

# NORTHWEST TORONTO HEALTH JUSTICE PROJECT

Program Evaluation

[Abstract](#)

Preliminary analysis of the impacts of the Northwest HJP on the social determinants of health

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## Preface

Innovation and collaboration are two of the catchwords driving the Health Justice Project reviewed in this report. Legal Aid Ontario, seeking to find new, cost-effective models of delivering legal services to those most in need, sought out projects that incorporated these concepts. The third key driver was the multi-disciplinary model of service delivery. While not entirely new, this idea of embedding a nurse in a legal office, or a lawyer in a hospital, needs careful experimentation and tailoring for each environment.

American models cannot be replicated in Canada because of the differences in health care services. Downtown models, such as the multi-clinic collaboration known as the St. Mike's Health Justice project, are not directly transferable to a suburban setting because of the different shape of mental health supports, "street health", the proximity of shelters and other characteristics of downtown Toronto life which are absent in the Rexdale area. So, the Northwest Toronto Health Justice Project was created to tease out those differences, share methods and learnings, develop tools for the specific needs of our community health centre staff, and identify service gaps – not only identify those gaps but find ways to bridge them for the clients.

Law students from Osgoode Hall Law School were offered a chance to participate in a clinical legal education module at Rexdale, instead of the more routine options such as family, criminal or immigration law which are offered at the Law School. By incorporating law students into the on-site service delivery structure of the project, we hope to foster in these students an appreciation of the interdisciplinary approach which they might carry forward into their professional careers. We believe a multidisciplinary work environment is not just a growing trend, but a way of genuinely improving services for clients.



E. Ann McRae

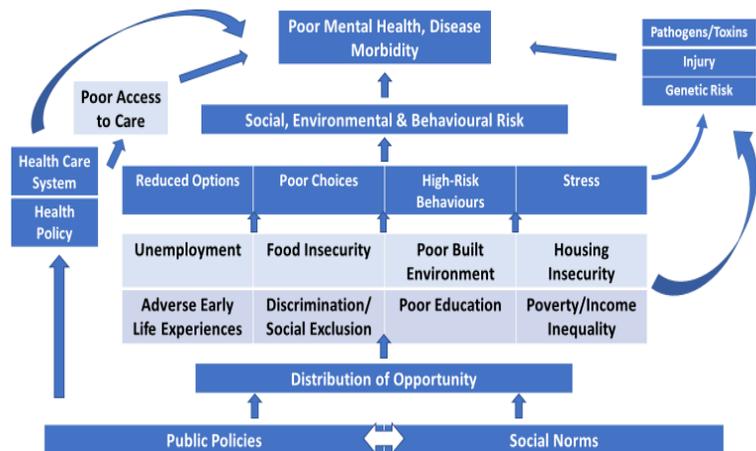
Director of Legal Services  
Rexdale Community Legal Clinic

September 17, 2018

## Executive Summary

The interplay between unmet legal needs, poverty, and poor mental or physical health is extremely complex. For instance, mental or physical health problems can make it difficult for some to maintain their residence's cleanliness. If neighbours are affected, landlords may evict their problem tenants. In turn, homelessness makes people's lives chaotic. It can be hard to collect benefits, maintain a healthy diet or comply with treatment protocols – resulting in further physical or emotional deterioration.

Conceptualizing the Social Determinants of Mental Health (Compton & Shim, 2015)



In September 2016, Rexdale Community Legal Clinic (Rexdale CLC) launched the Northwest Toronto Health Justice Project in partnership with Rexdale Community Health Centre (RCHC), Black Creek Community Health Centre (BCCHC), William Osler Health System (Etobicoke campus), Humber River Hospital, CLASP and Pro Bono Ontario to develop a collaborative approach to address the unmet legal needs of community members, particularly those affected by mental health problems.

The theory of change behind this pilot project is that legal interventions addressing issues such as housing and income insecurity can ameliorate the factors that contribute to, and are exacerbated by, poor mental and physical health. Between September 2016 and June 2018, Rexdale CLC worked with its partners to create and disseminate a shared screening tool, to develop program referral protocols, to train its healthcare partners to spot legal issues, to establish regular intake and provide summary legal advice at Rexdale Community Health Centre and Black Creek Community Health Centre, and to develop the educational capacity of law students via CLASP. More importantly, Rexdale CLC worked with its partners, other legal clinics and social service providers to provide critical legal services to extremely vulnerable clients.

