

Legal Aid Ontario

Consultation Paper on Clinic Performance Measures

March 21, 2013

Executive Summary

Legal Aid Ontario's (LAO) mandate as stipulated in the *Legal Aid Services Act, 1998* (LASA) is to "promote access to justice throughout Ontario for low-income individuals by means of providing consistently high quality legal aid services in a cost-effective and efficient manner."

A performance measure is a quantifiable description of the impact or results of an organization's work. Performance measures show how an organization is achieving its goals and objectives. The development of performance measures for the clinic system considers LAO enterprise-wide priorities for improvement:

- Value for Clients
- Value for Taxpayers
- Support for Service Providers
- Institutional Enhancements

The following guiding principles were used throughout the development of the clinic performance measures:

- Performance measures provide information about value for money, quality, impact of the work and cost-effectiveness.
- Performance measures must meet Legal Aid Ontario's legislative requirements
- The performance measures should minimize the impacts on the end user with regards to data collection
- Reports should not take more time to generate than the value they add.

The proposed performance measures are grounded in LASA.

1. Clients Served, Services Provided with Cost per Client & Case
2. Resource Usage Allocation
3. Service Outcomes & Client/Stakeholder Satisfaction
4. Clients Served vs. Denied service
5. Stage when case file outcomes are achieved with clinic involvement
6. Complaints Filed and Founded
7. Initial File Evaluation Response Time
8. Governance Score Card

This is the first phase of performance measurement and it is expected that these measures will evolve over time to include systemic outcome measures.

Sample reports are provided to help illustrate the concepts detailed in the performance measures.

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1 Introduction

Legal Aid Ontario (LAO) is enhancing its oversight of the clinic law service delivery system through the implementation of performance measures to meet its obligations under the Legal Aid Services Act (LASA) and the Transfer Payment Accountability Directive (TPAD), and to address the recommendations made by the Auditor General in his 2011 value for-money audit of LAO¹.

Individual clients and communities depend on high-quality services to protect and advance their rights. All Ontarians depend on cost-effective services to ensure the system is accessible to as many low-income clients and communities as possible².

LAO's mandate includes the delivery of clinic law services to low-income individuals throughout the province. These clinic law services are delivered primarily by 77 community legal clinics, including a number of clinics that provide specialized services focused on an area of law or a particular population. Clinics are independent, non-profit corporations that are governed by Boards of Directors. LAO funds the clinics to provide services to address the unique legal needs of low-income people and disadvantaged communities across Ontario. Clinic boards try to match their services to the priority needs of the communities they serve.

This paper focuses on the initial performance measures that LAO requires to meet its obligations. LAO's work on performance measurement will continue and it is anticipated that further discussions about performance measurement will occur in 2013/14, as the Association of Community Legal Clinics of Ontario (ACLCO) moves forward on its strategic plan and LAO moves forward on performance measurement across the legal aid system.

Clinic Boards and Executive Directors have also been considering the information and measures they need to manage the day-to-day work and activity of the clinics, through a sub-working group of the Clinic Information Management System (CIMS) project. Additionally, many clinics use performance measures to manage their business, plan and evaluate their work.

This consultation paper focuses on the performance measures required to meet LAO's oversight accountabilities under its legislative requirements. These performance measures will evolve over time to include systemic outcome measures..

1.1 Guiding Principles

The following guiding principles were used throughout the development of the clinic performance measures:

- *Performance Measures provide information about value for money, quality, impact of the work and cost-effectiveness.*
 - LAO has the responsibility as a funder to ensure efficient and effective use of public funds as part of its obligations under LASA.
- *Performance measures should meet Legal Aid Ontario's legislative requirements*
 - LAO is required to meet its obligations as set out in LASA, including the responsibility to monitor and supervise legal aid services provided by clinics. As an agency of the Government of Ontario, LAO is also responsible for adhering to the *Public Service of Ontario Act*, abiding by government directives and adhering to applicable government

¹ Annual Report of the Office of the Auditor General of Ontario, 2011 (http://www.auditor.on.ca/en/reports_en/en11/2011ar_en.pdf)

² Ideas for the Future Development of Clinic Law Delivery Services in Ontario - A Discussion Paper for the Strategic Visioning Process by Ontario's Legal Aid Clinics, May 4, 2012

policies. In turn, the community legal clinics, which receive the majority of their funding from LAO, have an obligation to meet their obligations under LASA and adhere to the directions, conditions and operational standards set by LAO.

- *The performance measurement process should minimize the impacts on the end user with regards to data collection*
 - The way in which the performance measures are captured and generated must have minimal impact on the end user, from data entry to the generation of the performance measure material.
- *Reports should not take more time to generate than they are worth*
 - It is understood that performance measures are useful but need to be generated with ease and avoid any undue hardship to produce and manage the data. The performance measures process should require only a reasonable amount of effort.

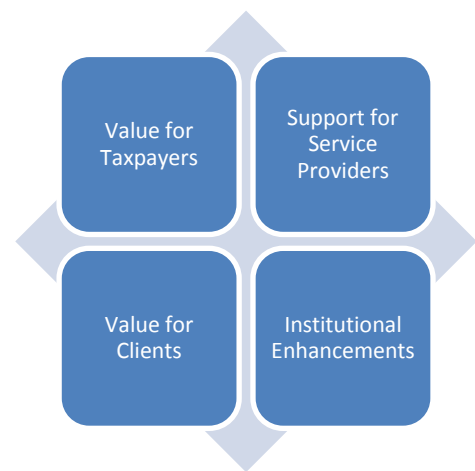
1.2 LAO's work on performance measurement

LAO will continue to modernize service delivery by emphasizing four strategic goals:

Value for Taxpayers:

All Ontarians depend on cost-effective services to ensure that the system is accessible to as many low-income clients and communities as possible.³ LAO is accountable to the public for the funding it receives, and uses performance measures to demonstrate value for money.

LAO is establishing and reporting on performance measurements that demonstrate the effectiveness and efficiency of programs across the legal aid system, and reviewing and improving programs where effectiveness and efficiency cannot be demonstrated.



Value for Clients:

Individual clients and communities depend on high-quality services to protect and advance their rights.⁴ LAO provides access to justice for low-income Ontarians through a range of high quality, timely and cost effective services focused on assisting more clients in achieving resolution of their legal issues.

LAO is dedicated to ensuring that clients receive the right service at the right time.

Service Provider Support:

LAO works with the private bar and clinics to enhance capacity and to realize its vision to provide responsive and meaningful legal aid services and improved access to justice for low-income Ontarians.

Institutional Enhancements:

³ Ideas for the Future Development of Clinic Law Delivery Services in Ontario - A Discussion Paper for the Strategic Visioning Process by Ontario's Legal Aid Clinics, May 4, 2012.

⁴ Ideas for the Future Development of Clinic Law Delivery Services in Ontario - A Discussion Paper for the Strategic Visioning Process by Ontario's Legal Aid Clinics, May 4, 2012.

LAO will build capacity to enable the organization to deliver the highest quality service and to ensure that LAO meets its mandate and goals.

1.3 Purpose

The purpose of this consultation paper is to seek feedback on LAO's proposed Clinic Performance Measures.

2 Background and History

2.1 Legislation and Legislative Requirements

In 1998, the Ontario government enacted the *Legal Aid Services Act, 1998* through which the province renewed and strengthened its commitment to legal aid. The Act established Legal Aid Ontario (LAO) as an independent but publicly funded and publicly accountable corporation to administer the province's legal aid program.

LAO's mandate is to "promote access to justice throughout Ontario for low-income individuals by means of providing consistently high quality legal aid services in a cost-effective and efficient manner."⁵

2.1.1 Legal Aid Services Act (LASA)

LAO is an agency of the Ontario Government established under LASA. LAO delivers legal services to low-income individuals throughout the province. For poverty law services, LAO accomplishes this, in part, through its clinic law program, which is offered through funding agreements with 77 community legal clinics across Ontario. LASA requires LAO "to monitor and supervise legal aid services provided by the clinics and other entities funded by the Corporation."⁶

2.1.2 Transfer Payment Accountability Directive (TPAD)

As a Transfer Payment funding agency, LAO is subject to the Treasury Board of Cabinet's (TBC) *Transfer Payment Accountability Directive (TPAD), 2007* which defines certain principles, mandatory requirements and other obligations that funding organizations must adhere to. Legal Aid Ontario is subject to the *Directive* in two ways: (1) as a transfer payment recipient itself and (2) as a provider of transfer payments to clinics and student legal aid services societies.

Below are a few of the *TPAD* requirements related to LAO's role as a transfer payment provider:

1. "...include specific, measurable results for the money received, reporting requirements..."
2. "...Ministries and classified agencies must strive for a balance between public service accountability and the transfer payment recipient's responsibilities and capacity to deliver service..."
3. "Reporting requirements for transfer payment recipients should be as straightforward and efficient as possible, building on existing processes and exploring opportunities to coordinate and integrate multi-ministry reporting requirements.
 - a. Transfer payment recipients' reports must focus on the results achieved for the funds provided. Ministries are to determine outcome reporting expectations.

⁵ LASA, s. 1(a).

⁶ LASA, s. 4(d).

- b. Specific reporting requirements must be in proportion to the needs of the ministry, the capacity of the recipient, and the risks related to the program.
 - c. The minimum reporting requirement is an annual report or, for short-term projects completed within a fiscal year, a final report. Where multi-year contracts are developed an annual report is required.”
4. “Accountability – The obligation to answer for results and the manner in which responsibilities are discharged. Accountability cannot be delegated.”
 5. “Value for Money – Use of public resources with due regard for economy, efficiency, and effectiveness.”

In February 2009 an external review was conducted for LAO’s Board to assess LAO’s compliance with the TPAD and to identify areas where LAO’s accountability to clinics could be strengthened. One of the recommendations included the implementation of a performance management tool that is tied to LAO’s objectives and program priorities and includes continuous improvement strategies for maximizing client services and ensuring effective governance, administration and management of program delivery.

The review also concluded that a new case management system should encompass the performance measures developed as far as possible and include docketing capacity, so that average cost per case by area of law can be developed for funding as well as management/governance purposes. Reporting should be automated, with the flexibility to provide for *ad hoc* requests. Reporting should be clearly tied to goals, objectives, deliverables and performance measures.

As LAO stated in its 2012 discussion paper:

“...public services in Ontario are being evaluated with unprecedented scrutiny and held to exacting new standards. In its 2012 budget, the Government of Ontario committed to ‘revisiting and scrutinizing existing assumptions and traditional public service delivery models.’ The provincial government has committed to ‘act based on evidence of what delivery model provides the best and most cost-effective results.’ The government has further stated that ‘[I]f programs are not achieving the desired results and ensuring the best use of taxpayer dollars, they need to be transformed.’

