of trans and gender diverse respondents in Ontario “experienced at least one justiciable legal problem within a three-year timeframe (2013-2016), compared to 48.4% of the adult population in Canada.” In addition, “6% reported being charged with a criminal offence within the three-year timeframe in comparison to 0.4% of the general Canadian population.” (James *et al.* 2018).

A couple of the agencies that were interviewed shared a story of how interactions between the justice, health and housing systems leads to systems failures. Details will not be shared here to protect the client’s confidentiality.

The research team spoke with two justice agencies.

- **Connecting Ottawa** has a mandate to improve access to justice for linguistic minorities; people who are not proficient in English or French or who face communication challenges as the result of a disability or sensory impairment. They report serving trans and gender diverse folks. While they do not offer targeted services, they do provide legal help surrounding gender issues.
- **John Howard Society Ottawa** offers several male-specific housing programs. They have encountered issues when some of their clients have been in transition. For example, Federal offenders are not allowed to “disguise” themselves, which means they must present as their photo ID. If they violate this rule, JHS must report them. What then happens when a trans woman presents as female (e.g., wear a wig), but has male-presenting identity photos? The agency is currently developing a policy to address this amongst other issues. They could be a potential champion.

Education

It was out of the scope of this project to engage schools; however, the largest increase in demand for targeted services is coming from youth. The RPT could examine the role of GSAs, school counsellors, and other school staff. Engaging alternative schools might be a good point of departure.

Disability

In the consultant’s previous research with marginalized trans folks in Montréal and Toronto, a significant portion of participants were living with a disability (e.g., sensory, developmental, physical, mental). It was out of the scope of this project to investigate disability-related services such as those funded by Developmental Services Ontario (DSO). One possible starting point would be to engage agencies that run Independent Living Programs, especially those who cater to people on the Autism spectrum.

Sexual assault and partner violence

- The **Assault and Sexual Abuse Program (ASAP)** at the Cornwall Community Hospital offers counselling services to people who experience sexual violence or partner abuse. Up to 1% of people serviced are trans or gender diverse.

- The **Ottawa Rape Crisis** offers support for rape survivors. Approximately 12% of their counselling clients disclose being trans or gender diverse. They note that training specific to counselling would be very useful.
- **H.E.A.L.T.H** offers service for trafficking survivors. Approximately 10% of clients at their clinic are trans or gender diverse. They offer hormone services and surgery referrals. They wish they had the capacity to assist clients under 13 years of age and would benefit from training for medical professionals on experiences of violence by gender diverse folks.

Services by population

Non-binary and gender diverse

20% of respondents in the TransPULSE survey did not consider themselves to fit within the gender binary (Coleman et al. 2011). Anecdotally, some of the youth service providers noted that the number of people who identify as gender diverse is growing. One should not underestimate the significance of the societal shift gender diverse folks represent. Binary gender is deeply embedded in our social, cultural, and political structures. It also structures our public systems and infrastructure. In short, making space for non-binary people will take significant work.

The 2017 service scan asked agencies and providers if clients were expected to demonstrate a binary gender identity to receive services. All respondents answered in the negative. However, this is not a significant result as it was a leading question. Instead, this project's systems mapping interviews asked agencies if they served any non-binary clients. In total, 65% report serving non-binary clients, 10% answered they did not have non-binary clients, and 25% answered that they did not know if they served any non-binary clients.

The 2017 Report, as well as RPT member interviews, identified some of the barriers faced by non-binary people. First, providers are less informed about non-binary folks, meaning that clients have to educate their providers. Second, non-binary folks feel as though they have to be strategic about what information they share with providers, for fear that being openly non-binary will lead to lesser quality services. Third, services that are inherently gendered (e.g., shelters, treatment centres) are less accessible.

Some providers noted allowing non-binary clients to choose at which facility they felt most comfortable. They indicated that they almost exclusively chose the women's facility. However, as noted in one of the RPT members' interview, some non-binary people do not feel safe at either women's or men's facilities.