As the result of these activities, Rexdale CLC achieved the following outcomes:

- ✓ Staffed **215** client intake meetings and Public Legal Education sessions at **5** locations of its healthcare partners;
- ✓ Provided legal assistance to **276** clients who presented with **438** legal problems;
- ✓ Generated at least **\$97,451** in economic benefits by securing benefits, financial settlements, awards and – by saving tenancies - avoiding the costs of homelessness in the community;
- ✓ Enhanced clients' access to health care and social services;
- ✓ Improved healthcare workers' ability to identify the legal components of their clients' problems and make effective referrals for legal services; and
- ✓ Provide meaningful training and professional development opportunities to **6** law students and an articling student.

In short, the Northwest Toronto Health Justice Project is strengthening the sector and achieving important results for individuals as well as the broader community.

## Mental Health and Unmet Needs

The costs of mental health problems have been well documented. In Canada, mental health and addiction problems result in some 5 million days spent in general and psychiatric hospitals each year<sup>1</sup>. The costs on the health care system are significant. In Ontario, the annual costs of hospitalizations, follow-up care and prescriptions are more than \$4 billion.<sup>2</sup> Critically, the costs of mental health impact more than just the health care system. According to Legal Aid Ontario (LAO) one in three of its clients experience mental health or addiction problems, and clients with mental health issues account for 25% of its budget<sup>3</sup>.

More importantly the intersection of legal needs and mental health problems often have disastrous impacts on the people affected: they are disproportionately incarcerated, impoverished and under-housed, and they experience worse health outcomes than the general population. Put plainly, the human cost is severe and the need to identify effective solutions is urgent.

In 2016 LAO launched its [Mental Health Strategy](#) to find a better way of serving its clients with mental health problems, who experience multiple legal problems and strain the legal services delivery system. The Mental Health Strategy recognizes that traditional modes of service delivery do not address the needs of people with limited self-efficacy. Consequently, the Strategy prioritizes several deliverables:

- Having legal services available in places where mental health clients can more easily access them—places like drop-in centres, psychiatric facilities, or out-patient services
- Working with the Mental Health Commission of Canada and the Canadian Mental Health Association, Ontario, to develop training so that LAO staff, clinic staff and private lawyers can better identify mental health rights and options
- Expanding legal aid coverage to allow for coverage for mental health bail hearings and reviews and allowing flexible retainers to allow lawyers more time with clients with complex needs
- Supporting clients in telling their story—too often, there’s little success in prosecutions where there are victims with a mental health issue. LAO will help prepare victims for their appearance in court trials.

The Health Justice Project was funded at the same time that Legal Aid Ontario was rolling out its new Mental Health Strategy. This timing reflects the urgency for clinics, as well as for Legal Aid’s other service providers, of developing ways to serve this demanding client group. The project was designed to develop best practices for a specific type of community lawyering – one that brings services to people where they are; one that forms ‘client pathways’ to assistance by coordinating legal and social service provision; one that enhances the capacity of lawyers and social workers to advocate on their clients’ behalf; and one that leverages community legal clinics’ potential to become full-service law firms for their most vulnerable clients.

Ultimately, the Health Justice Project was designed to help improve outcomes.

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<sup>1</sup> [https://secure.cihi.ca/free\\_products/Mental%20Health%20Annual%20Report%202009-2010%20FY\\_2012\\_EN-web.pdf](https://secure.cihi.ca/free_products/Mental%20Health%20Annual%20Report%202009-2010%20FY_2012_EN-web.pdf)

<sup>2</sup> <https://journals.plos.org/plosone/article?id=10.1371/journal.pone.0184268>

<sup>3</sup> <http://beta.legalaid.on.ca/strategic/wp-content/uploads/sites/4/2016/03/MHS-Final-EN.pdf>

## Northwest Toronto Health Justice Partnership – Key Services

Serving the Rexdale and Jane and Finch communities, the HJP was created to improve the social determinants of health for the clients accessing legal services and increasing low-income clients' access to justice by pursuing the following goals:

- ✓ To develop a shared screening tool and a team approach to identifying the social determinants of health (mental health needs, health and legal needs) particularly for individuals with complex social/medical/legal needs;
- ✓ To coordinate services for low-income clients in Northwest Toronto with legal issues and overlapping medical or mental health issues, by embedding legal services within frontline settings such as community health centres;
- ✓ To promote special relationships among partner agencies to promote coordination;
- ✓ To strengthen the capacity of agencies (community health centres, hospitals, legal clinics and other agencies) to meet the complex needs of their clients; and
- ✓ To develop the educational capacity for law students to learn to identify the social determinants of health and train for services.

