GTA CLINIC TRANSFORMATION PROJECT

STEERING COMMITTEE MEETING

TUESDAY, APRIL 8, 2014
6:00PM-8:00PM
METRO HALL

PRESENT

Marjorie Hiley (FCLS), Isabella Meltz (KBCLS), Christie McQuarrie (WSCLS), Julius Mlynarski (SECLS), Elisabeth Bruckmann (WTCLS), Vanessa Emery (WSCLS), Julie Northrup (SECLS), Sharon Majik (SECLS), Pamela Courtot (CLCYR), Jack Fleming (NPDCLS), Joe Myers (WCLS), Brook Physick (FCLS), Jack de Klerk (NLS), Vinay Jain (Unison), Noland Merrick (JFCLS), Dennis Bailey (CLCYR), Dennis R (Unison), Steven McM (Rexdale), Stewart Cruikshank (ETCLS), Matt Benson (ETCLS), Liz Klassen (SCLS), Sean Rehaag (PCLS), Elena J (Downsview), Grace P (Downsview)

AGENDA

Agenda Items			Discussion/ Information	Outcome	Action/Discussion Points
1	6:00	Welcome/introductions			
2	6:05	Review of meeting materials	Information	Approval	
3	6:10	Working Group Report	Discussion	Approval	
4	6:15	Review of notes of March 29 retreat and feedback from clinics	Information	Received	
5	6:30	Internal Organization/ Clinic Structure	Discussion	Received	
6	8:00	Adjournment and next meeting	Discussion	Approval	• Next meeting is Tuesday April 29, 2014 from 6:00pm – 8:00pm

MINUTES

1. **Welcome/introductions were received**
2. **Meeting materials were received and approved**
3. **Working group report was received**

4. **Notes from the March 29 retreat and feedback from clinics was received.**

The four principles from the MOU were reviewed:

Clinics must be

- Community responsive, client centred
- Governed by community board

There must be full range of clinic service

- Client
- Law reform
- Public legal ed
- CD

Resource allocation has to recognize change in location of low income population

In order to expand and enhance client services and leverage new resources, clinics need to be larger.

Concerns from the clinics are that the process is moving ahead of the board capacity to keep on top of the information, and is there ability to go slower or revisit decisions?

The process that the project has followed was reviewed. That is, the data collection was a process of discovery. The principles are a boiled down version of that data and the decision points are choices based on the principles. Based on the evidence and decision points, we are now imagining what the clinic system would look like if deployed in the GTA and what the implications would be.

The communication strategy is such that the community, staff, and board have had access to materials through the SC members, and SC members are able to feed their ideas, concerns and thoughts back into the process at the SC meetings. There is also the project website, joint staff meetings, and board meetings where the project has been discussed in depth, so that all stakeholders have had opportunity to be involved in the process throughout.

The Working Group will develop a detailed plan of what happens next, including the discussion topics and expectations, so that the Steering Committee and stakeholders will have a better roadmap of the project going forward. This will be presented at the next Steering Committee to be discussed and approved.

5. **Internal Organization/Clinic Structure was discussed.**

The Steering Committee collectively began building an organizational chart based on the decision points for a typical model of service delivery. The model will be flexible enough to capture innovations in service delivery, such as the experiential learning program in Parkdale, and federally or municipally funded positions.

The teams that the SC proposed, based on core areas of service, include:

- ODSP Disability
- Other Social Assistance: OW, ODSP, CPP, OAS
- Housing
- Immigration
- Employment
- Multi-disciplinary team
- Other (ESA/EI)
- Community development

- Volunteer Coordinator
- Admin support
- Reception and referral

Each of these teams will have a leader and caseworkers, because, according to the principle of adequate back up, teams need at least 2 staff.

ODSP will have its own case management system because there is currently a high volume of intake in that area and cases have patterns and similarities.

The Working Group worked out an estimated % of legal staff in a typical GTA general service delivery model and the allocations are as follows:

Team	**Staff Allocation**	**Notes**
Advice (all areas)	25%	reflection of wanting to do more (from current 20%)
ODSP Disability	30%	aspirational, case mgmt. system can bring it down from 50%
Other ODSP, OW, CPP	10%	
Housing	23%	
Immigration	12%	reflects unmet need

Immigration includes sponsorship and citizenship, less refugee now given political context.

The Steering Committee approved these areas of core service, with the exception of York region and immigration. York region does not see a high enough volume of immigration cases to justify it as a core service. This can be resolved through the collaboration agreement.

It was noted that Worker's rights are not reflected here, which could easily consume 15-20% of clinic work.

It was also noted that the concept of core areas of law takes away power from board to decide areas of service, however, boards will be able to re-allocate percentages of resources based on community need.

Next steps:

The Working Group will fill out the organizational chart based on today's discussion and distribute it prior to the next SC meeting. The numbers of staff and resource allocation will have implications on the number of clinics that will be possible within the new system. The discussion on org charts will be finalized at the next SC meeting.

6. **Next meeting is April 29, 2014**

Meeting Adjourned 8:25pm.