DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF INSPECTOR GENERAL

Office of Healthcare Inspections

VETERANS HEALTH ADMINISTRATION

Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System

HEALTHCARE INSPECTION | REPORT #21-03864-34 | JANUARY 31, 2023

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Executive Summary

The VA Office of Inspector General (OIG) conducted an inspection to evaluate allegations that VA North Texas Health Care System (VA North Texas) domiciliary substance use disorder program (DOM SUD) staff placed patients on waitlists for "2-3 months" and failed to offer non-VA community residential care (community residential care) referrals for substance abuse treatment.[1] The complainant told the OIG that VA North Texas staff denied patients' requests for community residential care referrals although patients from the Central Texas Health Care System (Central Texas HCS) received community residential care treatment. During review of the allegations, the OIG identified additional concerns related to VA North Texas staff's compliance with required scheduling procedures and mental health treatment coordinator (MHTC) assignments for patients awaiting DOM SUD admission.[2]

Domiciliary care is the VA's oldest healthcare program that continues to provide services to "economically-disadvantaged Veterans."[3] In 1995, the VA established a distinct level of mental health residential services, and in 2010, aligned mental health residential and domiciliary care programs under mental health services as mental health residential rehabilitation treatment programs (MH RRTPs). MH RRTPs provide 24-hour treatment and rehabilitative services to patients with a range of treatment needs and include DOM SUDs.[4] VA North Texas, part of Veterans Integrated Service Network (VISN) 17, includes a 40-bed DOM SUD at the Dallas VA Medical Center (Dallas DOM SUD) and a 69-bed DOM SUD at the Sam Rayburn Memorial Veterans Center in Bonham (Bonham DOM SUD). The Central Texas Veterans Health Care System, also part of VISN 17, includes a 169-bed general domiciliary that offers substance use disorder treatment (Temple General DOM SUD treatment track).[5]

The Veterans Health Administration (VHA) requires that patients referred to an MH RRTP be screened within seven business days to determine appropriateness for admission, and that MH RRTP staff provide a "tentative admission date" when the patient is accepted for admission.[6] When the MH RRTP admission wait time is expected to be greater than 30 calendar days, facility staff must offer the patient alternative treatment options including referral to community

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[1] VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, July 15, 2019. Domiciliary programs provide a 24/7 structured residential treatment setting.

[2] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)," October 26, 2021.; VHA Deputy Under Secretary for Health for Operations and Management memorandum, "Assignment of the Mental Health Treatment Coordinator," March 26, 2012.

[3] VHA Directive 1162.02.

[4] VHA Directive 1162.02.

[5] VHA Directive 1162.02. "A treatment track is defined as specialized treatment provided to a subset of Veterans within the residential program who receive the same or similar intensive treatment and rehabilitative services."

[6] VHA Directive 1162.02. Tentative admission date refers to the MH RRTP staff's expected date of bed availability.

residential care or another VHA program. MH RRTP staff must also add the patient to the pending bed placement list, which tracks MH RRTP admission wait times.[7] In October 2018, VHA implemented an electronic health record note template "to capture critical information at the time of screening" and "to more accurately track wait times." In an interview with the OIG, the National Director, MH RRTP, reported that facilities are required to use the national template, which auto-populates the patient pending bed placement list. VHA requires that the patient remain on the patient pending bed placement list until the patient is admitted, no longer requires residential care, or does not meet admission criteria upon reassessment.[8]

In March 2020, in response to the COVID-19 pandemic, VHA required facility leaders to submit an issue brief outlining "the timeline for delayed admissions and the plan for the provision of continued care" while patients waited for admission.[9] In July 2020, VHA required all MH RRTPs to "begin a phased process for lifting admission restrictions." In addition, all facilities with MH RRTPs were required to continue to accept referrals, conduct screenings, and pursue "admission locally, within the VISN or in a community-based residential program" when a patient presented an urgent need for residential treatment.[10] In February 2021, VHA estimated that 3,500 patients were pending admission with an average wait time of more than 150 days. At that time, VHA required MH RRTP staff to provide alternatives, including community residential care, if unable to admit patients within 30 days.[11]

In accordance with the national MH RRTP guidance, VA North Texas leaders reduced DOM SUD bed capacity in response to the COVID-19 pandemic.[12] VHA data indicated that the Dallas and Bonham DOM SUDs' average wait time was 30 days or greater from April 2020 through March 2021, likely due to the COVID-19 pandemic-related MH RRTP restrictions.[13]

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[7] VHA Directive 1162.02. VHA Directive 1002, *Bed Management Solution (BMS) for Tracking Beds and Patient Movement Within and Across VHA Facilities*, November 28, 2017. The Bed Management Solution is a systematic "real-time inventory of VHA inpatient beds, their respective statuses, and a list of all patients waiting for beds at the VA medical facility, VISN, and National levels."

[8] VHA Directive 1162.02.

[9] VHA Deputy Secretary for Health for Operations and Management, *10N Guide to VHA Issue Briefs*, June 20, 2017. VHA uses an issue brief to communicate detailed information regarding a critical situation, event, or issue to appropriate leadership within the organization.

[10] VHA Assistant Under Secretary for Health for Operations memorandum, "Access to Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) During Coronavirus (COVID-19)," July 30, 2020. VHA, "Moving Forward Plan," April 30, 2020.

[11] VHA Assistant Under Secretary for Health for Clinical Services memorandum, "Ensuring Access to Residential Treatment for Veterans with Mental Health and Substance Use Disorders during the Pandemic," February 11, 2021.

[12] VHA Deputy Under Secretary for Health for Operations and Management memorandum, "COVID-19 Guidance for Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)," March 14, 2020.

[13] VA/VHA Employee Health Promotion Disease Prevention Guidebook, "VA Finance Terms and Definitions," July 2011, accessed April 13, 2021, https://www.publichealth.va.gov/docs/employeehealth/14-Finance-Terms.pdf.

The OIG substantiated that VA North Texas staff placed patients on waitlists for “2-3 months” and failed to offer community residential care referrals during most of fiscal years 2020 and 2021, inconsistent with VHA requirements.[14]

The OIG reviewed 15 VA North Texas DOM SUD consults placed for 10 patients identified by the complainant and VA North Texas staff during OIG interviews.[15] Seven consults were closed when the patient was admitted within 30 days, declined screening, or was not approved for admission.[16] Among the eight remaining consults, two were closed when the patients declined admission and six resulted in patients waiting an average of 79 days before VA North Texas staff offered DOM SUD admission or removed the patient from the pending bed placement list. Despite documentation that the anticipated admission date was unknown or “exceeds 30 days,” staff did not offer community care options.

The OIG determined that the VA North Texas chief, Patient Administration Services, who oversees community care, misinterpreted the national MH RRTP policy and community care guidance, and provided inaccurate information to VA North Texas leaders and staff. The Office of Community Care guidance states that “wait time and drive time access standards are only applicable to primary care, specialty care, and non-institutional extended care services.” Guidance further explains MH RRTPs “are considered institutional extended care services” and do not follow the same wait time standards.[17] The National Director, MH RRTP told the OIG that although “the traditional drive time and wait time standards” do not apply to DOM SUDs, VHA has a wait time requirement that specifies that community residential care referrals can be made when VHA is unable to provide the care within 30 calendar days. However, the chief, Patient Administration Services told the OIG that MH RRTPs are “excluded from the MISSION Act, so those programs are not held to the same standards as all other care,” such that MH RRTPs are not eligible for community care based on access standards.

The OIG also determined that VA North Texas staff provided patients with misinformation and inappropriately denied requests for community residential care. The OIG would have expected VA North Texas staff to ensure patients’ access to care by offering community residential care

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[14] VHA Directive 1162.02. A fiscal year is a 12-month cycle that spans from October 1 through September 30. Fiscal year 2020 began on October 1, 2019, and ended on September 30, 2020; and fiscal year 2021 began on October 1, 2020, and ended on September 30, 2021. VA/VHA Employee Health Promotion Disease Prevention Guidebook, “VA Finance Terms and Definitions,” July 2011, accessed April 13, 2021, https://www.publichealth.va.gov/docs/employeehealth/14-Finance-Terms.pdf.

[15] Of the 10 patients, five had one DOM SUD consult placed and five had two consults placed during the period reviewed, resulting in a total of 15 consults reviewed. Of the 15 consults, 13 were referrals to the Bonham DOM SUD and two were referrals to the Dallas DOM SUD.

[16] VHA Directive 1162.02.