Indigenous including two-spirit

There are historical and contemporary contexts that shape the special relationship between Indigenous Peoples and the Canadian Crown. Aboriginal rights are protected by the Constitution, treaties, and dozens of Supreme Court rulings. Moreover, Indigenous peoples right to self-determination is recognized by the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP). It is within this context that a separate Aboriginal services system has developed. However, it should be noted that Indigenous people utilize both the Aboriginal and "mainstream" systems.

The research team was fortunate to speak with representatives from Wabano, the Algonquins of Pikwakanagan First Nation Health Services, and Métis Nation. In addition, a phone interview with Akwesasne Health Services was scheduled, but they had to cancel. Unfortunately, the team was not able to connect with Minwashin Lodge (which has had two-spirit programming in the past and to which many agencies refer folks), Tungasuvvingat Inuit, or youth agencies.

- The **Algonquins of Pikwakanagan First Nation Health Services** offer a variety of health and mental health services for the Algonquin community. While they do not have any targeted programs for trans, gender diverse or two-spirit folks, they do see them and note that they tend to access one-on-one counselling.
- **Métis Ontario** serves Métis in Ontario and Métis communities. They estimate that 5-10% of their clients are trans or gender diverse and utilize a variety of services, especially psychotherapy. They currently have a LGBTQ working group to establish best practices. Amongst other things, they have written a handbook for staff and are in the process of doing trainings and developing LGBTQ policies.

- **Wabano** is a health centre that serves First Nations, Métis and Inuit people. They have started a two-spirit group, which meets on Tuesdays (10-15 people attend). At the time of the interview, they were planning a two-spirit camp for spring 2019. The camp will be for two-spirit folks ages 13 to 20 and will focus on cultural teachings. In addition, they reported that as many as 25% of participants in the woman group identify as gender diverse or two-spirit. They could be a champion moving forward.

In the 2017 RPT consultations with two-spirit folk, it was noted that at the time there were no two-spirit specific services. Therefore, Wabano's new programming is a welcome addition. However, participants in that same consultation highlighted a need for a non-Indigenous organization to host two-spirit programming. This remains a gap.

Finally, the 2017 consultations' participants expressed the desire for a part time person with an Indigenous Masters of Social Work (MSW) to provide therapy for two-spirit people covered by Non-Insured Health Benefits.¹⁵ It was beyond the scope of this project to identify current Indigenous social workers in the Champlain region who are enrolled in the Non-Insured Benefit Program or who may have an interest in servicing two-spirit people specifically, but this could be a next step for the RPT.

Rural

On a positive note, new services for trans and gender diverse folks have been developed in rural Champlain since the 2017 scan. As a next step, it would be advisable to attend meetings held by P-Flag and Diversity Cornwall to identify further services and build relationship with those communities.

Future RPT work should be mindful that the situation for trans and gender diverse folks living in rural areas is quite different than in the Ottawa context. Trans and gender diverse folks have fewer opportunities to network together, they have a more limited number of providers to choose from, and overall less access to specialised services. As such, their priorities may be different than those currently represented at the RPT table.

- Community health centres:
 - **Seaway Valley CHC** offers primary care to trans and gender diverse folks and LGBTQ Social Gatherings
 - **Centre de santé communautaire de l'Estrie** has a handful of trans and gender diverse clients
- While not a direct service, **Centre Novas** received funding to build an awareness and education program about LGBTQ realities (LGBTQui?), with one component for high school and one for the general public as well as a series for training for providers.
- **Diversity Cornwall** organizes community event for 2slgbtq+ for Cornwall community members, mostly take place in Cornwall. They will soon host a trans and non-binary swim event. In the future, they would like to offer a clothing swap and binders, but currently lack the resources to do so.
- **Glengarry Nurse Practitioner Led Clinic** has two providers that offer hormones services, however, they note that trans and gender diverse people make up only a small number of their clients.
- As noted above **Renfrew P-flag** offer monthly groups in Western Champlain and is looking to expand.

