



Legal Aid Modernization Project Submission

September 2019

1. Introduction

The recommendations of North Peel & Dufferin Community Legal Services (NPD-CLS), are focused on legal clinic services; we do not consider the services currently provided by Legal Aid Ontario in this submission.

At NPD-CLS, a key value is being **client-centred**: “The client is our first priority, and the focus of our efforts. We respect our clients’ dignity as we work in non-judgmental, holistic ways to provide high quality customer service.” Every recommendation made in this submission is directed toward what is best for our clients.

2. Summary

This is a summary of the most important points in this submission.

- The goals of the Legal Aid Modernization Project are largely already being met by the community legal clinic system; there is room for improvement but we should build on what we have.
- The goals of the Modernization Project can be accomplished within the *Legal Aid Services Act* (LASA) as it currently exists.
- Governance by community based boards of directors is critical because we need to fearlessly defend the rights of our clients and communities without fear of reprisal; and also because local control allows us to be nimble in responding to changing needs.
- Mandatory standards for boards of directors could be set by the funder. There should be local governance and also assurance of the quality of that governance.

- Mandatory standards for legal clinics, including elements of modernized service delivery, could be required by the funder. A relatively fast process for imposing conditions, trusteeship or de-funding could be put into place for circumstances of non-compliance.
- A rigorous quality assurance or accreditation program should be established.
- There should be a funding formula for legal clinics, mostly based on the low income population in the catchment area.
- Clinics should receive envelope funding with a three year funding cycle.
- There should be fewer, larger community legal clinics.
- Access to legal services is best served through multiple points of entry (see examples in Part 9).
- Client navigation of legal aid services could be more seamless if LAO and clinics obtained basic information from clients and arranged for the client to be contacted by the appropriate service.
- Modernized service delivery, including client focused services and effective use of technology, should be required of legal clinics and is already being provided by legal clinics (see examples in Part 11).
- Central supports (including specialty clinics) are critical for the effective operation of the community legal clinic system.

3. Community Board of Directors Governance

Community legal clinics must continue to be governed by independent community based boards of directors. Direct management by Legal Aid Ontario (LAO) or some other agency, or by the provincial government, would negatively impact the effectiveness of legal clinics. We need to be independent so as to fearlessly defend the rights of our clients and communities; we also need to be independent to be nimble in addressing issues and to reduce red tape and bureaucracy.

Independence is required because often legal clinics are defending clients' interests in disputes with public agencies such as Ontario Works or ODSP. Control by the government (or by an agency controlled by the government, such as LAO, whose board members are appointed by the government) could lead to direct interference with the work of legal clinics. It could also have an indirect impact by influencing legal clinics to shy away from litigation or advocacy which could offend the government.

The independence of legal clinics is also an important part of being nimble in responding to a community's needs. It is common for legal clinics to discern a problem and shift resources or change processes quickly to address it. For example, our collaborative partnership with the Canadian Mental Health Association (CMHA) came together very quickly through mutual recognition of unmet need, discussion of how to address the problem, and rapid development of a pilot project. We routinely engage in action research to evaluate the best approach to an issue that we identify through our roots in the community.

In contrast, projects which are led by or controlled by LAO tend to get bogged down in red tape and bureaucracy and take a long time to implement. Perhaps this is an inevitable result of a much larger organization.

Legal clinic boards of directors should be policy boards and should not be involved in operational matters. In the early days of the clinic system, many boards of directors were very involved in operational matters but almost all have moved on from that. Our legal clinic's approach to management is similar to that of most other legal clinics.

At NPD-CLS, the board is very much a policy board. The board hires and fires the Executive Director (E.D.) and all other human resources matters, including hiring and firing of all other staff, are the responsibility of the E.D. Our board of directors has a fiduciary responsibility to our non-profit corporation, they set the strategic directions, they ensure compliance with our funding agreement and they establish the vision, mission and values statements that guide us. The board sets the policy objectives and the E.D. is responsible for the policies and procedures to accomplish those objectives.

The funder could mandate minimum standards for boards of directors. For example: it could be a requirement that boards be policy boards, perhaps specifying some issues which are operational issues; there could be limits on how long an individual can serve on the board; and so on. Elements of an effective board of directors could be identified and mandated.

