



THE SECRETARY OF VETERANS AFFAIRS
WASHINGTON

SEP 14 2021

The Honorable Henry Kerner
Special Counsel
U.S. Office of Special Counsel
1730 M Street, NW, Suite 300
Washington, DC 20036

Re: Office of Special Counsel File No. DI-20-000009

Dear Mr. Kerner:

I am responding to your November 5, 2020, letter to the Department of Veterans Affairs (VA) regarding whistleblowers' allegations that officials at the Jacksonville Substance Abuse Treatment Team Clinic, North Florida/South Georgia Veterans Health System located in Jacksonville, Florida, may have engaged in conduct that may constitute a violation of law, rule or regulation, gross mismanagement and specific danger to public health.

The Acting Under Secretary for Health directed the Office of the Medical Inspector to assemble and lead a VA team to conduct an investigation. We conducted a virtual investigation on this matter on January 5-7, 2021 and January 27, 2021.

We substantiate one allegation and do not substantiate two of the whistleblowers' allegations. We make six recommendations to the North Florida/South Georgia Veterans Health System and one recommendation to the Veterans Health Administration. The signed report will be sent to the respective offices with a request for an action plan.

Thank you for the opportunity to respond.

Sincerely,

A handwritten signature in black ink, appearing to read "A. McDonough", written over the printed name.

Denis McDonough

Enclosure

**DEPARTMENT OF VETERANS AFFAIRS
Washington, DC**

**Report to the
Office of Special Counsel
OSC File Number DI-21-000009**

**Jacksonville Substance Abuse Treatment Team Clinic
North Florida/South Georgia Veterans Health System
Jacksonville, Florida**



**Report Date: August 31, 2021
TRIM 2020-C-46**

Executive Summary

The Acting Under Secretary for Health directed the Office of the Medical Inspector (OMI) to lead a Department of Veterans Affairs (VA) team to investigate allegations lodged with the Office of Special Counsel (OSC) concerning the Jacksonville Substance Abuse Treatment Team (SATT) Clinic, which is part of the North Florida/South Georgia Veterans Health System (NF/SG VHS), located in Jacksonville, Florida. The whistleblower, who consented to the release of his name, alleged employees engaged in conduct that may constitute a violation of law, rule or regulation, gross mismanagement and specific danger to public health. To investigate these allegations and observe the necessary precautions with respect to the coronavirus disease 2019 (COVID-19) pandemic, we conducted a virtual investigation with interviews January 5-7, 2021 and January 27, 2021.

Specific Allegations of the Whistleblower

1. *Clinical providers have excessive caseload sizes, which negatively impact veterans' access to necessary mental health services;*
2. *Numerous scheduling practices at the SATT Clinic violate VA policy, including blind scheduling, failure to use the electronic waitlist (EWL), and failure to meet the required minimum scheduling efforts; and*
3. **Whistle Blower** *has reported these allegations to NF/SG VHC leadership, but there has been no action taken to address the possible delay of care for veterans at the SATT Clinic.*

We **substantiated** allegations when the facts and findings supported that the alleged events or actions took place and **did not substantiate** allegations when the facts and findings showed the allegations were unfounded. We were **unable to substantiate** allegations when the available evidence was insufficient to support conclusions with reasonable certainty about whether the alleged event or action took place.

Conclusions for Allegation 1

We **do not substantiate** clinical providers have excessive caseload sizes, the existence of a lack of access for Veterans to obtain necessary mental health services or that Veterans have been negatively impacted in any way. However, the fast operating pace of the Jacksonville SATT clinic combined with a high demand for offered services and vacancies creates a serious potential for delays.

Recommendations to NF/SG VHS

1. Prioritize recruitment to fill the two psychiatrists' vacancies and the two permanent Social Worker/Case Manager positions; identify strategies to recruit and retain staff.

2. Present and discuss with clinic employees the monthly SATT clinic access data to include provider and case management workload, wait times, consults, scheduling timeliness and monthly scheduled appointment hours to increase overall awareness and understanding of data.

Conclusions for Allegation 2

- We **substantiate** numerous scheduling practices at the Jacksonville SATT Clinic violate Veterans Health Administration (VHA) Directive 1230(3), *Outpatient Scheduling Processes and Procedures*, dated July 15, 2016, including the use of government issued paper calendar books to track negotiated appointment dates by writing the Veteran's last name and last four of their social security number on the appointment date and time in the paper calendar book; the use of paper calendar books to identify appointment availability; the use of paper calendar books as "master calendar books" for Psychiatry appointments and for consults and post hospitalization appointments; and same day scheduling for Intensive Outpatient Program (IOP) group session after attendance is taken rather than being scheduled in advance. **NOTE:** VHA Directive 1230(4) was amended on June 17, 2021; however, VA references policies in place at time of allegations and investigation.
- The NF/SG VHS Associate Chief for Substance Abuse Disorders (ACSAD) knowingly provided instructions to staff that violated scheduling directives as indicated by information and responses she provided during our interview.
- We did not find evidence of systemic blind scheduling or failure to meet the required minimum scheduling efforts.
- The whistleblower's allegation that the SATT clinic is not accurately recording data on the electronic waitlist (EWL) is irrelevant since the EWL was nationally deactivated in July 2019.
- We did find multiple employees were unaware of certain eligibility for community care aspects of the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018 enacted on June 6, 2018.

Recommendations to NF/SG VHS

3. Recruit and hire at least one dedicated scheduler for the Jacksonville SATT clinic. Ensure the scheduler or schedulers complete all scheduling training and are granted access to the required scheduling keys to negotiate date and time of appointments to ensure timeliness of scheduling and compliance with VHA Directive 1230(4).
4. Review and ensure all scheduling practices at the Jacksonville SATT clinic are compliant with VHA scheduling policies; provide training to all Jacksonville SATT clinic supervisory and non-supervisory staff members and providers on VHA Directive 1230(4) including the requirement for advance scheduling for all IOP group

sessions and “Unable to Schedule” process; and provide training on the Veterans Community Care Program eligibility criteria. Monitor for compliance and address non-compliance with additional training and administrative action as indicated.

5. Carryout Private Security Event System investigation and follow-up accordingly.
6. Evaluate the effectiveness of the NF/SG VHS Associate Chief for Substance Abuse Disorders, who oversees all six NF/SG SATT clinics given the guidance the ACSAD provided to Jacksonville SATT clinic staff members, which violated VHA Directive 1230(4). Conduct review of scheduling practices at all NF/SG VHS SATT Clinics to ensure scheduling practice violation are not systemic.

Recommendation to VHA

1. Coordinate consultative visit from the National Program Office for Mental Health Residential Rehab Treatment Programs to conduct a comprehensive review of all six NF/SG SATT Clinics to ensure adequate oversight; scheduling practice compliance; operation of all programs with best practices or equivalents in place; and evaluation if “Modeling to Learn” program using local data for process improvement would benefit NF/SG SATT Clinics.

