

# Social Return on Investment from Legal Aid Services: A Statewide Analysis

## Report

An independent report prepared on behalf of the Delaware Combined Campaign for Justice<sup>1</sup> by James Teufel, MPH, PhD, Kristofer Gossett, DBA & Robert Hayman, JD, LLM

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<sup>1</sup>This report was funded by the Longwood Foundation and is available for free download at [delawareccj.org](http://delawareccj.org). The three civil justice aid organizations that serve the state of Delaware shared aggregated case data for the years of 2013, 2014, and 2015. We would also like to acknowledge Daniel Atkins, Esq. of Community Legal Aid Society, Inc. (CLASI), Jason Stoeck of CLASI, Laura Graham of CLASI, Janine Howard-O'Rangers, Esq. of Delaware Volunteer Legal Services, Inc. (DVLS), and Douglas Canfield, Esq. of Legal Services Corporation of Delaware, Inc. (LSCD) for their assistance in data sharing.

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# Introduction

## 1. Access to Justice

Access to and use of legal representation (i.e., lawyers) greatly improves civil justice outcomes for individuals. People represented by legal counsel have better justice results than those without representation, especially in more complex cases. Moreover, states with better access to justice have better health and fewer social problems (e.g., higher life expectancy, fewer pre-term births, lower unemployment, and lower food insecurity).<sup>2</sup> However, access and availability to civil justice in the United States lags behind comparable nations.

Based on the 2016 Rule of Law Index, the United States ranked 94<sup>th</sup> out of 113 countries with regard to access to civil justice (with 1 being the best access and 113 being the worst). Afghanistan was ranked 95<sup>th</sup> and access to justice in the United States is most similar to Tanzania, Peru, Nepal, and Liberia.<sup>3</sup> Overall, compared to other countries, the global rank of the United States overall civil justice system is lower (28<sup>th</sup>) than the United States' global rank in the quality of its overall criminal justice system (22<sup>nd</sup>).<sup>4</sup> The lesser rank of civil justice is in large part due to low accessibility and availability of civil justice as well as discrimination in the civil justice system in the United States. Moreover, between 2016 and 2018, the United States was one of 38 countries that decreased in rule of

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<sup>2</sup> Legal Services Corporation (2017). The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans. Prepared by NORC at the University of Chicago for Legal Services Corporation. Washington, DC.

Sandefur, Rebecca L. (2010) "The Impact of Counsel: An Analysis of Empirical Evidence," Journal for Social Justice: Vol. 9: Issue 1, Article 3, pp. 51-95.  
Available at: <http://digitalcommons.law.sea.leu.edu/sjsj/vol9/iss1/3>

Teufel, James and Mace, Shannon (2015) "Legal Aid Inequities Predict Health," Hamline Law Review: Vol. 38: Issue 2, Article 7. Available at: <http://digitalcommons.hamline.edu/hlr/vol38/iss2/7>

<sup>3</sup> World Justice Project (2016). Rule of Law Index 2016  
<https://worldjusticeproject.org/our-work/publications/rule-law-index-reports/wjp-rule-law-index%C2%AE-2016-report>  
[http://civilrighttocounsel.org/major\\_developments/217](http://civilrighttocounsel.org/major_developments/217)  
[http://civilrighttocounsel.org/uploaded\\_files/214/World Justice Project 2016 ROLI scores on factor 7.1.pdf](http://civilrighttocounsel.org/uploaded_files/214/World_Justice_Project_2016_ROLI_scores_on_factor_7.1.pdf)

<sup>4</sup> Rule of Law Index 2016: United States summary.  
Available at: <http://data.worldjusticeproject.org/#/groups/USA>

law.<sup>5</sup> Based on the 2016 Justice Index, Delaware ranks 15<sup>th</sup> out of 50 states in overall access to justice. The overall Justice Index score includes four indices: attorney access (Delaware ranks 14<sup>th</sup>), self-representation access (24<sup>th</sup>), language access (12<sup>th</sup>), disability access (32<sup>nd</sup>).<sup>6</sup>

States vary in the number of legal aid attorneys relative to the number of people in or around poverty. For example, in New York, for every one legal aid attorney there are 5021 people below 200% Federal Poverty Level (FPL) (the best ratio in the United States), and in Texas there are 37786 people below 200% FPL for every legal aid attorney (the worst ratio in the United States). In Delaware, there were 14062 people below 200% FPL per legal aid attorney (with approximately 21 full-time equivalent attorneys providing civil legal aid services in the state of Delaware during 2014, according to the Justice Index).<sup>7</sup> Three organizations are funded in Delaware to deliver civil legal aid and reduce the access to civil justice gap. Recent civil legal needs assessments support ongoing civil justice deficits in the state of Delaware. Evaluation of civil legal aid cases closed between 2013 and 2015 supported a positive social return on investment when providing civil legal aid services in Delaware. To follow are the results of the legal needs assessment and social return on investment evaluation. Expansion of investments in civil legal aid offers opportunities to reduce civil justice gaps in Delaware while producing positive social returns.

## **2. Legal Needs Assessment**

Civil legal needs assessments conducted in Delaware community health centers and similar community based organizations indicate a significant and ongoing need for access to civil justice and expansion of legal aid in Delaware. Needs assessments prior to 2017 were a joint undertaking of Community Legal Aid Society, Inc. (CLASI), and the Widener University Delaware Law School. The 2017 assessment was conducted independently by the law school at request of the Combined Campaign for Justice.

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<sup>5</sup> World Justice Project (2018). Rule of Law Index 2018. <https://worldjusticeproject.org/our-work/publications/rule-law-index-reports/wjp-rule-law-index-2017-2018-report>.

<sup>6</sup> National Center for Access to Justice, The Justice Index 2016 <http://justiceindex.org/>

<sup>7</sup> Teufel, James and Mace, Shannon (2015) "Legal Aid Inequities Predict Health," Hamline Law Review: Vol. 38: Issue 2, Article 7. Available at: <http://digitalcommons.hamline.edu/hlr/vol38/iss2/7>

Following is a summary of the results of Delaware civil needs assessments conducted through the spring of 2017.

### **2.1 Needs Assessment Background**

During 2007, CLASI partnered with Westside Health Services to conduct a survey of families who made use of that health center, and to assess their legal needs. In Spring 2008, CLASI partnered with Christiana Care Health Services to conduct an expanded version of this survey at its Health Care Centers. The surveys confirmed CLASI's hypothesis that a large proportion of the health care patient population had unmet legal needs that may have adverse impacts on patient health. CLASI and the law school subsequently partnered to conduct three Legal Needs Assessments in Delaware from 2011 to 2015.

### **2.2 BCCS Survey**

During the Spring of 2011, CLASI and the School of Law joined with Brandywine Counseling and Community Services (BCCS) to survey patients at the Alpha Center and Lancaster Center in Wilmington, Delaware. The interviews yielded 133 functionally complete surveys. The survey revealed the existence of substantial unmet legal needs among the persons and families confronting issues raised by mental health problems, controlled substance use, and HIV diagnoses.

### **2.3 HJMC Survey**

During the Spring of 2014, CLASI and the School of Law partnered with Henrietta Johnson Medical Center (HJMC), a Federally Qualified Health Center in Wilmington, and the Strengthening Families Program, a research-based family skills training program for parents and their children offered in Delaware through Children & Families First, to survey patients at four facilities in Wilmington. That survey generated a total of 124 responses, and also revealed substantial unmet legal needs among the patient population.

### **2.4 HWHB Survey**

In Spring 2015, CLASI and the School of Law joined with the Healthy Women Healthy Babies (HWHB) program of the Delaware Division of Public Health ("DPH") and Delaware Healthy Mother and Infant Consortium ("DHMIC") to survey HWHB patients throughout Delaware. The survey was administered to patients at the Christiana Care Health

System's Christiana and Wilmington Hospitals, and to patients of Westside Health services at their sites in Bear and Wilmington. The interviews generated a total of 226 responses. The report concluded that patients "manifest high levels of financial stress, food uncertainty, anxiety about their housing, and grave concerns about the environments in which their children live and learn" but "that very few of the respondents had consulted an attorney about their problems or concerns." The results of these three assessments are included in the cumulative results reported in this needs assessment.

## **2.5 Combined Campaign for Justice Survey**

For Spring 2017, the Law School partnered with CCHS and Westside Health Services to conduct a legal needs assessment at seven sites: at the Christiana Care Health System's Christiana and Wilmington Hospitals, and at Westside Health Services Centers in Bear, Dover, Middletown, Newark and Wilmington. The assessment design and instruments were submitted to the Widener University Institutional Review Board for approval. Final approval was granted on February 26, 2017. Training for interviewers was conducted during a live session at the Law School on April 6 and recorded for on-line viewing. The surveys were conducted during the last two weeks of April. The surveys were administered by eight student volunteers from the Delaware Law School and a consultant.

Student volunteers (and other interviewers) introduced themselves to patrons in specified areas (typically the waiting rooms) of the participating sites and described the legal needs assessment project, based on a prepared script included on a written consent form. Patrons were given the consent form and were invited to participate in the project by completing an anonymous, thirty-two question multiple choice survey. Patrons were advised that they may accept or decline the invitation to participate, without consequence, and that they could end their participation at any point. For low literacy respondents, students read aloud the introductory script and the items on the questionnaire. For Spanish-speaking respondents, Spanish versions of the introductory script and questionnaire were available.

Closed-ended survey items were used in the study to identify the prevalence of civil law-related problems among low-income Delawareans, and the frequency with which respondents have sought resolution of those problems through legal assistance. The questionnaire was first designed

ten years ago by a coalition of University of Delaware and Widener University faculty, CLASI attorneys, and Federally Qualified Health Center (“FQHC”) staff. The current questionnaire was revised by a coalition of Law School faculty, CLASI attorneys, and FQHC staff. A total of 258 completed surveys were collected during 2017.

## **2.6 Survey Results**

Results of the 2017 survey were consistent with the results of previous needs assessments: respondents consistently voiced concerns about a wide range of problems that might be susceptible to legal redress, but respondents very rarely received legal assistance with those problems. Following are the statistical highlights of the survey.

### **2.6.1 Eligibility for Free Legal Services**

Of the 258 respondents to the 2017 survey, a large proportion appeared likely to qualify for free legal services. These respondents exhibited at least one of three independent indicators of eligibility: low income, a disability, or a child with a known or suspected disability.

Over one-fifth of the respondents to the survey (21.9%) reported annual household incomes of less than \$10,000; over forty percent (43.8%) reported incomes under \$20,000. Nearly forty percent (39.4%) indicated that they had applied for or received TANF, Cash Assistance, or Food Stamps within the past year.

A significant percentage (12.9%) indicated that they had applied for or received SSD or SSI benefits within the past year, and a similar percentage (12.2%) indicated that they had a disability or chronic health condition. Additionally, more than one-tenth of the respondents with children (10.8%) reported having a child with a disability.

Likely eligibility is even greater for the cumulative pool of respondents to the 2011-2017 assessments overall. Over half (51%) of the 841 respondents report household incomes under \$20,000 and over one-fourth (28.7%) report incomes under \$10,000. Over half (50.1%) receive TANF, Cash Assistance, or Food Stamps. Over one-fifth (20.9%) of respondents report that they receive Social Security Disability or SSI. A substantial percentage (15.7%) of respondents reported having a disability or chronic health condition, and a similar percentage (15.1%) of respondents with children reported that they had a child with a disability.

### **2.6.2 Demographics**

Demographics for the 2017 survey varied slightly from previous surveys. 6.9% of the 2017 respondents reported that they were 60 years old or older; only 5.6% of the cumulative pool of respondents were that age. 85% of the 2017 respondents were female; 75.7% of the cumulative pool of respondents were female. 12.2% of the 2017 respondents reported having a disability or chronic health condition, and an additional 2.8% were not sure; 15.7% of the cumulative pool of respondents reported having a disability or chronic health condition; an additional 2.1% were not sure. 47.8% of the 2017 respondents were African-American, 16.2% were Hispanic/Latino, and 29.6% were white; 44.4% of the cumulative pool of respondents were African-American, 11.9% were Hispanic/Latino, and 36% were white. The 2017 respondents were less likely to report incomes under \$10,000 and more likely to report incomes over \$40,000: just 21.9% report incomes under \$10,000 while 23.2% report incomes over \$40,000; 28.7% of the cumulative pool of respondents (2011-2017) reported incomes under \$10,000 while just 18.8% reported incomes over \$40,000).

### **2.6.3 Housing**

Respondents report significant housing problems, but rarely consulted an attorney to discuss those concerns:

Only 36.4% of the 2017 respondents reported that they “never” had problems finding a safe and affordable house or apartment, while 24.4% reported that they had that problem “very often” or “all the time.” Among the cumulative pool of respondents, 34.1% reported that they “never” had problems finding a safe and affordable house or apartment, while 33.1% reported that they had that problem “very often” or “all the time.”

Only 44.4% of the 2017 respondents reported that they “never” thought the condition of your house or apartment might be unsafe or unhealthy, while 15.5% reported that they thought this “very often” or “all the time.” Among the cumulative pool of respondents, only 45.7% reported that they “never” thought the condition of your house or apartment might be unsafe or unhealthy; 14.4% reported that they thought this “very often” or “all the time.”



Only 55.9% of the 2017 respondents reported that they “never” thought they might be forced out of their house or apartment, while 8.2% reported that they thought this “very often” or “all the time.” Among the cumulative pool of respondents, only 47.8% reported that they “never” thought they might be forced out of their house or apartment; 15.5% reported that they thought this “very often” or “all the time.”

Notwithstanding, 91.4% of the 2017 respondents—235 of 257—reported that they “never” consulted an attorney to discuss any of these concerns about their housing, while only 1.6% (4 of 257 respondents) consulted an attorney “very often” or “all the time.” Among the cumulative pool of respondents, 85.1% of respondents—710 of 834—reported that they “never” consulted an attorney to discuss any of these concerns about their housing; only 2.9% (24 of 834 respondents) consulted an attorney “very often” or “all the time.”

#### **2.6.4 Finances**

Respondents report significant levels of financial and food insecurity: Only 17.8% of the 2017 respondents reported that they “never” worried about having enough money to pay the rent or mortgage or utilities for your house or apartment, while 34.8% reported that they worried about it “very often” or “all the time.” Among the cumulative pool of respondents, only 17.8% reported that they “never” worried about having enough money to pay the rent or mortgage or utilities for your house or apartment; 37.2% reported that they worried about it “very often” or “all the time.”

Only 15.1% of the 2017 respondents reported that they “never” worried about having enough money to pay their other bills, while 31% reported that they worried about it “very often” or “all the time.” Among the cumulative pool of respondents, only 11.8% reported that they “never” worried about having enough money to pay their other bills; 42.9% reported that they worried about it “very often” or “all the time.”

Only 31.5% of the 2017 respondents reported that they “never” worried about having enough healthy food for everyone in your household, while 20.7% reported that they worried about it “very often” or “all the time.” Among the cumulative pool of respondents, only 23.7% reported that they “never” worried about having enough healthy food for everyone in your household; 35.8% reported that they worried about it “very often” or “all the time.”

### **2.6.5 Public Benefits**

Respondents may be under-utilizing public benefits and a significant percentage report problems with their benefits. But they rarely consulted an attorney to discuss benefits programs:

12.9% of the 2017 respondents report that they receive Social Security Disability or SSI; 39.4% receive TANF, Cash Assistance, or Food Stamps; 16.1% are enrolled in SCHIP or Delaware Healthy Children's Program; and 54.7% receive Medicaid or Medicare. Among the cumulative pool of respondents, 20.9% of respondents report that they receive Social Security Disability or SSI; 50.1% receive TANF, Cash Assistance, or Food Stamps; 13.3% are enrolled in SCHIP or Delaware Healthy Children's Program; and 66.1% receive Medicaid or Medicare.

Nearly one-fifth of the 2017 respondents—18.4%—report that in the past year, their applications for benefits were denied or benefits were terminated; an additional 8.2% were not sure. Nearly one-fourth of the cumulative pool of respondents—23.5% (191 of 814)—report that in the past year, their applications for benefits were denied or benefits were terminated; an additional 7.2% (59 of 814) were not sure.

Notwithstanding, less than 1% of the 2017 respondents—2 of 245—reported that they discussed benefits programs with an attorney; an additional 2% (n=5) were not sure. Among the cumulative pool of respondents, just 3.1% of respondents—25 of 818—reported that they discussed benefits programs with an attorney; an additional 2% (n=5) were not sure.

### **2.6.6 Children**

Most respondents had children under 18 living at home and report significant concerns about their children's welfare, but they rarely consulted an attorney about those concerns. Just over three-fourths of the 2017 respondents (76.4%) and the cumulative pool of respondents (76.6%) reported having at least one child under the age of 18 living at home. Of these:

Only 18.5% of the 2017 respondents reported that they “never” worried about their children's education or school safety, while 36.5% reported that they worried about it “very often” or “all the time.” Among the cumulative pool of respondents, only 22.1% reported that they “never” worried about

their children's education or school safety; 33.6% reported that they worried about it "very often" or "all the time."

Only 12.6% of the 2017 respondents reported that they "never" worried about safety or violence in their neighborhood, while 37.8% reported that they worried about it "very often" or "all the time." Among the cumulative pool of respondents, only 16.4% reported that they "never" worried about safety or violence in their neighborhood; 38.8% reported that they worried about it "very often" or "all the time."

Only 30.6% of the 2017 respondents reported that they "never" had problems finding good and affordable childcare, while 26.6% reported that they had this problem "very often" or "all the time." Among the cumulative pool of respondents, only 40.7% reported that they "never" had problems finding good and affordable childcare; 20.4% reported that they had this problem "very often" or "all the time."

Notwithstanding, 89.8% of the 2017 respondents—176 of 196—reported that they "never" consulted an attorney to discuss any of these concerns about their children, while only 1.5% (3 of 196 respondents) consulted an attorney "very often" or "all the time." Among the cumulative pool of respondents, 92.4% of respondents—399 of 432—reported that they "never" consulted an attorney to discuss any of these concerns about their children; less than 1% (3 of 432 respondents) consulted an attorney "very often" or "all the time."

10.8% (n=21) of the 2017 respondents reported that they had a child with a disability and an additional 7.2% (n=14) were not sure; the same 10.8% reported that their child was receiving special educational services and an additional 6.2% (n=12) were not sure. Among the cumulative pool of respondents, 15.1% (n=83) reported that they had a child with a disability and an additional 6% (n=33) were not sure; just 11% (n=60) reported that their child was receiving special educational services and an additional 3.8% (n=21) were not sure.

Only 1% of the 2017 respondents (n=2) reported that they discussed special educational services with an attorney; an additional 8.4% (n=16) were not sure. Among the cumulative pool of respondents, only 1.7% of respondents (n=9) reported that they discussed special educational services with an attorney; an additional 4.1% (n=22) were not sure.

### **2.6.7. Health Insurance**

A significant percentage of respondents report either that they lack health insurance for themselves or their children or that they are not sure:

13.3% of the 2017 respondents report that they do not have health insurance for themselves; an additional 3.6% were not sure. Among the cumulative pool of respondents, 15.6% of respondents report that they do not have health insurance for themselves; an additional 2% were not sure.

11% of the 2017 respondents report that they do not have health insurance for their children; an additional 5.5% were not sure. Among the cumulative pool of respondents, 13.4% of respondents report that they do not have health insurance for their children; an additional 3.6% were not sure.

### **2.6.8 Advice and Assistance**

Participants in the 2017 survey were asked whether they sought advice and assistance on survey issues from sources other than attorneys:

Only 16.1% reported that they “never” consulted friends or family; 40.7% reported that they consulted them “very often” or “all the time.” Precisely half reported that they “never” consulted religious or spiritual advisors; 13.6% reported that they consulted them “very often” or “all the time.” Less than half—47.9%—reported that they “never” consulted social workers or public agencies; 9.2% reported that they consulted them “very often” or “all the time.” Over three-fourths—76.9%—reported that they “never” consulted lawyers or legal aid; only 5.4% reported that they consulted them “very often” or “all the time.”

### **2.6.9. Legal Needs Assessment Conclusion**

The assessment’s results support a substantial gap between the need for legal assistance and the utilization of legal assistance. Previous research on the difficulty accessing civil justice and the lack of availability of civil justice in the United States and Delaware along with the high prevalence of reported civil legal needs indicates that initiatives, strategies, and programs could be implemented to decrease the justice gap by increasing the availability and access to civil legal justice services. The following section evaluates the social return on investment of providing civil legal aid in the state of Delaware.

### **3. Social Return on Investment of Legal Aid**

The purpose of this report is to estimate the social return on investment of the provision of civil legal aid in the state of Delaware. Social return on investment analysis links social impacts and financial investments. Social returns can be monetized (hard) or non-monetized (soft). They can also be direct or indirect; direct returns benefit the funder and indirect returns benefit people, organizations, or communities beyond the funder. This report primarily focuses on indirect monetized return on investment of legal aid in the state of Delaware. Social return on investment is calculated as  $[(\text{social returns}-\text{investment})/(\text{investments})]*100$  or  $[(\text{benefits}-\text{costs})/(\text{costs})]*100$ . Benefits and cost are on a monetary scale.

Most low-income Americans (70%-80%) have experienced at least one civil justice issue in the last year. Most people receiving legal aid services in the United States are below 200% of the Federal Poverty Level. Legal aid acts as a civil justice safety net in the United States.<sup>8</sup> However, funding for legal aid lags behind similar countries.<sup>9</sup> This report will assess the social return on investment of civil legal aid for the state of Delaware. Legal aid organizations in the United States were primarily established through support from Bar Associations or the Legal Service Corporation or through interests in organizing pro bono efforts. All three of these approaches are represented in Delaware under the umbrella of the Combined Campaign for Justice. The report will evaluate civil legal aid efforts overall, not by organizations separately.

This evaluation report builds off aggregate reports of the Community Legal Aid Society, Inc. (CLASI), Delaware Volunteer Legal Services, Inc. (DVLS), and Legal Services Corporation of Delaware, Inc. (LSCD). Case valuations were linked to the type, quality, and quantity of civil legal services provided in the years of 2013, 2014, and 2015. The report focuses primarily on the costs and benefits of delivering direct legal aid in the state of Delaware. Benefits included inferred social (including personal and community

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<sup>8</sup> Legal Services Corporation (2017). The Justice Gap: Measuring the Unmet Civil Legal Needs of Low-income Americans. Prepared by NORC at the University of Chicago for Legal Services Corporation: Washington, DC.

Sandefur, R. (2014). Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study. Chicago, IL: American Bar Foundation.

