DEPARTMENT OF VETERANS AFFAIRS (VA)

Washington, DC

Report to the
Office of Special Counsel
OSC File Number DI-21-000746

Department of Housing and Urban Development – VA Supportive Housing (HUD-VASH)
Albuquerque, New Mexico

Report Date: January 26, 2022

TRIM 2021-C-42

Executive Summary

The Office of the Secretary of Veterans Affairs received a referral from the U.S. Office of Special Counsel (OSC) on September 3, 2021, for formal investigation. Subsequently the Acting Under Secretary for Health directed the Office of the Medical Inspector (OMI) to assemble and lead a Department of Veterans Affairs (VA) team to investigate allegations concerning the Department of Housing and Urban Development-VA Supportive Housing (HUD-VASH) Program located in Albuquerque, New Mexico (hereafter, Albuquerque). The anonymous whistleblower alleged that due to reductions in home visits and staffing shortages, the health of remotely-located Veterans has been put at risk. We conducted an onsite investigation from October 19-21, 2021.

1. *Employee 1 and Employee 2 have rejected the requests of a HUD-VASH case manager, to travel to visit eight veterans in person in violation of agency policy.*

2. *The failure to conduct home visits has placed Veterans' health at risk and contributed to a Veteran's death that occurred the week of Date, 2021.*

3. *Vacancies in case manager positions in the New Mexico HUD-VASH program, including those in Farmington, Gallup, and Zuni, compromised program access for Native American and rurally located Veterans.*

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.

After a careful review of the evidence, we make the following conclusions and recommendations:

Conclusion(s) for Allegation 1

- We **do not substantiate** the Employee 1 and Employee 2 Employee 2 rejected the requests of a HUD-VASH case manager to travel to visit eight Veterans in person in violation of agency policy.

- The instruction to remotely case-manage Socorro and Valencia County Veterans was not a violation of Veterans Health Administration (VHA) Directive 1162.05(1), Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, dated June 29, 2017. Two Deputy Under Secretary for Health for Operations and Management memoranda provided an exception to this policy.

Recommendation(s) to HUD-VASH

1. Consider reassigning Albuquerque case managers to cover Valencia and Socorro Counties or approving overnight travel with per diem for the Taos case manager.

Conclusion(s) for Allegation 2

- We **do not substantiate** the failure to conduct HUD-VASH home visits placed Veterans' health at risk and contributed to a Veteran's death the week of Date 2021.

- The HUD-VASH SW case manager appropriately contacted the Homeless Patient Aligned Care Team (HPACT) clinicians to alert them to a possible medical concern.

- The HPACT clinicians contacted the Veteran and provided appropriate advice for the Veteran to seek Emergency Department (ED) or urgent care, which he did.

- The Veteran was in the maintenance phase of the HUD-VASH program and had demonstrated the ability to maintain stable housing and successfully access public transportation.

- The HPACT Registered Nurse and ED clinicians took appropriate actions to provide care for the Veteran. The Veteran was determined to have decision-making capacity by the ED physician and elected to leave against medical advice prior to completing evaluation and treatment.

Recommendation(s) to HUD-VASH

None.

Conclusion(s) for Allegation 3

- We **do not substantiate** vacancies in case manager positions in the New Mexico HUD-VASH program, including those in Farmington, Gallup and Zuni compromised program access for Native American and rurally-located Veterans.

- Lack of dedicated case workers in these rural areas could reduce Veterans' awareness of the HUD-VASH program, and the additional case load dilutes the covering case manager's time with Veterans.

Recommendation(s) to HUD-VASH

2. If the facility is unable fill the vacant case manager positions for Gallup and Farmington, work with the Veterans Integrated Service Network to fill them with contract employees.

3. Reconcile Albuquerque's intent to not recruit the Zuni case manager position with the March 4, 2021, memorandum from the Executive Director, VHA Homeless Programs Office, related to the Zuni case manager position (HR Smart #250624).