Conclusions for Allegation 3

- We **do not substantiate** these allegations were reported to NF/SG VHS executive leadership per the whistleblower’s own clarification.
- The NF/SG VHS Associate Chief for Substance Abuse Disorders was made aware of the allegations, reviewed the whistleblower’s schedule and found multiple open appointments available for timely scheduling of appointments.

Recommendation to NF/SG VHS

None.

Summary Statement

We developed this report in consultation with other VHA and VA offices to address OSC’s referral that included three allegations concerning the NF/SG VHS. We reviewed each allegation and determined the merits of each of them. The National Center for Ethics in Health Care provided a health care ethics review. We did find evidence of numerous scheduling practices at the Jacksonville, Florida SATT Clinic that violate VA policies. We did find evidence of conduct that violates VHA Directive 1230(3); however, we did not find a specific danger to public health specific to the referred allegations.

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I. Introduction

The Acting Under Secretary for Health directed the Office of the Medical Inspector (OMI) to lead a Department of Veterans Affairs (VA) team to investigate allegations lodged with the Office of Special Counsel (OSC) concerning the Jacksonville Substance Abuse Treatment Team (SATT) Clinic, part of the North Florida/South Georgia Veterans Health System (NF/SG VHS), located in Jacksonville, Florida. The whistleblower, who consented to the release of his name, alleged employees engaged in conduct that may constitute a violation of law, rule, or regulation; gross mismanagement; and specific danger to public health. To investigate these allegations and observe the necessary precautions with respect to the coronavirus disease 2019 (COVID-19) pandemic, we conducted a virtual investigation with interviews January 5-7, 2021 and January 27, 2021.

II. Facility Profile

The SATT Clinic provides outpatient multi-disciplinary treatment services for Substance Use Disorder (SUD). The SATT offers a variety of evidenced based therapies, process groups and psychoeducational groups. Several options for Medication Assisted Treatment are available through the SATT. SUD outpatient treatment occurs on a continuum and may consist of regular outpatient weekly group sessions and at least five monthly individual appointments with providers or Intensive Outpatient Program (IOP), consisting of a minimum of 3 hours of group sessions per day. Veterans in the IOP meet with a provider at least once a week to discuss progress toward recovery goals. Individual treatment is available when needed. The SATT offers services for withdrawal management, referrals to detox and residential treatment when indicated. The clinic saw 1,072 unique Veterans for a total of 8,161 appointments in fiscal year (FY) 2019 and 1,122 unique Veterans for a total of 8,895 appointments in FY 2020.

III. Specific Allegations of the Whistleblower

1. *Clinical providers have excessive caseload sizes, which negatively impact veterans' access to necessary mental health services;*
2. *Numerous scheduling practices at the SATT Clinic violate VA policy, including blind scheduling, failure to use the electronic waitlist (EWL), and failure to meet the required minimum scheduling efforts; and*
3. **Whistle Blower** *has reported these allegations to NF/SG VHC leadership, but there has been no action taken to address the possible delay of care for veterans at the SATT Clinic.*

IV. Conduct of Investigation

The VA team conducting the virtual investigation consisted of a Senior Medical Investigator and a Clinical Program Manager, both from OMI, the Director of Field Support and Analytics from the Veterans Health Administration (VHA) Office of Mental Health Operations and Suicide Prevention and a National Consult Manager from the Office of Veterans Access to Care (OVAC) as subject matter experts (SMEs). We reviewed relevant directives, handbooks and notices, procedures, medical records,

professional standards, reports, and documents listed in Attachment A. We also reviewed all documents provided by the whistleblower, and relevant electronic health records (EHR). We held entrance and exit briefings with the:

- NF/SG VHS Director,
- Deputy Director, Associate Director,
- Chief of Staff
- Chief of Quality Management,
- Veterans Integrated Service Network 8 Chief Medical Officer,
- Chief Nurse Officer,
- Quality Manager, and
- Quality Management Specialist.

In addition to speaking with the whistleblower on December 7, 2020, we conducted telephone interviews with the following NF/SG VHS and SATT staff members between January 4-7, 2021, and January 27, 2021:

- NF/SG VHS Director,
- Chief, Human Resources,
- NF/SG VHS Associate Chief for Substance Abuse Disorders (ACSAD),
- SATT Clinic Program Coordinator,
- Addiction Therapists,
- Social Worker,
- Physicians,
- Registered Nurses (RNs),
- Program Support Specialist,
- Peer Support Specialist,
- Jacksonville Outpatient Administrative Officer,
- Jacksonville/South Point, Lead Medical Support Assistant,
- Gainesville Medical Administration Service (MAS) Trainer,
- Gainesville MAS Supervisor,
- Gainesville Mental Health Service Line Program Support Assistant,
- Assistant Chief of MAS,
- Privacy Officer,
- Chief, Social Work Service,
- Quality Specialist,
- Veterans Advocate,
- Group Practice Manager, and
- Group Practice Manager.

V. Background, Findings, Conclusions, and Recommendations

Allegation 1

Clinical providers have excessive caseload sizes, which negatively impact veterans' access to necessary mental health service.

Background

The Jacksonville SATT Clinic is a comprehensive interdisciplinary recovery-oriented treatment program for Veterans with SUD. The patient population ranges in age from 18 to end of life, and is comprised of military Veterans, male and female, with the majority being males between 50 and 65 years of age. The population served is diverse and complex, with SUDs that range from alcoholism, marijuana and cocaine addictions to opioid and nicotine dependence. Many of these Veterans also present with co-morbid psychiatric conditions and significant family, employment, financial, housing, medical, dietary and social issues that are integrated into their treatment planning.¹

The Jacksonville SATT clinic staff members include a Psychiatrist, a Psychologist, a Mental Health Advance Practice Registered Nurses, Registered Nurses, Social Workers, Addiction Therapists and Peer Support Specialists. The SATT clinic is an outpatient program that operates Monday through Friday from 8:00 a.m. to 4:30 p.m. Veterans enrolled in SATT programs are case-managed for the duration of their participation in SUD programs, except when such participation is solely in the form of medication-assisted treatment and the Veteran is considered sufficiently stable to transition to Primary Care (or Primary Care Mental Health Integration) for continued medication management. In addition, once the level of care is stepped down to Peer Specialist services only, active case management is no longer required. Case Managers serve within the scopes of their professions to conduct biopsychosocial evaluations; provide individual/group therapy and addiction education; encourage medication-assisted treatments as appropriate; and link Veterans to needed human and service resources within the VA and local community.²

