TIG FINAL EVALUATION REPORT

Grantee name: Pine Tree Legal Assistance

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I. Project Goals and Objectives (maximum 1 page)

Project Goal: Increase low-income individuals' access to legal resources and services and the operational effectiveness and efficiency of LSC grantees in Maine and Connecticut by developing and implementing: (1) a new online intake system in Maine, and 2) a triage tool which will be integrated with the Maine online intake system and complementary to the existing online intake system in Connecticut.

Project Objective 1:
Develop and implement an online triage system in Drupal 7 for the LSC grantees in ME and CT that enhances low income persons' ability to access appropriate legal information, resources and services and that enhances grantees' effectiveness and efficiency.

Project Objective 2:
Develop and implement an online intake system for Pine Tree Legal Assistance using a Drupal interface which enhances applicants' access to legal services by allowing them to apply for assistance at any time.

Project Objective 3:
Improve effectiveness and efficiency of Pine Tree Legal Assistance's intake systems by developing and implementing system integration functionalities that allow staff to collect and seamlessly transfer client intake data from online applications to the program's case management system (Legal Files).

Comment: These goals and objectives remained constant throughout the course of the project.

II. Evaluation Data and Methodologies (maximum 1 page).

Our evaluation data for the triage system, as outlined in the evaluation plan, includes the following:

- Descriptions of systems built.
- Major changes made in response to testing.
- Links to the systems we built.
- Description of outreach activities.

- Numbers of users and their demographic profiles based on internal Drupal system reports and LegalFiles reports.

Maine's evaluation data for the online intake includes:

- Detailed data re: users of online intake, based on Legal Files reports.
- Information from staff and Legal Files data regarding effectiveness and efficiencies of online intake.
- User comments re: usability and changes made in response.
- Description of staff trainings, participation rate, and results.

Comments:

Our evaluation methodologies and the resulting evaluation data generally reflect the strategies and data points described in our evaluation plan. The detail of data we have been able to capture from triage users through our internal Drupal reports has exceeded our expectations. Also, as explained further in a later section, based on early user testing results, we were able to build out some additional functionality to give a "lost" triage user a second chance to find the right "pathway" for their issue.

With the exception of staff testing, we did not conduct in-person surveys with users, relying instead on results of optional online surveys available at the end of the triage process and from monitoring our automated Drupal reports. The automated reports proved to be very helpful. Maine made one attempt to involve client board members with testing and feedback but did not realize much useful feedback.

As reported to LSC earlier, Maine is somewhat challenged with providing baseline data for purposes of evaluating the effectiveness of online intake. Much of the baseline data we had anticipated using became less meaningful when we purchased a new phone system and implemented centralized phone intake just as this TIG project was being implemented. This was an unanticipated event due to the unexpected "crash" of our old phone system. As a result, it is challenging to sort out which changes in the quantity and nature of our newer intake data were caused by the implementation of the new centralized phone system vs. the result of our new online triage and intake systems.

III. Summary of Major Accomplishments, Recommendations and Future Steps (1 page).

Online Triage (CT and ME)

Grantees from both states are extremely pleased with the Drupal-based online triage system they have implemented. (Vermont also participated in this process but under a different TIG grant.) Our declared success for this project takes into consideration these major factors:

1. Online users are required to answer very few questions up front.

2.   The interface is simple, clean and user-friendly.
3.   The logic tree, based on many project partners' insights, was carefully executed, and, therefore, reflects our web users' actual, relatable experience.

Due to these primary factors, a large number of web users utilize our online triage tools and, of those, an impressive percentage of users complete the triage process and obtain useful, carefully tailored information about next steps, best online resources and where to get more help.

Connecticut utilized the same successful format to build a version of triage in Spanish. That parallel system provides culturally correct resources for individuals seeking help in Spanish.

See responses under Section IV below – addressing potential future development and adaptations.

Maine Online Intake

Due to the sudden, unanticipated implementation of our new centralized phone system in July 2015 and other technical complications with perfecting all of the import details (Objective 3), we did not implement the online intake portion of our project statewide until several months after the original target date. As a result, we have less data to report related to online intake, in contrast to triage. Based on the first nine months of statewide data we do have (April-December 2016), we are seeing about 24 online users per month complete and submit our online intake form. This is in contrast to over 500 a month for overall intake. Basically, the triage system is doing its job of targeting relevant cases so that the online applications we are getting are relevant to our priorities, and the import system is working smoothly. Our biggest challenge with online intake has been the difficulty of re-contacting applicants.

IV. In-Depth Analysis of Accomplishments (maximum 10 pages).

Project Objective 1:
Develop and implement an online triage system in Drupal 7 for the LSC grantees in ME and CT that enhances low income persons' ability to access appropriate legal information, resources and services and that enhances grantees' effectiveness and efficiency.

Strategies / Activities:
Develop and implement a Drupal-based triage system specific to ME and CT, which will interview a potential applicant, assess their needs, and either fast-track them to legal services or refer them to appropriate resources elsewhere on the web;
Test systems and make changes based on test results and potential user feedback;
Develop online intake system in ME and adapt triage tool to CT online intake;
Launch triage system in ME and CT and begin beta testing;
Translate the CT triage tool into Spanish;

Conduct publicity and outreach activities to inform low income community and partners about system;
Develop/implement evaluation system for online system and staff users;
Utilize Drupal analytics to track usage of the triage module;

Comment: We implemented all of the above-described strategies.