¹⁵ Non-Insured Health Benefits are available to Indigenous people who are recognized by the Canadian State (who have status). Every 12 months, they are eligible for up to 22 hours of counselling with an enrolled provider (additional hours may be provided on a case-by-case basis).

Newcomer

- The **Ottawa Newcomer Health Centre** has offered hormone therapy in the past.
- The **Ottawa Community Immigrant Services Organization** welcomes and serves trans and gender diverse people.¹⁶ They have a specific LGBTQ+ settlement worker, but clients can be served by anyone as well. There are many departments at OCISO and probably the most accessed by the community is settlement and counselling, however there is also youth services, employability services, support workers in schools and OCDC, and a LINC English school. OCISO have staff from many different cultural/immigration backgrounds and sometimes if they serve in their mother tongue the LGBTQIA+ vocabulary is limited as some terms are more expanded within English and French, they are however open to learn and use terms which are comfortable with the client.
- Community health and resource centres: Mego Nurse, a counsellor at **CCHC** has extensive experience with trans migrants. CCHC also has an LGBTQ newcomer group, which meets twice a month. **Centre Communautaire Vanier** sees some trans folks in their settlement services program.

The Ontario Council of Agencies Serving Immigrants (OCASI) is currently in the process of developing a network in the Ottawa area to improve service to LGBT newcomers. Their work should be closely followed as it might inform future RPT efforts to assess services for newcomers.

Francophone

In total, 36 agencies offer services in French (50,7%), an additional 10 (14.1%) have some French capacity. However, it was out of the scope of this project to assess the cultural competency of these services. Moving forward, it may be worthwhile to determine the level of cultural competency of service providers (e.g., the ability to understand the nuance of French as they relate to identity). As a first step, the RPT could identify services to prioritize. For example, it would be more important to have counsellors with full cultural competency than surgeons.

Intersex

While there is overlap, the utilization of services by intersex people is different than by trans and gender diverse folks. Moreover, intersex people do not have a tendency to network amongst each other as do trans folks, making it more difficult to conduct consultations to assess service desires and needs. There is also a lot less research to guide us. Finally, it is important to acknowledge that there are differences between the medical community's views on intersexuality and the views of people who identify as intersex.

The Consensus Statement on Intersex Disorders and Their Management (2006; and updated in 2015) proposes using the terminology of “disorders of sex development” (DSD) instead of intersex. They claim this wording is more precise from a medical standpoint. DSD is defined as “congenital conditions with atypical development of chromosomal, gonadal, or anatomic sex.” However, as the position paper notes, there is resistance amongst many of the folks who would be classified by this term and many people with lived experience prefer the terminology of intersex. The paper also underlines that the consensus is evolving quickly and that more and more people with lived experience are included in the process.

¹⁶ Simply put, OCISO serves immigrants, permanent residents and naturalized, convention refugees as well as refugee claimants, and those who hold study or work permits as long as they are Ottawa residents (non-residents or non-status holders can still get some information from intake worker and access walk in counselling). They serve immigrants no matter sexuality, gender, gender expression, religion, race, etc.

In community settings, intersex takes on larger purview than DSD as it tends to include any corporal formation not classified under the strict male and female sex binary. There are a few caveats and nuances:

- Many people who would be classified as intersex also resist the term, preferring more specific terminology such as Klinefelter or simply identifying as male or female.
- While in the European context, intersex community organizing is taking off, within Canada, community-based support groups tend to focus on a specific condition (e.g., XXY / Klinefelter Syndrome Society Canada). This said, there are intersex activists and researchers in Canada (e.g., Janik Bastien Charlebois) who may be able to provide further insight.
- Trans and intersex communities have a complex history:
 - Many intersex people refuse any association with trans communities
 - Many people who identify as trans or gender diverse also identify as intersex¹⁷
 - The first bottom surgeries performed in Canada labelled transsexual women as “hermaphrodites” as to avoid mayhem law criminal charges.

