

Lewis B. Puller, Jr. Veterans Benefits Clinic

FINAL REPORT

To: The Lewis B. Puller, Jr. Veterans Benefits Clinic
From: K.N. Barrett, Ian Mahoney, and Jaclyn Petruzzelli; The PRS/VBC Team
Date: 11/29/2012
Re: Final Report

A. OVERVIEW

This report encapsulates the end product delivered by the PRS/VBC team to the Lewis B. Puller, Jr. Veterans Benefits Clinic (Puller Clinic). The report contains explanations of the PRS/VBC team's research and findings, descriptions of the project's final deliverables, and suggestions for future work that would build upon the foundation laid by this project. The appendices include each of the final deliverables as well as a copy of the midterm report, issued on October 29th, 2012, which explains the team's process and methodology in greater detail.¹

B. FINDINGS

The PRS/VBC team's primary objective was to develop a valuation model to assess the accomplishments of the Puller Clinic. The data used to calculate these valuation metrics came from a combination of the Puller Clinic's internal files and academic research conducted by the team. These metrics are listed below and are categorized by topic. This data is current as of November 2012.²

Client Success

These metrics pertain to the progress that the clinic has made to date in assisting clients with processing claims. All of this information was either directly supplied by the clinic or was derived from the information provided.

- Since 2008 the Puller Clinic has helped 46 clients with 343 claims.³
- Of the 40 cases dealing with the clients' disability ratings, 21 clients have experienced at least some increase in rating with 23 clients still waiting on at least one pending claim.⁴

¹ MidtermReport.pdf

² The PRS/VBC team decided to list metrics as sentences based off of the content of the fact sheet, reports, and poster, which will be described in the section of this report titled "Deliverables." Team members believe that by listing the metrics as sentences, the data is easier to digest. Further, these sentences can be arranged easily to construct fact sheets for potential partners, which is further explained under "Suggestions for Future Research."

³ This number includes all claims, including those brought to the Puller Clinic that the clinic decided not to pursue.



- Among clients that the clinic is assisting with their disability ratings, on average ratings have increased 26.25%, earning clients \$520,884 in benefits over the last year.⁵ This amount is a 143% increase of what those clients would have received without the clinic's assistance.⁶
- The present value of projected benefits over the life of Puller Clinic clients who have received assistance with their disability rating is \$8,895,078.⁷
- The Puller Clinic has declined to follow up on 99 claims that its clients have brought, likely saving time and money that would be spent processing meritless claims.⁸
- The Puller Clinic maintains relationships with clients for as long as necessary and currently has clients that it has been assisting for over four years.

TBI and PTSD Evaluations

The PRS/VBC team was able to calculate the following metrics based on Traumatic Brain Injury (TBI) and Post-traumatic Stress Disorder (PTSD) client data provided by the Puller Clinic.

⁴ If the clinic never assisted a client with his or her disability rating, that client was not included in this metric. There is overlap between the two subgroups because some clients have experienced a disability rating increase for some of their claims while one or more of their other claims are still pending.

⁵ To calculate the average increase in disability ratings, the PRS/VBC team subtracted initial disability rating from current disability rating for each of the 40 clients for whom the Puller Clinic handled a disability claim. Then, those differences were summed, and that summation was divided by 40, resulting in an average increase of 26.25%.

⁶ Dollar values for both initial and present benefits were calculated using current rates. The 143% increase was calculated by subtracting the total dollar value of clients' initial benefits from the total dollar value of clients' current benefits. Then, that difference was divided by the initial dollar value and multiplied by 100 to result in a percentage increase metric.

⁷ This value was calculated using the formula $PV=B*(1-(1+i)^{-n})/i$, where B is the amount of benefits in the present year, i is the interest rate, and n is the remaining years of life. The interest rate used for this calculation was 3% or 0.03, as provided in *VA Should Improve Its Management of Individual Unemployability Benefits by Strengthening Criteria, Guidance, and Procedures*. GAO-06-309, May 30, 2006. The remaining years of life was calculated by subtracting the average age of Puller Clinic clients from the lowest estimate of life expectancy among military retirees, i.e. 76.1 years, as cited in Gordon, Debra M., Smith, Dana L., and Gordon, Alicia R. *2010 Retired Military Almanac*. Uniformed Services Almanac, 2010.

⁸ These 99 claims represent the difference between the number of claims brought to the clinic by clients and the number of claims ultimately pursued by the clinic.



- The Puller Clinic has connected 26 clients with mental health evaluations. Currently, the clinic is helping to process seven TBI and 26 PTSD claims.⁹
- Through its relationship with Virginia Commonwealth University's Center for Psychological Services and Development (CPSD), the Puller Clinic has been able to provide TBI and PTSD evaluations for an average of 7.5 times less than what those same assessments would cost in the private market, and at no cost to the clients.¹⁰
- Among Puller Clinic clients, the rate of TBI is 15.2% and the rate of PTSD is 56.5% whereas for the entire veteran population, the rates of TBI and PTSD are estimated at 6.5% and 15% respectively. Alternatively, among Puller Clinic clients, the rate of TBI is 8.7 percentage points higher than in the veteran population at large, and the rate of PTSD is 41.5 percentage points higher.¹¹

TBI and PTSD Consequences

To illustrate the threats posed by TBI and PTSD, as well as the importance of properly diagnosing and treating these conditions, the team conducted academic research to understand the connection between those mental health issues and the larger issues facing the veteran population. The following paragraph summarizes these findings and is included in the report to state legislators (described in the next section).

TBI and PTSD are linked with other issues within the veteran community. For example, a recent study of the readjustment needs for veterans of the wars in Iraq

⁹ Any active client that was listed as having a TBI or PTSD claim was included in these metrics.

¹⁰ According to data provided by the Puller Clinic, TBI evaluations through CPSD cost \$300 and PTSD evaluations through CPSD cost \$300. Also as noted by the clinic, TBI evaluations in the private market cost anywhere from \$2,500 to \$3,000, and PTSD evaluations in the private market cost between \$1,500 and \$2,000. For calculations, the midpoints of these ranges were used.

¹¹ Rates of TBI and PTSD within the veteran population at large were calculated by taking the midpoint of the range provided in "CBO | The Veterans Health Administration's Treatment of PTSD and Traumatic Brain Injury Among Recent Combat Veterans." Congressional Budget Office (CBO). <http://www.cbo.gov/publication/42969>.



and Afghanistan found that TBI is associated with unemployment, depression, and aggressive behaviors.¹² Another study found that PTSD is related to unemployment, substance abuse, and depression.¹³ While a direct link between PTSD and homelessness has yet to be confirmed, unemployment, depression, and substance abuse are all significant risk factors for homelessness.¹⁴ Further, both TBI and PTSD are related to an increased risk of suicide among veterans.¹⁵ Overall, these consequences inevitably lead to readjustment issues for veterans as they transition back to civilian lives and restore relationships with their families and loved ones.¹⁶

Clinic Cost-Efficiency

Operating as a clinic within the William & Mary Law School provides the Puller Clinic a unique opportunity to help clients in a cost-efficient manner, namely, by using law students to handle a large portion of the casework. The PRS/VBC team was able to capture a snapshot of this efficiency by calculating metrics based on data provided by the clinic for the 2011-2012 school year.

- In each semester during the 2011-2012 school year, 14 law students worked *pro bono* with the Puller Clinic.

¹² Institute of Medicine (US). Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families. *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. National Academy Press, 2010.

¹³ Norman, Sonya B., Susan R. Tate, Kendall C. Wilkins, Kevin Cummins, and Sandra A. Brown. "Posttraumatic stress disorder's role in integrated substance dependence and depression treatment outcomes." *Journal of Substance Abuse Treatment* 38, no. 4 (2010): 346-355.

¹⁴ Perl, Libby. "Veterans and homelessness." Library of Congress. Washington, D.C. Congressional Research Service, 2011.

¹⁵ Harris, E. Clare, and Brian Barraclough. "Suicide as an outcome for mental disorders. A meta-analysis." *The British Journal of Psychiatry* 170, no. 3 (1997): 205-228.

¹⁶ Institute of Medicine (US). Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families. *Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. National Academy Press, 2010.



- Over the course of that year, those students worked on a total of 303 claims for 38 clients, contributing 1,905 hours of work.¹⁷
- On average, each student worked with roughly 3 clients, covered approximately 22 claims, and contributed 68 hours per semester.
- The clinic offered clients services that would have otherwise cost \$428,535 per year in the private market.¹⁸

The “Ripple Effect”

Relying on students to carry out daily Puller Clinic operations has developed an emerging class of professionals that are familiar with, and sensitive to, veteran issues. The PRS/VBC team refers to this outcome as the “ripple effect” because after graduation many of these students continue to provide services to veterans. By working with veterans in their careers, alumni of the Puller Clinic expand the impact of the Puller Clinic’s training far beyond working with the clinic’s clients. The ripple effect is captured in the following statistics:

- Since 2008, the Puller Clinic has trained 87 law students to work on veteran issues, seven of whom went on to practice veteran law.
- Additionally, through its partnership with CPSD, 22 clinical psychology students have gained experience in working with veterans and diagnosing mental health issues in the veteran population. Eight of those students have gone on to work on issues pertaining to veterans, PTSD, or TBI following their graduations.

¹⁷ The 38 clients cited here include all clients who were active at any point during the 2011-2012 school year. The 303 claims cited here is a sum of all of the claims brought by those clients who were active at some point during the 2011-2012 school year.

¹⁸ Assuming that there are private attorneys who would take on these clients, the PRS/VBC team multiplied the number of *pro bono* hours by the cost of a private attorney per hour provided by the Puller Clinic, \$225, to get this value.



Additional Managing Attorney

In order to appeal to donors, the PRS/VBC team wanted to illustrate what the Puller Clinic could do with additional funds. Consequently, the team crafted a brief hypothetical of what would happen if the clinic were able to raise enough money to hire another managing attorney. The following paragraph summarizes that scenario and is included in the donor fact sheet (described in the next section).

In order to expand the Puller Clinic's ability to help veterans, the clinic has set a goal of hiring an additional managing attorney. This would enable another 14 law students to work in the clinic each semester and would double the amount of clients helped, claims processed, and money saved per year. These services would continue to be free to veterans.

C. DELIVERABLES

After developing the valuation metrics described above, the PRS/VBC team synthesized its research and calculations into deliverables that are included in the appendices following this report and/or were given to the Puller Clinic in electronic format. The deliverables include the following:

Donor Fact Sheet (Appendix B)¹⁹

To advertise to potential donors, the PRS/VBC team crafted a one-page (double-sided) fact sheet that describes the mission of the Puller Clinic and the benefits of the services it offers, using both logical and emotional appeals. The fact sheet also explains how the clinic would make use of monetary contributions. Appendix B includes a color and black and white copy of the fact sheet.