The HJP, through staff lawyer, B. Rafeena Bacchus, and support staff directly managed by Rexdale CLC, engages in several activities to achieve these goals:

	Rexdale Community Health Clinic	Black Creek Community Health Clinic	William Osler Hospital (Etobicoke)	Humber River Hospital	Rexdale CLC/CLASP
Legal Issue Spotting Training for Clinicians	•	•			
Legal Vulnerability Screening Tools Distributed to Clinicians	•	•			
Public Legal Education for patients	•	•	•		
Drop-in Clinics (conducting intake and providing summary advice and brief services)	•	•			
General Outreach Materials	•	•	•	•	•
Full representation for clients who meet the project's eligibility criteria	•	•			
Cross-functional teams to support client service (e.g. coordination between lawyers and social workers)	•	•			•
Referrals to pro bono and other service providers as appropriate	•	•	•	•	•
Training for lawyers/law students	•	•	•		•

## Overview of the Study

The questions addressed by the study are summarized below. Data for the study was collected by staff from Rexdale CLC. Pro Bono Ontario performed the analysis from July - August of 2018. The analysis consisted of the following elements:

### Questions Addressed by the Study

1. Does the HJP improve access to justice? How many people are being served? How many are new clients?
2. What is the economic impact of these interventions?
3. How has the HJP impacted healthcare providers? What is the impact of various services and resources on clinicians' awareness of SDH and on their job performance?
4. How do partners feel about the project? Are there opportunities to improve or expand?
5. How does this project contribute to the development of the community legal clinic-led health justice partnership movement?

**Case file review**<sup>4</sup>. Rexdale CLC and Pro Bono Ontario reviewed all files opened during the period covering September 2016 – June 2018. Statistical data was gathered in the following areas: a) referring agency b) primary, secondary and tertiary legal problems and c) services rendered. In addition, staff reviewed existing outcome data from cases that met the following criteria:

- Rexdale CLC provided limited scope or full representation to clients
- Case outcomes were available (win, loss, negotiated settlement)

**Client Surveys.** Clients were surveyed during intake starting in spring 2017. Telephone survey of clients was conducted in June 2018.

**Key Informant Interviews.** A senior staff person from Black Creek Community Health Centre was interviewed.

**Clinician Survey.** A survey of Rexdale CHC clinicians was conducted in July 25, 2018 in conjunction with a public legal education presentation.

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<sup>4</sup> The Rexdale CLC is grateful to Zumrad Amirdjanova, who compiled much of the statistical data tracked and analyzed for this study.

## Major Findings

### 1) The HJP is increasing access to justice for community members

During the reporting period, the project served **276** clients. Importantly **96%** of clients had not been served by the clinic before, suggesting that the HJP is reaching a new client population. Rexdale CLC provided a continuum of legal services that included intake, legal information, summary advice, help drafting letters and completing documents, and referrals to other legal service providers including the Jane Finch Community Legal Clinic and Pro Bono Ontario.

Clients presented with **438** distinct and often overlapping legal problems. For example, income instability would affect housing stability. The most common legal problems were income maintenance issues, immigration status issues and housing problems.

The HJP impacted clients in several important ways. According to client surveys:

- ✓ **86%** of respondents strongly agreed that they HJP made access to legal services easier for them;
- ✓ **83%** of respondents indicated that they did not know what they would have done to resolve their problems in the HJP's absence;
- ✓ **74%** of respondents indicated that they knew where to get help for their legal problems as the result of contacting the HJP; and
- ✓ **65%** indicated that they understood what benefits they were entitled to.