Veterans are initially screened for a residential level of care according to American Society of Addiction Medicine criteria and must not meet criteria for acute psychiatric or medical admission. All patients screened for admission to the SATT are assessed for suicide risk using current VHA guidelines. Upon program admission, all patients receive a comprehensive bio-psycho-social evaluation. Patients admitted to the Ambulatory Detoxification or to a Substance Use Disorder Residential Rehabilitation Treatment Program also receive a complete History and Physical examination, nursing assessment, safe medication management assessment and are assigned a Case Manager. Other assessments are conducted on an as needed basis. Treatment plans are developed on each patient's individual strengths, needs, abilities and preferences. Support services are interdisciplinary and integrated into the comprehensive care model. Upon program entry, all services are offered in a timely manner and are coordinated through the Treatment Team and the Veteran's individual Case Manager.³

The NF/SG VHS ACSAD reported that while participating in a SATT clinic program, Veterans attend a 4-week IOP group program that may include individual therapy, case management and at least 3 hours of group sessions on Tuesdays, Wednesdays and Thursdays, plus an additional 2 or 3 months for relapse prevention as needed. The

¹Jacksonville Substance Abuse Treatment Team Clinic, Scope of Practice. July 25, 2019.

²ibid

³Jacksonville Substance Abuse Treatment Team Clinic, Scope of Practice. July 25, 2019.

SATT clinic program is individualized for each Veteran and focuses on meeting their specific needs.

SATT Case Managers are professionals functioning within their own scope of practice to ensure Veterans receive the needed substance abuse, psychological and psychosocial services in the most appropriate treatment setting. These services are used to provide Veterans with individualized case management and group education sessions in an effort to encourage their participation in an SATT program, and to transition Veterans when appropriate to their Patient Ambulatory Care Team for management and link them to needed human and service resources within the VA and local community.⁴

Caseload is the number of individual Veterans that are assigned to a Case Manager.

Relative Value Unit (RVU) is a measure of the complexity and time required to perform a professional service. The provider work (wRVU) measures productivity.

IOP provides a specialized form of outpatient care that falls between residential care and traditional outpatient care in terms of the frequency and scope of services provided. The IOP provides pharmacotherapy and psychosocial interventions with therapeutic activities 3 days per week for at least 3 hours daily. Case management is required at least weekly to assist the Veteran with establishing and meeting treatment goals. This “specialty” outpatient care is time-limited (4 to 8 weeks) and includes evidence-based treatment interventions, recovery planning, psychosocial rehabilitation and may include the evidence-based Contingency Management program to encourage abstinence and to mitigate relapse. The goals of IOP are for Veterans to benefit from at least two consecutive weeks of abstinence and to initiate connections to resources intended to sustain abstinence, such as community-based recovery resources (e.g., 12 step groups), psychoeducational groups, cognitive behavior/ problem solving groups, Peer Specialist support/recovery groups, supportive housing, Vocational Rehabilitation or sustainable employment, or other specialty treatment programs such as Post Traumatic Stress Disorder or Mental Health Clinic. Successful completion of IOP usually results in a step down to the SUD Outpatient Program to provide continued case management and treatment interventions.⁵

Outpatient Program Traditional (OPT) is an 8-12 week program designed to meet the needs of Veterans who have typically completed a higher level of addictions care, but continue to benefit from case management, psychosocial support and specific attention to barriers for sustained abstinence; it may also include harm reduction approaches. The OPT requires active participation at least weekly and at least monthly case management. Veterans may participate in process group therapy, relapse prevention programs, individual psychotherapy and transitional services.⁶

⁴ibid.

⁵ibid.

⁶Jacksonville Substance Abuse Treatment Team Clinic, Scope of Practice. July 25, 2019.

Specialty Clinic is a specialty practice where the providers in a VA medical facility or clinics are providing a specialty service such as surgery or mental health services. The SATT clinic is considered a specialty clinic within the Mental Health Service.

Open Access (OA) hours are built into the Case Manager clinic profiles for Veterans who may need a same day appointment, Veterans who walk-in without having a scheduled appointment and Veterans who are urgently referred to the SATT clinic.

Findings

The Jacksonville SATT is overseen by the Supervisor/Program Coordinator (S/PC) who has been in the position since March 2020 and supervises all social workers, addiction therapists, psychologists, nurses and psychiatrist. The S/PC reports to the NF/SG VHS ACSAD who oversees all six NF/SG SATT clinics. According to the NF/SG VHS ACSAD, the SATT clinic is considered a specialty clinic program where Veterans are expected to participate for a 3 to 6-month timeframe to receive the services they need and then continue their recovery, which may include mental health services through VA.

The whistleblower alleged excessive caseloads negatively impact Veterans' access to necessary mental health service. In reviewing mental health access, we learned Veterans enrolled in the IOP are required to attend a weekly Case Manager session, while other Veterans are required to have monthly Case Manager sessions at a minimum. The SATT clinic Case Managers have a caseload of Veterans with whom they are required to maintain contact with on a weekly, bi-weekly or monthly basis for the duration of time each Veterans is actively participating in an SATT clinic program. The SATT Case Managers are social workers and addiction therapists, and they are expected to assist each Veteran with their immediate needs, such as working on early sobriety, and helping Veterans connect with resources in their community. The Case Manager may also refer Veterans to other VA services such as primary care and housing programs. Some Case Managers are authorized to conduct psychotherapy sessions; however, this action should not be a routine occurrence because of the high volume of Veterans who participate in the SATT program and the short time frame in which Veterans are actively participating in the program. Case Managers may have a therapeutic tone while meeting with Veterans, whereas SATT Case Managers are not expected to provide ongoing psychotherapy over an extended period. If a Veteran requires psychotherapy for issues or additional therapeutic services that are beyond the scope of the SATT clinic program, the Case Manager may refer the Veteran for VA mental health services or, if eligible, to community care for those services.

The SATT Case Manager clinic profile allocates 32 bookable hours for Veteran appointments, which is the equivalent to 54 available appointments for Veterans to access each week. The 32 bookable hours include 4.5 hours per week for new Veterans appointments (90 minutes each), 18 hours per week for case management appointments (30 minutes each), 2 hours per week for group session appointments (1 hour each) and 7.5 hours for OA appointments (30 minutes each). If clinical judgement warrants, a case management appointment can be extended to 60 minutes. Each SATT Case Manager is also allocated 6.5 hours each week to complete administrative duties. Based on their clinic profile, each SATT Case Manager is able to book 128 hours of

appointment time per month for Veteran access, which could be equivalent to more than 216 appointments, because each Veterans participating in a group session has their own scheduled appointment. If an SATT Case Manager extended all their case management and open access appointments to 60 minutes each week, there would be 32 available appointments for Veteran access each week, or a minimum of 128 available appointments, for Veteran access per month.

