

Office of the Medical Inspector  
Supplemental Report  
to the  
Office of Special Counsel

John D. Dingell Veterans Affairs Medical Center,  
Detroit Michigan  
OSC File No. DI-13-1275  
April 25, 2014

TRIM 2014-D-22

## Background

The Under Secretary for Health (USH) requested that the Office of the Medical Inspector (OMI) investigate a complaint filed with the Office of Special Counsel (OSC) by (b)(6), a former case manager at the John D. Dingell Veterans Affairs (VA) Medical Center, Detroit, Michigan (hereafter, the Medical Center). The whistleblower's primary allegation was that myriad violations of VA rules governing the mission, management, and goals of the Housing and Urban Development/VA Supported Housing (HUD/VASH) program resulted in a failure to provide fundamental services to Detroit's homeless Veteran population. She also provided five supporting allegations of violations of HUD/VASH operations, which covered such areas as management support and provision of resources, training, candidate screening and assessment, Veteran needs and recovery goals, and hiring practices. OMI conducted a site visit to the Medical Center on August 14-16, 2013, and reported its findings to OSC on November 15, 2013.

Based on its findings, OMI made five recommendations for the Medical Center and one for the Veterans Health Administration (VHA), all endorsed by the USH. OMI and the Office of the Deputy Under Secretary for Operations and Management reviewed and concurred with the Medical Center's action plan in response to report recommendations. Five of these actions have been completed and one is ongoing as described below:

**Recommendation 1:** As a matter of safety, ensure that all Case Managers (CM) have a functioning cell phone before being sent into the community.

**Resolution:** All CMs assigned to the program now have functioning government-issued cell phones, and immediate access to a replacement, if his/her assigned phone becomes disabled. The Medical Center has prepared a list of all active CM staff and contact cell numbers and/or blackberry devices in use. Staff confirmed receiving cell phones and several were randomly contacted to verify functionality. There are, however, areas within the city where reception is not available. Community-based staff was advised to report these areas through the designated reporting channels in order to evaluate the extent of the problem and to develop alternative communication options.

## **Action Completed**

**Recommendation 2:** As a matter of safety, implement a system to know the whereabouts of CMs when they are working in the community.

**Resolution:** The Medical Center has sufficiently addressed the development of a system to track the location of CMs when they are working in the field. The Medical Center was tasked with developing a communication plan to ensure that the location of staff is known during regular field operations and that a process is developed for emergency situations where the safety of staff may be in jeopardy. The policy and procedure (Safety Plan for Community Workers, Policy and Procedures 2013), meets the level of complexity as outlined in the action item; it was signed on October 17, 2013, by the Chief, Mental Health Services, and is outlined as follows:

Part One – Buddy System. “Each HUD/VASH Case Manager is assigned a community partner for regular communication throughout the day. The Homeless Program Director and Supervisor shall keep a full listing of all assigned buddies with contact information, and all scheduled appointments.” The system also involves assignment of an emergency code to be used by the community partners in an emergent situation. In the case of an alert to the community partner, the Supervisor and appropriate emergency response system (police, fire, etc.) is contacted. Communication with the assigned buddy is also expected at noon, and at the end of shift denoting safe return from the community. If safe return from the community is not verified by 4 p.m., the Supervisor is notified. The Supervisor then informs VA police and local law enforcement.

Part Two – Whiteboard. Each CM is required to post his or her schedule every day prior to commencing work duties. Entries include Veteran identifier (initials), community partner name, time of appointment, and process to identify the Veteran's address or VAMC if seen at the Medical Center. All community meetings, work group sessions, and other activities are also listed on the white board. All modifications of the daily schedule are communicated to the community partner and Supervisor.

## **Action Completed**

**Recommendation 3:** Ensure Veteran's privacy by providing CMs appropriate office space for interviews, counseling, and secure computer displays.

**Resolution:** The Medical Center has sufficiently addressed the need for private office space for interviews, counseling, and secure computer displays. All staff members have moved to dedicated shared office spaces on Floor B2. Three office spaces were dedicated as private “swing” offices for private communication with Veterans. At present, two of the three office spaces are available for use.

## **Action Completed**

**Recommendation 4:** Comply with national HUD/VASH guidelines contained in VHA Handbook 1162.05, with particular emphasis on providing CMs the resources—office space, IT equipment, vehicles, and other services—they need to do their jobs.

**Resolution:** The Medical Center has sufficiently addressed the provision of resources needed for CMs to perform their duties while operating in the field. A tracking system was developed to monitor all Office of Information Technology (OIT) requests to ensure that every CM has a working laptop, and access to a vehicle to support community-based activity within the program.