Area of Law	TOTAL
<b>INCOME MAINTENANCE</b>	<b>152</b>
<b>IMMIGRATION</b>	<b>85</b>
<b>HOUSING</b>	<b>67</b>
<b>OTHER ADMIN</b>	<b>60</b>
<b>FAMILY</b>	<b>24</b>
<b>WILLS/POA/ESTATES</b>	<b>13</b>
<b>CRIMINAL</b>	<b>12</b>
<b>EMPLOYMENT</b>	<b>12</b>
<b>CIVIL LITIGATION</b>	<b>11</b>
<b>HUMAN RIGHTS</b>	<b>2</b>

Crucially, the HJP put **\$46,942** into its clients' pockets by securing abatements, refunds, benefits, disability tax credits, financial settlements and judgements. In many cases, this required significant work on the HJP's part to highlight the complex and intersecting web of social, medical and legal needs of the clients.

#### *Case Study 1:*

Ms. A, a single mother with a debilitating physical impairment, had been denied twice for the Disability Tax Credit (DTC), despite having two children with Autism Spectrum Disorder (ASD). Both children are markedly restricted in performing various mental and physical functions necessary for everyday life. The cumulative effect of the denials and her disability exacerbated our client's stress and frustration. When the client came to our clinic, she was experiencing severe feelings of hopelessness and despair.

The HJP collaborated with CRA, as well as her family physician to address both the health and legal factors necessary for the DTC approval. The HJP further facilitated a meeting between CRA and the physician to bridge the gap between the health and legal field. The team was successful in ultimately securing an approval from CRA, a significant outcome given that the DTC amount is \$8,113 per adult plus a \$4,732 top-up for each child!

## Housing

The HJP took on many housing cases during the period covered by this study, and its interventions were critical to preserving their clients' housing. In addition to representing clients during negotiations and at Landlord Tenant Board hearings, the HJP undertook several extraordinary activities to assist clients whose self-efficacy was extremely limited due to disability and mental health. The HJP liaised with housing workers, social workers and social service agencies to secure rent abatements, rent subsidies and unit repairs. During the reporting period, the HJP preserved the housing of **7** clients and their families who were facing eviction.

### *Case Study 2:*

Ms. B approached the HJP because she was facing an eviction order, and the sheriff was expected to lock her out of the unit at any time. Ms. B has three disabled children who live with her, including two sons with serious mental health problems and autism. She and her daughter are on ODSP. The loss of housing would have been ruinous given their precarious circumstances.

The HJP stayed the order and then mediated a settlement with the landlord to keep her in her apartment. Furthermore, the HJP is continuing to work with the client to sort out her ODSP shelter payments, connect her with a local program that pays rental arrears for clients, and work with the landlord to ensure that she is not in this situation again.

### *Case Study 3:*

Mr. C is a senior citizen, who suffers from severe depression in addition to a variety of physical ailments. He had failed to maintain his unit and, as a result, faced eviction for hoarding. The HJP mediated a settlement between Mr. C and his landlord and facilitated a clean-up service to remediate the unit. The HJP saved his tenancy.

The HJP's involvement in housing matters highlights the fact that eviction matters are multi-faceted and involve several issues intertwining with the legal issue. The HJP saved tenancies precisely because it took a holistic approach to identifying people's needs and then collaborated with multiple stakeholders to solve those problems.

While the direct benefit to clients is self-evident, it is also worth noting that preserving housing saves money downstream. By keeping clients at high risk of homelessness in their homes, the HJP created at least **\$50,509<sup>5</sup>** in cost savings to the city's shelter system.<sup>6</sup>

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<sup>5</sup> As is the nature of legal services, it can take many months to resolve clients' problems. The HJP successfully preserved three additional tenancies between July – September 2018, accruing \$21,647 in further savings to the shelter system and bringing the total savings to **\$72,156**.

<sup>6</sup> Cost per shelter bed/night \$130.48 (Shelter budget [non-capital] \$190,505,400; 4000 beds; 365 nights; (<https://www.toronto.ca/wp-content/uploads/2017/12/93f0-SSHA-2017-Operating-Budget-Notes.pdf>) average length of stay 55.3 nights (<https://www.toronto.ca/wp-content/uploads/2017/10/97c8-SSHA-Analysis-of-shelter-use2011-2016.pdf>);

## 2) The HJP is increasing access to healthcare, social and legal services for community members

By virtue of its collaborative structure, the HJP can provide a variety of services that connect clients to healthcare and social services. The HJP made **34** referrals during the reporting period and routinely worked directly with **8** social and community service organizations on its clients' behalf.