Summary Statement

We developed this report in consultation with other VHA and VA offices to address OSC's concerns that HUD-VASH, due to reductions in home visits and staffing shortages, putting the health of remotely-located Veterans at risk. We reviewed the allegations and determined the merits of each, and the National Center for Ethics in Health Care provided a review. The whistleblower alleged the Employee 1 Employee 1 and Employee 2 rejected requests of a HUD-VASH case manager to travel in violation of agency policy; that failure to conduct home visits contributed to a Veteran's death; and vacancies in case manager positions in the New Mexico HUD-VASH program compromised program access for Native American and rurally-located Veterans. We found no violations of VA policy and no potential threat to safety.

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I. Introduction

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II. Facility Profile

The New Mexico VA Health Care System (NMVAHCS) serves Veterans in New Mexico, four counties in southern Colorado and west Texas. It is a Joint Commission-accredited, Veterans Health Administration (VHA) complexity level 1b, tertiary care referral center with a 24-hour Emergency Room.[1] It is also the only VA medical center in the State of New Mexico. In addition to Albuquerque, there are 13 community-based outpatient clinics (CBOC) that provide primary care, primary mental health care and specialty care. Seven CBOCs are VA-staffed clinics located in Artesia, Farmington, Gallup, Silver City, Raton, Santa Fe and Northwest Metro, New Mexico. Six CBOCs are contract clinics located in Alamogordo, Truth or Consequences, Espanola, Las Vegas and Taos, New Mexico and one in Durango, Colorado. The NMVAHCS has a joint venture partnership with the 377 Medical Group/Kirtland Air Force Base and partners with Indian Health Service (IHS) and tribal health care organizations for provision of direct care to eligible American Indian Veterans. Signed agreements provide reimbursement from NMVAHCS to IHS/tribal health organizations for direct care delivery.

III. Specific Allegations of the Whistleblower

1. *Employee 1 and Employee 2 have rejected the requests of a HUD-VASH case manager, to travel to visit eight Veterans in person in violation of agency policy.*

2. *The failure to conduct home visits has placed Veterans' health at risk and contributed to a Veteran's death that occurred the week of Date, 2021.*

3. *Vacancies in case manager positions in the New Mexico HUD-VASH program, including those in Farmington, Gallup, and Zuni, compromised program access for Native American and rurally located Veterans.*

[1] 1b-High complexity: Facilities with medium-high volume, high risk patients, many complex clinical programs and medium-large research and teaching programs.

IV. Conduct of Investigation

We conducted an on-site investigation on October 19-21, 2021, with a Senior Medical Investigator and a Clinical Program Manager, both from OMI; the Health Care for Homeless Veterans National Program Director; and a Human Resource Consultant from VHA. We held an entrance brief on October 19 with the following:

- Veterans Integrated Service Network (VISN) 22 Network Director;
- Medical Center Director;
- VISN 22 Quality Management Officer (QMO);
- Associate Director Patient Care Services (ADPCS);
- Assistant Director;
- Chief, Quality, Safety and Value (QSV); and
- Executive Assistant (EA) to the VISN QMO.

We held an exit brief on October 21 with the following:

- VISN 22 Chief of Staff (COS);
- VISN 22, Deputy QMO;
- VISN 22 EA to the QMO and ADPCS;
- Associate Director;
- Assistant Director; and
- Chief, QSV.

We toured the HUD/VASH program office and interviewed the following:

- Seven HUD-VASH Social Work (SW) Case Managers
- Home Based Primary Care Social Workers
- Two Registered Nurses (RN) supporting HUD-VASH
- HUD-VASH Supervisor
- HUD-VASH SW Chief
- ADPCS
- Patient Safety Manager
- SW Chief

V. Background, Findings, Conclusions, and Recommendations

Allegation 1

Employee 1 *and* Employee 2 *have rejected the requests of a HUD-VASH case manager, to travel to visit eight Veterans in person in violation of agency policy.*

Background

VHA Directive 1162.05, Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, dated June 29, 2017, outlines the requirements for

the Case Management team including, "…assessing Veterans through comprehensive bio-psychosocial evaluations to determine acuity status" and a requirement for, at a minimum, quarterly re-assessment based on Veteran needs and acuity status. Additionally, the Case Management team should facilitate and provide access to appropriate treatment and supportive case management services, coordinating Veteran-centered care across service providers which include VA and non-VA providers. There are five basic levels of case management in VHA 1162.05:

- Intensive: The Case Management team works with the Veteran to obtain clinical stability. At a minimum, weekly home visits are required but even more frequent interactions may be needed.
- Stabilization: Veterans are more adept at managing their housing responsibilities and their physical, mental health and substance use disorders are more stable. At least twice a month home visits are required, with additional interactions as needed.
- Maintenance: Case management services ensure that needed treatment, support and mentoring assistance continue after placement in housing. Home visits need to occur at least every month. Other interactions, such as phone calls, may be indicated.
- Preparation for Discharge: Veterans who have functioned at a very independent level for at least 6 to 12 months and sustained a low acuity level may be considered for this phase to practice and plan for discharge from HUD-VASH. Case management can be provided in the home, community or at the medical center. Contacts are to occur at least quarterly.
- Graduation/Discharge: Graduation is for Veterans who no longer need case management services. A Veteran is discharged from HUD-VASH when he/she is no longer participating in case management.[2]

VHA Directive 1162.05 further states: "It is VHA policy for HUD-VASH to provide clinical case management and supportive services to Veterans in HUD-VASH by utilizing the principles of Housing First, a team-based model of care comprised of multi-disciplinary staff and shared caseloads. Chronically homeless and other vulnerable homeless Veterans, based on the HUD Prioritization Notice, are admitted to case management to support the ongoing effort to end Veteran homelessness." Housing First is an evidence-based clinical practice that centers on rapid housing for homeless individuals with high service needs and then provides case management and supportive services to sustain housing. The immediate and primary focus of Housing First is to help individuals and families quickly access and sustain permanent housing.[3]

On March 31, 2020, the Deputy Under Secretary for Health for Operations and Management (DUSHOM) issued the memorandum *Guidance to Avoid All Routine or Non-urgent Face-to-Face Visits* to all VISN Directors.

[2] VHA Directive 1162.05, Housing and Urban Development Department of Veterans Affairs Supportive Housing Program. (June 29, 2017).
[3] Ibid.

1. The purpose of this memorandum is to provide guidance for all outpatient appointments, including Primary Care, Mental Health and Specialty Care, throughout the COVID-19 pandemic. This guidance is intended to reduce the risk of infection and exposure for our Veterans and aligns with Center for Disease Control and Prevention recommendations.

a. Sites should be working to eliminate all but urgent face-to-face (F2F) visits across all clinical services.

b. In house Specialty consults should be completed using virtual modalities to the extent possible.

c. All Specialty services are expected to implement E-consults and use them to answer new consult requests in place of F2F visits whenever clinically appropriate.

d. Medication refills should be mailed whenever clinically appropriate.

2. To the extent possible, all providers and scheduling staff need to review and convert as many future appointments to telephone or video in place of F2F as possible. To deliver virtual care, clinical teams should use the modality that has the lowest technology requirement, such as Secure Messaging (SM) or telephone visits unless a video visit is deemed clinically necessary or if a Veteran prefers a video visit.

On April 4, 2020, the DUSHOM issued an internal VHA memorandum *Homeless Program Office (HPO) Guidance on Face-to-Face Visits* to all VISN Directors, Network Homeless Coordinators and Medical Center Directors:

1. The top priority in the VA response to COVID-19 is the protection of Veterans and staff. VHA Homeless Programs serve a high-risk, vulnerable Veteran population and minimizing risk of potential COVID-19 exposure to these Veterans and the staff who serve them is of primary concern. Until further notice, VHA Homeless Programs will follow the guidelines outlined in this memorandum.