[17] VHA Office of Community Care (OCC), “Field Guidebook: Specialty Programs,” updated November 3, 2021. The Office of Community Care determines a patient eligible for community mental health care when the wait time is greater than 20 days or the drive time is greater than 30 minutes for a VHA outpatient mental health appointment.

referrals when anticipated admission wait times exceeded 30 days. Failure to discuss alternative resources or treatment options, including community residential care, may have contributed to patients' increased risk of negative outcomes due to delayed access to DOM SUD services. Based on interviews and consult reviews, the OIG substantiated that Central Texas Health Care System staff appropriately offered community residential care referrals in accordance with VHA guidance.[18]

The OIG found that in February 2021, August 2021, and September 2021, the VISN 17 Chief Mental Health Officer distributed email guidance related to MH RRTP wait times and community residential care to VA North Texas' leaders. However, the VISN 17 Chief Mental Health Officer told the OIG that the VISN 17 Mental Health Lead role did not have authority to ensure policy adherence and did not include "direct oversight" responsibility because "oversight is at the local facility management level." Effective oversight is critical to ensuring efficiency of DOM SUD operations and access to care for patients in need of residential treatment.

VHA requires that when a mental health consult is received, staff review and respond to the consult timely and adhere to VHA minimum scheduling efforts, including a minimum of four contact attempts to schedule the patient for the requested service, such as MH RRTP screening.[19] The OIG found that the Bonham MH RRTP standard operating procedure was inconsistent with VHA's minimum scheduling requirements and instructed schedulers to close a consult after three failed scheduling contact attempts rather than four.[20] Failure to adhere to VHA minimum scheduling requirements may hinder efficient patient scheduling and contribute to barriers to accessing DOM SUD services.[21]

Since 2012, VHA has required that staff assign a mental health treatment coordinator to patients who are receiving treatment in an outpatient mental health setting, have been admitted to an inpatient mental health setting, or are "waiting to engage in a different level of care" including waiting for an MH RRTP bed.[22] The MHTC supports patients' continuity of mental health treatment, "especially during care transitions."[23] The VA North Texas MHTC policy did not include information about the requirement for MH RRTP staff to ensure an MHTC assignment

[18] VHA Directive 1162.02.

[19] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)," October 26, 2021.

[20] VA North Texas Health Care System, Bonham Domiciliary, "Screening and Admission," Standard Operating Procedure 30, October 27, 2020. VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[21] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP).

[22] VHA Deputy Under Secretary for Health for Operations and Management memorandum, "Assignment of the Mental Health Treatment Coordinator," March 26, 2012.

[23] VHA Directive 1162.02.

for patients awaiting admission.[24] The OIG concluded that the lack of broad stakeholder awareness of the MHTC requirement may have contributed to the DOM SUD leaders' lack of knowledge that the VA North Texas MHTC policy should include processes related to the identification and assignment of an MHTC for patients accepted and awaiting DOM SUD admission. Lack of policy awareness may contribute to a failure to assign a patient an MHTC while awaiting DOM SUD admission and diminish the likelihood of patients' engagement in outpatient care while awaiting admission.

The OIG made two recommendations to the Under Secretary for Health related to a review of the Veterans Integrated Service Network oversight responsibility and authority to ensure adherence to the MH RRTP access to care policy, and the MHTC assignment procedures for patients awaiting MH RRTP admission.

The OIG made three recommendations to the Director, VA North Texas related to ensuring that staff provide patients with alternative treatment options when admission wait time for DOM SUD exceeds 30 days; conducting a review of the management of community residential care referrals; and ensuring that Bonham DOM SUD procedures are consistent with VHA scheduling requirements.

Comments

The Under Secretary for Health concurred with recommendations 3 and 5 (see appendix B). The Veterans Integrated Service Network and Facility Directors concurred with recommendations 1 and 4, concurred in principle with recommendation 2, and provided an acceptable action plan (see appendix C). The OIG will follow up on the planned actions until they are completed.

It is usual practice for VHA leaders to submit comments for consideration and discussion following review of an OIG draft report. For this report, VHA leaders provided comments to the OIG during the draft phase. Based on the OIG team's review of the comments, some changes were made to the report for clarification although no changes were made to OIG findings.

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[24] VA North Texas Health Care System - Mental Health Service, "MHTC Assignment - Inpatient Psychiatry," Standard Operating Procedure, August 2019.

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Abbreviations

DOM SUD	domiciliary substance use disorder program
FY	fiscal year
HCS	Health Care System
MH RRTP	Mental Health Residential Rehabilitation Treatment Program
MHTC	mental health treatment coordinator
OIG	Office of Inspector General
PTSD	posttraumatic stress disorder
VHA	Veterans Health Administration
VISN	Veterans Integrated Service Network

Introduction

The VA Office of Inspector General (OIG) conducted an inspection to evaluate allegations that VA North Texas Health Care System (VA North Texas) domiciliary substance use disorder treatment program (DOM SUD) staff placed patients on waitlists for "2-3 months" and failed to offer non-VA community residential care (community residential care) referrals for substance abuse treatment.[1]

Background

VA North Texas, part of Veterans Integrated Service Network (VISN) 17, is comprised of the Dallas VA Medical Center, Sam Rayburn Memorial Veterans Center, Garland VA Medical Center, and 11 community-based outpatient clinics.[2] VA North Texas provides a range of inpatient, outpatient, long-term, and specialty care services to more than 195,000 patients yearly.

The Dallas VA Medical Center includes a 40-bed DOM SUD (Dallas DOM SUD) and a 38-bed domiciliary for homeless veterans.[3] The Sam Rayburn Memorial Veterans Center includes a 69-bed DOM SUD in Bonham (Bonham DOM SUD), as well as a 105-bed general residential rehabilitation treatment program, and 18-bed posttraumatic stress disorder (PTSD) residential rehabilitation treatment program.[4]

The Central Texas Veterans Health Care System (Central Texas HCS), also part of VISN 17, is comprised of the Olin E. Teague Veterans' Medical Center in Temple, the Doris Miller VA Medical Center in Waco, a multispecialty clinic in Austin, and five community-based outpatient clinics. The Central Texas HCS provides healthcare services to more than 133,000 patients yearly. The Olin E. Teague Veterans' Medical Center includes a 169-bed general residential

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[1] VHA Directive 1162.02, *Mental Health Residential Rehabilitation Treatment Program*, July 15, 2019. Domiciliary programs provide a 24/7 structured residential treatment setting.

[2] Community-based outpatient clinics include the Decatur, Denton, Fort Worth, Granbury, Grand Prairie, Greenville, Plano, Polk Street, Sherman, and two Tyler clinics.

[3] VHA Directive 1162.02.

[4] "General Domiciliary Definition," MH RRTP SharePoint. The general residential rehabilitation treatment program provides treatment and rehabilitative services to a mixed diagnostic population and may address medical and psychiatric problems, substance use disorder, PTSD, and homelessness. Diagnostic and Statistical Manual of Mental Disorders. "Posttraumatic Stress Disorder," accessed March 30, 2022, https://dsm.psychiatryonline.org/doi/10.1176/appi.books.9780890425596.dsm07#BABJAEHE. PTSD is defined by exposure to a traumatic event followed by the development of characteristic symptoms. Symptoms of PTSD may include fear-based emotional and behavioral reactions, loss of pleasure in activities and negative cognitions, heightened arousal and externalizing behavior, and dissociative symptoms.

rehabilitation treatment program that offers substance use disorders treatment (Temple General DOM SUD treatment track).[5]

Mental Health Residential Rehabilitation Treatment Programs

Following the Civil War, the National Home for Disabled Volunteer Soldiers was established to provide a home for soldiers. In 1932, after the VA was established, the National Home for Disabled Volunteer Soldiers was converted to domiciliary care, the VA's oldest healthcare program that continues to provide services to "economically-disadvantaged Veterans."[6] In 1995, the VA established a distinct level of mental health residential services; in 2005, VA integrated the mental health residential and domiciliary care programs; and in 2010, VA aligned the programs under mental health services as mental health residential rehabilitation treatment programs (MH RRTPs).[7] The Veterans Health Administration (VHA) designates "MH RRTP" as "the umbrella term for the array of programs and services that comprise mental health residential care," including DOM SUD and General DOM.[8]

MH RRTPs provide 24-hour treatment and rehabilitative services to patients with homelessness, substance use disorders, and PTSD, as well as medical and other mental health diagnoses.[9] VHA requires that each facility provide access to care at MH RRTPs, through service agreements with other VA facilities or through non-VA community residential care.[10]

MH RRTP Screening and Admission

VHA requires that patients referred to an MH RRTP be assessed as (1) not meeting criteria for a medical or acute mental health admission, (2) requiring a higher level of care than outpatient treatment, (3) having treatment needs that require the structure of a residential program, (4) not being an imminent risk to self or others, and (5) being capable of basic self-care. Patients referred to MH RRTPs must be screened by a team that includes a licensed mental health professional and a medical provider to determine appropriateness for admission within seven

[5] VHA Directive 1162.02. "A treatment track is defined as specialized treatment provided to a subset of Veterans within the residential program who receive the same or similar intensive treatment and rehabilitative services."