Evaluation Data:
Description and specifications of triage system integration software / hardware components
We built the ME, CT and VT triage systems on our existing Drupal-based statewide websites. With an eye toward replicability, we designed this system to include many flexible features, so the system is easily adaptable. Another statewide website administrator could easily customize their triage system based on the preexisting framework, picking and choosing the optional features they want to implement, without needing to hire a developer to build out new features.

Here is a technical description, provided by our contracted Drupal developer Brian Dyer Stewart:

The Triage Module was built on the Drupal 7 platform and relies on a number of other contributed modules. The Logic Tree itself is built within Drupal's Taxonomy system which allows a hierarchical flow. The module offers web users a navigation path through the logic tree and creates an administrative user interface to allow easy build-outs of associated content and translations. The main module includes two sub-modules, Triage Actions and Triage Example. Triage Actions creates the tables and admin interface for content. The Example module creates a working set of taxonomies and node content to demonstrate the system's operation. It also provides an opening logic tree that can be adopted whole or reworked to meet the specific site's needs. See http://bdsworks.org/triage-text-doc for more complete documentation and download of the basic module.

A description of the triage system's most significant functionalities and capacities is attached as Appendix 1. Maine and Connecticut's triage systems both implement these principles and respond to the same concerns. We all benefit from the fact that we can build and modify our logic trees in-house as needs and priorities change.

Description of intake/triage system test protocols, significant results and major changes based on test results

In Maine, both the triage system and the intake system underwent several weeks of intensive staff testing between May 2015 and July 2016. PTLA Board members were also asked to test and give feedback. Although it is impractical to list all of the changes made in response to this testing, please see Appendix 2 for a sampling of the most significant test-driven adaptations.

Enhancements for all states:

Please see Appendix 3 for a description of enhancements we implemented in both states.

Links to online triage and intake system on program websites in ME and CT

Maine:
http://ptla.org/triage/me_triage (Ptla.org site users are brought to this landing page from: 1) prominent link on the home page; 2) link from "Get Help" page here: http://ptla.org/do-you-need-help-legal-problem and 3) through a pop-up screen that shows up on all substantive law pages, asking the user if they want help with finding help on a specific issue.
https://ptla.org/ptla-intake (This view is not indexed in the search engines and only a small percentage of selected triage users are guided to this screen.)

Connecticut:
http://ctlawhelp.org/triage/ct_triage/ is the landing page on the English site, and this is the one for the Spanish site http://ctlawhelp.org/es/legal-help-finder. CT also uses the pop-up screen feature to drive site users to the triage.

Description of publicity/outreach activities

In September 2015, Molly Curren Rowles and Kathleen Caldwell completed an update of PTLA outreach content to emphasize our new online triage and intake option: http://ptla.org/pine-tree-services

As we prepared to open Somerset County for online intake, Molly Curren Rowles created a flyer advertising the new triage tool and online intake function, and worked with staff in the Augusta office to send letters or emails to agency partners around the county. We then replicated this model in each of the smaller counties as we opened them up individually; in the end we edited the flyer to announce statewide online triage and intake access, and disseminated it broadly to agency partners around the state. A sample outreach flier is attached as Appendix 4.

In Connecticut the statewide website is the main portal for clients seeking legal aid. Staff in Connecticut felt that it was very important to try to direct people seeking assistance to the Legal Help Finder at the very beginning. They comment, "We cannot assist everyone seeking our help, either because of staffing limitations or because they are seeking help in areas that we don't/can't handle, or they are at a point in their legal process where we cannot yet assist them. If, through our outreach, we can direct them first to the Legal Help Finder, we can help them clarify their needs prior to contacting legal aid and they can use their personal, and our legal aid, resources more efficiently." Please see Appendix 5 for highlights of CT outreach.

The triage tool has also been promoted nationally to other legal aid organizations. Most notably, LSNTAP presented a webinar on the Triage and Online Intake project on April 29, 2015. To date the video of the webinar has received 177 views. The Webinar featured programmer Brian Dyer Stewart, Kathleen Caldwell of PTLA, and Kathy Daniels, IT

Administrator for Statewide Legal Services of Connecticut.
https://www.youtube.com/watch?v=kvYB2cSh6Qg

Also in April 2015, LSC presented the "White House Forum on Increasing Access to Justice: Technology Innovations in Access to Justice". The triage tool was displayed and mentioned as one of the additional resources for Self-Represented people. At the TIG Conference in January 2016, we presented a well-attended session entitled "Triage One Year Later: Lessons Learned". See Appendix 6 for screenshots related to this event and other CT outreach.

Number and percentage of people using system who are diverted to web-based resources, those who are allowed to complete online application, and number/percentage of successful applications for legal services

Maine overview: During the first 20 months (May 1, 2015-December 31, 2016), 70,701 web users engaged with the ME triage system. Of those 59,416 (84%) completed the triage, receiving out-of-state referrals (49%) or carefully targeted, vetted information for in-state users – outlining next steps, online tools and available one-on-one help referrals (35%). See **Appendix 7** for full report. **During the first eight months of year two (May 1, 2016 - December 31, 2016), we saw a 34% increase in triage use: monthly average of 4,178 users vs. 3,107 users per month during year one.**

Again, we have statewide online intake data for only nine months. During the period April 1 to December 31, 2016, 1265 triage users (10%) received the online intake option. Of those, 215 (17% of those referred) completed and submitted online intakes. **Appendices 8 through 8e** include more detailed reports of this usage, showing online intake by county, by case type and by disposition.