The research team had information interviews with:

- **Dr. Karine Khatchadourian** (Pediatric endocrinologist at CHEO): She notes that many people who are classified as having a DSD do not identify with the term, preferring more specific terminology such as Klinefelter, Turner Syndrome, or Androgen Insensitivity. She also noted that intersex folks tend not to seek each other out.
- **Ottawa Birth and Wellness Centre**: Indicated they have not had any cases of an intersex infant being born at their centre. They could, however, provide the RPT with a list of midwives to connect with.

Moving forwards the following types of services could be pertinent:

When a newborn has ambiguous genitalia that might lead to surgeries:

- Family support (family distress is a factor in decisions on whether or not to operate, or on when to operate)
- On-going family support
- Health services related to complications from surgeries or health concerns caused by body morphology
- Potentially a need for trauma-informed mental health services in cases where multiple surgeries were performed at a young age

More generally for intersex folk:

- Mental health support to navigate disclosure.
- Endocrinology, urology, or gynecology services which are respectful of hormonal and body diversity
- Support groups

Youth

A big part of the demand for services for trans, gender diverse and two-spirit folks is coming from youth. Youth are also critical of the services they are receiving. SAEFTY, for example, created their own group as they felt their needs weren't being met at other groups. The importance of representation and inclusion of trans youth within agencies was also brought up during interviews. Youth-led initiatives work with service providers in order to make sure agencies are aware of the specific needs. For instance, SAEFTY is having

¹⁷ 6% of TransPULSE participants identified as intersex (Coleman et al. 2011)

conversations with CHEO on how to improve their services and YSB staff has received youth-led training on queer and trans identities.

Similarly to what was brought up in the 2017 report, a good part of the targeted services for trans, gender diverse and two-spirit youth that were mapped are drop-in youth groups. Most community health centres mentioned a youth group when asked about targeted services. Community health centres with that sort of programming include **Orléans-Cumberland**, **Western Ottawa** and **Seaway Valley**. It is also worth noting that there aren't many trans, gender diverse and two-spirit specific groups, they are usually part of LGBTQ+ groups.

There is a gap in service when it comes to transitioning trans, gender diverse, and two-spirit youth out of youth specific services. CHEO interview mentions lack of services for youth that are young adults. They have nowhere to transition youth out to once they age out of CHEO.

Also, there seems to be a demand for peer support for trans, gender diverse, two-spirit youth. **H.E.A.L.T.H** mentions requests for peer support. YSB mentions lack of funding for peer support. Part of the training **Youth Services Bureau** (YSB) staff received was youth-led. YSB has the Queer Youth Action Committee runs their LGBTQ+ youth drop-in and creates training modules for the staff.

The following agencies offer services targeted to children and youth (their services are described in above sections)

- **Centre psychologique de l'est d'Ottawa** (Mental Health)
- **CHEO** (primary and mental health)
- **Dave Smith Youth Treatment Centre** (Substance use and addiction services)
- **H.E.A.L.T.H**
- **Ten Oaks Project** (Community based supports)
- **Valoris for Children and Adults of Prescott-Russel**
- **Youth Services Bureau** (Community based support, mental health services, and housing and homelessness)

Senior

As more and more trans people become seniors, it will be important to consider their needs (e.g., health care and long-term health) and fears (loss of autonomy or dementia). Some things to consider:

- Transitioning later in life
- Dementia and loss of autonomy
- Aging after surgeries
- Aging with HIV

The research team spoke with:

- **Carefor** offers Health and Community Services including Elder Abuse Prevention. One challenge is that people of this age usually do not disclose their gender identity. Their staff have received basic trans 101 training and will soon receive additional training. They have taken steps to show openness such as putting up posters from Rainbow Health on washrooms and rainbow flags.
- The **Senior Pride Network** is open to trans and gender diverse folk

While the research team did not interview them, they were able to confirm that the **Good Companions** offers senior Rainbow Coffee Club and LGBT dances.