[6] VHA Directive 1162.02.

[7] VHA Directive 1162.02. The term MH RRTP refers to Domiciliary RRTPs including the Domiciliary Care for Homeless Veterans, Domiciliary Substance Use Disorder Programs (DOM SUD), Domiciliary Posttraumatic Stress Disorder (DOM PTSD) Programs, General Domiciliary Programs (General DOM), and Compensated Work Therapy (CWT) – Transitional Residence (TR).

[8] VHA Directive 1162.02.

[9] VHA Directive 1162.02.

[10] VHA Handbook 1160.01, *Uniform Mental Health Services in VA Medical Centers and Clinics*, November 16, 2015.

business days of the referral. When patients are accepted for admission, MH RRTP staff must provide a "tentative admission date" and a point-of-contact for the MH RRTP.[11]

MH RRTP staff must also add the patient to the pending bed placement list, which tracks admission wait times.[12] In October 2018, VHA implemented an electronic health record note template to improve "accuracy in reporting residential wait times and capacity for admission."[13] Information from the required template is reflected on a pending-admission "real-time dashboard." In an interview with the OIG, the National Director, MH RRTP reported that the use of the national template auto-populates a patient pending and waitlist report, which provides real-time information on patients screened, accepted, and pending admission. VHA also requires use of the Bed Management Solution Patient Pending Bed Placement list to track patients pending admission.[14] A patient must remain on the list until the patient is admitted, no longer requires residential care, or does not meet admission criteria upon reassessment.[15]

Community Care Program

On August 7, 2014, the Veterans Access, Choice, and Accountability Act of 2014 was signed into law, establishing the Veterans Choice Program for the provision of healthcare services to eligible veterans through non-VA community providers.[16] VHA's Office of Community Care manages the provision of timely healthcare access through contracted licensed providers.[17]

Beginning in September 2017, VHA implemented a standardized consultation process for non-VA care referrals, which requires a single consult to follow the patient's episode of care until the completion of care.[18] In June 2019, the VA Maintaining Internal Systems and Strengthening Integrated Outside Networks Act of 2018 (MISSION Act) implemented changes to eligibility

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[11] VHA Directive 1162.02. Tentative admission date refers to the MH RRTP staff's expected date of bed availability.

[12] VHA Directive 1162.02. VHA Directive 1002, *Bed Management Solution (BMS) for Tracking Beds and Patient Movement Within and Across VHA Facilities*, November 28, 2017. The Bed Management Solution (BMS) is a systematic "real-time inventory of VHA inpatient beds, their respective statuses, and a list of all patients waiting for beds at the VA medical facility, VISN, and National levels."

[13] VHA Deputy Under Secretary for Health for Operations and Management (10N) memo, "Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) CPRS Note Templates Implementation," July 30, 2018.

[14] VHA Directive 1162.02. The Bed Management Solution Patient Pending Bed Placement list allows staff "to track and manage patient placement including any change in status to properly assess bed demand against current availabity."

[15] VHA Directive 1162.02.

[16] VHA Directive 1700, *Veterans Choice Program*, October 25, 2016.

[17] VHA Office of Community Care, "Field Guidebook Chapter 1: Introduction," updated November 3, 2021.

[18] VHA Deputy Under Secretary for Health for Operations and Management memorandum, "National Deployment of One Consult Model (VAIQ # 7829721)," September 8, 2017.

and established the Veterans Community Care Program.[19] The Office of Community Care guidance states that "wait time and drive time access standards are only applicable to primary care, specialty care, and non-institutional extended care services." Guidance further explains MH RRTPs "are considered institutional extended care services" and do not follow the same wait-time standards.[20]

When VHA MH RRTP care is not available for an eligible patient who "elects to receive care in the community," VHA will authorize community residential care.[21] Further, for MH RRTP admission wait times greater than 30 calendar days, facility staff must offer the patient alternative care that addresses the patient's needs and preferences including a referral to community residential care or another VHA program. Additionally, facility staff should discuss outpatient care options with the patient while the patient awaits MH RRTP admission.[22]

Facility staff can initiate or forward a consult to community residential care.[23] VA facility community care office staff with delegated approval authority are responsible for reviewing and authorizing community care referrals.[24]

National MH RRTP COVID Response

In March 2020, in response to the COVID-19 pandemic, VHA instructed staff to provide MH RRTP services in patients' "locality of residence, without long-distance travel, or through virtual means."[25] VHA also required facility leaders to submit an issue brief outlining "the timeline for delayed admissions and the plan for the provision of continued care" while patients waited for admission.[26] During an April 2020 national MH RRTP call, VISN and facility MH RRTP leaders were instructed to continue to screen patients for admission, coordinate virtual care while

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[19] VA MISSION Act, Pub. L. No. 115-182, § 132 (2018). VHA Notice 2021-19, "Veterans Community Care Program," October 6, 2021.

[20] VHA Office of Community Care (OCC), "Field Guidebook: Specialty Programs," updated November 3, 2021. The Office of Community Care determines a patient eligible for community mental health care when the wait time is greater than 20 days or the drive time is greater than 30 minutes for a VHA outpatient mental health appointment.

[21] VHA Office of Community Care (OCC), "Field Guidebook: Specialty Programs," updated November 3, 2021.

[22] VHA Directive 1162.02.

[23] VHA Deputy Under Secretary for Health for Operations and Management memorandum, "National Deployment of One Consult Model (VAIQ # 7829721)," September 8, 2017.

[24] VHA Office of Community Care, "Field Guidebook: Chapter 2: Eligibility, Referral, and Scheduling," 43, 136, last updated on October 25, 2021. Staff with delegated approval authority determine the appropriateness of requested services to be "authorized for delivery in the community."

[25] VHA Deputy Under Secretary for Health for Operations and Management memorandum, "COVID-19 Guidance for Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)," March 14, 2020. This memorandum did not include a date of issuance and Central Texas HCS's associate chief of Nursing Research provided the March 14, 2020 date.

[26] VHA Deputy Secretary for Health for Operations and Management, *10N Guide to VHA Issue Briefs*, June 20, 2017. VHA uses an issue brief to communicate detailed information regarding a critical situation, event, or issue to appropriate leadership within the organization.

awaiting admission, and document "COVID" when a patient's admission date was unknown at the time due to COVID-19.

On July 1, 2020, VHA provided guidance that virtual care "is not a permanent replacement or alternative" for patients needing residential care.[27] On July 30, 2020, VHA required all MH RRTPs to "begin a phased process for lifting admission restrictions" and instructed each VISN to "conduct a review of currently available residential treatment beds to ensure sufficient VISN capacity is maintained for meeting the urgent needs" of patients with mental health and substance use disorders.[28] Additionally, VHA required that facilities with MH RRTPs continue to accept referrals, conduct screenings, and pursue "admission locally, within the VISN or in a community-based residential program" when a patient presented an urgent need for residential treatment.

On February 11, 2021, VHA provided a memorandum to VISN leaders for distribution to facility leaders regarding how to ensure residential care access during the pandemic.[29] The following day, VHA provided additional guidance, which required facilities with an MH RRTP to report the operational status of all MH RRTP beds and "availability of community based residential treatment options." As of February 12, 2021, VHA estimated that 3,500 patients who were screened after January 1, 2020, were pending admission with an average wait of more than 150 days. VHA directed the reopening of MH RRTPs with COVID-19 safety procedures for staff and patients and an expectation of 50 percent capacity by May 1, 2021. Facility staff were required to provide alternatives, including community residential care, for patients who were unable to be admitted within 30 days or sooner for priority admissions. On July 26, 2021, VHA revised the guidance with a plan for continued reopening of MH RRTPs and increased capacity "to address significant program wait times."[30]

Allegations and Related Concerns

On August 19, 2021, the OIG received an allegation that Dallas and Bonham DOM SUD staff placed patients on waitlists for "2-3 months" and failed to offer community residential care

[27] VHA Assistant Under Secretary for Health for Operations memorandum, "Reactivation of Mental Health Residential Rehabilitation Treatment Programs (MH RRTP)," July 1, 2020.

[28] VHA Assistant Under Secretary for Health for Operations memorandum, "Access to Mental Health Residential Rehabilitation Treatment Programs (MH RRTP) During Coronavirus (COVID-19)," July 30, 2020. VHA, "Moving Forward Plan," April 30, 2020.