Connecticut: Connecticut has been tracking triage data since the beginning of 2015, with all of the triage topics going live on the website by 2/19/15. Connecticut's data from 1/1/15 to 12/31/16 indicates that:

- Most of the people who begin the triage complete it, and that has been the case all along. In 2016, 59% of the people who started it completed it. (See Appendix 9, Connecticut Triage Summary Statistics.)
- A large number of people go to CTLawHelp.org from out of state. The number of triage visitors from out of state had remained fairly steady, with the out of state percentage of the total visitors ranging from 23-26% during 2016.
- While out-of-state web traffic has remained fairly steady, the number of in-state people going to triage has increased since the start of 2016 when the site was updated, including simplifying the initial page. In the last half of 2015, 8,079 people completed triage; compared to 14,204 people in the first half of 2016 and 13,386 in the second half of 2016. Traffic to CTLawHelp.org has not changed significantly over the same time period.

- Because the in-state traffic to triage increased and the out of state traffic remained about the same, the percentage of out of state users dropped from 35% at the end of 2015 to about 23% at the end of 2016..
- Connecticut wanted to see if triage had any impact on the number of online intake applications received. 49% of the online intake applications come from a link provided in triage, with the remainder coming from other links on the site and in resource materials. Thus far the overall number of online intake applications has remained approximately the same, even with almost half of them are now coming from triage. (see Appendix 10a and 10b, Online Intake Analysis and CT Data re Presented with OI Link)
- Connecticut looked at triage's possible impact on the number of over income online intake applications. They also remained the same. The triage module offers the option to require that users provide an estimate of their income, but CT staff chose not to require that, nor to act on any income information provided. Connecticut does indicate in triage and on the website at multiple points that they can only help low-income people.
- As part of the reports built into triage, tracking was added for the number of people who emailed (likely to themselves) the results of their search. In the first quarter of 2016, 65 people (2% of the people completing triage) emailed their results. After the triage page layout was redesigned to place the box offering to email results more prominently, there was a definite increase. From April through December 2016, between 5% and 6% of the people completing triage chose to email the results.
- There is a feedback survey on the results pages in triage. In light of the site traffic there are very few responses to the survey, but that makes sense because the user is then also looking at the suggestions offered on the results page.   To date, there have been 406 responses to the survey from the English version of triage and 63 responses to the Spanish version. See Appendix 11 for survey results.

Description of mechanisms used to determine usefulness of new approach and impact on existing legal aid delivery system, and results of that analysis

In Maine, we know from Google Analytics that statewide website ptla.org receives a high volume of traffic: 1,793,426 sessions; 1,466,440 users; and 2,932,534 page views in calendar year 2015. But we do not know how many users are finding the information, online tools and help referrals they are looking for. We also knew, from Google Analytics, that a fairly high percentage of our web visitors are not from Maine. In 2015, we saw 204,087 visitors from Maine and 193,800 from California. The triage system helps us to address this problem.

CTLawHelp.org in Connecticut also has a high volume of traffic and a significant number of out-of-state visitors. Google Analytics for CTLawHelp.org shows 1,990,834 Sessions; 1,665,461 Users; and 3,003,784 page views in calendar year 2015. During that same period, Connecticut saw 290,552 out-of-state sessions.

The triage system helps us to address the issue of out-of-state visitors in both states, with referrals to national legal help finder sites, such as www.lsc.gov/what-legal-aid/find-legal-aid, to

find appropriate help in their state. We had actually underestimated the value of this triage feature but now feel it is one of its most important functions.

We feel more confident that our web users are finding the information they need. Through triage, we are guiding them to very specific, targeted help. Previously we had only a vague sense – from Google Analytics and occasional online feedback – that our web users were finding what they were seeking, and could only surmise that high levels of traffic meant users found our online tools to be helpful. And again, we are now more confident that our many out-of-state users are not relying inappropriately on our state-specific online tools; instead, we are offering the most appropriate resources for their particular legal issue and personal profile.

Maine online intake: Our process of evaluating the online intake system is ongoing, and the data at this point are too preliminary for us to draw significant conclusions. At the project's outset, we identified several goals, including reaching populations that find it difficult to access us in person (due to distance from the office, disabilities, parenting responsibilities, employment schedules, etc.). We also identified some preliminary hypotheses, including that younger people might be more comfortable with online intake than older people. These goals suggest metrics we can use to evaluate both the efficacy of online intake in broadening our demographic reach and its relationship to the rest of our intake work. These include: whether applicants are employed; whether applicants have small children in the home; distance of applicant's town from PTLA office; and applicant demographics such as age, disability status and gender.

We do feel confident that online intake has contributed to increased access to services for some rural applicants and for others within certain demographics, but we need a larger data set and probably additional survey, focus group, and outreach work to learn more about what has contributed to the high percentages within particular categories (for example, women and disabled individuals) reaching us in this way. We discuss our online intake impact analysis with more specificity under Objectives 2 and 3 below.

Project Objective 2:
Develop and implement an online intake system for Pine Tree Legal Assistance using a Drupal interface which enhances applicants' access to legal services by allowing them to apply for assistance at any time.

Strategies / Activities:
Develop an online intake system that enables applicants to easily enter information necessary for case acceptance determination
Test system and make changes based on test results
Implement online intake system
Post links to the online intake system on PTLA's statewide website
Conduct publicity and outreach activities to inform the low-income community and social agencies about system
Develop/implement evaluation surveys for online system applicants

Develop/implement survey or other mechanism to obtain information from staff regarding the system's effectiveness and efficiency

Comment: We implemented all of these strategies except for evaluation surveys for applicants.

