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National Survey of Legal Clinics Housed by the Department of Veterans Affairs to Inform Partnerships with Health and Community Services

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Abstract

Legal clinics housed by the Department of Veterans Affairs (VA) help veterans eliminate service access barriers. In this survey of 95 VA-housed legal clinics (70% of clinics), clients' legal problems were mainly estate planning, family, obtaining VA benefits, and housing (14–17% of clients). Most clinics rarely interacted with VA health care providers, did not have access to clients' VA health care records, and did not track clients' VA health care access (58–81% of clinics); 32% did not have dedicated and adequate space. Most clinic staff members were unpaid. Survey findings—that most VA-housed legal clinics do not interact with VA health care or directly address clients' mental health and substance use needs, and lack funds to serve fully all veterans seeking services—suggest that VA and community agencies should enact policies that expand and fund veterans' legal services and health system interactions to address health inequities and improve health outcomes.

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Adults involved in the legal system have more extensive health disorders and social problems, such as housing and employment difficulties, than adults without legal involvement.[1, 2] This association holds for the population of U.S. military veterans.[3]

In addition, adults, including veterans, with health disorders had an elevated risk for civil disputes, arrest, or incarceration.[4,5] Veterans were incarcerated at a lower rate than nonveterans, but veterans were more likely to be incarcerated for violent crimes and sexual offenses, and to be serving a life sentence than nonveterans.[6,7] According to McCall et al, who used Veterans Affairs administrative data to study a national sample of veterans who had been incarcerated, Black female veterans were nearly two times more likely than White female veterans to have been convicted of a violent offense.[8] Hispanic and Black veterans were more likely to be incarcerated than White veterans. However, this disparity in the likelihood of incarceration by ethnicity and race was smaller for veterans than for nonveterans.[7] In a study by Bronson et al, among people incarcerated in prisons or jails, veterans were more likely than nonveterans to have been told by a mental health professional that they had a mental health disorder, most often PTSD or depression.[6]

Addressing legal problems among veterans provides an opportunity to intervene more broadly to connect them to needed health and social services. For example, Veterans Treatment Courts and the Department of Veterans Affairs' (VA's) Veterans Justice Programs are models of intervening with criminal justice system-involved veterans who are linked with high treatment entry and engagement and improved health and recidivism outcomes.[9–12] In this study, we examined the model of VA-housed legal clinics and the potential of these clinics to link veterans to VA and other health care.

VA-housed legal clinics.

Legal clinics housed at the VA were developed with an emphasis on helping veterans to address civil legal issues that negatively affect their ability to receive health and social services. For example, they help clients obtain public benefits by assisting with veterans' applications for military service-related VA disability compensation and Social Security disability entitlements. The first VA-housed legal clinic opened in 2008 at the Houston VA facility due to the growing recognition that legal services help to prevent and end veterans' homelessness, through survey findings of homeless veterans in VA's Project CHALENG.[13] The mission of Project CHALENG is to unite service providers and law enforcement and government agencies to overcome barriers to housing for homeless veterans. Obtaining VA benefits, often involving a military discharge status upgrade as a first step (e.g., from "Other Than Honorable"), provides access to VA health care. Once access is obtained, resolution of civil legal issues can be critical to facilitate initiation of and engagement with needed health, housing, and employment services.[14, 15] Legal clinics that are VA-housed help veterans eliminate legal barriers that may prevent access to health care and stable housing and income and impede recovery from medical and mental health disorders. Veterans who attend legal

clinics on VA campuses often have unmet mental health or addiction treatment needs in particular. More generally, veterans experience mental health (depression, posttraumatic stress disorder (PTSD)) and substance use disorders at disproportionate rates compared with their civilian counterparts.[16] Although VA cannot by regulation provide legal services, VA medical centers can provide space within their facilities to house non-VA legal clinics.