- The OIT tracking sheet was provided denoting item, room, or person requiring assistance, date requested, date completed, and additional comments. This action item was to be completed October 30, 2013, yet there are still a few outstanding actions on the tracking sheet. While the process has been implemented, continued monitoring will be required.
- The vehicle tracking log was provided for the months of January, February, and March denoting vehicle model, license plate, start mileage, end mileage, and total mileage driven. There are 16 vehicles specifically listed for HUD/VASH, with another 3 scheduled to be available by the end of April, 2014.

#### **Action Ongoing**

**Recommendation 5:** As specified in VHA Handbook 1162.05 paragraph 10 (c), ensure that newly-hired CMs receive required training within 90 days; implement a plan for existing CMs to receive this training at the earliest possible time; and develop an effective orientation process for new CMs.

**Resolution:** The Medical Center has sufficiently addressed training and orientation of new and existing CMs. A formal 4-week orientation process was developed for new staff members that included training on all required elements listed in VHA Handbook 1162.05. Individual HUD/VASH CMs are oriented by rotation through all homeless and mental health services. They also receive education about all programs and resources. The Homeless Coordinator is responsible for ensuring that all new staff members complete this 4-week process, and are adequately prepared for field operations. In addition to training offered by the Medical Center, HUD/VASH staff is required to participate in VISN- and VA Central Office-sponsored training activities. Staff training plans are in process including the VISN-wide initiative beginning in January that mandates webinars in evidence-based practices, VACO training, and attendance on quarterly VISN calls on special topics. The most recently hired CM has completed the 4-week orientation.

#### **Action Completed**

**Recommendation 6:** VHA should task the Homeless Programs Office, in collaboration with Veterans Integrated Service Network (VISN) 11, to conduct a comprehensive review of the Medical Center's HUD/VASH program to ensure compliance with VHA Handbook 1162.05, identifying strategies and tools available for improving resource use, expanding training opportunities, and effectively screening, assessing, and following up on Veteran clients, providing technical assistance as necessary.

**Resolution:** In response to recommendations from OMI, the VHA Homeless Programs Office, in collaboration with VISN 11, conducted a comprehensive review of the Medical Center's HUD/VASH program to ensure compliance with the VHA Handbook 1162.05. This consultative visit was conducted on March 17–18, 2014, to assist the Medical Center with identifying strategies and tools available for improving resource use, expanding training opportunities, and effectively screening, assessing, and following up on Veteran clients; the site visit team provided technical assistance as necessary.

This team substantiated that the Medical Center has sufficiently addressed compliance with the Handbook. The Detroit HUD/VASH program has developed a variety of tools and checklists to address tracking of staff training, OIT equipment and vehicle utilization. VISN 11 has collaborated with the VHA Homeless Programs Office to address the findings of OMI's report and developed plans for the HUD/VASH program staff to participate in VHA, VISN, and local conference calls, webinars, and face-to-face training opportunities. More specifically, staff attended VHA technical assistance visits and training led by Pathways to Housing, on December 4, 2013, and March 17, 2014. The VISN has implemented a quarterly training call tailored to the needs of program staff on special topics relevant to the care of homeless Veterans, and developed a contract with the Center for Social Innovation that provides training on evidence-based practices. The VHA Homeless Program has also developed a National Orientation and Clinical webinar available to all HUD/VASH program staff.

According to its action plan, per Mental Health Service guidelines, all HUD/VASH staff must conduct a new psychological assessment if the original is older than 2 years. If a more recent bio-psychosocial assessment has been done, the CM is to document that he or she has reviewed the information with the Veteran and update it as needed to assist in developing a treatment plan. The Homeless Coordinator is also developing a template that would import the previous assessment into the new assessment to add updates. Mental Health Service is working in collaboration with HUD/VASH to streamline the assessment process in order to reduce duplication in the record.

The Medical Center has developed policies, procedures, and guidelines to appropriately direct HUD/VASH CM work activity in conjunction with standards developed within the Mental Health Service Line.

General Conclusion from the Review: The Medical Center has addressed all target areas in OMI's report, with substantial progress made regarding program operations. For those issues still in progress, the program is on track with plans in place to address each item referenced in OMI's report. Overall, the improvements have been ongoing and involve all levels of Medical Center oversight and review. VISN-level assistance has also been provided through training and education of program staff. The Medical Center has undergone a significant systems change within the HUD/VASH program, and there are overall improvements evidenced by 3-year certification by the Commission on Accreditation of Rehabilitation Facilities. In addition to this accreditation, the Medical Center has demonstrated satisfactory accomplishment of

national performance measures for HUD/VASH, and successful implementation of Housing First principles, all signs that the program is moving in the right direction.

**Action Completed**