Opportunities

1. Systems planning to improve current services and prioritize new services

The systems map is a data repository which can inform future planning work. It can be used to determine how current services can be improved, which service should be scaled up, and which new services should be developed. It can also serve as the basis for work to improve pathways between services and systems. Next steps include analysis on how various services and systems interact with one another, the supply and demand for various service types, gaps and overlaps in the system, as well as pathways between services and systems (note that some additional data collection will be necessary).

Related 2017 Report recommendations:

- Create a system planner position to assess and make improvements to client pathways of care
- Increase access to services for trans, two-spirit, intersex and gender diverse communities in rural areas
- Find sources of stabilized funding for community supports outside the traditional health system
- Improve opportunities for training and awareness building to increase clinical and cultural competency within primary and other health, mental health, and community services
- Develop and implement a plan for both clinical and quality/process improvement capacity building across the Champlain region
- Expand supports and services for trans, two-spirit, intersex, and gender diverse populations
- Agencies ensure gender affirming health services for trans, two-spirit, intersex, and gender diverse communities become a part of everyday health service

2. Create an accessible resource list

Many providers underlined during interviews that an up to date resources list would be immensely helpful. This is consistent with the results of the RPT's previous consultation with trans and gender diverse folks, who also communicated a desire for up to date information on what services are available. The systems map data could be used to develop such a resources list. Ideally, community members would be involved in producing the resource list.

Related 2017 Report recommendations:

- Improved promotion of existing supports and services for trans, two-spirit, intersex, and gender diverse communities
- Create resources and supports for trans, two-spirit, intersex, and gender diverse communities

3. Relationship-building

Systems planning is only as effective as the quality of the relationship between partners. For this reason, relationship building should be a cornerstone of any future work.

- a. Between RPT members: This report outlines what systems mapping and planning are, ensuring that all Table members understand their strengths and limits. In addition, the system mapping data offer an agreed-upon understanding of what currently exists. The RPT could use the results as a starting point to ensure all members know what systems planning can and cannot do and as an opportunity to better circumscribe what community member and service provider responsibilities are towards creating change.
- b. Between the RPT and service providers: this project was an opportunity to share the existence of the RPT with various service providers and to gain a better understanding of what they need to

better serve trans and gender diverse folks. Future system planning work will need to build on this work and ensure constant communication of the RPT's work. In addition, potential champions were identified.

- c. Between the RPT and trans and gender diverse communities: as was identified in the 2017 report, the beginning of the RPT included some growing pains as service providers and community members learned to work together. There are residual tensions in the community.

Related 2017 Report recommendations:

- Continue to engage the trans, two-spirit, intersex and gender diverse communities in planning
- Create and enhance opportunities for peer support and connection for trans, two-spirit, intersex, and gender diverse communities
- Create and expand collaborative relationships and partnerships among service providers

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Appendix A: Interviewee list

RPT Members

- Avery Velez (Community Member)
- Benny Michaud (Former member - Community Member)
- Brook Lynn Davies (Community Member)
- Chris Clapp (Seaway Valley Community Health Centre)
- Darlene Rose (Local Health Integration Network-funder for the Table)
- Tammy DeGiovanni (CHEO)
- Devon MacFarlane (Rainbow Health Ontario)
- Jane Fjeld (Youth Services Bureau-Representing All Youth Mental Health Agencies)
- Karen Luyendyk (Trans Health Information Network)
- Katelyn Lepinskie (The Royal Ottawa Health Care Group)
- Laurie Rektor (Family Services Ottawa)
- Leyla Shadid (Community Member)
- Mel Thompson (Community Member)
- Patricia Vincent (Community Member-Parent Representative)
- Simone Thibault (Centretown Community Health Centre-Representing all CCHC's)
- Stephanie Hemmericks (Former member - Seaway Valley Community Health Centre)