Despite their recent rapid growth, there has been no systemwide study of VA legal clinics to determine the population they serve, their function and organization, and empirically-based suggestions on how to improve their usefulness, including their potential as a setting in which veterans with mental health and substance use problems may receive assistance linking to VA health services to improve their well-being. One study described the collaboration between a VA community-based psychosocial rehabilitation center and a nonprofit legal center, which primarily addressed the civil legal issues of veterans who had mental health disorders and/or were homeless.[15] Specifically, veterans established contact with the legal center and authorized the release of their health information, so that legal center staff members could work with VA clinicians to help veterans address legal issues that were obstacles to recovery. The most common types of civil legal matters handled were family-related (e.g., child support [which often becomes a criminal issue if payments are not made], divorce, alimony, custody); public entitlements (e.g., VA programs, Social Security benefits); housing (e.g., landlord-tenant, evictions, foreclosures, preforeclosure mortgage modification); bankruptcy and consumer debts (e.g., credit problems); military discharge upgrades; and employment, estate planning, and tax disputes. Experiences of this legal clinic suggested that professional aid for civil legal problems provided within VA facilities may be beneficial for veterans' health.[15]

Study framework.

To examine VA-housed legal clinics, we used a framework developed by Regenstein, Trott, Williamson, and Theiss to describe Medical Legal Partnerships (MLPs).[17] The MLP is a collaborative model that embeds civil legal aid professionals in health care settings to address social problems that contribute to health disparities and poor health outcomes. This model has multiplied in the U.S. such that more than 300 health organizations now have an MLP.[17, 18] Having legal concerns that range from housing to health insurance to immigration met by MLPs can dramatically reduce chronic stress and improve housing and health outcomes in low-income and veteran populations.[19, 20]

Regenstein et al. described MLPs as having eight core elements.[17] First, an MLP is created through a formal agreement between a health care organization and a legal services provider. The agreement outlines joint goals, establishes responsibilities for partnership staffing, and puts protections in place for patient privacy and confidentiality. Second, partnerships designate a defined population for their work, such as patients with specific conditions, or low-income patients who have health problems due to environmental and social causes.

The third core element of partnerships is developing a strategy for medical settings to screen patients for legal needs, and by extension for legal settings to screen patients for health needs. Many MLPs create their own screening tools that are customized to their defined

population. Fourth, partnerships include legal staffing supplied by the legal services partner. In the case of MLPs, health care organizations dedicate less staff time to the partnership. Legal staffing arrangements vary substantially across MLPs; most have between one and two paid, full-time attorneys plus some pro bono attorney services. Related to staffing, the fifth core element of MLPs is having a "lawyer in residence." That is, in the majority of partnerships, lawyers are available on site, which enables them to respond quickly to patients and providers.

The sixth core element in Regenstein et al.'s framework concerns training to help partnership members understand opportunities for effective intervention to benefit the health of underserved groups.[17] Seventh, partnerships rely on information-sharing between health care and legal staff.[17] Some partnerships develop data-sharing agreements that allow access to comprehensive health and legal services information to both partner settings.[21] Finally, partnerships need designated resources to operate effectively.[17] In the case of MLPs, the legal organization typically contributes most of the financing for the partnership's operational activities. These resources come from the Legal Services Corporation, state funds, legal aid fellowships, charitable donations, law school contributions, and law firm support.[21]

Present study.

We applied the framework of eight core elements in MLPs to conduct the first systemwide survey of VA-housed legal clinics. The purpose was to describe clinic elements, and also to identify domains in which legal clinics are facing challenges, and those in which legal clinics are doing well. This study will help VA, community settings where veterans seek and obtain services, and veteran-focused legal clinics address trouble spots as VA-housed legal clinics continue to grow and develop. More broadly, societies have an obligation and implied social contract with veterans in return for their military service.[22] Societal responsibility to veterans mandates attention to and expertise in veterans' culture, strengths, and problems, including legal barriers to fair access to needed services. Improving knowledge of VA-housed legal clinics will help to guide policymakers' recommendations about strengthening VA-clinic partnerships and help clinic and health care managers and providers improve the quality of service provision in both settings.