Currently, there are policies which LAO requires clinics to have which undermine the concept of policy boards by requiring boards to address operational issues. These policies date back to the early years of the clinic system.

4. Accountability

There has always been a delicate balance in the community legal clinic system between independence and accountability. As noted above, community legal clinics need to be governed by local community boards of directors. However, the funder needs to ensure accountability for the expenditure of public funds.

LAO has considerable powers under the *Legal Aid Services Act (LASA)* to set standards for legal clinics, to mandate operational requirements, to ensure high quality services and to use its funding powers in cases of non-compliance. There is scope

within LASA to meet the goals set out in the Modernization Project. This does not require legislative change; it requires the will to act.

There may be a desire to mandate certain core areas of poverty law which must be delivered by all community legal clinics, so that the public will have a reasonable expectation that the services available do not vary by geography. However, caution should be exercised in making such a requirement. There must be provision for exceptions, since even in the core areas of poverty law, there may be some parts of the province where there is little need for a specific type of law. As well, this has to be tied to a funding formula based on need: often legal clinics do not provide assistance in a particular area of law simply because they are not sufficiently well funded to do so. Requiring all legal clinics, regardless of resourcing, to provide the same services would lead to a broad range of services being delivered in an ineffective, minimal way.

Whatever requirements are mandated for legal clinics, there is provision in LASA for funding consequences. While LAO has complained that the process for de-funding is too cumbersome, LASA does not contain cumbersome provisions. There is nothing in the Act preventing adoption of a more streamlined process. LASA provides for standards to be set by LAO, for funding to include terms and conditions, for directions to be issued to a clinic which does not comply with requirements and for funding to be reduced or removed for non-compliance. LAO has very wide powers under LASA.

Before reducing or suspending funding, the Act requires LAO to give a clinic a reasonable opportunity to comply. A clinic may ask that a funding decision be reconsidered by the Clinic Committee of LAO's board and the committee shall provide a written decision, with reasons. No specific process or timelines are set out in LASA. The process need not be cumbersome or overly lengthy.

Most importantly, it must be recognized that in the rare circumstance where a community is being poorly served by its legal clinic, reducing funding so that service will thereby be further reduced is not a desirable outcome. Instead, the goal should be to take whatever steps are necessary to bring the legal clinic up to the required standards. This could include requiring compliance with conditions within a specified timeframe, imposition of a temporary trusteeship or, in the most extreme cases, de-funding and establishment of a new legal clinic to serve the community.

5. Quality Assurance

A key part of ensuring high quality services is an effective quality assurance or accreditation program. Quality assurance programs for Ontario's legal clinics have been fairly limited in their scope. To provide accountability for the expenditure of public funds, an accreditation program, such as that used for community health centres, should be considered. Legal clinics deliver high quality services; a rigorous accreditation program would provide an opportunity to demonstrate this.

Of course, it must be recognized that an effective quality assurance or accreditation program is expensive and takes resources away from the delivery of front line services. However, it is a necessity for ensuring effective use of public funds.

We deliver high quality services, we want the public to be assured that we and all other legal clinics deliver high quality services, and if any legal clinics are not doing so, we want that corrected. We anticipate that other legal clinics would share this viewpoint. A sector wide approach to quality assurance ensures that the sector as a whole is robust. Legal clinics should have a detailed, third party, accreditation or quality assurance program and an effective compliance procedure that moves as quickly as is congruent with fair process. This could be done under LASA.

6. Funding Formula

Our comments in this submission relate to the funding of general service community legal clinics serving a geographic area. We make no comment on the appropriate funding formula to use for specialty or ethno-linguistic based clinics.

LAO has never had a funding formula for legal clinics. This is in contrast to how most other public services are funded.¹ For the most part, funding has been historical: a particular legal clinic has always received a certain amount of funding, so it receives that same amount year after year, with the same level of increase in funding as other legal clinics. When LAO provided increased funding to legal clinics in recent years (the “FEG” funding, related to increased financial eligibility guidelines), some of that funding was disbursed based on the low income populations served by legal clinics but most of it was not.