¹⁹ FactsheetDonors.B&W.11_2012.docx, FactsheetDonors.B&W.11_2012.pdf;
FactsheetDonors.Color.11_2012.docx, FactsheetDonors.Color.11_2012.pdf



Report for State Legislators (Appendix C)²⁰

Based on research conducted in Phase 1 (for more detail about Phase 1, see the Midterm Report in Appendix A), the PRS/VBC team decided that the best method for advertising the Puller Clinic to state legislators would be a longer report, as opposed to a fact sheet. The report for state legislators highlights the Puller Clinic's unique role in the veteran services industry, its cost-efficient method, and its holistic approach in more detail. As opposed to the report for federal policy advisors (described below), the report for state legislators focuses on how the services provided by the Puller Clinic have a wide impact on the Commonwealth of Virginia. The aim of this report is to demonstrate why the Puller Clinic is deserving of support from the state, financially or otherwise.

Report for Federal Policy Advisors (Appendix D)²¹

In response to discussions with federal policy advisors that occurred over the course of the semester, the PRS/VBC team developed a report intended for federal audiences. This report includes information about the background of, operations within, and services provided by the Puller Clinic. In contrast to the report for state legislators, the report for federal policy advisors focuses on the network of services utilized by the Puller Clinic.

Client Data Spreadsheet²²

As the clinic accepts more clients, it is recommended that the data included in the findings section above be updated. To facilitate that process, the PRS/VBC team devised a new

²⁰ Report.StateLegislators.11_2012.docx, Report.StateLegislators.11_2012.pdf

²¹ Report.FederalAdvisors.11_2012.docx, Report.FederalAdvisors.11_2012.pdf

²² Data Tracking System (DTS).xlsx Please note that there are discrepancies between the numbers in this report and the spreadsheet. For the most part, these discrepancies are a result of the number of clients included in the calculations. The spreadsheet includes all 51 clients accepted by the clinic. However, as of the date of this report, only 46 of those clients had complete data. Therefore, for most of the calculations included in the report, only 46 clients were considered.



system for recording client data that will automatically update the key metrics described in this report. The form also contains a key located in Appendix E.²³

Client Intake Form (Appendix F)²⁴

To facilitate the process of including future clients in the client data spreadsheet, the PRS/VBC team provided the Puller Clinic with a client intake form that lists each item included in the spreadsheet. The benefits of using this form are threefold. First, the form provides a simple way to collect data for each client when he or she is accepted by the clinic. Second, it represents a singular document where the written record of a client can be summarized. Finally, the set of these forms for all clients can serve as a security measure in case the digitalized data is lost.

Poster Presentation²⁵

As a part of the policy research seminar, the PRS/VBC team created a poster targeted at the Board of Advisors of the Thomas Jefferson Program in Public Policy displaying the work the team accomplished over the course of the semester. The poster provided to the Puller Clinic has been revised for use by the clinic. The numbers within the poster can be updated, as necessary, using the client data spreadsheet referenced above.

D. SUGGESTIONS FOR FUTURE WORK

The following is a list of potential areas for further exploration that build upon the work completed by the PRS/VBC team.

Advertisement to Potential Partners

At the outset of the project, the PRS/VBC team planned to create a fact sheet for potential partners. However, it soon became evident that the list of potential partners was too varied to create just one fact sheet to use in all instances. The information included in the findings section

²³ Data Tracking System Key.docx, Data Tracking System Key.pdf

²⁴ Client Data Tracking Form.docx, Client Data Tracking Form.pdf

²⁵ Poster.PullerClinic.11_2012.pptx, Poster.PullerClinic.11_2012.pdf



above can be modified to produce advertising materials targeted at potential partners as the need arises. The PRS/VBC team advises the Puller Clinic to tailor those materials on a partner-by-partner basis.

Implementation of Client Intake System

The PRS/VBC team is confident that the client data spreadsheet and client intake form will be an improvement on the records management system currently in place. However, as the clinic takes on more clients, the intake system provided in this report should be evaluated to ensure that it is properly meeting the needs of the clinic. This includes ensuring (1) that all of the new pieces of information are necessary, (2) that there are no pieces of information missing from the spreadsheet that should have been included, and (3) that the equations saved in the Excel formulas properly update the metrics as new values are added. It is important to modify the intake system early in its implementation so that data is consistent as the clinic continues to grow.

Collection of Complicated Statistics

Certain metrics were considered by the team but were ultimately not included in the findings for a variety of reasons. Some metrics, such as calculating the total amount of benefits earned by the clinic's clients, including backdated payments, were too extensive to calculate during the time frame of the project. It also proved impossible to calculate some values, such as the increase in quality of life for veterans who receive proper treatment for mental health issues, because there is not yet agreement upon these values within academic literature. Other metrics excluded from the final project could not be calculated given the small number of clients to date or the limited data collected by the Puller Clinic. However, as the Puller Clinic expands its services and implements a more consistent records management process, these statistics may



provide some very impressive tools for marketing Puller Clinic services (e.g. the reduction in veteran homelessness given the services provided by the Puller Clinic).

Calculation of Ripple Effect

One of the more significant findings of the project was the ripple effect resulting from the post-graduation careers of students trained by the Puller Clinic and its partners. In addition to maintaining a record of the number of students trained in the clinic and the number of those students that go on to work in veteran issues, there are additional steps that could be taken to better understand how this ripple effect plays out. For instance, the Puller Clinic could interview alumni to gauge the career impact resulting from working for the Puller Clinic. This would undoubtedly result in a case study for future fact sheets and may offer insight into other benefits of the clinic's model that are not captured in this report. Further academic research could be conducted to ascertain the economic and societal benefits of contributing professionals with these skill sets to the workforce. Although academic literature on this subject was not reviewed as a part of the PRS/VBC team's project, it is likely that such literature exists.

Reproduction of Ready-to-Rate

Over the course of the project, the PRS/VBC team was asked to contribute to an ongoing discussion between the Puller Clinic, policy advisors from the Office of the First Lady, and representatives from the Department of Veterans Affairs (VA) concerning the Puller Clinic's "ready-to-rate" statistic. Ready-to-rate is a percentage calculated by the VA that indicates the number claims received by the Department that are prepared for evaluation without any additional materials required. After receiving the data from the Clinic's files, the PRS/VBC team was unable to determine how the VA calculates the ready-to-rate statistic.



The team held a conference call to discuss this issue with representatives from the Office of the First Lady, but as of the date of issuing this report, the team is still awaiting clarification from the VA and the issue is unresolved. The hope is that in the near future the Puller Clinic will be able to understand exactly what is included in the calculation of its ready-to-rate statistic and that the clinic can open up a dialogue with the VA and the First Lady's office on the matter.

Enclosures:

APPENDIX A: MIDTERM REPORT

APPENDIX B: FACT SHEET FOR POTENTIAL DONORS

APPENDIX C: REPORT FOR STATE LEGISLATORS

APPENDIX D: REPORT FOR FEDERAL POLICY ADVISORS

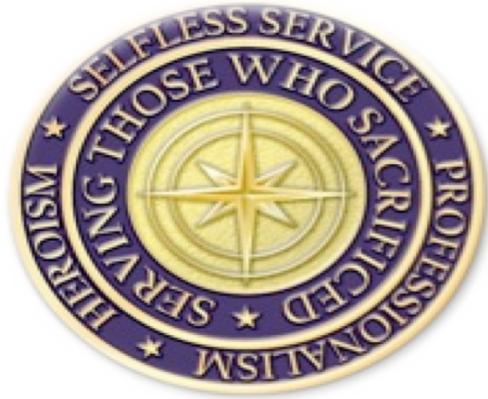
APPENDIX E: CLIENT DATA SPREADSHEET KEY

APPENDIX F: CLIENT INTAKE FORM

ADDENDUM



APPENDIX A:
MIDTERM REPORT



Lewis B. Puller, Jr. Veterans Benefits Clinic

MIDTERM REPORT

To: Stacey-Rae Simcox and Professor Stafford
From: K.N. Barrett, Ian Mahoney, and Jaclyn Petruzzelli
Date: 11/01/2012
Re: Midterm Progress Report



A. OVERVIEW

This project was initiated in conjunction with the Thomas Jefferson Program in Public Policy's (TJPPP) capstone course in the Master of Public Policy curriculum: the Policy Research Seminar (PRS). The objective of the seminar is to provide second year Master of Public Policy students with the opportunity to employ the training they have gained through the program by completing a project for a real-world client. The three authors of this report were contracted to assist the Lewis B. Puller, Jr. Veterans Benefits Clinic (VBC) in assessing the value of services the clinic offers to the veteran community. This project will be completed within the time frame of one semester. The present report will outline the progress made to date; detail any challenges faced, along with any deviations from the initial work plan; and frame the team's plan for the remainder of the project.

B. SCOPE OF PROJECT: ESTIMATING THE VALUE OF BENEFITS PROVIDED BY THE LEWIS B. PULLER, JR. VETERANS BENEFITS CLINIC

The PRS/VBC team agreed upon a four-phase plan to accomplish their goal of assessing the value of the services provided by the clinic and presenting that information to potential volunteers, donors, and partners as well as state and federal legislators. The phases are listed below along with a detailed explanation of what work has been, or will be, accomplished during each phase.

Phase 1: Research

During this phase the team investigated peer organizations to the VBC in order to discern how other practitioners in the industry value the benefits of their services to veterans. The search included every university-based legal clinic, all veteran service organizations registered with the Department of Veteran Affairs, each state's veteran services department, and other organizations



within the state of Virginia that serve veterans. Special emphasis was placed on researching the practices of organizations within the state of Virginia that the VBC likely encounters more frequently. The research was initially web based, followed by phone call inquiries to the organizations that appeared to be most similar to the VBC or that had the most useful information available online. Please see Appendix 2 for a complete list of these organizations.

In addition, during phase one, the PRS/VBC team's research assistant examined potential sources of grant funding and identified key criteria that grant funders look for when considering applicants. Please see Appendix 3 for the list of researched grants and a summary of the key findings.

Phase 2: Model Development

Following a thorough examination of practices within the veteran services industry, the PRS/VBC team turned its attention to developing a method for the VBC to meet industry standards in exemplifying the benefits of their services, while composing strategies to distinguish the VBC from other veteran services organizations. The team classified the different methods by which the VBC could value its services in two categories of metrics: simple and advanced.

Simple Metrics

- **Clients:** Number of clients served, number of clients waiting to receive services;
- **Claims:** Total number of claims, number of claims initiated by the VBC, percentage of claims ready-to-rate, and number of successful claims;
- **Benefits:** Amount of benefits (\$) that the VBC has earned for its clients;
- **Man-hours:** Number of man-hours associated with working on a claim, number of professionals and students trained to work with veteran issues;



- **Evaluations:** Amount of savings to client from the various evaluations provided by the VBC and its associations;
- **Funding:** Amount of funding received, pie chart of expenditures;
- **“Bang-for-buck”:** Amount of benefits earned for clients in comparison to the amount of funding received.