Methods

Sample and procedure.

The sampling frame was all known active VA-housed legal clinics in the United States (N=136), using a listing provided by the VA's Office of General Counsel in January 2018. We confirmed the accuracy of contact information, requested online surveys from lead attorneys of 135 clinics, and used a sequence of follow-up procedures to target non-responders.[23] Lead attorneys were offered $40 as an incentive for participation (e.g., to buy office supplies or refreshments). Surveys were checked for completion upon receipt, and any missing data were collected or confirmed as unavailable by calling respondents. All procedures were approved by Stanford University's Institutional Review Board. Data collection took place from January through June 2018.

Survey.

Where possible, survey items were drawn from previously used measures: the Residential Substance Abuse and Psychiatric Programs Inventory, shown to be reliable and valid with veterans and non-veterans,[24, 25] and Timko et al.'s surveys of batterer intervention and addiction treatment systems, also shown to be reliable and valid.[26, 27] An initial draft of the survey was pretested with three clinician researchers (licensed clinical psychologists) with expertise on the intersection of veterans' legal, mental health, and substance use difficulties, and two experts on MLPs (one professor of health policy, and one attorney working with veterans in a federal agency). Feedback from the pretest was used to finalize the survey. The final survey had 55 items. Examples of three items are: 1. "In what type of area is your clinic located? Select one response (Urban, Suburban, Rural)"; 2. "How many years has your clinic been in operation? Type the number in the box below."; and 3. "In a typical month, how many clients does your clinic serve? Type the number in the box below."

Measures.

The survey asked the lead attorney for the clinic's characteristics, including the types of legal services clients received. It also measured the eight core elements of partnerships described by Regenstein et al.[17] Further, it asked the lead attorney for his or her own demographic characteristics. Specific items and how they were scored are described in the Results section. For some items, respondents wrote in responses that were missing from the response options.

Data analysis.

For this study, descriptive statistics were obtained. Specifically, for nominal and categorical variables, frequencies and percentages are reported. For continuous variables, means and standard deviations are reported.

Results

Clinic characteristics.

The survey was completed by the lead attorney for each of the 95 VA-housed legal clinics (70% of all active clinics). Lead attorneys were 52.8% women, and 62.9% were age 22–44 years old. They had worked at the clinic for a mean of 3.5 years (SD=3.3) and had worked in the legal services field for a mean of 13.4 years (SD=11.8).

Clinics were located in 36 U.S. states. Table 1 shows descriptive statistics on the clinics' characteristics; the first column contains the number of clinics responding to each item. Clinics had been operating a mean of 4.0 years (SD=2.6), served a mean of 19.0 clients per month (SD=24.0), were open a mean of 25.0 hours per month (SD=42.3), and were located mainly in urban areas (66.3%). The lead attorneys reported that, on average, clients were mainly male (M=77.8%, SD=14.0) and U.S. citizens (M=96.0%, SD=11.6); in addition, roughly one-half of clients were White (M=48.5%, SD=25.5) and roughly one-third were Black (M=29.1%, SD=18.9), and a mean of 14.2% (SD=10.6) were Hispanic or Latino. (For each percentage reported, the n is tabled.) On average, roughly one-third of clients were at least 65 years old (M=31.2%, SD=17.9). A mean of 57.1% clients lived below the U.S.

poverty level (SD=29.7), 37.9% were at risk of homelessness (SD=30.9), and 86.1% used VA for health care (SD=19.8).

Attorneys were asked what percent of the clinic's clients receive each of 24 types of legal services. As shown on Table 1, aside from initial screening, the highest mean percentages were for estate planning, family problems (e.g., child support), obtaining VA benefits, and housing problems and rights. The next most frequent set of legal services were for expunging criminal records, consumer problems, and obtaining military discharge upgrades. Attorneys were also asked if the clinic tracks clients' outcomes. The majority of clinics track clients' legal outcomes (80%); about one-half track clients' income, VA benefits, and housing outcomes; and fewer assess clients' VA health care utilization or mental health/substance use problems. About one-third of clinics assess clients' satisfaction with legal services provided.