Evaluation Data:
Identification / description of software / hardware components of online intake system

We created the online interview on our Drupal statewide website ptla.org. Where the triage system's logic tree guides the user to an end point that describes a high priority legal issue that is "ripe" for staff attention, the user is given the option to complete the online intake interview.

From the Drupal side perspective, this meant creating custom end user and admin user interfaces on our statewide website. This involved: 1) developing input fields and forms to gather the basic intake information; 2) creating a navigation system to guide the end user from Triage into Intake; and 3) organizing the user input into a table, which also indexes triage info for that intake. The data is converted into xml specific to the in-house case management system (Legal Files). The Drupal-based intake form collects basic demographic and eligibility data. The data is stored as an xml file to be transmitted to PTLA's in-house web server. (Note: In contrast to our Drupal-based online triage system, we believe that this intake system may require more effort to replicate. It would require customization on a site-by-site basis due to the complexity of each program's intake issues and the variety of legal case management systems nationwide.)

Description of most significant functionalities of online intake system

We developed the online intake module to capture the types of cases that Pine Tree specializes in and is most interested in reviewing for possible representation. We reviewed the organization's case priorities, as well as several years of data regarding the types of cases PTLA has been taking, and isolated specific "endpoints" in the triage in which the option "apply now for help from Pine Tree" would be presented. Our relatively narrow criteria for determining who is offered "the magic door" to online intake is basically: Are we likely to be able to serve this person with full representation or brief service? Those who could be better served by another organization, or whose issue is not yet "ripe" for legal help, are offered other alternatives as first steps. Also, we refer some people to our call-in or walk-in hours, for a variety of reasons (e.g. We cannot determine from your answers whether this is a case we are likely to be able to address; it would not be safe to call you back or you do not have an email address where we can safely reach you; your immigrant status may or may not allow us to help you, etc.)

We worked on ensuring that the new system was as accessible and barrier-free as possible, while also maintaining full compliance with Bar Rules and LSE regulations.

For those who are offered online intake, we collect nearly all the data that a phone screener would ask for, including: names and ages of all household members and adverse parties; contact info; when and how to re-contact you; nature of legal issue; types of assets and types of income.

Appendix 12 lists some additional details about the system features that may be of interest.

Description of test protocols, significant results and major changes based on test results

Due to the previously-discussed unexpected simultaneous changes in our statewide phone intake system and other technical issues, we rolled out online intake slowly, county-by county. This allowed us to carefully monitor early use of the intake system during several months of low volume use. Here are some representative examples of challenges and solutions:

1. In the opening weeks, we were receiving intakes with no County identification. This data is important to us for many reasons, including the fact that our intake director needs to know which regional office to assign intake follow-up. Our Drupal programmer, Brian Stewart, tightened up the functioning on that view, and we included a "pre-interview" instruction for out-of-state users with in-state cases. These two changes have resolved the issue. (Earlier, we were having similar issues with the town/zip code function on the triage interview. Many early users were getting to the end of the triage without county results. Different fix, but Brian resolved it.)

2. We have added other "pre-intake-interview" screens after realizing that, for various reasons, we were not able to handle certain clients efficiently through the online intake process. The current "pre-screens" (handled through a Drupal "webform") are:
   ● you will need an email address and phone number where we can safely get back to you
   ● you must be a U.S. Citizen
   ● you must live in Maine [added spring 2016], and
   ● you must be able to name the "opposing party." This is the person or "party" you are having the legal problem with. For example: Maine DHHS, your landlord, a debt collector. [added April 2016]

We encountered other issues early on with the XML transfer of data from Drupal to our CMS Legal Files, requiring a lot of tweaking during the first few months (June- December 2015). All issues were resolved and the import process has been running smoothly for the past year.

Another early hurdle with online intake: Due to many intake factors and limitations, we were unable to open up online intake to the entire state for several months. This required Brian Stewart to build out some new functionality which would enable us to choose users from only specific counties for online intake while telling users from other counties to call us. This allowed us to easily open up online intake county by county. (Absent this new functionality, we would have needed to manually make changes at each of several hundred ends points each time a new county was shifted to online intake.)

See Appendix 13 for more details about online intake changes based on user experience, logs and unanticipated county-by-county phase in.

CMS and other administrative data such as number of people using online intake application, times of day online applications are filed, geographic data on online applicants, number of applicants who chose online application versus using phone intake.

During the first six months of online intake, an overwhelming percentage of people seeking one-on-one advice or representation continued to access us by telephone or walk-in (approximately 500/month overall vs. 25-35/month online). During this start-up period, only about 5% of people contacting us for help chose to contact us with an online application. As a result, we have relatively small numbers to work with when comparing online intake data with overall intake data. Nevertheless, we have attempted some early analysis.

Geographic reach.

During the 2nd and 3rd quarters of 2016 (the first six months of offering online intake), our overall traditional intake numbers suggest easier access in the six counties where we have neighborhood offices. That is: With one exception (Penobscot County), overall intake percentage numbers in the six counties with neighborhood offices outpace the county-by-county poverty population percentages in those counties. We also know that these imbalances are typical over time for traditional phone and walk-in intake. The most extreme example was in Cumberland County, where our largest office (Portland) took in 7% more cases than the county poverty numbers would suggest. By contrast, seven of the remaining ten - more remote - counties were "underserved." For example, rural Piscataquis County is home to 2% of Maine's poverty population but accounted for 0% of our overall intake (rounded to nearest whole number).