Agencies

- Algonquin Students' Association Pride Centre
- Algonquins of Pikwakanagan First Nation Health Services
- Anglican Social Centre, Centre 454
- Asap
- Baldwin House
- Bruce House
- Canadian Centre for Gender and Sexual Diversity
- Carefor
- Carleton University Students Association Gender and Sexuality Resource Centre
- Causeway Work Centre
- Centre 507
- Centre Communautaire Vanier
- Centre de santé communautaire de l'Estrie - Cornwall
- Centretown Community Health Centre
- Centre Novas – CALACS francophone de Prescott-Russell
- Centre Psychologique de l'Est d'Ottawa
- Children's Hospital of Eastern Ontario (CHEO)
- Canadian Mental Health Association-Ottawa
- Connecting Ottawa
- Dave Smith Youth Centre
- Eastern Ontario Health Unit
- Family Services Ottawa (FSO)
- Glengarry Nurse Practitioner Led Clinic
- H.E.A.L.T.H.
- Healing House
- Interval House Ottawa
- Jewish Family Services
- Lanark County Interval House and Community Support
- Mackay Manor
- MAX Ottawa
- Métis Nation of Ontario – Ottawa
- Opeongo Non-Profit Housing
- Options Bytown
- Orléans-Cumberland Community Resource Centre
- Ottawa Birth and Wellness Centre
- Ottawa Community Immigrant Services Organization
- Ottawa Inner City Health Inc
- Ottawa Innerscity Ministries
- Ottawa Newcomer Health Centre
- Ottawa Rape Crisis Centre
- Ottawa Senior Pride Network
- Pathways Alcohol & Drug Treatment Services
- PFLAG Renfrew County
- Rainbow Valley Community Health Centre

- Renfrew County Housing Corporation
- Rideau Rockcliffe Community Resource Centre
- SAEFTY (Support and Education for Trans Youth Ottawa)
- Sandy Hill Community Health Centre
- Seaway Valley Community Health Centre
- Shepherds of Good Hope
- Sobriety House
- St. Luke's Table
- Ten Oaks Project
- TransForming Connections
- Valoris for Children and Adults of Prescott-Russel
- Venus Envy (store)
- Vesta Recovery Program
- Wabano
- Western Ottawa Community Resource Centre
- Women's Warrior's Healing Garden
- Youth Services Bureau of Ottawa

Individual providers

- Antoine Quenneville, Psychotherapist
- Christie Esau, Psychotherapist
- Dr. Helma Seidl, Doctor of Social Work
- Dr. Jennifer Douek, Physician
- Dr. Mark Silverman, endocrinologist
- Naomi Johnson - Naturopathic doctor
- Geneviève LeBlanc, Psychotherapist
- Marie Robertson, Counsellor
- Rosemary Ernhofer, Psychotherapist

Thank you for offering your ideas and input

- Cora MacDonald (A Way Home Ottawa)
- Corine Sauvé (A Way Home Ottawa)
- Joanne Law
- Taryn Husband

Appendix B: Interview guides

Agency-English

Date:

Person doing the interview:

Part one: general

Agency	
Service overview	
Contact name & role	
Telephone number	
E-mail address	
Address	

1. Briefly, what is the primary service or services offered by your agency?	
2. To your knowledge, do you serve any trans, gender diverse, or two-spirit clients? If yes: Among them, are there any non-binary folks?	
3. Do you offer any targeted services for trans, gender diverse, or two-spirit people?	
4. Are you planning any new targeted services?	
5. If it's a health clinic: Do any of your primary care providers or counsellors offer hormones or surgery support? If yes, could we get their names?	
6. Are there any particular programs or services you find that trans, gender diverse, or two-spirit populations are accessing more so than others?	
7. Do you collect data about clients' gender identity? If yes: What information system do you use? what do you collect?	
8. Do you collect data about where people live or are coming from?	

Part two: services

Services targeted towards trans, gender diverse and two-spirit individuals:

Name of service	
9. Do you receive targeted funding to provide this service for trans, gender diverse, or two-spirit people?	
10. For how many years have you been providing this service?	
11. Approximately how many unique participants does the program serve per year?	
12. How many individuals at your agency provide services to the trans, gender diverse, or two-spirit communities? What is the Full Time Employee (FTE) equivalent?	
13. What are the ages of the people served?	
14. Do you charge a fee beyond that covered by provincial health insurance?	
15. In what language(s) do you provide this service?	
16. Is there a waitlist? If yes, approx. how many people are on it?	
17. What is the average time spent in the program?	
18. What is the catchment area?	