[29] VHA Assistant Under Secretary for Health for Clinical Services memorandum, "Ensuring Access to Residential Treatment for Veterans with Mental Health and Substance Use Disorders during the Pandemic," February 11, 2021.

[30] VHA, "Moving Forward Guidance for Mental Health Residential Rehabilitation Treatment Programs (MH RRTPS) (Version 1.3)," July 26, 2021.

referrals.[31] The complainant told the OIG that VA North Texas staff denied patients' requests for community residential care referrals although patients from the Central Texas HCS received community residential care treatment. During review of the allegations, the OIG identified additional concerns related to VA North Texas staffs' compliance with required scheduling procedures and mental health treatment coordinator (MHTC) assignments for patients awaiting DOM SUD admission.[32]

Scope and Methodology

The OIG initiated the inspection on October 19, 2021, and conducted a virtual site visit November 15–18, 2021.[33]

The OIG interviewed VISN 17 leaders; VA North Texas and Central Texas HCS leaders and staff familiar with relevant processes; the National Director, MH RRTP; and the Deputy Director, MH RRTP.[34] Relevant VHA directives, handbooks, and memoranda; Corporate Data Warehouse data regarding Bonham, Dallas, and Temple General DOM SUD treatment track wait times; and VA North Texas and Central Texas HCS policies, standard operating procedures, and organizational charts were also reviewed.[35]

The OIG reviewed 15 VA North Texas DOM SUD consults and the applicable electronic health records for six patients identified by the complainant and four patients identified by VA North Texas staff during interviews.[36] The 15 VA North Texas DOM SUD consults were reviewed to determine admission wait times and evaluate whether staff offered community residential care

[31] VHA Directive 1162.02. DOM SUDs provide "a 24/7 structured and supportive residential environment" for the treatment of substance use disorders. VHA interchangeably refers to residential substance use disorder treatment programs as "DOM SUD" and "Domiciliary Substance Use Disorders."

[32] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)," October 26, 2021. VHA Deputy Under Secretary for Health for Operations and Management memorandum, "Assignment of the Mental Health Treatment Coordinator," March 26, 2012.

[33] The site visit was conducted virtually due to the Coronavirus (COVID-19) pandemic. "WHO Director-General's Opening Remarks at the Media Briefing on COVID-19 – 11 March 2020," World Health Organization, accessed February 10, 2022, https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-COVID-19---11-march-2020; *Merriam-Webster.com Dictionary*, "pandemic," accessed February 15, 2022, https://www.merriam-webster.com/dictionary/pandemic. A pandemic "occurs over a wide geographic area (such as multiple countries or continents) and typically affects a significant proportion of the population;" "Naming the Coronavirus Disease (COVID-19) and the Virus that Causes It," World Health Organization, accessed January 4, 2022, https://www.who.int/emergencies/diseases/novel-coronavirus-2019/technical-guidance/naming-the-coronavirus-disease-(covid-2019)-and-the-virus-that-causes-it. COVID-19 is caused by the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2).

[34] Facility leaders included the Facility Directors; Chief of Staff; chiefs, Office of Community Care; associate chiefs of staff, Mental Health; and chiefs of the Domiciliary.

[35] "VHA Corporate Data Warehouse (CDW)," VA Information Resource Center (VIReC). The VHA Corporate Data Warehouse is a national database comprised of data from VHA clinical and administrative systems.

[36] The OIG reviewed applicable electronic health record documents from February 2020 through November 2021.

referrals. The OIG also reviewed consults to the Temple General DOM SUD treatment track for two of the six patients identified by the complainant.

In the absence of current VA or VHA policy, the OIG considered previous guidance to be in effect until superseded by an updated or recertified directive, handbook, or other policy document on the same or similar issue(s).

The OIG substantiates an allegation when the available evidence indicates that the alleged event or action more likely than not took place. The OIG does not substantiate an allegation when the available evidence indicates that the alleged event or action more likely than not did not take place. The OIG is unable to determine whether an alleged event or action took place when there is insufficient evidence.

Oversight authority to review the programs and operations of VA medical facilities is authorized by the Inspector General Act of 1978, Pub. L. No. 95-452, 92 Stat. 1101, as amended (codified at 5 U.S.C. App. 3). The OIG reviews available evidence to determine whether reported concerns or allegations are valid within a specified scope and methodology of a healthcare inspection and, if so, to make recommendations to VA leaders on patient care issues. Findings and recommendations do not define a standard of care or establish legal liability.

The OIG conducted the inspection in accordance with *Quality Standards for Inspection and Evaluation* published by the Council of the Inspectors General on Integrity and Efficiency.

Inspection Results

DOM SUD Wait Times and Failure to Utilize Community Residential Care

The OIG substantiated that VA North Texas staff placed patients on waitlists for “2-3 months” and failed to offer community residential care referrals during most of fiscal years (FY) 2020 and 2021, inconsistent with VHA requirements.[37]

In accordance with the national MH RRTP guidance, the VA North Texas leaders limited patient DOM SUD access in response to the COVID-19 pandemic.[38] VA North Texas leaders told the OIG that the Dallas DOM SUD was closed to admissions starting in March 2020 and reopened at

[37] VHA Directive 1162.02. Average wait time was evaluated as the patient’s screening date to the patient’s DOM SUD-offered admission date. A fiscal year is a 12-month cycle that spans October 1 through September 30. Fiscal year 2020 began on October 1, 2019, and ended on September 30, 2020, and fiscal year 2021 began on October 1, 2020, and ended on September 30, 2021. VA/VHA Employee Health Promotion Disease Prevention Guidebook, VA Finance Terms and Definitions, July 2011, accessed April 13, 2021, https://www.publichealth.va.gov/docs/employeehealth/14-Finance-Terms.pdf.

[38] VHA Deputy Under Secretary for Health for Operations and Management memorandum, “COVID-19 Guidance for Mental Health Residential Rehabilitation Treatment Programs (MH RRTP).” March 14, 2020.

a reduced capacity in September 2020. The chief, Bonham MH RRTP told the OIG that the Bonham DOM SUD initially reduced capacity to 50 percent occupancy through attrition, and between January and June 2022, temporarily halted admissions as necessary due to COVID-19 cases.

VHA data indicated that the Dallas and Bonham DOM SUDs' average wait time was 30 days or greater from the third quarter of FY 2020 through second quarter of FY 2021, likely due to the COVID-19 pandemic-related MH RRTP restrictions.[39] (See figure 1).

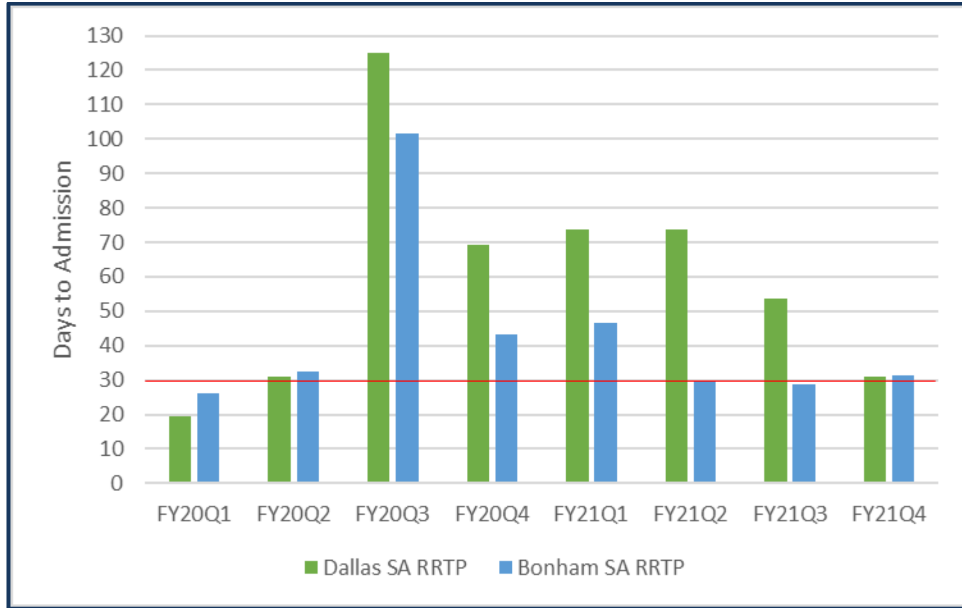

Figure 1. *Bonham and Dallas DOM SUDs' Average Wait Time for FYs 2020 and 2021.*
Source: OIG analysis of Corporate Data Warehouse data.