Staff lawyers and students also worked directly with physicians, nurses and clinicians to coordinate care and services for HJP clients. In some cases, the HJP's interventions were required to secure clients' access to healthcare.

### *Case Study 4:*

Ms. D was referred to the Rexdale CLC because she had been wrongfully dismissed from her job. Sadly for Ms. C, she came to the clinic with several disparate, unrelated issues, suffering from one or more undiagnosed psychological problems which cause her constant emotional distress. On one occasion, Ms. C became irate while at a community agency and required both police assistance and the threat of being permanently banned from the building.

The HJP worked with Ms. C and encouraged her to correct her behavior. As a result, she was able to resume receiving services. Additionally, the HJP represented Ms. C before the Human Rights Tribunal of Ontario and is working with her to mediate a settlement that is worth a minimum of \$7000.

### *Case Study 5:*

Ms. E approached the HJP because her son appeared to be self-medicating his mental health problems. She was concerned because he was exhibiting symptoms of serious drug addiction and because he appeared to be funding his addiction via involvement in the local drug trade.

HJP staff advised her about her options as well as her son's rights. Ultimately, they helped Ms. D prepare forms and an affidavit so she could secure the medical care he needed to address his addiction and to begin treating his underlying condition.

The HJP is succeeding in its efforts to provide holistic services to people who would not traditionally receive services. Many of its clients lack the means or ability to find and coordinate the multiple agencies and programs required to address their issues. Others exhibit behavioural problems that make it difficult for them to maintain relationships. The HJP's unique understanding of the intersectionality between mental health and the law bridges this gap. The collaborative model and flexible approach to liaising and negotiating with community partners is an effective design feature that addresses overlapping barriers to service for highly vulnerable clients.

### 3) The HJP is improving clinicians' ability to connect their clients with legal services

The HJP's efforts to educate clinicians and develop a stable presence have improved clinician's ability to connect their clients with legal services. During the reporting period, the Black Creek Community Health Centre and the Rexdale Community Health Centre accounted for **77%** of referrals to the program.

It was also important for healthcare partners to invest resources in the partnership. For example, the Black Creek CHC assigned a team member as a program promoter and client navigator. That staff person accounted for the majority of referrals from the Black Creek CHC. However, referrals came from multiple sources. Physicians, nurses, social workers and clinicians all referred clients to the program. Referrals took place in a few formats:

Referral Source	# Referred by
Black Creek CHC	143
Rexdale CHC	64
Rexdale CHC (former RCLC clients)	5
Walk-Ins	48
RCLC (former RCLC clients)	7
RCLC (new inter-clinic)	7
Other	2
<b>TOTAL</b>	<b>276</b>

1) Community Health Centre staff provided passive information to clients about the program by posting outreach and other material in common areas.

2) Community Health Centre staff provided information (e.g. office hours, Rexdale CLC location and telephone number) directly to clients during consultations.

3) Community Health Centre staff acted as intermediaries, contacting the HJP staff lawyer on their patients' behalf.

***Legal problems are one of the biggest issues for our community. They would be catastrophic if not addressed. This program is a win-win for the community and the staff.***

- Cheryl Prescod, Executive Director,  
Black Creek Community Health Centre

Clearly, it was important that the HJP had the flexibility to accommodate these various pathways to service.

***The HJP has been an invaluable resource for our patients. Thank you for being an excellent resource.***

- Physician,  
- Rexdale Community Health Centre

During the reporting period, the Rexdale CLC gave 17 Public Legal Education (PLE) presentations to frontline healthcare staff. Topics include Introduction (and how to refer clients) to the HJP, ODSP, Consent and Capacity, Elder Abuse, Wills and Estates Law. Staff find these sessions extremely useful. A recent survey of staff who attended a recent PLE session held at the Rexdale CHC found that:

- ✓ **100%** reported the sessions improved their knowledge of legal resources available to their clients;
- ✓ **78%** reported that the sessions improved their ability to screen clients for legal issues.

### 4) The HJP is contributing to the development of best practices

The HJP encountered several logistical challenges during the pilot period. The HJP serves a densely populated inner suburb, covers two legal clinic catchment areas, collaborates actively with three local healthcare providers, and serves a diverse population with complex legal/medical/mental health needs. The solutions and strategies identified can contribute to the development of best practices for community legal clinic-led medical-legal partnerships.