This has led to some Ontarians being second class citizens for the purposes of access to poverty law services. NPD-CLS serves the third largest low income population of any legal clinic in Ontario and we are the second worst funded on a per capita basis. A low income person living in Brampton has less access to clinic law services than a low income person living in almost any other part of the province.

One legal clinic serving a low income population two-thirds that of NPD-CLS receives \$800,000 more in annual funding. Another clinic with a low income population similar to ours receives in excess of \$1 Million more in annual funding than does NPD-CLS. Some other legal clinics receive four times or more the funding of NPD-CLS on a per capita basis. These examples are all in Southern Ontario. These are not insignificant differences. We note that the better funded legal clinics are doing excellent work and are still under-funded with respect to the need for their services.

¹ For example, funding for schools or hospitals.

The funding formula should be based mostly on the low income population in a legal clinic's catchment area.² This issue was examined in depth in the GTA Transformation Project, as described in the *Vision Report* issued in 2014.³

In estimating the demand for need for legal clinic services, one can come up with many other factors to consider apart from the low income population. For example, many factors are considered in the City of Toronto's Neighbourhood Equity Index. However, as pointed out in the *Vision Report*, data on those factors is not consistently available across the province. A provincial funding formula must rely on data which is comparable across the province.

As well, the *Vision Report* noted that other factors tend to map out the same as the low income measure population ("the LIM population"), so including other factors is unlikely to have any significant impact on resource allocation. For example, when the distribution of population with much lower incomes was examined, there was little variation from the LIM population distribution. Similarly, population distribution based on other need factors, such as immigration, largely matched the LIM population. The LIM population is the most reliable indicator of potential legal clinic clients.

NPD-CLS is not opposed to using factors other than the LIM population in a funding formula. We would welcome any such funding formula that could be practically implemented. However, it does not appear that there is other useful data which is uniformly available across the province for legal clinic catchment areas. As well, the inclusion of other data is unlikely to change the results. Refraining from using a reliable indicator of need because theoretically there may be better ways of defining need (although those cannot practically be implemented) does a disservice to low income Ontarians.

We acknowledge that there needs to be some adjustment in a funding formula for extremely large geographic areas with significant travel requirements, although the importance of this continues to decline with the availability of better technology. It would require discussion and more specific analysis of the impacts of distance to come up with a formula, but such an adjustment should be included.

We also note that a big challenge for legal clinics in the far north is the unavailability of reliable high speed internet connections. The Ontario government should invest in this infrastructure development as the opportunities to increase efficiency – not just for legal

² On the occasions that LAO has allocated increased funding based on the low income population, it has used the LIM-BT measure (Low Income Measure – Before Taxes) drawn from tax filer data. This should continue to be the measure used. It would ensure consistency with past practice and provide the most useful data. LIM data from the census (as opposed to tax filer data) excludes the on reserve indigenous population and the population living in collective dwellings such as senior's homes, hospitals, shelters, hotels, and jails. As well, census data lumps together unrelated individuals living in the same house as one "household", thereby under-representing the low income population (the methodology is different with tax filer data). Tax filer data is also updated more frequently than census data.

³ LAO invested significant funds in this study but took no action on its findings.

clinics but for all kinds of publicly funded services – would increase dramatically with the availability of a solid internet connection.

7. Funding Framework

Most community legal clinics currently receive funding which is divided into personnel funding and operational funding and funds in these two pools cannot be crossed over. Legal clinics should have “envelope funding” where the clinic simply has a total amount of funding for the year which can be allocated as required.⁴ This improves the planning capacity of a legal clinic and allows for more efficient operation.

However, it needs to be recognized that there are some expenditure requirements which will require funding adjustments. The most important of these is rent: when a lease expires, a legal clinic may require a significant adjustment in funding to deal with increased rent or with a move. It is not possible for a legal clinic to plan effectively for this. Other (less important) changes can include changes to EI, CPP or Law Society dues. The funding system needs to take these changes into account by adjusting funding (including for envelope funded clinics) to accommodate these changes – especially rent.⁵

Funding should be set for a three year period (with provision for adjustment in the case of significant changes). Legal clinics should be able to carry forward surpluses during the three year period. The current system of one year of funding and claw-back of surpluses significantly reduces a clinic’s ability to plan. LASA already allows for a three year funding cycle.