Services that are not targeted towards trans, gender diverse and two-spirit individuals:

Name of service	
19. Approximately how many unique participants does the program serve per	

year?	
20. What percentage of the people served through this program are trans, gender diverse, or two-spirit? If they don't know: could you give us a ballpark estimate: almost never, regularly..	
21. What are the ages of the people served?	
22. Do you charge a fee beyond that covered by provincial health insurance?	
23. In what language(s) do you provide this service?	
24. Is there a waitlist? If yes, approx. how many people are on it?	
25. What is the average time spent in the program?	
26. What is the catchment area?	

Part three: What would help the agency?

27. Do you provide referrals to other agencies or private practitioners that provide services to trans, gender diverse or two-spirit? If yes, who?	
28. Are there any services for trans, gender diverse, or two-spirit people that you would like to provide but are not able to? Why are you not able to provide these services?	
29. Have you and/or your staff received training to provide services for trans, two-spirit, or gender diverse people? If yes, what training(s)?	
30. Would there be value in (further) training? If yes what kind?	
31. Do you have any trans or gender diverse specific policies (e.g., pronouns, washrooms). Would policy templates be useful?	
32. Is there anything else that would help you better serve trans, gender diverse, or two-spirit people?	

Agency-French

Date:

Person doing the interview:

Part one: general

Agency	
Service overview	
Contact name & role	
Telephone number	
E-mail address	
Address	

1. Quel est le ou les principaux services offerts par votre agence?	
2. Est-ce que vous servez des clients trans, non-binaires ou bi-spirituels? Si oui: Parmi eux, y a-t-il des personnes non-binaires?	
3. Proposez-vous des services ciblés pour les personnes trans, non-binaire ou bispirituelles?	
4. Prévoyez-vous de nouveaux services ciblés?	
5. Si c'est une clinique de santé: Parmi vos médecins, infirmières praticiennes, et professionnels de la santé mentale, y en a-t-il qui offre des services liés à l'hormonothérapie ou le soutien pour les chirurgies? Si oui, pourrions-nous obtenir leurs noms?	
6. Y a-t-il des programmes ou des services que vous trouvez que les populations trans, non-binaire ou bispirituel utilisent plus que les autres?	
7. Recueillez-vous des données sur l'identité de genre de vos clients? Quel système d'information utilisez-vous? Qu'est-ce que vous collectionnez comme information?	
8. Recueillez-vous des données sur l'endroit où les gens vivent ou viennent?	

Part two: services

Services targeted towards trans, gender diverse and two-spirit individuals:

Name of service	
9. Recevez-vous des fonds ciblés pour fournir ce service aux personnes trans, non-binaires ou bi-spirituels?	
10. Recevez-vous des fonds ciblés pour fournir ce service aux personnes trans, de sexes divers ou bi-spirituels?	
11. Environ combien de participants uniques le programme sert-il par an?	
12. Combien de personnes dans votre agence fournissent des services aux communautés trans, à non-binaires ou bi-spirituelle? Quel est l'équivalent # d'employé à temps plein?	
13. Quel âge ont les personnes servies?	
14. Chargez-vous des frais qui ne sont pas couverts par l'assurance maladie provinciale?	
15. Dans quelle (s) langue (s) offrez-vous ce service?	
16. Y a-t-il une liste d'attente ? Si oui, env. combien de personnes sont inscrites ?	
17. En moyenne, pendant combien de temps les clients restent avec le programme ?	
18. Quelle est la région desservie ?	