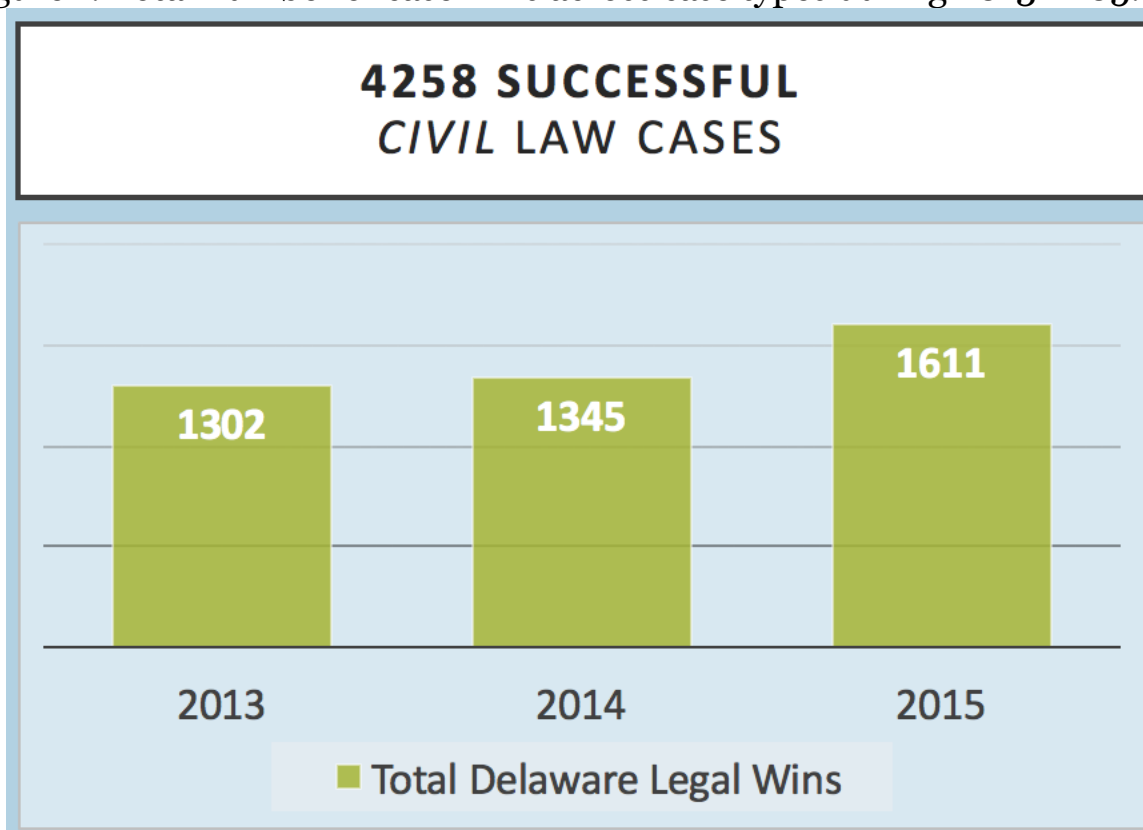
<sup>9</sup> Johnson, E. (2015). To Establish Justice for All: The Past and Future of Civil Legal Aid in the United States. Praeger: Santa Barbara, CA.

economics) and health impacts of successful civil legal cases as well as the efficiency of investing in civil legal aid to access justice.

### 3.1 Overall Returns

During 2013-2015, on average, 1,419 cases were successfully resolved per year. In sum, 4258 civil cases were won primarily in the areas of consumer, education, employment, family, health,<sup>10</sup> housing, immigration, and income (Figure 1).

Figure 1. Total number of case wins across case types during 2013-2105.



To achieve these legal wins, Delaware civil legal aid organizations secured funding totaling \$18,127,091 during 2013-2015 (as reported on IRS 990 organizational tax forms). These investments resulted in economic, health, and access to justice benefits. The overall estimated total benefits,

<sup>10</sup> Note that end of life law case types, such as advanced directives and power of attorneys, were subsumed under health law economic outcomes.

including economic, access to justice, and health impacts, was \$149,199,797 (Figure 2), a 723% social return on investment (Figure 3). Social return on investment was calculated as  $[(\text{social returns}-\text{investment})/(\text{investments})]*100$  or  $[(\text{benefits}-\text{costs})/(\text{costs})]*100$ . The overall SROIs by year were 709%, 648%, and 809% for 2013, 2014, and 2015 respectively (Figure 4). The economic returns (income, wealth, service, public benefit increases as well as averted costs) alone were positive for 2013, 2014, and 2015 (380%, 324%, and 489% respectively; Figure 5), during which benefits summed to \$28.16 million, \$25.55 million, and \$36.71 million in those years (an overall economic return on investment of 399% and benefit of \$90.42 million).

Figure 2. Benefits by type of return.

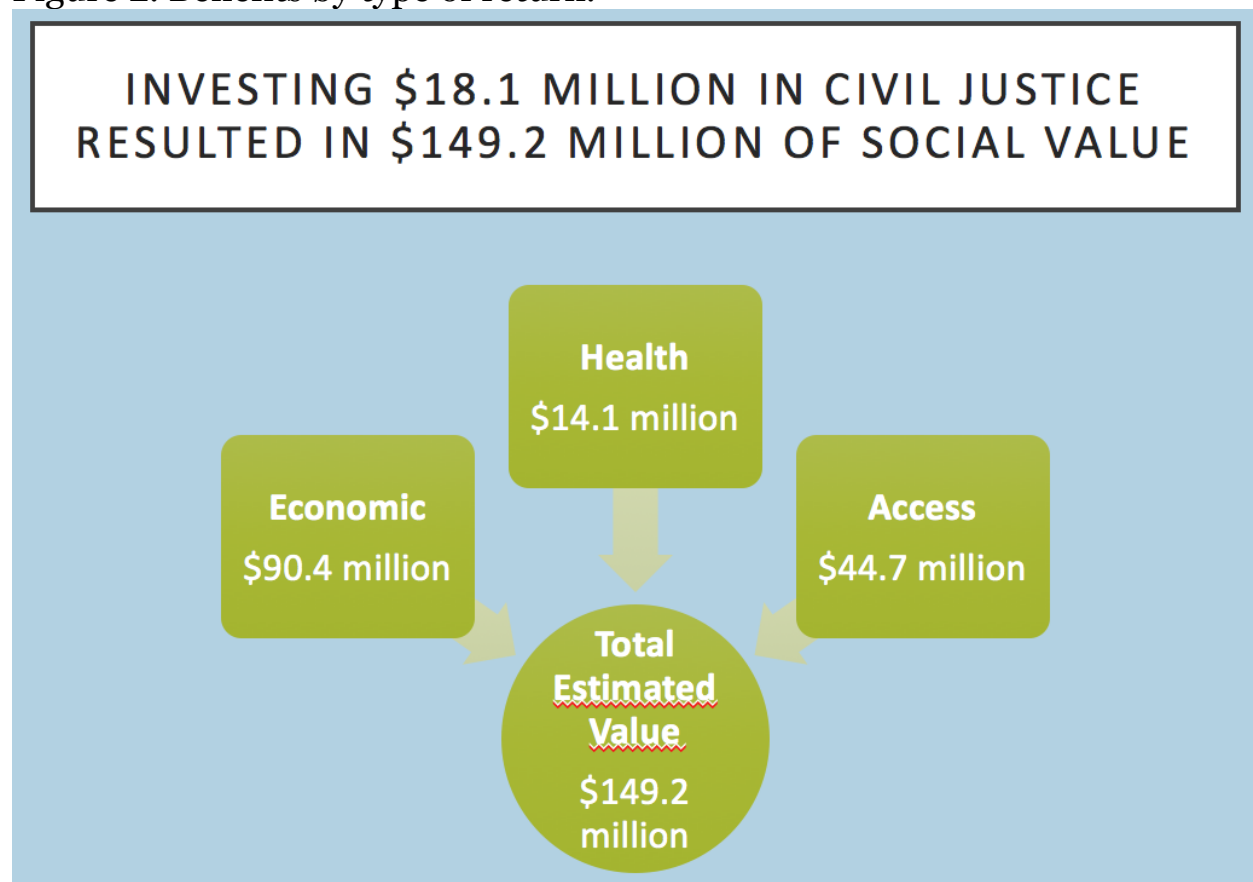


Figure 3. Overall social return on investment collapsing all benefit types.

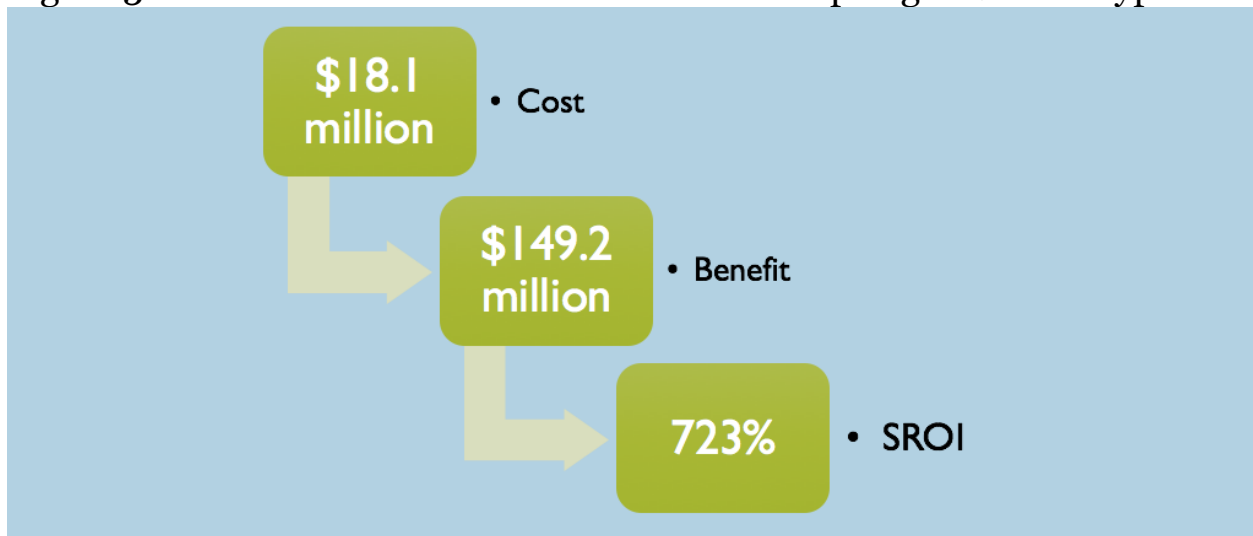


Figure 4. Overall social return on investment by year.

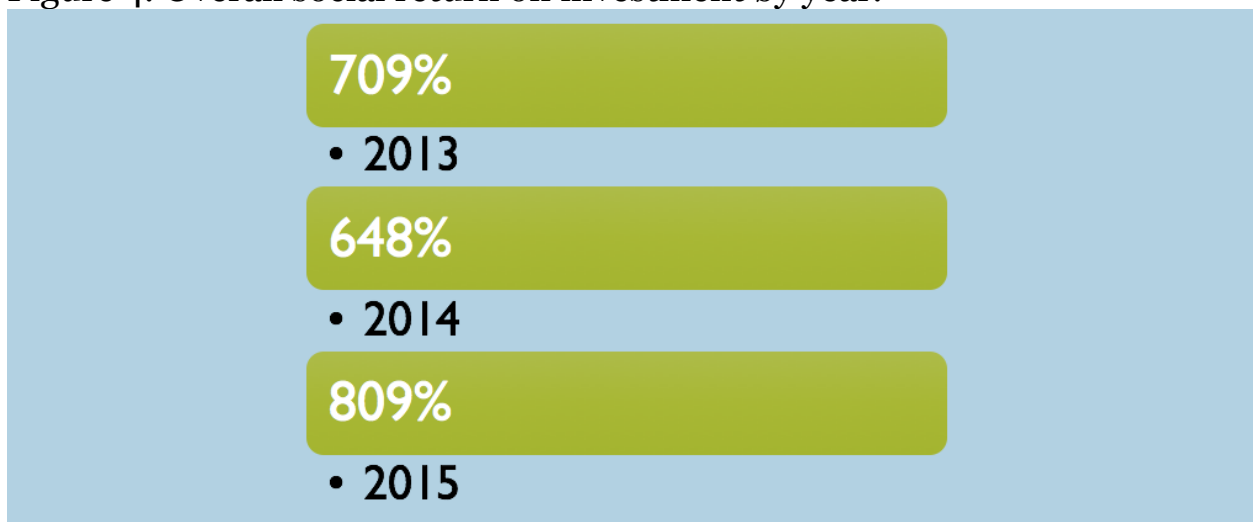
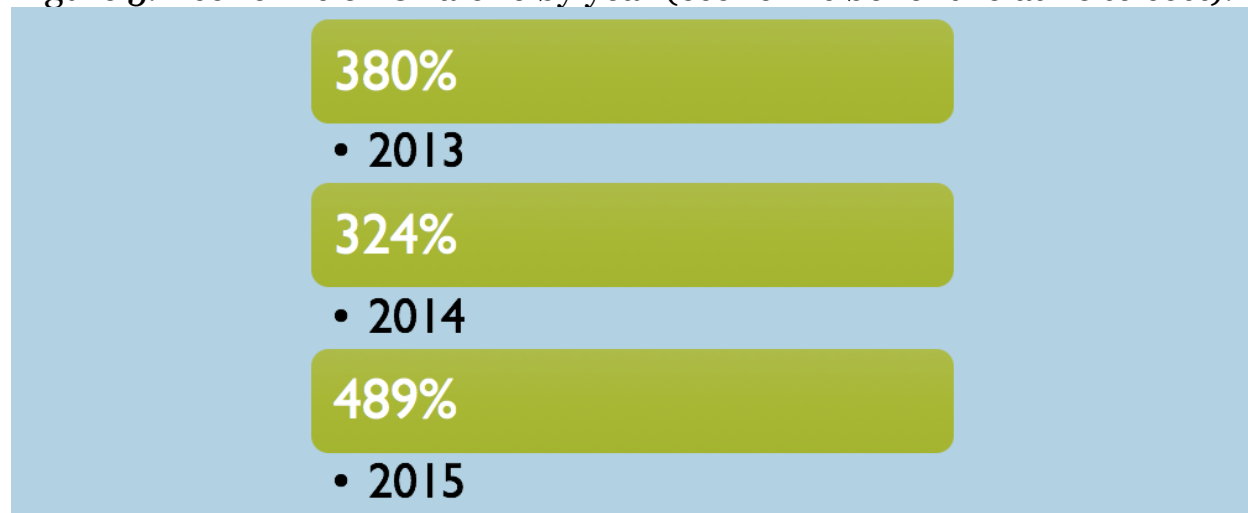




Figure 5. Economic SROI alone by year (economic benefit relative to cost).



### 3.2 Economic Benefits

Economic benefits were primarily driven by case wins in the civil legal aid areas of consumer, education, employment, family, health, housing, immigration, and income (public benefits) law (as reviewed in sections 3.2.1 through 3.2.9). The term economic benefit is used to distinguish the return type from access to justice (efficiency) and health benefits. Economic benefits are those returns that result in economic benefits to clients or their communities.

During 2015, there was a \$36,711,409 economic benefit. The economic benefit can be summarized in 8 categories: \$9.05 million of that economic benefit was due to personal income increases in or maintenance of wages or wealth; \$7.52 million were linked to health insurance payments and avoided healthcare charges beyond payments of \$3.47 million<sup>11</sup>; \$269

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<sup>11</sup> Access to health insurance was primarily attributed to clients as a payer source for care (a personal and community resource). Note, however, that health insurance access also prevents deficits beyond those payments. For example, having health insurance avoids cost-to-charge ratios related receiving uninsured health care. Health insurance results in healthcare payments (to providers and from patients). Beyond payments, bad debt or charity care (uncompensated care) are avoided. Uninsured patients receive charges that significantly exceed costs of care, whereas payments for care are similar to costs of Medicaid or Medicare enrollees.

Peter Cunningham, et al. (2016). Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes. The Kaiser Commission on Medicaid and the Uninsured, Policy Brief. <http://files.kff.org/attachment/issue-brief-understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes>.

National Nurses United (2014). Some Hospitals Set Charges at 10 Times their Costs. <https://www.nationalnursesunited.org/press/new-data-some-hospitals-set-charges-10-times-their-costs>.

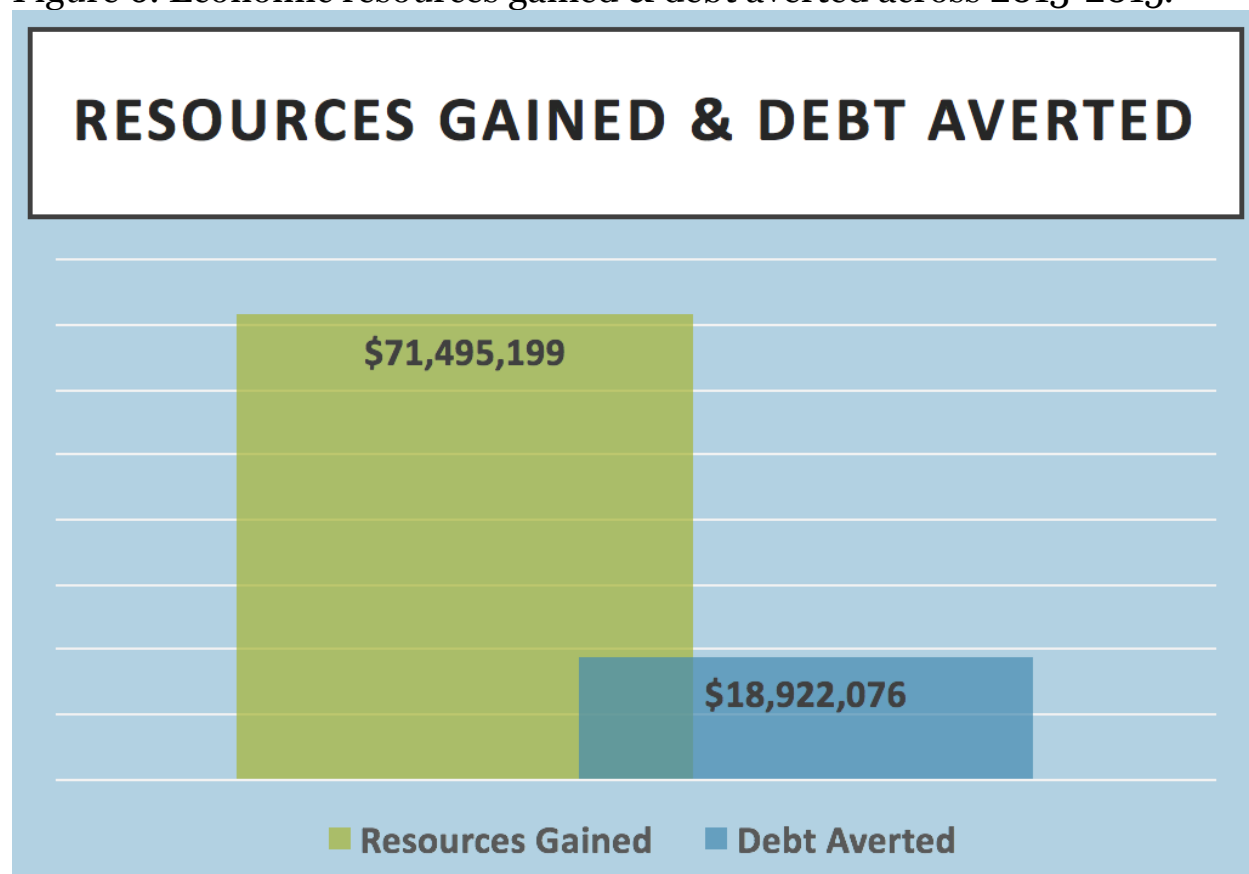
thousand was linked to educational benefits; \$10.32 million in public income benefit maintenance or initiation (i.e., social security, TANF, SSI, SSDI, and unemployment, SNAP, WIC, or LIHEAP); \$3.24 million in debt relief (e.g., bankruptcy, collections, and waived fees); \$712 thousand in access to supportive health services (i.e., long-term healthcare facility, community-based health service, advanced directives, or power of attorney); \$664 thousand in housing benefits (e.g., housing subsidies and public housing); and \$1.46 million due to avoiding community costs resulting from housing deficiencies (e.g., homelessness, evictions, and foreclosures).

During 2014, there was a \$25,545,056 economic benefit. The economic benefit can be summarized in 8 categories: \$ 10.11 million of that economic benefit was due to personal income increases in or maintenance of wages or wealth; \$4.16 million were linked to health insurance payments and avoided healthcare charges beyond payments of \$2.15 million; \$139 thousand was linked to educational benefits; \$3.84 million in public income benefit maintenance or initiation (i.e., social security, TANF, SSI, SSDI, and unemployment, SNAP, or WIC); \$3.35 million in debt relief (e.g., bankruptcy, collections, and waived fees); \$106 thousand in access to supportive health services (i.e., long-term healthcare facility, community-based health service, advanced directives, or power of attorney) \$800 thousand in housing benefits (e.g., housing subsidies and public housing); and \$902 thousand due to avoiding community costs resulting from housing deficiencies (e.g., homelessness, evictions, and foreclosures).

During 2013, there was a \$ 28,160,810 economic benefit. The economic benefit can be summarized in 8 categories: \$10.54 million of that economic benefit was due to personal income increases in or maintenance of wages or wealth; \$2.67 million were linked to health insurance payments and avoided healthcare charges beyond payments of \$1.23 million; \$21 thousand was linked to educational benefits; \$9.87 million in public income benefit maintenance or initiation (i.e., social security, TANF, SSI, SSDI, and unemployment, SNAP, WIC, or LIHEAP); \$2.63 million in debt relief (e.g., bankruptcy, collections, and waived fees); \$37 thousand in access to supportive health services (i.e., long-term healthcare facility, community-based health service, advanced directives, or power of attorney) \$673 thousand in housing benefits (e.g., housing subsidies and public housing); and \$485 thousand due to avoiding community costs resulting from housing deficiencies (e.g., homelessness, evictions, and foreclosures).

In total, across years of 2013 to 2015, \$71,495,199 in resources were gained (personal income, public benefits, housing, and medical service increases). During the same time period, \$18,922,076 of debt was averted (debt relief increases, housing insecurity decreases, and avoided healthcare charges beyond payments) (see Figure 6).

Figure 6. Economic resources gained & debt averted across 2013-2015.