## Screening Tool

One of the earliest challenges encountered by the HJP was the deployment of a screening tool that healthcare staff could use when meeting with their clients. Staff duties varied widely depending on their roles and their employer, as did the amount of time they spent with clients. It became clear that a detailed interview tool proved cumbersome for staff who were juggling multiple priorities and serving a high volume of people. Furthermore, staff raised concerns that a detailed interview tool might be too long or complex for clients to complete on their own (for example, if the tool was provided as a self-assessment tool). As a result, the HJP is developing a truncated tool summarized below.

I-HELP Screening Tool	
<b>I</b> NCOME	General question(s) to screen for issues related to income and benefits that impact health: <b>Do you have enough money to support yourself?</b>
<b>H</b> OUSING	General question(s) to screen for issues related to housing that impact health: <b>Do you have safe and stable housing?</b>
<b>E</b> MPLOYMENT	General question(s) to screen for issues related to employment or education: <b>Are you currently employed?</b>
<b>L</b> EGAL STATUS	General question(s) to screen for issues related to legal status that impact health, immigration/criminal: <b>Are you a Canadian citizen?</b>
<b>P</b> ERSONAL/FAMILY	General question(s) to screen for issues related to personal and family stability that impact health: <b>Do you have people in your life who you trust/confide in?</b>

The theory behind the shorter screening tool is that its length and simplicity will encourage greater uptake. Clinicians can quickly probe clients whose answers suggest that they might have a legal problem and make referrals to HJP staff who are better positioned to conduct a more fulsome intake. Likewise, the tool can be repurposed as program outreach material (e.g. flyer or pamphlet). Further its brevity increases the likelihood that healthcare providers can integrate legal screening within general intake and screening practices, and possibly within electronic health record systems.

## Use of Law Students

The HJP was unique in its use of law students. During the period covered by this report, it engaged 6 law students and an articling student. Over the space of 153 hours, they attended 50 meetings, conducted client interviews, legal research, delivered PLE sessions, represented clients and attended hearings under the supervision of the staff lawyer. Students were involved to varying degrees in almost all the 276 client matters with over 400 legal issues noted above, except for a handful that were resolved by counsel in the initial intake or before the students were added to the program in May 2017.

Law student participation began with observing intakes and client interviews, and graduated to representation at hearings, mediations, negotiations, settlement conferences and other levels of advocacy and interventions. An experimental aspect of the project was to test whether on-site intake at the CHCs can be effectively managed by law students, who must contact the supervising lawyer to confirm any advice or steps taken, or whether efficiency dictates that the on-site service-provider should be an articling student or lawyer. Data gathering on this aspect is preliminary, but early assessment suggests that clinicians and clients are well-served by an articling student or advanced HJP law student, and that follow-up by a lawyer can be added if needed.

The HJP successfully provided training opportunities. In common with all students who choose a clinical legal education elective, there were many opportunities for learning interviewing skills, advocacy and negotiation skills. Perhaps the distinguishing feature of the HJP for students is the exposure to the issues that mental health brings to legal practice: capacity, inconsistent instructions, argumentative clients or those with impulse control issues, and a constellation of inter-related legal issues all related to the health or mental health status of the client.

By working with the Health Justice Partnership, I was able to focus my education and skills on catering to the Rexdale community's underserved intersection of mental health and the law. The clients served at the Rexdale Community Legal Clinic come from a wide array of backgrounds, cultures, and experiences which not only provide me with an opportunity to introduce legal concepts to various communities unfamiliar with mental health or the law, but it also gives me a chance to understand the different avenues of life from which our clients come. Helping to bridge the gap between the medical and legal worlds creates an especially unique benefit and has proven to be an invaluable resource to the community.

- CLASP Student

As a law student in the Health Justice Program (HJP), I am exposed to the complex relationship between the medical, legal and social issues our clients face. Through collaborations with community health centres and community support organizations, our program aims to address the social determinants of health for the most vulnerable members of society, while de-siloing the provision of services available to our clients.

