

# GTA CLINIC TRANSFORMATION PROJECT

## STEERING COMMITTEE MEETING

TUESDAY, APRIL 29, 2014

6:00PM-9:00PM

### PRESENT:

Erin Metcalf (NLS); Isabella Meltz (KBCLS); Joe Myers (WCLS); Marjorie Hiley (FCLS); Jack De Klerk (NLS); Harris Blentic (NLS); Sean Rehaag (PCLS); Vinay Jain (Unison); Paulos Gebreyesus (Unison); Noland Merrick (JFCLS); Stewart Cruikshank (ETCLS); Yodit Edemariam (RCLS); Christie McQuarrie (WSCLS); Dennis Bailey (CLCRY); Vanessa Emery (WSCLS); Julius Mlynarski (SECLS); Pamela Courtot (CLCYR); Joanna Mullen (Unison); Jack Fleming (NPD-CLS); Brook Physick (FCLS); Mayo Hawco (NPD-CLS); Leslie Anderson (WTCLS); Sharon Majik (SECLS); Liz Klassen (SCLS); Charinee De Silva (DCLS); Nancy Henderson (PCLS); Julie Northrup (SECLS); Sean Meagher (PI); Leila Sarangi (PI)

### REGRETS:

Matt Benson (ETCLS)

## MINUTES

Agenda Items		Discussion/ Information	Outcome	Action/Discussion Points	
1	6:00	Welcome/introductions			
2	6:05	Review of meeting materials	Information	Received	
3	6:10	Review of minutes from April 8 meeting Feedback from Clinics	Discussion	Received	
4	6:15	Working Group Report	Information	Received	
5	6:10	Review of Project Timeline	Discussion	Received	Amend timeline to reflect motion: report to be finalized at the end of summer.
6	6:30	Organizational Chart and Staffing Model	Discussion	Approval	WG will distribute Hamilton and Human Rights legal clinics org charts for comparison

7	7:00	Clinic Size Core Areas Number of Clinics	Discussion	Received	
8	7:30	Clinic Catchment Areas: Sizes and Boundaries	Discussion		Discussion for next SC meeting
9	8:00	Adjournment and next meeting	Discussion	Approval	Next meeting is Tuesday May 13, 2014 from 6:00pm – 9:00pm

## MINUTES

1. Welcome and introductions were received.
2. Meeting materials were received.
3. Steering Committee meeting minutes were received.
4. Jack and Marjorie presented a verbal update. LAO is convening a committee comprised of representatives from transforming clinic projects across the region, including ours. They will be meeting monthly to share knowledge of their respective projects: the specialty clinics are considering co-location; Ottawa is considering amalgamation; the north is considering back office consolidation as is the rest of the east; the south west is considering a number of restructurings including back office consolidation, wraparound services and collaboration for rural and remote areas. This is a good opportunity for us to learn from what other clinics across the region are doing, but Marjorie and Jack still feel strongly that a better use of resources would be to have one coordinator position through the association responsible for this, rather than the committee model through LAO.
5. The revised project timeline was reviewed. As per the process, it was discussed that the WG will be seeking endorsements in principle from individual clinics once the “vision” report is written. Following this an implementation plan will be developed that lays out change processes in detail, which will require clinics to decisively opt in or out. This last commitment by Clinic Board will legally bind clinics to the transformation process.

Prior to that, consultants who specialize in organizational change, HR, staffing matters as well as IT will be consulted to gain some insight into questions in those areas. And then more detailed information will be available before boards are asked to commit to the implementation plan.

LAO has been engaged with the WG co-chairs throughout this project, to allow for input from them into the process and to mitigate any surprises regarding their position at the end, so they are familiar with the timeline and process

Parkdale board put forward a motion to extend the timeline for endorsement from their boards, in order to allow for adequate time for discussion after the release of the report. The motion is as follows:

*PCLS recommends that the report of the Steering Committee not be finalized until Clinics have the opportunity to substantively consult with their Boards during the summer and have the results of these consultations be considered by the Steering Committee*

It was discussed and accepted by the Steering Committee, with the caveat that boards do take the time to discuss and consider the report over the summer time, and not extend the process beyond that, and

that the SC draft some key questions to go with the report as a tool to structure and guide discussions with stakeholders and enable commensurable data to come back from local processes.

