

GTA LEGAL CLINICS' TRANSFORMATION PROJECT

STEERING COMMITTEE MEETING

TUESDAY JUNE 10, 2014

6:00PM-9:00PM

METRO HALL

PRESENT

Marjorie Hiley (FCLS), Isabella Meltz (KBCLS), Julius Mlynarski (SECLS), Vanessa Emery (WSCLS), Julie Northrup (SECLS), Sharon Majik (SECLS), Pamela Courtot (CLCYR), Joe Myers (WCLS), Brook Physick (FCLS), Vinay Jain (Unison), Noland Merrick (JFCLS), Dennis Bailey (CLCYR), Dennis Robideau (Unison), Steven McCahon (Rexdale), Stewart Cruikshank (ETCLS), Liz Klassen (SCLS), Sean Rehaag (PCLS), Luis Mayorga (ETCLS), Kevin Lee (KBCLS), Horan Aruliah (DCLS), Charinee De Silva (Downsview), Mayo Hawco (NPDCLC), Paulos Gebreyesus (Unison), Anne McRae (Rexdale)

AGENDA

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 May 26 Feedback from Clinics	Discussion	Approval
4	6:15	Working Group Report	Information	Received
5	6:30	Decision Points: <ul style="list-style-type: none"> • Organizational Chart • Number of Clinics and Catchment Areas • Resource Allocation 	Discussion	Approval
6	9:00	Adjournment and next meeting	Discussion	Approval

Next meeting is Monday June 23, 2014 from 6:00pm – 9:00pm in North York

MINUTES

1. Welcome/introductions

Welcome and introductions received.

2. Review of meeting materials

Meeting materials were reviewed and received

3. Review of minutes from May 26, Feedback from Clinics

Minutes from May 26th were received.

Clinics gave feedback to the group from their clinics. It was suggested that the student education program could be attached to the York Region clinic as it is the smallest in the GTA, but this is a decision that would be made between Parkdale and Osgoode as it is a partnership between those two organizations.

South Etobicoke re-iterated their concerns regarding the ability of how the new, larger clinics will maintain community connectedness.

Jane Finch noted that their catchment is highly densely populated and their board was surprised at the small number of clinics in the new model.

4. Working Group Report

The Working Group co-chairs gave their update. They met with Bob Ward, who is fully apprised of project developments, and indicated support for the direction of the project but did not give any definitive pronouncements with regards to increasing resources.

The Working Group has also retained HR consultants to help address concerns that arise through transformation processes and how to address them.

5. Decision Points

ORGANIZATIONAL CHART

The organizational chart (33 staff total) is approved for inclusion in the Vision Report as a possible model for the new clinics. Ideally, the new clinics should be roughly this size.

The SC discussed that this is a model clinic, that was collaboratively assembled by the SC based on the functional objectives and will provide guidance for the new clinics to work from. The team lead will be a lawyer, provide strategic direction for the team, but not HR functions. Clinics in the new model could choose to consolidate back office functions.

DECISION:

KBCLS and SECLS stand aside

All other clinics approve this org chart

NUMBER OF CLINICS & CATCHMENT AREAS

There should be a clinic serving Peel/Dufferin, a clinic serving York Region, and 3 clinics serving Toronto,

with catchment areas as defined on the map provided.

DECISION:

All clinics approve one clinic in York Region and one clinic in the Region of Peel.

The number of clinics in Toronto was discussed. The three clinic model adheres to principles of coherent access strategies. Also adheres to the principle of community access points. Research shows community partners are interested in this type of partnership and jurisdictional models show that the interface between community partners and legal clinics helps to ensure that clients have legal issues clinic can help with and that they meet eligibility requirements. The SC voiced concern about cost, appropriate space, confidentiality and that these spaces are not permanent satellite offices. There will be collaborative agreements with partners, clinics will have to determine their access strategy and these partnerships will need admin supports to maintain them.

York Region noted their concerns regarding the lack of infrastructure and community partners to be able to support this strategy.

Some SC members expressed concern that the smaller clinics in the 4 clinic model will face the same challenges that clinics are currently constrained with, and it was emphasized that the new clinics will see gains in front-line services and admin supports. JFCLS may agree with a 4 clinic model if the North West quadrant is carved out into two clinics.

DECISION ON THREE CLINICS FOR TORONTO & CATCHMENTS

On three clinics for Toronto, KBCLS stands aside.

On three clinics for Toronto, JFCLS has reservations.

All other clinics approve three clinics for Toronto.

There was discussion on the process of developing the model and that the shift from research to principles and decision points occurred quickly. Some members suggested that more resources need to be given to the process to continue community consultations.

The SC made a request for options of other meaningful models to consider.

RESOURCE ALLOCATION

Based on the Steering Committee discussion at its last meeting, the Working Group is proposing the following resource allocation formula, which we think reflects the consensus of the SC:

The total GTA budget should be divided among the new GTA clinics by allocating funding for the clinical legal education program and dividing the rest among the clinics based on the percentage of low income households in each catchment area. However, the Report should state that due to the significant transfer of resources which would occur from within Toronto to outside of Toronto, we do not believe that the Project can go forward without additional funding. This is due to the lack of increased funding to match the unprecedented increase in the low income population in the 905 area.

York Region voiced concerns with the resource allocation. LICO is already outdated and does not take into consideration significant growth of the region and staffing that would go along with that. The resource allocation formula also does not take into consideration distance factor, which LAO has with

other regions and compensated with extra staff. And as mentioned above, the resource allocation does not take into consideration the lack of community partners available for community access points, which means that clinic staff have to do all the outreach themselves.

The issue will be framed that “staff be distributed equitably” with caveats of the growth factor in Peel and York regions. SC wants to create a scenario that will be feasible in 15 – 20 years.

This discussion will continue at the next meeting.

A discussion guide will be developed to go along with the Draft Vision Report that will aid SC members in their discussions with boards. Working Group Co-Chairs are also available to visit boards and discuss report with them. This process will happen over the course of the summer.

Information regarding HR ramifications will be available in the fall and before clinics are asked to sign onto anything binding.

6. Adjournment and next meeting

Next meeting is June 23, 6-9pm at the North York Civic Centre, Committee Room 1.

Meeting adjourned 9:05pm