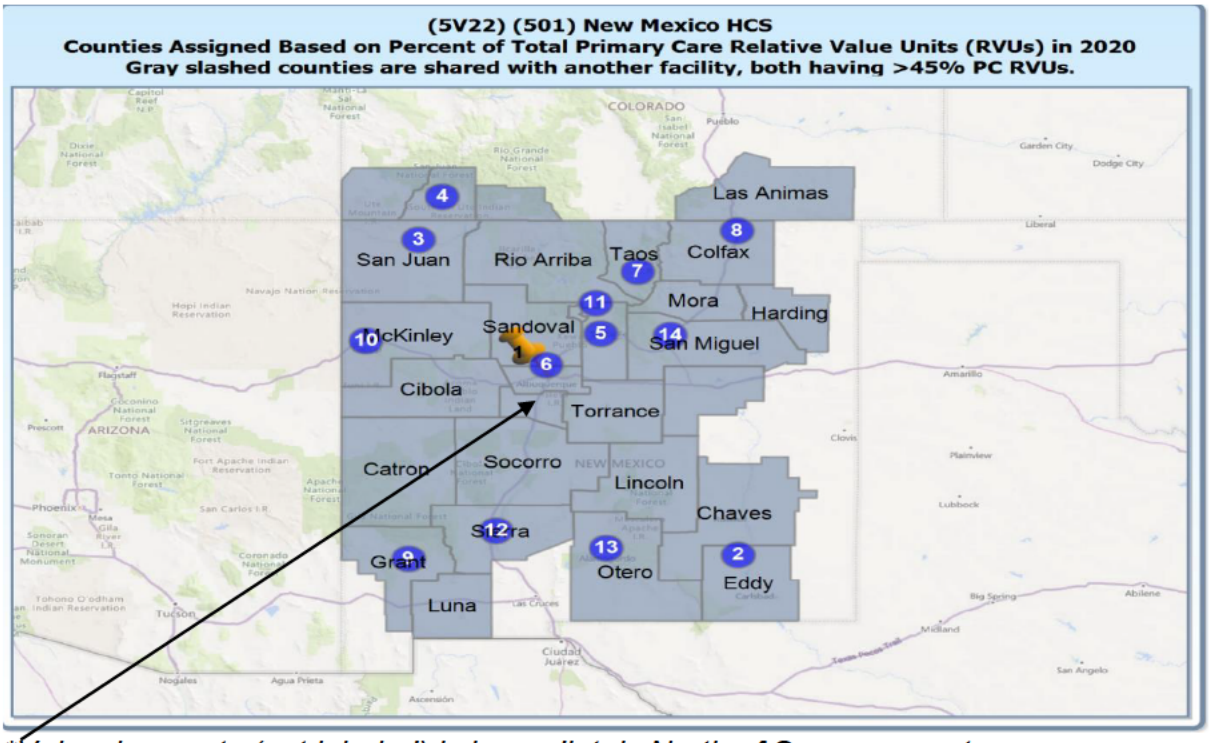
2. During this national emergency, face-to-face home and community visits are not required. Decisions regarding clinical practice, including face-to-face and community visits, should be made based on VA medical center (VAMC) and VISN emergency response guidance. The VHA Homeless Program Office (HPO) recommends that face-to-face contact only occur for essential visits. In the absence of VAMC or VISN determinations regarding essential visits, HPO defines such visits as those intended to address threats to patient safety and physical well-being. If home or community visits are determined to be essential, local policy and clinical judgement should determine if these visits are outside the bounds of traditional case management and supportive services and should

instead be performed by law enforcement, emergency or medical personnel with appropriate training and equipment.

Findings

According to multiple interviewees, in March 2021, the Taos case manager was assigned to cover Valencia and Socorro counties, approximately 150-220 miles from Taos. Prior to March 2021, an Albuquerque case manager covered Valencia and Socorro counties. According to HUD-VASH SW case managers, the change was because of case manager staffing shortages at Albuquerque. The Taos case manager's small caseload appeared to be a logical choice to temporarily cover these locations. The Taos case manager stated she was instructed to meet with the Veterans in these counties remotely. Initially eight cases were assigned, but after discussions with the HUD-VASH program leadership, the more complex cases were reallocated back to Albuquerque case managers.

We reviewed the geographical locations of the various CBOCs displayed on the graphic retrieved from Albuquerque's published Trip Pack below. As indicated on the graphic, Taos is north of Albuquerque (6), Valencia and Socorro counties. One OMI investigator traveled through Valencia and Socorro Counties and found they were approximately 30 minutes and 1 hour respectively from Albuquerque by car. We did not travel to Taos.