The Working Group also encouraged using the website and project communications materials, and in particular the Principles and Decision Points, to continue having the conversation prior to the release of the report.

The WG will amend the timeline to reflect this decision.

6. The draft organizational chart created at the last SC meeting was reviewed. It was discussed and decided to merge some of the core areas of law:
  - ODSP/Income maintenance
  - Housing
  - Immigration
  - Workers Rights (employment, ESA, EI)

There was discussion as to whether the advice team can be embedded into the core area of law teams. On the one hand, the research points to separate, dedicated advice teams where clients can access advice service more immediately and the team has back up. On the other hand, embedding advice within area of law teams will give them learning opportunities from the front-line staff, which will better enable them to provide accurate advice. As was noted, “It is better to get the right advice than advice right at the moment.”

It was decided to park the discussion, since whether or not they are embedded or their own team will not impact on the numbers for the org chart.

The team lead will be doing client service work as well as providing leadership in a particular area of law, assigning work in that area, etc.

In addition to client services, each team will be responsible for working on law reform and systemic issues within their own teams.

A side ‘bubble’ was added to the org chart to capture the ‘other resources, partners, programs’ that we currently have in various clinics and would like to maintain in the future. A box was also added for “PBLO, student, and duty council partners’.

It was noted that flexibility is important and there was discussion as to whether a percentage be allocated to innovation. It was suggested that innovation come from within each team and each individual.

In the current system, there is a ratio of 11 case workers per community worker (there are approximately 7 CLWs, 4 who are in Parkdale). In the new model, based on their size, that would work out to 2 community workers per clinic. Given that there is a principle to increase the scope of community work and dedicate more resources to it, the SC agreed to increase the number to 4 community workers per clinic, so that there will be one per team. Discussion similar to that of advice teams was had with community workers, who need to be both embedded to know the law well enough but also be able to work on their own. Some saw value in attaching them to teams where they can be more closely engaged in an area of law, and these experiences will make them more effective in their work.

There was discussion regarding the administration team. This component includes management, office admin, and support services. For now, IT is housed in LAO. It was noted that through transition and in the first year, more admin staff may be required, prior to being able to efficiently streamline this area.

The function of the support staff includes copy, scan, preparation of court documents and other back office functions.

There is concern that the office and reception may be flooded given larger catchment areas and more casework and it was noted that intake is also very time consuming. It was pointed out that one of the areas that will transform in the new system is the way intake is done, including through a community partner, and less will come through reception. A support staff would provide back up for reception.

The SC had an in-depth discussion of the current roles and responsibilities of the various administrative staff. This function cannot be underestimated, and the SC discussed how many admin staff there could be in this new model, coming up initially with 9, or about 25% of the total staff. As comparison, public sector grantees must keep their admin to 15%. Unison, on the other hand, charges 10% of their budget to LAO and finds the rest through partnerships and other sources. The SC concluded that the number of admin staff should be 6 or 7. However, the TSSA would also like the opportunity to review and provide feedback into the report.

The SC agreed to forgo the position of a Legal Director. The Team Leads will be responsible for performance evaluations, work delegation, etc. and a team lead with seniority can back up the ED as would the OM.

The SC chose not to include a Social Worker position internally, but arrange those supports with community partners, and dedicate all internal resources to legal work.

The SC asked for some comparable organization charts; the WG will share Hamilton and the Human Rights legal clinics' models.

A staffing and cash analysis cannot be done until we have more details regarding seniority, who will be the EDs and other variables that can affect costing. However, some preliminary calculations project that the current budget that allows for 135FTE will yield about the same number of FTE in the new system, with the difference being less administrative staff and more front-line workers.

The WG will send the new org chart to the SC quickly so they can have their discussions with stakeholders.

The next meeting will be Tuesday May 13, from 6:00pm – 9:00pm at Metro Hall. We will be discussing catchment areas and implications this org chart will have on the number of clinics the new system can have.

**Meeting adjourned 9pm.**