In this role, I have the responsibility of working with clients who have multi-faceted legal problems, which are exacerbated by their medical and social situations. Through the HJP, I have seen the tremendous benefits which result when we adopt a critical and holistic perspective in the legal process. The HJP's dedication to addressing the intersectionality between mental health and the law and its commitment to addressing the social determinants of health help our clients successfully access and achieve social justice.

- CLASP Student

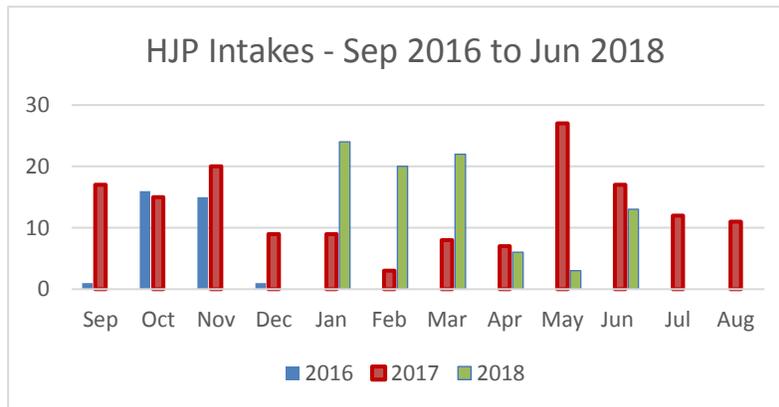
File hand-over is a common issue in clinical legal education programs at law schools, and at the HJP. It was important to manage client expectations. Clients were informed that their representative would change during the academic cycle and assured that their case was being managed by a lawyer. Feedback from clinicians and clients did not surface any issues with continuity of service. It does, however, create a need for thorough record keeping and immediately accessible records. This is an important discipline for students to learn. Fortunately, the program's launch coincided with the launch of CIMS, a client management software tool that enables the supervising lawyer to read student file notes on any client

from any location. When the technological tools are functioning, the information path about file status and next steps can be seamless.

### Support Staff

One of the incidental findings of this evaluation speaks to the importance of ensuring that adequate administrative staff support is available to projects with so many moving parts. Client intake and screening was contingent on a variety of factors including the Staff lawyer’s availability, timing of student placements, delivery of PLE sessions and attendance at various outreach meetings, etc.

However, the factor that appears to have had the largest impact on program operations is the availability of support staff. As exhibit 5 below demonstrates, the volume of intakes peaked when the project employed a part-time administrative assistant and an articling student.<sup>7</sup>



While support staff is not essential to the functioning of a medical-legal partnership, funders and community legal clinics should consider and plan for the expenditure of administrative resources in order to achieve optimal results.

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<sup>7</sup> In May 2018, the Sheridan location of BCCHC was not fully operational because of flooding. Also, being the end of the academic year with the new set of students commencing near the end of May, it was the best time for the Staff Lawyer to take vacation. Therefore intakes were on hold until June 2018.

## Postscript

Health Justice projects have sprung up across Ontario and elsewhere in Canada in the past decade. Tools and methods are still evolving. Health service providers benefit from making contact with legal service providers and learning how to make effective referrals. Legal service providers benefit from being able to find needed supports for the most complex clients. And most importantly, the clients are put in contact with resources for resolving their overlapping issues (health, legal, housing, immigration and so on) in a holistic way.

Although interdisciplinary efforts like HJP are in their adolescent phase, results are promising. Anecdotal evidence is beginning to be supported by data: an interdisciplinary approach creates cost savings for providers of crisis services (lower reliance on homeless shelters, fewer visits to emergency wards, fewer police and ambulance calls) and also pays dividends in human terms: improved household income, increased self-confidence and self-advocacy.

The Northwest Toronto Health Justice Project provides this report to its funder, Legal Aid Ontario and is grateful for the opportunity to participate in a service experiment. The aim of the Rexdale Community Legal Clinic and of its partners, Black Creek and Rexdale community health centres, the CLASP clinic of Osgoode Hall Law School, and Pro Bono Ontario, is to continuously improve and strengthen HJP in future years for the general benefit of LAO services and clinical legal education province-wide.

***“We are convinced that the cost to government of not doing this work, or of doing it in conventional, siloed ways, exceeds the cost of delivering services in this way”.***

- Ann McRae, Director of Legal Services  
Rexdale Community Legal Clinic