Core elements.

Formal agreement.—Regarding formal agreements with VA, 86.9% of clinics had a revocable license agreement and/or memorandum of understanding with VA (Table 2). Regarding their partnerships, 41.7% of clinics interacted regularly with VA health care providers, whereas 29.7% did not but would be interested in expanding their partnership, and 29.6% rarely interacted with VA clinical staff and were not interested in expanding their partnership (Table 2).

Defined population.—Fully 38.7% of clinics did not have a defined client population. Of clinics with a defined client population, the most frequent specific focus reported was low-income veterans (Table 2). Roughly one-quarter to one-third of clinics focused on homeless or elderly veterans, or veterans with mental health or substance use problems, or those using VA services in the same location as the clinic. Of the clinics having a focus that was not listed on the survey, respondents filled in that special populations were veterans serving since 9/11/01 (the date of terrorist attacks on the U.S. in New York City, Pennsylvania, and the Pentagon); those with combat exposure, PTSD, Military Sexual Trauma, or a disability; veterans identifying as Lesbian, Bisexual, Gay, or Transgender; and veterans experiencing domestic violence.

Screening and referral of clients.—In this survey, we focused on clinics' screening and referral of clients with mental health and substance use difficulties to assess the potential of clinics to connect veterans to needed treatment. Assessment of mental health was required at least in some circumstances by 24.4% of clinics, and of substance use by 15.7% (Table 2). Almost two-thirds of clinics stated that when clients are known to have mental health or substance problems, they provide legal services to them. In addition, 45.3% of clinics referred veterans with untreated mental health problems to mental health treatment, and 31.9% of clinics referred patients with untreated alcohol or drug problems to substance use treatment. Referrals were mainly made informally to VA rather than community treatment programs; very few clinics had an arrangement with any VA program for purposes of referral.

Staffing and lawyer in residence.—Table 3 shows that VA-housed legal clinics operate with few paralegals, legal assistants, or administrative staff members who are working for pay or pro bono. Clinics had a mean of 3.7 law students (SD=4.9) working pro bono. Not on the table is the finding that 13 clinics had staff members not listed on the survey, including physicians, social work students, VA staff, peer supports, and community volunteers. Regarding VA staff, clinics worked directly with a mean of 8.0 VA staff members (SD=41.5). On average, clinics had 1.7 attorneys working for pay (SD=2.0) and 4.0 attorneys (SD=5.9) working pro bono.

Staff training.—The survey covered the desirability of staff training to facilitate clients' use of VA health care. Specifically, lead attorneys were asked: Should VA facilitate VA-housed legal clinic clients' use of VA health care? In response, 74.8% agreed that VA should facilitate VA-housed legal clinic clients' use of VA health care (Table 3). Regarding methods of facilitation, the majority (65.1%) endorsed having handouts available in the clinic that explain how to use VA health care. In addition, roughly one-third endorsed having VJO Specialists (who are VA employees providing outreach, assessment, and case management for veterans involved in the criminal justice system) or VA health care providers meet with clients at the clinic to explain VA health care, and training legal clinic staff to explain to clients how to use VA health care. Roughly one-fifth to one-quarter endorsed having VA administrative staff or veteran peers meet with clinic clients or training legal clinic staff to assess clients and refer them as needed for mental health and substance use treatment. Only 22.1% agreed that VA should facilitate clients' use of VA health care by means of VA giving legal clinic staff access to clients' VA health care records.

Information sharing.—Despite only 22.1% agreement that VA should give legal clinic staff access to clients' VA records to facilitate use of VA health care, 34.4% stated that the clinic has access to health care records at least under some circumstances. These circumstances were described as either the veteran has signed a release of information, or veterans have provided a hard copy of their health care records.

Resources and funding.—Clinics operated on a mean annual budget of $73,631 (SD=159,404). On average, the largest percentage of the budget, one-third, came from private foundations or donations; in addition, on average, about one-third of the operating budget came from government funding. Lower percentages of funding came from law schools or firms, and no funding came from veteran service organizations or clients.