The OIG found that VA North Texas staff failed to offer community residential care referrals, despite the VHA requirement that staff must offer a patient "alternative residential treatment or another level of care that meets the Veteran's needs and preferences at the time of screening" when the anticipated wait time is greater than 30 days.[40] VHA instructs that alternative treatment may include "a program in the community, another program within the VISN, or another program in another VISN."[41]

The OIG reviewed 15 VA North Texas DOM SUD consults placed for 10 patients.[42] Seven

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[39] VA/VHA Employee Health Promotion Disease Prevention Guidebook, "VA Finance Terms and Definitions," July 2011, accessed April 13, 2021, https://www.publichealth.va.gov/docs/employeehealth/14-Finance-Terms.pdf. The OIG calculated wait time as the date of a patient's completed screening to the patient's admission date.

[40] VHA Directive 1162.02.

[41] VHA Directive 1162.02.

[42] Of the 10 patients, five (Patients 2, 3, 4, 9, and 10) had one DOM SUD consult placed and five (Patients 1, 5, 6, 7, and 8) had two consults placed during the period reviewed, resulting in a total of 15 consults reviewed. Of the 15 consults, 13 were referrals to the Bonham DOM SUD and two were referrals to the Dallas DOM SUD.

consults were closed with one patient (Patient 10) admitted to the DOM SUD in less than 30 days, one patient (Patient 9) did not present for a DOM SUD admission date that was offered in less than 30 days, two patients (Patients 7 and 8) declined screening when informed of wait list, and three patients (Patients 1, 7, and 8) were not approved for admission.[43] (See table 1.)

Table 1. VA North Texas DOM SUD Consult Disposition within 30 Days

Patient	Consult	Patient Consult Disposition
1	1	Not approved for admission
7	1	Not approved for admission
	2	Declined screening when informed of waitlist
8	1	Not approved for admission
	2	Declined screening when informed of waitlist
9	1	Offered admission date in less than 30 days
10	1	Admitted in less than 30 days

Source: VA OIG analysis of the patients' electronic health records

Of the eight remaining consults, two were closed when the patients (Patients 2 and 6) declined admission and staff removed them from the pending bed placement list. (See table 2.) The remaining six consults resulted in patients waiting an average of 79 days before VA North Texas staff offered DOM SUD admission or removed the patient from the pending bed placement list. Seven of the eight consults contained documentation that the "anticipated admission date exceeds 30 days; however, there is no available alternative to consider at this time." In the remaining consult, staff documented the tentative admission time as "COVID," as advised in an April 2020 national MH RRTP call.

Table 2. VA North Texas DOM SUD Consult Disposition and Wait Time Beyond 30 Days

Patient	Consult	Patient Consult Disposition	Wait Time (Days)
1	2	Removed from pending bed placement list due to inability to reach patient	65
2	1	Removed from pending bed placement list due to patient's declination	65
3	1	Admitted	80
4	1	Admitted	97
5*	1	Removed from pending bed placement list due to inability to reach patient	112
	2	Offered admission	51
6**	1	Offered admission	66

[43] VHA Directive 1162.02.

	2	Removed from pending bed placement list due to patient's declination	78

Source: VA OIG analysis of the patients' electronic health records
**Patient 5 was offered DOM SUD admission on day 51 and requested deferral to a later date.*
***Patient 6 was offered DOM SUD admission on day 66 and requested deferral to a later date.*

The OIG determined that the VA North Texas chief, Patient Administration Services, who oversees community care, misinterpreted the national MH RRTP policy and community care guidance and provided inaccurate information to VA North Texas leaders and staff. The chief, Patient Administration Services told the OIG that MH RRTPs are "excluded from the MISSION Act, so those programs are not held to the same standards as all other care," such that MH RRTPs are not eligible for community care based on access standards.

The National Director, MH RRTP told the OIG that although "the traditional drive time and wait time standards" do not apply to DOM SUDs, VHA has a wait-time requirement that specifies that community residential care referrals can be made when VHA is unable to provide the care within 30 calendar days. Additionally, the National Director, MH RRTP reported that staff are expected to refer patients to community residential care when the patient has been screened, determined to require a residential level of care, and VHA is unable to provide treatment within the required time frame. Further, the National Director, MH RRTP indicated that staff are expected to offer alternative treatment options at the time of screening and acceptance and offer community residential care if VHA lacks capacity.

In July 2020, VHA issued guidance directing each VISN to "conduct a review of currently available residential treatment beds to ensure sufficient VISN capacity," and "secure admission locally, within the VISN or in a community-based residential program." The National Deputy Director, MH RRTP reported that, on September 1, 2020, the MH RRTP national program office deployed guidance to the field that included instructions for community residential care referrals. In February 2021, VHA provided guidance that the VISN Chief Mental Health Officer and facility leaders must ensure that patients who require MH RRTP services are offered "a VA MH RRTP bed or in a community placement."[44] VHA instructed each facility operating a MH RRTP to "provide updated information on the current operational status of all MH RRTP beds as well as information on the availability of community based residential treatment options."[45]

In March 2021, VISN 17 responded per VHA's instructions and stated that the Dallas and Bonham DOM SUDs were not making referrals to community residential care. The OIG was unable to determine whether actions had been taken at that time because the VISN 17 Mental Health Officer in place at the time was no longer employed by VHA during the OIG review and other VISN 17 leaders in place in March 2021 reported not being involved with related actions.

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[44] VHA Assistant Under Secretary for Health for Clinical Services memorandum, "Ensuring Access to Residential Treatment for Veterans with Mental Health and Substance Use Disorders during the Pandemic," February 11, 2021.

[45] VHA Assistant Under Secretary for Health for Clinical Services memorandum.

However, in August 2021, the new VISN 17 Chief Mental Health Officer emailed guidance to the VA North Texas associate chief of staff, Mental Health that if VHA MH RRTP services are not "available within 30 days they MUST use the Community Care consult."

The OIG determined that VA North Texas staff provided patients with misinformation and inappropriately denied requests for community residential care. (See appendix A for three examples of the DOM SUD referral process issues.) The OIG would have expected VA North Texas staff to ensure patients' access to care by offering community residential care referrals when anticipated admission wait times exceeded 30 days. Of the patients reviewed, the OIG did not identify any adverse clinical outcomes due to the delayed access to residential care.[46] However, failure to discuss alternative resources or treatment options, including community residential care, may have contributed to patients' increased risk of negative outcomes due to delayed access to DOM SUD services.

In December 2021, the OIG notified Director, VISN 17 and VA North Texas leaders of staff's failure to comply with community residential care referrals for residential treatment requirements and requested actions to address staff education and potential patient treatment needs. The VISN 17 Business Implementation Manager provided documentation that reflected that VA North Texas Office of Community Care and Mental Health Services staff received education regarding community residential care referral procedures and that a review of all community residential care consults placed from October 1, 2019, through November 30, 2021, was completed. Additionally, the facility Chief of Staff provided a clinical review to ensure appropriate follow-up of patients referred for RRTP from October 1, 2019, through December 31, 2021, whose wait times were greater than 30 days.[47]

Community Residential Care Referral Compliance at Central Texas HCS

VA North Texas staff referred two of the 10 patients (Patients 3 and 7) to the Temple General DOM SUD treatment track. The OIG substantiated that Central Texas HCS staff appropriately placed consults and scheduled patients in accordance with VHA requirements.[48] Through interviews and consult reviews, the OIG determined that Central Texas HCS staff appropriately offered community residential care referrals in accordance with VHA guidance.[49] Additionally,

[46] VHA Directive 1004.08, *Disclosure of Adverse Events to Patients*, October 31, 2018. VHA defines an adverse event as "untoward diagnostic or therapeutic incidents, iatrogenic injuries, or other occurrences of harm or potential harm directly associated with care or services delivered by VA providers." For purposes of this report, the OIG defines harm in terms of an adverse clinical outcome such as overdose and need for a higher level of care.

[47] The OIG reviewed the data and confirmed appropriate follow-up was conducted for patients who subsequently died by suicide, required a higher level of care, or were referred from another VISN.