Beyond broader economic valuation, the impact of civil legal aid for the state of Delaware can be estimated as the federal dollars entering Delaware without value multipliers (e.g., RIMS II, FANIOM, IMPLAN, or other economic multipliers)<sup>12</sup> and the local costs averted. Figures 7 and 8 depict two alternative scenarios for federal dollars coming into the state of Delaware and local cost averted as a result of legal aid. Figure 7 assumes that health insurance (i.e., Medicaid, Medicare, and SCHIP) and public benefits (i.e., social security, TANF, SSI, SSDI, and unemployment, SNAP, WIC, or LIHEAP) act as federal income and that the amount beyond healthcare payments (i.e., additional charges to the uninsured beyond costs) as well as housing security (e.g., avoiding homelessness, eviction, and foreclosure) would result in local costs avoided. Moreover, the Federal Medical Assistance Percentage for Medicaid (55.67%, 55.31%, and 53.63% for 2013, 2014, and 2015 respectively)<sup>13</sup> and the Enhanced Federal Medical Assistance Percentage for CHIP (67.54% for 2015)<sup>14</sup> were used to adjust the proportion of healthcare payments attributable to federal funding for Medicaid and CHIP. Figure 8 assumes that public benefits (i.e., social

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<sup>12</sup> The multiplier effects are extensions RIMS II estimates (Regional Input-Output Modeling System) that has been used in previous civil legal aid SROI studies. Description of RIMS II can be found at [https://www.bea.gov/regional/pdf/rims/RIMSII\\_User\\_Guide.pdf](https://www.bea.gov/regional/pdf/rims/RIMSII_User_Guide.pdf).

Kaiser Commission on Medicaid and the Uninsured (2004). *The Role of Medicaid in State Economies: A Look at the Research*. Washington, DC: The Henry J. Kaiser Family Foundation.

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Hanson (2010). *The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP*.

Koenig and Myles (2013). *Social Security's impact on the national economy*. Available at: [http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/econ\\_sec/2013/social-security-impact-national-economy-AARP-ppi-econ-sec.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/econ_sec/2013/social-security-impact-national-economy-AARP-ppi-econ-sec.pdf).

<sup>13</sup> Kaiser Family Foundation (2018). *State Health Facts (2013-2015): Federal Medical Assistance Percentage (FMAP) for Medicaid and Multiplier*. Available at: <https://www.kff.org/medicaid/state-indicator/federal-matching-rate-and-multiplier/>.

Kaiser Commission on Medicaid and the Uninsured (2012). *Medicaid Financing: An Overview of the Federal Medicaid Matching Rate (FMAP)*. Washington, DC: The Henry J. Kaiser Family Foundation.

<sup>14</sup> Kaiser Family Foundation (2018). *State Health Facts (2013-2015): Enhanced Federal Medical Assistance Percentage (FMAP) for CHIP*. Available at: <https://www.kff.org/other/state-indicator/enhanced-federal-matching-rate-chip/>.

security, TANF, SSI, SSDI, and unemployment, SNAP, WIC, or LIHEAP) again act as federal income but health insurance benefits (i.e., Medicaid, Medicare, and SCHIP) were excluded in total from local income. However, in Figure 8, the total estimated patient charges for the uninsured were 100% averted, and the cost relief related to avoiding housing insecurity remained the same as in Figure 7. With regard to Figure 7, the federal income (revenue) brought into the state of Delaware was approximately \$18 million across 2013-2015. Relative to investments in Delaware legal aid, for every \$1 of investment, a \$1 federal benefit was received in the state. Additionally, beyond federal and state payments for healthcare, \$6.9 million in patient charges (potentially uncompensated care, i.e., bad debt, underpayments, or charity care) were avoided for the uninsured patient or medical providers treating those patients, and \$2.85 million of local costs related to housing insecurity (e.g., homelessness) were also avoided. Note, as depicted in Figure 8, if healthcare insurance was positioned as a healthcare charge aversion mechanism, \$12.9 million of healthcare charges would be removed from uninsured patients, which also decreases uncompensated care (charity care, underpayment, or bad debt) for healthcare providers.

Figure 7. Federal dollars into Delaware and costs averted to Delawareans assuming public benefits and health insurance as income as well as charges beyond payments were averted for clients who would have been uninsured.

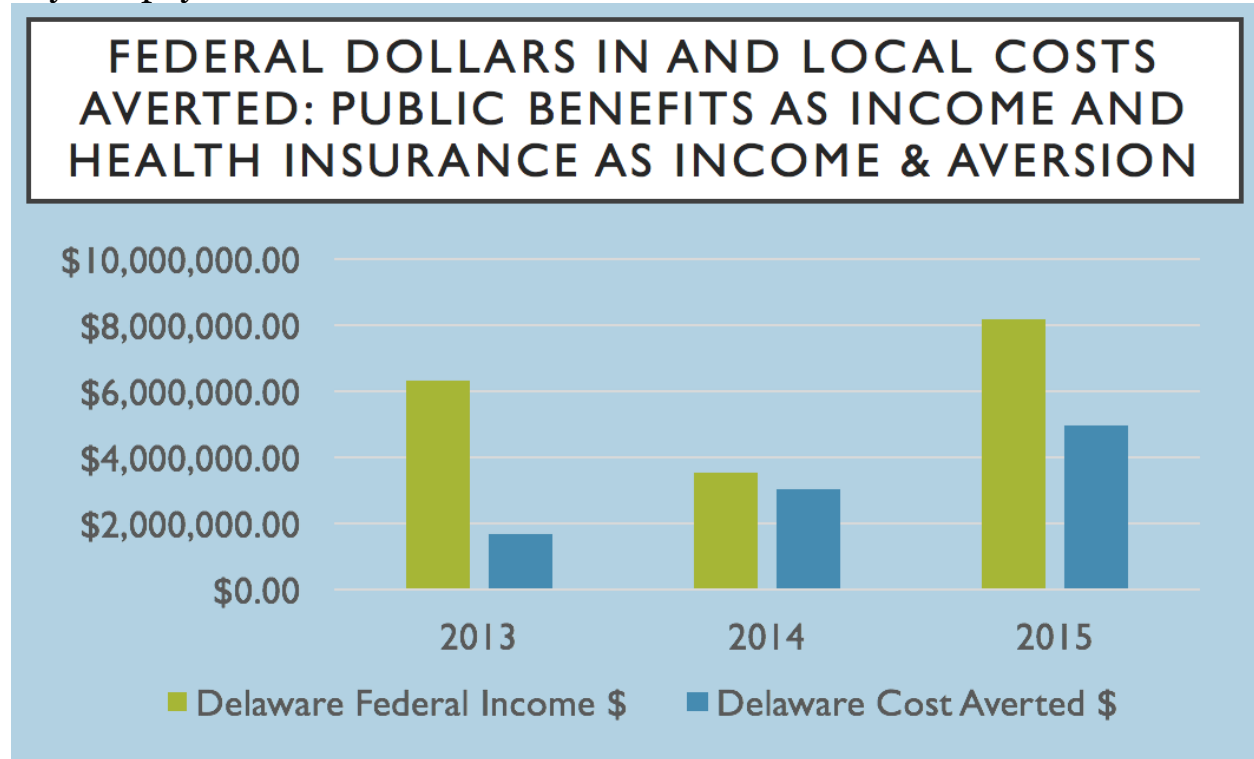
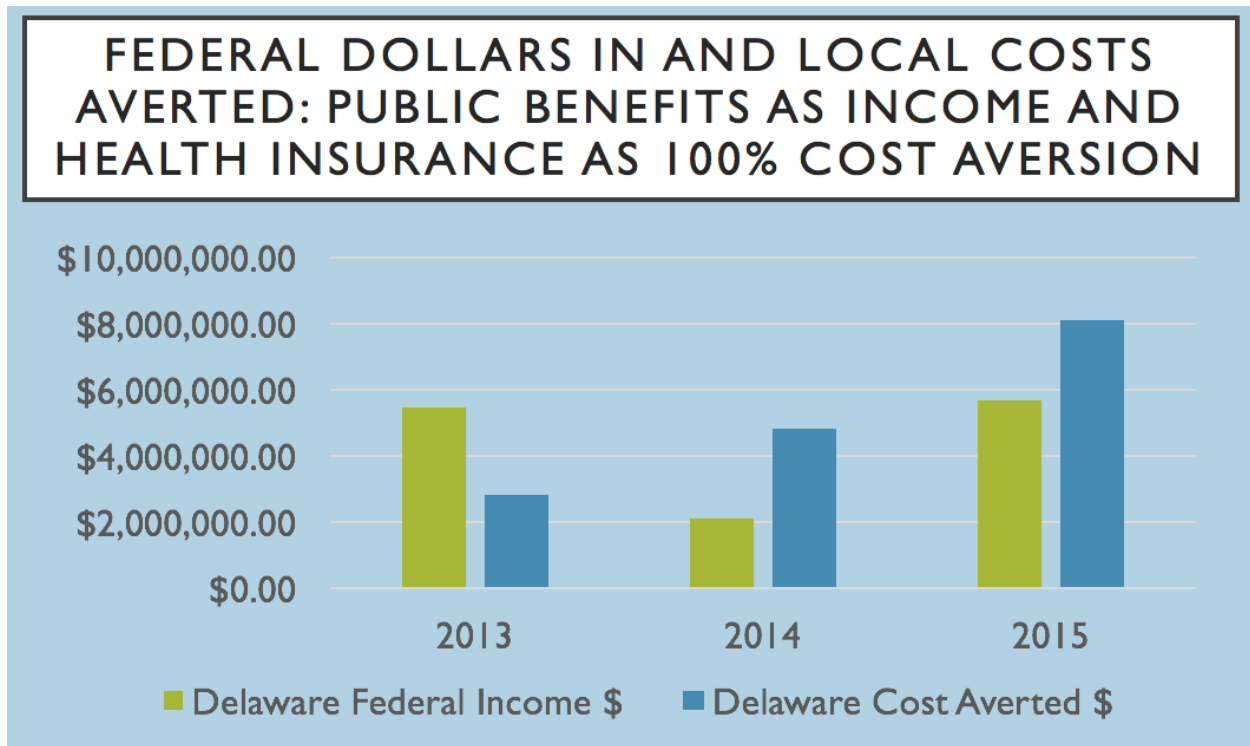


Figure 8. Federal dollars into Delaware and costs averted to Delawareans assuming public benefits as income and health insurance averted charges for clients who would have been uninsured.



### 3.2.1 Consumer Law

In a typical year, 140 consumer law cases were successfully resolved (Figure 8). The economic impact value emerged primarily from consumer cases focused on bankruptcy, debt collection, warranties, and public utilities (see appendix for specific calculations and weighting by case type). Consumer law cases resulted in an economic value, mainly from relieved debt to clients, summing to \$9.7 million (Figure 9) or approximately 10.7% of the total economic benefit. The economic value of consumer legal cases spread relatively evenly across years (Figure 10).

Figure 8. Consumer law case wins by year.

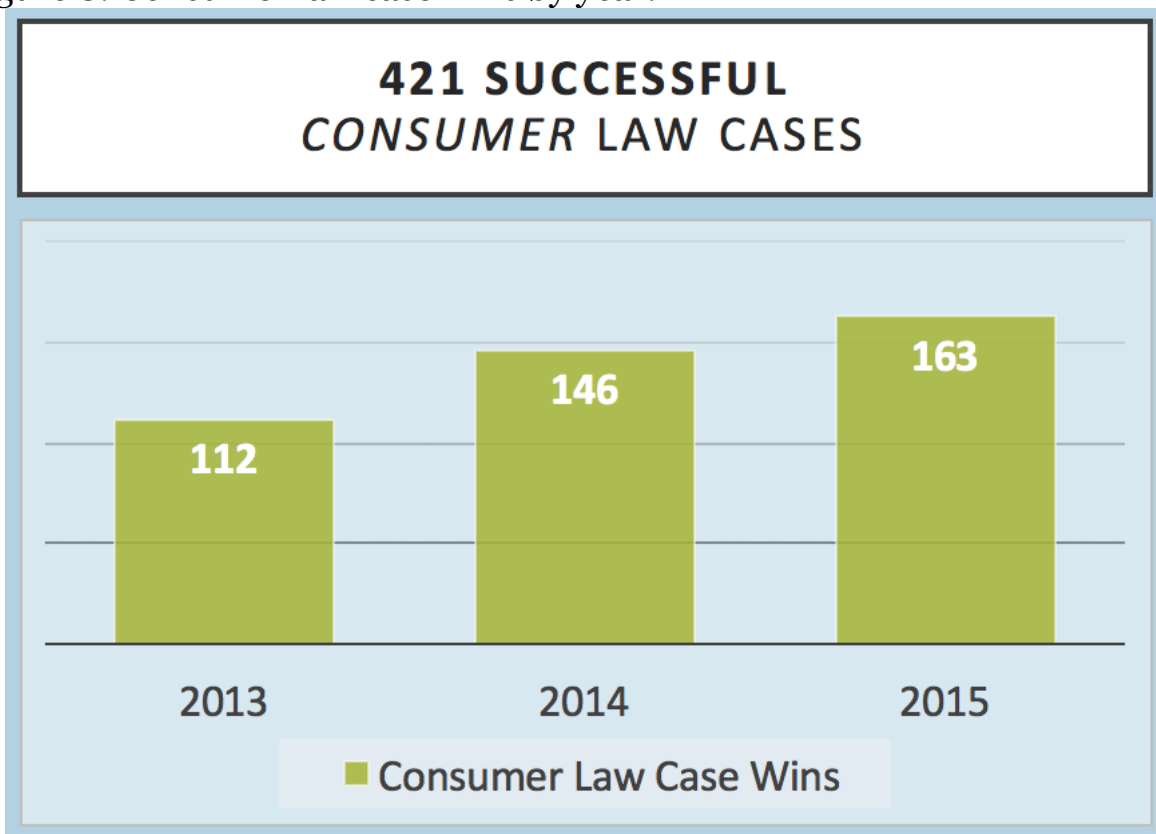
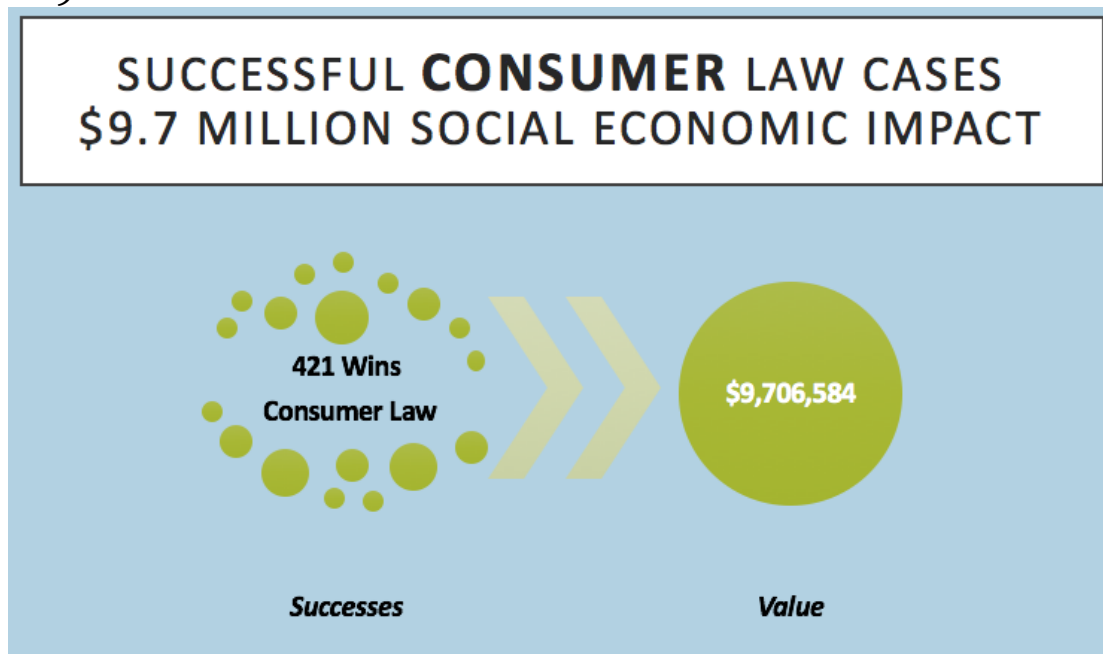


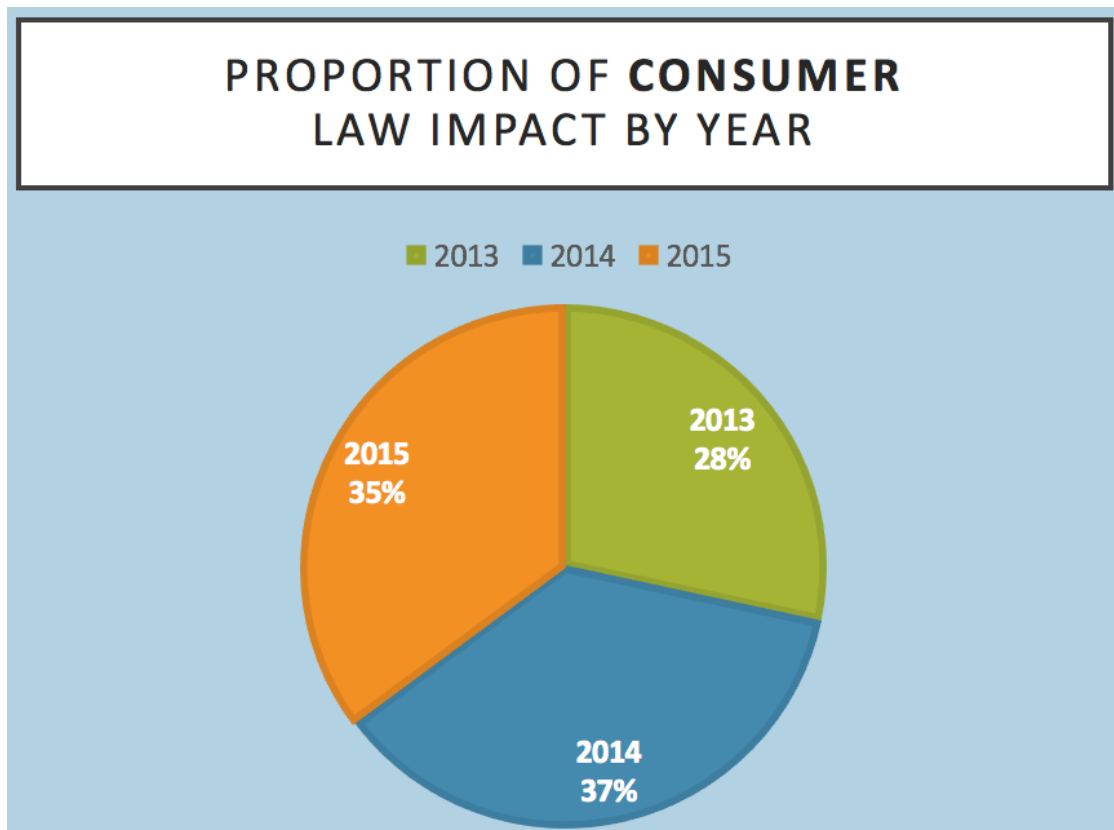


Figure 9. Won consumer cases and estimated economic value.



*Note: Social economic impact is used to indicate an economic benefit either to clients or their communities.*

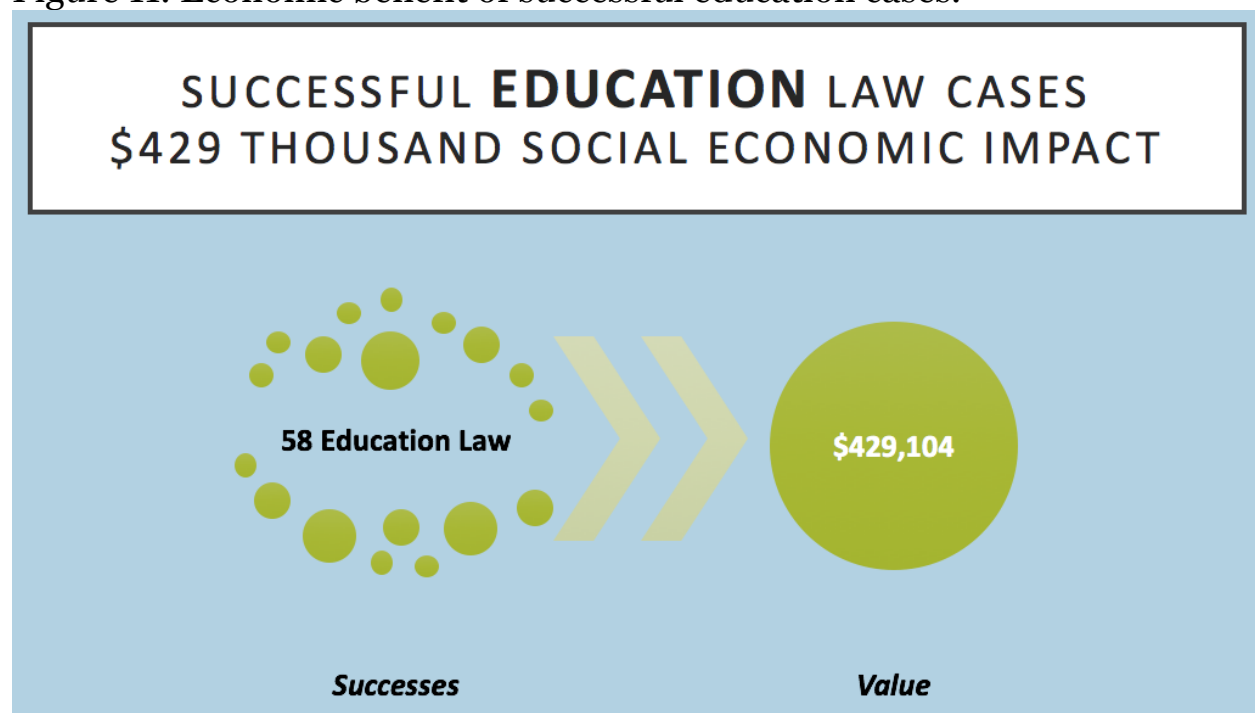
Figure 10. Successful consumer law case proportional economic value by year.



### 3.2.2 Education Law

Approximately 19 civil legal education cases were won each year. The economic impact value was driven primarily by promoting school individualized education programs (IEP) and disability services for students. These case successes were linked to service provision valued at \$429 thousand (Figure 11). Based on this evaluation, most of the value (63%) of education cases occurred during the year of 2015 in which a disproportionately high number of IEP-linked cases were successfully resolved.

Figure 11. Economic benefit of successful education cases.



### 3.2.3 Employment Law

Most of the successful employment law cases focused on employment discrimination or fair labor standards (68%), which result in maintained wages. The majority (81%) of social (Figure 12) economic benefit on employment law cases occurred during 2015 (Figure 13). Twenty-two employment law wins returned an economic benefit valued at \$369,354. This return was primarily determined by improved access to income due to employment.

Figure 12. Employment law cases won by year.