When asked whether clinics have the capacity to serve all or most veterans seeking legal services, 39.1% said yes. Reasons for lacking the needed capacity were most commonly lack of funding (83.9%) and lack of staff time (57.1%), as well as lack of staff knowledge (26.8%). In addition, clinics offered reasons that were not listed on the survey. These reasons included the clinic and the law school (that is, law schools where staff members are students) having different goals, the clinic's inability to handle criminal matters, the clinics' hours of operation being too limited, requirements that clients served by the clinic have low incomes or live in a specific geographic area, and the VA facility's infrastructure.

When asked whether clinics have a dedicated and adequate space to meet veterans' needs, 67.7% answered yes. Among clinics that answered no, descriptions of lack of adequate space included that the spaces provided were temporary and required a series of moves, and that the clinic space was small or lacked privacy, computer and cell phone access, and storage space for legal clinic materials.

Discussion

Legal clinics that are VA-housed were initiated to assist veterans in securing benefits to which they are entitled and to represent veterans as they seek to address infractions that might curtail their access to health care, housing, employment, or other services in the community. Using a framework designed for the examination of medical-legal partnerships, this survey of VA-housed legal clinics found that clients' legal problems were mainly estate planning, family problems such as child support, obtaining VA benefits, and housing problems and rights. It is not surprising that estate planning is needed among the veteran population due to veterans' increasing age. The median age of veterans is 64 years old, and the largest surviving cohort of veterans served in the Vietnam War and is entering old age.[28] Estate planning for veterans may be more complicated than for many civilians because veterans may have experienced frequent moves while members of the military, have access to additional government benefits, and need to adhere to different tax rules. Unlike estate planning needs, it may be surprising that legal clinics did not report a greater client need for obtaining VA benefits. This may reflect the increasing proportion of veterans who have enrolled in VA over time, lessening the need for help with benefits and enrollment. Specifically, the VA-enrolled veteran population increased by 78% between 2001 and 2014.[29] Our result on clients' legal problems is similar to that of the study by Wong et al. of the civil legal matters handled within a collaboration between a VA community-based psychosocial rehabilitation center and a nonprofit legal center.[15]

The present survey found that clinics were open on average only 25 hours each month, and 61% of clinics were unable to serve most veterans seeking legal services. The most common reasons for the clinic's inability to serve veterans fully were lack of funding and lack of staff time. Clinics' funding relied mainly on private foundations or donations, as well as legal aid agency and government sources. Regarding resources, the survey found that most attorneys and law students working in the clinics were unpaid, and about one-third of clinics did not have dedicated and adequate space in which to meet and work with clients. Regarding funding sources, Atkins, Heller, DeBartolo, and Sandel noted that as findings emerge that application of the MLP model drives down health care costs, the types of funding sources may be expanded;[30] that is, a greater variety of stakeholders such as insurers, hospitals, and health care systems may gain interest in taking on greater responsibility for population health and supporting legal services for low-income groups such as veterans.

In addition to resource shortages, other main findings from the survey were that most VA-housed legal clinics do not regularly interact with VA health care staff members, have access to VA health care records for clients who use VA for health care, or address clients' mental health and substance use problem needs. This held true even though respondents reported that, on average, 86% of legal clinic clients use VA for health care. Together, findings for

resource scarcities and clinic-VA segregation suggest that VA and community agencies serving veterans should enact policies that expand and fund veterans' legal services and health system interactions to address health inequities and improve health outcomes.

Regarding how to expand the partnership of legal clinics and VA health care, most respondents agreed that clinics should have handouts explaining to clients how to use VA health care. However, it is unclear that availability of handouts alone would facilitate system partnerships, as research has found handouts to be relatively ineffective at changing behaviors in the health care setting.[31, 32] Sizeable minorities of survey respondents agreed that VA staff members, whether health care providers, administrative staff, or peer or VJO specialists, should meet with legal clinic clients to help them navigate the VA health care system. Peer specialists in mental health and primary care treatment settings have been successful at helping patients navigate the health care system, suggesting that they could be similarly successful in VA-housed legal clinics.[33, 34]

VJO specialists are employed by the VA to connect justice-involved veterans to services they may need such as housing, employment resources, and health care. The VJO program aims to reduce recidivism among justice-involved veterans and ensure that they are able to achieve full and meaningful lives as contributing and self-reliant community members. The VJO program reflects VA's efforts to address veterans' legal difficulties more broadly. These efforts include increasing the identification of veterans with unmet legal needs and promoting their engagement with VA, building capacity to serve these veterans through comprehensive workforce development that attracts and retains high-quality staff, optimizing community integration for veterans involved in the criminal justice and legal systems, and developing systems for program evaluation and dissemination of knowledge on how to reduce veterans' criminal and legal involvement.[35]

In our survey, sizeable minorities of respondents also agreed that legal staff should be trained to explain to clinic clients how to use VA health care, including mental health and substance use care specifically, and that VA should give legal clinic staff access to VA health care records. These findings suggest that legal clinic staff members are open to a partnership that is essentially the mirror-image of an MLP; that is, a model in which VA health care staff are embedded in the clinic to assist clients (even those who already have access to VA health care) overcome the specific barrier of not knowing how to use the system most effectively.

The survey also identified and confirmed the high need for services among the veteran legal clinic population. For example, on average, 57% of clients were living below the U.S. poverty level, and accordingly, 59% of clinics had a defined population consisting of low-income veterans. More broadly, the Legal Services Corporation that funds civil legal assistance for low-income Americans estimates that 1.8 million veterans, many with untreated mental health or substance use disorders, are eligible for its services. In addition, in the survey, clinics estimated that on average 38% of clients were at risk of homelessness. Generally, veterans remain over-represented in the U.S. homeless population, although VA has made marked progress in reducing veteran homelessness.[35] Further, most VA-housed clinics surveyed were located in urban or suburban areas (79%), indicating that legal services, like health services, are less accessible to veterans living in rural areas.[36] About

one-quarter of veterans live in rural or highly rural communities where basic levels of health care or preventive care are less available to support long-term health and well-being. Compared with veterans in urban areas, those in rural communities tend to have higher poverty rates, be older, and have poorer health. In addition to having fewer available community agencies, it may be difficult for rurally-located veterans and their family members to use legal, health care, and other services in light of challenges such as fewer transportation options and greater geographic and distance barriers. To understand the legal needs of veteran clients, longitudinal studies are needed in which clients served by different clinics provide data on their views of VA-housed legal clinics and how to optimize their effectiveness in terms of legal and health outcomes.

Limitations and strengths.

The main limitation of this study was that we did not independently audit each legal clinic. Thus, the accuracy of data presented, such as on clients' characteristics, is based on lead attorneys' reports. When lead attorneys were asked on the survey how they determined their answers to the items about client characteristics, 69.1% responded that they reviewed program records of client data and/or asked a colleague who had the information required; this left 30.9% who provided their "best estimate." In terms of strengths, we achieved a high response rate for this type of survey and, guided by an empirical framework, collected a substantial amount of useful information from VA-housed legal clinics to inform future research, as well as VA and community policies that regulate legal clinic and other service agencies' interactions.

This survey found that many VA-housed legal clinics have been operating for relatively few years, which is indicative of both their recent major expansion and the need to continue to track their challenges and successes over time as they continue to expand, and to formalize partnerships with other service providers. In addition to VA-housed legal clinics' needs for ongoing data-gathering, the same need is present among other growing veteran-targeted legal services, such as those within the National Law School Veterans Clinic Consortium, which fosters pro bono veteran advocacy programs at law school legal clinics nationwide to improve the quality of resources provided by these community organizations. Empirically-based improvement of veteran-oriented legal clinics that understand veterans' unique and complex circumstances is of primary importance to achieving better legal, health, and quality-of-life outcomes in this population.

Conclusion.

This study of VA-housed legal clinics used a framework designed for the examination of medical-legal partnerships. It substantiated the high need for services among veteran legal clinic clients in that, on average, 57% were living below the U.S. poverty level, and 38% were at risk of homelessness. The survey found that clients' legal problems were mainly estate planning (which may be more complex for veterans than for civilians), family and housing problems, and obtaining VA benefits. Clinics were open an average of only five to six hours each week, and 61% of clinics were unable to serve most veterans seeking legal services due to lack of both clinic funding and staff time. Survey findings suggest that legal clinic staff members are amenable to partnering with VA health care settings to better help

veterans obtain the health care they need. Building on VA-housed legal clinics' and VA health care's common goal of improving veterans' well-being, by using varied methods to embed assistance for accessing health services in legal clinics, should be evaluated in subsequent research programs.

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Table 1.

VA-housed legal clinic characteristics.

	n	M (SD)	N (%)
Years in operation	95	4.0 (2.6)	
Number of clients served per month	95	19 (24.0)	
Number of hours clinic is open per month	85	25.0 (42.3)	
Geographic area			
Urban	95		63 (66.3)
Rural			16 (16.8)
Suburban			16 (16.8)
Percent of clients who are:			
Male	76	77.8 (14.0)	
US citizens	63	96.0 (11.6)	
White	52	48.5 (25.5)	
Black	52	29.1 (18.9)	
Hispanic or Latino	49	14.2 (10.6)	
Age 65 or older	56	31.2 (17.9)	
Living below the US poverty level	48	57.1 (29.7)	
At risk of homelessness	45	37.9 (30.9)	
Using VA for health care	45	86.1 (19.8)	
Percent of clients receiving legal services of:	95		
Initial screening		92.8 (23.5)	
Estate planning		16.6 (23.0)	
Family problems		16.5 (17.3)	
VA benefits		14.7 (21.2)	
Housing problems and rights		14.2 (16.8)	
(Expunging) criminal records		8.4 (14.1)	
Consumer problems		8.2 (10.2)	
Military discharge upgrades		5.2 (9.4)	
Services for Veterans' family members		4.3 (11.7)	
Driving problems (e.g., restore license)		3.9 (8.6)	
Social Security Disability benefits		3.8 (7.5)	
Income problems (e.g., taxes)		3.5 (9.7)	
Other (non-VA, non-Social Security) benefits		3.3 (9.3)	
Obtaining identification or legal documents		2.8 (10.9)	
Criminal services (e.g., fines, warrants)		2.8 (9.5)	
Social Security benefits		2.7 (7.1)	
Domestic violence		2.5 (6.9)	
Employment problems		2.1 (4.0)	
Medical treatment problems		1.9 (4.8)	
Military records corrections		1.5 (3.4)	
Mental health treatment problems		1.1 (3.7)	

	n	M (SD)	N (%)
Substance use treatment problems		1.0 (3.4)	
Re-entry services after incarceration		1.0 (3.9)	
Education problems		0.3 (1.2)	
Clinic tracks outcomes of clients for:	90		
Legal problems			72 (80.0)
Income			45 (50.0)
VA benefits			45 (50.0)
Housing			41 (45.5)
VA health care access initiation engagement			17 (18.8)
Mental health and/or substance use problems			11 (13.8)
Satisfaction with clinic's legal services	94		34 (36.2)

Table 2.