The two SATT addiction therapists' (AT) Case Manager clinic profiles are different. The clinic profile for AT1 allocates 32 bookable hours for Veteran appointments, which is equivalent to 49 available appointments for Veterans to access each week. The 32 bookable hours include 4.5 hours per week for new Veterans appointments (90 minutes each), 16.5 hours per week for case management appointments (30 minutes each), 4 hours per week for group session appointments (1 hour each), 6.5 hours for OA appointments (30 minutes each) and 0.5 hour for consults. There is also 6.5 hours allocated each week for AT1 to complete administrative duties. Based on their clinic profile, AT1 is able to book 128 hours of appointment time per month for Veteran access, which could be the equivalent to more than 196 appointments, because each Veterans participating in a group session has their own scheduled appointment. The clinic profile for AT2 allocates 32 bookable hours for Veteran appointments, which is equivalent to at least 42 available appointments for Veterans to access each week. The 32 bookable hours include 4.5 hours per week for new Veterans appointments (90 minutes each), 10.5 hours per week for case management appointments (30 minutes each), 3 hours per week for group session appointments (1 hour each), 1 hour per week for Telehealth appointments (30 minutes), 6.5 hours per week for OA appointments (30 minutes each) and 6.5 hours per week for AT2 to complete clinical administrative duties. These duties include calls to and follow-up with Veterans associated with the Buprenorphine program, which may require case management, assisting with medication only cases and coordinating community care referrals for Veterans to non-VA outpatient treatment programs.⁷ Based on their clinic profile, AT2 is able to book 128 hours of appointment time per month for Veteran access, which could be equivalent to more than 168 appointments, because each Veterans participating in a group session has their own scheduled appointment.

The whistleblower included the following quote from VHA Handbook 1160.04, VHA Programs for Veterans with Substance Use Disorders (SUD), March 7, 2012: "more than 50 patients per Case Manager would likely limit effective efforts to retain or reengage patients early in recover".⁸ The quote is within a section title Capacity Requirements stating:

Community standards typically involve active caseloads of 25-50 Veterans in relatively early recovery (first 90 days) per clinician FTE employee, depending on clinical complexity and the extent of additional resources for

⁷ Buprenorphine program offers a treatment for opioid addiction that can be administered in an office-based setting. Buprenorphine is a daily dose sublingual tablet or filmstrip used for managing opioid addiction. Buprenorphine is a partial opioid agonist, that binds to the same opioid receptors but activates them less strongly than full agonists do.

⁸ VHA Handbook 1160.04, VHA Programs for Veterans with Substance Use Disorders, March 7, 2012

case management services (e.g., housing placement). The distribution of caseloads among “prescribers” and “non-prescribers” may vary by facility, but many patients may require contact with both. There are no VA data to indicate the appropriate “active panel size” but more than 50 patients per Case Manager would likely limit effective efforts to retain or reengage patients in early recovery.

The whistleblower is considered a non-prescriber and reported having 92 Veterans to case manage. However, we learned only 34 of the 92 Veterans listed on the whistleblower’s caseload list remained active participants in an SATT clinic program. There were 58 Veterans listed that were no longer participating in the SATT clinic program.

The VHA Directive 1161, Productivity and Staffing in Outpatient Clinical Encounters for Mental Health Providers, dated April 28, 2020, pertains to mental health productivity expectations and designates mental health supervisors to create an individualized target for all clinicians working in a mental health program. “VHA policy requires mental health productivity targets based on wRVUs for all Veteran-facing mental health providers to ensure access, quality and satisfaction are maintained.” When wRVUs are not available, workload expectations can be identified and measured as the number of completed appointments and the number of unique Veterans assigned to a provider.⁹

The case management goal is to transition Veterans successfully to lower level of care. The SATT clinic program encourages Veterans enrolled in the SATT programs to use local community resources to support their recovery process and endorses a standard episode of care so Veterans can be served within 3 to 4 months (typically) and then transitioned to peer specialist and/or community-based recovery programs. Veterans may return for additional episodes of care as needed; however, they are not always assigned to the same Case Manager. The current Jacksonville SATT Scope of Practice is dated July 25, 2019 and clearly indicates case management is discontinued once a Veteran is only receiving medication-assisted treatment and is stable to transition to their primary care provider for medication management or when Veterans are only working with peer support specialist. Otherwise, Veterans will be case managed for the duration of their participation in the SATT clinic program. The S/PC reported case management assignments are determined based on the needs of the Veteran and by evaluating caseloads to maintain a relatively even distribution of workload to all Case Managers.¹⁰

We conducted a retrospective review of productivity and caseload for each Case Manager. An average of six Veterans participate in each IOP group session. There are additional group sessions for Relapse Recovery, Seeking Safety and Peer Support that have an average of 11 Veterans participating in each group session offered. The following chart shows all Case Managers, on average, failed to complete their minimum

⁹ VHA Directive 1161, Productivity and Staffing in Outpatient Clinical Encounters for Mental Health Providers, April 28, 2020.

¹⁰Jacksonville Substance Abuse Treatment Team Clinic, Scope of Practice. July 25, 2019.

number of available appointments between November 2019 and December 2020. We learned that more than 40 of the Case Managers' monthly completed appointments could be from group sessions and not individual Veteran appointments. Every Veteran who participates in a group session has their own scheduled appointment for the group. The following data indicates several individual case management appointments were available but never scheduled or used for Veterans' care.

SATT Clinic Case Managers' Completed Appointments

Year	2019	2019	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	2020	
Month	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	Monthly Average
CM1	X	26	70	96	71	61	74	114	130	127	92	97	50	X	84
CM2	88	112	135	122	108	128	119	130	82	97	94	138	83	119	111
CM3	90	67	94	102	39	13	41	46	72	70	83	X	X	X	65
AT1	151	114	101	130	104	119	111	142	154	116	138	134	145	105	126
AT2	93	66	45	95	56	182	64	22	13	21	55	139	52	36	67

CM = Case Manager AT = Addiction Therapist

Our review of the data in the preceding chart revealed CM3 only completed 65 appointments on average out of the minimum 128 possible monthly appointments for Veterans' access. The S/PC reported CM3 voiced concerns about having a large caseload of 290 Veterans to case manage; however, the S/PC reviewed the 290 Veterans and found CM3's caseload was only 47 Veterans since several Veterans were no longer participating in the SATT program.

Our review also revealed CM1 had a significant amount of available appointment hours that were never used to see Veterans. CM1 completed 84 appointments on average out of the minimum 128 possible monthly appointments for Veterans' access. We found numerous open appointments available for individual Veteran appointments that were never scheduled into. CM1 allegedly had 92 Veterans to case manage. However, the S/PC reviewed the 92 Veterans and found CM1's caseload was only 34 Veterans since several of the Veterans were no longer participants in a SATT clinic program.