[48] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[49] VHA Directive 1162.02.

the OIG found that Central Texas HCS staff had developed a policy and procedures for referrals to alternative VISN MH RRTP care and community residential care when wait times for MH RRTP admission within the VISN were greater than 30 days.[50]

VISN Oversight

The OIG determined that VISN 17 leaders did not ensure VA North Texas leaders' adherence to the national MH RRTP policy. The National Director, MH RRTP is responsible for the provision of MH RRTP "policy and operational consultation and guidance" to VISNs and VA medical facilities. The VISN Mental Health Lead is the "liaison between [Office of Mental Health and Suicide Prevention], VISN and facility leadership, mental health leadership, and MH RRTP leadership."[51] The VISN Mental Health Lead is also responsible for ensuring that all VISN MH RRTPs collect data sufficient for oversight related to VHA policy implementation.[52]

The National Director, MH RRTP told the OIG that MH RRTPs are considered a VISN resource, and the bed capacity within the VISN should be determined before considering a community residential care referral. Further, the National Director, MH RRTP told the OIG that although the VISN has oversight responsibility to ensure access to a residential level of care within the VISN, there are not defined expectations for community care utilization monitoring or standardized community care utilization reports.[53] In an interview with the OIG, the VISN 17 Chief Mental Health Officer reported providing guidance but that the VISN 17 Mental Health Lead role did not have authority to ensure policy adherence and did not include "direct oversight" responsibility because "oversight is at the local facility management level."

The OIG found that the VISN 17 Chief Mental Health Officer provided guidance to VA North Texas leaders regarding the use of community residential care. In February 2021, the VISN 17 Chief Mental Health Officer distributed a memorandum that included direction to VISN and facility leaders to ensure VISN residential treatment capacity "in a VA MH RRTP bed or in a community placement." In August 2021, the VISN 17 Chief Mental Health Officer provided instruction through email to the VA North Texas associate chief of staff, Mental Health to "make sure the Dallas and Bonham RRTP teams understand that they should use the Interfacility consults to attempt to procure a VA bed (VISN or National) first and if nothing [is] open and available within 30 days they **MUST** use the Community Care consult to refer to the network of providers."

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[50] Central Texas Veterans Health Care System Standard Operating Procedure, "Care in the Community: Residential Treatment Referral Process During COVID," July 2020.

[51] VHA Directive 1162.02. VISN 17 uses the title Chief Mental Health Officer for the VISN Mental Health Lead.

[52] VHA Directive 1162.02.

[53] In October 2022, VHA leaders told the OIG that they were working to develop business rules for standardized reports that will support VISN level monitoring."

In August 2021, the VISN 17 Chief Mental Health Officer consulted with the National Director, MH RRTP who stated the community residential care referral criteria, and in September 2021, the VISN 17 Chief Mental Health Officer distributed direction to VISN 17 associate chiefs of staff, Mental Health stating that for patients "screened and determined to need the residential level of care but a bed is not available, a referral to community care would be indicated." Further, the VISN 17 Chief Mental Health Officer clarified that although residential treatment "is not subject to the distance or drive time standards…the access standards based on the VHA Directive 1162.02 apply."

The OIG found that the VISN 17 Chief Mental Health Officer made several attempts to provide clarification and guidance to VA North Texas' mental health leaders and the chief, Patient Administration Services related to the option of community residential care. However, the OIG determined that the VISN 17 Chief Mental Health Officer lacked the authority to ensure facility leaders' adherence to the national MH RRTP policy. Effective oversight is critical to ensuring efficiency of DOM SUD operations and access to care for patients in need of residential treatment.

Bonham MH RRTP Nonadherence with VHA Scheduling Requirements

Since 2016, VHA has required a standardized consultation process to document a provider's request for services in the referred patient's electronic health record.[54] When a consult is received, MH RRTP staff must review and respond to the consult timely and adhere to VHA minimum scheduling and rescheduling efforts, including a minimum of four contact attempts to schedule the patient for the requested service, such as MH RRTP screening. The second contact attempt must use a different method of contact and can be completed the same day as the first attempt. The third and fourth contact attempts must be on different days.[55] To allow the patient time to respond, staff must wait a minimum of 14 calendar days from the second contact attempt before determining the action on the consult request.[56] Staff can cancel the consult when a patient does not respond to the minimum scheduling efforts.[57]

The OIG found that the Bonham MH RRTP standard operating procedure was inconsistent with VHA's minimum scheduling requirements.[58] Specifically, the Bonham MH RRTP screening and admission standard operating procedure instructed schedulers to close a consult after three failed

[54] VHA Directive 1232(3), Consult Processes and Procedures, August 24, 2016. A clinical consult is a request for clinical services created by a healthcare provider on behalf of a patient, seeking opinion, advise, or expertise for the evaluation or management of a specific patient problem.

[55] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[56] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[57] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[58] VA North Texas Health Care System, Bonham Domiciliary, "Screening and Admission," Standard Operating Procedure 30, October 27, 2020.; VHA Directive 1230, *Outpatient Scheduling Processes and Procedures,* July 15, 2016.; VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

scheduling contact attempts; however, VHA requires four contact attempts.[59] Additionally, the standard operating procedure did not require staff to use different modes of contacting the patient, such as phone, secured messaging, or a letter, in the initial and second contact attempts, as required by VHA.[60] In interviews with the OIG, the chief, Bonham MH RRTP, and Bonham DOM SUD staff confirmed that staff used phone contact to reach out to patients for scheduling, and did not send letters.[61] Failure to adhere to VHA minimum scheduling requirements may hinder efficient patient scheduling and contribute to barriers to accessing DOM SUD services.[62]

Mental Health Treatment Coordinator Assignment

Since 2012, VHA has required that staff assign an MHTC to patients who are receiving treatment in an outpatient mental health setting, have been admitted to an inpatient mental health setting, or are "waiting to engage in a different level of care" including waiting for an MH RRTP bed.[63] The MHTC supports patients' continuity of mental health treatment, "especially during care transitions."[64] When a patient is not accepted to an MH RRTP and does not have an assigned MHTC, the patient "is referred to Mental Health for one to be assigned."

The OIG found that the VA North Texas MHTC policy does not include information about the requirement for MH RRTP staff to ensure an MHTC assignment for patients awaiting admission.[65] In an interview with the OIG, the National Director, MH RRTP acknowledged not having a process to assign an MHTC while a patient awaits admission. Further, in an interview with the OIG, the chief, Bonham MH RRTP and the Program Manager, Dallas DOM SUD reported that the DOM SUD staff were not involved in MHTC assignments. Of the 10 patients reviewed, the OIG found that one (Patient 10) was not assigned an MHTC.[66]

The OIG concluded that the lack of broad stakeholder awareness of the MHTC requirement may have contributed to the DOM SUD leaders' lack of knowledge that the VA North Texas MHTC

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[59] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."; VA North Texas Health Care System, Bonham Domiciliary, "Screening and Admission," Standard Operating Procedure 30, October 27, 2020.

[60] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)." VA North Texas Health Care System, Bonham Domiciliary, "Screening and Admission."

[61] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[62] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[63] VHA Deputy Under Secretary for Health for Operations and Management memorandum, *Assignment of the Mental Health Treatment Coordinator*, March 26, 2012.

[64] VHA Directive 1162.02.

[65] VA North Texas Health Care System - Mental Health Service, "MHTC Assignment - Inpatient Psychiatry," Standard Operating Procedure, August 2019.

[66] The OIG team did not identify any adverse clinical outcomes related to the lack of MHTC assignment. The OIG team's review of Patient 10's electronic health record indicated the patient was admitted to the Bonham DOM SUD within 30 days of referral. Upon completion of DOM SUD, the patient declined additional mental health treatment and, as of March 2022, Patient 10 reported continued alcohol abstinence since DOM SUD treatment.

policy should include processes related to the identification and assignment of an MHTC for patients accepted and awaiting DOM SUD admission. Further, lack of policy awareness may contribute to a failure to assign a patient an MHTC while awaiting DOM SUD admission and diminish the likelihood of patients' engagement in outpatient care while awaiting admission.

Conclusion

The OIG substantiated that VA North Texas staff placed patients on waitlists for "2-3 months" and failed to offer community residential care referrals during most of fiscal years 2020 and 2021, inconsistent with VHA requirements.[67] The OIG reviewed 15 VA North Texas DOM SUD consults placed for 10 patients.[68] Seven consults were closed when a patient was admitted within 30 days, declined screening, or was not approved for admission.[69] Among the eight remaining consults, two consults were closed when the patients declined admission and six resulted in patients waiting an average of 79 days before VA North Texas staff offered DOM SUD admission or removed the patient from the pending bed placement list. Despite documentation that the anticipated admission date was unknown or "exceeds 30 days," staff did not offer community care options.

The OIG determined that the VA North Texas chief, Patient Administration Services, who oversees community care, misinterpreted the national MH RRTP policy and community care guidance and provided inaccurate information to VA North Texas leaders and staff. VA North Texas staff provided patients with misinformation and inappropriately denied requests for community residential care. The OIG would have expected VA North Texas staff to ensure patients' access to care by offering community residential care referrals when the anticipated admission wait time exceeded 30 days. Failure to discuss alternative resources or treatment options, including community residential care, may have contributed to patients' increased risk of negative outcomes due to delayed access to DOM SUD services. Based on interviews and consult reviews, the OIG substantiated that Central Texas Health Care System staff appropriately offered community residential care referrals in accordance with VHA guidance.[70]

The VISN 17 Chief Mental Health Officer made several attempts to provide clarification and guidance to VA North Texas' mental health leaders and the chief, Patient Administration Services related to the option of community residential care, however, lacked the authority to ensure adherence to the national MH RRTP policy. The OIG determined that VISN 17 leaders did not ensure VA North Texas leaders' adherence to the national MH RRTP policy. Effective

[67] VHA Directive 1162.02.