Services that are not targeted towards trans, gender diverse and two-spirit individuals:

Name of service	
19. Environ combien de participants uniques le programme sert-il par an?	
20. Quel pourcentage des personnes desservies dans le cadre de ce programme qui sont trans, non-binaire ou bi-spirituel? (si on hésite : pouvez-vous nous donner une estimation approximative ?)	
21. Quel âge ont les personnes servies ?	
22. Chargez-vous des frais qui ne sont pas couverts par l'assurance maladie provinciale ?	
23. Dans quelle (s) langue (s) offrez-vous ce service ?	
24. Y a-t-il une liste d'attente? Si oui, env. combien de personnes sont inscrites?	
25. En moyenne, pendant combien de temps les clients reste avec le programme ?	
26. Quelle est la région desservie ?	

Part three: What would help the agency?

27. Fournissez-vous des références à d'autres agences ou praticiens privés qui fournissent des services aux personnes trans ? Si oui qui?	
28. Y a-t-il des services pour les personnes trans que vous aimeriez fournir? Pourquoi n'êtes-vous pas en mesure de fournir ces services?	
29. Est-ce que vous et / ou votre personnel avez reçu une formation pour fournir des services aux personnes transgenres, bi-spirituelles ou de genre? Si oui, quelle (s) formation (s)?	
30. La formation supplémentaire serait-elle utile? Si oui de quel type ?	
31. Avez-vous des politiques spécifiques aux personnes trans ou au genre (par exemple, pronoms, toilettes)? Des modèles de politique seraient-ils utiles?	
32. Y a-t-il autre chose qui pourrait vous aider à mieux servir les personnes trans, de sexes divers ou à deux esprits?	

Individual service provider-English

Date:

Person doing the interview:

Part one: Service

Agency, clinic, or practice	
Service overview	
Name & professional designation	
Telephone number	
E-mail address	
Address	

1. What is the primary service or services you offer to trans, gender diverse, or two-spirit folks? Probe: hormone and surgery support	
2. Are you planning any new services for this population?	
3. Do you collect data about clients' gender identity? If yes: What information system do you use? what do you collect?	
4. Do you collect data about where people live or are coming from?	
5. For how many years have you been providing this service?	
6. Approximately how many trans gender diverse or two-spirit individuals do you serve per year. (If they do not know: approximately what percentage of your total clientele)	
7. What are the ages of the people served?	
8. Do you charge a fee beyond that covered by provincial health insurance?	
9. In what language(s) do you provide this service?	
10. Is there a waitlist? If yes, approx. how many people are on it?	
11. What is the average time spent in the program or to give service(s)?	
12. Is there a catchment area?	

Part 2: Hormones starts, maintenance, surgery support: for all doctors & nurse practitioners

13. Have any of your patients requested assistance with hormones of surgeries?	
14. If yes: did you? Why or why not?	
15. Would you be willing to provide hormone maintenance? What factors would you consider in deciding whether or not?	
16. Did you follow any Rainbow Health Ontario training for trans primary care? Was it helpful?	
17. Assuming the technology works well and is reasonably easy to navigate, would you be willing to facilitate telehealth visits for your trans patients with CCHC clinicians to do hormones starts? If no: Why not? If yes: do you think that being involved in this manner would increase your confidence for hormones maintenance ? Would it potentially increase your confidence doing hormones starts ?	
18. Would you use e-consult services to access experts to assist you in serving trans patients?	
19. Are there any mentorship models you would find useful for providing hormone starts, maintenance or surgery support?	
20. Anything else that would increase your confidence in offering hormone and surgery related services?	

Part three: What would help you better serve trans and gender diverse folks (if time only)?

21. Do you provide referrals to other agencies or private practitioners that provide services to trans, gender diverse or two-spirit? If yes, who?	
22. Are there any services for trans, gender diverse, or two-spirit people that you would like to provide but are not able to? Why are you not able to provide these services?	
23. Have you and/or your staff received training to provide services for trans, two-spirit, or gender diverse people? If yes, what training(s)?	
24. Would there be value in (further) training? If yes what kind?	
25. Is there anything else that would help you better serve trans, gender diverse, or two-spirit people?	