**Valencia county (not labeled) is immediately North of Socorro county.*

VHA Directive 1162.05(1) requires, at a minimum, weekly home visits. However, during the Coronavirus Disease 2019 (COVID-19) pandemic, face-to-face (F2F) home and community visits are not required per the April 4, 2020, memorandum from the

DUSHOM discussed in the Background section. Per the memorandum, decisions regarding clinical practice, including F2F and community visits, should be made based on VA medical center (VAMC) and VISN emergency response guidance. The VHA HPO recommended that F2F contact only occur for essential visits. It further states, "In the absence of VAMC or VISN determinations regarding essential visits, HPO defined such visits as those intended to address threats to patient safety and physical well-being." The memorandum is still in effect.

We found evidence that because of the April 4, 2020, DUSHOM memorandum, facility leadership gave instructions to limit F2F visits including those that would occur in the community. HUD-VASH leadership provided guidance for urgent situations requiring F2F encounters and for walk-in clinic visits. On August 31, 2020, an email from the SW Chief to all HUD-VASH SW case managers discusses high-risk criteria to be used to justify community visits, and the approval process for those visits using a document titled "Weekly Community Visit Form." High risk was defined with the following criteria:

- Unable to reach Veteran for more than a couple of weeks.
- Veterans with SI [*suicidal ideations*] Flags who cannot be effectively managed over the phone or in office.
- Risk of imminent homelessness that cannot be managed over the phone or in office.
- Functional limitations that create barriers to telephone or office visits to address acute housing needs.
- Medical necessity.
- Significant safety and crisis situations need to be staffed with a supervisor.

Staff meeting minutes from February 10, 2021, indicate discussions on a gradual re-opening of F2F clinic visits at 25%. Minutes from May, June and August 2021 include discussions about managing walk-in clinic operations in the HUD-VASH office. Interviewees told us the situation related to F2F encounters was and remains dynamic, with changes from local leadership, VHA and the State of New Mexico based on positivity rates of COVID-19. Interviewees also described HUD-VASH efforts to ensure stable Veteran housing by modifying and expanding their duties and negotiating with local, state and Federal agencies during their office closures. Albuquerque was able to increase the number of Veterans housed from 90 in 2019 to 121 in 2020 during the most restrictive phase of the pandemic.

We interviewed the SW Chief and Assistant Chief and the HUD-VASH Supervisor and Program Manager. None recalled denying travel except for COVID-19-related restrictions. HUD-VASH leadership indicated there were restrictions on transporting Veterans in Government vehicles. Additionally, managers described the process to check out a Government vehicle was a safety issue for staff and stated staff determining when to conduct community visits was an autonomous decision prior to COVID-19. One member of the HUD-VASH leadership indicated that overnight travel required additional approval, but we found no existing policy at Albuquerque. We requested all Weekly Community Visit Forms completed from March 2021 through July 2021 and found none; the first example provided was from August 31, 2020. HUD-VASH leadership told us the

process had changed after restrictions were eased in 2020. We were told that in October 2020, approximately, a new supervisor took over and changed the process, eliminating the requirement for the Weekly Community Visit Forms, and this change was communicated with staff via weekly meetings. We also requested any associated emails, Government vehicle logs or other communications related to supervisor approval for travel for this same period. Government vehicle logs from Albuquerque's HUD-VASH program indicate 217 home visits by HUD-VASH staff from March 2021 through July 2021 that support the description that home visits are at the discretion of the HUD-VASH Social Workers. Only one of the Social Workers interviewed stated they had been restricted from what they determined was an essential visit that required travel. We requested any documents, emails, etc. that demonstrated the travel request rejection but were told these discussions were over Microsoft TEAMS chat, and the individual could not find an example to show us. Albuquerque provided a list of Veterans in the HUD-VASH program, and we reviewed those assigned to the Taos SW case manager and found from March to October 2021, home visits were performed for local Veterans but not those in Socorro or Valencia Counties. We found evidence that the Peer Specialists did meet F2F with at least one of these Veterans and coordinated an encounter with the Taos SW case manager using a cell phone.

Conclusion(s) for Allegation 1

- We **do not substantiate** Employee 1 and Employee 2 rejected the requests of a HUD-VASH case manager to travel to visit eight Veterans in person in violation of agency policy.

- The instruction to remotely case manage Socorro and Valencia county Veterans was not a violation of VHA Directive 1162.05(1). The two DUSHOM memoranda provided an exception to this policy.