8. Size of Legal Clinics

There should be fewer, larger community legal clinics in Ontario. This one change would affect many other issues being considered in the Modernization Project: a larger legal clinic is likely to have better governance and more innovative, efficient and effective service delivery.

This issue was studied in the GTA Transformation Project, with the results detailed in the *Vision Report*. The conclusion was that legal clinics should be larger to improve their effectiveness and efficiency. LAO chose not to act on this report. There are many benefits that flow from increasing the size of legal clinics:

Larger Staff Pool:

- Ability to re-deploy staff makes service more sustainable (sick leave, vacation, parental leave, etc.).
- Dedicated intake staff, outreach staff, client navigation staff, etc.
- Team approach to areas of law.

⁴ NPD-CLS already has envelope funding.

⁵ Although not specified in the funding agreement, this has generally been LAO’s practice. However, it is not clear that LAO would make the same adjustment for increased rent for envelope funded clinics. As well, with the funding cuts this year LAO has not been covering increased rent costs.

- Able to support multiple client access points.
- Less stressful for staff.
- Better able to respond to emerging issues.
- Service in more areas of law.
- Specialization of legal staff.
- Synergy of a larger staff group working together.
- Ability to match tasks to the skill sets of staff: *i.e.* have the most expensive staff only do the tasks which require their skillset.⁶

Improved Client Service:

- Faster client service.
- More areas of law.
- Greater staff specialization means higher quality service.
- Improved outreach with specialized staff.
- Better able to manage high volume caseloads (e.g. ODSP).

Improved Community Development & Law Reform

- Remove duplication of representation and effort on law reform and community development projects, freeing up resources for more projects.⁷
- Focused efforts instead of being diffused over several clinics.

Improved Management

- Leadership by managers who are not primarily caseworkers.
- Better volunteer/student/pro bono management: able to establish sustainable, organized programs, with proper recruitment and training.
- Improved technology: able to dedicate more resources (particularly human resources) to establishing and supporting technology.
- More professional human resource management.

Reduced Administrative Overhead & Expenditures (only one each of the following):

- Executive Director.⁸
- Office Manager.
- Board of Directors (meetings, recruitment, *etc.*)
- Funding application.
- Statistical and Financial reports.
- Annual General Meeting.
- Bookkeeping & Audit.

⁶ In small legal clinics, often the most highly paid staff have to perform functions which could be done by less expensive staff, because the small staff pool does allow for efficient division of tasks.

⁷ Often one municipality (such as Toronto) will have several legal clinics, all participating in the same law reform and community development projects. For NPD-CLS, many of the issues we deal with are with the Region of Peel, leading to duplication of effort between our legal clinic and Mississauga CLS.

⁸ Depending on how large a legal clinic is, there may be some middle management supporting the E.D. and/or Office Manager.

- Response to system issues.
- Policies and policy revisions.
- Human resources management.
- Templates and forms.
- Telephone/fax/scanner/copier/printer contracts.
- IT development.
- Intake system and other operational processes.
- Library. *Etc.*

In recent years, a number of clinics have voluntarily amalgamated and they have clearly benefitted from being larger organizations: they operate more efficiently but also provide greater breadth and depth of client services. We have clear, empirical Ontario evidence of the benefits of larger legal clinics.

The Hamilton clinic was the first and is one of the largest in the province. The expected benefits did materialize there, with same day legal advice service, efficiencies in service delivery, the ability to respond quickly to changing circumstances, less stress on staff and the development of innovative programs that were not possible before.

There have been many legal clinic mergers in the U.S. A review of literature on U.S. mergers shows that the synergies in mergers are real, with staff and delivery systems often complementing each other in unexpected ways. As well, it becomes possible to engage in new projects and initiatives which previously would have been too difficult to undertake as a smaller organization.