Although our initial online intake numbers are small, they may indicate a reversal of these overall intake biases. Cumberland, our most populous county, for example, generated 18% of online intakes, matching exactly the 18% of overall poverty population living in Cumberland County. Similarly, in our next biggest office (Androscoggin County), the percentage match-up was close (within 1% variation vs. 6% "over-served" in overall intake data.) Six of the ten most remote rural counties (where no offices exist) gained on intake percentages with online intake. (A notable exception was Oxford County, which is under-represented by both measures but more significantly under-represented in online intakes.) Interestingly, York County, which does not have a local office, was significantly over-represented in the online intake group (by 7 percentage points; variations in other counties were typically in the -2% to 1% range). Again, given our small data set, we are unsure if this is significant. York County's median age is not unusually high or low, compared to other counties, but it is one of the fastest growing counties in Maine, after the Cumberland/Portland area. We will keep an eye on this, to determine whether the trend continues and, if so, what factors may be contributing to the skew.

See Appendix 14 for map displaying locations of all online applicants for first six months. Even within our more populous counties, we are seeing many online applicants from outside of urban centers. A next research goal could be to identify the number of clients contacting us from a 25 mile radius of each office and to compare the online applicant data to the phone or walk-in data. Since its inception, Pine Tree has struggled to reach people further afield, in rural areas and counties where don't have offices. A more robust understanding of this data could help us to develop more effective outreach. Meanwhile, our sense, even from these preliminary numbers, is that online intake may be an important offering to the most remote rural Mainers.

Other demographics

Between 4/1/16 and 10/15/16, 9% of people who applied for PTLA one-on-one help identified as current or former members of the military whereas only 6% of online takes included this demographic. The same pattern applies to people over 60, Native American, and "non-white" applicants. The percentage for all intakes was somewhat higher than for online intakes only. The percentage of people claiming disability was also higher: 47% for all intakes and 44% for online intakes (perhaps not a statistically significant difference). The two notable exceptions to this pattern were applicants under 18 and female applicants. 72% of online applicants were female, compared to 65% overall. Similarly, the rate of online applications among those under 18 (3%) was higher than with overall intake (1%).

It is not surprising that the percentage of "over 60" online intakes is only about half as large as the "all intakes" percentage for that group (6% v. 13%). For many legal case types, our triage system refers people over 60 to our statewide Legal Services for the Elderly helpline, in addition to offering a PTLA online application option. Similarly, we intentionally "triage out" online users who identify as non-U.S. citizens, suggesting that those people call us for help in determining their eligibility based on immigration status. And, since we are not offering this online service in languages other than English, we do not expect to see those with LEP applying online.

Case type comparisons.

The types of cases taken in through traditional intake and through online intake (4/1/2016 - 9/30/16) were similar, with a few notable exceptions. We see relatively consistent numbers for most case types. For example, evictions (24% vs. 27%), property tax issues (1% vs. 1%), income tax issues (3% vs. 4%). The widest variations were in the areas of family law and housing warranty of habitability cases. The family law variations are predictable. Family cases were 12% of our overall intakes and only 1% of online intakes. This is because we intentionally triaged almost all family law matters to Maine's pro bono program (Volunteer Lawyers Project) and Maine Coalition to End Domestic Violence. They, in turn, advise a large number of people and refer a small subset of specifically targeted cases back to the PTLA family law unit, where the intake is done. The warranty of habitability comparison is of greater interest. This was 6% of overall intakes and 18% of online intakes. We can only speculate, but this may suggest that there is a large volume of these cases out there but that we have the capacity to handle only a small percentage of the overall need. Call-in or walk-in intake numbers probably do not reflect

the demand as accurately as online intakes do. Also, we saw slightly higher percentages of SNAP and MaineCare cases through online intake, a desirable outcome, as we know there are many unresolved issues out there despite low volume of these cases overall. Also, the percentage of KIDS LEGAL intakes was greater through online intake than through phone and walk-in - an outcome that we had predicted. (Refer back to Appendix 8b for this data.)

Disposition.

Comparisons here are difficult, so we report on this analysis with caution. Percentages of advice only, brief service and extended representation closed cases are similar for both types of intake. However, we see far more still open cases and far fewer "over-income, conflict, no contact" cases for overall intake vs. online intake. It is unclear why there are far fewer still-open cases in the online intake category (34% overall intakes vs. 13% online intakes). As to "no representation" due to conflicts, over-income, no contact etc., we have 37% online intake vs. 5% for all intake. There are a few possible reasons for this. One is that we do not have reliable statistics on how many potential clients are turned away over the phone for these reasons; the 5% figure may undercount the number of phone and walk-in clients who do not reach the step of doing a full intake. By contrast, we do have complete statistics for online applicants who were turned away due to conflict (1%), over-income (5%), referred (4%), etc. And, most significantly, we were unable to re-contact 19% of online applicants.

Times of day

Most recently we have analyzed completed intake data for the one year period (11/1/ 2015 through 10/31/2016) to find out when people were using the online application process. During this period online web visitors submitted 252 online intakes. 84 of those submissions were made on weekends, holidays or M-F outside of normal office hours. This number comprises 33.3% of all online intakes. Many of these intakes are clustered around the early morning hours (7 am - 8:30 am) and late afternoon and early evening (5:30 - 7 pm). This would suggest that many online users are looking online for legal information and help just before and just after traditional work hours. See details in attached spreadsheet, Appendix 15.

This analysis does not take into account that all of our six area offices are open to new phone and walk-in intakes for only 15 hours per week. (We have found these recent cutbacks to intake hours a necessary step - especially in the more heavily populated southern areas of the state - in order to control volume and focus on high quality representation for existing clients.) Although we have not parsed the data to determine the number of online submissions completed outside of those intake hours (which vary from office to office), it is clear that an overwhelming percentage of online intake - well over 50% - falls outside of these limited office intake hours.