[68] Of the 10 patients, five had one DOM SUD consult placed and five had two consults placed during the period reviewed, resulting in a total of 15 consults reviewed. Of the 15 consults, 13 were referrals to the Bonham DOM SUD and two were referrals to the Dallas DOM SUD.

[69] VHA Directive 1162.02.

[70] VHA Directive 1162.02.

oversight is critical to ensuring efficiency of DOM SUD operations and access to care for patients in need of residential treatment.

The Bonham MH RRTP standard operating procedure was inconsistent with VHA's minimum scheduling requirements and instructed schedulers to close a consult after three failed scheduling contact attempts rather than four, as required by VHA.[71] Failure to adhere to VHA minimum scheduling requirements may hinder efficient patient scheduling and contribute to barriers to accessing DOM SUD services.[72]

The VA North Texas MHTC policy did not include information about MH RRTP staff ensuring an MHTC assignment for patients awaiting admission.[73] The OIG concluded that the lack of broad stakeholder awareness of the MHTC requirement may have contributed to the DOM SUD leaders' lack of knowledge that the VA North Texas MHTC policy should include the processes related to the identification and assignment of an MHTC for patients accepted and awaiting DOM SUD admission. Lack of policy awareness may contribute to a failure to assign a patient an MHTC while awaiting DOM SUD admission and diminish the likelihood of patients' engagement in outpatient care while awaiting admission.

Recommendations 1–5

1. The VA North Texas Health Care System Director ensures that staff provide alternative treatment options, including community residential care referrals, when Veterans Health Administration admission wait time for substance abuse disorder residential rehabilitation treatment exceeds 30 days, and monitors compliance.

2. The VA North Texas Health Care System Director conducts a comprehensive review of the management of community residential care referrals and takes action as warranted.

3. The Under Secretary for Health ensures that Veterans Integrated Service Network leaders provide adequate oversight to ensure adherence to the mental health residential rehabilitation treatment program access to care policy as required.

4. The VA North Texas Health Care System Director makes certain that the Bonham Substance Abuse Residential Rehabilitation Treatment Program procedures are consistent with Veterans Health Administration scheduling requirements, and monitors compliance.

[71] VA North Texas Health Care System, Bonham Domiciliary, "Screening and Admission," Standard Operating Procedure 30, October 27, 2020; VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[72] VHA, "Minimum Scheduling Effort for Outpatient Appointments Standard Operating Procedure (SOP)."

[73] VA North Texas Health Care System - Mental Health Service, "MHTC Assignment - Inpatient Psychiatry," Standard Operating Procedure, August 2019.

5. The Under Secretary for Health strengthens mental health treatment coordinator assignment procedures for patients awaiting mental health residential rehabilitation treatment program admission as warranted.

Appendix A: Select Patient DOM SUD Referral Process Summaries

Patient 1

Patient 1's homeless services social worker placed a consult for community residential care in October 2020, noting Patient 1's inability to stop using substances with outpatient interventions. A psychologist documented that Patient 1 "does not meet criteria for [community residential care] to an [DOM SUD]," noted a period of sobriety in the past, and recommended participation "in a lower level of mental health care." Further, the psychologist noted that if a lower level of care is unsuccessful, the psychologist would recommend referral to the Dallas DOM SUD, that had an admission wait time of over 30 days.

In December 2020, Patient 1 self-referred to the Bonham DOM SUD and a senior social worker documented the patient's acceptance and that the "anticipated admission date exceeds 30 days; however, there is no available alternative to consider at this time."[74] A psychologist then sought guidance from the clinical director regarding a community residential care referral for Patient 1. Five days later, the clinical director noted that DOM SUD staff would "check in" on Patient 1 weekly, informed the psychologist that "Wait times do not apply to RRTP referrals," and suggested referral to the Dallas or Bonham DOM SUD. About two weeks later, the psychologist again sought guidance from the clinical director who acknowledged months long wait lists at the Dallas and Bonham DOM SUDs "but community care consults for [RRTP] are not being approved."

In January 2021, the homeless services social worker documented that Patient 1 was in community residential care. The homeless services social worker told the OIG that a community residential care program used indigent funds to facilitate Patient 1's admission. Homeless services staff continued to have phone contact with Patient 1 through early February. After several unsuccessful attempts to reach Patient 1 in late January through late February 2021, Bonham DOM SUD staff removed Patient 1 from the pending bed placement list, 65 days after acceptance.

[74] The chief, Bonham MH RRTP told the OIG that when a patient self-refers, the admissions clerk submits a consult with the chief, Bonham MH RRTP's name as the requesting provider.

Patient 4

Patient 4 presented to the VA North Texas Emergency Department in June 2021 with increased substance use. A clinical nurse specialist referred Patient 4 to the Bonham DOM SUD. A week later, a Bonham DOM SUD social worker documented Patient 4's acceptance, unknown admission date due to COVID-19 precautions, and "anticipated admission date exceeds 30 days; however, there is no available alternative to consider at this time." Ten days later, a homeless services social worker documented that the patient "needs to go to Bonham [domiciliary] ASAP" and "does not want to wait for months," offered a community residential care option, and Patient 4 declined. Approximately a week later, another homeless services social worker documented Patient 4's agreement to a community residential care option, facilitated Patient 4's referral to a community residential care program through a non-VA funding source, and Patient 4 was admitted approximately two weeks later.[75] Another Bonham DOM SUD social worker documented telephone contact with Patient 4 while in the community residential care program and Patient 4 expressed ongoing interest in admission to the Bonham DOM SUD. Additionally, the homeless services staff had contact with Patient 4 while in the community residential care program. Patient 4 remained on the Bonham DOM SUD pending-admission list and was admitted to the Bonham DOM SUD in September 2021, 97 days after acceptance.

Patient 5

In late April 2020, an outpatient social worker documented Patient 5's request for RRTP admission, provided Patient 5 with Bonham DOM SUD contact information, and three days later, noted that a Bonham DOM SUD staff member reported new patient admissions would not occur until June 2020. After consulting with the outpatient social worker, the clinical director placed a consult to Bonham DOM SUD. Approximately a week later, a Bonham DOM SUD social worker documented Patient 5's admission acceptance and that the "anticipated admission date exceeds 30 days; however, there is no available alternative to consider at this time."

The next day, Patient 5 called the outpatient social worker "desperate for treatment," the outpatient social worker offered outpatient options, and encouraged Patient 5 to present to the Emergency Department for "evaluation for suicide." Patient 5 presented to the Emergency Department the following day and was admitted to the inpatient mental health unit for nine days. At the end of May 2020, the Bonham DOM SUD social worker documented that Patient 5 would be admitted "after [early summer], 2020 due to circumstances related to COVID 19." In mid-June 2020, another Bonham DOM SUD social worker documented an anticipated admission date of "after [early summer], 2020 due to COVID 19 concerns" and that Patient 5 was "currently" in

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[75] The homeless services social worker told the OIG about a process "outside of the system" by which VA staff can contact the community residential care program directly and access a scholarship program that pays for veterans' treatment rather than go through the community residential care referral process.

community residential care. Patient 5 continued to engage in mental health treatment at VA North Texas for the following year.

In a July 2021 visit with an outpatient social worker, Patient 5 agreed to a Bonham DOM SUD referral. Five days later, a triage social worker documented Patient 5's request for community residential care and notified the outpatient social worker. The outpatient social worker contacted Patient 5 who confirmed the request for community residential care and noted being "on a list for community care." The outpatient social worker documented Patient 5's plan to discuss the need for inpatient treatment with the psychiatrist at a scheduled appointment two days later. At the visit, the psychiatrist placed a consult for Patient 5 to the Bonham DOM SUD.

Five days later, a senior social worker documented Patient 5's acceptance to the Bonham DOM SUD and that the "anticipated admission date exceeds 30 days; however, there is no available alternative to consider at this time." In late July 2021, Patient 5 sent a secure message requesting that the psychiatrist place a community residential care consult and the psychiatrist responded that the community residential care was "likely not a covered benefit." Six days later, a registered nurse documented Patient 5's request for community residential care and that the psychiatrist did not refer Patient 5 because "the VA doesn't pay for community rehabs."