Recommendation(s) to HUD-VASH

1. Consider reassigning Albuquerque case managers to cover Valencia and Socorro or approving overnight travel with per diem for the Taos case manager.

Allegation 2

The failure to conduct home visits has placed Veterans' health at risk and contributed to a Veteran's death that occurred the week of Date *2021.*

Background

VHA Directive 1162.05 describes the responsibilities for the Case Management Team, and we include a partial list here:

- Providing outreach services to engage homeless Veterans, especially those who are chronically homeless and are highly vulnerable.
- Accepting referrals for screening and admission to HUD-VASH.

- Screening and conducting an assessment to ensure appropriateness of placement into the program.
- Assessing Veterans through comprehensive bio-psychosocial evaluations to determine acuity status.
- Providing appropriate services, as needed, based on Veterans' needs, acuity level and preferences for care.
- Developing a Housing Stability Plan, or treatment plan, with each Veteran served by the team.
- Reviewing changes and updates in Veteran care with the entire case management team and documenting appropriately in the Veteran's Computerized Patient Record System (CPRS) record.[4]
- Facilitating and providing access to appropriate treatment and supportive case management services to Veterans in HUD-VASH by coordinating Veteran-centered care across service providers, including VA and non-VA providers.
- Utilizing Housing First and other evidence-based practice models to promote Veteran engagement and self-efficacy.
- Helping Veterans obtain all necessary documentation required by the Public Housing Agency (PHA) for voucher issuance.
- Assisting Veterans through the voucher application process, from referral to voucher issuance.
- Providing housing search assistance to Veterans in HUD-VASH, including choices from an array of housing within the Veterans' preferred community.
- Responsible for assisting the Veteran with housing placement, beginning with the process of obtaining a HUD-VASH voucher from the PHA through the lease up process.
- Assisting Veterans with pursuing employment to increase their income and integrate into the community.
- Assisting Veterans in determining eligibility and applying for non-service-connected pension, service-connected compensation, applying for mainstream entitlement benefits, such as Social Security, and/or state and county benefits.
- Making regular home visits, based on the acuity level of the Veteran, to assess Veterans' housing stability, social and community integration and recovery process.
- Being knowledgeable of the relevant HUD regulations regarding housing choice voucher (HCV) and HUD-VASH, as well as local PHA administrative plans.
- Meeting regularly with landlords and PHA officials to ensure the availability of affordable, safe housing stock that will accept the HCV subsidy.
- Facilitating the portability process with originating and receiving VA medical facilities and PHAs to help ensure a smooth transition for Veterans.

[4] CPRS is the computerized patient record system or the electronic health record.

- Ensuring there is no conflict of interest in dealings with Veterans, landlord and other entities by adhering by professional ethical guidelines.
- Coordinating care of Veterans with high-acuity and high-risk mental health and behavioral factors with relevant providers throughout the VA medical facility and within the community.

VHA Directive 1162.05 defines Harm Reduction as a public health model focused on decreasing adverse events by looking for alternative ways to moderate the outcome of behavior or events that cannot be controlled or prevented, while working toward overall health and well-being.

Findings

HUD-VASH's primary focus is to aid in obtaining stable housing for homeless Veterans through HUD vouchers. Once established, the case managers connect Veterans with VA and community resources critical to their continued housing stability. Home visits by HUD-VASH staff are utilized to assess the Veteran's housing stability, social and community integration and recovery process. Additionally, home visits help ensure the residences provide safe environments and are in compliance with HUD's housing quality standards.

During COVID-19-related curtailment of home visits, HUD-VASH SW case managers assessed Veterans' continued housing stability primarily through phone calls. It is not within the scope of the SW case managers to assess medical conditions.

We reviewed the medical record for the Veteran noted in Allegation 2. On Date, 2021, the HUD-VASH SW case manager contacted the Veteran for his monthly maintenance phase check in. This was done via phone. During the phone conversation, the Veteran reported a health information to the SW case manager. The Veteran requested assistance getting an appointment earlier than the one he had scheduled for Date, 2021, to address his concern. Additionally, the Veteran requested a home visit by the Peer Specialist to discuss his desire to move from location location to location to be closer to the VA hospital and reduce his transportation difficulties. This would involve movement of his HUD voucher from location to location. We were provided a copy of a Request for Peer Support Specialist, dated Date 2021, requesting assistance with the potential relocation and to request a health information. The Veteran had demonstrated the ability to use public transportation including the Rail Runner train (which is free to Veterans) that runs from location to location through location The Veteran also used the location Ride bus system (which is also free to Veterans) which has a stop at the Rail Runner station.

