

# OTTAWA LEGAL CLINICS TRANSFORMATION PROJECT

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## STEERING COMMITTEE MEETING

Monday, November 21, 2016

2:00PM – 4:00PM

By telephone: 1-866-251-3220 | Conference ID 6147385#

Attendees: Gary, Sarah, Kylie, Linda, Justin, Kevin, Mike, Charlie, Dominique

Regrets: Cavell, Jacques

## DRAFT AGENDA

Agenda Items		Action/Discussion Points
1	Minutes of November 7 meeting	<p>Minutes approved as amended.</p> <p><b>Gary will solicit interest in informal meeting of nominated members of the amalgamated Board in January.</b></p> <p><b>Front office staff will meet on Dec.5 to discuss the joint intake system using Outlook.</b></p> <p>Follow-up calls have been made to agencies and continue. Feedback has generally been positive and a full report is pending.</p> <p>Gary and Cavell's meeting in Toronto revealed that there may be a way to keep the full exemption for Ontario Health Tax if the new clinic were to become a charitable organization. The new Board may wish to explore this option further to determine if the savings would justify the change of status.</p>
2	<p>Recommendation for a shared telephone system</p> <p>(Kylie Stanners will join us for this item)</p>	<p>LAO has provided a written proposal recommendation for a supported PBX system.</p> <p>There are two options through LAO:</p> <ol style="list-style-type: none"> <li>1. The server is in Toronto and shared by other clinics.</li> <li>2. The server would be at one of the clinics.</li> </ol> <p>We are free to look at other systems, but LAO would only support the Bicom PBX VOIP system.</p>

		<p>Calls could be transferred across clinics and it would support a shared intake system. It could also be migrated to a single shared number amongst clinics in future if required. It is easily expandable to add additional capacity if staff increases, etc.</p> <p>Service and maintenance would be handled by LAO.</p> <p>Kylie spoke to other clinics and came to the conclusion that the LAO proposal is probably the best value, with good quality voice calling, all existing features plus more. Other clinics may have had a few issues getting the system set up, but then it was good from there. It can use cell systems and can be portable, relevant for satellite offices, etc.</p> <p>It is not known if LAO would cover the start-up costs, but it has been raised with them.</p> <p>It would cost roughly \$23,000 if hosted locally and roughly \$17,000 if hosted in Toronto. Having the server in Toronto would represent a roughly \$6,000 up-front savings, plus around two hundred dollars per month.</p> <p>The proposal has a monthly cost of around \$700 + HST (plus long distance,) which would be a significant savings over existing clinic systems.</p> <p>Installation would require about two months' lead time.</p> <p>It was generally agreed that the LAO Bicom system, hosted in Toronto, is the preferred option. No real drawbacks were identified.</p>
3	Joint intake system follow-up	<p>Informal input has been received, and a draft model has been set up using Outlook for testing by staff. A second monitor would be needed at each desk.</p>
4	Nomination of Board members and Staff Member for Transitional Board of Directors	<p>The Boards are holding meetings and will recommend their nominees by the end of the month.</p> <p>Following those processes, the Steering Committee will then be able to review.</p> <p>Linda has been working with staff to come up with a</p>

		name for the staff member of the amalgamated Board.
5	Organizational Bylaw	<p>Gary circulated a document from the lawyer updating the steps for corporate amalgamation.</p> <p>The Boards should be looking at:</p> <ul style="list-style-type: none"> <li>• Draft 3 of the by-law</li> <li>• The draft amalgamation agreement</li> <li>• Draft letters patent</li> </ul> <p>At their meetings in February, the memberships will be passing the items in the corporate amalgamation document (two-thirds vote required.) Note that, contrary to past discussions, memberships will also have to approve the organizational by-law. Amendments to the resolutions won't really be possible, as they must be consistent across the existing clinics. Any changes could be made by the new Board.</p> <p>The Steering Committee or an advisory committee could choose to continue to meet as needed after amalgamation.</p>
6	Casework position at West End after amalgamation	<p>After amalgamation and Jacques' retirement, funds will be available for another position at West End to take on the capacity of Jacques' casework.</p> <p>Discussion has also been had about increasing housing casework capacity. It is worth exploring whether the new position, or at least a large part of it, can be dedicated to housing casework.</p> <p>A caseworker won't have Jacques' current administrative duties, creating extra capacity in the new position. However, it means there would be two front-line housing caseworkers at West End, and none anywhere else. The housing caseworker could be placed elsewhere, and the West End position could be a social assistance caseworker.</p> <p>Taking the caseworker out of West End would be too much change at one clinic. Having all housing caseworker positions at West End may not be best</p>

		<p>practice for the clients. It would be best not to have West End lose a position.</p> <p>There may be an opportunity to see if another caseworker would be interested in switching offices so as not to change the balance.</p> <p><b>Mike, Gary, Charlie, Dominique, Linda (or a delegate,) and Jacques will meet to explore the options.</b></p>
7	<p>Follow-up by Public Interest:</p> <ul style="list-style-type: none"> <li>• Newsletter</li> <li>• Communication with agencies</li> <li>• Written report on transition plan</li> <li>• Wrap-up strategy</li> </ul>	<p>Public Interest will begin to transfer documents gathered through the process, including website.</p> <p>Public Interest will produce another newsletter.</p> <p>Public Interest will provide a second draft of the transition to Gary, ideally this week.</p>

Next meeting: Monday, December 12