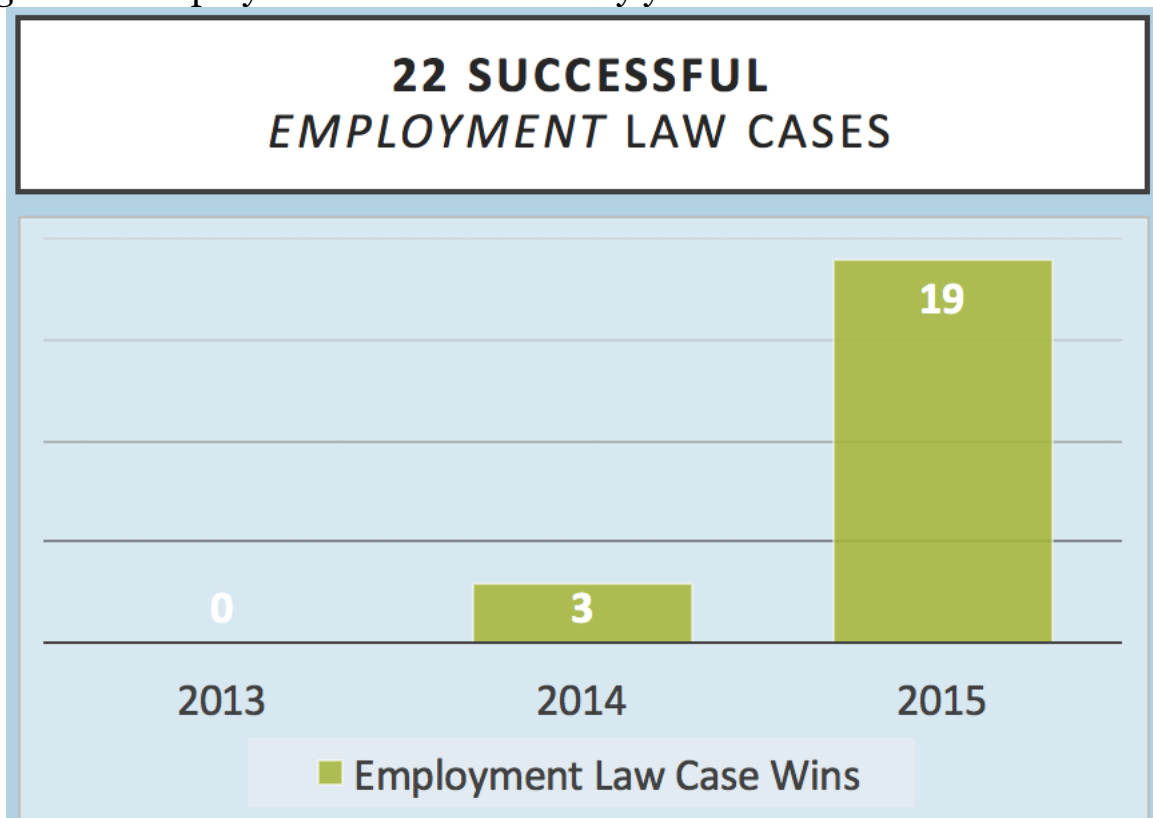
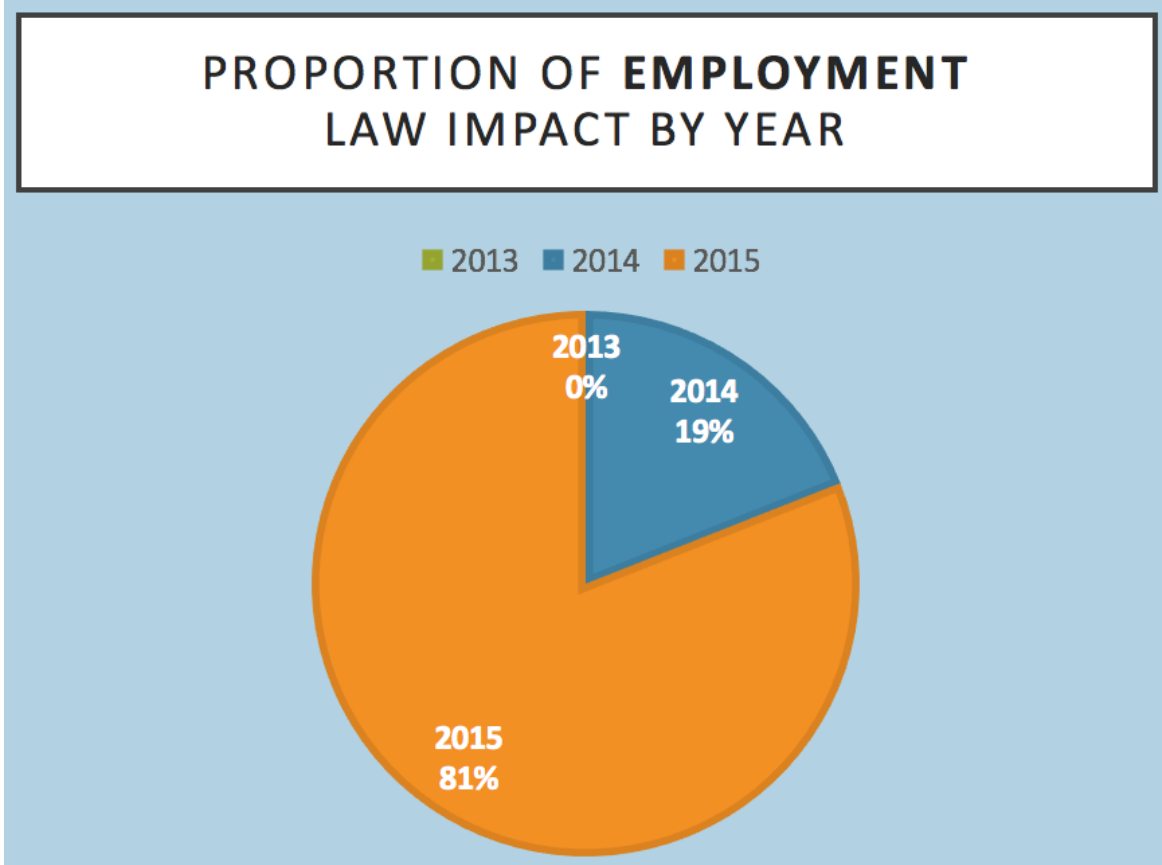


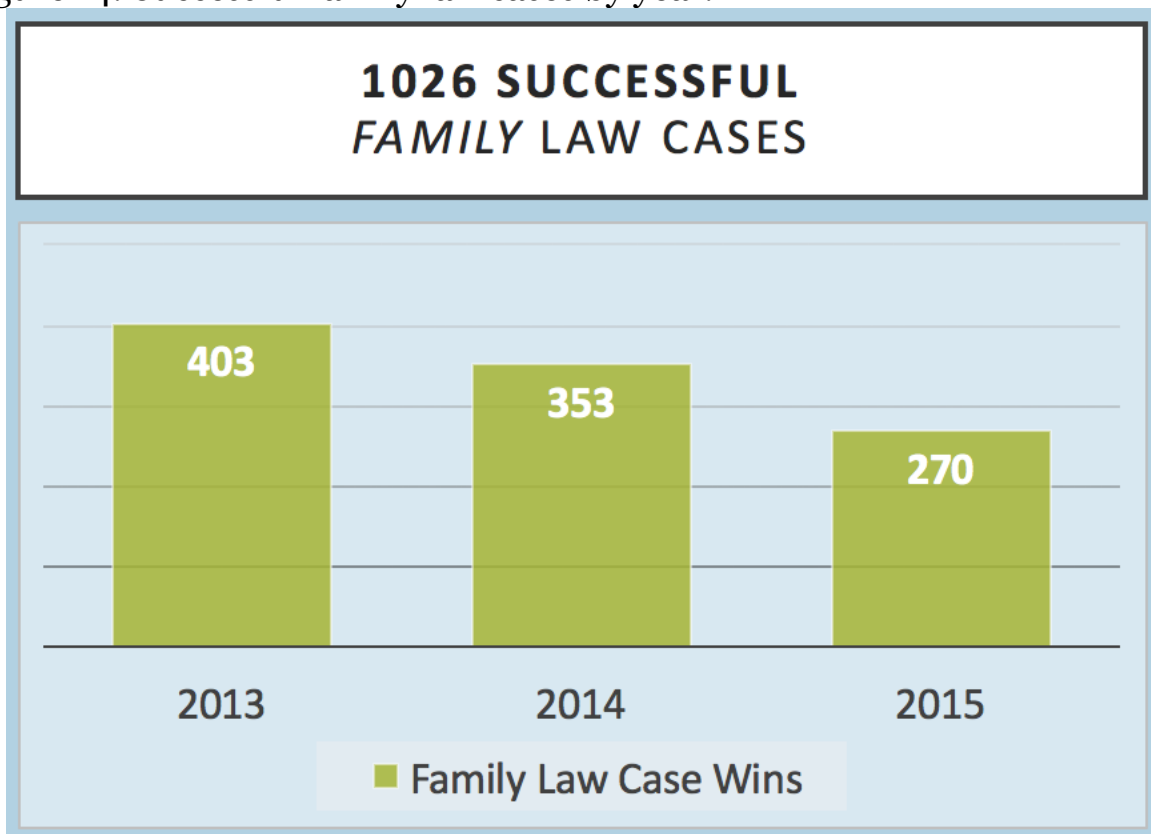
Figure 13. Proportion of employment law economic value by year.



### 3.2.4 Family Law

There were 1026 family cases successfully resolved during 2013-2015. The number of successful cases varied by year (Figure 14). Most of the successful family law cases addressed child custody, divorce, or domestic violence. Recent research funded by the Department of Justice supported that engaging civil legal aid family law services improves personal income of clients while decreasing their reliance on public benefits.<sup>15</sup> Additionally, child support cases result in monthly income support.

Figure 14. Successful family law cases by year.



<sup>15</sup> Hartley, Carolyn and Renner, Lynette (2016). The Longer-Term Influence of Civil Legal Services on Battered Women. United States Department of Justice: Washington, DC.

The economic case value return by year varies proportionately to the case wins by year (Figure 15). An economic benefit of almost \$7.7 million occurred as a result of over 1000 successful family law cases (Figure 16). Most of the return was the result of improved personal net incomes increases.

Figure 15. Family law economic benefit relative to year.

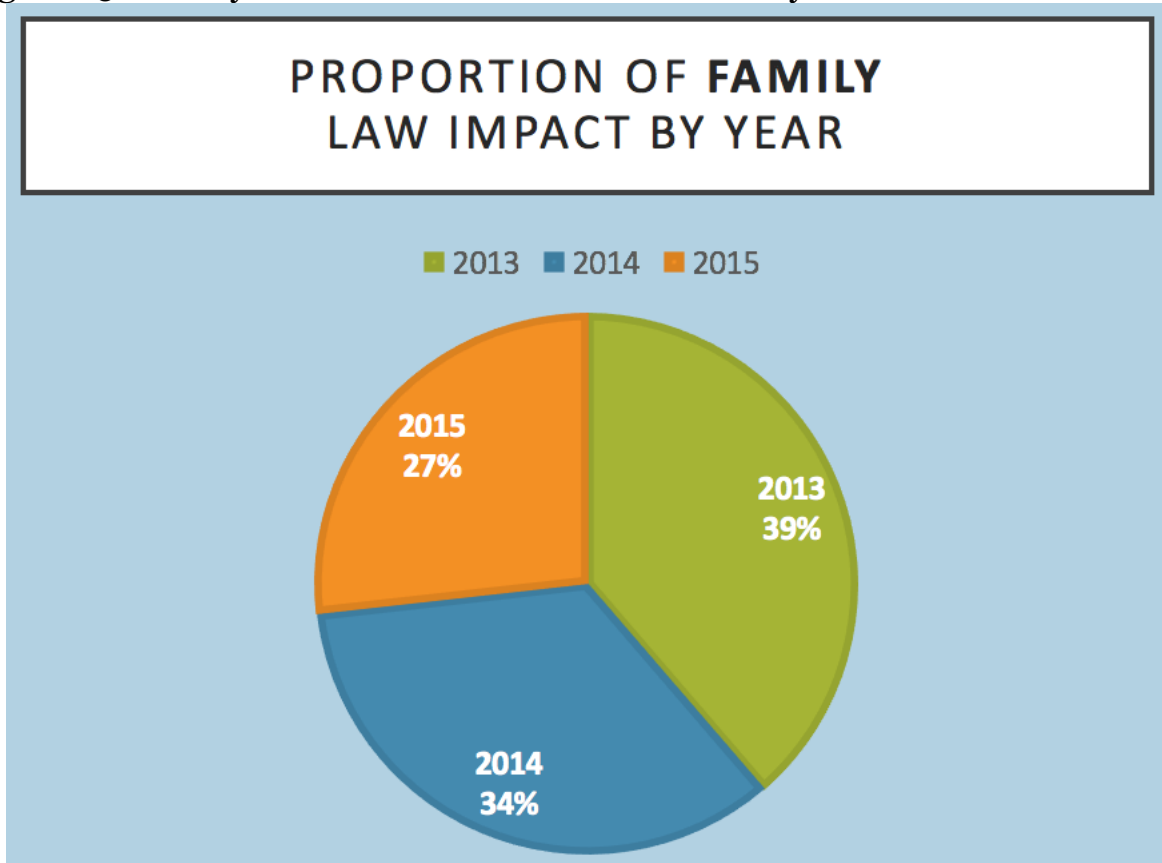
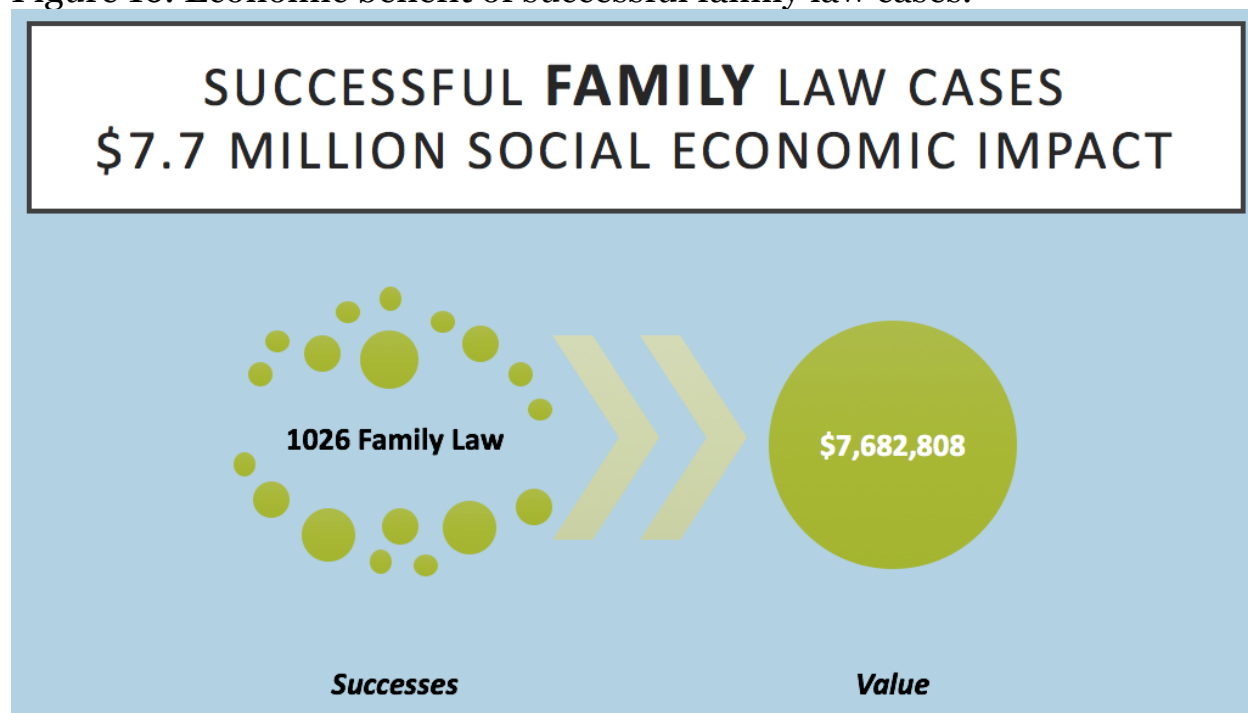


Figure 16. Economic benefit of successful family law cases.



### 3.2.5 Healthcare Law

432 health-related cases were successfully resolved during 2013-2015. More health-related cases were resolved as years progressed, with 222 successes during 2015 and 68 successes during 2013. The majority of healthcare law case economic benefit took place during 2015 (Figure 17). The proportion of healthcare case successes and value during 2015 countered some expectations regarding the need and utility of health legal assistance following the Patient Protection and Affordable Care Act's 2014/2015 Medicaid Expansion and Insurance Exchange/Marketplace. Healthcare cases maintained value into 2015. This was partly due to lagging resolution of Medicaid cases as well as an actual ongoing need for healthcare law focused legal aid. The successful resolution of healthcare law cases resulted in an economic benefit of \$19.6 million (Figure 18). The majority of economic benefit was due to initiating or maintaining access to a payer source (i.e., Medicaid, Medicare, or child health insurance program), avoiding healthcare charges beyond payments, or gaining or maintaining access to health facility services. With regard to gaining access to health insurance and related economic benefits, there were two

components, the value of insurance as a payer source for care and the amount of charges (bad debt, charity care, or underpayments) avoided as a difference between payments and charges since charges exceed costs for uninsured patients. A minority of value was driven by the completion of powers of attorney or advanced directives. Healthcare law cases made up 21.7% of the total economic benefit.

Figure 17. Proportional economic benefit of healthcare law by year.

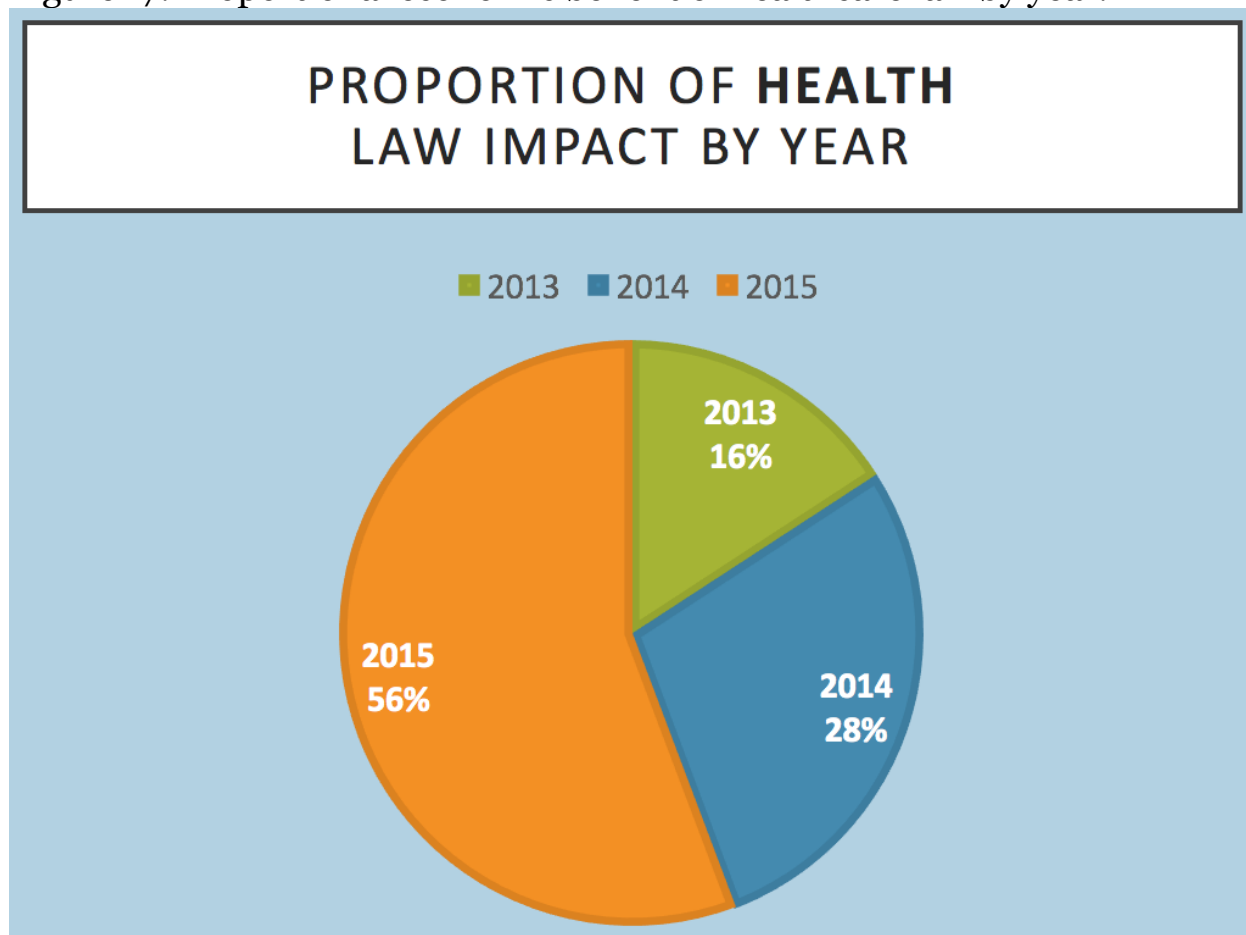
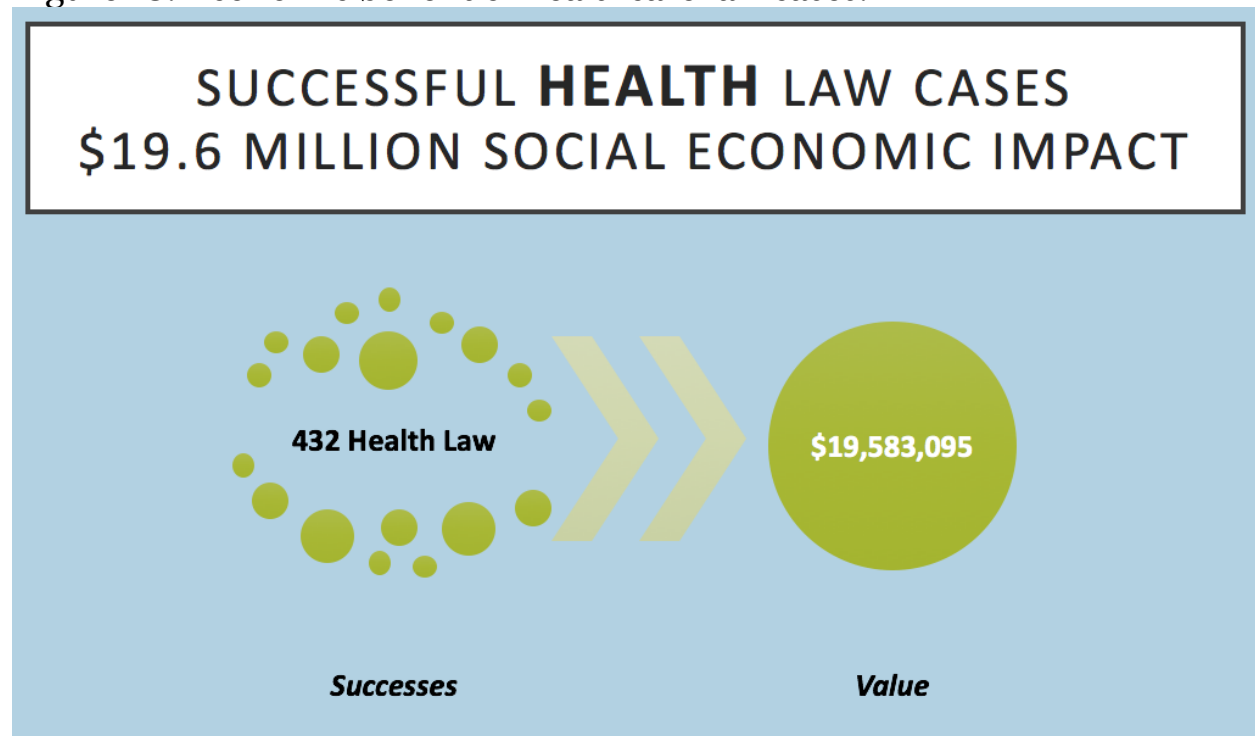




Figure 18. Economic benefit of healthcare law cases.