Advanced Metrics

- **TBI/PTSD Treatment:** Benefits of receiving treatment for Traumatic Brain Injury and Post Traumatic Stress Disorder;
- **Suicide Prevention:** Amount of avoided costs associated with suicide prevention through treatment of TBI and PTSD;
- **Homelessness Assistance:** Amount of avoided costs associated with homelessness prevention through treatment of TBI and PTSD;
- **Government relief:** Amount of benefits (\$) and man hours alleviated for government organizations through the work of the VBC;
- **Discharge Upgrades:** Amount in tangible and intangible value of qualifying for health care services and other military benefits when granted a discharge upgrade.

Information necessary to calculate the simple metrics was collected through hard work on the part of VBC employees and volunteers, who meticulously gathered data from client files.

Data for the advanced metrics came from a combination of information provided by the VBC and resources gathered during a review of the academic research concerning those fields.

It is worth noting that interest in “ready-to-rate,” under the “Claims” simple metric, was added as a result of a meeting with the First Lady’s policy advisers, at which the concept was introduced. Since that meeting, the VBC has taken an interest in understanding how the



Department of Veterans Affairs calculates the VBC's ready-to-rate percentage in an effort to ensure that the VBC is being accurately represented at the federal level. The PRS/VBC team is assisting in whatever way possible as the VBC works on the ready-to-rate issue. Further updates on this topic will be included in the final report.

While reviewing academic research in relation to the advanced metrics, the PRS/VBC team was met with an unexpected turn of events. Initially, the model being developed was intended to comprehensively evaluate the possible impacts of the benefits earned for VBC clients, including a net present value calculation that encompassed all of the services offered by the clinic. However, the results of the academic research did not yield a consensus concerning the quantifiable benefits of diagnosing and treating TBI and PTSD, or the impact that treatment of those conditions would have on suicide and homelessness rates. This lack of consensus deterred the team from pursuing its original goal of trying to calculate a net present value of all of the VBC's services.

After considering possible alternatives to using net present value calculations for the ultimate deliverable, the team decided to focus on case-study based representations of benefits provided by the VBC's services. Additionally, the PRS/VBC team is developing hypothetical scenarios, such as the expected increase in client services resulting from hiring another lawyer, to be included in the factsheets.

Phase 3: Model Implementation and Fact Sheet Development

This is the phase in which the PRS/VBC team is currently engaged.¹ The team is now considering how to best present the information gathered during the first two phases in fact sheets targeted for different interest groups, including potential donors and partners; state and

¹ Please see Appendix 1 for a detailed outline of the remainder of the PRS VBC team's work plan.



federal legislators; and volunteers. At the time of the issuing of this report, client data will be digitized to ease further analysis, and the team's research assistant will have conducted a survey of existing fact sheets, for which he will provide a summary of his findings. The team intends to analyze the data from client files, to discern which information best exhibits the benefits of the VBC's services, and to format distinct fact sheets.

Also during phase three, the team will develop a poster presentation for the PRS class. The presentation will be used to highlight work accomplished by the PRS/VBC team and to advertise critical benefits of services offered by the VBC. This presentation will be given at a poster session for the student body on November 14th and to the TJPPP Board of Trustees on November 16th.

Phase 4: Final Product Development

After the digital database has been compiled, the fact sheets has been completed, and the poster has been finalized, the team will move in earnest to complete the remainder of their goals for the project. These goals include:

- **Assisting Data Intake:** The team will help design a new system for organizing client information as the VBC takes on new clients. This will include an updateable database and a form that will be attached to the client's files for recording the information that is used in the database.
- **Final Report/Presentation:** To culminate the project, the team will compose a final report detailing its results. The team will also make a final presentation to the client presenting its findings.

The PRS/VBC team has worked diligently to stay within the time frames enumerated in their initial work plan, and to date, the team has been able to accomplish that task despite some



unexpected challenges. At the time of the issuing of this report, the PRS/VBC team feels positively about their ability to adapt to any issues as they arise and to deliver all final products by the end of the semester.



APPENDIX 1: REMAINING WORK PLAN (REVISED)

Phase	Tasks	Primary Lead	Deadline	Notes
III. Model Implementation & Fact Sheet Development	Research/Format Factsheets	RA (Jimmy)	10/26/12	
	Gather specific numbers on VBC clients to plug into model	Barrett	10/19/12 Digitalization: 10/29/12	
	Draft Poster, Factsheets	Jaclyn	10/26/12 (poster) 10/29/12 (factsheets)	
	Input variables into model, Plug results into factsheets and poster	Jaclyn, Ian	11/01/12	
	Midterm Report Due	VBC Team	11/01/12	Emailed to client
	Forth Memo	Ian	11/02/12	
	Meeting with Prof. Stafford, VBC	VBC Team	Week of 11/05/12	



Phase	Tasks	Primary Lead	Deadline	Notes
IV. Final Product Development	Meeting with Faculty Advisors	VBC Team	11/05/12	Display Poster for Review
	Draft final report	Ian (TBD)	11/07/12	
	Poster Due	VBC Team	11/07/12	
	Revise Final Report	Jaclyn & Barrett	11/14/12	
	Fifth Memo	Ian	11/15/12	
	Poster Session	VBC Team	11/14/12	
	Board Meeting	VBC Team	11/16/12	
	Meeting with Faculty Advisors	VBC Team	11/19/12	Turn-in Final Report for Review
	Final Presentation	Jaclyn	Week of 11/26/12	
	Finalize report and presentation	VBC Team	11/30/12	
	Sixth Memo	Ian	12/03/12	
	Present Final Product to Client/Submit to Prof. Stafford	VBC Team	Before 12/15/12	



APPENDIX 2: RESULTS OF PHASE 1 RESEARCH INTO PEER ORGANIZATIONS TO THE VBC²

Law School Clinics

Albany Law School	Stetson Law School
Baylor Law School	Thomas Jefferson School of Law
*Chapman University	Touro Law Center
Duke Law School	University of Detroit Mercy School of Law
Duquesne University Law School	University of North Carolina, Chapel Hill Law School
George Mason University	University of South Carolina School of Law
Harvard Law School	University of Virginia Law School
*John Marshall Law School	University of Texas School of Law
Loyola Law School (Los Angeles)	Washburn University School of Law
Marquette University Law School	Widener Law School
*North Carolina Central University Law School	William & Mary School of Law
Nova Southeastern University Law School	*Yale Law School
Phoenix School of Law	

State Departments of Veterans Affairs

Alabama Department of Veterans Affairs	Nebraska Department of Veterans' Affairs
Alaska Department of Military and Veterans Affairs	Nevada Office of Veterans Services
Arizona Department of Veterans' Services	New Hampshire State Veterans Council
Arkansas Department of Veterans Affairs	New Jersey Department of Military and Veterans Affairs
California Department of Veterans Affairs	New Mexico Department of Veterans Services
Colorado Division of Veterans Affairs	New York Division of Veterans' Affairs
Commonwealth of the Northern Mariana Islands Division	North Carolina Division of Veterans Affairs
Connecticut Department of Veterans' Affairs	North Dakota Department of Veterans Affairs
Delaware Commission of Veterans Affairs	Office of Veterans Affairs American Samoa Government
*Florida Department of Veterans' Affairs	Ohio Department of Veterans Services
Georgia Department of Veterans Service	Oklahoma Department of Veterans Affairs

² Organizations listed with an asterisk(*) offer services similar to those of the VBC or contained useful information on their websites.



State Departments of Veterans Affairs (Cont.)

Guam Office of Veterans Affairs	Oregon Department of Veterans Affairs
Hawaii Office of Veterans Services	Pennsylvania Department of Military and Veterans A
Idaho Division of Veterans Services	Puerto Rico Office of Public Advocate for Veterans
Illinois Department of Veterans Affairs	Rhode Island Division of Veterans Affairs
Indiana Department of Veterans Affairs	South Carolina Office of Veterans Affairs
Iowa Department of Veterans Affairs	South Dakota Division of Veterans Affairs
Kansas Commission on Veterans' Affairs	Tennessee Department of Veterans Affairs
Kentucky Department of Veterans Affairs	Texas Veterans Commission
Louisiana Department of Veterans Affairs	Utah Division of Veterans Affairs
Maine Veterans' Services	Vermont Office of Veterans Affairs
Maryland Department of Veterans Affairs	Virgin Islands Office of Veterans Affairs
Massachusetts Department of Veterans' Services	*Virginia Department of Veterans Services
Michigan Department of Military and Veterans Affairs	Washington Department of Veterans Affairs
Minnesota Department of Veterans Affairs	Washington DC Office of Veterans Affairs
Mississippi Veterans Affairs Board	West Virginia Department of Veterans Assistance
*Missouri Veterans Commission	Wisconsin Department of Veterans Affairs
Montana Veterans Affairs Division	Wyoming Military Department

Veterans Services Organizations

African American Veterans and Families	National Association of Atomic Veterans
*African American PTSD Association	National Association of Black Military Women (NABMW)
Air Force Association	National Association of County Veterans Service Officers
Air Force Sergeants Association	National Association of Fleet Tug Sailors, Inc.
Air Warrior Courage Foundation	National Association of State Directors of Veterans Affairs
All Faith Consortium	National Association of State Veterans Homes
American Division Veterans Association	National Association of State Women Veterans Coordinators
American Coalition for Filipino Veterans	National Coalition for Homeless Veterans
American Defenders of Bataan and Corregidor	National Congress of Puerto Rican Veterans, Inc.



Veterans Services Organizations (Cont.)

American Ex-Prisoners of War, Inc.	National Guard Association of the United States
American GI Forum National Veterans Outreach Program	National Gulf War Resource Center
American Gold Star Mothers, Inc.	National League of Families of American
*American Legion	National Military Family Association
American Logistics Association	National Native American Veterans' Association
American Merchant Marine Veterans	National Organization of Veterans Advocates (NOVA)
American Military Retirees Association	National Society Daughters of the American Revolution
American Military Society	National Veterans Business Development Corporation
*American Red Cross	National Veterans Foundation
American Retiree Association	National Veterans Legal Services Program
American Veterans Alliance, Inc.	National Veterans Organization of America
American Veterans Committee	National Vietnam Veterans Coalition
American Veterans for Equal Rights Inc.	Naval Enlisted Reserve Association (NERA)
American Veterans of World War II, Korea and Vietnam	Naval Reserve Association
American Volunteer Reserve	Navy Club of the United States of America
American War Mothers	Navy League of the United States
AMVETS	Navy Mutual Aid Association
Arab American War Veterans, Inc.	Navy Nurse Corps Association
Armed Forces Services Corporation	Navy Seabee Veterans of America
Army and Navy Union, USA	New Era Veterans, Inc. (N.Y. & PA. Registered)
Army Aviation Association of America	Non-Commissioned Officers Association of America
Asian American Veterans Association	*Paralyzed Veterans of America
Associates of Vietnam Veterans of America	Pearl Harbor Survivors
Association for Service Disabled Veterans	Polish Legion of American Veterans
Association of Ex-POW of the Korean War, Inc.	Red River Valley Fighter Pilot Association
Association of Military Surgeons (AMSUS)	Reserve Enlisted Association of the United States



Veterans Services Organizations (Cont.)