Concurrent with the emphasis on value for money and cost-effectiveness are changes to the world of public administration. The environment in which LAO and the clinics operate has changed substantially over the last 40 years. There is an increased emphasis on accountability, transparency and measurement for those who receive public funds. Public institutions can no longer offer blithe assurances about the necessity and cost-effectiveness of their work. All public services must be evaluated and measured, quality must be assured, and cost-effectiveness must be proven.”

The implementation of CIMS and performance measures will allow LAO to improve its oversight of clinics and meet the requirements under LASA and TPAD.

2.1.3 2011 Auditor’s report

In his 2011 report, the Auditor General of Ontario recommended that “...Legal Aid Ontario should develop and implement meaningful performance measures on its key services and program outcomes...” The report further stated that “there are no data on whether [clinic] outputs are achieving the desired program outcomes for clinic law matters...” He recommended that

performance measures “that are reflective of the outcomes achieved, together with a quality assurance program that includes the quality of legal advice and services delivered to clinic clients’ be developed and implemented.”⁷

3 Performance Measures - Background

3.1 Why Measure Performance?

3.1.1 What performance measurement encourages⁸

(Excerpt from the Municipal Performance Measurement program):

Accountability

- Reporting to the public improves accountability to taxpayers.

Communication

- Encourages discussion between taxpayers and the publicly funded organization.
Encourages discussions between publicly funded organizations providing similar services.

Priority setting

- Performance measures can assist publicly funded organizations in setting priorities and allocating funds to services that would best benefit taxpayers.

Monitoring the budget

- Performance measures help monitor whether budgeted costs and expected service levels are met.

Focus

- Attention is focused on results, leading to closer review of how service is delivered, how well it is delivered, what it costs and impacts on the community.

Setting targets

- Improvements in performance can occur simply by setting clear, measurable targets.

Best practices

- Performance measures are a starting point for identifying best practices.

Improved service delivery

- Improved communication, setting targets, comparisons, a focus on service, and access to a directory of best practices can lead to improved service delivery.

A performance measure is a quantifiable description of the impact or results of an organization’s work that shows whether an organization is achieving its goals and objectives.

Performance is measured for different purposes but the three basic reasons why performance is measured is to provide a mechanism for accountability, a sound basis for informed decision-making, and to drive change and achieve results.⁹

⁷ Annual Report of the Office of the Auditor General of Ontario of the LAO Value-for-Money Audit, 2011

⁸ Excerpts of the Municipal Performance Measurement Program, Summary of 2009 and 2010 Results, 2010

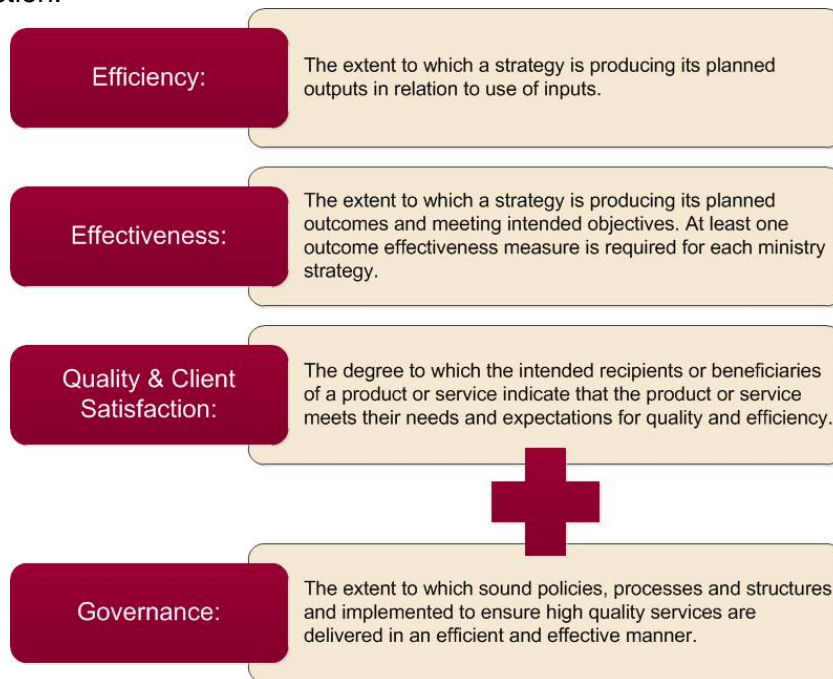
⁹ Performance Measures in the Business Planning Process, A Reference Guide for Ministries, December 2000

3.2 How to develop performance measures

The OPS' Performance Measures Guide explains that meaningful performance measures should subscribe to the following criteria:

- Show how activities contribute to achieving results
- Use reliable, verifiable and consistent data collection methods
- Provide key information for decision-making
- Capture all areas of significant spending
- Identify and track impact as well as progress towards meeting desired outcomes

The OPS relies on three primary categories of performance measures: effectiveness, efficiency and customer satisfaction.



3.3 How to Tell Efficiency & Effectiveness Measures Apart¹⁰

Performance measures look at two dimensions of service delivery – efficiency and effectiveness. Efficiency measures look at the cost of delivering services while effectiveness measures describe performance relative to a goal. Efficiency measures refer to the amount of resources used to produce a given amount of service. Effectiveness measures refer to the extent to which a service is achieving its intended results focusing on the outcomes of a service or program. The emphasis is on the quality of the service, the benefits a service delivers to taxpayers or the impact the service has on the quality of life in a community.

There are several ways to improve overall performance by making trade-offs between efficiency and effectiveness:

- Increasing effectiveness by increasing unit cost.
- Increasing effectiveness while holding unit cost constant or reducing unit cost.
- Keeping effectiveness constant while reducing unit cost.
- Reducing unit cost by reducing effectiveness standards.

¹⁰ Municipal Performance Measurement Program, Summary of 2009 and 2010 Results, 2010

3.3.1 Efficiency measures

Efficiency measures are normally expressed as unit costs

- Often described as inputs/outputs
- Inputs are usually dollars
- Often expressed as cost per unit, for example
 - Cost per case
 - Cost per client

3.3.2 Effectiveness measures

Effectiveness results are often expressed as percentages or ratios.

- Measure quality
- Measure extent to which a goal is achieved
- Often expressed as a percentage
 - Percentage of time spent on client service vs. admin
- Also expressed as a rate using two different kinds of units
 - Number of cases per staff

3.4 Proposed Performance Measures for Clinics

This paper presents performance measures based on key clinic data elements. Over time, and as LAO and clinics gain experience with these measures, they may be amended or added to. Indeed, the desire to promote continuous improvement and results-based planning suggests a need for regular review of the measures.

LAO plans to use these measures to develop its performance measurement program in the clinic law area. Once some experience is gained, baselines will be established and the measures will be used as a tool to assess performance. Measures and baselines will provide structure to guide discussions about clinic practices that could be explained by local circumstances, client needs or choices about service delivery.

The introduction of CIMS and the changes to how information is recorded and reported will result in changes to current numbers. For example, the new definition of a case is likely to mean that fewer cases are reported after CIMS is launched even if service levels remain the same. (See the discussion in Section 4.2.3 of this paper.) For that reason, LAO and the clinics will need time before baselines can be established to support performance measurement.

3.5 Development of the Proposed Performance Measures

The proposed clinic performance measures are based on the Ontario Public Service (OPS) Performance Measures Guide. Research was conducted and best practices were followed in the development of the material presented in this paper.

LAO needed to do its own thinking on what it needed to meet its oversight responsibility, resulting in the proposed clinic performance measures included in this paper.

4 Proposed Clinic Performance Measures

The OPS' Performance Measures Guide relies on three primary categories to define performance measures: effectiveness, efficiency and customer satisfaction. LAO has added governance as another category that it is interested in.

1. Clients Served and Services Provided with Cost per Client & Case

2. Resource Usage Allocation
3. Service Outcomes & Client/Stakeholder Satisfaction
4. Clients Served vs. Denied service
5. Stage when case file outcomes are achieved with clinic involvement
6. Complaints Filed and Founded
7. Initial File Evaluation Response Time
8. Governance Score Card

All of the reports will allow for grouping and sorting by Clinic, Clinic Type, Region, Clinic Size and Area of Law.

Sample reports have been created to help illustrate the concepts detailed in the Performance Measures. All numbers are fictitious and have been randomly created for discussion purposes.

The new system will use one Case ID number for both Intakes and Cases streamlining the current process that has two numbers and requires the user to manually convert an Intake into a Case.

This proposed model will allow for more accurate and flexible statistics than the current Summary Advice, Brief Service and Case File model, as the information is being captured at a more detailed level and the classification will be automated, based on time and whether a retainer exists.

4.1 CIMS and Context of Data Elements for Performance Measures

CIMS, currently in development, will support reporting of the performance measures. The CIMS requirements include all of the data elements to produce the performance measures proposed in this paper.

4.2 Standard Definitions

The need for consistent operational definitions is fundamental to the gathering and collection of information. Definitions are important to establish consistent reference points and ensure that there is a consistent understanding of how processes work and what the data being collected refers to. Refer to Appendix B for performance measure related terminology.

4.2.1 Areas of Law (AoL)

As part of the CIMS Project the areas of law have been updated to remove duplications, fill in gaps, update outdated terminology and make the list more timeless. The final list is below including the groupings that will be used to roll up the performance measures.

Performance Measures Grouping	Areas of Law
Housing	Housing
Social Assistance	Social Assistance - General (SA-G) Social Assistance - Disability (SA-D) Other Income Maintenance
Immigration/Refugee/Citizenship	Immigration/Refugee/Citizenship
Workers Compensation	Workers Compensation
Employment	Employment
Other Types of Law	General Administrative Employment/Training Programs Public Services Health Care/Substitute Decisions Correctional Law Human Rights Aboriginal Rights Criminal Family Violence (Victim of Violence/Crime) Environmental Taxation Privacy/Access to Information Other: Legal

The definitions of a case, service categories and areas of law were part of the consultations under CIMS. The changes indicated have been agreed to by clinics throughout this process.

4.2.2 Clients

The CIMS model provides each client with a unique identifier. This identifier is what keeps the client's matters organized. In other words with CIMS each client has one client profile and the possibility of multiple cases, if necessary, for the various matters the clinic is assisting with.