### 3.2.6 Housing Law

During 2013-2015, an average of 319 cases were successfully resolved per year (Figure 19). Approaching 1000 housing wins in total resulted in an economic benefit of approximately \$5.9 million. Housing returns varied proportionally by the number of case wins by year (Figure 19 and 20). The majority of housing case successes and benefits (Figure 19-21) were related to the areas of subsidized public housing and private landlord tenant issues. The economic benefit was linked to averting costs related to eviction/foreclosure/homelessness and maintaining subsidized housing payments.

Figure 19. Number of housing case wins by year.

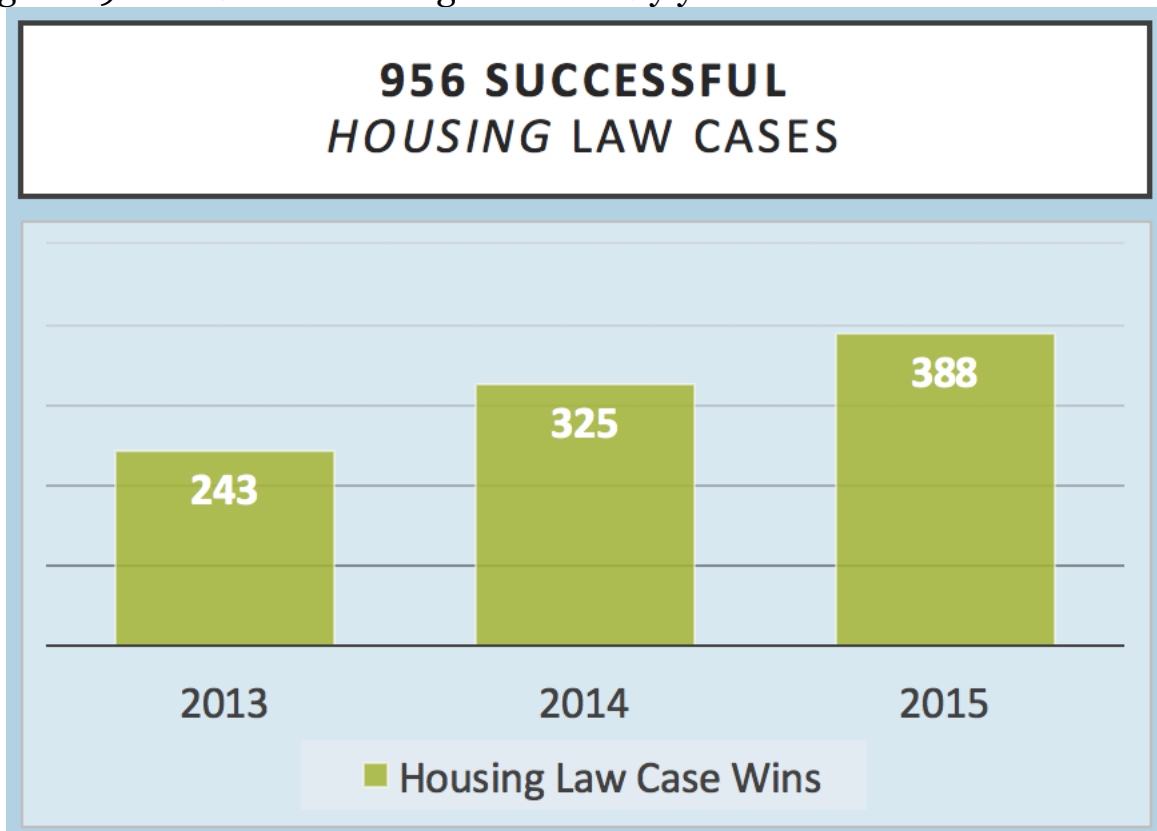


Figure 20. Return on successful housing law cases relative to year.

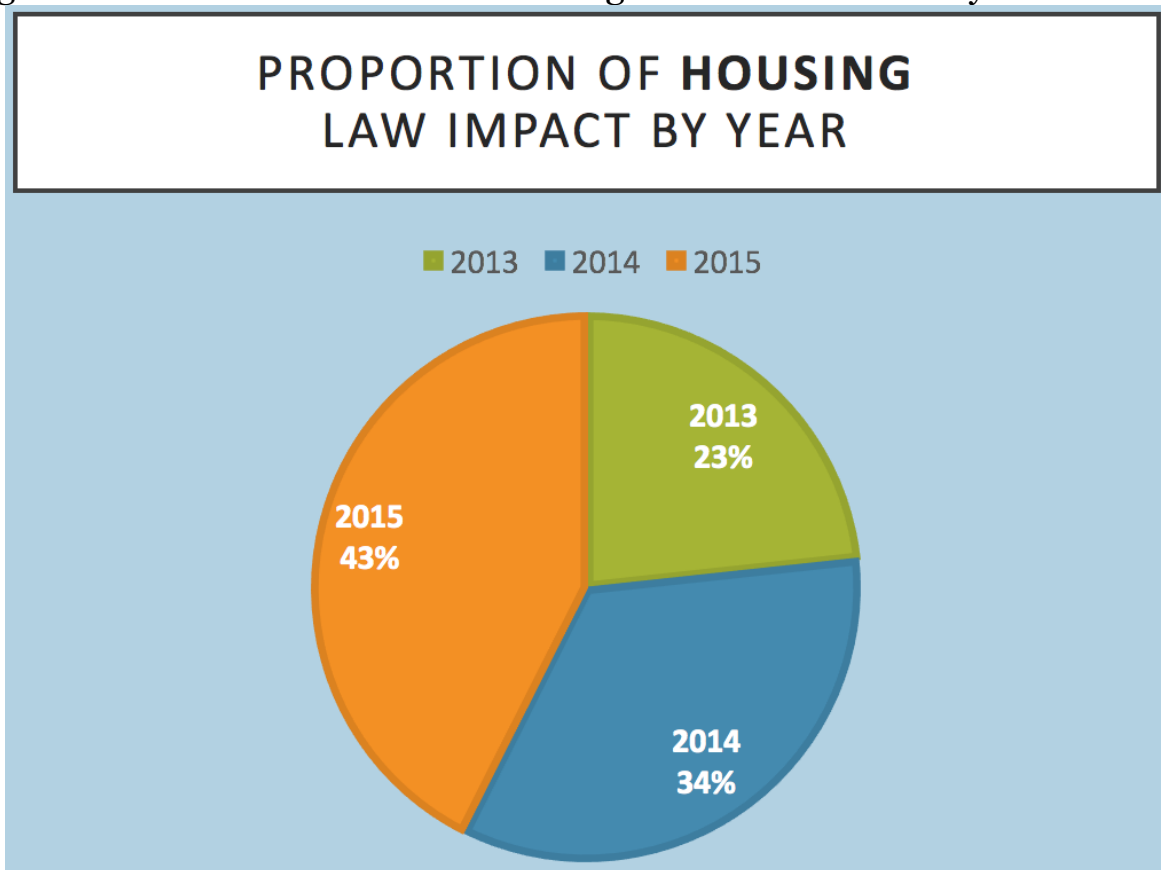
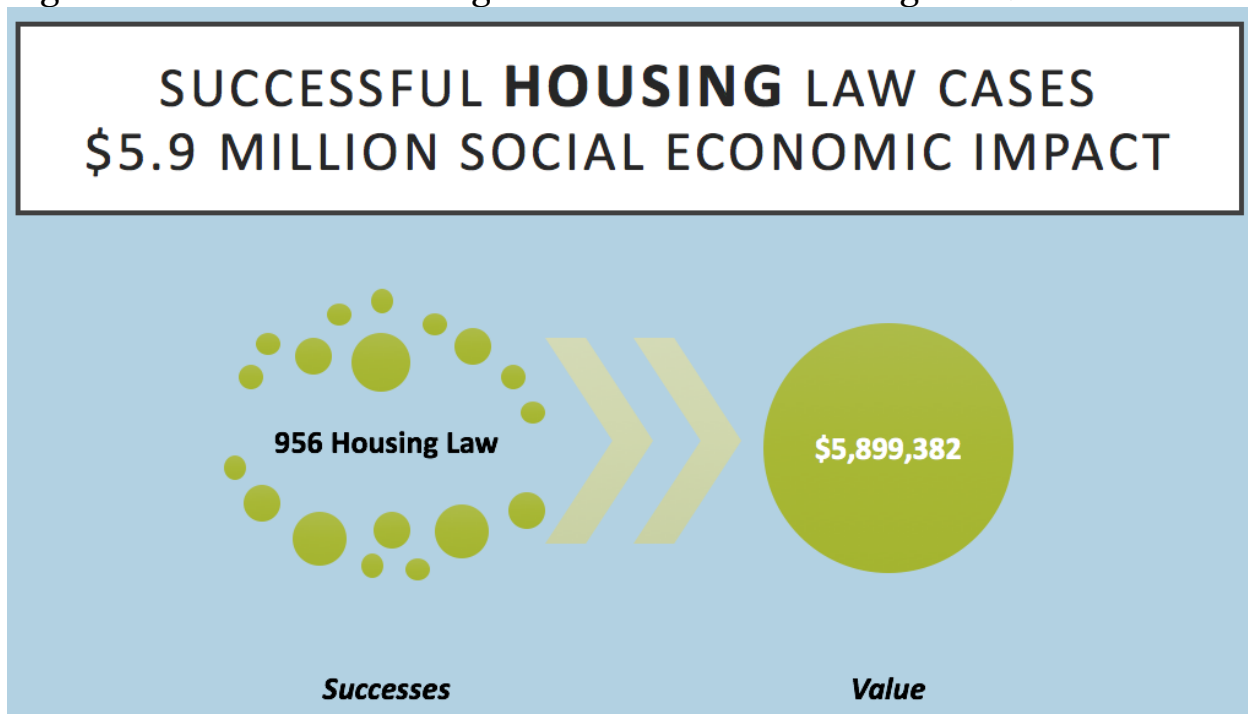


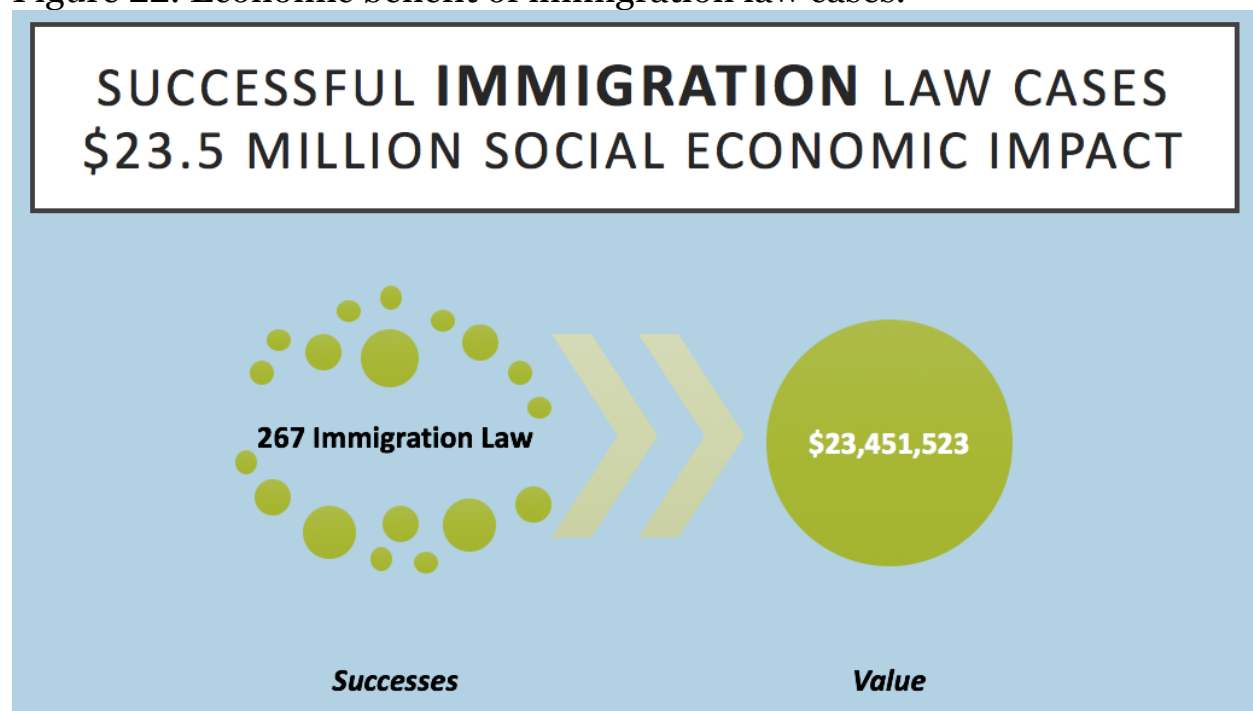
Figure 21. Successful housing cases and overall housing case benefit.



### 3.2.7 Immigration Law

An average of 89 immigration cases were resolved per year with a high of 95 during 2013 and a low of 81 during 2015. The 267 immigration case successes accounted for 25.9% (\$23.5 million) of the total economic return. Benefits (Figure 22) were primarily the result of income increases related to legal status improvements. Additionally, immigration status changes (e.g., receiving a visa or deferred action work permit) enabled children of immigrants or pregnant women with legal status changes to receive medical benefits and food subsidies (e.g., Women and Infant Children and Supplemental Nutrition Assistance Program). The utilization of legal aid services also enabled the waiver of visa application fees that can range from \$380 to \$965 per case. Immigration case wins result in a bundle of service access in addition to legal status changes.

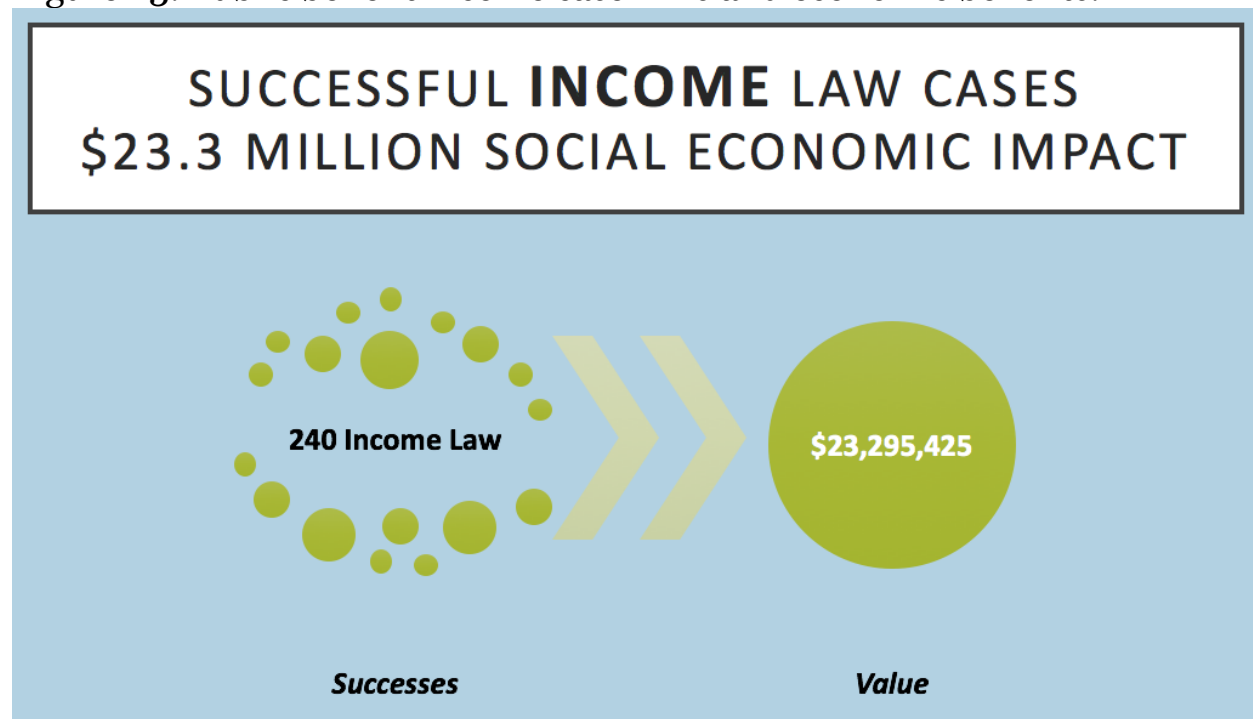
Figure 22. Economic benefit of immigration law cases.



### 3.2.8 Public Benefit Income Law

An average of 80 public benefit income cases were successfully resolved, with a high of 102 in 2015 and low of 52 in 2014. 85% of the return of income cases occurred in 2013 or 2015. Income-focused public benefit cases included Temporary Assistance to Needy Families, Supplemental Security Income, Social Security Disability Income, Food Stamps (Supplemental Nutrition Assistance Program), and unemployment compensation. Note that public benefit income successes that resulted from immigration cases were included under the immigration law category and not this category. Income cases accounted for 25.7% of the total economic benefit. The 240 successful income cases resulted in \$23.3 million (Figure 23).

Figure 23. Public benefit income case wins and economic benefits.



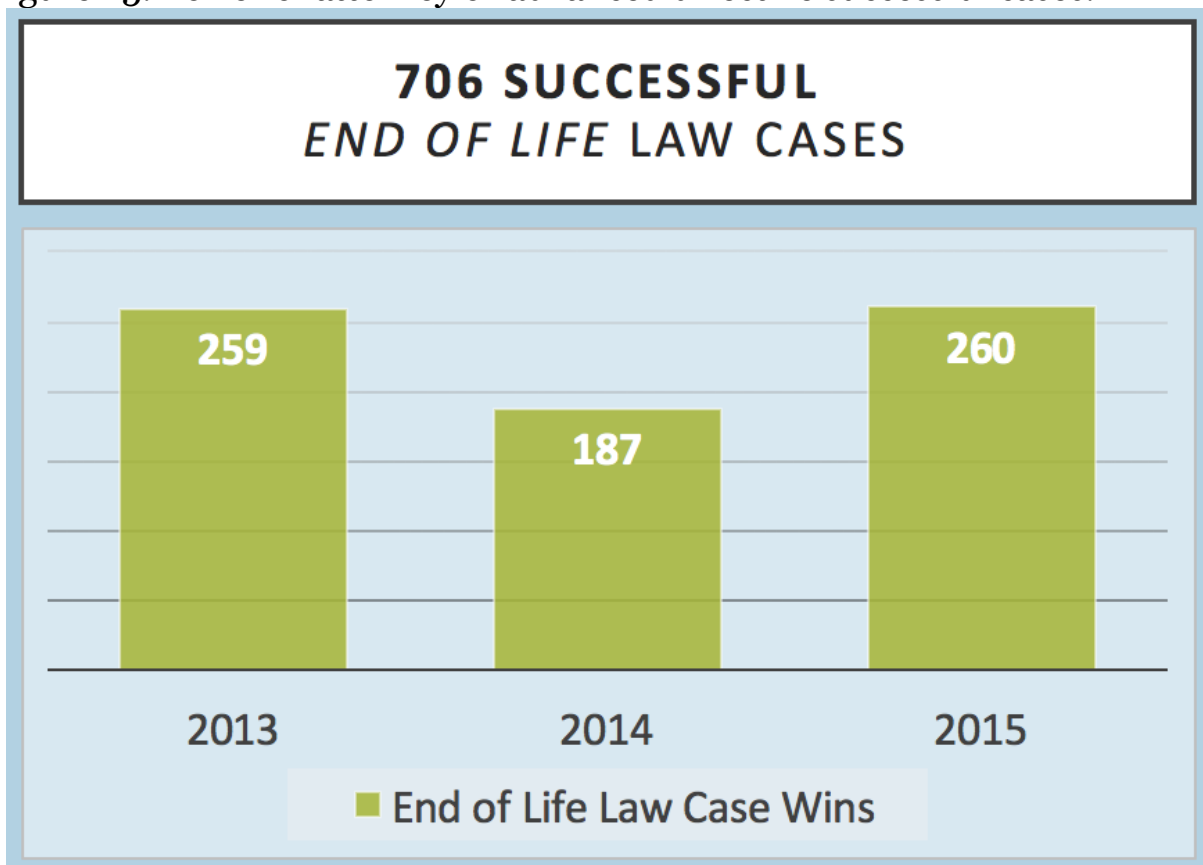
### 3.2.9 Civil Law: Overall Social Return

Overall 4258 cases were resolved successfully during 2013-2015 (Figure 1). These case successes resulted in a total economic benefit of \$90.4 million (Figure 24). These returns occurred as a result of increasing income (through personal income or public benefits), relieving debt, enrolling in an insurance payer sources (e.g., Medicaid or Medicare), or enabling the receipt of services (e.g., education or healthcare facility access). It should also be noted that some cases were not estimated to have significant economic benefits but did substantially improve access to justice of clients. For example, 706 power of attorney or advanced directive cases were positively resolved during 2013-2015 (Figure 25).

Figure 24. Civil case wins resulted in substantial economic benefits.



Figure 25. Power of attorney or advanced directive successful cases.



