# Regional Planning Table Minutes

Zoom Meeting, February 15, 2022



#### 1. Participation at the Meeting

#### Present:

Noah Parchment, community member Jesse Bosse, community member Asha-Maria Bost, community member Karen Luyendyk, community member Oliver Thorne, community member Sarah King, community member Lynsey James, Centretown Community Health Centre Irena Druce, The Ottawa Hospital Larissa Silver, Youth Services Bureau Rebecca Fromowitz, Family Services Ottawa Lisa Loeffen, CHEO Stephanie Hemmerick, Seaway Valley Community Health Centre Brittany Smyth, Family Services Ottawa Alex Tesolin, Wisdom2Actiom Fae Johnstone, Wisdom2Action Lynne Tyler, Catalyst Research and Communications, facilitator

**Regrets/Did not attend**: Jeanne Thomas, Ontario Health East; Jonathan Schmidt, Family Services Ottawa; Annie Chen, community member.

Sabbatical: Leyla Shahid, community member.

## 1. Welcome and Acknowledgement of Algonquin Territory

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

#### 2. Minutes

The minutes of the January meeting of the RPT were adopted as circulated..

## 3. Community Reportback

The community reportback wll be in the form of a pre-recorded presentation with Fae, CAT and RPT representatives speaking to a slide deck that outlines what we have been doing, our successes and challenges. The plan is to release it to the community before the end of March.

### 4. Update from Wisdom2Action

Fae reported on a number of areas where W2A is continuing to move forward on the RPT workplan, including:

- a) Website: The content is in translation, and there are some final design adjustments.
- b) Rural service providers: Conversations are continuing on their needs and the kinds of resources and supports they need.
- c) Community Advisory Table: Next meeting is February 22<sup>nd</sup>.
- d) Community and social services huddle: Lisa and Larissa continue to provide leadership on these exploratory discussions.
- e) Training for service providers: Centretown CHC and MAX Ottawa are collaborating on producing videos.
- f) Sex markers in health data: Liaising with an interagency working group that is looking at using Ocean software to manage e-health records, as the e-health records system is probably the best way to shape the gathering of gender and sexuality data.
- g) Pinecrest Queensway is exploring the creation of a dedicated trans health services team.

#### 5. Priorities for 2022-2023

Fae and the W2A team had been working since the last meeting to take the input from the RPT and the CAT to prepare some proposed priorities for 2022-2023, as follows:

- 1. Develop and implement a Trans Health Capacity Strategy, working closely with Centretown CHC, and engaging a wider range of service providers (e.g. through the community and social services huddle and Rainbow Service Providers Network).
- 2. Build a relationship with Two-Spirit community and Indigenous health organizations.
- 3. Outreach and capacity-building with Francophone health and social service providers.
- 4. Develop a regional community of practice.
- 5. Explore digital trans health interventions, partly to provide better support to rural communities.
- 6. Explore additional funding opportunities to bolster trans health services in the Champlain area.

It was noted that the priorities are very much inter-related and connected to each other.

The RPT agreed the priorities as presented accurately reflect our major concerns and intent for the next year. Some additional points that may be integrated into the priorities include:

- Addressing needs of specific groups, such as individuals with complex mental health challenges, those living in group homes, people with disabilities, and so on.
- There is a huge bottleneck for youth accessing services.
- Create a network of providers who can furnish a second assessment quickly. Concern about whether assessors are becoming gate-keepers.
- Work on prescribing and other primary care services from a specifically non-binary lens.
- Work to ensure tools are in the hands of trans people to help them navigate the system, know their options, etc.
- Trans people are the experts, and so providers need a connection point to community members to access this expertise.

• Promote the Rainbow Health Ontario mentor network.

The priorities will be refined based on this discussion and will form the basis for a workplan and budget for the coming year.

#### **6. Evolution of RPT Structure**

Given that a significant number of RPT members were not present at the last meeting, Lynne summarized the rationale for continuing with the current structure for the time being. Those present had no concerns or objections to continuing, and the decision from the previous meeting stands.

#### 7. Membership

The RPT agreed to accept MAX Ottawa as members of the table. Fae will reach out to inform them and ask them to name a representative.

With respect to selection of service provider members in the future, several questions were raised about the possible need for clearer guidelines. For example, should we establish a consistent process and set of criteria? It was agreed we would have a brainstorming about this at a future meeting.

#### 8. Next Meeting

Because of the timing of March break, the next meeting needs to be re-scheduled. Lynne will send a Doodle poll to find a new date.