



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

Meeting: February 13, 2017. 6 - 9pm

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

### Present:

#### Community members:

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

Trans Health Information Ottawa: Rika Moorhouse.

Rainbow Health Ontario: Devon McFarlane

Service Providers: Tammy DeGiovanni, CHEO; James Fahey, Champlain LHIN; Jane Fjeld, Youth Services Bureau of Ottawa (as lead agency for child and youth mental health); Stephanie Hemmerick, Seaway Valley CHC; David Hesidence, Royal Ottawa Mental Health Centre; Laurie Rektor, Family Services Ottawa, Simone Thibault, Centretown CHC (representing 6 Ottawa CHCs).

Erin Flemming, Project Coordinator

Regrets: Serena Rivard.

### Minutes:

1. **Welcome:** We acknowledge and honour that we hold this meeting on unceded Algonquin Territory. To be present on this land is an honour, a privilege and not a right.
2. **Approval of minutes of meeting January 23, 2017:**
  - Approved by all
3. **Process for determining actionable items:**
  - The table has agreed to use a show of hands voting method where full consensus on actionable items is required to move forward between meetings.
4. **Effective use of three platforms:**
  - The table has three electronic platforms for communicating - Trans Health Gmail account, Basecamp and the website. It is hard to keep up with the number of conversations occurring/messages being sent via the Trans Health Gmail account and Basecamp. With the limited time left we have to do the work for the table we need to come up with a method to consolidate the information.



→ **Trans Health Gmail Account**

- ✓ Use email to discuss ideas once they have been formalized and solidified (consolidated updates)
- ✓ Erin will send out ideas/documents via email for discussion/feedback

→ **Basecamp**

- ✓ Can use to discuss informal ideas/brainstorm/conversations
- ✓ Basecamp is a good way repository for information/documents
- ✓ Will not be used to make table-wide decisions

→ **Trans Health Planning Website**

- ✓ Use to communicate/engage the broader community of the purpose of the RPT, and the work being completed
- ✓ All final RPT documents are posted on the website in both English and French; the final report to the LHIN will be translated and posted on the website

**ACTION:**

- Final decisions will be disseminated through the Trans Health Gmail account by Erin
- Basecamp will be used to chat and to post draft planning documents for discussion/edits
- Website is used to communicate the work of the RPT with the broader community; all finalized documents will be translated and posted on the website

**5. Meeting the deliverables-status:**

a) **Detail the services which currently exist in the Champlain region**

A pilot survey of the six service providers at this table was conducted and the draft results were shared with the table members.

Based on the decision of the January 23, 2017 RPT meeting (that the scan of services be deep rather than wide), there is a limit to the number of service providers that will be interviewed as part of our scan of services in the Champlain region. For this project, the survey(s) will focus on facts and capacity, rather than an assessment of services delivered. Questions will include: what services are you providing, how long have you been providing these services, number of clients, etc.

As part of the pilot survey, service providers were asked to suggest other agencies and private practitioners to be included in the scan. During the RHO Trans Surgery Workshop on February 17<sup>th</sup>, 2017 folks will be encouraged to contact the table, perhaps with suggestions as to those to interview.

Moving forward, interview questions will be revised, based on the feedback received during the pilot interviews. A couple suggestions were to: differentiate between services with dedicated funding, dedicated services with no dedicated funding and non-dedicated services with funding, identify targeted services funded through non-LHIN and include the social determinants of health in the process.



The survey mapping interviews and community engagement sessions will inform recommendations for improved pathways and gaps in services that will go to the LHIN.

**ACTION:**

- The service provider interviews will be conducted with a maximum of 10 - 12 agencies
- Erin will send out the list of additional recommended organizations/service providers in private practice. Members will reply to the list with their preferred organizations/individuals to interview
- Based on feedback from the table members, the list of potential interviewees will be finalized at a maximum of twelve interviews
- Erin will send out the revised interview questions for service providers. All RPT members will have a chance to provide feedback
- Keep question # 4 “Do you provide targeted/specialized services for Indigenous, racialized, and/or disabled people who come from the Trans, two-spirited, intersexed, or gender diverse populations?” in survey mapping questions as it will help identify gaps

**b) Describe the participatory community engagement with the community that informed the above recommendations**

Discussed what can be achieved by March 20, 2017. Given the time left, the community members of the RPT agreed to take on the role of organizing and planning the community engagement sessions. The total budget for community engagement is \$8,000.