Five days later, Patient 5 sent a secure message, attached a document of "rules for community referrals," and told a VA North Texas nurse that "VA will refer to the community if they can't meet the need within so many days." Eight days later, a clinical director called Patient 5 and documented that due to "COVID 19 restrictions" the projected admission date was "approximately 2 months" and agreed to consult with "leadership staff" regarding eligibility for community residential care referral. The following day, the assistant chief, Psychology documented that "Mission Act drive time and wait time criteria do not apply."

In late summer 2021, the chief, Bonham MH RRTP offered Patient 5 an admission date that was 51 days after RRTP acceptance. Patient 5 deferred admission and was admitted approximately a month later.

Appendix B: Under Secretary for Health Memorandum

Department of Veterans Affairs Memorandum

Date: November 16, 2022

From: Office of the Under Secretary for Health (10)

Subj: OIG Draft Report, Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System (2021-03864-HI-1221) (VIEWS 08665294)

To: Assistant Inspector General for Healthcare Inspections (54)

1. Thank you for the opportunity to review and comment on the Office of Inspector General draft report, Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System. The Veterans Health Administration (VHA) concurs with recommendations 3 and 5 and provides an action plan in the attachment.

2. Mental health residential operations were significantly impacted by the Coronavirus pandemic when facilities took steps to decrease the risk of virus exposures by decreasing in-person visits whenever possible. Beginning in July 2020 and continuing through 2021, Office of Mental Health and Suicide Prevention (OMHSP) collaborated with Veterans Integrated Service Networks to increase Mental Health Residential Rehabilitation Treatment Program (MH RRTP) capacity and address concerns with rising wait times. Impressively, during fiscal year (FY) 2021 the average daily census increased from 2,371 to more than 3,400 Veterans. As of September 2022, average time between screening and admission improved to 24 days and is approaching the 19-day pre-pandemic level. VHA continues active efforts to ensure timely access to MH residential treatment focusing on decreasing wait times and removing barriers to admission.

3. Historically, options for mental health residential treatment in the community have been limited. Care comparable to that provided by VHA MH RRTP is commonly provided in the community through inpatient residential programs. Most community programs focus on the treatment of substance use disorders. Prior to 2020, such treatment was typically authorized through an inpatient standardized episode of care (SEOC) or through Veteran Care Agreements with community providers. In alignment with the MISSION Act, OMHSP collaborated with the Office of Integrated Veteran Care to clarify authority for providing residential care in the community and to establish a MH Residential SEOC and consult appropriate for use. The MH Residential SEOC and consult was launched in October 2020 with an update released in late summer 2021. During FY 2021 there were more than 5,000 referrals for MH residential care in the community using the new SEOC. That number increased to roughly 9,000 during FY 2022. VHA policy defines access requirements that inform when care in the community should be offered. Current requirements account for emergent needs, priority needs, and routine admissions.

4. Comments regarding the contents of this memorandum may be directed to the GAO OIG Accountability Liaison Office at VHA10BGOALACTION@va.gov.

(*Original signed by:*)

Shereef Elnahal. M.D., MBA
Under Secretary for Health

Under Secretary for Health Response

VETERANS HEALTH ADMINISTRATION (VHA)
Action Plan
OIG Draft Report, Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System

(OIG Project 2021-03864-HI-1221)

Date of Draft Report: September 29, 2022

Recommendation 3. The Under Secretary for Health ensures that Veterans Integrated Service Network leaders provide adequate oversight to ensure adherence to the mental health residential rehabilitation treatment program access to care policy as required.

VHA Comments: Concur. The Office of Mental Health and Suicide Prevention (OMHSP) will collaborate with VHA's Office of Operations and Veterans Integrated Service Network (VISN)-level stakeholders to develop strategies that ensure adequate oversight of facility adherence to national policy and propose changes, as needed, to policies or procedures specific to monitoring and oversight responsibilities. As part of this process, OMHSP will utilize available data to develop potential triggers that might indicate a need for further engagement at a VISN and facility level and provide that information to VHA Operations and VISN-level stakeholders to then take action on.

Status: In Progress Target Completion Date: March 2023

Recommendation 5. The Under Secretary for Health strengthens mental health treatment coordinator assignment procedures for patients awaiting mental health residential rehabilitation treatment program admission as warranted.

VHA Comments: Concur. The Mental Health Residential Rehabilitation Treatment Program (MH RRTP) will ensure guidance related to mental health treatment coordinator (MHTC) assignment is communicated to Program Managers, Admission Coordinators, and VISN Chief Mental Health Officers. VHA appreciates the report's statement that guidance released to the field in 2012 clearly defines the expectation that a MHTC is assigned for Veteran evaluated and accepted into residential treatment. VHA has also codified that guidance in policy (Directive 1162.02); policy also defines the role of the MHTC and establishes processes for ensuring MHTC assignment, particularly when Veterans are not accepted for admission and there is a need for additional coordination of care. VHA expects MH RRTP's reinforcement and, if needed, clarification of current program guidance, policy, and processes should provide any needed strengthening of MHTC assignment requirements.

Status: In Progress Target Completion Date: December 2022

OIG Comment

The OIG considers this recommendation open to allow time for the submission of documentation to support closure.

Appendix C: Facility Director Memorandum and VISN Director Approval

Department of Veterans Affairs Memorandum

Date: October 21, 2022

From: Acting Executive Medical Center Director, VA North Texas Health Care System (549/00)

Subj: Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the North Texas VA Health Care System

To: Network Director, VISN 17 (10N17)

1. Thank you for the opportunity to review and comment on the Office of Inspector General draft report titled "Noncompliance with Community Care Referrals for Substance Abuse Residential Treatment at the VA North Texas Health Care System." VA North Texas Health Care System (VANTHCS) concurs with recommendations 1 and 4 and concurs in principle with recommendation 2. Attached are the implementation plans with target completion dates.
2. VANTHCS believes it is important to put into context what time period these allegations were made (2020-2021). This was during the height of the Covid-19 Pandemic and the North Texas area was considered a national hotspot for this pandemic. VANTHCS had the highest Covid-19 census in the entire VA System for several months during this time. Many north Texas community care facilities were not accepting admissions during this time and those that were open for transfers often times did not meet the standards VA expects. It is the opinion of VANTHCS leadership that our staff were doing the very best they could during this public health disaster and while some mistakes may have been made by misinterpreting recently updated (and confusing) guidance on residential rehab community care eligibility, we believe our staff overall performed very well and very few patients were affected.
3. For questions regarding this plan, please contact dallasoigactiongroup@va.gov.

(*Original signed by*:)

Kendrick D. Brown, CHFM
Acting Executive Medical Center Director, VA North Texas Health Care System

Approved by

Wendell Jones, M.D., MBA
Network Director, VISN 17

Facility Director Response

Recommendation	**Action Plan**	Target Date
1. The VA North Texas Health Care System Director ensures that staff provide alternative treatment options, including community residential care referrals, when VHA admission wait time for substance abuse disorder residential rehabilitation treatment exceeds 30 days, and monitors compliance.	• All staff in mental health service were educated on 12/20/2021 via email that outlined requirements for staff to offer alternative treatment options, including community residential care, when wait time for VA North Texas substance abuse disorder residential rehabilitation treatment exceeds 30 days. • Monitor all future admissions for the next 90 days. Any admission found over 30 days requires an action plan. Monitoring will discontinue once a compliance rate of at least 90% is achieved during any consecutive three-month period.	February 01, 2023
2. The VA North Texas Health Care System Director conducts a comprehensive review of the management of community residential care referrals and takes action as warranted.	• All staff in Patient Administration Service (Community Care Section) will be provided an in-service education on the eligibility requirements of VA Directive 1162.02 and the Office of Community Care/IVC Field Guidebook (FGB) • 100% of all MHRRTP community care consults during this time period will be individually reviewed to ensure appropriate disposition and resolution. • Monitor all MHRRTP community care consults	February 01, 2023

	for the next 90 days to ensure appropriate disposition.	
4. The VA North Texas Health Care System Director makes certain that the Bonham Substance Abuse Residential Rehabilitation Treatment Program procedures are consistent with Veterans Health Administration scheduling requirements, and monitors compliance.	• The standard operating procedures for the Bonham substance abuse residential rehabilitation treatment program have been updated to reflect the current VHA minimum scheduling effort requirements. • Monitor all MHRRTP consults to the Bonham substance abuse residential rehabilitation treatment program for the next 90 days. Monitoring will discontinue once a compliance rate of at least 90% is achieved during any consecutive three-month period.	February 01, 2023

OIG Contact and Staff Acknowledgments

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