### **3.3 Access to Justice Return: Legal Aid Efficiency**

Accessing civil justice is the largest justice gap in the United States. A key method to effectively accessing the justice system is with assistance of legal counsel. Civil legal aid services in the United States include 1) the provision of direct services by legal aid or pro bono attorneys, 2) identification of systematic issues, and 3) giving advice that enables self-help.<sup>16</sup> Accessing civil justice via a legal aid attorney as opposed to a private attorney is cheaper in the United States. The per hour attorney cost of a private attorney as opposed to legal aid is typically three times higher (e.g., the cost of a legal aid attorney is \$50 per hour compared to a private attorney at \$150 per hour).<sup>17</sup> Legal aid counsel access, compared to self-care or pro bono, also improves the likelihood of successfully resolving a legal issue.<sup>18</sup>

In the current analysis, it was assumed that the access to justice efficiency of legal aid was a multiplier of 3.0 relative to personnel expenditures. The expenses of personnel compared to total cost of civil legal aid was also assessed. After accounting for the proportional staff cost relative to total organizational expenditures (based on tax 990 tax forms), it was assumed that the adjusted civil legal efficiency (access to justice) multiplier in the state of Delaware was approximately 2.4. Approximately, 80% of legal aid cost in the state was directed toward personnel, and there was a base personnel legal aid efficiency multiplier of 3 (i.e., 3 times 0.8 equals 2.4). The efficiency benefit of investing legal aid as a point of access to civil justice in Delaware was \$44.7 million dollars (the values for the years of 2013, 2014, and 2015 were \$14,569,758, \$14,603,241, and \$15,504,246

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<sup>16</sup> United States Department of Justice (2014). Civil Legal Aid 101.  
<https://www.justice.gov/sites/default/files/atj/legacy/2014/04/16/civil-legal-aid-101.pdf>.

<sup>17</sup> The Taproot Foundation (2015) found that the average value of professional services per hour was \$150 per hour. Similarly, the Virginia State Bar (2014), the Erie County Bar Association (2011), and Legal Aid of Southeastern Pennsylvania (2012) identified that the average conservative valuation of a pro bono attorney service hour was \$150. Local Delaware analysis of legal aid attorney cost average \$50.  
<https://www.taprootfoundation.org/do-probono/pro-bono-valuation>  
<https://www.iola.org/board/Grantee%20Annual%20Report%202010/Erie%20County%20Bar%20Association%202010.pdf>  
[http://lasp.org/sites/default/files/file\\_attach/lasp-annual-report-2011-2012.pdf](http://lasp.org/sites/default/files/file_attach/lasp-annual-report-2011-2012.pdf)  
<http://www.vsb.org/docs/Anintrotoprobono.pdf>

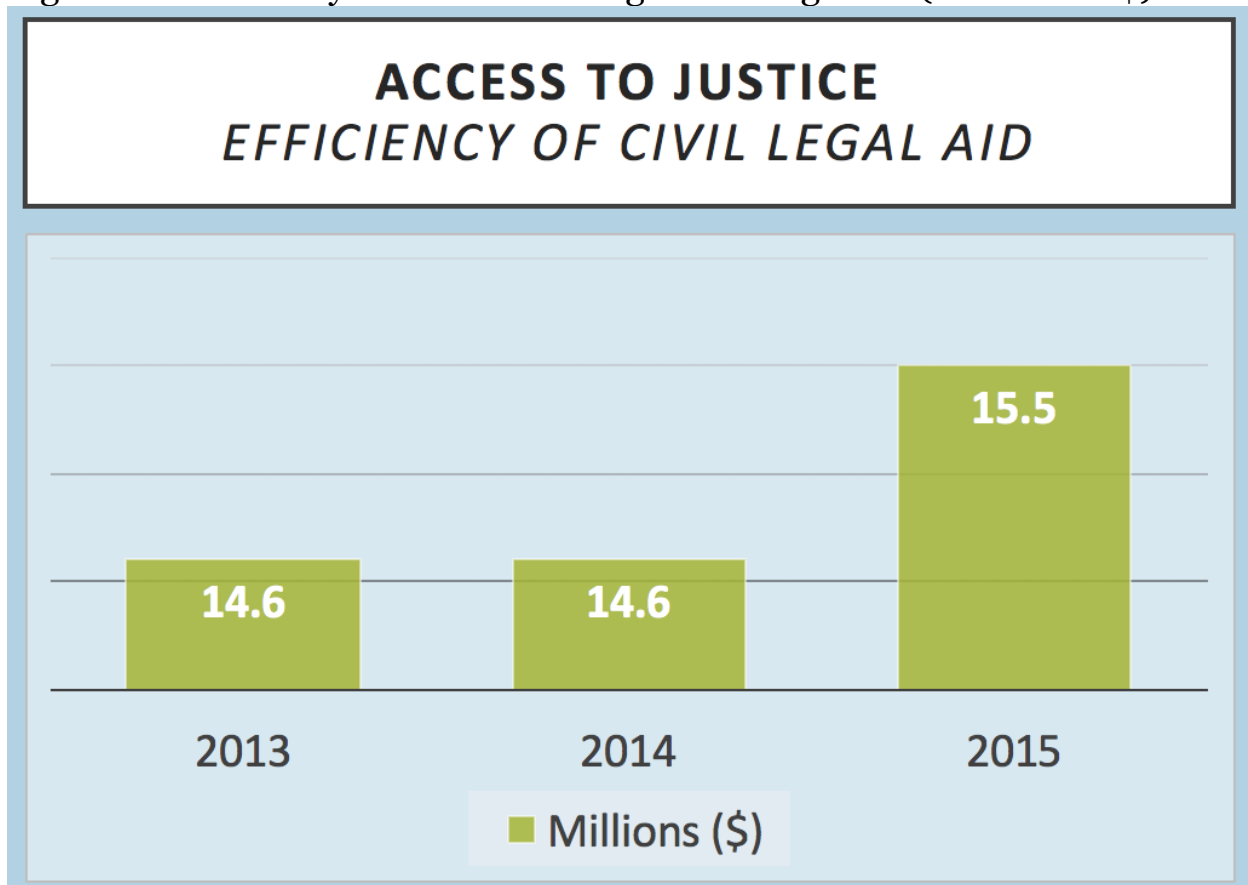
<sup>18</sup> Sandefur, Rebecca L. (2010) "The Impact of Counsel: An Analysis of Empirical Evidence," Journal for Social Justice: Vol. 9: Issue 1, Article 3, pp. 51-95.  
Available at: <http://digitalcommons.law.sea.leu.edu/sjsj/vol9/iss1/3>



respectively). The access to civil justice efficiency benefit values (difference in cost between accessing justice by legal aid versus private attorneys) by year are depicted in Figure 26.

Regardless of economic and health benefits, the efficiency return on investment of funding legal aid in the state of Delaware as an access point for civil justice was approximately 146%  $[(44,677,245 - 18,127,091) / 18,127,091]$ ; investing in civil legal aid is a more cost-efficient method to access civil justice than the private attorney path. Moreover, as previously supported, the majority of lower income households have at least one unmet civil legal need. Funding civil legal aid helps to decrease cycles of disadvantage by offering a low to no cost civil justice access point for lower income people in Delaware. Not only is civil legal aid a lower cost option for potential clients, it is also a lower cost civil justice access investment for external funders as well.

Figure 26. Efficiency value of investing in civil legal aid (millions of \$).



### 3.4 Health Benefits

Recent research related to the United States County Health Rankings supported that access to medical care, socioeconomics, health behaviors, and physical environment predicted 10%, 40%, 30%, and 10% of population health respectively in the United States.<sup>19</sup> The type of cases addressed by legal aid attorneys influence determinants of health that are linked to 65% of population health in the United States (housing, income, nutrition, insurance, education, employment, living conditions [e.g., environmental quality], social support, and safety). Research on civil legal aid also supports that the most common perceived impact of unresolved civil legal issues is on health.<sup>20</sup> Additionally, research supports that the majority of mortality disparities in the United States occur among lower income people and that poverty has become more deadly than 40 years ago.<sup>21</sup> In re-envisioning causes of death in the United States, income, education, and social support would be ranked in the top 6 causes of death in the United States (i.e., more attributable death than accidents, stroke, Alzheimer's disease, diabetes, influenza and pneumonia).<sup>22</sup> Research has also supported an association between access to justice and population health in the United States and that association was as large, if not larger, than the association between income inequality and population health.<sup>23</sup> It has been proposed that improvements in the social safety net or social policy would significantly decrease the life expectancy gap between the United States and comparable countries (currently the United States ranks

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<sup>19</sup> Remington, Patrick, Catlin, Bridget, and Gennuso, Keith (2015). "The County Health Rankings: Rationale and Methods," Population Health Metrics Vol. 13: Issue 11.

Available at: <https://pophealthmetrics.biomedcentral.com/track/pdf/10.1186/s12963-015-0044-2?site=pophealthmetrics.biomedcentral.com>

Hood, Carlyn, et al (2016). "County Health Rankings: Relationships Between Determinant Factors and Health Outcomes," American Journal of Preventive Medicine Vol 50: Issue 2, pp. 129-35.

County Health Rankings (2016). Available at: <http://www.countyhealthrankings.org/ranking-methods>

<sup>20</sup> Sandefur, R. (2014). Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study. Chicago, IL: American Bar Foundation.

<sup>21</sup> Dowd, Jennifer et al. (2011). "Deeper and Wider: Income and Mortality in the USA Over Three Decades," International Journal of Epidemiology Vol. 40, pp. 183–188.

<sup>22</sup> Galea, Sandro, et al (2011). "Estimated Deaths Attributable to Social Factors in the United States," American Journal of Public Health Vol. 101: Issue 8, pp. 1456–1465.

<sup>23</sup> Teufel, James and Mace, Shannon (2015) "Legal Aid Inequities Predict Health," Hamline Law Review: Vol. 38: Issue 2, Article 7. Available at: <http://digitalcommons.hamline.edu/hlr/vol38/iss2/7>

43<sup>rd</sup> in life expectancy, which is significantly lower than other high-income countries and most similar to Wallis and Futuna, a territory in the South Pacific with an economy based primarily on subsistence farming).<sup>24</sup> Recent research overviews also support the link of income, education, employment, and social isolation with health.<sup>25</sup>

Health-harming issues of income, education, and social support are justiciable via civil legal aid. The United States relative rank in life expectancy has decreased across the last 40 years; during this time period the social safety net, including civil legal aid, has either stagnated or decreased. In this report, it was assumed (as a conservative estimate and plausible inference) that select legal aid cases were linked to the above determinants of health could influence client health. Additional details on select cases, calculations, and weights are found in the appendix. The select legal aid cases were those that would have a potential impact on material resources or conditions (e.g., income, housing, insurance, employment, nutrition, or safety). The value of one year of human health was set as the dialysis standard of \$129,000.<sup>26</sup> It was also assumed that the select legal aid cases would each have a small health effect. For example, the case could impact one year of quality health by 5% or 1% of each quality year of health across five years (a value of \$6450). The overall health improvement effect was estimated to be \$14.1 million. The estimated effect by year is depicted in Figure 27.

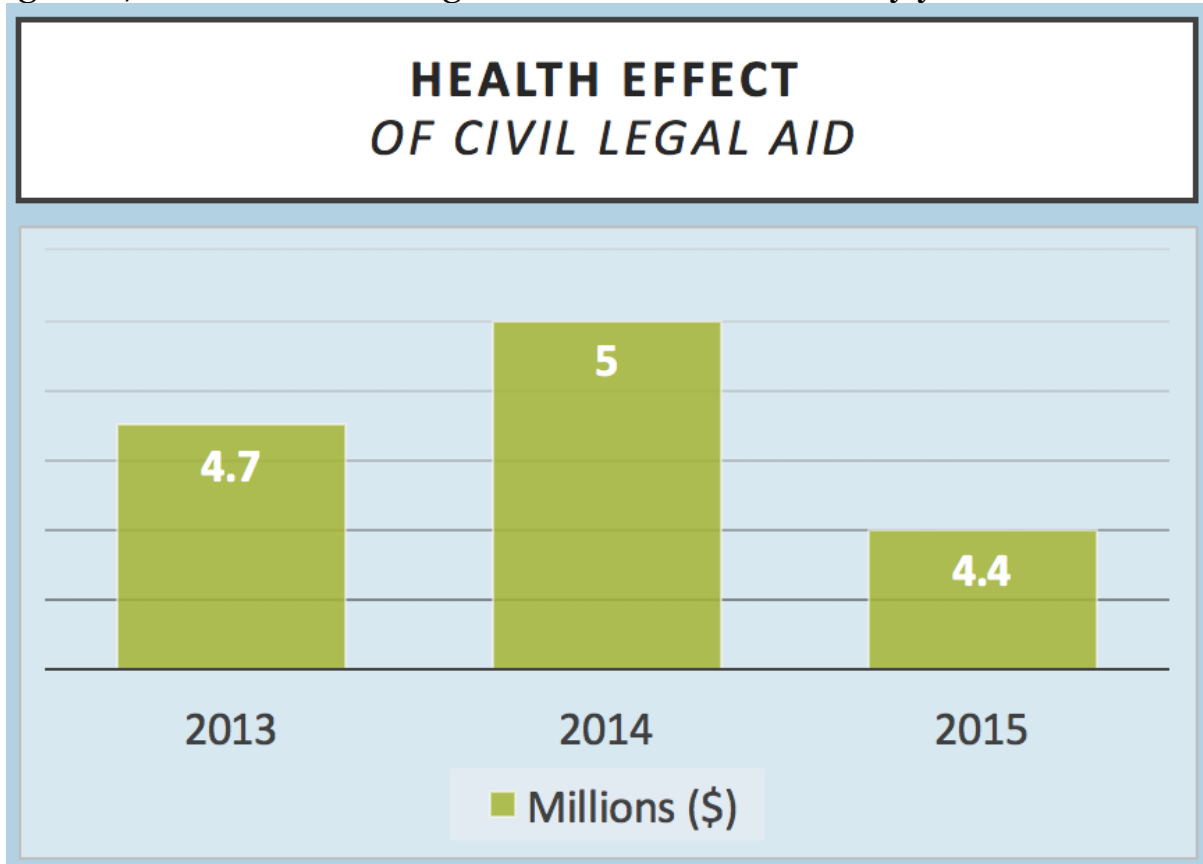
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<sup>24</sup> Beckfield, Jason and Bambra, Clare (2016). “Shorter Lives in Stingier States: Social Policy Shortcomings Help Explain the US Mortality Disadvantage,” *Social Science and Medicine*, pp. 30-38.  
Bradley, Elisabeth, et al (2017). American health care paradox—high spending on health care and poor health. *QJM: An International Journal of Medicine*, pp. 61-65.  
CIA World Factbook: Life Expectancy at Birth (2016). Available at:  
<https://www.cia.gov/library/publications/the-world-factbook/rankorder/2102rank.html>

<sup>25</sup> William Cockerham (2013). *Social Causes of Health and Disease*.  
Michael Marmot (2015). *The Health Gap: The Challenge of an Unequal World*.  
Elisabeth Bradley and Lauren Taylor (2015). *The American Health Care Paradox: Why Spending More is Getting Us Less*.  
David Ansell (2017). *The Death Gap: How Inequality Kills*.  
Keith Payne (2018). *The Broken Ladder: How Inequality Affects the Way We Think, Live, and Die*.

<sup>26</sup> Lee, Chris et al. (2009). “An Empiric Estimate of the Value of Life: Updating the Renal Dialysis Cost-Effectiveness Standard,” *Value in Health*, Vol. 12 :Issue 1, pp. 80-87.

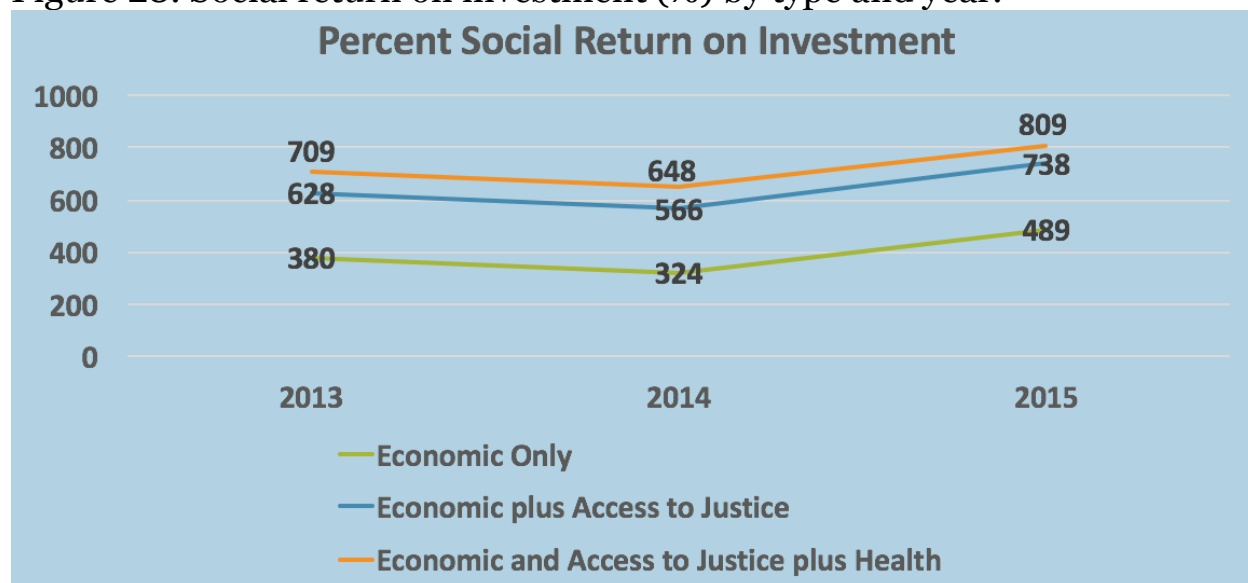
Figure 27. Estimated civil legal aid health effect value by year.



#### **4. Overall Social Return on Investment Across Time**

The social return on investment in this evaluation was positive. Social return on investment focused on monetizable indirect returns (i.e., returns that did not necessarily directly return to investors). Social return on investment (SROI%) is equal to  $[(\text{benefits}-\text{costs})/(\text{costs})]*100$ . When costs exceed benefits, an SROI percentage is negative. When costs and benefits are equal, an SROI percentage is zero. When benefits exceed costs, an SROI percentage is positive. The overall social return on investment in civil legal aid in the state of Delaware during 2013-2015 was 723%. The investment or cost of legal aid was \$18.1 million and the total estimated returns were \$149.2 million. For every dollar invested in Delaware legal aid, there was \$7.23 of social impact (i.e., economic, access to justice, or health) effect beyond the original dollar cost. Figure 28 depicts social return on investment by year and by type. The annual overall SROI by year were 709%, 648%, and 809% for 2013, 2014, and 2015 respectively. All of these values fall into the moderate range of findings from other civil legal aid SROI studies. Regarding Figure 28, economic only returns included client monetized economic impacts. Economic plus efficiency adds the efficiency of access to justice through legal aid. Economic and efficiency plus health includes the estimated health effect value of legal aid assuming a low effect size. Across all years (2013-2015), social return on investments were positive. This social return on investment evaluation also only includes currently monetizable outcomes and does not include non-monetized effects.

Figure 28. Social return on investment (%) by type and year.



## 5. Conclusions

Investments in civil legal aid in the state of Delaware produced a positive social return (723% social return on investment; Figures 3 and 28). In this evaluation, returns focused on personal or community economic gains, inferred health improvements, and increased access to justice. Given the ongoing civil legal aid need in Delaware and the impact that attorneys can have on positively resolving civil justice issues,<sup>27</sup> it is recommended that investments in civil legal aid should be increased in the state of Delaware. Increasing the number of attorneys would increase opportunities for impacting people and policies. This report focused directly on individual client services and successfully resolved (won) cases. It did not directly estimate outcomes that may have been indirectly resolved due to advice or referrals from civil legal aid. This report also did not focus on the resolution class action type of cases or collective legal actions that influence broader environments or policies.

<sup>27</sup> Sandefur, Rebecca L. (2010) "The Impact of Counsel: An Analysis of Empirical Evidence," *Journal for Social Justice*: Vol. 9: Issue 1, Article 3, pp. 51-95.  
Available at: <http://digitalcommons.law.sea.leu.edu/sjsj/vol9/iss1/3>

There is certainly a need for augmented civil legal aid direct services. However, improved funding can also increase social return on investment through policy changes that influence populations. For example, civil justice advocates recently promoted a change to Medicaid coverage that allowed people who are Hepatitis C positive to receive treatment at any phase of their disease state.<sup>28</sup> This policy initiative was not captured in this report. However, separate analyses supported that policy changes promoted via civil justice advocates can result in social returns on investment of greater than 100000%.<sup>29</sup> In addition to supporting expanded civil legal aid services, infrastructure investments in initiatives like the Combined Campaign for Justice will enable coordinated and strategic use of civil legal aid resources. Infrastructure investments in personnel and information systems will also allow for improved valuation. For example, many secondary case outcomes or clients referred to supplemental/alternative services are not tracked and the value is undefined or unknown. Improving case monitoring will increase social return on investment due to increased documentation of value. Through increased investments in legal aid personnel, client services, social policy changes, and civil legal aid infrastructure, the social return on investment will increase in scope and magnitude. Lower income people and their communities will improve socioeconomically and in health while experiencing increased access to civil justice.

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<sup>28</sup> Rini, Jen (2016). "State Changes Hep C Medication Guidelines, Avoids Lawsuit," Delaware Online. Available at: <http://www.delawareonline.com/story/news/health/2016/06/07/state-changes-hep-c-medication-guidelines-avoids-lawsuit/85554396/>

<sup>29</sup> Teufel, J. (2016). Healthcare: Civil justice indicators. Presentation at the Civil Society Consultation with the White House Legal Aid Interagency Roundtable Access to Justice Indicators for U.S. Implementation of Goal 16, Washington, DC, September 15.

**APPENDICES**  
**A: SROI Calculations and References**  
**B: Questionnaire: Legal Needs Assessment Survey**



## **Appendix A: SROI Calculations and References**

### **3.2.1 Consumer Law**

With regard to consumer law, there were 8 case types.

- 1) Bankruptcy/Debt Relief
- 2) Collections, Repossession, and Garnishment
- 3) Contract and Warranties
- 4) Credit Access
- 5) Loans and Purchases (Not Collections)
- 6) Public Utilities
- 7) Unfair and Deceptive Sales Practices (Not Real Property)
- 8) Other Consumer/Finance

Valuation for consumer cases were developed based on 1) Bankruptcy/Debtor Relief, 2) Collections, Repossession, and Garnishment, 3) Contract and Warranties, 4) Credit Access, and 6) Public Utilities.

On average, successful bankruptcy cases relieved debt and enabled the development of wealth. The assumed debt relief per case win was (\$12433+\$30924) in 2015, (\$12438+\$30936) in 2014, and (\$12179+\$30292) in 2013. These case valuations were based on asset free chapter 7 bankruptcies. The first number in the equation being median secured debt relieved and the second was the median unsecured debt relieved. Note that the median as opposed to mean was used due to interests in reducing the impact of higher income outliers.<sup>30</sup> A discount multiplier of 0.8 (80% of evaluation value) was used for each average value per year with the assumption that the typically client would have less than the median of debt relieved. After adjusting for inflation and discount, the average assumed debt relief per bankruptcy case was \$34685 in 2015, \$34699 in 2014, and \$33977 in 2013. In addition to debt relief, wealth

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<sup>30</sup> Flynn and Bermant (2001). Bankruptcy by the numbers: Lifestyles of the rich and bankrupt. American Bankruptcy Institute.