4.2.3 What is a Case?

The CIMS model will use a different definition of a case from what was tracked through CMT. Clinics had been using a variety of case definitions and, as a result, the number of cases that were recorded and reported by individual clinics was inconsistent.

Some clinics defined a case as 1 Client + 1 Matter = 1 Case, even if the Client's matter went through multiple stages, while other clinics were recording 1 Client + 1 Matter (with two stages) = 2 Cases. The number of stages is no longer a consideration in CIMS, as users now have the ability to indicate the stages a matter goes through within the one case, eliminating the need to open a new case.

Concerns have been raised with regards to standardizing the case definition about the resulting statistics not showing the level of activity and complexity of cases, which for some clinics was being captured by the number of cases recorded. However, there are other ways in which this detail can be tracked in CIMS, including showing how many areas of law the matter falls into, the different stages a case goes through, the number and type of case activities, and the docketing of activity and/or time.

The changes to the case definition also enable all the case information to be captured under one Case ID which in turn keeps records more organized and reduces the risk that information recorded under one case could be missed in another. It is important to consider that, depending on how clinics were recording their cases when there were multiple stages and/or multiple areas of law, if the case definition and the way cases are treated in CIMS are standardized, it could result in a decrease in the number of cases reported. The capturing of data using CIMS will set a new foundation against which the performance measures will be built. LAO recognizes that changes will occur.

4.2.4 Service Categories

The terms *Summary Advice*, *Brief Services* and *Case File* are used in CMT to identify what type of service the clinic is providing to the client. These terms are based loosely on the amount of time spent on a matter and, over the years, clinics have independently defined the terms *Summary Advice* and *Brief Service* to meet their own clinic's needs. There is currently no standard trigger point or definition to describe how a matter moves from *Summary Advice* to *Brief Service* and it proves challenging, from a systems' perspective, to know when the transition occurs.

Summary Advice, *Brief Service* and *Case File* are being replaced with a retained/not retained distinction. The retainer becomes the trigger between the two categories of work, which means that there is no ambiguity or room for interpretation as to the type of service being provided.

4.2.5 Retained vs. Not Retained

Summary Advice, *Brief Service* and *Case File* designations will be replaced with 'Retained' and 'Non-Retained' services to help simplify and standardize the classification of services provided.

Retained and Not Retained services for case file work:

- When totaling the number of services provided (both retained and unretained) the results will be displayed by AoL.
- Oral and limited retainers are considered retainers under this performance measure.
- It is recommended that the LSUC guidelines be used to determine when a retainer is required.

4.3 Proposed Performance Measures

4.3.1 Measure #1

Name	Measure #1 – Clients Served and Services Provided with Cost per Client & Case
Objectives	<ul style="list-style-type: none"> • Identify the number of clients served and services provided • Track the average cost per client & case
Background/Description	<p><u>Example of calculations</u> Role 1 Hours Docketed X Hourly Role 1 Rate* (2 x \$25 = \$50) + Role 2 Hours Docketed X Hourly Role 2 Rate (1 x \$30 = \$30) + Role 3 Hours Docketed X Hourly Role 3 Rate (8 x \$50 = \$400) = Total Case Cost (\$480)</p> <p>*Hourly salary rates should include pension and benefits (approximately 17%)</p> <p>Actual salary costs plus a percentage for benefits is the preferred method to calculate service cost since it allows for more realistic calculations. If the implementation of this method is determined to be too complex when the final solution is chosen, either a clinic role average (at one point in time), or a province-wide clinic salary range mid-point could be used to ensure a balance between maintenance and accurate cost estimates.</p> <p>Case file complexity could be a factor in this performance measure as clinics undertake cases and matters that are more complex and challenging than the routine cases; however, this is seen as a future enhancement.</p> <p>Notes:</p> <ul style="list-style-type: none"> • Cost per client → Considers both open and closed cases • Cost per case → Only considers closed cases <p>This measure will still allow for Summary Advice and Brief Service statistics to be determined, because time spent is being captured.</p> <p>Initiative work:</p> <ul style="list-style-type: none"> • The number of services provided will be broken down by 'Initiative Type', e.g. Public Legal Education (PLE), Community Development, Policy Advocacy/ Law Reform, etc.
Why is this measure needed?	<p>This performance measure provides an understanding of the services provided to clients, the cost of the services provided and the public resources being expended on cases and clients. It provides a holistic view of the client's needs and the ability to determine whether changes could be made to the service delivery model to better meet clients' legal needs.</p> <p>In addition to the time to close cases, the number of cases remaining open and closed provides an indicator of clinic activity and timeliness of the</p>

	<p>service.</p> <p>Costs per assist are known for all LAO programs except for the clinic law program. The other LAO programs where costs are being captured include the certificate program, Duty Counsel program and staff and <i>Per Diem</i> Duty Counsel program.</p>
<p>Legislative & Obligation Source</p>	<p>LASA</p> <ul style="list-style-type: none"> • A summary of the legal aid services provided by the clinic during the funding period, specifying the number of each type of case or proceeding handled by the clinic; LASA section 37(2) b. • A statement of the nature and amount of legal aid services provided during the year. <p>Transfer Payment Accountability Directive (TPAD) - Transfer payment recipients' reports must focus on the results achieved for the funds provided. Ministries are to determine outcome reporting expectations.</p>
<p>Data & Performance Measure</p>	<p>Data reported to LAO:</p> <ul style="list-style-type: none"> • # of clients served • # of cases opened by primary* AoL • # of cases closed by primary AoL • # of retained and not retained services provided • # of initiatives by type • # of referrals <p>Efficiency Measures:</p> <ul style="list-style-type: none"> • Average Cost per Client • Average Cost per Case by primary AoL (retained and not retained services) <p>Effectiveness Measures:</p> <ul style="list-style-type: none"> • Data trends against previous reporting periods • Trend of average client and case costs from previous reporting periods <p>Quality Measure:</p> <ul style="list-style-type: none"> • None <p>*CIMS will enable clinics to record up to 5 main AoLs per case.</p>
<p>Dependencies</p>	<ul style="list-style-type: none"> • Client records are maintained in CIMS. • Each case must have a defined primary Area of Law • Requires time docketing • Case status must remain up to date • Staff hourly rates/salaries need to be recorded
<p>Data Source</p>	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS)

How this measure will impact the end users using CIMS

The activity form allows users to record the activities performed and the time spent for each case. CIMS will perform all of the necessary calculations to create this performance measure based on the user's salary which is stored in the user profile.

The way CIMS will capture the information will allow for a more detailed examination of the data and will be more flexible in terms of data analysis.

Activity Details

System Information

Activity ID [Auto] Case ID [Auto]
Created By [Auto] Date Created [Auto]

Legal Procedure Information

Area of Law [Auto] Tribunal/Court Level [Dropdown]
AoL 2nd Level [Auto]
AoL 3rd Level [Auto] Time Spent [Dropdown] Hr
Stage* [Dropdown] (Select 'Initiating Legal Action' from Stage drop down to view Matrix functionality)

Details

Activity Date [Date] Time [Dropdown] Retained [Dropdown] Retained Outcome [Dropdown]

Initiating Legal

External Referral
 Interview

Legal Advice & Info About:

Code Rights & Obligations
 Options for Resolving Issue

Discussed Settlement
 Filed Application
 Filed Reply
 Filed Client's Motion
 Responded to Respondent's Motion
 Responded to Tribunal's Motion

Settled
 Client Motion Granted
 Client Motion Denied
 Respondent Motion Granted
 Respondent Motion Denied
 Tribunal Motion Granted

Figure 1 illustrates how the required information will be recorded. This is the Activity Details page where time can be recorded as well as the stage and work that was done while unretained or retained.

Consultation Questions

1. What refinements would you propose to improve this performance measure while still meeting its objective, or what other measure would you propose to meet the objective above?
2. Several methods of determining cost have been suggested. How should salaries be used to calculate cost?
 - a. Actual salary costs plus a percentage for benefits is the preferred method to calculate service cost since it allows for more realistic calculations.
 - b. Clinic role average (at one point in time).
 - c. A province-wide clinic salary range mid-point could be used to ensure a balance between maintenance and accurate cost estimates.

Data

Summary Data - 2012	
# clients (open & closed cases)	2000
Date of oldest case still open	15-Jan-05
# new clients	575
# active cases	500
# not active cases	400
# retained services provided	3105
# not retained services provided	2500
# referrals	900

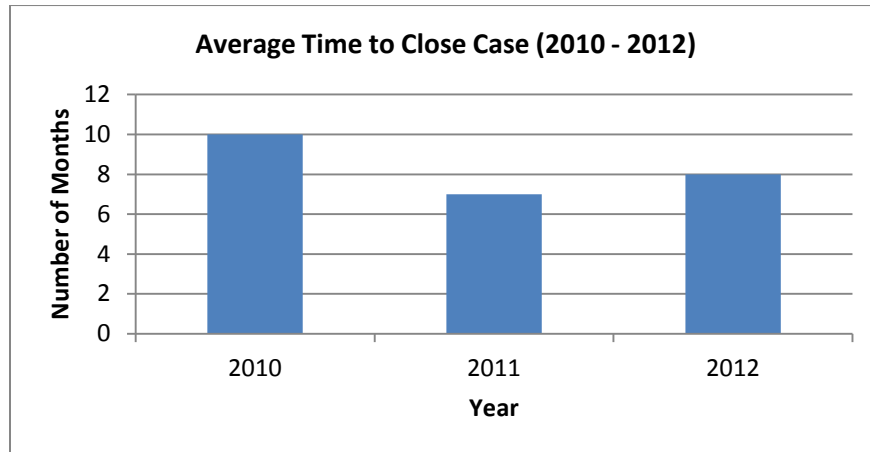
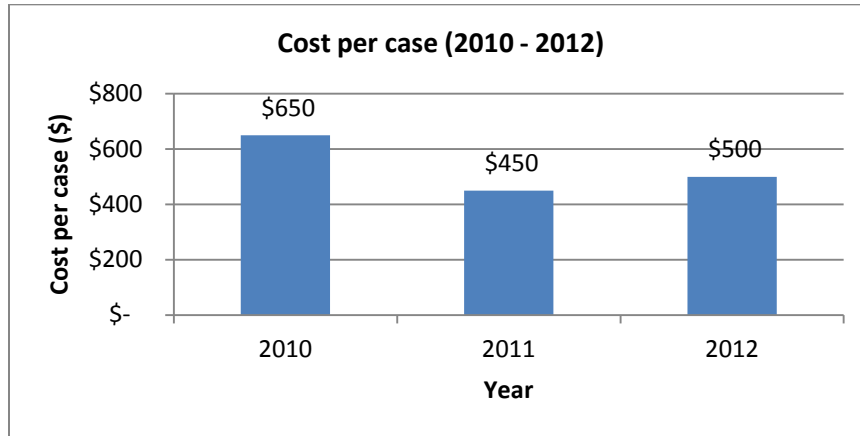
Number of Cases by primary AoL		
Area of Law	Number cases opened	Number cases closed
Housing	400	390
Social Assistance	306	450
Workers Compensation	650	600
Immigration/Refugee/Citizenship	98	34
Employment	250	200
Other Types of Law	160	27
Total	1864	1701

