





## SUMMARY

## Transgender/Trans\* Health Steering Committee

Date/Time: Thursday January 21, 11:00am – 2:00pm

Location: PHSA Corporate - 700-1380 Burrard St. Room A

**Participants:** Vanessa Barron, Connie Coniglio, Fin Gareau, Lorraine Grieves, Gwen Haworth, Theresa Kennedy, Dr. Gail Knudson, Arden Krystal, Cormac O'Dwyer, Raven Salander, Dr. Marria Townsend, Natasha Wolfe

Phone: Laura Case, Anne McNabb, Daniel Metzger, Janice Penner, ChrYs Tei

Regrets: Dr David Hall, Dr. Soma Ganesan, Michele Lane, Julia O'Dwyer, Kyle Shaughnessy, Evan

Taylor

|     | ITEM   | ACTIONS  |
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| 1.0 | Welcome  |  |
|     | <ul> <li>Cormac O'Dwyer in attendance on behalf of his mother<br/>Julia O'Dwyer.</li> </ul>  |  |
|     | <ul> <li>Angela Mezzomo, Executive Assistant will be supporting<br/>Vanessa and the steering committee for the next few<br/>months</li> </ul>  |  |
| 2.0 | Action Log   |  |
|     | <ul> <li>Reviewed and reference materials were circulated and can<br/>be used by the working groups as needed</li> </ul>   |  |
|     | <ul> <li>The list of BC transgender/trans* resources shared from<br/>VCH was collected in 2014 and is up-to-date. A condensed<br/>list version was created and attached in the Agenda -<br/>Transgender / Trans* Community Support Snapshot</li> </ul> |  |
|     | <ul> <li>A PHSA website location will be created for this Steering<br/>Committee and meeting materials will be posted.</li> </ul>  | Vanessa to follow-up with Health   |
|     | <ul> <li>Arden noted that request for representation from other<br/>Health Authorities for the working groups has been made<br/>and responses pending. First Nations Health Authority gets<br/>inundated with requests to be on committees.</li> </ul> | Authorities and will also ask Northern and Interior Health if they could recommend a First Nations representative as well. |
| 3.0 | Draft Terms of Reference and Draft Program Model Standards   |  |
|     | <ul> <li>Terms of reference have been approved as circulated.</li> </ul>   |  |
|     | <ul> <li>Program Model Standards have been approved as circulated.</li> </ul>  |  |
|     | <ul> <li>Question was raised about the change in deadline to April<br/>2015 and concern about budget cycles starting April 1.</li> <li>Arden had a meeting with the Deputy Minister who</li> </ul>   |  |

|     | ITEM  | ACTIONS   |
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|     | continues to be supportive of this work and some funding has been notionally reserved to implement recommendations in 2015/16.  |   |
| 4.0 | - Discussed. Working groups to do more specific and detailed work to pull together in March to connect and align - If it becomes evident that critical pieces of work can't be completed in the timeframe, will discuss at Steering Committee - Additional resources/support requirements, or challenges facing the working groups should be escalated to the Steering Committee - The April full day session will aim to accommodate 100-150 people. Dates to be considered at next Steering Committee   |   |
| 5.0 | Current State Overview of Youth Services – Dr Gail. Knudson  See Youth Surgery Criteria 2015-01-21 presentation.  Note: In order to be eligible for any surgeries prior to age 19, applicants must have a good support system and a committed caregiver for the post-surgery period.  Discussion/Service Gaps:  There are various entry points into care  ' <16 tend to go through BCCH where there is an assessment by a psychiatrist/psychologist prior to seeing the endocrinologist.  Assessor training is happening at BCCH  At VCH clinic youth are assessed by a physician for hormone therapy. When there are more complex social situations, refer to BCCH where there is psychiatry/psychology support  Additional challenges noted when youth do not have a supportive family. Marria emphasized that it is not a benign decision to not provide care/hormone therapy.  Ministry of Child and Family Development (MCFD) has been supportive of child/youth in their care about autonomous decision-making. Connie noted that there are transition protocols for youth between PHSA and MCFD  Another marginalized population identified – immigrants who are unable to change their names due to birth records in another country. As this is a federal issue it will be out of scope for this work. | Need to clarify pathways for users and identify necessary/unnecessary variability – add to Primary Care Access/Consultation group  Lorraine to send Vanessa Northern Health contacts as potential working group members.  Vanessa/Arden to follow-up with PHSA legal about cases where the family won't consent.  Primary Care Access/Consultation group to consider what policies/protocols are required for care providers in providing hormone therapy to youth.  Consider recommendation related to MCFD – how kids are identified in the system and whether a case worker can remain as support across transition ages (youth-adult).  Add size and scope of clinics and increasing capacity for MH services to Primary Care Access/Consultation |

|     | ITEM  | ACTIONS  |
|-----|---|--|
|     | <ul> <li>Infant Act – children can give consent if they demonstrate<br/>an understanding of the decision</li> </ul>   | working group  |
|     | <ul> <li>Access to mental health support is critical for youth,<br/>particularly for a child who may be in a foster home or is<br/>homeless.</li> </ul>   |  |
| 6.0 | Working Groups See attached DRAFT Working Groups Summary 2015-01-21.  | Inclusion of GPSC member to Primary<br>Care Access/Consultation group to be<br>considered – Arden will contact them. |
| 7.0 | Working Group Membership     Members were asked to volunteer to be part of the working group that best suited their interests and experience. Each group should have Trans* identified community representatives. | Members to email their preferred working group to Vanessa by Jan 28.   |

## Next Meetings:

Thursday February 5, 1:00-4:00pm Tuesday February 17, 1:00-4:00pm Thursday March 5, 1:00-4:00pm Tuesday March 17, 8:30-4:00pm Thursday April 2, 1:00-4:00pm Tuesday April 21, 1:00-4:00pm