Flynn (1999). Low income Chapter 7 debtors: Bankruptcy by the numbers. American Bankruptcy Institute.

Flynn and Bermant (2003). Credit card debt in Chapter 7 cases: Bankruptcy by the numbers. American Bankruptcy Institute.

generation was estimated to be \$3048 in 2013, \$3113 in 2014, and \$3112; these estimates included a discount multiplier of 0.8 (80% of average value) as well. The value of case types two (e.g., collections) and three (e.g., contracts) were valued based on estimates generated by and generalized from a prior Arkansas social return on investment study.<sup>31</sup> The average economic benefits of consumer types two and three cases were \$5204 and \$5431 respectively. Public utility case win valuation was based on average LIHEAP payments in the state of Delaware, which was estimated to be \$689 per case win.<sup>32</sup> Gaining credit access was valued at the cost of being “unbanked”; in this case \$800 per case win for avoiding the transactional costs of not having bank access.<sup>33</sup> There were no successful loans/purchase cases, and case wins in other consumer finance and unfair debt collections were conservatively valued at \$0 due to not having enough information to reasonably develop valuation for those case types.

### **3.2.2 Education Law**

Under the category of education, there were six coded case types.

- 1) Education
- 2) Discipline (Including Expulsion and Suspension)
- 3) Special Education/Learning Disabilities
- 4) Access (Including Bilingual, Residency, Testing)
- 5) Vocational Education
- 6) Other Education

There was insufficient information or case wins related to the education areas of discipline, access, vocational education, or other education therefore those case type valuations were set to zero. Education case wins were linked to disabilities of students. Education case wins were valued at \$1000 per win. The \$1000 was based on the assumed cost of enacting a 504 plan (student educational disability accommodation) per student. A special education or learning disability case win was valued at \$63,608 (\$10,601 per year assuming enactment over 6 years with a stable value per year set by the 2015 value) in 2015 and \$62,336 (\$10,389.30 per year

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<sup>31</sup> Cavallari et al (2014). Justice measured: An assessment of the economic impact of civil legal aid in Arkansas. Available at: [http://arkansasjustice.org/wp-content/uploads/2017/04/AR-Economic-Impact-Study-2014\\_combined-1.pdf](http://arkansasjustice.org/wp-content/uploads/2017/04/AR-Economic-Impact-Study-2014_combined-1.pdf).

<sup>32</sup> Perl (2013). LIHEAP: Program and funding. CSR Report for Congress. Campaign for Home Energy Assistance (2015). Delaware LIHEAP facts.

<sup>33</sup> Fellowes and Mabanta (2008). Banking on wealth: America’s new retail banking infrastructure and its wealth-building potential. Brookings Institute.

assuming enactment over 6 years with a stable value per year set by the 2015 value with a 2% downward adjustment) in 2014. The values were based on estimated average costs of individualized education plans (IEP) plans in the state of Delaware. The per year value was based on the average possible categorical movement between educational categories (i.e., no services, basic services, intensive services, and complex services). These possible categorical shifts were represented as the average of  $(\$7324 - \$3437) + (\$10254 - \$3437) + (\$23663 - \$3437) + (\$10254 - \$7324) + (\$23663 - \$7324) + (\$23663 - \$10254)$ .<sup>34</sup> Note that the average difference between no services and each of the three types of services are within 3% of each other (\$10,310 and \$10,601) as estimated values, but the latter also includes possible variation due to escalation of service given existing receipt of service.

### **3.2.3 Employment Law**

There were five types of coded employment cases.

- 1) Employment Discrimination
- 2) Wage Claims and Other FLSA Issues
- 3) Taxes (Not EITC)
- 4) Employee Rights
- 5) Other Employment

The economic benefit of employment was driven by successful employment discrimination cases. The five-year value of an employment discrimination case was primarily a function of the minimum wage and an assumed 30 hours a week of employment for 52 weeks. For example, the five year valuation of a 2013 and 2014 case was

$(\$7.25 * 30 * 52) + (0.5 * \$7.25 * 30 * 52) + (0.25 * \$8.25 * 30 * 52) + (0.125 * \$8.25 * 30 * 52) + (0.0625 * \$8.25 * 30 * 52)$  per discrimination case win. The minimum wage for the state of Delaware was \$7.25 in 2013-2014 and \$8.25 in 2015 onward. Five year valuations included a discontinuation factor of 50%. The value of the discrimination case law effect was proposed to diminish through years 2 to 5 (50%, 25%, 12.5%, 6.25% respectively).

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<sup>34</sup> Williams and Silber (2015). Christina School District. Fiscal Year 2016, Preliminary budget.

### 3.2.4 Family Law

There were nine types of family law cases coded.

- 1) Custody/Visitation
- 2) Divorce/Sep./Annul.
- 3) Adult Guardianship / Conservatorship
- 4) Name Change
- 5) Parental Rights Termination
- 6) Paternity
- 7) Domestic Abuse
- 8) Support
- 9) Other Family

Family law case wins were valued based primarily on increased net income. Recent research supports that successful civil legal family law cases increase personal incomes by \$7,245 per year and decreases use of public benefits by \$1,958 for a net income increase of \$5,287.<sup>35</sup> The net gain in annual income was \$5,287 (i.e., personal income gains of \$7,245 minus decreases in public benefits of \$1,958) for clients receiving family law legal aid direct services was also estimated to include a discontinuation rate. Additionally, to account for multiple family law case wins among clients each year, family law case wins were adjusted by having the family law income effects apply to 71% those applicable wins. To estimate five year values, the effects were halved each subsequent year after year one (a conservative discontinuation rate). For example, the net personal income increase was estimated as:

$$[(\$5,287*1)+(\$5,287*0.5)+(\$5,287*0.25)+(\$5,287*0.125)+(\$5,287*0.0625)]$$
. The per applicable case win five-year value for net income increases of family law was \$10,244. Value was also applied to fee waivers linked to custody, guardianship, child support, and divorce (\$125, \$125, \$125, and \$200 respectively). Successful child support cases included an additional value based on receipt of payments of \$160 per month (\$1920 per year). The value linked to child support assumed a 0.5 probability that payments would occur for a 12-year time period (\$11,520 per won child support case).

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<sup>35</sup> Based on a re-analysis of data from the United States Department of Justice data reported in Hartley and Renner (2016) The Longer-Term Influence of Civil Legal Services on Battered Women study.

### 3.2.5 Health Law

There were nine types of health law cases.

- 1) Medicaid
- 2) Medicare
- 3) Government Children's Health Insurance Programs
- 4) Home and Community Based Care
- 5) Private Health Insurance
- 6) Long Term Health Care Facilities
- 7) State and Local Health
- 8) Advanced Directives/Powers of Attorney
- 9) Other Health

Medicaid case valuation was based on the maintenance or initiation of Medicaid as a healthcare payer source. It was assumed that approximately three quarters of Medicaid eligibility was based on disability (disabled enrollment category) and the remaining quarter were based on the non-disabled adult enrollment category. Average Medicaid values by year were extracted from CMS Actuarial reports of 2016. Additionally, discontinuation of Medicaid by year varied by category of enrollment (disability=90%; adult=80%). For example, the 10 year valuation for Medicaid enrollment in 2015 (through 2024) for disability categorization was

$$[(\$19478)+(\$20082*0.9)+(\$20934*0.81)+(\$21877*0.73)+(\$22899*0.66)+(\$24003*0.59)+(\$25207*0.53)+(\$26487*0.48)+(\$27854*0.43)+(\$29321*0.39)]=\$149,240.$$

The 10 year valuation for an adult enrollment categorization in 2015 (through 2024) was:

$$[(\$4986)+(\$5215*0.8)+(\$5475*0.64)+(\$5764*0.576)+(\$6067*0.46)+(\$6381*0.368)+(\$6709*0.294)+(\$7057*0.236)+(\$7425*0.188)+(\$7815*0.151)]=\$27,335.^{36}$$

Additionally, the payment of Medicaid 90 days retroactively (90 day retroactive Medicaid payments) was applied to one-third of case wins. The estimated value of retroactive Medicaid for an applicable case was based on 25% of the value of Medicaid actuarial value

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<sup>36</sup> Centers for Medicare & Medicaid Services (2014-2016). 2014-2016 Medicaid Actuarial Report on the financial outlook for Medicaid.

Massachusetts Medicaid Policy Institute (2010). Enrollment and disenrollment in MassHealth and Commonwealth Care.

Swartz, et al (2015). Evaluating state options for reducing Medicaid churning. Health Affairs Millwood.

Cuellar and L'Huillier (2016). Enrollment and disenrollment patterns in the Commonwealth Coordinated Care (CCC) program for dual-eligible.

for the year of the case win. Excluding retroactive Medicaid value, the ten-year valuations for Medicaid adult enrollment categorization were \$27335, \$25966, and \$24697 in the years of 2015, 2014, and 2013 respectively. For those same years, the Medicaid ten-year valuation for disabled categorization was \$149240, \$142990, and \$137417. Additionally, the value of Medicaid was multiplied by 1.75. The 1.75 multiplier accounts for the stimulating economic impact of federal or state funding on the local economy;<sup>37</sup> meaning that the actual ten-year economic value for adult category Medicaid with the inclusion of the multiplier at the local level was \$47836, \$45441, and \$43,220 during 2013, 2014, and 2015 respectively. All of the Medicaid actuarial valuations were multiplied times 1.75<sup>38</sup> to arrive at the monetary value at the community level.

The value of Medicare was estimated to be \$19000 per year and the yearly discontinuation factor was assumed to be 90% with an additional adjustment for potential mortality across ten years (100%, 90%, 81%, 72%, 63%, 54%, 45%, 36%, 27%, and 18% respectively.<sup>39</sup> The same multiplier of 1.75 was used to adjust for the actual community value of external Medicare dollars.

The CHIP insurance program 10-year values were based 10-year actuarial data from CMS Medicaid child eligibility. The assumed discontinuation of CHIP was 70% per year. For example, in 2015 case wins, the ten year value of CHIP was

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<sup>37</sup> The multiplier effects are extensions RIMS II estimates (Regional Input-Output Modeling System) that has been used in previous civil legal aid SROI studies. Description of RIMS II can be found at [https://www.bea.gov/regional/pdf/rims/RIMSII\\_User\\_Guide.pdf](https://www.bea.gov/regional/pdf/rims/RIMSII_User_Guide.pdf).

Abel & Vignola (2010). Economic and other benefits associated with the provision of civil legal aid. *Seattle Journal for Social Justice*, 9, 139-167.

Barnett (2011). The Task Force to Expand Access to Civil Legal Services in New York: Report to the Chief Judge of the State of New York.

Florida Bar Foundation (2016). Economic impacts of civil legal aid organizations in Florida. The Resource for Great Programs.

Pennsylvania Interest on Lawyer Trust Accounts Board (2012). The economic impact of outcomes obtained for legal aid clients benefits everyone in Pennsylvania. Appendix: Computations for the fact sheet.

Steinkamp (2015). Executive summary of testimony by Neil Steinkamp to the New York State Permanent Commission on Access to Justice Presented at the 1st Judicial Department Hearing.

<sup>38</sup> Chernow (2016). The economics of Medicaid expansion. Health Affairs Blog. Available at: <http://healthaffairs.org/blog/2016/03/21/the-economics-of-medicaid-expansion/>.

MACPAC (2015). Behavioral Health in the Medicaid Program—People, Use, and Expenditures.

<sup>39</sup> Centers for Medicare and Medicaid Services (2013). U.S. personal health care spending by age and gender. <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Age-and-Gender.html>

$[(\$3389)+(\$3458*0.7)+(\$3579*0.49)+(\$3755*0.343)+(\$3939*0.343)+(\$4130*0.24)+(\$4328*0.168)+(\$4538*0.118)+(\$4761*0.082)+(\$4997*0.058)]=\$13136$ . Similar to adult and disabled Medicaid categorization values, child health insurance value was multiplied times 1.75 resulting in a \$22,989 economic value per case win in 2015.<sup>40</sup>

In addition to public health insurance (i.e., Medicaid, Medicare, and CHIP) payments for care, having an insurance payer source avoids being uninsured. After adjusting for increased care seeking when insured (35%) and cost to charge ratios of higher charges for uninsured patients (approximately \$2.13 for every \$1 of care), the charges avoided beyond payments (assuming payments and costs are similar) of the public insurance payer source were \$6,854,629 across 2013-2015.<sup>41</sup> The cost to charge ratios for 2013, 2014, and 2015 were 2.091, 2.22, and 2.091. These are conservative cost to charge ratios. Other research supports that the total cost to charge ratio would be at least 280% per year.<sup>42</sup> More conservative values for cost to charge ratios were used due to annual setting

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<sup>40</sup> Centers for Medicare & Medicaid Services (2014-2016). 2014-2016 Medicaid Actuarial Report on the financial outlook for Medicaid.

Ragahavan, et al (2016). Medicaid disenrollment patterns among children coming into contact with child welfare agencies. *Maternal and Child Health Journal*.

Simon and Schoendorf (2014). Medicaid enrollment gap length and number of Medicaid enrollment periods among US children. *American Journal of Public Health*.

Ku, et al (2013). Continuous-eligibility policies stabilize Medicaid coverage for children and could be extended to adults with similar results. *Health Affairs*.

Borck, et al (2011). Recent patterns in children's Medicaid enrollment: A national view. *Medicaid Policy Brief*.

<sup>41</sup> In Delaware, the estimated cost of healthcare for the uninsured was approximately \$2.13 for every \$1 of care. When adjusting for the local multiplier of healthcare insurance value (1.75) and the increased use of healthcare when insured (1.35), up to \$6,854,629 in healthcare charges beyond payments were avoided. In this analysis, health insurance was primarily treated as a personal or community resource and the remainder related to reducing the impact of cost-to-charge ratios (patients' charges beyond costs of care) of what would have been uninsured patients were secondarily accounted for as debt or charges averted. Baicker, Katherine, et al (2013). The Oregon experiment – Effects of Medicaid on clinical outcomes. *New England Journal of Medicine*, 368, 1713-1722. United States Department of Labor (2016). Cost to charge ratio averages for 2013-2015 are available at:

[https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR\\_Table\\_FY\\_2016.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR_Table_FY_2016.htm) ;

[https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR\\_Table\\_FY\\_2015.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR_Table_FY_2015.htm) ;

[https://www.dol.gov/owcp/regs/feeschedule/fee/fee14/CCR\\_Table\\_FY\\_2014.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee14/CCR_Table_FY_2014.htm) ;

[https://www.dol.gov/owcp/regs/feeschedule/fee/fee13/CCR\\_Table\\_FY\\_2013.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee13/CCR_Table_FY_2013.htm) .

<sup>42</sup> Peter Cunningham, et al. (2016). Understanding Medicaid Hospital Payments and the Impact of Recent Policy Changes. The Kaiser Commission on Medicaid and the Uninsured, Policy Brief.

<http://files.kff.org/attachment/issue-brief-understanding-medicaid-hospital-payments-and-the-impact-of-recent-policy-changes> .

National Nurses United (2014). Some Hospitals Set Charges at 10 Times their Costs.

<https://www.nationalnursesunited.org/press/new-data-some-hospitals-set-charges-10-times-their-costs>.

of high non-PPS hospital cost to charge ratios set by the United States Department of Labor Office of Workers' Compensation<sup>43</sup> and, more importantly, the cost to charge ratios would not apply to all healthcare services received by patients. Using the more conservative cost to charge ratio estimate also helps to account for the proportion of costs that would not have a cost to charge multiplier applied.

The value of home and community based care was estimated to be \$52,155. Long-term healthcare facility care was valued at \$67,914.<sup>44</sup> Advanced directives and power of attorney were valued to be \$1088 per case win, which includes an assumed \$47 fee waived based on the cost on online electronic program costs.<sup>45</sup>

### **3.2.6 Housing Law**

There were nine types of housing law cases.

- 1) Federally Subsidized Housing
- 2) Homeownership/Real Property (Not Foreclosure)
- 3) Private Landlord/Tenant
- 4) Public Housing
- 5) Manufactured Homes
- 6) Housing Discrimination
- 7) Mortgage Foreclosures (Not Predatory Lending/Practices)
- 8) Mortgage Predatory Lending/Practices
- 9) Other Housing

Federally subsidized housing and public housing case wins were valued at \$4,546 based on the average one year subsidy for housing.<sup>46</sup>

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<sup>43</sup> [https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR\\_Table\\_FY\\_2016.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR_Table_FY_2016.htm) ;  
[https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR\\_Table\\_FY\\_2015.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee15/CCR_Table_FY_2015.htm) ;  
[https://www.dol.gov/owcp/regs/feeschedule/fee/fee14/CCR\\_Table\\_FY\\_2014.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee14/CCR_Table_FY_2014.htm) ;  
[https://www.dol.gov/owcp/regs/feeschedule/fee/fee13/CCR\\_Table\\_FY\\_2013.htm](https://www.dol.gov/owcp/regs/feeschedule/fee/fee13/CCR_Table_FY_2013.htm) .

<sup>44</sup> CareScout (2017). Genworth 2017 Cost of Care Survey.

<sup>45</sup> Klingler, et al (2016). Does facilitated Advance Care Planning reduce the costs of care near the end of life? Systematic review and ethical considerations. Palliative Medicine.  
Nicholas, et al (2011). Regional Variation in the Association Between Advance Directives and End-of-Life Medicare Expenditures. Journal of the American Medical Association.

<sup>46</sup> Renwick (2017). Estimating the value of Federal housing assistance for the supplemental poverty measure: Eliminating the public housing adjustment. SEHSD Working Paper # 2017-38.  
Congressional Budget Office (2015). Federal Housing Assistance for Low-Income Households.



Homeownership, landlord-tenant, manufactured home, housing discrimination, mortgage foreclosure, and predatory lending case wins were linked to approximately \$2703 per case win due to averting costs associated with homelessness.<sup>47</sup> This value was based on a study conducted in New York City that found a value of \$4033-- the cost of homelessness divided by the number of legal aid eligible housing cases.<sup>48</sup> Due to lower costs in Delaware 67% of the New York City value was applied to select housing case wins in Delaware<sup>49</sup>. To account for clients having multiple housing case wins, this economic impact was applied to half of the landlord-tenant cases. Additionally, \$1355 was added to account for other costs of loss of housing that are not captured in shelter provisions related to homelessness such as unpaid utilities<sup>50</sup>, relocation costs, material hardships, deepening poverty, path dependence<sup>51</sup>, and landlord overcharges.<sup>52</sup> Similarly, maintenance of housing is associated with income maintenance. Successful homeownership cases, housing discrimination cases, and half of landlord tenant cases were linked to 16.5% of annual full-time income (assuming 40 hours per week and a wage of \$8.25 per hour), which is estimated income effect of \$2831 per applicable housing case win.

Note that the costs of housing insecurity were primarily focused on the costs to those who would be homeless and community services to address these issues. Assumed costs to landlords for eviction would have further increased avoided costs to landlords (assumed to be between \$5000 and

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<sup>47</sup> Desmond (2015). Unaffordable America: Poverty, housing, and eviction. Fast Focus.  
Desmond and Gershenson (2016). Housing and employment insecurity among the working poor. Social Problems.

<sup>48</sup> SRR (2016). The Financial Cost and Benefits of Establishing a Right to Counsel in Eviction Proceedings Under Intro 214-A.

<sup>49</sup> Economic Policy Institute (2017). Family Budget Calculator, comparing New York City and Dover, Delaware.

<sup>50</sup> Urban Institute (2016-2017). The Cost of Eviction and Unpaid Bills of Financially Insecure Families for City Budgets. Available at <https://www.urban.org/policy-centers/cross-center-initiatives/opportunity-ownership/projects/cost-eviction-and-unpaid-bills-financially-insecure-families-city-budgets>.

<sup>51</sup> Desmond (2015). Unaffordable America: Poverty, housing, and eviction. Fast Focus.  
Desmond & Kimbro (2015). Desmond, Matthew, and Rachel Tolbert Kimbro. 2015. Eviction's fallout: Housing, hardship, and health. *Social Forces*, 94, 295-324.

<sup>52</sup> Desmond & Perkins (2016). Are landlords overcharging housing voucher holders? *City & Community*, 15, 137-162.

\$8000 per eviction)<sup>53</sup> related to housing cases but landlord costs were excluded from this analysis due to lack of recent, clear, and/or objective scholarship on landlord costs.

Avoiding mortgage foreclosure was also assumed to produce community value of \$7244 by averting increased housing costs due to supply increases and \$4527 by avoiding disamenity costs that are associated with nearby housing decreasing in value as a result vacancy and neglect of the foreclosed property—disamenity effects occur in higher density neighborhoods with lower valued housing.<sup>54</sup> The supply and disamenity effects are geographically dependent. It was assumed that the housing value would be on average \$141,040 and the housing density would be similar to Dover, Delaware. The supply effect would impact approximately two full housing units per foreclosure aversion and the disamenity effect would influence approximately four full housing units per foreclosure aversion (with proportional housing value influences of 1.2% for supply and 1.5% for disamenity).

### **3.2.7 Immigration Law**

There was only one case type under the immigration category. Successful immigration cases improved legal status of clients. Improved legal status improves personal income by approximately \$10000 per year.<sup>55</sup> It was assumed that this income improvement would apply to half of clients for 15 years (alternatively, this estimation could be perceived as improving income by \$10000 for seven and a half years); the 50% number is also mathematically similar to an employment continuation rate of approximately 9 out of 10 legal status clients are working (i.e., almost all legal status clients are working and continue to work) as reported by local legal aid attorneys. The income effect of legal status was estimated to be on

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<sup>53</sup> Landlords perceived costs of eviction example. <https://www.landlordology.com/cost-to-evict-a-tenant/>.

<sup>54</sup> Anenberg and Kung (2013). Estimates of the size and Source of price declines due to nearby foreclosures.

Hartley (2014). The effect of foreclosures on nearby housing prices: supply or disamenity?

United States Census (2017). Quick Facts: Dover Delaware.

Population Statistical Atlas (2017). Dover, Delaware.