The HUD-VASH SW case manager contacted his Homeless Patient Aligned Care Team (HPACT) clinician the same day via Microsoft Teams and copied the HPACT clinician on the note. The following day, Date, 2021, the HPACT RN contacted the Veteran by phone who stated the health information for approximately 6 weeks and expressed concern about a possible health information. The HPACT RN triaged the encounter as "urgent" and advised the Veteran to go directly to the location

Emergency Department (ED) or urgent care either that day or the next Date 2021). On Date, 2021, at 1:41 p.m., the Veteran presented to the location ED with complaints of health information along with health information in his health information. The Veteran was health information and had a health information along with health information, health information. The ED administered oxygen (Veteran was on health information (for the health information) and health information (for health information health information). The ED physician ordered a health information and an urgent health information d health information. At 4:09 p.m. the ED physician re-assessed the Veteran. The Veteran expressed displeasure at how the ED was managing his pain and subsequently left against medical advice at 4:37 p.m. The ED physician assessed the Veteran as having adequate mental capacity to make decisions at the time he left the ED.

On Date the Veteran called the HPACT RN and reported his health information and health information, but he refused the nurse's advice to report to the ED or urgent care, instead requesting the HPACT clinician contact him. On Date 2021, HPACT administrative staff attempted to contact the Veteran to remind him of the Date appointment but could not reach him via phone and left a voice mail message. On Date, HPACT administrative staff tried again to contact the Veteran and left another voice mail message. On Date the Veteran failed to appear for his scheduled appointment, and contact was again attempted to reach him without success. On Date 2021, and Date, 2021, HPACT administrative staff attempted to contact the Veteran to reschedule his appointment, leaving a voice mail message both times. On Date, 2021, the HUD-VASH SW case manager attempted to contact the Veteran, did not reach him, and left another voice mail message. On Date, 2021, the HUD-VASH SW case manager attempted to contact the Veteran and documented part of this contact was to arrange a time for the Peer Specialist to make a home visit. Another voice mail message was left. On Date, 2021, contact was attempted to arrange for the Veteran's health information vaccine, but again, no contact was made, and a voice mail message was left. On Date, 2021, a Decedent Affairs note indicated he passed away on Date in the Intensive Care Unit at a non-VA hospital in location.

Conclusion(s) for Allegation 2

- We **do not substantiate** the failure to conduct HUD-VASH home visits placed Veterans' health at risk and contributed to a Veteran's death the week of Date 2021.

- The HUD-VASH SW case manager appropriately contacted the HPACT clinicians to alert them to a possible medical concern.

- The HPACT clinicians contacted the Veteran and provided appropriate advice for the Veteran to seek ED or urgent care, which he did.

- The Veteran was in the maintenance phase of the HUD-VASH program and had demonstrated the ability to maintain stable housing and successfully access public transportation.

- The HPACT RN and ED clinicians took appropriate actions to provide care for the Veteran. The Veteran was determined to have decision-making capacity by the ED physician and elected to leave against medical advice prior to completing evaluation and treatment.

Recommendation(s) to HUD-VASH

None.

Allegation 3

Vacancies in case manager positions in the New Mexico HUD-VASH program, including those in Farmington, Gallup, and Zuni, compromised program access for Native American and rurally located Veterans.

Findings

We reviewed patient safety reports, reports of contact and peer reviews and found no evidence of Veteran harm secondary to vacancies in the HUD-VASH program. The staffing and recruitment documents provided by Albuquerque indicate 3 HUD-VASH case manager vacancies in Farmington, Gallup and Zuni. These positions are currently being covered by case managers working in other areas, as an interim solution, which potentially dilutes the case manager's coverage for all their Veterans. Albuquerque provided recruitment requests for Farmington and Gallup starting March 4, 2020, and re-submissions July 28 and August 31, 2020, for these positions. We also found two recruitment incentive requests for Farmington, dated January 20, 2021, and May 21, 2021.