In some locations, amalgamation may not be feasible and it may be necessary to continue to fund a small legal clinic. However, the possibility of shifting to larger clinics should be considered across the province. There are many areas where small clinics could be combined into one larger legal clinic serving a larger catchment area.

Technology has improved the options for serving larger areas. NPD-CLS serves an area of almost 2,500 sq. km. and northern legal clinics cover extremely large catchment areas. Having a plethora of small legal clinics serving small catchment areas is not providing the best possible service for low income Ontarians.

9. Access to Legal Aid Services

Access to legal aid services is best served through multiple points of entry. NPD-CLS, like other legal clinics, provides many ways for people to access our services, including:

- **In person.** People can walk into our office for service, Monday to Friday, 9:00 to 5:00. We do not close for lunch or for weekly staff meetings. The public has a right to expect us to be open for service during normal business hours. We make arrangements as necessary to meet with clients outside of regular hours (whether to apply for services or to receive services).

- **Telephone.** This is the most popular method for initial contact.
- **Email.** Some people make initial contact by email. Email has become the primary mode of communication once we begin providing service to a client. On first contact by a new client, we confirm and record consent (or not) to email and text communications.
- **Text messaging.** For some clients, the availability of text messaging is key to maintaining contact with them.
- **Website.** Before requesting service, people can access detailed information on what we do on our website. Legal information is also provided there (thanks to CLEO). All of the information needed to see if we are the correct place to get help can be accessed 24/7.⁹ As well, potential and existing clients can see photos, bios and individual contact information for all of our staff. A statement in the eleven most commonly used languages in our area advises that we provide free legal services and have immediate telephone translation available.
- **Online application.** We have an online application form on our website, which mirrors the intake process used by our staff when someone telephones or walks into the clinic. A prospective client can complete the application form at their convenience, outside of regular office hours. The form concludes by asking when would be a good time for us to get in touch with them, and what would be the preferred method of contact.
- **Tenant Duty Counsel.** We provide tenant duty counsel (TDC) services at Landlord and Tenant Board hearings in Orangeville.¹⁰ New clients are entered into our client management database (CIMS) on location.
- **Collaborative projects with other agencies.** We have various collaborative projects with community partners which involve alternate intake processes. For example: CMHA staff complete an intake form and schedule an appointment for clients with severe mental illness; ODSP clients are identified by the Dufferin Area Family Health Team (DAFHT), DAFHT staff complete the intake form, send the client's electronic health records to us, and schedule an appointment; for non-ODSP clients, DAFHT staff complete an intake form and can schedule a video interview; there is a special process for clients referred by the Safe Centre of Peel; *etc.*

⁹ This is what we all expect for any service, public or private, and the public should expect the same from community legal clinics. Thanks to CLEO's website project, this is now becoming a reality for more legal clinics.

¹⁰ Tenant Duty Counsel is one of the great services provided by ACTO (Advocacy Centre for Tenants – Ontario), a specialty clinic. We provide this service in Orangeville through a contract with ACTO.

- **Trusted intermediaries.** Staff at other community agencies, such as settlement agencies, can connect clients with us by completing our intake form (fillable PDF), using our online intake form or by making a warm referral to our legal clinic. Staff at other agencies can also contact us directly for legal information on behalf of a client.
- **Referral from another legal clinic.** When receiving a referral from another legal clinic, that legal clinic can (with the client's consent) provide contact information to us and we will contact the client rather than the client having to contact us. This makes the provision of legal aid services seamless for the client.

These are our examples. Other community legal clinics also have multiple points of entry which suit their local needs. Client access is best served by a variety of points of entry, with a “no wrong door” approach, rather than by a single point of entry.

10. Client Navigation

Our client navigation and referral service is critical for streamlining clients' experiences with the legal aid system. Our Client Service Representatives (CSRs) are the first point of contact for anyone requesting service. As with other legal clinics, a significant number of people contacting us have issues that we do not assist with (for example, criminal law or family law matters). Our CSRs are skilled at making effective referrals and getting people to where they can get help, be it LAO or elsewhere. Where required, they make warm referrals and ensure that the client gets connected with a service that can help.