Number of Initiative Files		
Initiative Type	Number files opened	Number files closed
Total Initiatives (2012)	594	404

Efficiency

Area of Law	
# of clients (closed cases)	1000
# Housing cases	567
# Social Assistance cases	445
# Workers Compensation cases	234
# Immigration/Refugee/ Citizenship cases	554
# Employment cases	800
# Other Types of Law cases	340
Total cases (closed)	2940
Average time to close case (mo.)	6
Average cost per case	\$500
Average cost per client	\$1,470

Effectiveness



4.3.2 Measure #2

Name	Measure #2 – Resource Allocation
Objective	To determine the percentage of time and funds used to deliver direct legal services vs. administrative tasks and other functions.
Background/Description	<p>Only case file activities will be docketed, the non-file work component will be determined by the following formulas:</p> <ul style="list-style-type: none"> • $(\text{Total Salary Budget}) - (\text{Docketed File Activity Hours} \times \text{Actual Salary Costs}) = \text{Non File Related Costs}$ • $(\text{Total Salary Budget} - \text{Non File Related Costs}) / \text{Total Salary Budget} * 100 = \text{File Work Resource Usage Allocation Percentage}$ • $(\text{Non-File Related Costs}) / (\text{Total Salary Budget}) * 100 = \text{Non File Related Work Resource Usage Allocation Percentage}$ <p>It is possible to docket both legal work and administration-related work to allow for a percentage calculation of legal work to administrative work. However, to avoid having to docket non-legal work, the docketing of legal work should be sufficient to indicate the number of hours a week that a role was completed.</p>
Why is this measure needed?	<p>This performance measure allows LAO to know the proportion of staff resources providing direct legal services vs. administrative and other functions.</p> <p>This performance measures also enables LAO to meet its requirements as stipulated by the TPAD.</p>
Legislative and Obligation Source	Transfer Payment Accountability Directive (TPAD) – Transfer payment recipients’ reports must focus on the results achieved for the funds provided. Ministries are to determine outcome reporting expectations.
Data & Performance Measure	<p>Data reported to LAO:</p> <ul style="list-style-type: none"> • None <p>Efficiency Measures:</p> <ul style="list-style-type: none"> • Percentage of staff time spent on direct client services. <p>Effectiveness Measures:</p> <ul style="list-style-type: none"> • Trend against previous reporting periods. <p>Quality Measure:</p> <ul style="list-style-type: none"> • None
Dependencies	<ul style="list-style-type: none"> • Requires time docketing • Staff hourly rates/salaries need to be recorded
Data Source	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS)
How this measure	The activity form allows users to record the activities performed and the

will impact the end users using CIMS

time spent for each case. CIMS will perform all of the necessary calculations to create this performance measure based on the user's salary which is stored in the user profile.

The way CIMS will capture the information will allow for a more detailed examination of the data and will be more flexible in terms of data analysis.

User Details

User ID	[Auto]
Active	<input type="checkbox"/>
User Name*	<input type="text"/>
Funding Sources	LAO <input type="text"/> % + Funder1 <input type="text"/> % + Funder2 <input type="text"/> % + Funder3 <input type="text"/> % = 100% [Auto]
Funder 1	<input type="text"/>
Funder 2	<input type="text"/>
Funder 3	<input type="text"/>
Annual Salary*	\$ <input type="text"/>

Figure 2 illustrates the User Details page where user salaries can be entered. This section also allows clinics to identify additional funding sources that could contribute to a user's total salary.

Consultation Questions

1. What refinements would you propose to improve this performance measure while still meeting its objective, or what other measure would you propose to meet the objective above?
2. Does the proposed calculation to determine the non-file work component work? If not, what other calculation would you propose?

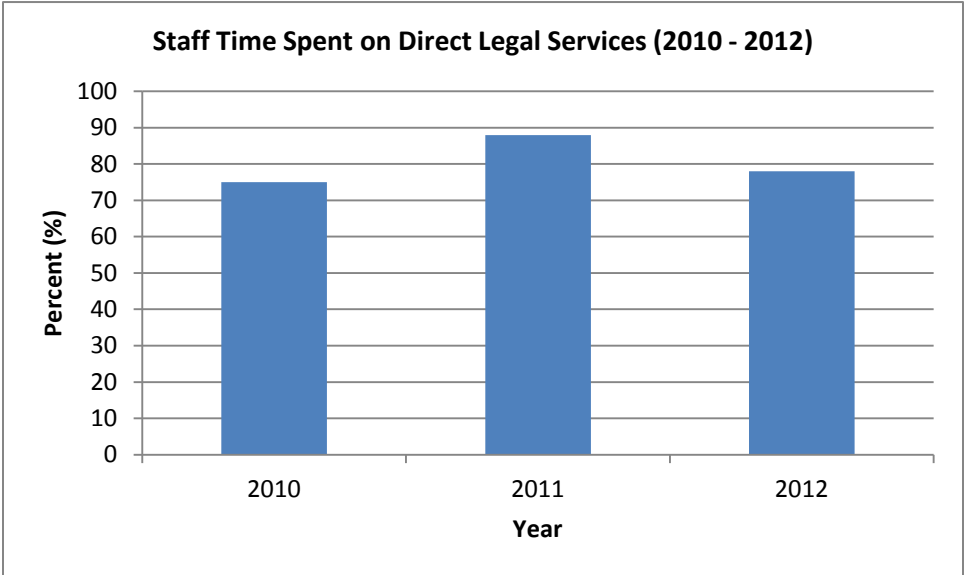
Data

N/A

Efficiency

	2010	2011	2012
	Staff time (%)	Staff time (%)	Staff time (%)
Total staff time spent on direct legal services	75	88	78

Effectiveness



4.3.3 Measure #3

Name	Measure #3 – Service Outcomes & Client/Stakeholder Satisfaction
Objective	Identify the results achieved/benefits to the client or the public and the average case cost to obtain these results as well as an indicator of the quality of services provided to clients.
Background/ Description	<p>Identifies the benefits to a client or to the public from the client’s perspective and the average case cost of achieving these results.</p> <p>This measure also looks at the feedback received from the client and stakeholder survey to assess overall client satisfaction levels.</p>
Why is this measure needed?	<p>The performance measure enables LAO to identify the results being achieved for the funds being provided, thereby meeting its legislative requirements as stipulated by TPAD.</p> <p>This performance measure will also help indicate the quality of service that clients are receiving from the client perspective. It will also help indicate whether the clinic is meeting its performance standards, another legislative requirement of LASA.</p>
Legislative and Obligation Source	<p>Transfer Payment Accountability Directive (TPAD) – Transfer payment recipients’ reports must focus on the results achieved for the funds provided. Ministries are to determine outcome reporting expectations.</p> <p>LASA – A statement as to how the Corporation has met its performance standard.</p> <p>MOU – The data will be collected by a standard client and stakeholder survey.</p>
Data & Performance Measure	<p>Data reported to LAO:</p> <ul style="list-style-type: none"> • Annual client Survey Results • # of cases by outcomes • # of initiatives by outcomes <p>Efficiency Measures:</p> <ul style="list-style-type: none"> • Cost of being partially successful or successful. <p>Effectiveness Measures:</p> <ul style="list-style-type: none"> • Trend of client satisfaction over time. • Trend of being partially successful or successful. <p>Quality Measure:</p> <ul style="list-style-type: none"> • Overall client satisfaction levels
Dependencies	The data will be reported by the clinic employees based on their overall assessment of the file. In other words, this performance measure is based on the clinic staff perception of the outcomes for the client once the case is

	<p>closed.</p> <p>Client feedback would be collected after the case closing via a survey similar to the current process used by QSO.</p> <p>Client satisfaction ratings may be affected by the actual outcome of the case and not necessarily the service that was provided.</p>
Report Details	<p>Service Outcomes (as perceived by clinic staff) & Average Case Cost</p> <ul style="list-style-type: none"> • Successful – Meets all of the Client’s Objectives • Partially Successful – Meets Some of Client’s Objectives • Unsuccessful – Does Not Meet Client’s Objectives • Withdrawn/Discontinued • Unknown <p>*Service Outcomes (as expressed by client)</p> <ul style="list-style-type: none"> • Successful • Partially Successful • Unsuccessful • Withdrawn/Discontinued • Unknown <p>*Satisfaction with Service Provided using scale of 1 (Very Dissatisfied) to 5 (Very Satisfied) (As indicated by client)</p> <ul style="list-style-type: none"> • Overall Service Quality • Overall Accessibility • Responsive to Needs • Knowledgeable Staff <p>Notes</p> <ul style="list-style-type: none"> • Refer to Section 6.1.2 for average case cost calculations. • See next page for Service Outcome definitions • *Obtained through surveys
Data Source	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS) • Quality Service Office surveys • Client survey after cases closed
How this measure will impact the end users using CIMS	<p>When a case or an initiative file closes the user must select their perception of the overall outcome of the file from a dropdown list.</p> <p>In addition to the client satisfaction survey on the services provided a survey will be sent to the client to obtain their assessment of the outcome achieved.</p> <p>The survey will be managed by the clinic, automatically sent to the client by CIMS upon file closure but the results will be manually entered into CIMS by clinic staff.</p>