Description of intake module operations (e.g. staffing, operational procedures)

Once the intake manager has determined that we may be able to assist the online applicant, she checks a box next to the applicant's name and presses a button labeled Import. If the intake

manager identifies a conflict, she checks a box next to the applicant's name and presses a button labeled Email to send a message to the applicant explaining we cannot help him or her (but not why) and suggesting alternative next steps. The import software searches the database to see if there are entities within the intake that are already in Legal Files. This makes it possible to use and update existing data within Legal Files and not create duplicate entries.

Once the intake is imported, the intake manager assigns it to one of our eight intake paralegals for callback - based on service area, or subject matter (for KIDS Legal, our Veterans Unit, and our LITC Tax Unit). The best time to call the applicant - data gleaned from the online interview - is recorded in Legal Files for easy access. When the paralegal reaches the applicant, they record financial information, gather more details about the legal problem, determine whether the applicant is eligible for PTLA's services and whether the problem is within PTLA's priorities.

CMS and other administrative data re: (1) number of online applications vs. baseline applications; (2) the number of accepted cases vs. the number of applicants eliminated due to income after review by program staff; (3) accuracy

Due to the unexpected emergency overhaul of our phone system and phone intake protocols in July 2015, we are challenged to meaningfully analyze our data compared to earlier baseline data. Comparing Legal Files data for 5/14-4/15 (prior to online triage and intake) and one year later (5/15-4/16), we can see that:
- Closed intakes are up 11%. Most law categories are also up the same amount, with the exceptions of family (down 14%) and consumer (up 82%, reflecting a new statewide small claims credit card collection defense priority).
- Advice only and brief service cases (As & Bs) are 45.5% of cases closed 2014-15 and 43.9% of cases closed 2015-16 - a small decrease but not significant.
- The number of "others," primarily over-income intakes, are 7% of cases closed for both time periods.

Again, due to other significant intake process changes, as well as the small number of online intakes vs. overall intakes, we cannot attribute any of these changes to the online intake factor alone. Nevertheless, it may be safe to make two tentative conclusions, based on this data:

1. We do not prioritize basic family law cases. We have been referring those cases to our pro bono sponsored VLP (pro bono) Helpline and Courthouse Assistance Projects. As in other states, this is arguably our biggest unmet legal need. So it is probably fair to say that the online triage was a significant factor in reducing those "refer only" calls to PTLA. The online referral to VLP is the appropriate, low-overhead response to those seeking help with family law issues.
2. We also observe that online triage and intake may be reducing the number of over-income applicants. Overall, this is about 7% of applicants; for the first six months of online intake, this was only 5% of online applicants. However, due to the small number of online intakes and the small percent difference (2%), this may not be significant.

NOTE: We are not able to exactly quantify the impact of online triage and intake on the number of "referred without intake" [RWOI] cases, which we would like to reduce, as we can make these referrals more efficiently online. However, we do not systematically track "RWOI" data so have no baseline. We do know that only 4% of our online intakes were closed as "referral only" - meaning that those applicants were requesting help with issues we don't handle. This is a far lower percentage of "referred only" and "referral without intake" cases than we experience with traditional phone intake (which our intake manager estimates to be closer to 50%). Similarly, before online triage, we were receiving a large volume of out-of-state requests for help. Again, anecdotally, based on intake workers' impressions, this number of calls is down significantly.

Evaluate the usability of the financial eligibility module to determine whether potential clients are able to correctly respond to questions about their income, assets, expenses, and deductions.

Having been told by other programs experienced with online intake that the most problematic issues for self-reporting are household size and counting of non-excludable household income, we include only questions about income and asset **types** in the online interview. (Note that we have already screened for ineligible household incomes of over 200% FPL as part of the triage process.) Given the broad range of non-traditional and extended family households we encounter, confusion in these areas is understandable. Also, given LSC's earlier policy requiring intake workers to verify all information in a follow-up interview, we chose not to include questions about income and asset amounts within the online intake interview. In light of the more recent LSC policy, staff feedback supporting a more thorough eligibility screen, and depending on our first full year of intake data, we may reconsider this decision going forward.

Staff initially expressed concern regarding the accuracy of the information entered by applicants in the gross eligibility screen during triage. During the first several weeks of operation, it appeared that we were getting high numbers of over-income applicants. However, over time that has shifted. This was not a significant issue in our April-September data (only 5% of all online intakes). We'll continue to monitor this carefully moving forward.

User survey results re: ease of use, technical problems, suggestions for improvements

While we attempted to engage client board members with a survey to test the triage and intake systems, we didn't receive the volume of feedback we had hoped from that process. In the future we plan to engage in-person focus groups to help us better understand how the user interface is perceived and to watch people navigating the system. On an ongoing basis, we have responded to issues noted by staff, individual client users and their support professionals, and have made changes as needed to address technical problems. (See testing section above, and Appendix 2.)

Project Objective 3:
Improve effectiveness and efficiency of Pine Tree Legal Assistance's intake systems by developing and implementing system integration functionalities that allows staff to collect and

seamlessly transfer client intake data from online applications to the program's case management system (Legal Files).

Strategies / Activities:
Modify existing online intake system used by the Maine Volunteer Lawyers Project to provide more detailed online application information as needed for Pine Tree Legal and its clients;
Ensure that the module collects and securely stores client data on an independent version of Legal Files;
Ensure that the client intake data transfers properly into Pine Tree's version of Legal Files;
Integrate new online triage tool with online intake system.