This system could be improved. Just as legal clinics are contacted by people needing LAO services, LAO is contacted by people needing clinic services. To provide a more seamless client experience for all aspects of legal aid services it would be helpful if both LAO and legal clinics had a method for direct contact to confirm services available or to facilitate the warm transfer of a client.

For example, a legal clinic could take down contact information for a client, note the type of legal problem, ask when would be a good time to contact the client (and by what method), then email or direct message that information to LAO instead of just giving the client LAO's telephone number. LAO could then contact the client using the preferred method (phone, email, text). LAO could do the same for people contacting LAO who require clinic law services, sending that information to the appropriate legal clinic, which would then contact the client.

11. Modernized Service Delivery

Community legal clinics are constantly modernizing their service delivery methods. With inadequate and capped funding, we are constantly striving to be as efficient and effective as we can be, so that we can serve as many people as possible.

A core principle for NPD-CLS is client focused services: we are always viewing our services through a client lens and developing processes that work best for the clients. To deliver client focused and efficient services, we are always prepared to quickly change how we do business.

Here are a few examples of our modernized service delivery. Other legal clinics have similar examples of how they have adapted to meet the needs of their communities.

- **Wide Array of Services.** It is a fundamental principle of the clinic system that all legal clinics deliver a wide array of services. By engaging in advice, unbundled legal services, representation of clients, referrals, public legal education, community development and law reform activities, community legal clinics use the most efficient and effective methods to forward the goals of their clients and client communities. This is similar to what corporate law firms do for their clients.
- **ODSP Disability Cases.** Clients trying to obtain ODSP benefits constitute 16% of our new cases and 25% of our legal staff resources. We provide full representation for every ODSP disability case (unless there is absolutely no merit to the application). To handle the volume, we have implemented a number of efficiency measures.
 - Like many legal clinics, we use a systemized approach for these cases, managed by an ODSP Case Manager (a law clerk type of role) working with one lawyer and one paralegal.
 - We have moved the work upstream by assisting with applications, not just doing appeals of denials; the percentage of applications (as opposed to appeals) has steadily increased and is now 30% of our ODSP cases. Creating successful applications instead of appeals reduces our staff time for a successful case, and it gets benefits for clients faster.¹¹
 - We developed health justice partnerships, with legal and medical staff working together to create successful ODSP applications and appeals.
 - The internal review step in ODSP cases is generally considered to be a required but useless step in the process; with a health justice partnership, we are now seeing denials reversed on internal reviews, providing a quick win for clients.
 - We do most of our Social Benefits Tribunal hearings by video, which makes clients feel more comfortable (often leading to improved testimony) and saves time for our staff.
 - We provide training for doctors and other medical staff on how to create successful ODSP applications.

¹¹ However, it can increase disbursements costs (the cost of medical reports to support applications or appeals). With a successful appeal, a client will typically get about one year of retroactive benefits and can afford to reimburse us for the cost of the medical reports; there are no retroactive benefits with a successful application as the client gets benefits without the delay of an appeal but there are the same medical report expenses, borne by the legal clinic.

- **Health Justice Partnerships.** Collaborative health justice partnerships lead to better medical and legal outcomes.
 - Our ODSP Project with the Dufferin Area Family Health Team (DAFHT) creates a more efficient and effective methodology for successful ODSP applications and appeals. Clients are identified by DAFHT staff, who do an intake for us, schedule an appointment on a shared online calendar and send us the client's electronic medical records. Medical and legal staff then work collaboratively on the cases.¹²
 - Working on ODSP cases as a medical-legal team leads to an extremely high success rate for applications. For appeals cases, it leads to many denials being reversed on internal review, so that no appeal is necessary.
 - For non-ODSP cases, DAFHT staff complete an intake (fillable PDF form) and forward the information to the legal clinic. Medical and legal staff then work together on the client's case.
 - Some clients with severe mental illness are reluctant to contact us and are more comfortable at the familiar and safe environment of the Canadian Mental Health Association (CMHA) office. CMHA identifies such clients, completes our intake form, and schedules appointments for our bi-weekly visits to CMHA to provide legal advice on-site.
 - We also have clients with severe mental illness who are reluctant to access other services. CMHA sends one of their staff to our office on a bi-weekly basis to meet with such clients, or with legal staff to discuss how best to assist clients.
 - All of our staff have had mental health training from CMHA. Two of our staff have advanced training in dealing with clients with suicidal thoughts.