Association of the 199th Light Infantry Brigade	Reserve Officers Association
Association of the United States Army	Second Airborne Ranger Association, Inc.
Association of the United States Navy	Second Marine Division Association
Association of Veterans Education Certifying Ofc.	*Service Women's Action Network
Berlin Airlift Veterans Association	Society of Medical Consultants of the Armed Forces
Blinded American Veterans Foundation (BAVF)	Society of Military Widows
Blinded Veterans Association	Student Veterans of America
Blue Star Mothers of America, Inc.	*Swords to Plowshares, Veterans Rights Organization
BVL Fund - Bowlers Serving America's Veterans	The 2nd Airborne Ranger Association
Catholic War Veterans of the USA	The Center for Internee Rights, Inc.
Cold War Veterans Association	The Chosen Few, Inc. (I'm guessing this is the "Chosen" few)
Commissioned Officers Association of the US Health	The Forty & Eight
Congressional Black Caucus Veterans Braintrust	The Retired Enlisted Association
Congressional Medal of Honor Society of the United States	The Retired Military Officers Association
CWO&WO Association US Coast Guard	TLC Brotherhood, Inc.
Daughters of Union Veterans of the Civil War	Tragedy Assistance Program for Survivors, Inc.
Destroyer Escort Sailors Association	U.S. Merchant Marine Veterans of World War II
*Disabled American Veterans	U.S. Submarine Veterans, Inc.
Eighth Air Force Historical Society	United Spanish War Veterans
Enlisted Association of National Guard	*United Spinal Association
Fleet Reserve Association	United States Army Warrant Officers Association
Gold Star Wives of America, Inc.	United States Federation of Korea Veterans Org.
Help Hospitalized Veterans	United States Navy Cruiser Sailors Association
Hispanic War Veterans of America	United States Submarine Veterans of World War II
Homeless & Disabled Veterans	United States Volunteers-America, Inc.
Hope 4 Heroes	USCG Chief Petty Officers Association



Veterans Services Organizations (Cont.)

Iraq & Afghanistan Veterans of America (IAVA)	Veterans & Military Families for Progress
Italian American War Veterans of the US, Inc.	*Veterans Assistance Foundation
Japanese American Veterans Association	*Veterans for America
Japanese American Veterans Counsel	Veterans for Common Sense
Jewish War Veterans of the USA	Veterans Leadership Program of Western PA
Korea Veterans of America	*Veterans of Foreign Wars of the US
Korean War Veterans Association, Inc.	Veterans of Modern Warfare
Korean Ex-Prisoners of War	Veterans of the Battle of the Bulge
Legion of Valor of the USA, Inc.	*Veterans of the Vietnam War, Inc. & the Veterans Coalition
LSM-LSMR Association	Veterans of World War I of the USA, Inc.
Marine Corps League	Veterans' Coalition
Marine Corps Reserve Association	Veterans' Widows/ers International Network
Military Chaplains Association of the USA	Vietnam Era Veterans Association
Military Justice Clinic, Inc.	Vietnam Veterans Memorial Fund
Military Officers Association of America	Vietnam Veterans of America
Military Order of the Purple Heart	Vietnam Women's Memorial Foundation
Military Order of the World Wars	WAVES National
NAM-POWS, Inc.	Women Air Force Service Pilots of World War II
National 4th Infantry (IVY) Division Association	Women In Military Service for America Memo. Found.
National Alliance on Mental Illness	Women Marines Association
National American Indian Veterans	Women Veterans of America
National Amputation Foundation, Inc.	Women's Overseas Service League
National Association for Black Veterans, Inc.	Women's Army Corps Veterans Association
National Association for Uniformed Services	Wounded Warrior Project
National Association of American Veterans, Inc.	

Virginia Organizations that Offer Veteran Services

Arlington Street People's Assistance Network (A-SPAN)	*McGuire Woods LLP
*Bergmann & Moore	Military Ministry
Community Hospital at Fort Belvoir	*Rawls, McNellis, and Mitchell



Virginia Organizations that Offer Veteran Services (Cont.)

Crandell and Katt	Richmond Behavioral Health Authority
*David Huffman Law Services	Rutter Mills
*Fort Lee, Virginia	Salem Medical Center
*Geoff McDonald and Associates	Stephens City Outpatient Clinic
*Goodman, Allen, and Filetti	Streetlight Community Ministries
*Greenberg and Bederman	The Farley Center
Hampton Medical Center	The Lamb Center
Harrisonburg Contract Outpatient Clinic	Veterans Outreach
Heroes Helping Heroes	Vets4Vets
Honor Flight Historic Triangle	*Virginia Department of Veteran Services
Hunter Holmes McGuire Veterans Administration Veterans Center	Virginia Employment Commission
Jean Galloway Ball	Virginia Legal Aid Society
Malachi House	Virginia Military Survivors and Dependent Education Program
*Manz Law Firm	Virginia Supportive Housing
*Marks and Harrison	We Are Virginia Veterans



APPENDIX 3: RESULTS OF GRANT RESEARCH

Grants Researched

- The Walmart Foundation
- US Department of Veterans Affairs: Grants and Per Diem Process
- Fisher House, Newman's Own Award
- Raskob Foundation for Catholic Activities
- Vietnam Veterans' Assistance Fund
- Disabled Veterans' National Foundation
- Military Order of the Purple Heart
- Disabled American Veterans
- Paralyzed Veterans of America
- Dollar Tree Inc. Corporate Giving Program:
- CACI Inc. Corporate Giving Program:
- Community Foundation of the Virginias Inc:

Individual Scholarships Researched

- American Society of Military Comptrollers
- Marine Corps Scholarship Foundation
- Marine Corps University Foundation
- George and Carol Olmstead Foundation
- USAWOA Scholarship Foundation
- VAW/VRC Officer's Spouses Association and Memorial Scholarship Fund
- Freedom Alliance
- Dolphin Scholarship Foundation
- Thanks USA
- Military Officers Association of America Scholarship Fund
- National Military Family Association

General Findings From Research Assistant Report

Third Party Grants Many listed organizations provide third party grant options. Organizations like the Wal-Mart Foundation offer a single grant of \$5000 max, while other organizations like the US Department of Veterans Affairs offer "per diem" grants, in addition to a one time grant, to cover operational costs and salaries for qualified recipients. Eligibility requirements may vary; Fisher House grant applications have not yet opened, the Vietnam Veterans' Assistance Fund only offers grants to supported projects, the Raskob Foundation for Catholic Activities only offers grants to Catholic organizations, recognized by the Official Catholic Directory. In general, listed organizations do not offer grants to recipients with a primarily political/religious agenda. IRS 990 forms, proof of non-profit affiliation, and cover letters stating organization objectives are common grant eligibility requirements.

Individual Scholarships Listed organizations also offer individual scholarships for high schoolers with military families, or current members of the armed forces for strictly educational purposes. Essay questions, military affiliation, and a minimum GPA are common requirements.



Foundations without Official Websites I was unable to find or access the official websites of many family foundations listed. Many said foundations prefer to be contacted via telephone, or do not accept unsolicited grant requests... Additionally, other organizations provide education aid and shelter, but only in the case of emergencies.

Recommendations Apply for grants from the Walmart Foundation, US Department of Veterans Affairs, Disabled Veterans' National Foundation, Military Order of the Purple Heart, Paralyzed Veterans of America, Dollar Tree Corporate Giving, CACI Corporate Giving, and Community Foundation of the Virginias. Also contact the Vietnam Veterans of America, try to enlist their support, and then apply for grants from the Vietnam Veterans' Assistance Fund.



APPENDIX B:

FACT SHEET FOR

POTENTIAL DONORS



Lewis B. Puller, Jr.

Veterans Benefits Clinic

About the Clinic

The Lewis B. Puller, Jr. Veterans Benefits Clinic (Puller Clinic) is a legal clinic founded in 2008 by two former U.S. Army officers and alumni of The College of William & Mary Law School. The clinic offers assistance to veterans who have had difficulty navigating the process of applying for benefits from The Department of Veterans Affairs (VA) and specializes in claims related to traumatic brain injury (TBI) and post-traumatic stress disorder (PTSD). To effectively process these legal claims, the clinic works in conjunction with Virginia Commonwealth University's Center for Psychological Services and Development (CPSD) to provide clients with mental health evaluations that they otherwise might be unable to afford.

The Puller Clinic is committed to accuracy and integrity while helping veterans get properly diagnosed and obtain the disability benefits they have earned. Further, the approach employed by the Puller Clinic is unique in that it is both cost-effective and holistic.

Law Students who Care

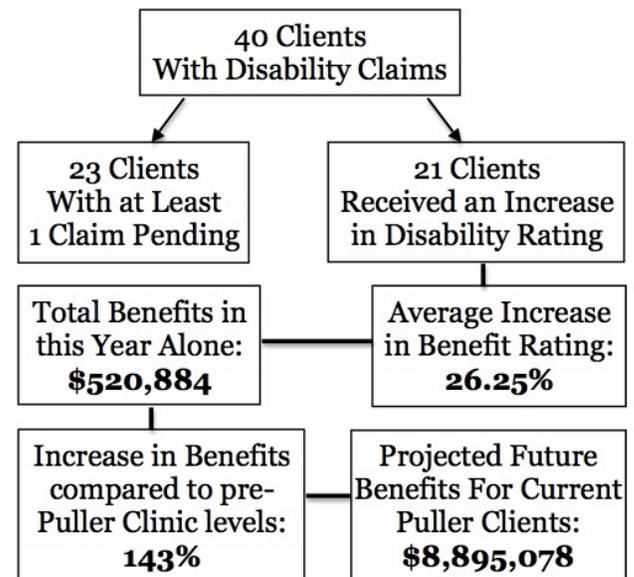
The Puller Clinic takes on numerous students each year and educates them both in the practice of law and on the intricacies of the issues surrounding veterans. These students handle a large portion of the casework for the clinic and are fundamental to the clinic's success. During the 2011-2012 school year the clinic had 14 law students per semester work with clients. These students:

- Handled 303 claims for 38 clients and contributed 1,905 hours of *pro bono* work.
- Worked with roughly 3 clients and 22 claims each over an average of 68 hours per semester.