James reminded the table that having members from the community sit on the table is considered as community engagement.

Some people had understood that the community engagement piece would take place after the scan and the recommendations and gaps are identified. With the limited time remaining, it was decided that we could not defer community engagement until the scan was complete. Work will start with the priority groups (rural, Francophone, and Indigenous).

Some suggestions on running focus groups were to schedule a focus group in a different room at the same time a drop in is occurring, conduct online focus groups using Skype for people unable to attend groups, etc. Preferred method to conduct focus groups will be in person or on the phone.

**ACTION:**

- The priority groups for community engagement are rural, Francophone, and Indigenous.
- Community members hope to reach youth and parents as well; YSB has offered to assist with reaching youth
- The community members of the table will take the lead in organizing and delivering the community engagement sessions

- Rika will send out a draft master survey that could be used at all community engagement sessions
- Once the community members have developed a draft list of questions for the community sessions, they will be sent to Erin who will forward them to the full RPT for review and finalizing
- Maëlys will take on the Francophone group. Stephanie will refer to Maëlys
- Benny will take on the Indigenous focus group/interviews
- Rural group-
- Kaeden will take the lead on youth; Jane will help Kaeden access networks/spread the word to youth about a potential focus group
- Patricia will look into facilitating a focus group/interview with parents
- Erin to document Mikki and Mel's discussion of their experiences at the meeting and make note of them as part of the gap in services

#### 6. Review draft service mapping results from pilot interviews with services providers; discuss how to integrate with mapping done to date:

- All service providers from the RPT other than Stephanie have been interviewed and the preliminary results collected. These results will be part of the larger scan conducted

#### **ACTION:**

- Erin to set up a time to interview Stephanie for the scan
- Erin to follow-up with RPT service providers once the surveys have been edited

#### 7. Discuss definitions for use during interviews with other service providers and refining vision via email:

- Suggestion to include definition of Trans, two-spirited, intersexed, and gender diverse to clarify if need be for interview participants. Perhaps use definitions found on Rainbow Health Ontario's website
- Suggestion to utilize final vision document as a product developed out of community engagement. Vision document is not a deliverable, but a helpful document to assist in making recommendations and identifying gaps for the final report

#### **ACTION:**

- Rika with the help of other community members will work on coding and identifying themes within the vision document. RPT could utilize themes to make recommendations and identify gaps

#### 8. RPT data ownership and rights:

Discussion of data, intellectual property rights and future use of data/materials produced by the RPT.

#### ACTION:

- Working, internal to the table documents, will not be shared outside of the table
- Work produced by individual members of the table (community or service provider) is owned by whoever produced it; when these materials are shared with the table they cannot be circulated beyond the table without the permission of the individual/agency that created it
- All final products of the RPT will be branded as the product of the RPT, belong to the table, and ultimately to Centretown, as the transfer payment agency in receipt of the funding for the RPT
- The organizations and individuals around the table are welcome to share the final RPT documents and speak about their role at the table, but not claim them as their own
- Table will meet in mid-April to discuss project closeout and include a final discussion about documents and rights
- Everyone who played a part in the process will be recognized in the final report

#### 9. RPT financial update:

- Budget breakdown for the table is as follows...
  - **Total Project Budget: \$49,548**
    - ✓ **Purchase of Service (Human resources): \$27,685** (\$14,690 spent as of January 20, 2017)
    - ✓ **Community Engagement and Regional Planning (Meetings, Honoraria, and Translation): \$7,300** (\$1,753.70 spent as of January 20, 2017)
    - ✓ **Community Engagement: \$8000** (\$0 spent as of January 20, 2017)
    - ✓ **Overhead: \$6,463**

#### 10. Trans surgery workshop-February 16<sup>th</sup>, 2017:

- Looking for someone from the committee to give a brief five minute presentation to talk about the RPT (who we are, purpose, what we are doing, etc)

#### ACTION:

- Maëlys agreed to present

#### 11. MSW placement student:

- MSW student looking for a placement in the summer. Student is interested in the work we are doing at the table. Student applied to both Centretown CHC and Family Services Ottawa. Could potentially do a combined placement

#### 13. Other business:

- Planned Parenthood Ottawa received a seed grant from The Ontario Trillium Foundation to fund two new positions, a Trans Health Systems Coordinator and a Peer Trans Health Counselling Coordinator



- For more information on the positions please visit <http://www.ppottawa.ca/story.aspx?id=258>

#### **14. Next meeting:**

- March 20, 2017