<sup>55</sup> Houseman and Minoff (2014). The anti-poverty effect of civil legal aid.

average \$75000 across 15 years. It was also assumed that in half of the cases one child would be eligible for health insurance valued at \$13136, which was similar to the one year Medicaid value for a child for the health law case type. It was estimated that 85% would act on this child health insurance eligibility. This child health insurance eligibility and value were multiplied by 1.75 to estimate the local monetary value of the state and federal investment in child health insurance. On average \$805 of legal fees per case related to legal status application were also waived. It was also assumed that half of the legal status wins would become eligible and 85% would pursue the Supplemental Nutrition Assistance Program benefit (42.5% were assumed to be eligible and enact the SNAP benefit). The average monthly SNAP benefit was estimated to be between \$257 and \$271 per month and that the benefit if approved would typically be used for 12 months. SNAP benefit payment value was multiplied by 1.84 to estimate actual value for the local community.<sup>56</sup> Women and Infant Children benefits were similarly calculated with the exceptions that the monthly benefit was assumed to be \$47 per month and 51% as opposed to 85% would enact the benefit; with a local economic multiplier of 1.84 like SNAP.<sup>57</sup>

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<sup>56</sup> Hanson (2010). The Food Assistance National Input-Output Multiplier (FANIOM) Model and Stimulus Effects of SNAP.

<sup>57</sup> United States Department of Agriculture (2017). National and state level estimates of special supplemental nutrition program for women, infants, and children (WIC) eligible and program reach in 2014 and updated estimates for 2005-2013.  
 Special supplemental nutrition program for women, infants, and children (WIC) (2017).  
 US Food Stamps Office (2017). Delaware food stamps allotment. <https://foodstampoffice.us/delaware-food-stamp-offices/delaware-food-stamp-allotment/>  
 United States Department of Agriculture (2014-2015). Characteristics of Supplemental Nutrition Assistance Program households: Fiscal year 2013-2014.  
 Center on Budget and Policy Priorities (2017). State Health Facts: Delaware Food Supplement Program.  
 Kaiser Family Foundation (2014). Average Supplemental Nutrition Assistance Program (SNAP) Benefits Per Person

### 3.2.8 Income (Public Benefits) Law

There were nine types of income maintenance law cases.

- 1) TANF
- 2) Social Security (Not SSDI)
- 3) Food Stamps (SNAP)
- 4) SSDI
- 5) SSI
- 6) Unemployment Compensation
- 7) Veterans Benefits
- 8) State and Local Income Maintenance
- 9) Other Income Maintenance

Temporary Assistance to Needy Families (TANF) payments were estimated to last 12 months with a value of \$338 per month (\$4056 per TANF case win).<sup>58</sup> Successful TANF case values were multiplied by 1.81 to account for the multiplicative value of external investments in local economies (\$7341 value at the local level). Successful social security (not SSDI) cases were valued across ten years based on a continuation factor of 90% and estimated social security payments. For example, using 2015, a ten year value for social security was estimated as:

$$[(\$1365*12)+(\$1365*12*0.9)+(\$1365*12*0.81)+(\$1365*12*0.73)+$$
$$(\$1365*12*0.66)+(\$1365*12*0.59)+(\$1365*12*0.53)+(\$1365*12*0.48)+$$
$$(\$1365*12*0.43)+(\$1365*12*0.39)]=\$106798.$$
 Additionally, a multiplier of 1.81<sup>59</sup> was used to better estimate the local economic value of social security payments (i.e., \$193304 local value due to \$106798 of federal payments).

Food stamp (SNAP) eligibility successful cases were valued as \$266 per month, \$257 per month, and \$271 per month (for the years of 2015, 2014,

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<sup>58</sup> VDSS Research Brief (2012). How long do families stay on TANF? Center on Budget and Policy Priorities (2016). Chart book: TANF at 20. Stanley, et al (2016). TANF cash benefits have fallen by more than 20 percent in most states and continue to erode. Falk (2014). Temporary Assistance for Needy Families (TANF): Eligibility and benefit amounts in state TANF cash assistance programs. Center on Budget and Policy Priorities (2016). Delaware TANF spending.

<sup>59</sup> Koenig and Myles (2013). Social Security's impact on the national economy. Available at: [http://www.aarp.org/content/dam/aarp/research/public\\_policy\\_institute/econ\\_sec/2013/social-security-impact-national-economy-AARP-ppi-econ-sec.pdf](http://www.aarp.org/content/dam/aarp/research/public_policy_institute/econ_sec/2013/social-security-impact-national-economy-AARP-ppi-econ-sec.pdf).

and 2013) and that the benefit would last 24 months.<sup>60</sup> In the case of primarily SNAP cases, the community economic multiplier value was estimated to be 1.84. The average successful food stamp case in 2013, 2014, and 2015 payments were valued as \$6507, \$6172, and \$6375 in those respective years (\$11972, \$11356, \$11730 at the community level with the economic multiplier included).

Social Security Disability Insurance payments were valued across ten years. There was a continuation factor of 92% year to year. For example, the value of SSDI of a case win in 2013 was as follows:

$[(\$1146*12)+(\$1165*12*0.92)+(\$1166*12*0.85)+(\$1166*12*0.78)+(\$1166*12*0.72)+(\$1166*12*0.66)+(\$1166*12*0.61)+(\$1166*12*0.56)+(\$1166*12*0.51)+(\$1166*12*0.47)]=\$98812$ . The community value of a 2013 SSDI case win was calculated as  $1.81*\$98812=\$178850$ .<sup>61</sup>

Similarly, Supplemental Security Income (SSI) was value over 10 years. For SSI an 80% continuation factor was used. As an example, an SSI case win in 2013 was estimated as

$[(\$710*12)+(\$721*12*0.8)+(\$733*12*0.64)+(\$733*12*0.51)+(\$735*12*0.41)+(\$735*12*0.33)+(\$735*12*0.26)+(\$735*12*0.21)+(\$735*12*0.17)+(\$735*12*0.13)]=\$38875$ . The community value of SSI payments from 2013 case wins was estimated as  $1.81*\$38875=\$70364$ .<sup>62</sup>

Unemployment compensation payments were estimated to be \$250 (75% of the maximum benefit amount) per week and payments were expected to

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<sup>60</sup> Food and Nutrition Service Supplemental Nutrition Assistance Program (2016). Supplemental Nutrition Assistance Program: Tate activity report fiscal year 2015.

<sup>61</sup> Social Security Administration (2013-2015). Social Security Administration, Master Beneficiary Record, Annual Statistical Supplement for 2013-2015.

Social Security Administration (2014-2016). Annual Statistical Report on the Social Security Disability Insurance Program, 2014

Social Security Administration (2017). Disabled worker average benefits: Disabled worker average benefits: Average monthly benefits. <https://www.ssa.gov/oact/STATS/dib-g3.html>

Koenig and Myles (2013). Social Security's Impact on the National Economy. AARP Public Policy Institute.

Congressional Budget Office (2016). Social Security Disability Insurance: Participation and Spending.

<sup>62</sup> Social Security Administration (2014-2016). Fast facts about Social Security, 2014-2016.

Social Security Administration (2014-2016). Annual Statistical Supplement to the Social Security Bulletin, 2014-2016.

Social Security Administration (2016). Suspensions, Terminations, and Duration of Eligibility.

Social Security Administration (2006). Trends in the Social Security and SSI Disability Programs.

last 13 weeks on average (half of the maximum duration).<sup>63</sup> Unemployment compensation was estimated as \$3250 on average. This unemployment compensation was included a community multiplier of 1.81 resulting in a total local economic impact of \$5883 per case win. State and local income maintenance payments were valued as \$500 per case win.

## **Individual Rights, Juvenile, and Other Law**

Due to unknown estimates of social value at this time, individual rights, juvenile, and other law cases were valued at zero. Although there is an expected value of accessing justice, the economic value of these case types is currently unknown; as a result, the value of these case wins was zeroed out to enable conservative estimation.

### **3.3 Access to Justice Efficiency**

Prior reports support that civil legal aid attorney time costs approximately one third that of the same services in the private sector. The multiplier of civil legal aid attorney time was assumed to be three.<sup>64</sup> The same access to justice cost differs by sector, with the private sector significantly more costly than the nonprofit sector with regard to cost of provision of services. Moreover, the cost to legal aid clients is minimized or completely removed for clients. Not only is legal aid less costly to provide as an access point generally, but it is a remarkably cost-efficient option for low income clients. This is particularly important since the United States ranks well outside of comparable countries with regard to access to justice. The United States ranked 94<sup>th</sup> out of 113 countries with regard to access to civil justice (with 1 being the best access and 113 being the worst).<sup>65</sup> This access to justice

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<sup>63</sup> State of Delaware (2016). Division of unemployment insurance: Claimant FAQs.

<https://ui.delawareworks.com/claimant-faqs.php>

Guerin (2016). Collecting unemployment benefits in Delaware.

Delaney (2015). How long do people stay on public benefits?

<sup>64</sup> The Taproot Foundation (2015) found that the average value of professional services per hour was \$150 per hour. Similarly, the Virginia State Bar (2014), the Erie County Bar Association (2011), and Legal Aid of Southeastern Pennsylvania (2012) identified that the average conservative valuation of a pro bono attorney service hour was \$150. Local Delaware analysis of legal aid attorney cost average \$50.

<https://www.taprootfoundation.org/do-probono/pro-bono-valuation>

<https://www.iola.org/board/Grantee%20Annual%20Report%202010/Erie%20County%20Bar%20Association%202010.pdf>

[http://lasp.org/sites/default/files/file\\_attach/lasp-annual-report-2011-2012.pdf](http://lasp.org/sites/default/files/file_attach/lasp-annual-report-2011-2012.pdf)

<http://www.vsb.org/docs/Anintrotoprobono.pdf>

<sup>65</sup> Rule of Law Index 2016



attorney efficiency multiplier was adjusted by year based on the proportion of overall civil legal aid expenditures on personnel. The multiplier for 2013, 2014, and 2015 were therefore 2.48, 2.42, and 2.49 respectively. The multiplier adjusted the total expenditures relative personnel expenditures by year to arrive at the legal aid efficiency value.

### 3.4 Health Benefits

Recent research on the United States County Health Rankings supported that access to medical care, socioeconomics, health behaviors, and physical environment predicted 10%, 40%, 30%, and 10% respectively.<sup>66</sup> The type of cases addressed by legal aid attorneys influence determinants of health that are linked to 65% of population health in the United States (housing, income, nutrition, insurance, income, education, employment, living conditions [e.g., housing quality], social support, and safety). Research on civil legal aid supports that the most common perceived impact of unresolved civil legal issues is on health.<sup>67</sup> Additionally, recent research supports that the majority of mortality disparities in the United States occur among lower income people and that poverty has become more deadly than 40 years ago.<sup>68</sup> In re-envisioning causes of death in the United

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<https://worldjusticeproject.org/our-work/publications/rule-law-index-reports/wjp-rule-law-index%C2%AE-2016-report>  
[http://civilrighttocounsel.org/major\\_developments/217](http://civilrighttocounsel.org/major_developments/217)  
[http://civilrighttocounsel.org/uploaded\\_files/214/World\\_Justice\\_Project\\_2016\\_ROLI\\_scores\\_on\\_factor\\_7.1.pdf](http://civilrighttocounsel.org/uploaded_files/214/World_Justice_Project_2016_ROLI_scores_on_factor_7.1.pdf)

<sup>66</sup> Remington, Patrick, Catlin, Bridget, and Gennuso, Keith (2015). “The County Health Rankings: Rationale and Methods,” Population Health Metrics Vol. 13: Issue 11.

Available at: <https://pophealthmetrics.biomedcentral.com/track/pdf/10.1186/s12963-015-0044-2?site=pophealthmetrics.biomedcentral.com>

Hood, Carlyn, et al (2016). “County Health Rankings: Relationships Between Determinant Factors and Health Outcomes,” American Journal of Preventive Medicine Vol 50: Issue 2, pp. 129-35.

County Health Rankings (2016). Available at: <http://www.countyhealthrankings.org/ranking-methods>

<sup>67</sup> Sandefur, R. (2014). Accessing Justice in the Contemporary USA: Findings from the Community Needs and Services Study. Chicago, IL: American Bar Foundation.

<sup>68</sup> Beckfield and Bambra (2016). Shorter lives in stingier states: Social policy shortcomings help explain the US mortality disadvantage. Social Science & Medicine, 171, 30-38.

Dowd, et al (2011). Deeper and wider: income and mortality in the USA over three decades. International Journal of Epidemiology, 40,183–188.

Fazel et al (2014). The health of homeless people in high-income countries: descriptive epidemiology, health consequences, and clinical and policy recommendations. Lancet, 384, 1529-1540.

Hood, et al. (2015). County Health Rankings Relationships Between Determinant Factors and Health Outcomes. American Journal of Preventive Medicine.

States, income, education, and social support would be ranked in the top 6 causes of death in the United States (i.e., more attributable death than accidents, stroke, Alzheimer's disease, diabetes, influenza and pneumonia).<sup>69</sup> Health-harming issues of income, education, and social support are justiciable via civil legal aid. In this report, it was assumed (as a conservative estimate and plausible inference) that select legal aid cases were linked to the above determinants of health could influence client health. Case types related to bankruptcy, energy assistance, education accommodations, employment discrimination, family support, access to healthcare, housing security, legal status (immigration), income, and safety/security were assumed to have at least a small health impact on average. The select legal aid cases were those that would have a potential impact on material resources or conditions (e.g., income, housing, insurance, employment, nutrition, or safety). The value of one year of human health was set as the dialysis standard of \$129,000.<sup>70</sup> It was also assumed that the select legal aid cases would each have a small health effect. For example, the case could impact one year of quality health by 5% or 1% of each quality year of health across five years (a value of \$6450).<sup>71</sup>

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Matthew (2017). The law as healer: How paying for medical-legal partnerships saves lives and money. Center for Health Policy at Brookings.

Remington, et al (2015). The County Health Rankings: rationale and methods. *Population Health Metrics*, 13:11.

<sup>69</sup> Galea, Sandro, et al (2011). "Estimated Deaths Attributable to Social Factors in the United States," *American Journal of Public Health* Vol. 101: Issue 8, pp. 1456–1465.

Rekhopf, et al (2008). The non-linear risk of mortality by income level in a healthy population: US National Health and Nutrition Examination Survey mortality follow-up cohort, 1988–2001 *BMC Public Health*.

Thomas (2012). Homelessness kills: An analysis of the mortality of homeless people in early twenty first century England.

New Hampshire Division of Public Health Services (2014). Economic Burden of Environmentally Attributable Illness In Children of New Hampshire

<sup>70</sup> Lee, Chris et al. (2009). "An Empiric Estimate of the Value of Life: Updating the Renal Dialysis Cost-Effectiveness Standard," *Value in Health*, Vol. 12: Issue 1, pp. 80-87.

<sup>71</sup> William Cockerham (2013). *Social Causes of Health and Disease*.

Michael Marmot (2015). *The Health Gap: The Challenge of an Unequal World*.

Elizabeth Bradley and Lauren Taylor (2015). *The American Health Care Paradox: Why Spending More is Getting Us Less*.

David Ansell (2017). *The Death Gap: How Inequality Kills*.

Keith Payne (2018). *The Broken Ladder: How Inequality Affects the Way We Think, Live, and Die*.



## **APPENDIX B: Questionnaires: Legal Needs Assessment Survey**

English Version

Spanish Version

**COMMUNITY LEGAL AID SOCIETY INC.**  
**NEEDS ASSESSMENT SURVEY**  
**Spring 2017**

**Part I. Housing.**

How often in the past year have you

1.	had problems finding a safe and affordable house or apartment?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
2.	thought the condition of your house or apartment might be unsafe or unhealthy?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
3.	thought you might be forced out of your house or apartment?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
4.	met with an attorney to discuss any of these concerns about your housing?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never

**Part II. Finances.**

How often in the past year have you worried about

5.	having enough money to pay the rent or mortgage or utilities for your house or apartment?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
6.	having enough money to pay your other bills?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
7.	having enough healthy food for everyone in your household?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never

**Part III. Public Benefits.**

In the past year, have you applied for or received

8.	Social Security Disability or SSI?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
9.	TANF, Cash Assistance, or Food Stamps?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
10.	SCHIP or Delaware Healthy Children's Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
11.	Medicaid or Medicare?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
12.	Were any of your applications denied or any of your benefits terminated?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure
13.	Have you discussed any of these benefits programs with an attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure

**Part IV. Children**

If you have children age 18 or younger living at home:

14.	How many children age 18 or younger live in your home?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 +
15.	Do you worry about your children's education or school safety?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
16.	Do you worry about safety or violence in your neighborhood?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
17.	Do you have problems finding good and affordable childcare?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
18.	Have you met with an attorney to discuss any of these concerns about your children?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
19.	Do any of your children have a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure		
20.	Do any of your children receive special educational services because of a disability?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure		
21.	Have you discussed special educational services with an attorney?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure		

**Part V. Health Insurance**

22.	Do you have health insurance for yourself?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	
23.	Do you have health insurance for your children?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure	<input type="checkbox"/> Doesn't apply

**Part VI. Advice and Assistance.**

For advice and assistance with issues like housing, finances, public benefits, health insurance, or issues relating to your children, how often do you consult

24.	friends or family?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
25.	your religious or spiritual advisors?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
26.	social workers or public agencies?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never
27.	lawyers or legal aid?	<input type="checkbox"/> all the time	<input type="checkbox"/> very often	<input type="checkbox"/> sometimes	<input type="checkbox"/> not often	<input type="checkbox"/> never

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**Part VI. General.**

28.	How old are you?	<input type="checkbox"/> under 21	<input type="checkbox"/> 21-29	<input type="checkbox"/> 30-44	<input type="checkbox"/> 45-59	<input type="checkbox"/> 60+
29.	Female or male?	<input type="checkbox"/> Female	<input type="checkbox"/> Male			
30.	Do you have a disability or chronic health condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not sure		
31.	What is your racial/ethnic background?	<input type="checkbox"/> African- American	<input type="checkbox"/> Asian / Islander	<input type="checkbox"/> Hispanic/ Latino	<input type="checkbox"/> White	<input type="checkbox"/> Other
32.	What is your annual household income (everyone combined), <b>not</b> counting public benefits?	<input type="checkbox"/> under \$10,000	<input type="checkbox"/> \$10,000 - \$20,000	<input type="checkbox"/> \$20,000 - \$30,000	<input type="checkbox"/> \$30,000 - \$40,000	<input type="checkbox"/> over \$40,000

# SOCIEDAD DE SERVICIOS LEGALES DE LA COMUNIDAD, INC.

## CUESTIONARIO DE NECESIDADES

Primavera de 2017

Site: \_\_\_\_\_

### Parte I. Alojamiento.

¿Con qué frecuencia en el último año:

1.	Ha tenido problemas en encontrar una casa o un apartamento seguro y económico?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
2.	Usted piensa que la condición de su casa o apartamento podría estar inseguro o malsano?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
3.	Ha pensado que Usted podría ser forzado a salir de su casa o apartamento?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
4.	Se ha reunido con un abogado para discutir cuestiones relacionadas con su vivienda?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca

### Parte II. Finanzas.

¿ Con qué frecuencia en el último año se ha preocupado de:

5.	tener suficiente dinero para pagar la renta o hipoteca o los servicios públicos para su casa o apartamento?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
6.	tener suficiente dinero para pagar sus otras cuentas?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
7.	tener suficiente alimento sano para cada persona en su hogar?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca

### Parte III. Beneficios Públicos.

¿En el último año, Usted o alguien con quien vive ha solicitado o ha recibido:

8.	Seguro Social por incapacidad o SSI?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
9.	Asistencia Temporal para Familias Necesitadas (TANF), asistencia en efectivo, o cupones de alimentos?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
10.	Beneficios de SCHIP o Delaware Healthy Children?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
11.	Medicaid o Medicare?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
12.	¿Le han negado beneficios o han sido terminados sus beneficios?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro

13.	¿Ha discutido cualquiera de estos programas de beneficios con un abogado?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro
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#### Parte IV. Niños.

Si Usted tiene niños menores de 18 años:

14.	¿Cuántos niños menores de 18 años viven en su hogar?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5 o más
15.	¿Se preocupa de la educación o de la seguridad escolar de sus hijos?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
16.	¿Se preocupa de seguridad o violencia en su vecindario?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
17.	¿Tiene problemas en encontrar cuidado infantil bueno y económico?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
18.	¿Se ha encontrado con un abogado para discutir cualquier asunto relacionado con sus niños?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
19.	¿Tiene su hijo/a una discapacidad?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro	<input type="checkbox"/> No se aplica	
20.	¿Recibe su hijo/a servicios especiales educativos debido a una discapacidad?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro	<input type="checkbox"/> No se aplica	
21.	¿Ha hablado con un abogado acerca de servicios de educación especial?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro	<input type="checkbox"/> No se aplica	

#### Parte V. Seguro Médico.

22.	¿Tiene seguro médico para Usted?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro	
23.	¿Tiene seguro médico para sus hijos?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro	<input type="checkbox"/> No se aplica

#### Parte VI. Asesoramiento y asistencia.

Para obtener asesoramiento y asistencia en asuntos como vivienda, finanzas, beneficios públicos, seguro de salud o asuntos relacionados con sus hijos, ¿con qué frecuencia consulta

24.	Amigos o familiares?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
25.	Sus consejeros religiosos o espirituales?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
26.	Trabajadores sociales o agencias públicas?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca

27.	Abogados o asistencia legal?	<input type="checkbox"/> todo el tiempo	<input type="checkbox"/> a menudo	<input type="checkbox"/> a veces	<input type="checkbox"/> no a menudo	<input type="checkbox"/> nunca
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### Parte VII. Información General.

28.	¿Cuántos años tiene?	<input type="checkbox"/> menos de 21	<input type="checkbox"/> 21-29	<input type="checkbox"/> 30-44	<input type="checkbox"/> 45-59	<input type="checkbox"/> más de 59
29.	¿Es Usted mujer o hombre?	<input type="checkbox"/> mujer	<input type="checkbox"/> hombre			
30.	¿Usted tiene una discapacidad o una condición de salud crónica?	<input type="checkbox"/> Sí	<input type="checkbox"/> No	<input type="checkbox"/> No estoy seguro		
31.	¿Cuál es su raza o su origen étnico?	<input type="checkbox"/> afro- american o	<input type="checkbox"/> asián / isleño	<input type="checkbox"/> hispano / latino	<input type="checkbox"/> caucásico	<input type="checkbox"/> otro
32.	¿Qué es su ingreso familiar anual (todos combinados), sin contar los beneficios públicos?	<input type="checkbox"/> Menos de \$10,000	<input type="checkbox"/> \$10,000 - \$20,000	<input type="checkbox"/> \$20,000 - \$30,000	<input type="checkbox"/> \$30,000 - \$40,000	<input type="checkbox"/> Más de \$40,000



***Report completed November 2017 on behalf of the Combined Campaign for Justice.***

***An independent report prepared on behalf of the Delaware Combined Campaign for Justice<sup>72</sup> by James Teufel, MPH, PhD, Kristofer Gossett, DBA & Robert Hayman, JD, LLM***

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