- **Video Technology.** Video technology has greatly increased our efficiency and improved our client service. We have two dedicated video rooms at our office. We look forward to continuing to expand our use of video technology.
 - We do most of our Social Benefits Tribunal hearings by video. Clients are more comfortable in the familiar location and do not have to embark on a lengthy trip to an unfamiliar location. Staff save travel time and also waiting time (in-person hearings can mean hours of waiting; video hearings are scheduled for specific times).
 - We do not expect clients in Dufferin County to come to Brampton for service and the travel time to Orangeville (the most southern, and populous, centre in Dufferin County) can be 1.5 hours round trip. We can often avoid making that trip by having video interviews with clients. Our clients can go to the CMHA office in Orangeville, where they are greeted by friendly staff (who will also arrange for faxing or emailing as needed) and ushered into a video conferencing room to connect with our staff in Brampton. As a side benefit, some clients, through this introduction to CMHA, have later also become CMHA clients.

¹² We had a similar health justice partnership with Bramalea Community Health Centre, which was paused due to a shortage of doctors and which we anticipate will resume.

- When we meet with CMHA clients at their office in Brampton, instead of sending legal staff, we send a Client Service Representative with a laptop. CMHA clients get video interviews with the appropriate legal staff according to the type of legal issue.
- NPD-CLS does not handle workers' compensation cases.¹³ However, we have a collaborative relationship with IAVGO, one of the WSIB specialty clinics. Injured workers in our area can come to our office and have a video interview with an IAVGO worker, so that they do not need to travel to Toronto.
- **Mobile Staff.** Our staff are mobile and can work from virtually any location. They have ultrabook computers (lightweight, instant-on laptops), softphones (software on their laptops which connects them to our phone system, allowing them to place and receive calls, dial extensions, *etc.* as if they were in the office), and cell phones. We have portable scanner/printers. For locations without an available internet connection, we have a mobile cellular hotspot connection. Our client management database (CIMS) can be accessed anywhere that we have internet access and every detail of each case is available in CIMS.
- **Texting.** Texting has proven to be extremely valuable for keeping in touch with some difficult to reach clients. However, texting from staff cell phones could lead to problems (phone calls at all hours). We resolved this issue with a browser based software solution. From the client's perspective, it is the same as sending and receiving text messages with another cell phone. On our end, staff receive an email anytime there is a text message, so they are alerted to check online.
- **Digital Workflow.** Our work is increasingly digital, not paper based. This makes information more instantly accessible, available to all staff (not just the person handling the case) and up to date. It improves the quality of service to clients, and makes our staff more efficient and better able to work from any location.
 - We have paperless files: all information for any case must be contained in the CIMS record. This also saves money as our storage costs for physical files had been increasing alarmingly.
 - Communications are mostly digital now. Communications with clients, opposing parties and tribunals are generally by email. This saves time otherwise spent on printing, copying and mailing, and makes storage of documentation faster and easier.
 - When a matter is completed, every client is sent an email with a link to our online client satisfaction survey.
 - Applications for service can be made online on our website or by agencies using our fillable PDF form, which is then emailed to us.
 - Meetings are more often held via Skype than in person.

¹³ With our scarce resources, NPD-CLS makes a practice of not handling areas of law which are serviced by others. For example, we do immigration law but not refugee cases as LAO deals with those. There are three specialty legal clinics dealing with WSIAT cases as well as the Office of the Workers' Advisors.