- Offered clients services that would have otherwise cost \$428,535 per year in the private market.

The inclusion of law students in clinic operations has also had a positive impact on the number of professionals educated about and working on veteran issues following their graduations. Since 2008, 87 law students have been trained to work on veteran issues, seven of whom went on to practice veteran law.

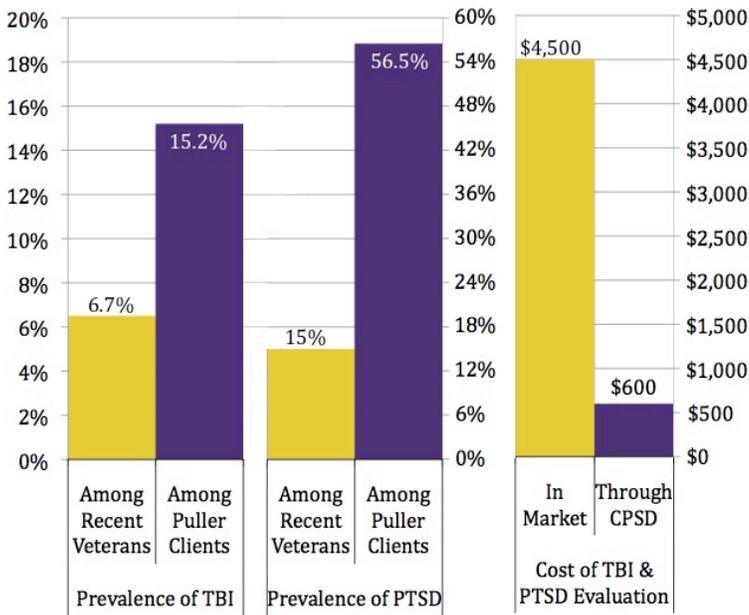
Client Success Thus Far



A Snapshot of Puller Clinic Clients

The Puller Clinic specializes in difficult-to-process TBI and PTSD claims. Among Puller Clinic clients, the rate of TBI is 8.7 percentage points higher than the veteran population at large, and the rate of PTSD is 41.5 percentage points higher. Both TBI and PTSD are not only important issues for veterans in their own right, but they are also linked to issues of veteran unemployment, suicide, and substance abuse.

The Puller Clinic is committed to a holistic approach in connecting disabled veterans with the resources necessary to receive proper treatment. To enable this holistic approach, the Puller Clinic has partnered with CPSD to provide clients with mental health evaluations that they might otherwise be unable to afford. Cost savings for these mental health evaluations, as seen in the chart below, are a result of using trained clinical students at CPSD to facilitate examinations. Through its relationship with CPSD, the Puller Clinic has been able to provide TBI and PTSD evaluations for an average of 7.5 times less than what those same assessments would cost in the private market, and at no cost to the clients. These evaluations are essential in filing mental health disability claims with the VA.



A Client Story

“Ken,” a Marine who served on active duty during the wars in Iraq and Afghanistan, came to the Puller Clinic during the process of being medically separated from the military after suffering an on-duty injury. Initially, the Marine Corps classified Ken at a disability rating of 10% on the basis of his physical injury, despite the fact that Ken also suffered from severe PTSD. In order to receive the benefits to which he was entitled, Ken sought help from the Puller Clinic. After accepting his case, the Puller Clinic worked quickly with its partners at Virginia Commonwealth University to psychologically evaluate Ken prior to his medical separation hearing. Using evidence compiled and presented by the Puller Clinic, Ken received medical retirement, which not only provided for treatment of his mental health issues, but also allowed him to maintain a monthly salary as well as his family’s health insurance. After this victory, the Puller Clinic did not end its work with Ken. To ensure the sustained well-being of Ken, his wife, and three children, the Puller Clinic continued to represent his VA claims until he received the full benefits that he had earned.

In order to expand the Puller Clinic's ability to help veterans, the clinic has set a goal of hiring an additional managing attorney. This would enable another *14 law students* to work in the clinic each semester and would **double** the amount of *clients helped, claims processed, and money saved* per year. These services would continue to be free to veterans.

The Puller Clinic would appreciate any contribution to support the mission of providing veterans with the assistance they deserve.

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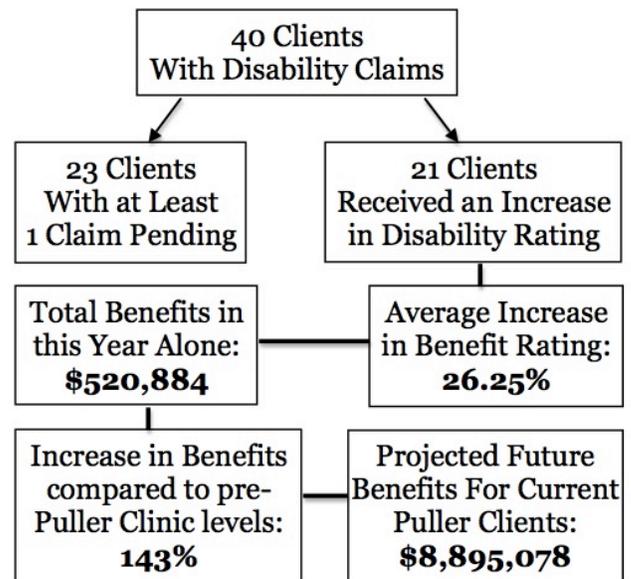
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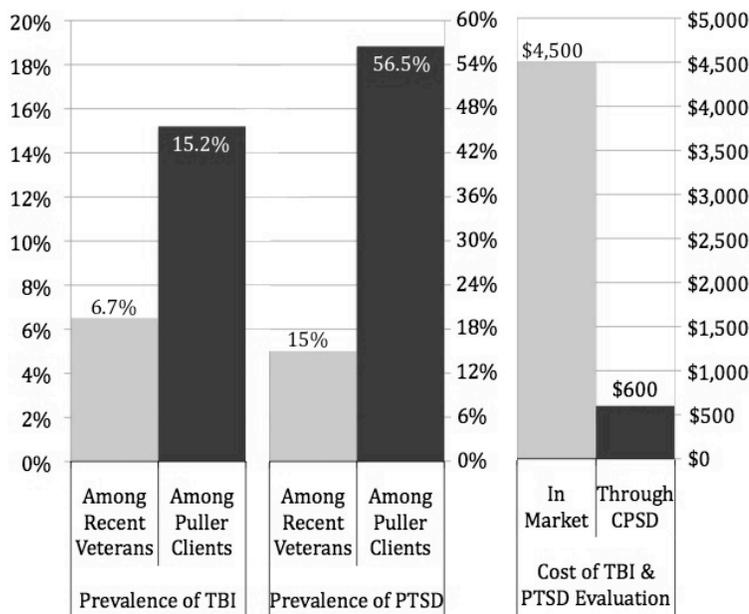
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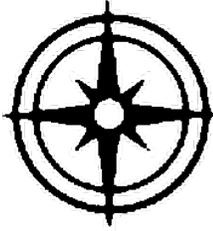
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APPENDIX C:
REPORT FOR STATE
LEGISLATORS



Lewis B. Puller, Jr. **VETERANS BENEFITS CLINIC**

November 2012

Executive Summary

- The Puller Clinic operates within The College of William & Mary Law School to provide legal aide to Virginia veterans who have had difficulty navigating the process of applying for benefits.
- The Puller Clinic specializes in difficult-to-process TBI and PTSD claims. Among Puller Clinic clients, the rate of TBI is 8.7 percentage points higher than the veteran population at large, and the rate of PTSD is 41.5 percentage points higher.
- Since 2008, the Puller Clinic has increased the disability ratings of its clients an average of 26.25%. Total client benefits are now 143% more than what they would have been without Puller Clinic assistance.
- In addition to legal aide, the Puller Clinic connects its clients with critical mental health evaluations at no cost to the veterans through a partnership with Virginia Commonwealth University's Center for Psychological Services and Development.
- By working across Virginia academic institutions and relying upon law students to handle a majority of the casework, the Puller Clinic's model of assisting veterans in obtaining critical assistance is both holistic and cost-effective.
- Through engaging students in this work, the Puller Clinic also serves to build the next generation of professionals educated about and sensitive to veteran issues.

The Mission, Approach, and Impact of The Lewis B. Puller, Jr. Veterans Benefits Clinic

In 2007, the House Committee on Veterans' Affairs investigated the potentially improper discharge of 22,600 service members over the previous five years. The Department of Defense (DoD) discharged these service members on the basis of a personality disorder, which is not compensable under the Department of Veterans Affairs (VA) or DoD disability rating systems.¹ Meanwhile, veteran advocates testified that a large proportion of these veterans were misdiagnosed and were actually suffering from other mental health issues such as Posttraumatic Stress Disorder (PTSD).² In consequence, these misdiagnosed veterans were not given access to the disability benefits they were entitled to receive from the VA and DoD, even in cases in which service members were suffering from severe conditions that required medical attention. Mental health problems not only plague the veteran population directly, but are also a factor of other disconcerting realities within the veteran population, including high homelessness, unemployment, and suicide rates.³ To ensure that veterans have a healthy transition back to civilian lives, proper mental health treatment is of critical importance.

About the Lewis B. Puller, Jr. Veterans Benefits Clinic

The Lewis B. Puller, Jr. Veterans Benefits Clinic (Puller Clinic) is a legal clinic founded at The College of William & Mary Law School in 2008 by two former U.S. Army officers and alumni of the law school. Both founders work at the Puller Clinic as managing attorneys, one full-time and the other part-time, directing a small support staff of students and overseeing law students who handle a large portion of the casework.

In the realm of organizations that offer services to Virginia veterans, the Puller Clinic fills a crucial role by offering assistance to veterans who have had difficulty navigating the process of applying for benefits from the VA. The Puller Clinic specializes in assisting veterans with difficult-to-process claims concerning disability benefits for mental health disorders such as Traumatic Brain Injury (TBI) and PTSD, although the clinic is also involved with intricate disability cases in the form of physical evaluation boards and discharge upgrades. Among clients for whom the Puller Clinic has advocated for an increased disability rating, disability ratings have increased an average of 26.25%. In the past year alone, those clients earned \$520,884 from the VA, which was 143% more in federal dollars than what they would have received without assistance from the clinic.

When accepting clients, the Puller Clinic thoroughly evaluates each claim the client is inclined to pursue to determine whether there is sufficient evidence to do so. Through this process, the clinic eliminates nearly a third of all claims presented to it, likely saving state VA offices time and money that would be spent processing meritless claims. After the caseload is decided, the Puller Clinic maintains its relationship with each client until the managing attorneys believe they have done everything possible to assist the veteran in receiving the benefits he or she deserves from the VA. As of November 2012, these relationships have lasted up to four years.