Data

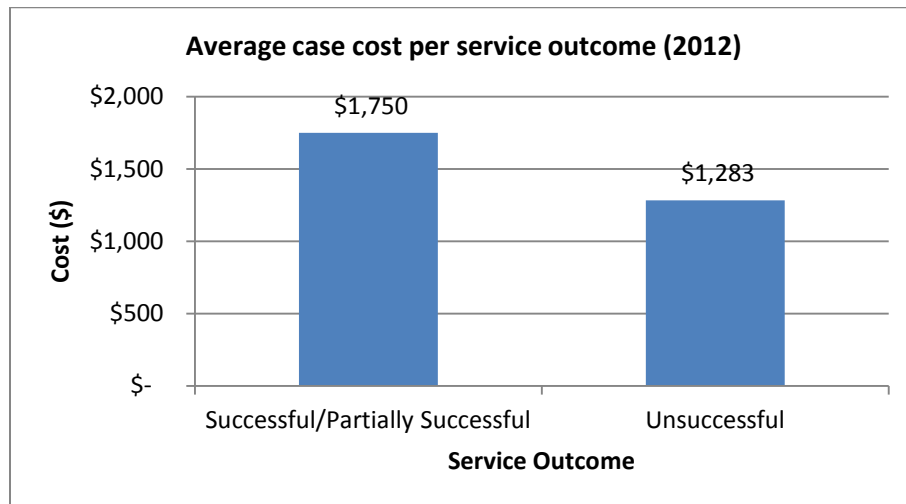
Type of Representation	Service outcomes	As expressed by client	As perceived by clinic staff	
		# cases	# cases	# initiatives
Clinic Representation	Successful	1145	625	165
	Partially Successful	675	221	562
	Unsuccessful	300	225	421
	Withdrawn/Discontinued	130	99	50
	Unknown	25	36	10
	Total	2275	1206	1208
Client Self-Representation	Successful	1000	745	-
	Partially Successful	650	226	-
	Unsuccessful	250	212	-
	Withdrawn/Discontinued	130	105	-
	Unknown	30	36	-
	Total	2060	1324	-

Category	Satisfaction Level (1-5) as indicated by client
Overall Service Quality	4.2
Overall Accessibility	4
Responsive to Needs	3.75
Knowledgeable Staff	3.5

* Scale of 1 (Very dissatisfied) to 5 (Very Satisfied)

Efficiency

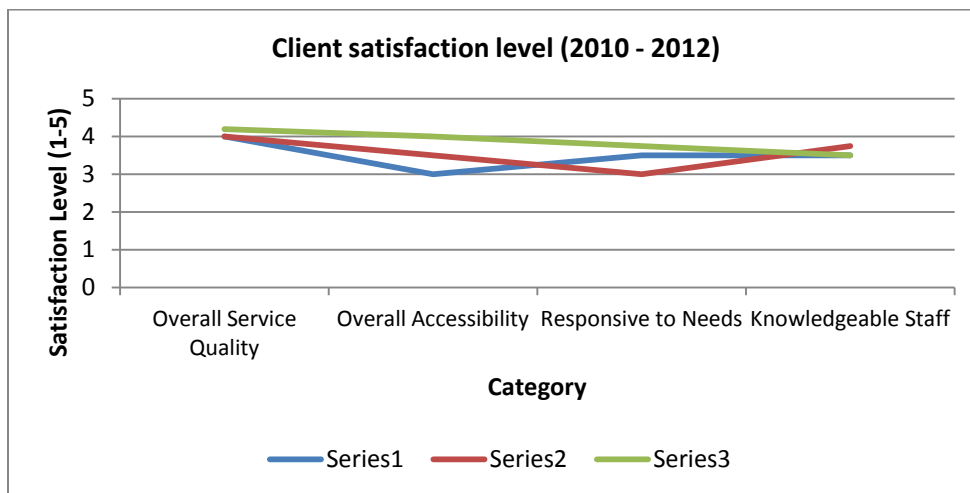
Service outcomes as perceived by clinic staff	# of cases	Cost per closed case
Successful	1145	\$1750
Partially Successful	675	
Unsuccessful	300	\$1283
Withdrawn/Discontinued	130	
Unknown	25	



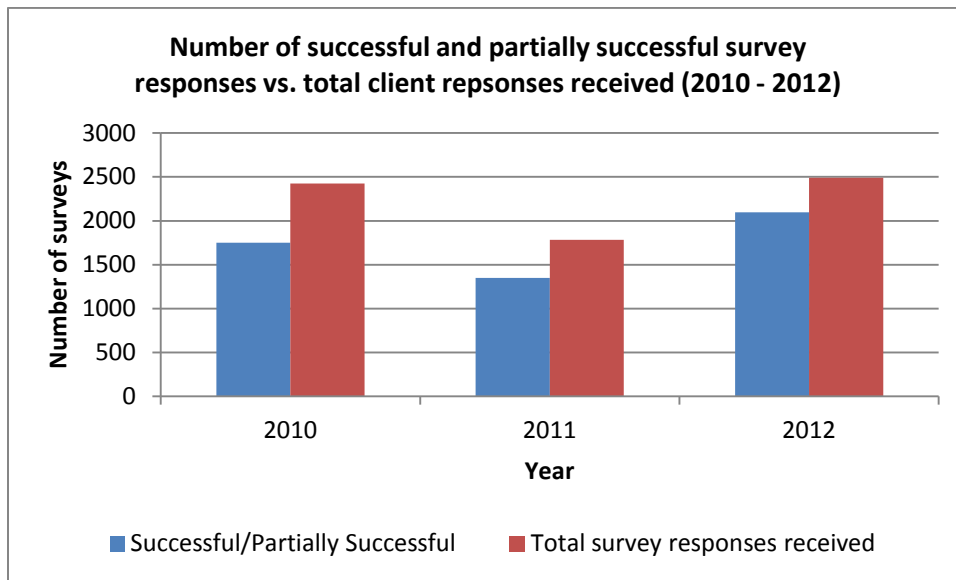
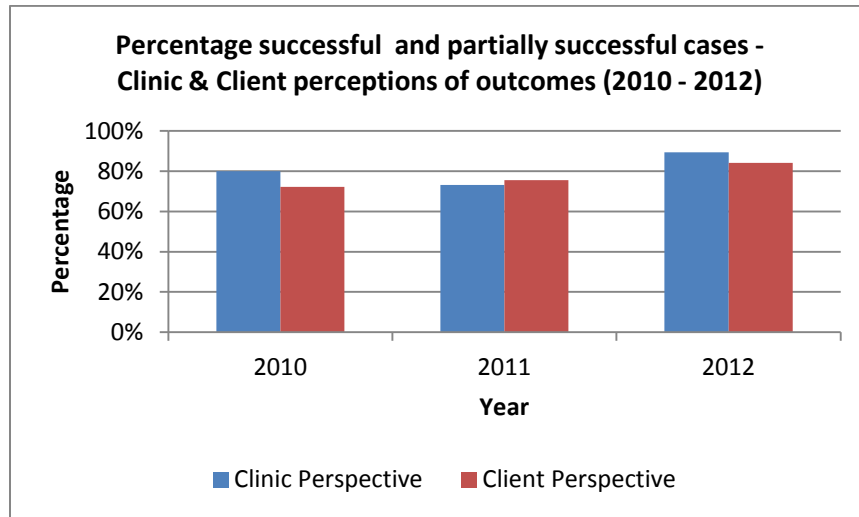
Effectiveness

Category	Average Satisfaction Level*		
	2010	2011	2012
Overall Service Quality	4	4	4.2
Overall Accessibility	3	3.5	4
Responsive to Needs	3.5	3	3.75
Knowledgeable Staff	3.5	3.75	3.5

* Scale of 1 (Very dissatisfied) to 5 (Very Satisfied)



Service outcomes	2010		2011		2012	
	# cases	%	# cases	%	# cases	%
Clinic -Successful/Partially Successful	1820	80%	1190	73%	2105	89%
Client - Successful/Partially Successful	1750	72%	1348	76%	2098	84%
Total survey responses received	2425	-	1783	-	2492	-



4.3.4 Measure #4

Name	Measure #4 – Clients Served vs. Denied service
Objective:	Identify the number of clients served and not served
Background/Description	This measure enables the identification of service gaps based on the capacity for clinics to provide service for situations where service is not currently being offered.
Why is this measure needed?	Provides LAO with a means of identifying the nature and the amount of legal aid services being provided, and service gaps which will assist with needs assessment.
Legislative and Obligation Source	LASA - The nature and amount of legal aid services provided during the year ¹¹
Data & Performance Measure	<p>Data reported to LAO:</p> <ul style="list-style-type: none"> • # Clients Served • Services Denied with reasons for denial: <ul style="list-style-type: none"> ○ Capacity Issues ○ Not Financially Eligible ○ Not part of the Clinic’s Area(s) of Law or Services Offered ○ Conflict of Interest Found <p>Efficiency Measures:</p> <ul style="list-style-type: none"> • Percentage of clients served. <p>Effectiveness Measures:</p> <ul style="list-style-type: none"> • Trend of percent clients served over reporting periods. <p>Quality Measure:</p> <ul style="list-style-type: none"> • All clients are provided with service or a referral
Dependencies	All interactions with clients need be recorded including when a client is denied service
Data Source	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS)
How this measure will impact the end users using CIMS	<p>If services are provided the user simply completes the Triage or Activity form to define the services that were provided. If services are denied or a referral is provided, the user identifies why the service was denied (drop down list) or completes the referral form (completing this form enables the clinic to provide the client with a printed referral report containing contact and location information).</p> <p>If a client is unknown and there are no services being provided, the system enables the user to simply identify ‘unknown’ so that there is no need to spend time completing a client profile.</p>

¹¹ LASA, s.1(c).

Case 1 - Call Summary / Outcomes

Self Help Yes No

Service Provided Yes No

Stage *

Insert Stage Matrix

Case Merit

Service Denied Due To

- Capacity Issues
- Conflict of Interest Found
- Not Financially Eligible
- Not part of the Clinic's Area(s) of Law or Services Offered

Figure 4: Portion of the Intake page.

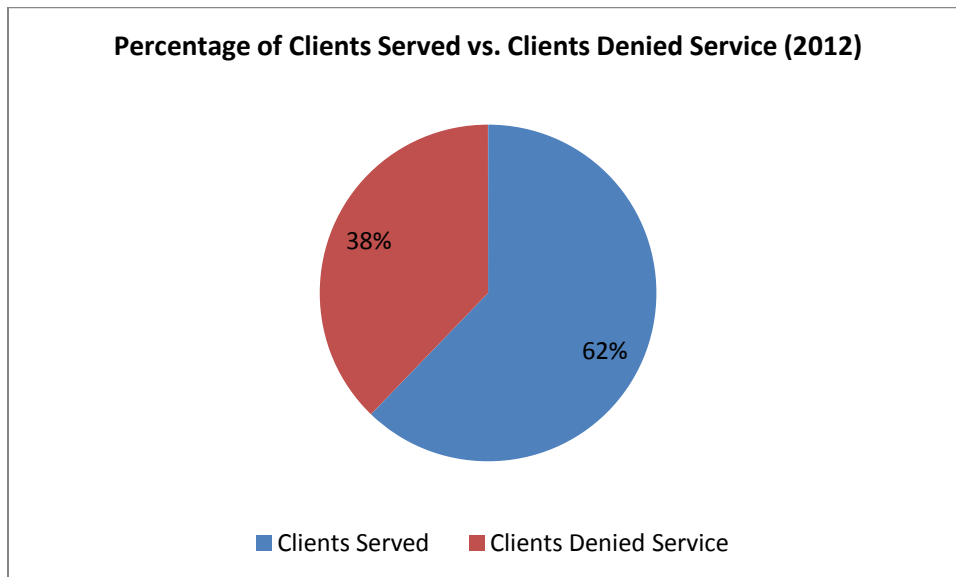
Consultation Questions

1. What refinements would you propose to improve this performance measure while still meeting its objective, or what other measure would you propose to meet the objective above?
2. Are there other categories of denial of service that should be captured?