Both CM3 and CM1 resigned from their positions in October and November 2020, respectively. The remaining social worker/Case Manager, CM2, assumed responsibility for both CM1 and CM3 caseloads, resulting in an additional 81 Veterans for CM2 to case manage. Between mid-November 2020 and January 2021, 52 Veterans completed the SATT clinic program leaving only 29 Veterans remaining from the combined caseload of CM1 and CM3.

AT1 is master's prepared but unlicensed therapist. This AT does case manage Veterans and conducts group sessions for SATT Clinic Veterans. As listed in the preceding chart, AT1 completed 126 appointments on average out of the 196 possible monthly appointments for Veterans' access. The AT1 referred to their Veteran caseload as excessive, but also conveyed they did not think there are any access issues because they have always been able to schedule Veterans for appointments when needed. AT1 stated they did not agree Veterans are negatively impacted because they are unable to access the mental health services they need. AT1 has been part of the SATT clinic for

over 14 years and has never experienced an instance when a Veteran who desired treatment for SUD was unable to obtain an appointment due to lack of availability or any other reason.

AT2 is also a master's prepared, unlicensed therapist. This therapist offers group sessions for SATT Clinic Veterans participating in an IOP, case manages Veterans receiving Buprenorphine as treatment for an opioid use disorder and Veterans referred to non-VA opioid treatment centers because they are not suitable for treatment through a SATT clinic program. AT2 reported their caseload includes 77 Veterans and described it as expansive and excessive. As listed in the preceding chart, AT2 completed 67 appointments on average out of the minimum 168 possible monthly appointments for Veterans' access. We found numerous open appointment available for individual Veteran appointments that were never used.

The S/PC acknowledged a historical lack of tracking of the status of Veterans included on the Case Manager caseload lists. This lack of tracking and updating caseload lists resulted in inaccurate caseload numbers for CM1 and CM3, because the Case Manager's caseload included several Veterans who had been inactive in a SATT clinic program for an extended period. At the time of the investigation, the S/PC was completing a 100% review of all Veterans listed on the Case Managers' caseload lists and removing those who no longer participated in a SATT clinic program. The S/PC has implemented a census tracker to follow Veterans from their start in the program, their progress with treatment and case management needs. This census tracker will easily identify Veterans who are not progressing in the SATT program so the Case Managers can evaluate and determine whether the Veteran needs a higher level of care.

The S/PC informed the team there is a goal for a Case Manager's caseload to be between 40 and 50 Veterans; however, at the time of our investigation, the caseload for the one remaining Case Manager was closer to 60 and 70 Veterans due to the two Case Manager vacancies; as of July 19, 2021, these vacancies remain unfilled. Despite posting the position and making selections, the selected candidates declined the offer. These vacancies have existed for over a year. A third vacancy opened in January 2021. However, a new Case Manager started in May 2021. One of the two RN positions also became vacant in June 2021. Jacksonville converted one of the two vacant full-time psychiatry positions to an Advance Practice Nurse position, and a candidate has accepted the position. We also learned a new Psychologist position has been authorized and will need to be readvertised because all previous candidates declined because they desired a virtual work setting. The full-time program support assistant position remains vacant. Some SATT clinic staff members indicated morale is low because there has been limited interaction with SATT clinic leadership throughout the COVID-19 pandemic prior to the arrival of the S/PC. The S/PC is engaged and attempting to improve process and morale. The S/PC has taken on some Veteran care responsibilities to help alleviate some of the burden resulting from the vacant social worker/Case Manager positions.

For over a year and a half, a psychiatrist has been detailed to the SATT clinic to oversee the medication management for Veterans who are prescribed Suboxone as part of their treatment plan while they participate in the SATT program. Suboxone is a medication used for opioid use disorder and the prescriber is required to have a special Drug Enforcement Agency (DEA) waiver. The detailed psychiatrist has the required waiver and manages the medication for Veterans receiving it to treat their opioid or alcohol use disorders. We reviewed the psychiatrist's scheduled appointments for the most current 12-month period and found a range of 7 to 9.6 appointments completed per day. The psychiatrist also manages consults. We did not identify any patient safety concerns while speaking with this provider. The psychiatrist voiced confidence in the current SATT clinic frontline staff members and frequently observes them working well together to meet Veterans' needs. The psychiatrist reported the clinic rarely turns away a Veteran and will work with anyone who walks in and asks for an appointment.

The SATT Clinic psychologist did not agree with the above allegation, stating that he did not think SATT clinic providers have excessive caseloads that prevent Veterans from getting access to care. This psychologist provides individual psychotherapy and facilitates portions of the 3-hour IOP group sessions that occur three times per week. We reviewed the psychologist's scheduled appointments for the most current 12-month period and found a range of 7.2 to 11.6 appointments completed per day. We did not identify any patient safety concerns while speaking with this provider. He did indicate he would like to offer more services; however, there are space constraints in the existing SATT clinic space. The psychologist has been with the program for over 13 years and said the program is in a better place presently than it has been in the past, with exception to the vacancies.

We spoke with the Peer Support Specialist (PSS) and learned their role is to offer additional support to Veterans with a substance use disorder once they have completed the SATT clinic program. The PSS facilitates the SATT clinic group sessions. If a Veteran expresses interest in participating in the voluntary PSS group sessions, their Case Manager will refer the Veteran to the PSS.

Multiple SATT Clinic staff members reported the existing frontline staff members at the time of the OMI investigation work tirelessly to ensure the safety of Veterans as well as each other. The SATT Clinic normally operates at a very fast pace and this year they have reportedly had an increase in the number of Veterans being seen in the clinic due to COVID-19 pandemic-induced stress. The existing frontline staff members made it clear that they genuinely care about the Veteran population served by the SATT clinic and they are committed to work together to ensure Veterans are safe and their immediate needs are met, including same day access. We did not find any evidence of excessive caseload sizes, adverse patient care events or a lack of timely access for Veterans to obtain necessary mental health services for SATT clinic Veterans. We find, however, the fast operating pace of the Jacksonville SATT clinic together with the high demand for its services creates a serious potential for delays because Veterans may not be able to be seen timely due to the four long-term vacancies still not filled (i.e., the two psychiatrists open positions and the two Case Manager positions) and the lack of

designated scheduling support. Especially if there is an unanticipated vacancy with the existing psychiatrist or psychologist.

Conclusion for Allegation 1

We **do not substantiate** clinical providers have excessive caseload sizes, the existence of a lack of access for Veterans to obtain necessary mental health services or Veterans have been negatively impacted in any way. However, the fast operating pace of the Jacksonville SATT clinic combined with a high demand for offered services and vacancies creates a serious potential for delays.