A Holistic Approach to Aiding Veterans with Mental Health Issues

As mentioned in the previous section, the Puller Clinic specializes in difficult-to-process TBI and PTSD claims. Among Puller Clinic clients, the rate of TBI is 8.7 percentage points higher than the veteran population at large, and the rate of PTSD is 41.5 percentage points higher. For these clients, it is not enough to file a claim; the Puller Clinic is committed to a holistic approach in connecting disabled veterans with the resources necessary to receive proper treatment. To provide this holistic approach, the Puller Clinic has innovated a model of veteran services based on building a network among higher education institutions as opposed to referring clients elsewhere or attempting to control all services in-house.

The Puller Clinic's closest relationship has been with Virginia Commonwealth University's Center for Psychological Services and Development (CPSD), which provides clients with mental health evaluations that they might otherwise be unable to afford. Through its relationship with CPSD, the Puller Clinic is able to provide TBI and PTSD evaluations at no cost to veterans and for an average of 7.5 times less than what those same assessments would cost in the private market. These evaluations are essential in appealing to the VA for mental health disability benefits.

After witnessing the success of its partnership with CPSD, the Puller Clinic announced the launch of a new program: Helping Military Veterans through Higher Education (HMOVHE). Through this initiative, the clinic identifies other academic institutions willing to assist veterans in areas that will help their transition back to civilian lives. One example is partnering with business schools to provide veterans with financial education, which would be particularly useful for Puller Clinic clients to help them construct plans for using their increased disability benefits in order to secure their futures. Ultimately, the Puller Clinic aims to create a consortium of schools in Virginia that can offer a wide array of services to veteran to meet their varying needs. Given the Puller Clinic's accomplishments thus far, it is expected that the enthusiastic and

intelligent students and administrators at Virginia's colleges and universities will be a strong source of support for veterans as they return home.

A Cost-Effective Model for Helping Veterans

As a law clinic, the Puller Clinic has unique characteristics that make it ideal for spearheading this holistic approach to assisting veterans in a cost-effective manner. With a small staff and a modest budget, the clinic has been able to process a substantial number of complicated disability claims while also creating a long-lasting impact on the veteran services industry.

One of the distinctive characteristics of the Puller Clinic is that its operations rely on law students to handle the majority of the casework. During each semester of the 2011-2012 school year, 14 law students worked *pro bono* with the Puller Clinic. Over the course of the year, those students worked on a total of 303 claims for 38 clients, contributing 1,905 man-hours and saving clients \$428,535 in legal fees they would have incurred on the private market if they could find a private attorney to pursue their claims. Working at the Puller Clinic also benefits law students by providing them valuable professional training. Since 2008, the Puller Clinic has trained 87 law students to work on veteran issues, seven of whom went on to practice veteran law following graduation.

Additionally, through its partnership with CPSD, 22 clinical psychology students have gained experience in working with veterans and diagnosing mental health issues in the veteran population. Eight of those students have gone on to work on issues pertaining to veterans, PTSD, or TBI following their graduations.

“The opportunity to work with the Lewis B. Puller, Jr. Veterans Benefits Clinic is an invaluable experience for our clinical and counseling PhD students here at Virginia Commonwealth University. Many of these students come into this experience with little or no exposure to a member of the military population. This opportunity is a highly positive and transformative experience for them, and they often seek additional opportunities to work with and serve veterans and other military personnel.”

-Dr. Leticia Flores, Ph.D.
Director, CPSD

Although mental health treatment is important in its own right, TBI and PTSD are linked with other issues within the veteran community. For example, a recent study of the readjustment needs for veterans of the wars in Iraq and Afghanistan found that TBI is associated with unemployment, depression, and aggressive behaviors.⁴ Another study found that PTSD is related to unemployment, substance abuse, and depression.⁵ While a direct link between PTSD and homelessness has yet to be confirmed, unemployment, depression, and substance abuse are all significant risk factors for homelessness.⁶ Further, both TBI and PTSD are related to an increased risk of suicide among veterans.⁷ Overall, these consequences inevitably lead to readjustment issues for veterans as they transition back to civilian lives and restore relationships with their families and loved ones.⁸ Therefore, the effective diagnosis and treatment of TBI and PTSD stands to make a considerably larger positive impact in the Commonwealth of Virginia than might be expected by merely considering the well-being of individual veterans.

As the Puller Clinic continues to expand its clientele, more Virginians, both within and outside of the veteran community, will feel the positive effect of proper mental health treatment for veterans. It also follows that as the number of veterans served by the Puller Clinic increases, the number of young, highly educated professionals with a background in assisting veterans will

similarly grow. Further, as the Puller Clinic works to widen its network among additional higher education institutions, the number of fields in which these trained professionals work will also increase. In summation, by working across academic institutions the Puller Clinic efficiently allocates resources while exposing the next generation to the unique issues facing veterans.

Looking Forward

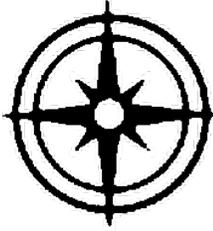
Numerous veterans have recently returned home or will be doing so in the near future—many of whom will need a strong support network to assist them in their transition back to civilian lives. While all organizations that offer assistance to these veterans deserve to be applauded for the work they are doing individually, the Puller Clinic sees, and has taken advantage of, the opportunity to build bridges between organizations in order to provide more comprehensive services to veterans.

Internally, the Puller Clinic hopes to extend its services to more veterans in order to meet the growing demand. To accomplish this goal, the clinic is actively seeking funding to hire another managing attorney to its staff. This would allow an additional 14 law students to work for the clinic each semester, which would effectively double the amount of clients helped, claims processed, and money saved per year. Externally, the Puller Clinic hopes to export its model and continue to expand the safety net for Virginia veterans. Approaching veteran services in this way promises to more efficiently allocate resources and more fully provide for American heroes and their families.

Endnotes

- 1: *Personality Disorder Discharges: Impact on Veterans' Benefits*. Hearing before the Committee on Veterans' Affairs. U.S. House of Representatives. September 15th. 2010.
<http://www.gpo.gov/fdsys/pkg/CHRG-111hhrg61755/html/CHRG-111hhrg61755.htm>
- 2: *Response from Joshua Kors*. <http://archives.veterans.house.gov/Media/File/111/9-15-10/KorsQFRs.htm>
- 3: "Executive Order -- Improving Access to Mental Health Services for Veterans, Service Members, and Military Families | The White House." The White House. <http://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service>.
- 4: Institute of Medicine (US). *Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families. Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. National Academy Press, 2010.
- 5: Norman, Sonya B., Susan R. Tate, Kendall C. Wilkins, Kevin Cummins, and Sandra A. Brown. "Posttraumatic stress disorder's role in integrated substance dependence and depression treatment outcomes." *Journal of substance abuse treatment* 38, no. 4 (2010): 346-355.
- 6: Perl, Libby. "Veterans and homelessness." *LIBRARY OF CONGRESS WASHINGTON DC CONGRESSIONAL RESEARCH SERVICE*, 2011.
- 7: Harris, E. Clare, and Brian Barraclough. "Suicide as an outcome for mental disorders. A meta-analysis." *The British Journal of Psychiatry* 170, no. 3 (1997): 205-228.
- 8: Institute of Medicine (US). *Committee on the Initial Assessment of Readjustment Needs of Military Personnel, Veterans, and Their Families. Returning home from Iraq and Afghanistan: Preliminary assessment of readjustment needs of veterans, service members, and their families*. National Academy Press, 2010.

APPENDIX D:
REPORT FOR FEDERAL
POLICY ADVISORS



Lewis B. Puller, Jr. **VETERANS BENEFITS CLINIC**

November 2012

Executive Summary

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- Through engaging students in this work, the Puller Clinic also serves to build the next generation of professionals educated about and sensitive to veteran issues.

The Mission, Approach, and Impact of The Lewis B. Puller, Jr. Veterans Benefits Clinic

In 2007, the House Committee on Veterans' Affairs investigated the potentially improper discharge of 22,600 service members over the previous five years. The Department of Defense (DoD) discharged these service members on the basis of a personality disorder, which is not compensable under the Department of Veterans Affairs (VA) or DoD disability rating systems.¹ Meanwhile, veteran advocates testified that a large proportion of these veterans were misdiagnosed and were actually suffering from other mental health issues such as Posttraumatic Stress Disorder (PTSD).² In consequence, these misdiagnosed veterans were not given access to the disability benefits they were entitled to receive from the VA and DoD, even in cases in which service members were suffering from severe conditions that required medical attention. Mental health problems not only plague the veteran population directly, but are also a factor of other disconcerting realities within the veteran population, including high homelessness, unemployment, and suicide rates.³ To ensure that veterans have a healthy transition back to civilian lives, proper mental health treatment is of critical importance.

About the Lewis B. Puller, Jr. Veterans Benefits Clinic

The Lewis B. Puller, Jr. Veterans Benefits Clinic (Puller Clinic) is a legal clinic founded at The College of William & Mary Law School in 2008 by two former U.S. Army officers and alumni of the law school. Both founders work at the Puller Clinic as managing attorneys, one full-time and the other part-time, directing a small support staff of students and overseeing law students who handle a large portion of the casework.

In the realm of organizations that offer services to Virginia veterans, the Puller Clinic fills a crucial role by offering assistance to veterans who have had difficulty navigating the process of applying for benefits from the VA. The Puller Clinic specializes in assisting veterans with difficult-to-process claims concerning disability benefits for mental health disorders such as Traumatic Brain Injury (TBI) and PTSD, although the clinic is also involved with intricate disability cases in the form of physical evaluation boards and discharge upgrades. Among clients for whom the Puller Clinic has advocated for an increased disability rating, disability ratings have increased an average of 26.25%. In the past year alone, those clients earned 143% more than what they would have received in benefits without assistance from the clinic.

When accepting clients, the Puller Clinic thoroughly evaluates each claim the client is inclined to pursue to determine whether there is sufficient evidence to do so. Through this process, the clinic eliminates nearly a third of all claims presented to it, likely saving the VA time and money that would be spent processing meritless claims. After the caseload is decided, the Puller Clinic maintains its relationship with each client until the managing attorneys believe they have done everything possible to assist the veteran in receiving the benefits he or she deserves. As of November 2012, these relationships have lasted up to four years.

A Holistic Approach to Aiding Veterans with Mental Health Issues

As mentioned in the previous section, the Puller Clinic specializes in difficult-to-process TBI and PTSD claims. Among Puller Clinic clients, the rate of TBI is 8.7 percentage points higher than the veteran population at large, and the rate of PTSD is 41.5 percentage points higher. For these clients, it is not enough to file a claim; the Puller Clinic is committed to a holistic approach in connecting disabled veterans with the resources necessary to receive proper treatment. To provide this holistic approach, the Puller Clinic has innovated a model of veteran services based on building a network among higher education institutions as opposed to referring clients elsewhere or attempting to control all services in-house.