The Zuni position has not been actively recruited because Zuni Pueblo representatives reported no homeless Veterans there in either 2020 or 2021. These representatives also indicated they could not support HUD housing as there is currently no HUD housing available in the community. Albuquerque is in discussion with the VISN to cover this position through contract. We found a memorandum from the Executive Director, VHA Homeless Programs Office to the Albuquerque Director dated March 4, 2021, that references the Zuni case manager vacancy (HR Smart #250624). In this memo, the Executive Director states: "…the position receives specific-purpose funding from VA Central Office (VACO) Homeless Program Office (HPO) in order to support VA's Tribal HUD-VASH partnership with the Zuni Nation. It is critical that this position be filled and actively providing case management support to Veterans in Tribal HUD-VASH."

Conclusion(s) for Allegation 3

- We **do not substantiate** vacancies in case manager positions in the New Mexico HUD-VASH program, including those in Farmington, Gallup and Zuni-compromised program access for Native American and rurally-located Veterans.

- Lack of dedicated case workers in these rural areas could reduce Veterans' awareness of the HUD-VASH program, and the additional case load dilutes the covering case manager's time with Veterans.

Recommendation(s) to HUD-VASH

2. If the facility is unable fill the vacant case manager positions for Gallup and Farmington, work with the VISN to fill them with contract employees.

3. Reconcile Albuquerque's intent to not recruit the Zuni case manager position with the March 4, 2021, memorandum from the Executive Director, VHA Homeless Programs Office related to the Zuni case manager position (HR Smart # 250624).

VI. Summary Statement

We developed this report in consultation with other VHA and VA offices to address OSC's concerns that HUD-VASH due to reductions in home visits and staffing shortages, putting the health of remotely-located Veterans at risk. We reviewed the allegations and determined the merits of each, and the National Center for Ethics in Health Care provided a review. The whistleblower alleged the Employee 1 Employee 1 and Employee 2 rejected requests of a HUD-VASH case manager, to travel in violation of agency policy; that failure to conduct home visits contributed to a Veteran's death; and vacancies in case manager positions in the New Mexico HUD-VASH program compromised program access for Native American and rurally-located Veterans. We found no violations of VA policy and no potential threat to patient safety.

Attachment A

In addition to the electronic health record, we also reviewed the following:

VHA Directive 1162.05, Housing and Urban Development Department of Veterans Affairs Supportive Housing Program, amended October 31, 2017.

Deputy Under Secretary for Health for Operations and Management (DUSHOM) Memorandum *Guidance to Avoid All Routine or Non-urgent Face-to-Face Visits.* (March 31, 2020).

Deputy Under Secretary for Health for Operations and Management (DUSHOM) Memorandum *Homeless Program Office (HPO) Guidance on Face-to-Face Visits* (April 4, 2020).

Memorandum from the Executive Director, VHA Homeless Programs Office to the Albuquerque Director referencing the Zuni case manager vacancy (HR Smart #250624), dated March 4, 2021.

All emails, Government vehicle logs or other communications related to supervisor approval for travel Government vehicle logs from Albuquerque's HUD-VASH program, from March 2021 through July 2021.

All memoranda, emails, policies, etc. related to conducting HUD/VASH Home Visits including recent pandemic changes.

All manpower authorizations, recruiting documents, etc. for HUD/VASH, both local and remote for calendar year 2020 to present.

All HUD/VASH meeting minutes 2020 to present.

List of Veterans in the HUD-VASH program, from March 2021 to present.

Various emails from HUD-VASH management and leadership, from 2020 to present.

All incident reports relating to HUD/VASH, from 2020 to present.

All service agreements with other agencies (e.g., Indian Health Service), contracts with local providers, etc. related to providing Veteran care in the communities of Farmington, Gallup and Zuni.

All patient deaths reported in HUD/VASH Veterans, between Date, 2021, and Date, 2021.

All SOPs related to HUD/VASH.

All service agreements, memoranda, SOPs between HUD/VASH and Home-Based Primary Care