Recommendations to NF/SG VHS

1. Prioritize recruitment to fill the two psychiatrists' vacancies and the two permanent Case Manager positions; identify strategies to recruit and retain staff.
2. Present and discuss with clinic employees the monthly SATT clinic access data to include provider and case management workload, wait times, consults, scheduling timeliness and monthly scheduled appointment hours to increase overall awareness and understanding of data.

Allegation 2

Numerous scheduling practices at the SATT Clinic violate VA policy, including blind scheduling, failure to use the electronic waitlist (EWL) and failure to meet the required minimum scheduling efforts.

Findings

Scheduling

We found the SATT clinic located in Jacksonville used an inefficient and confusing scheduling process that required multiple steps without dedicated schedulers for the SATT clinic. Prior to the week of our investigation, the scheduling practice in place for Veterans who needed to return to clinic (RTC) was as follows: the provider negotiated an appointment with the Veteran and then entered an RTC order. Jacksonville SATT clinic staff members would then communicate the agreed upon appointment date to the schedulers located in Gainesville, Florida, who subsequently created the appointments in the scheduling system for each Veteran. As a result of double-booking appointments, delays in dispositioning RTC orders and scheduling the pre-negotiated appointments, appointment availability displayed in the Computerized Patient Record System inaccurately. Nurses assigned to the SATT clinic began negotiating clinic appointment dates for some providers and then emailed the Gainesville scheduler the appointment date and time to schedule the Veteran. Per several SATT clinic staff members, the NF/SG VHS ACSAD, who oversees all six NF/SG SATT clinics, decided the Jacksonville SATT staff members would track what was sent to the Gainesville schedulers by writing the Veteran's last name and last four of their social security number in government issued paper calendar book(s), which is a direct violation of VHA Directive 1230(3), Outpatient Scheduling Processes and Procedures, dated July 15,

2016.¹¹ The SATT clinic staff members used the paper calendar books to identify appointment availability per the direction of the NF/SG VHS ACSAD. Although the ACSAD denied providing such direction to staff, numerous SATT clinic staff members stated the opposite. The S/PC is a new supervisor on location at the Jacksonville SATT clinic and the statements of several SATT clinic staff member indicated they used paper calendar books prior to the new S/PC's arrival. The S/PC expressed the intent to address numerous scheduling concerns that exist at the Jacksonville SATT clinic.

The investigative team immediately notified the NF/SG VHS Director regarding the use of paper calendar books in the SATT clinic, a violation of VHA Directive 1230(3). The VHS Director issued an immediate cease and desist order for the use of paper calendar books, and subsequent removal and sequestering of all paper calendar books used in violation of policy. The Privacy Officer initiated a Private Security Event System (PSES) investigation in response to these findings as well.

We also found several providers using the calendar books with Veterans' names and clinic appointments written throughout them, as well as a calendar book staff referred to as "master calendar books" for Psychiatry appointments and for consults and post hospitalization appointments. VHA Directive 1230(3) lists Appendices B-L and N-P on the subject of Business Rules, stating employees must not use any other wait list format including, but not limited to Excel documents, paper lists, shared drives, calendars, logbooks or other locations where Veterans' information is recorded for tracking Veterans' requests for outpatient appointments.¹²

We also discovered IOP clinics were being scheduled the same day of the group session after attendance is taken, rather than being scheduled in advance. The group same day appointment volume stood out as high utilization when reviewed with the create date and the appointment date being the same date. We identified approximately 400 group session clinic appointments that were made the same day each month in multiple quarters of FY 2020 and an additional 120 open access clinic appointments that were made the same day each month. This same day scheduling practice is a violation of VHA Directive 1230(3) and calls into question the accuracy of overall wait time and no-show data for the IOP group session clinics.

Option for Community Care

The VA Mission Act of 2018 was enacted on June 6, 2018. Among other things, this Act established the Veterans Community Care Program (VCCP) codified at 38 U.S.C. § 1703, as amended.¹³ Eligibility criteria for VA's VCCP are further implemented by 38 C.F.R. § 17.4000 *et seq.* Under VCCP, an eligible Veteran may opt to receive needed care in the community from a participating contract provider (see 38 U.S.C. § 1703A).

¹¹ VHA Directive 1230(3) Outpatients Scheduling Processes and Procedures. July 15, 2016. We note this policy was amended on June 17, 2021 to VHA Directive 1230(4) Outpatients Scheduling Processes and Procedures, VA references policies in place at time of allegations and investigation.

¹² *Ibid.*

¹³ John S. McCain III, Daniel K Akaka, and Samuel R Johnson, VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (MISSION) Act of 2018, Public Law 115-182, as amended.

Examples of eligibility criteria for the VCCP include, but are not limited to, cases where driving time to the VA for the care would exceed applicable access standards, delivery of the care in the community would be in the best medical interest of the Veteran, the needed care is not available within VA or the Veteran was eligible for community care under the Veterans' Choice Program before it expired. See 38 C.F.R. § 17.4010 for full details of the eligibility criteria. Access standards, for purposes of eligibility determinations to access care in the community through the VCCP, are codified at 38 U.S.C. § 1703B, as implemented by 38 C.F.R. § 17.4040.

More specifically, 38 C.F.R. § 17.4040(a)(1) establishes access standards applicable to VA VCCP eligibility determinations. As to primary care, mental health care, and non-institutional extended care services, the access standard is defined as follows:

VA cannot schedule an appointment for the covered Veteran with a VA health care provider for the required care or service:

- (i) Within 30 minutes average driving time of the Veteran's residence; and
- (ii) Within 20 days of the date of request unless a later date has been agreed to by the Veteran in consultation with the VA health care provider.

Here, the access standard established in 38 C.F.R. § 17.4040(a)(1) is but one eligibility basis VA staff may use in determining a Veteran's eligibility to participate in VCCP (see 38 CFR § 17.4010(a)(4)). Staff interviewed here relied on the 30-day metric scheduling standard set out in VHA Directive 1230(3) (applicable to scheduling in-house VA outpatient appointments) and were unaware of the access standard applicable to a VCCP-eligibility determination. Staff need to consider both options when scheduling a Veteran for outpatient care, ultimately letting a Veteran who qualifies for VCCP decide under which program the Veteran would like to receive the needed care. This situation appears to be why the access standard allows for a later date to have been agreed to by the Veteran. We discovered that several SATT staff members and providers, as well as the NF/SG VHS ACSAD, who oversees all NF/SG SATT clinics, were unaware of these aspects of the VA Mission Act of 2018.

Blind Scheduling

Pursuant to VHA Directive 1230(3), blind scheduling occurs when an appointment is scheduled without negotiating the date and time with the Veteran and is prohibited per this same directive. We found no evidence of the systemic use of blind scheduling for the SATT clinic appointments. One provider indicated occasional scheduling of appointments without Veteran input did occur so an appointment would coincide with other appointments that were already scheduled in the clinic. When this happened, the Veteran was notified of appointment date/time by letter or phone message. When Veterans start participating in the a SATT program, they are made aware certain appointments may occur on the same day.