The Puller Clinic's closest relationship has been with Virginia Commonwealth University's Center for Psychological Services and Development (CPSD), which provides clients with mental health evaluations that they might otherwise be unable to afford. Through its relationship with CPSD, the Puller Clinic is able to provide TBI and PTSD evaluations at no cost to veterans and for an average of 7.5 times less than what those same assessments would cost in the private market. These evaluations are essential in appealing to the VA for mental health disability benefits.

After witnessing the success of its partnership with CPSD, the Puller Clinic announced the launch of a new program: Helping Military Veterans through Higher Education (HMOVHE). Through this initiative, the clinic identifies other academic institutions willing to assist veterans in areas that will help their transition back to civilian lives. One example is partnering with business schools to provide veterans with financial education, which would be particularly useful for Puller Clinic clients to help them construct plans for using their increased disability benefits in order to secure their futures.

A Cost-Effective Model for Helping Veterans

As a law clinic, the Puller Clinic has unique characteristics that make it ideal for spearheading this holistic approach to assisting veterans in a cost-effective manner. With a small

staff and a modest budget, the clinic has been able to process a substantial number of complicated disability claims while also creating a long-lasting impact on the veteran services industry.

One of the distinctive characteristics of the Puller Clinic is that its operations rely on law students to handle the majority of the casework. During each semester of the 2011-2012 school year, 14 law students worked *pro bono* with the Puller Clinic. Over the course of the year, those students worked on a total of 303 claims for 38 clients, contributing 1,905 man-hours and saving clients \$428,535 in legal fees they would have incurred on the private market if they could find a private attorney to pursue their claims. Working at the Puller Clinic also benefits law students by providing them valuable professional training. Since 2008, the Puller Clinic has trained 87 law students to work on veteran issues, seven of whom went on to practice veteran law following graduation.

Additionally, through its partnership with CPSD, 22 clinical psychology students have gained experience in working with veterans and diagnosing mental health issues in the veteran population. Eight of those students have gone on to work on issues pertaining to veterans, PTSD, or TBI following their graduations.

“The opportunity to work with the Lewis B. Puller, Jr. Veterans Benefits Clinic is an invaluable experience for our clinical and counseling PhD students here at Virginia Commonwealth University. Many of these students come into this experience with little or no exposure to a member of the military population. This opportunity is a highly positive and transformative experience for them, and they often seek additional opportunities to work with and serve veterans and other military personnel.”

-Dr. Leticia Flores, Ph.D.
Director, CPSD

As the Puller Clinic continues to expand its clientele, the number of young, highly educated professionals with a background in assisting veterans will grow. Further, as the Puller Clinic works to widen its network among additional higher education institutions, the number of fields in which these trained professionals work will also increase.⁴ Ultimately, by working across academic institutions the Puller Clinic efficiently allocates resources while exposing the next generation to the unique issues facing veterans.

Looking Forward

Numerous veterans have recently returned home or will be doing so in the near future—many of whom will need a strong support network to assist them in their transition back to civilian lives. While all organizations that offer assistance to these veterans deserve to be applauded for the work they are doing individually, the Puller Clinic sees, and has taken advantage of, the opportunity to build bridges between organizations in order to provide more comprehensive services to veterans. Being on the forefront of this attempt to coordinate veteran assistance in a variety of different aspects, the Puller Clinic hopes to export its model and expand the safety net for veterans. Approaching veteran services in this way promises to more efficiently allocate resources and more fully provide for American heroes and their families.

Endnotes

1: *Personality Disorder Discharges: Impact on Veterans' Benefits*. Hearing before the Committee on Veterans' Affairs. U.S. House of Representatives. September 15th, 2010.

<http://www.gpo.gov/fdsys/pkg/CHRG-111hhr61755/html/CHRG-111hhr61755.htm>

2: *Response from Joshua Kors*. <http://archives.veterans.house.gov/Media/File/111/9-15-10/KorsQFRs.htm>

- 3: *"Executive Order -- Improving Access to Mental Health Services for Veterans, Service Members, and Military Families | The White House." The White House. <http://www.whitehouse.gov/the-press-office/2012/08/31/executive-order-improving-access-mental-health-services-veterans-service>.*
- 4: *"Obama ordering VA to add staff, see suicidal vets within 24 hours - Veterans - Stripes." Stripes - Independent U.S. military news from Iraq, Afghanistan and bases worldwide. http://www.stripes.com/news/veterans/obama-ordering-va-to-add-staff-see-suicidal-vets-within-24-hours-1.187550#.UEEGe__a3og.facebook.*

APPENDIX E:

CLIENT DATA

SPREADSHEET KEY

This is intended to serve as a reference guide for those working with the Data Tracking System (DTS). The spreadsheet to which this document corresponds can be found at Data Tracking System.xlsx.

Client List

- Name – Full name of client (last, first)
- Initials – Initials of client (first, last)
- Branch – Indicate (initials) in which branch of the Armed Forces the veteran served
- Status – Indicate whether client is “active” or “retired”

Client Information (Info)

- Name – Full name of client (last, first)
- Initials – Initials of client (first, last)
- Status – Indicate whether client is “active” or “retired”
- Date of Birth – Indicate the date of birth of the client (mm/dd/yyyy)
- Age (Yrs/Mths) – Calculate the age of the client (years/months)
- Referring Organization – If the veteran was referred to the Puller Clinic, indicate the organization/person that referred the veteran
- Dependents (Spouse & Kids) – Both children and spouses are considered dependents of the veteran
- Date Accepted – The date signed on the Client Agreement
- Date Closed – The date of the last transaction with the client or date of separation letter
- Previous Disability Rating – The disability rating of the veteran before representation by the Puller Clinic
- Current Disability Rating – The disability rating of the veteran present day, after representation by the Puller Clinic
- C-File (Requested-Received) – The date of the request of the veterans C-File from the Regional Office and the date the C-File was received by the Puller Clinic
- Claims – List each individual claim the veteran has officially on file with the Department of Veteran Affairs
- Initiator (Client, VBC, VA/Date) – Indicate who initiated the claim (“Client”, “Puller Clinic”, “VA”)
- Original Rating Decision (Date) – If the veteran has any claims previously rated, indicate the date of the original Rating Decision
- Current Rating Decision (Date) – Indicate the date of the most current Rating Decision for the veteran
- Type of Claim – Indicate whether the claim is “original”, “appeal”, “reopened”, or “PEB”
- VBC Work (Date) – Indicate what work the VBC has done and date any evidence has been submitted

- VCU Evaluation (Requested-Completed) – Indicate the date a VCU evaluation has been requested and the date the full evaluation has been returned to the Puller Clinic.
- C&P Exam (Date) – If a C&P exam has been provided by the VA, indicate the date of the exam
- Notes – Any special situation, circumstances or information about the client or specific claim

Code: 1= Yes; 0= No

***Note: If a client switches from a 0 to a 1, change the DTS accordingly (e.g. a client is incarcerated while working with the clinic). If a client switches from a 1 to a 0, DO NOT change the DTS. (Exceptions: Active Client (1/0))**

Client Data

- Name – Full name of client (last, first)
- Initials – Initials of client (first, last)
- Client (1) – “1” must be entered in this cell for calculation purposes
- Active Client (1/0) – 1= The client is currently “active” and work is being done with their claims; 0= The client is “retired” and no work is being done on their claims
- Age (Mths) - Calculate the age of the client (months)
- Sex (1/0) – 1= Male; 0= Female
- Referred (1/0) – 1= Client was referred by an organization (e.g. Veteran Service Organization) to the Puller Clinic; 0= Client was not referred by an organization to the Puller Clinic
- Dependents (Spouse & Kids) – Indicate number of dependents. Both children and spouses are considered dependents of the veteran
- Social Security Disability – 1= Veteran is receiving Social Security Disability Income; 0= Veteran is not receiving Social Security Disability Income
- Unemployed (1/0) – 1= Unemployed; 0= Currently employed
- Welfare (1/0) – 1= Veteran is currently on some form of government assistance; 0= Veteran is not on any form of government assistance
- Homeless (1/0) – 1= Veteran is presently homeless, living in a community shelter, or living with a family member ONLY because of financial situations; 0= Veteran is housed
- Substance Abuse (1/0) – 1= Veteran has a present substance abuse issue; 0= Veteran has no present substance abuse issue
- Incarcerated (1/0) – 1= Veteran is presently incarcerated or has been incarcerated during representation period by the Puller Clinic; 0= Veteran is not and has not been incarcerated during representation period by the Puller Clinic
- Healthcare (b/c of Clinic)(1/0) – 1= Veteran is receiving health care benefits because of some work the Puller Clinic has done; 0= Either

- veteran is not yet receiving healthcare benefits or receiving benefits but not due to work of the Puller Clinic
- Duration w/ Puller Clinic (Mths) – Calculate the time from the start of representation (“Date Accepted”) to either the present date or the date of the end of representation (“Date Closed”), in months
 - Hours Spent on Client – Enter the times spend on each client documented in the Clio time keeping program
 - Disabilities Increase (1/0) – 1= There has been an increase in the veterans disability rating since the start of representation by the Puller Clinic; 0= There has been no increase in the veterans disability rating since the start of representation by the Puller Clinic
 - Disabilities Rating Increase – The actual percentage point increase in disability ratings for the Veterans since the start of representation by the Puller Clinic
 - Past Disability Earnings – Calculate the disability compensation of the veteran for their disability rating prior to representation by the Puller Clinic. This calculation should be based on the most up to date compensation table so as to be able to properly report comparisons at present time
 - o <http://www.vba.va.gov/bln/21/rates/comp01.htm>
 - Present Disability Earnings - Calculate the disability compensation of the veteran for their disability rating after the start of representation by the Puller Clinic
 - Wait Time for C-File (Mths) – The difference, in months, between the date the veterans C-File was request from the Regional Office and the date the C-File was received by the Puller Clinic
 - # of Claims Total – The number of claims officially on file with the Department of Veteran Affairs for the veteran
 - Pending Claims – The number of claims that the Puller Clinic has submitted evidence for and/or is waiting for a Ratings Decision for from the Department of Veteran Affairs
 - # of Claims Declined – The number of claims that the Puller Clinic has actively declined working on for the client
 - Claims Initiated by Puller Clinic – The number of claims that were originally started on behalf of the veteran by the Puller Clinic
 - Claims Initiated by VA – The number of claims independently initiated by the Department of Veteran Affairs on behalf of the veteran
 - # of Original Claims – The number of claims that the Puller Clinic is working on that are still in their first stage of review by the Department of Veteran Affairs
 - # of Appealed Claims - The number of claims that the Puller Clinic is working on that are in any later stage of review by the Department of Veteran Affairs (i.e. already have at least one Ratings Decision)
 - # of Re-Opened Claims - The number of claims that the Puller Clinic is working on that have been closed (or died) and reopened with the Department of Veteran Affairs