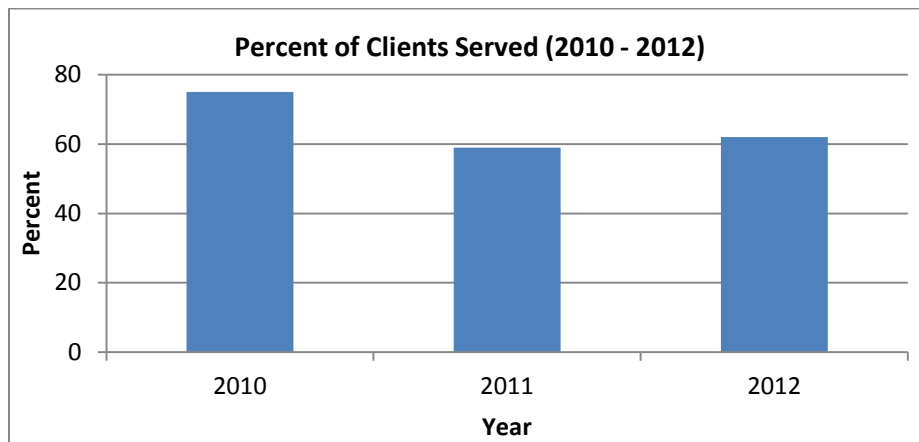
Data

Summary Data - 2012	
# clients served	2000
# clients denied service to do;	
— Capacity issues	354
— Not financially eligible	500
— Not in clinic's area of law or services not offered	125
— conflict of interest found	235

Efficiency



Effectiveness



4.3.5 Measure #5

Name	Measure #5 – Stage when case file outcomes are achieved with clinic involvement
Objective	Identify the stage at which a client's issues are resolved.
Background/Description	This performance measure identifies when outcomes are being achieved. It is recognized that some areas of law offer little opportunity to resolve the issue before a hearing.
Why is this measure needed?	The ability to understand when cases are being resolved and to determine whether the impacts of early resolution of matters includes increased cost effectiveness and improved client satisfaction. Early resolution of matters improves efficiency of the justice system. This measure will help support LAO's efforts to identify opportunities for systemic change in the justice system to help improve efficiency, effectiveness and quality of service.
Legislative & Obligation Source	Transfer Payment Accountability Directive (TPAD) – Transfer payment recipients' reports must focus on the results achieved for the funds provided. Ministries are to determine outcome reporting expectations.
Data & Performance Measure	Data reported to LAO: <ul style="list-style-type: none"> • # of cases resolved before and after the hearing Efficiency Measures: <ul style="list-style-type: none"> • Average Case Cost before and after the hearing Effectiveness Measures: <ul style="list-style-type: none"> • Trend of when cases are resolved. Quality Measure: <ul style="list-style-type: none"> • The file is resolved at the earlier stage that would provide a satisfactory outcome
Dependencies	<ul style="list-style-type: none"> • Standard stages must exist across all Areas of Law • Only cases with outcomes will be captured in this report.
Data Source	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS)
How this measure will impact the end users using CIMS	When an outcome is recorded the user selects the stage that the outcome was achieved from a dropdown list.

Consultation Questions

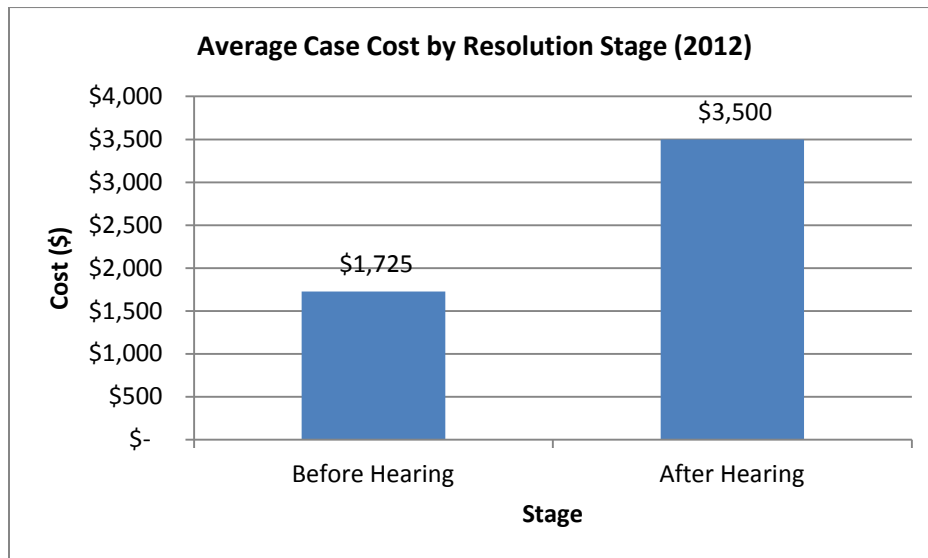
1. What refinements would you propose to improve this performance measure while still meeting its objective, or what other measure would you propose?
2. Are there other significant stages that when file outcomes are achieved that should be considered besides before and after the hearing?

Data

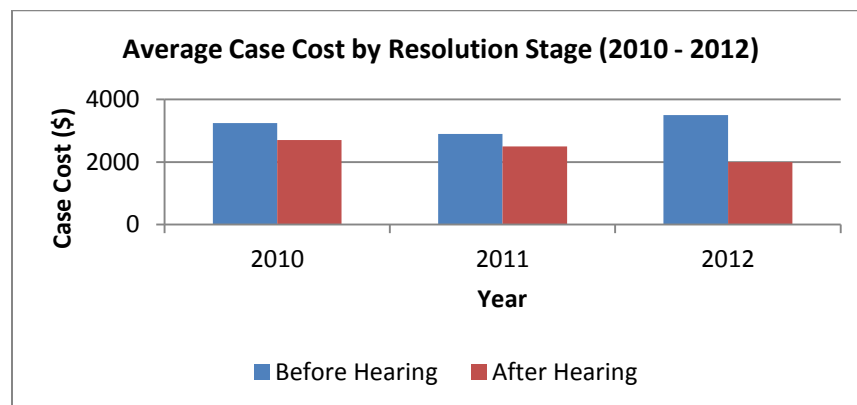
Resolution Stage	# of closed cases	%
Before Hearing	3500	64
After Hearing	2000	36

Efficiency

Resolution Stage	# of cases	Cost per case
Before Hearing	3500	\$ 1,725
After Hearing	2000	\$ 3,500



Effectiveness



4.3.6 Measure #6

Name	Measure #6 – Complaints Filed and Founded
Objective	Identify unmet client needs and concerns
Background/Description	Complaints provide an indicator of issues and whether potential improvements may need to be made in service offerings and current business processes.
Why is this measure needed?	LAO needs to understand the number and types of complaints that the clinics are receiving and the level and timeliness of the resolution of these complaints as an indicator of the clinic's effectiveness.
Legislative and Obligation Source	LASA – a summary of the complaints received by the clinic from individuals who received or were refused legal aid services from the clinic, and from persons affected by the legal aid services provided by the clinic and a description of the disposition of each such complaint; LASA section 37(2) c MOU - summary of complaints
Data & Performance Measure	Data reported to LAO: <ul style="list-style-type: none"> • Total number of complaints filed by reason <ul style="list-style-type: none"> ○ Abandoned ○ Resolved by Clinic ○ Resolved by Board ○ Resolved by LAO ○ Not Resolved To Date • # of complaints founded Efficiency Measures: <ul style="list-style-type: none"> • Time to resolve complaint (first contact to final contact) Effectiveness Measures: <ul style="list-style-type: none"> • Trend of complaints founded over total complaints received. • Trend of time required to resolve complaint. Quality Measure: <ul style="list-style-type: none"> • That complaints are resolved within 30 days
Dependencies	Complaints will be recorded in CIMS
Data Source	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS)
How this measure will impact the end users using CIMS	When a complaint is received the user completes the complaint form.

Consultation Questions

1. What refinements would you propose to improve this performance measure while still meeting its objective, or what other measure would you propose to meet the objective above?
2. Are there any other levels/stages where complaints can be resolved?

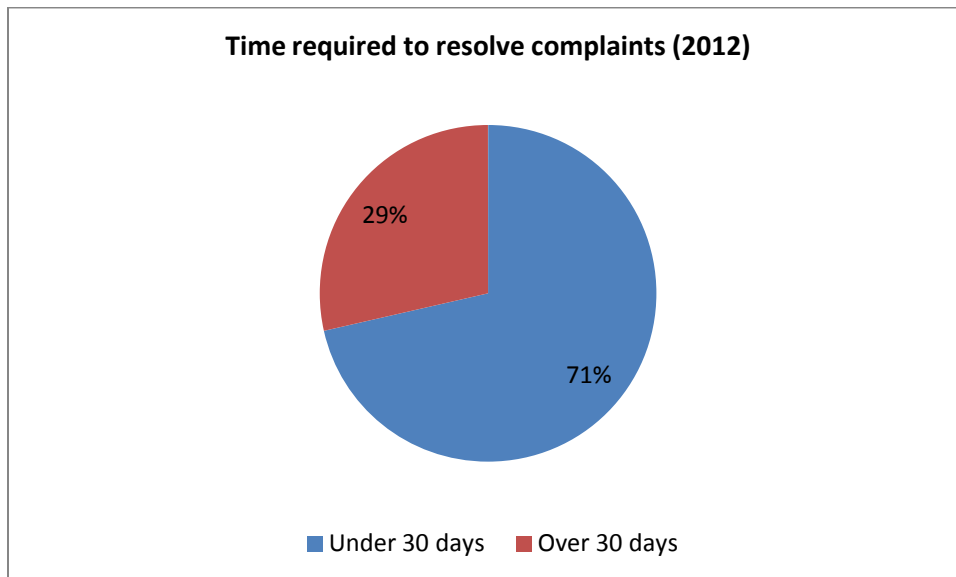
Data

Reason for complaint	# of complaints
Abandoned	12
Resolved by Clinic	10
Resolved by Board	2
Resolved by LAO	3
Not Resolved To Date	1
Total Received	28
Total Founded	3

Efficiency

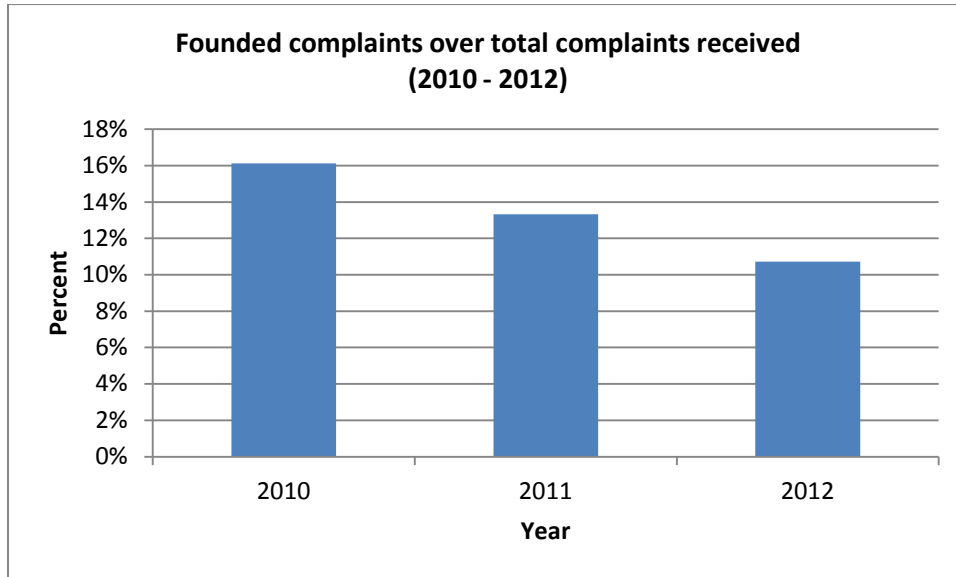
Time to Resolve Complaint	# of complaints	%
Under 30 days	20	71%
Over 30 days	8	29%
Total Received	28	

Time required to resolve complaints (2012)

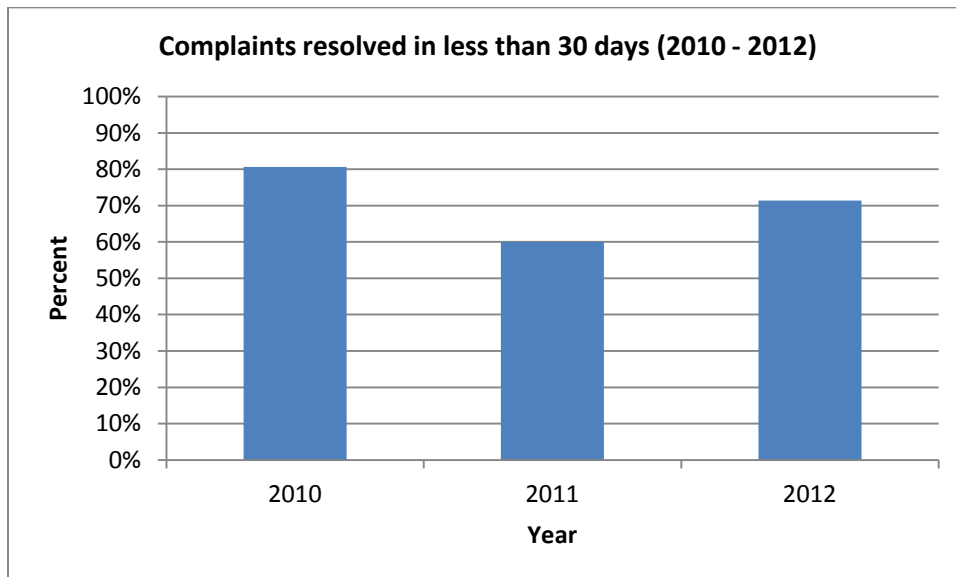


Effectiveness

	2010	2011	2012
Founded	5	2	3
Total Received	31	15	28
% founded	16%	13%	11%



	2010	2011	2012
Under 30 days	25	9	20
Total Received	31	15	28
% resolved <30 days	81%	60%	71%



4.3.7 Measure #7

Name	Measure #7 – Initial File Evaluation Response Time
Objective	Identify the wait time for a client to receive triage from the clinic regarding advice on a course of action to be taken by the clinic and/or a referral.
Background/Description	<p>The start point will be when the client first makes contact with the clinic; for example, by walk in, phone or when a phone message is retrieved by the clinic.</p> <p>The end point will be when the triage is complete. This includes when the client has actually been served by the clinic and is either referred to another organization or is presented with options, and the clinic offers further assistance if the situation warrants.</p>
Why is this measure needed?	<p>This performance measure is similar to the one currently being collected by LAO. The only difference is a slight modification to the 'end point'. The 'end point' will now be when a client receives the information they need to resolve the issue or when it is known if the clinic can assist. This measure provides an indicator of the timeliness of response to the client's request for service(s) and clients' accessibility to clinic services.</p> <p>This performance measure can be paralleled to the health care sector, the start being when you call the doctor's office for an appointment and the end being when you see the doctor.</p>
Legislative and Obligation Source	Quality Standards
Data & Performance Measure	<p>Data reported to LAO:</p> <ul style="list-style-type: none"> • # of case by response time <ul style="list-style-type: none"> ○ Same Day ○ Within 24 hours ○ Within 48 hours ○ Within 72 hours ○ Over 72 hours <p>Efficiency Measures:</p> <ul style="list-style-type: none"> • None <p>Effectiveness Measures:</p> <ul style="list-style-type: none"> • Trend of response time compared to previous reporting periods. <p>Quality Measure:</p> <ul style="list-style-type: none"> • Client are triaged within 72 hours
Dependencies	Intakes (Initial Contact and Triage) will be recorded in CIMS
Data Source	<ul style="list-style-type: none"> • Clinic Information Management System (CIMS)

How this measure will impact the end users using CIMS

CIMS will automatically calculate the time from the initial contact to when the triage is completed.

Case Summary

System Information			
Case ID	[Auto]		
Created By	[Auto]	Date Created	[Auto]
Status	[Auto]	Last Active Date	[Auto]
Initial Case Evaluation Response Time	Start Date & Time	End Date & Time	No. of Days
	Jan 03, 2012 11:00 am	Jan 04, 2012 04:00 pm	1.5

Consultation Questions

1. What refinements would you propose to improve this performance measure while still meeting its objective, or what other measure would you propose to meet the objective above?
2. Do you foresee any major workflow issues in being able to capture the end time?
3. Is the response time appropriate?

Data

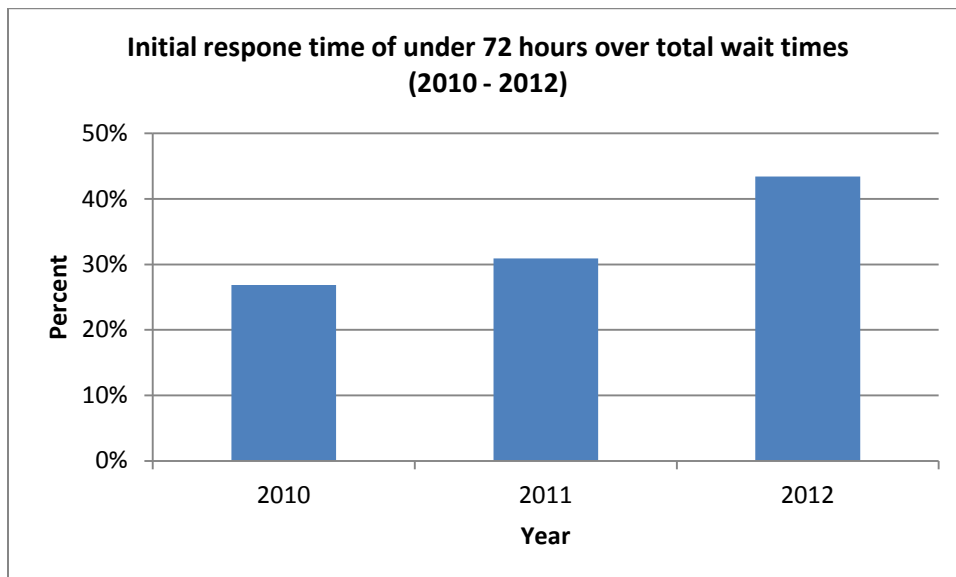
Response time	# of cases
Same Day	543
Within 24 hours	674
Within 48 hours	345
Within 72 hours	570
Over 72 hours	672
Total	2804

Efficiency

N/A

Effectiveness

Response time	2010	2011	2012
Same Day	544	453	543
Within 24 hours	635	344	674
Within 48 hours	789	675	345
Within 72 hours	1820	456	570
Over 72 hours	600	650	672
Total	4388	2578	2804
% resolved <24 hours	27%	31%	43%



4.3.8 Measure #8

Name	Measure #8 – Governance Scorecard
Objective	The Governance Score Card evaluates the effectiveness of the clinic board in their oversight of the clinic. The Score Card can be found in Appendix A.
Background/Description	<p>The Score Card consists of a series of weighted questions that, when added, form a score out of 100. The questions are based on the OPS Governance model and questions from the LAO Board Governance model.</p> <p>The Score Card question topic areas include;</p> <ul style="list-style-type: none"> • Board Membership and Orientation • Board Operations • Fiscal Management • Policies and Planning • Board/Executive Relationship • Board/LAO Relationship
Legislative and Obligation Source	LASA – Duties of clinic board s.39
Why is this measure needed?	<p>Clinic boards are responsible and accountable for the oversight of the funding provided by LAO and for the clinic's overall operations.</p> <p>As a funder LAO is required to ensure that its funding is used for the purposes it was intended for, it is managed within public sector values and ethics, and that services are provided efficiently and effectively. Good governance is an indicator of good oversight.</p>
Data Source	Governance Score Card
How this measure will impact the end users using CIMS	NA

Consultation Questions

1. Are there other components of Board governance that should be added to the Governance scorecard?
2. Are changes to the proposed question weighting that you would propose?