Electronic Wait List

The whistleblower's allegation that the SATT clinic is failing to use the EWL is irrelevant since the EWL was nationally deactivated in July 2019.¹⁴ The "Unable to Schedule" process replaced the EWL.

Consults

VHA Directive 1232(2), Consult Processes and Procedures, August 24, 2016, establishes policy and specific processes for consult management. We note this policy was amended April 5, 2021, to VHA Directive 1232(3) Consult Processes and Procedures. VA references policies in place at time of allegations and investigation. The VHA electronic consultation package is used for traditional clinical consultation, administrative communication, Community Care coordination, clinical procedures, prosthetics and future care.¹⁵ Each facility is required to routinely monitor consult performance and outcomes and ensure the EHR consult package is used for all clinical consultations. The use of a Care Coordination Agreement must be established in each clinical service and department with the goal of optimizing referral relationships, establishing clear processes, and reducing the need for inspection or rework of the consult.¹⁶ Consult templates in the EHR are used to operationalize Care Coordination Agreements and enhance the effectiveness of referrals. The consult template, also known as the Consult Toolbox (CTB), standardizes the consult process across all VA medical facilities. Per a memorandum issued by the Deputy Under Secretary for Health for Operations and Management in July 2018, use of the CTB is mandatory.¹⁷

Throughout the course of the investigation, the majority of staff members interviewed were unaware of the upgraded CTB or the new "Unable to Schedule" option when a user receives a consult or adds a comment to a consult, which is required to use when internal clinical consults are unable to be scheduled.¹⁸ Despite this lack of awareness, we found appointments were appropriately scheduled when not referred to Community Care. Staff were knowledgeable of policies regarding contact attempts and documentation of attempts. We did not find evidence that Jacksonville SATT failed to meet the required minimum scheduling efforts.

Scheduling Operations

During the week of our investigation, the scheduling responsibilities for the Jacksonville SATT clinic was moved from the Gainesville location to Jacksonville Mental Health Medical Support Assistants (MSAs), who are located at the same site of the SATT clinic

¹⁴ Memorandum from Acting Deputy Under Secretary for Health for Operations and Management (10N). Mission Act Electronic Wait List Initiative and Key Electronic Wait List (EWL) Process Changes. July 8, 2019.

¹⁵ VHA Directive 1232(2). Consult Processes and Procedures. August 24, 2016. We note this policy was amended on April 5, 2021, to VHA Directive 1232(3) Consult Processes and Procedures.

¹⁶ *ibid.*

¹⁷ VA Memorandum, National Deployment of Consult Toolbox Version 1.8.001, Deputy Under Secretary for Health for Operations and Management (10N), July 17, 2018.

¹⁸ VHA Office of Community Care Important Announcement. Release of Consult Toolbox v1.9.0076 and "Unable to Schedule" Documentation. September 8, 2020.

but they are not specifically dedicated schedulers for the SATT clinic. The past SATT clinic scheduling practices in Gainesville, the lack of dedicated scheduling staff for the Jacksonville SATT clinic and the poor guidance from the NF/SG VHS ACSAD, who oversees all six NF/SG SATT clinics, are significant contributing factors that led to several violations of VHA Directive 1230(3). Designated scheduling staff is necessary because the Jacksonville SATT clinic is different from other mental health clinics since participation requires a large number of appointments to be scheduled for each Veteran participating in a SATT clinic program.

VHS Director

When discussing the scheduling violations that were discovered, the NF/SG VHS ACSAD did not appear to grasp the seriousness of the violation. She stated “I don’t know how to communicate to you that (scheduling processes) may work fine when you are scheduling someone, you know once a quarter. It doesn’t work fine when you are seeing tons of people with lots of providers and you’re bringing them back the next day or 2 days later or even a week or two later. It challenges the staff to try to get those (appointments) all processed.” The Deputy Director, VHA Office of Mental Health Operations and Suicide Prevention, who was an SME for the investigative team, pointed out that part of the Jacksonville SATT clinic’s difficulty is a result of a failure to schedule the IOP group sessions in advance. The IOP may require participation in daily group session for the first 3-weeks and all their appointments should be scheduled at the time of the Veteran’s enrollment, enabling the providers to track attendance and hold Veterans accountable for missed appointments. The current practice for Veterans enrolled in an IOP is for schedulers to make a same day appointment if the Veteran shows up for a group session and are not scheduled in advance for group sessions. Veterans should be informed of expectations and program requirements when they are initially enrolled in an IOP. When asked about the current scheduling practices for Veterans enrolled in an IOP, the NF/SG VHS ACSAD responded, “We did do the IOP the way that you’re describing, and you’re correct, there were lots of no shows. So, the scheduler, the people that schedule, made lots of appointments and then they no-showed or canceled, mostly no-showed lots of appointments.”

The investigative team’s scheduling SME from OVAC pointed out the same day appointment are only authorized for walk-in clinics for open access, and also informed the NF/SG VHS ACSAD that VHA Directive 1230(3) requires all group session clinic appointments that are part of a treatment plan to be scheduled in advance. The NF/SG VHS ACSAD stated she understood and would take measure to ensure Veterans are being scheduled in accordance with VHA Directive 1230(3).

Conclusions for Allegation 2

- We **substantiate** numerous scheduling practices at the Jacksonville SATT Clinic violate VHA Directive 1230(3), Outpatient Scheduling Processes and Procedures, including the use of government issued paper calendar books to track negotiated appointment dates by writing the Veteran’s last name and last four of their social security number on the appointment date and time in the paper calendar book; the use of paper calendar books to identify appointment availability; the use of paper

calendar books as “master calendar books” for Psychiatry appointments and for consults and post hospitalization appointments; and same day scheduling for IOP group session after attendance is taken rather than being scheduled in advance. We note the referenced policy was amended on June 17, 2021, to VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures. VA references policies in place at time of allegations and investigation.

- The ACSAD knowingly provided instructions to staff that violated scheduling policies as indicated by information and responses she provided during our interview.
- We did not find evidence of systemic blind scheduling or failure to meet the required minimum scheduling efforts.
- The whistleblower’s allegation that the SATT clinic is not accurately recording data on the EWL is irrelevant since the EWL was nationally deactivated in July 2019.
- We did find multiple employees were unaware of certain eligibility for community care aspects of the VA Mission Act of 2018 enacted on June 6, 2018.