VA-housed legal clinics' formal agreements, defined populations, and client screening and referral.

	n	M (SD)	n (%)
Formal agreement			
Clinic has a revocable license agreement and/or memorandum of understanding with the VA	84		73 (86.9)
Clinic's partnership with VA	91		
Interacts regularly with VA health care providers, like an MLP			38 (41.7)
Rarely interacts with VA clinical staff, but interested in MLP			27 (29.7)
Rarely interacts with VA clinical staff, and not interested in MLP			26 (28.6)
Defined population			
Clinic's specific foci:	93		
None			36 (38.7)
Low income Veterans			55 (59.1)
Homeless Veterans			32 (34.4)
Veterans with mental health or substance use problems			23 (24.7)
Elderly Veterans			23 (24.7)
Veterans using VA services where clinic is housed			22 (23.7)
Women Veterans			16 (17.2)
Veterans with a service-connected disability			9 (9.7)
Veterans convicted of Driving Under the Influence or Driving While Intoxicated			1 (11)
Other			20 (21.5)
Clinic is able to accommodate clients with:	92		
Physical disability			91 (98.9)
Vision impairment			78 (84.8)
Serious mental illness (e.g., schizophrenia)			72 (78.3)
Inability to come to the clinic in person			69 (75.0)
Hearing impairment			69 (75.0)
Screening and referral of clients			
Assessment of mental illness is required or required in some circumstances among clients seeking and/or receiving legal services	90		22 (24.4)
Assessment of substance use is required or required in some circumstances among clients seeking and/or receiving legal services	89		14 (15.7)
Legal services are provided to potential or current clients known:			
To have mental illness	87		54 (62.1)
To have alcohol and/or drug problems	88		56 (63.6)
When a client is known to have mental illness and is not receiving mental health treatment, client is referred to treatment	86		39 (45.3)
When a client is known to have an alcohol and/or drug problem and is not receiving treatment, client is referred to treatment	82		28 (31.8)

Table 3.

VA-housed legal clinics' staffing, training, information sharing, and resources.

	n	M (SD)	n (%)
Staffing: Number of	61		
Paralegals			
Paid		<1.0 (1.0)	
Pro bono		<1.0 (1.0)	
Legal assistants			
Paid		<1 (10)	
Pro bono		<1 (10)	
Administrative staff			
Paid		1.0 (1.0)	
Pro bono		<1 (<1)	
Law students			
Paid		<1 (<1)	
Pro bono		3.7 (4.9)	
VA staff members with who clinic works directly	95	8.0 (41.5)	
Lawyer in residence			
Number of attorneys	86		
Paid		1.7 (2.0)	
Pro bono		4.0 (5.9)	
Training			
VA should facilitate VA-housed legal clinic clients' use of VA health care	86		73 (84.8)
How VA should facilitate clients' use of VA health care:	86		
Have handouts explaining how to use VA health care available in clinics			56 (65.1)
VJO Specialists meet with clients at the clinic to assess and explain health care needs			33 (38.4)
Train legal clinic staff to explain to clients how to use VA health care			27 (31.4)
VA health care providers meet with clients at the clinic to assess and explain health care needs			26 (30.2)
VA administrative staff meet with clients at the clinic to assess and explain health care needs			22 (25.6)
Train legal clinic staff to assess and refer for mental health and substance use treatment needs			21 (24.4)
VA gives legal clinic staff access to clients' VA health care records			19 (22.1)
Veteran peers meet with clients at the clinic to help use VA health care			17 (19.8)
Other			12 (14.0)
Information sharing			
Clinic has access to VHA health care records for Veteran clients who use VHA for health care (at least under some circumstances)	93		32 (34.4)
Resources			
Annual operating budget ($)	63	72,631 (159,404)	
Percent of funding from:	76		
Private foundations or donations		33.2 (41.8)	
Legal aid agency		23.9 (40.4)	
Government		20.7 (37.3)	
Law school		8.4 (26.2)	

	n	M (SD)	n (%)
Law firm		7.0 (23.5)	
Veterans service organizations		0.0 (0)	
Client fees		0.0 (0)	
Clinic has capacity to serve all or most Veterans seeking legal services	92		36 (39.1)
Reasons for lack of capacity:	56		
Lack of funding			47 (83.9)
Lack of staff time			32 (57.1)
Lack of staff knowledge			15 (26.8)
Lack of support by VA facility leadership			4 (7.1)
Other			45 (80.4)
Clinic has a dedicated and adequate space to meet Veterans' needs	93		63 (67.7)