4.4 Summary of how CIMS will facilitate reporting on Performance Measures

1. The activity form allows users to record the activities performed and the time spent for each case. CIMS will perform all of the necessary calculations to create this performance measure based on the user's salary which is stored in the user profile.
2. When a case or initiative file closes the user must select the overall outcome of the file from a dropdown list.
3. If services are provided the user simply completes the Triage or Activity form to define the services that were provided. If services are denied or a referral is provided, the user identifies why the service was denied (drop down list) or completes the referral form (completing this form enables the clinic to provide the client with a printed referral report containing contact and location information).
4. When an outcome is recorded the user selects the stage that the outcome was achieved from a dropdown list.
5. When a complaint is received the user completes the complaint form.
6. CIMS will automatically calculate the time from the initial contact to when the triage is completed

5 Next Steps

LAO is seeking input from clinics on the proposed performance measures included in this report.

The consultation will start in May.

Each performance measure is followed by a series of consultation questions that are provided to start discussion. The responses to these questions are valuable to LAO, but the questions are not meant to limit comments. All feedback is encouraged.

The consultation process will be supported through:

- Online responses using the Requirements Tracking Tool (RTT)
- In person meetings with clinics, board chairs, or a representative of the board, and Executive Directors
- Teleconferences

Once the consultations with clinics are complete, LAO will meet with the ACLCO to obtain their views.

6 Conclusion

Moving forward on performance measurement and results-based management is critical to the sustainability of the legal aid system. Performance measurement promotes continuous improvement, which benefits clients and service providers while simultaneously demonstrating the value of legal aid services to the public and to taxpayers.

Appendix A – Governance Score Card

Board Membership and Orientation

Please check box Score

1	Are there written job descriptions or statements of responsibilities for the chair and the members of the board?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
2	Does the composition of the Board reflect the qualifications and/or experience necessary, including community representation, such as legal, financial, human resources and program experience and in compliance with the Clinic-LAO MOU?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5
3	Are the knowledge and skills needs of board members assessed annually and any identified gaps addressed in an annual board development plan?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
4	Do new board members receive orientation?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
5	Is there a Board Manual/orientation manual?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3

Board Operations

Please check box Score

6	Does the board update the need for <i>ad hoc</i> and standing committees annually and revise the structure accordingly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
7	Does the board have standing committees as provided for in the clinic's By-Laws?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
8	Does the Board meet on a regular basis and in accordance with the Clinic's bylaws and document meeting minutes, including key discussions and decisions for reference purposes, transparency and accountability?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
9	Has quorum been reached at 80% or more of the board meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5
10	Are minutes, committee and staff reports distributed to directors at least a few days in advance of board meetings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
11	Have minutes and materials been reviewed and approved for each meeting?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3

Fiscal Management

Please check box Score

12	Is the clinic's annual budget discussed by the board prior to approving it?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
13	Does the board receive at least quarterly financial reports and does it monitor the performance of the clinic in relation to its budget?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5
14	Are quarterly financial reports submitted to LAO in a timely manner?	Yes <input type="checkbox"/> No <input type="checkbox"/>	4

15	Does the board meet with its financial auditors annually to review the audited Financial Statements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5
17	Are the clinic's periodic and annual reports submitted to LAO within the required deadline?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3

Policies & Planning

Please check box Score

18	Does the clinic have up-to-date policies for the following:		6 =
	❖ Conflict of interest for members of the board of directors	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Staff supervision	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Clinic accessibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Human resources (e.g. vacation, bonuses, overtime, etc.)	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Complaints	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Retainer	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Outside work for staff	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Legal disbursement-client collection	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Purchasing, which ensures a competitive process for acquiring goods and services above a certain value, to be determined by the board	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
	❖ Limitation reminder or tickler system	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5
❖ Financial eligibility	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5	
❖ Opening, closing and central storage of clinic files	Yes <input type="checkbox"/> No <input type="checkbox"/>	0.5	
19	Has the board reviewed its policies, procedures and bylaws in the last year?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
20	Does the clinic have a current three- to five-year strategic plan or a set of long range goals and priorities?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5
21	Does the clinic develop and carry out an annual business plan as per the Clinic-LAO MOU?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3

Board/Executive Relationship

Please check box Score

22	Is there a clear differentiation and understanding of roles and responsibilities between the Board and Executive Director, including approval of expenditures of the Executive Director?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
23	Does the Board feel there is good two-way communication the board and the Executive Director? For example, does the Executive Director report significant organizational health statistics, such as absenteeism, sick leave days, staff complaints received, and financial health regularly to the Board?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
24	Does the Board regularly assess and document the performance of the Executive Director?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
25	Does the executive director report annually to the Board on the carrying out of staff performance evaluations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3

Board/LAO Relationship

Please check box Score

26	Is there is an understanding of the board’s accountability to LAO?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
27	Does the board believe there is good two-way communication between the board and LAO?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
28	Do members of the board meet annually with LAO representatives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	3
29	Does the board measure the clinic’s performance to ensure alignment with LAO’s goals and objectives?	Yes <input type="checkbox"/> No <input type="checkbox"/>	5

Total Score	100
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Board Relationship with Its Community

# of board members	
# of board members that represent community agencies	
# of members	
# of members attending AGM	
# of community agencies that are members of clinic	

Comments:

Instructions for the completion of the scorecard:

The Governance Scorecard must be reviewed by the board of directors and signed by the chair before submission to LAO.

Appendix B – Proposed Definitions

Areas of Law

Areas of law in which a clinic may provide service: social assistance/income maintenance, housing, pensions, worker's compensation, consumer and employment related disputes, human rights, Criminal Injuries Compensation Board, immigration and citizenship.

Case File

File Work related to a client's matter. One Case can have more than one retainer for different legal stages (levels of appeal) and up to five areas of law.

Case File Closing

Date when all matters laid out in the statement of purpose have been completed.

Case File Outcome

Result of client's matter. For example: hearing order, settlement, eviction, non-eviction, -financial recovery, immigration status settled.

Case File Work

Case file work includes legal research, drafting submissions, preparing for and appearing at hearings/court, travel, client meetings, case conferences, negotiations, letters, document-drafting, scheduling appointments, etc.

Client - Clients served with retained services, Clients served without retained services
Person to whom a clinic has agreed to or is obligated to provide a service or anyone to whom a lawyer owes a duty of confidentiality whether or not a solicitor/client relationship exists.

Client Objective

Client's expected/desired remedy to the matter

Community Services

The services provided to members of the community to support positive community relations → E.g. Faxing paperwork to other service providers, use of phone, etc.

Conflict Checking

Whenever confidential information is received from a prospective client, identifying information is checked against the clinic client database to avoid a conflict of interest (For definition of conflict of interest see Rule 2.04 of The Rules of Professional Conduct of the LSUC).

Direct Legal Services

The services provided to a client that are directly related to a case. For example the work entered into CIMS.

File Work

Legal or non-legal work relating to a Referral, Non Retained, Retained or Outreach File (includes legal research, drafting submissions, preparing for and appearing at hearings/court, travel, client meetings, case conferences, negotiations, letters, document-drafting, scheduling appointments, etc.)

Financial Eligibility

Whether the client meets the clinic's financial eligibility guidelines.

Initiative File

Work done or services provided in support of the initiative files. Initiative files include all work that does not fall into the case module. These files may have a defined start and end date or be on-going with no finite end date.

Initiative File Types include;

- Public Legal Education/Outreach
- Training
- Community Development
- Policy Advocacy/Law Reform/Systemic Advocacy
- Partners/Network/Community Groups
- LAO/Clinic Committee & Consultations
- Inter-Clinic Groups (includes study groups)
- Membership
- Media/Communications (includes newsletters, brochures, TV, radio, social media)
- Governance
- Professional Development (staff receiving training)
- Administration (Example: surveys and special requests, HR)
- Other

Initiative File Closing

Date when all matters laid out in the statement of purpose have been completed.

Initiative File – Admin

Business and operational activities carried out by the clinic related to HR (staff, volunteers, students and other resources), finances, funding, fundraising or other non-case administration.

Initiative File – Community Development

Assisting community organizations in the prevention of legal problems developing or worsening by empowering their members.

Initiative File – Governance

Activities as to how the clinic board guides and monitors the values, goals and operation of the clinic.

Initiative File – Inter-Clinic Working Groups (includes study groups)

Participating in clinic partnerships and groups to share knowledge and expertise.

Initiative File – Media/Communications

Providing information to an individual or organization engaged in the dissemination of information to the public (*Example: newsletters, brochures, TV, radio, social media*).

Initiative File – Memberships

Recruitment and administration of clinic membership (board and members).

Initiative File – Other

Catch-all category for activities carried out by the clinic that may not align with the defined categories.

Initiative File – Partners/Network/Community Groups

Participating in partnerships and community groups to bring knowledge and expertise.

Initiative File – Policy Advocacy/Law Reform/Systemic Advocacy

Influencing the content of laws, policies or practices that affect legal rights.

Initiative File – Professional Development

Clinic staff attending training to enhance their ability to carry out their clinic and professional duties.

Initiative File – Public Legal Education/Outreach

Providing information or education to the client community.

Initiative File – Training

Providing information or education to service providers/partners/other professional communities.

Intake

The first stage of a file related work that is broken into two portions – Initial contact and Triage.

Intake – Initial Contact

The first portion of the Intake process that includes the initial contact by a client and basic information collection

Intake – Triage

Second portion of Intake – the subsequent follow up to the initial contact to clarify the problem and determine the clinic's response

Matter

A client's concern/issue/questions.

Non File Related Work

Non-file related work Includes payroll, HR, ordering office supplies, etc.

Non Retained Services

File work where a retainer is not executed. The client is not represented.

Referral

Service cannot be provided-applicant given alternative source for assistance (this may be in combination with other services provided)

Retainer

A written or verbal contract between a clinic and the client specifying the nature of the services to be rendered, who will deliver services, and the cost of the services.

Retainer – Limited Scope Retainer

A contract specifying that the clinic provides legal services for part, but not all, of a client's legal matter by agreement with the client. The client is otherwise self-represented.

Retained Services

File work with a retainer (written or verbal) executed

Self Help

Case files where the clinic is NOT on record with a court or tribunal and is NOT signing letters on the client's behalf, but the clinic has an ongoing relationship with the client. (I.e. completing letters in the client's name and giving on-going advice to self-represented clients.) Financial guidelines must still be applied to Self-Help clients.

Service Complexity

Factors to be considered in determining the appropriate categorization of a service- e.g. number and complexity of documents prepared, level of court or tribunal involved, client special needs, number of persons affected by the outcome to the matter, monetary value to the client.