Recommendations to NF/SG VHS

3. Recruit and hire at least one dedicated scheduler for the Jacksonville SATT clinic. Ensure they complete all scheduling training and are granted access to the required scheduling keys to negotiate date/time of appointments to ensure timeliness of scheduling and compliance with VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures, dated July 15, 2016; amended June 17, 2021.
4. Review and ensure all scheduling practices at the Jacksonville SATT clinic are compliant with VHA scheduling policies, provide training to all Jacksonville SATT clinic supervisory and non-supervisory staff members and providers on VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures, dated July 15, 2016; amended June 17, 2021, including the requirement for advance scheduling for all IOP group sessions and “Unable to Schedule” process, and training on VCCP eligibility criteria. Monitor for compliance and address non-compliance with additional training and administrative action as indicated.
5. Carryout PSES investigation and follow-up accordingly.
6. Evaluate the effectiveness of the NF/SG VHS Associate Chief for Substance Abuse Disorders who oversees all six NF/SG SATT clinics given the guidance the ACSAD provided to Jacksonville SATT clinic staff members, which violated VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures, dated July 15, 2016; amended June 17, 2021. Conduct review of scheduling practices at all NF/SG VHS SATT Clinics to ensure scheduling practice violation are not systemic.

Recommendation to VHA

Coordinate consultative visit from the National Program Office for Mental Health Residential Rehab Treatment Programs to conduct a comprehensive review of all six NF/SG SATT clinics to ensure adequate oversight, scheduling practice compliance,

all programs are operating with best practices or equivalents in place and evaluation of “Modeling to Learn” program using local data for process improvement.

Allegation 3

The whistleblower has reported these allegations to NF/SG VHC leadership, but there has been no action taken to address the possible delay of care for veterans at the SATT Clinic.

Findings

The whistleblower provided clarification regarding this allegation by stating the allegations were not reported to NF/SG executive leadership, but they were reported to the NF/SG VHS ACSAD who oversees all six NF/SG SATT clinics and the S/PC for the SATT clinic. The NF/SG VHS ACSAD informed the Chief of Mental Health about the whistleblower’s allegations. However, the NF/SG executive leadership was never made aware of the said allegations. The NF/SG VHS ACSAD acknowledges the whistleblower did express concern to her about the safety of Veterans and the whistleblower’s ability to schedule them in a timely manner. She reportedly reviewed the whistleblower’s schedule and found multiple available appointments for timely scheduling of appointments for the Veterans and took no further action.

Conclusions for Allegation 3

- We **do not substantiate** these allegations were reported to NF/SG VHS executive leadership per the whistleblower’s own clarification.
- The NF/SG VHS Associate Chief for Substance Abuse Disorders was made aware of the allegations, reviewed the whistleblower’s schedule and found multiple open appointments available for timely scheduling of appointments.

Recommendation to NF/SG VHS

None

VI. Summary Statement

We have developed this report in consultation with other VHA and VA offices to address OSC’s referral that included three allegations concerning the NF/SG VHS. We reviewed each allegation and determined the merits of each of them. The National Center for Ethics in Health Care provided a health care ethics review. We did find evidence of numerous scheduling practices at the Jacksonville, Florida SATT Clinic that violate VA policies. We did find evidence of conduct that violates VHA Directive 1230(3), Outpatient Scheduling Processes and Procedures; however, we did not find a specific danger to public health specific to the referred allegations.

Attachment A

1. The VA Maintaining Internal Systems and Strengthening Integrated Outside Networks (VA Mission Act) of 2018 enacted by the Senate and House of Representatives of the United States of America in Congress. June 6, 2018.
2. Memorandum from Acting Deputy Under Secretary for Health for Operations and Management (10N). Mission Act Electronic Wait List Initiative and Key Electronic Wait List (EWL) Process Changes. July 8, 2019.
3. VHA Office of Community Care Important Announcement, Release of Consult Toolbox v1.9.0076 and "Unable to Schedule" Documentation, September 8, 2020.
4. VHA Directive 1230(3), Outpatient Scheduling Processes and Procedures, July 15, 2016. We note this policy was amended on June 17, 2021, to VHA Directive 1230(4), Outpatient Scheduling Processes and Procedures. VA references policies in place at time of allegations and investigation.
5. VHA Directive 1232(2), Consult Processes and Procedures, August 24, 2016. We note this policy was amended on April 5, 2021, to VHA Directive 1232(3), Consult Processes and Procedures.
6. VHA Directive 1161, Productivity and Staffing in Clinical Encounters for Mental Health Providers, April 28, 2020.
7. VHA Handbook 1160.04, VHA Programs for Veterans with Substance Use Disorders (SUD), March 7, 2012.
8. Jacksonville Substance Abuse Treatment Team Clinic, Scope of Practice. July 25, 2019.
9. NF/SG Veterans Health Center Organizational Chart
10. NF/SG Mental Health Service Line Organizational Chart
11. NF/SG SATT Clinic Position Chart
 - a. NF/SG SATT Clinic Functional Statements
 - b. Psychologist
 - c. Social Work/Case Manager
 - d. Registered Nurse
 - e. Addiction Therapist
12. NF/SG SATT Clinic Productivity Reports
 - a. Caseload Reports
 - b. Encounters/Unique Reports
 - c. Community Care Referral Report

13. Relevant Veteran Experience Office reports, Quality Management documents, Email and Correspondence.

14. All documented provided by the Whistleblower.

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Key to Investigative Team Members

- (B6) [REDACTED] M.D., Senior Medical Investigator
- (B6) [REDACTED], MS, BSN, RN, NE-BC, Clinical Program Manager
- (B6) [REDACTED] PhD, ABPP-Cn, Director of Field Support and Analytics, VHA Office of Mental Health Operations and Suicide Prevention (Subject Matter Expert)
- (B6) [REDACTED], National Consult Program Manager from the Office of Veterans Access to Care. (Subject Matter Expert)

Key to Interviewees

- (B6) [REDACTED], MPA, FACHE, NF/SG VHS Director
- (B6) [REDACTED], Human Resources
- (B6) [REDACTED], PhD, NF/SG VHS SATT Clinic Clinical Director
- (B6) [REDACTED], DSW, SATT Clinic Program Coordinator
- (B6) [REDACTED], MCAP, Addiction Therapist
- (B6) [REDACTED], MCAP, Addiction Therapist
- (B6) [REDACTED], LCSW, Social Worker
- (B6) [REDACTED], PhD, Psychologist
- (B6) [REDACTED], D.O., Psychiatrist
- (B6) [REDACTED], RN
- (B6) [REDACTED], RN
- (B6) [REDACTED] Program Support Specialist
- (B6) [REDACTED], CBHT, Peer Support Specialist
- (B6) [REDACTED], Jacksonville Outpatient, Administrative Officer
- (B6) [REDACTED], Group Practice Manager
- (B6) [REDACTED] Group Practice Manager