- Client interviews are done by video when that will save travel time and provide better service for clients.
- Clients are often stymied by how to present evidence on their cell phones (such as text messages, voice mail messages, records of calls, etc.) at tribunals, such as the Landlord and Tenant Board. We have software available to put that evidence into printed form for them.
- **Go Where Clients Are – Cost Effectively.** Like other legal clinics, we try to deliver services where the clients are. We try to do this as efficiently as possible; we do not want a lawyer or paralegal to spend travel time and then sit somewhere with no-one to see. Clinics often use satellite offices and that is a great way to deliver services if there is sufficient volume to warrant placing a staff person there. We do not have sufficient number of clients in Dufferin County to justify a permanent satellite office. A part-time presence (for example, every other week) may mean that clients are not receiving timely service. Where the numbers warrant it, we schedule an in-person presence (for example, we have full days of appointments scheduled for new ODSP clients in Orangeville twice monthly). Otherwise, we rely on a community partner (CMHA) and video technology to deliver quick, high quality service in Orangeville. Similarly, when we make our bi-weekly visit to CMHA’s Brampton office, rather than use valuable legal staff time, we send a CSR with a laptop. The video interviews save legal staff time while also improving quality of service by ensuring that the most knowledgeable lawyer or paralegal in a particular area of law provides the service.
- **Social Work Services.** Social work has always been an integral part of the work of legal clinics, even if not labeled as such. Many of our clients have mental health issues. Legal clinic staff need to know how to de-escalate situations and how to build rapport with clients. All of our staff are expected to engage in this sort of client management work. Many legal clinics have started hiring social workers and that is a wonderful step forward. NPD-CLS decided that we could not yet afford to go that route as we have such desperate need for lawyers and paralegals. Instead, we took the following steps:
 - Instead of “support staff” or “receptionists” we have Client Service Representatives (CSRs) and it is a job requirement that they be a registered social worker or social service worker. CSRs are the first point of contact; they do initial intake, provide skilled referrals as they assist clients in navigating available services, and support legal staff.
 - Throughout the school year, our CSRs are assisted by student placements from social service worker programs in several colleges.
 - All of our staff have had mental health training.
 - We have a reciprocal arrangement with CMHA whereby they send one of their staff to our office on a bi-weekly basis to meet with our clients or with our staff.

- **Collaborative Partnerships – Not Hubs.** In our opinion, collaborative partnerships are a more efficient way to deliver seamless service for clients than hubs. Hubs have considerable administrative overhead as there has to be a layer of management for the hub, apart from the individual agencies. This can be quite time consuming as the various agencies try to sort out their competing needs and work styles. It is also particularly difficult for legal clinics due to the confidentiality requirements of law practices. With partnerships, there is no need for shared management, just clear agreements on protocols for a seamless client experience. Formal integration with other services, as in a hub, adds an additional layer of bureaucracy.
- **Specialization & Integration.** Our lawyers and paralegals are specialized, with most working in one area of law and working as part of a team. We find that this improves the quality and efficiency of legal services. However, clients' problems often cross over various areas of law, so our legal teams work together on cases as needed. As well, cross-team consultations are always quickly available.
- **Public Legal Education (PLE) & Community Development.** We do PLE work directed at our client group (for example, our monthly presentations at a local shelter, our regular presentations at ESL classes and our presentations for foreign students at colleges) and that work is valuable. However, we consider our most important PLE and community development work to be that aimed at developing relationships with other community organizations so that trusted intermediaries (staff at these organizations, known to and trusted by potential clients) can connect clients with our services.
- **Solving Problems Upstream.** We are always looking for ways to resolve clients' problems earlier in the process.
 - We increasingly do ODSP applications instead of appeals.
 - For ODSP appeals, health justice partnerships can lead to resolution at the internal review stage.
 - Our PLE work educates trusted intermediaries and clients to come to us earlier with problems.
 - We are in talks with the Region of Peel's Housing Dept. (together with Mississauga CLS) aimed at developing various ways of resolving housing issues (subsidies, evictions, repairs, etc.) earlier.
- **Client Demographic Data.** CIMS allows us to collect a great deal of information on clients, so that we can learn more about our client base. This includes information on gender, sexuality, race, education and much more. We have been gathering this detailed information (with client consent).

12. Central Supports

The clinic system is made up of many individual community legal clinics working effectively together. For this to work, some central supports are necessary. Central supports such as the Clinic Resource Office, CLEO, the specialty clinics, the ACLCO, Knowledge Now and the Learning and Training Program are all critical to the success of local legal clinics and the system as a whole.