Evaluation Data:

Description and specifications of system integration software / hardware components

XML data from the Drupal website server is transmitted to an in-house Windows server using open-source Cygwin SSH. Cygwin SSH provides an authenticated and encrypted connection between the web server and the in-house server. The transfer software checks for new intakes every five minutes.

Once the intake is in-house, limited information from the intake can be viewed using a browser. (Only domain administrators have direct access to the intake files.) The software that imports the intake is written in C# on the .NET framework. The software accesses LFNET.dll, which is an API for Legal Files that enables the intake to be imported into Legal Files.

The system also uses Gmail SMTP to send email to applicants we have a conflict with. This saves us from opening a port in our firewall for the outgoing mail. Code in the import program reads an xml file containing a message we can edit.

Description of most significant system integration functionalities and capacities

Please see descriptions of functions and capacities under Objective 2 above. It seemed to us more useful to combine these two sections of the report, rather than to discuss our work on data collection (Drupal side) and data transfer (in-house CMS side) separately. As we were developing the intake module, we experienced this as one inseparable project.

Description of initial and ongoing test protocols, significant results and major changes based on test results

See details at Objective 2 Evaluation Data above, which includes both enhancements to the Drupal online intake interface and integration with Legal Files. Again, we view the testing and fixes more holistically; most fixes relate to import issues, even if the fix is further upstream.

Staff survey data re: effectiveness and efficiency of module and areas for improvement

Intake staff were surveyed in July 2016 regarding their experiences with online intake. While a majority expressed concern with the challenges related to callbacks, they also said that they appreciated the fact that online intake allows us to meet the needs of clients who struggle to reach us in other ways. One staff member shared the story of a parent facing eviction who works full-time and hadn't been able to find a way to come in to a PTLA office; we were able to represent her successfully at trial because she reached us online. There was also a sense from a few intake staff that online intakes brought in particularly important cases and that we were being contacted by a higher percentage of rural clients than we have historically via phone. Intake staff would enthusiastically support a more complete financial eligibility screen being done within the online intake system; this could potentially allow us to send cases directly to attorneys. In turn, this might help address some portion of our callback challenges and could more evenly distribute the workload generated by these cases.

Administrative data such as: (1) total intakes completed before and after system implementation, (2) FTE time per intake before and after system implementation, (3) accuracy of information via online versus phone applications, (4) system down-time because of technical problems, (5) staff time to maintain system

For reasons explained previously, we do not have meaningful baseline data for measurements #1, #2 and #3 above. What we can report is summarized below.

1. Although we know that the number of closed cases is up 11% from the 12 month period beginning 5/1/14 to the same period the following year, it is not clear what factors contributed to this increase and to what degree each factor (including online triage and intake) affected the increase.
2. We do not have hard data on average time per intake for online intakes vs. phone and walk-in intakes. We believe that there is a time savings due to the obvious factor of less basic client data collection (efficiently handled by the data import). However, as online intakes tend to be more appropriate/well-matched requests for our services, as opposed to our high volume of "refer only" phone calls, there may be a gain in efficiency that does not translate to a direct time savings. On the down side, the added time and effort required for repeated "call backs" is not insignificant.
3. Again, we have no hard data comparisons, although it is fair to say that we haven't experienced any significant problems with inaccurate online data entry by applicants.
4. Down-time has not been an issue. During the start-up, county-by-county phase-in period, we had some technical issues. We were still working out "bugs" in the system that had been difficult to detect through staff testing. But once we had those worked out (since early 2016), the system has been running smoothly.
5. Again, maintaining the technical side of the system has been minimal since the end of the fairly labor-intensive start-up period. The post-import staff-based systems require time from our intake manager: to view imported cases, deal with conflicts, and refer to intake staff for call back. Her time to complete these tasks is about 2-3 hours per week.

Description of staff trainings, number of staff who participated, hours spent on training, and training evaluation results

The intake staff (initially nine and later eight paralegals throughout the state) were trained on an ongoing basis, both in individual meetings and during monthly intake staff training sessions conducted by then-intake manager Molly Curren-Rowles. A minimum of one hour per month of group training focused on online intake and triage. Email reminders regarding specific online intake protocols were also circulated repeatedly by our intake manager. In addition, managers were cross-trained regularly during weekly meetings, so that any questions they had were addressed immediately, and made aware of pending changes or challenges in a timely way.

IV.a. Information for Multiyear or Multiple Projects.

Not applicable.

V. Factors affecting project accomplishments (maximum 2 pages).

Factors that enhanced the project's accomplishments:

1. Participants from all partnering states (ME, CT, and VT) agree that working on this project collaboratively produced better end results. All of the partners – as well as our developer, Brian Dyer Stewart – work well together, with each person's suggestions fueling other team members' thinking. It was a very creative, collaborative process. This yields better end results. Also, Brian agrees that, while working with so many designers can be challenging, our varying needs forced him to think more globally about design decisions. As a result, we think that our final triage product will be more easily adaptable by other programs. The end design was not program-centric but fluid and expansive – offering any later adapter many design and functionality options that are already built out. Any adaptor can pick and choose among multiple design features and functionalities without incurring additional developer expenses. Although adapting our Drupal-based online intake module could require more customization, it offers other programs a head start (particularly for any program using Drupal and/or Legal Files).
2. Collaboratively building out our logic trees was also beneficial for everyone. Although the later stages of logic tree design require state-specific decisions, the initial process was much more approachable, having many partners to divide up the work, then share it back with the group. Again, we all ended up with much better logic trees as a result of the group process.
3. Having heavily trafficked statewide websites to begin with made it easy to attract web users to the triage tool.

Factors that limited the project's accomplishments:

From the Maine perspective, most of our challenges and limitations have arisen around the online intake portion of the project. Here are a few specific examples:

1. As stated earlier, in Maine, an unexpected crash of our phone system diverted time and energy away from the online intake portion of our project for a period of time. Although we believe that the system is working well now, we do not have as much follow-up data as we had anticipated. Also, our old baseline data became less relevant, creating a challenge for determining what intake data changes were caused by online intake vs. new online phone system and related phone intake protocols.
2. Numbers of online intakes have not risen significantly over the past three months; we are holding steady at between 22-32 intakes per month. Additional outreach would be one way to increase numbers, if we decide we want to do so.
3. Integrating these cases into the new call-in hours schedule and flow within local offices has been challenging; offices receive these intakes as they come in, and some have asked us to consider only sending them once or twice a week, in batches. Because of concerns about timeframe and callbacks, we haven't made this change.
4. We know that the callback system has proved inefficient, despite the fact that we specifically ask applicants to let us know when a good time to call them would be. 19% of online intakes have not been resolved due to inability to reach the applicant on a call back. PTLA staff spend significant time trying to reach people unsuccessfully. Staff become frustrated about not getting through. Some applicants don't have or don't check voicemail, so they may not realize we are trying to reach them, and then they become frustrated with what they perceive to be PTLA's failure to follow through. We have addressed this problem in a number of ways:
   - Asking paralegals to initiate callbacks within 24 hours of receiving the case, so that the PTLA application is still fresh in the applicant's mind.
   - Remembering to "unblock" the PTLA number when making these outgoing calls.
   - Using email to follow up, as well, within 24-48 hours as possible.

This is the most significant problem with the new online intake system, and we are continuing to work to find solutions to this issue. This does not negate the good results and advantages for the majority of online intakes, but is frustrating for staff and clients impacted by the difficulties with re-contact.

VI. Strategies to address major challenges (maximum 2 pages).

1. Hiring a steady, skilled, patient and responsive programmer who is a good listener went a long way toward solving many challenges that arose.
2. In Maine, we experienced a lot of problems early on with import of XML data into our Legal Files CMS. Our strategy: Keep testing and keep fixing – one problem at a time. Eventually, with patience and persistence, we were able to resolve these difficulties.
3. In Maine, we had some challenges getting in-house advocates to test and comment on the triage system in the early stages. We reminded, cajoled, threatened – all of the usual ineffective strategies. A few participated enthusiastically but not as many as we had hoped. The best solution we found was to go live, then respond to all of the staff criticisms that quickly emerged when they started using the live program online.

4. While the time to build the logic trees was significantly greater than planned, the project was very interesting and engaging, making the extra time required less challenging. The partnership of working through the process with the three states was helpful here, too.

5. It is important to develop a strong internal culture and vision to support shared priority setting. Because the online intake system streamlines the intake process in new ways, it is important to decide in advance what types of cases are highest priority for the program. It became clear early on that different offices at PTLA had historically approached the work in a range of ways and were not necessarily in agreement about which kinds of cases should merit an online intake vs. advice only via the website or an external referral. Priority-setting work taking place within PTLA during the same period was helpful in addressing these inconsistencies, and, to some extent, a focus on priority-setting was also prompted by the online triage and intake development process.

6. It was important for the intake manager to create mechanisms for ongoing front-line staff support and feedback to address initial reservations about adopting a new system.

VI. Major lessons and recommendations (maximum 2 pages).

Lessons learned/recommendations:

1. As discussed above, the multi-state collaboration was definitely a positive. We would encourage other states to work together to accomplish a major project such as this one. The more heads the better; superior solutions emerge from group brainstorming sessions. Obviously, it is important to have a positive, cooperative working relationship, which we did.

2. As we were told – and we didn't listen carefully enough – building good logic trees is an extremely labor-intensive venture. Plan not two times, but three times, as much time as you think you will need for this phase of the project.

3. Engage all other providers and invite their **meaningful** input and insights. This is a critical step in developing an effective logic tree that serves the needs of both online users and your partner organizations. This is not just an "engagement" box to check off. Meaningful partner collaboration is a key to success.

4. Test. Test. Test. Then test again. Be ready and willing to make changes and implement fixes - even when you think you cannot bear to hear about one more newly discovered issue.

5. One of the surprise lessons for us was to discover that building out a triage system helped our organization, and our partner organizations, focus more clearly on their priorities. The more we could clarify specific priorities (e.g. protection from abuse cases with children vs. cases without children; child protection "substantiation" cases where employment is at stake vs. all other substantiation cases; SNAP cases ready for administrative review vs. application stage, etc.), the better the triage system works for everyone – both web users and staff.

Adaptation:

1. We believe that we have built a solid web-based triage system that other programs can easily adapt. For those already running Drupal sites, the adaptation should be very easy and inexpensive. Again, the most time-consuming and unavoidable part of adapting some version of this system is building logic trees and carefully targeted responses that meet the needs of your client population and your provider network.

2. We are looking forward to seeing how the Michigan project plays out and what enhancements they come up with. We definitely plan to adapt any modifications they develop that could work in our states. Massachusetts is interested in some of our more recently developed features, as well as the Michigan project. And we hope to adapt some of the newer, recently launched ILAO enhancements, as well. Also, we hope that other programs around the country will take advantage of LSC's investment in this project. We have already offered several presentations and are always happy to share with, and provide demos to, any program that may have an interest in adapting this model.