- VCU Evaluation (1/0) – 1= Veteran referred to VCU for evaluation; 0= Veteran was not referred to VCU for evaluation
- Duration of VCU Evaluation (Mths) – Duration, in months, between the date when a VCU evaluation was requested and when the results report was returned to the Puller Clinic
- C&P Exam (1/0) – 1= Veteran received a C&P examination from the Department of Veteran Affairs; 0= Veteran did not receive a C&P examination from the Department of Veteran Affairs
- Depression (1/0) - 1= Veteran has been officially diagnosed with Depression; 0= Veteran has not been officially diagnosed with Depression
- PTSD (1/0) – 1= Veteran has been officially diagnosed with PTSD; 0= Veteran has not been officially diagnosed with PTSD
- TBI (1/0) - 1= Veteran has been officially diagnosed with TBI; 0= Veteran has not been officially diagnosed with TBI
- Cost of Evaluations – Indicate whether the cost of PTSD/TBI evaluations to the Puller Clinic

Student Data

- Student Name – Full name of student (first, last) -
- Student (1) - “1” must be entered in this cell for calculation purposes
- Sex (1/0) – 1= Male; 0= Female
- Semester/Year – The semester and year that the student worked for the Puller Clinic
- Hour Logged – How many hours total did the student work on clients claims during their time with the Puller Clinic
- Currently Serving Veteran Community (1/0) – 1= The student (former student) has continued working with/for the veteran community (pay or pro bono); 0= The student (former student) no longer works with/for the veteran community

VCU Evaluations

- Name – Full name of client (last, first)
- Evaluation – What specific evaluation is being tested for (PTSD, TBI, Depression, or any combination)
- Date of Request – The date the evaluation has been requested of VCU
- Date of Completion – The date the Puller Clinic received the results of the VCU evaluation
- Results – The diagnosed results of the veterans evaluation
- Notes - Any special situation, circumstances or information about the client or specific claim

Denied-Referred

- Applicant Initials – List the initials of the denied applicant (first, last)
- Denied (1) - “1” must be entered in this cell for calculation purposes
- Reason for Denial – The reasoning for not accepting the applicant as a client
- Date of Denial – The date the applicant was denied
- Referral – If the applicant was referred to another organization, list the organizations they were referred to

Funding

This section details the revenue and expenses of the previous year. This tab should be updated at the end of each summer with the previous year’s calculations. The detailed expenses sheet can be obtained from the Law School’s accounting office located in the executive suite next to the Dean’s office.

When adding a new section each year, you must add entire column to the left of column C. Copy and paste just the pertinent information that is kept for comparison reasons from year to year and then manually change the numbers in column B to the most recent numbers obtained. Make sure not to simply add a new column before column B because there are formulas in “Synth Data” that link to specific cells in column B.

Call Log

- Name – Full name of caller (last, first)
- Phone Call (1) - “1” must be entered in this cell for calculation purposes
- Age – Indicate the age of the caller (years)
- Sex (1/0) – 1= Male; 0= Female
- Branch – Indicate (initials) in which branch of the Armed Forces the veteran caller served
- Conflict – Indicate in which conflict (war) the veteran caller served (e.g. Vietnam Conflict, First Iraqi War, Current Conflict)
- Referring Organization – If the veteran caller was referred to the Puller Clinic, indicate the organization/person that referred them
- PTSD (1/0) – 1= Veteran caller has a PTSD issue; 0= Veteran caller does not have a PTSD issue
- TBI (1/0) - 1= Veteran caller has a TBI issue; 0= Veteran caller does not have a TBI issue
- Depression (1/0) - 1= Veteran caller has a Depression issue; 0= Veteran caller does not have a Depression issue
- Reason for Call – Briefly describe the reason for the veteran callers contact with the Puller Clinic

Synthesized (Synth) Data

This section takes all of the information from the “Client Data” tab and computes statistical calculations for evaluation. DO NOT manually change any of the formulas.

The ONLY two cells that should be adjusted in this section are:

- Number of Law Students - This should reflect the amount of students working with clients both in VBC I and VBC II
- Cost of Private Market Services – Should this number adjust any, the cost should be adjusted to produce accurate information.

IMPORTANT:

- In order to keep the information periodically keep up to date, each student should go through every aspect of their respective clients information and ensure that the information is both accurate and updated.
- Any new clients added to any tab in the DTS MUST be entered above the totals tab to be included in any pre-entered calculations.

APPENDIX F:

CLIENT INTAKE FORM

Client Information

Name/Initials: _____/_____ Date of Birth: _____

Phone Number: _____ Referring Organization: _____

Address: _____

Date accepted as client: _____ Sex: _____

Receiving Social Security Disability Income: _____

Dependents: _____

Employment Status: _____ Government Assistance (Y/N): _____

Household Income: _____ Medical Coverage (Y/N): _____

History of substance abuse:

Previous Incarceration(s):

Claim(s) Information

Disability rating at start of representation: _____%

Disabilities already rated/percentage:

- 1) _____ / _____ % Date of Rating Decision: _____
- 2) _____ / _____ % Date of Rating Decision: _____
- 3) _____ / _____ % Date of Rating Decision: _____
- 4) _____ / _____ % Date of Rating Decision: _____
- 5) _____ / _____ % Date of Rating Decision: _____

Date C-File requested: _____ Date C-File received: _____

Claims **Puller Clinic initiated:** (original-appeal-reopened-CUE-other/pending-denied)

- 1) _____ / _____ - _____ %
 - a. Date of submitted evidence: _____
 - b. Date of Rating Decision: _____ Effective date: _____
 - c. C&P Exam (Y/N): _____ Date: _____
- 2) _____ / _____ - _____ %
 - a. Date of submitted evidence: _____
 - b. Date of Rating Decision: _____ Effective date: _____
 - c. C&P Exam (Y/N): _____ Date: _____
- 3) _____ / _____ - _____ %
 - a. Date of submitted evidence: _____
 - b. Date of Rating Decision: _____ Effective date: _____
 - c. C&P Exam (Y/N): _____ Date: _____
- 4) _____ / _____ - _____ %
 - a. Date of submitted evidence: _____
 - b. Date of Rating Decision: _____ Effective date: _____
 - c. C&P Exam (Y/N): _____ Date: _____
- 5) _____ / _____ - _____ %
 - a. Date of submitted evidence: _____
 - b. Date of Rating Decision: _____ Effective date: _____
 - c. C&P Exam (Y/N): _____ Date: _____

Claims **client initiated** that Puller Clinic pursued: (original-appeal-reopened-CUE-other/pending-denied)

- 1) _____ / _____ - _____ %
 - a. Date of original Rating Decision: _____
 - b. Date of submitted evidence: _____
 - c. Date of new Rating Decision: _____ Effective date: _____
 - d. C&P Exam (Y/N): _____ Date: _____
- 2) _____ / _____ - _____ %
 - a. Date of original Rating Decision: _____
 - b. Date of submitted evidence: _____
 - c. Date of new Rating Decision: _____ Effective date: _____
 - d. C&P Exam (Y/N): _____ Date: _____
- 3) _____ / _____ - _____ %
 - a. Date of original Rating Decision: _____
 - b. Date of submitted evidence: _____
 - c. Date of new Rating Decision: _____ Effective date: _____
 - d. C&P Exam (Y/N): _____ Date: _____
- 4) _____ / _____ - _____ %
 - a. Date of original Rating Decision: _____
 - b. Date of submitted evidence: _____
 - c. Date of new Rating Decision: _____ Effective date: _____
 - d. C&P Exam (Y/N): _____ Date: _____
- 5) _____ / _____ - _____ %
 - a. Date of original Rating Decision: _____
 - b. Date of submitted evidence: _____
 - c. Date of new Rating Decision: _____ Effective date: _____
 - d. C&P Exam (Y/N): _____ Date: _____

Claims client initiated that Puller Clinic **declined** to pursue:

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

VA initiated claims

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____

PTSD (Y/N): _____ TBI (Y/N): _____ Depression (Y/N): _____

Date VCU Evaluation requested: _____

Date VCU Evaluation completed: _____

ADDENDUM

During the final presentation of this report to the client on November 29, 2012, preliminary suggestions were made for enhancing the client intake system. Both the Data Tracking System (DTS) and Client Data Tracking Form referenced in this report have been changed to reflect those suggestions. Further, an additional information sheet designed to collect data from those who call the clinic to inquire about services was developed and is included as part of this addendum.¹

With regard to metrics calculated in the Data Tracking System, a request was made to include a “bang-for-buck” calculation. Two versions of this calculation are included in the “Synth Data” tab of DTS. As mentioned during the meeting, this statistic does not take into account any non-monetary benefits derived from clinic services (e.g. increased quality of life after PTSD treatment). As more literature is produced on this topic, it is possible that non-monetary benefits can be included in this statistic.

For the first bang-for-buck calculation (“Additional Monetary Benefits Earned this Year due to Clinic Services v. Clinic Expenses for this Year”), the “Inc in Total Annual Benefits Earnings (as of this Year)” data point was used. This number was chosen because it most nearly reflects the added value offered by the Puller Clinic across the same time frame in which expenses were incurred (i.e. the present year). Unfortunately, this is a weak approximation of the current year’s activity because the benefits being used are indicative of work completed in previous years.

The second bang-for-buck calculation (“Additional Monetary Benefits Earned Over Life of Clients due to Clinic Services v. Total Clinic Expenses to Date”) is likely more useful. This number compares total expenses to date (i.e. since 2008) to the present value of benefits current clients will earn over the course of their lives that they would not have earned had it not been for the Puller Clinic’s assistance. This calculation would be interpreted as follows: “For every dollar invested in the Puller Clinic thus far, the Puller Clinic has won \$4.87 for its clients.”

As more data is collected, another way to possibly show bang-for-buck is by comparing the cost of services in the private market to the cost of services at the clinic. This would result in statements such as, “For every dollar spent on services provided by the Puller Clinic, \$X would have needed to be spent in the private market to receive similar services.” Unfortunately, due to time constraints, we were not able to calculate this number.

Three additional documents pertaining to the initial research phase of the project were also requested during the final presentation. These include a detailed list of the law school clinics that work with veteran issues, the list of the grants investigated for application criteria, and a summary spreadsheet including all organizations and grants included in the research phase of the project.²

¹ Caller Information Sheet.docx, Caller Information Sheet.pdf

² Law School Clinics.docx; Master Grant List.docx; Phase1Research.xlsx

Caller Information Sheet

Date: _____

Name: _____ Branch of Service: _____

Phone Number: _____ Conflict: _____

Age: _____ Sex: _____

Referring Organization: _____

Address: _____

PTSD (Y/N): _____ TBI (Y/N): _____ Depression (Y/N): _____

Reason for Calling:

