



**DEPARTMENT OF VETERANS AFFAIRS**  
**Greater Los Angeles Healthcare System**  
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**Los Angeles CA 90073**

**RECEIVED**

**MAY 10 2001**

**Henry A. Waxman, M.C.**  
**District Office**

May 4, 2001

In Reply Refer To:

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The Honorable Henry A. Waxman  
Member, United States  
House of Representatives  
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Santa Barbara Ambulatory  
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Dear Congressman Waxman:

I was pleased that your district office staff visited the Domiciliary on March 8, 2001. It is my understanding that they were impressed by the overall quality of the program and the efforts by the staff to deal with the complex needs of the veterans in that program. Your lengthy April 11, 2001 letter raised issues and complaints on a variety of topics ranging from aspects of the Domiciliary program to concerns about the financial management of the entire facility. Given this level of concern, it would be very helpful for your senior district staff to meet with my senior clinical leaders and me to discuss these issues in person. In this letter, I will respond to the seven pages of questions in your letter.

Description of Domiciliary Program

The Domiciliary is a Residential Treatment Program dedicated to the bio-psycho-social needs of veterans who are unable to reside in the community because of a combination of clinical and social needs. The goal of the program is for veterans to reintegrate into the community on an independent basis. If a veteran has clinical needs that can be handled on an outpatient basis and he or she has social support available in the community (some income, a place to stay), that veteran is not a candidate for the Domiciliary. Similarly, if a veteran is not in need of a specific clinical program but does have severe social needs (such as homelessness), that veteran would not be a candidate for the Domiciliary but would be referred to one of several programs that provide housing coordinated by our Comprehensive Homeless Program.

Between 600 and 700 veterans are admitted each year to the Domiciliary, and they typically stay between 3 and 6 months. The majority of Domiciliary patients are homeless and jobless, many patients are in recovery from substance abuse problems, and many have other mental health conditions in addition to physical medical complaints. The Domiciliary staff includes psychologists, social workers, vocational counselors, recreational therapist, primary care doctors and nurses, clerical staff, and social service assistants who provide much of the daily

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supervision in the three buildings that house the Domiciliary. All of the staff are trained and experienced dealing with veterans who have problems such as homelessness, substance abuse, and psychiatric conditions, including Post-Traumatic Stress Disorder. Domiciliary patients have full access to all diagnostic, therapeutic, and rehabilitation specialties at the Medical Center.

The Domiciliary has several Patient Councils with elected representatives. In these councils, the residents air their problems and issues and work with the Domiciliary staff to resolve them. Each veteran also has an assigned case manager who works with him to develop and follow an individualized treatment plan. The Chief of the Domiciliary and the Director for the Geriatrics and Rehabilitation Care Line (which includes the Domiciliary) are also available to deal with any issues that have not been resolved through these mechanisms.

At the time of the last survey by the Joint Commission on Accreditation of Healthcare Organizations, the Domiciliary program received a very high score. At this time we are preparing for another survey, and we expect to do equally well. The Committee on Accreditation of Rehabilitation Facilities may also evaluate the Domiciliary. Each year, the VA National Data Bank evaluates and compares all Domiciliaries across the country. The GLA Domiciliary has some of the sickest and most needy patients, yet achieves consistently good outcomes. The only area where the GLA program is usually an outlier is in length of stay—we tend to keep our veterans longer than do most Domiciliaries, which, we believe, reflects their more complicated conditions on admission.

Many veterans as well as some of the general public see the Domiciliary as a long term residence or “Old Soldiers Home,” but this is not the purpose or function of the Domiciliary. I want to emphasize that the Domiciliary is a Residential Treatment Program, it is not a recreational facility, it is not an employment agency, and it is not in itself a comprehensive medical treatment facility.

#### Hospital and Health Care Issues

All Domiciliary patients receive primary care within the Domiciliary while they are residents there. We are planning to include the Domiciliary patients in a primary care clinic we are developing on the North (Brentwood) Campus so that they will have continuity of care after their discharge from the Domiciliary. There are psychologists in the Domiciliary, but most of the patients with major psychiatric conditions are also treated in the Mental Health Clinic.

The Domiciliary primary care doctors are experienced and highly qualified clinicians. Whenever they have questions about a complex patient, they refer the

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patient to any of the medical, surgical, psychiatric, neurological specialties available at the WLA hospital. This assures the most accurate diagnoses and comprehensive therapies are given to the patients in the Domiciliary. Domiciliary patients do not wait longer than others to get appointments. If there is particular urgency, the doctors in the Domiciliary can arrange for immediate evaluation of their patients by any needed specialty.

There is very little **turnover among our staff physicians**. The physicians in the Domiciliary have been there for ten years and the staff physicians in the various specialty clinics are also very stable. In some clinics at the Medical Center, there are residents working under the supervision of the attending physicians, and the residents do rotate through the clinics as part of the training program.

We have both gastroenterologists and infectious disease specialists seeing patients with a variety of liver ailments, including **hepatitis C**. This is an expanding program at GLA.

Domiciliary patients are considered inpatients and do receive **dental care** while they reside in the Domiciliary. All outpatients are eligible for emergency dental care and care related to a medical condition under treatment by VA, but only those who are 100% service connected or were POWs receive full dental care as outpatients.

There is an **ENT** clinic at WLA. As with other specialties, there is no need to have them in the Domiciliary itself since they are present in the hospital clinics, and it is not consistent with the purpose and design of the program to place ENT doctors and other specialists within the Domiciliary.

Mental Health and Substance Abuse Treatment Issues

The **Mental Health Clinic** (MHC) at WLA is fully staffed with 26 psychiatrists, psychologists, and social workers. The staff will be increased when we co-locate the MHC with a Primary Care and Homeless Program Outpatient Resource Center under development. This will also obviate the need for many patients to go to the emergency room for routine psychiatric evaluation. Severely ill patients are not seen in the MHC but are seen in our Intensive Psychiatric Community Care (IPCC) program, and there is a separate clinic for patients enrolled in our PTSD treatment program. We are also expanding access to Mental Health services at many of the Community Based Outpatient Clinics.

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Patients requiring treatment for substance abuse problems are seen in programs designed for that group of patients and staffed by psychiatrists, psychologists, and addiction counselors who are experts in the treatment of substance abuse. Patients may be enrolled in the Addiction Treatment program or the Dual Diagnosis program. Treatment modalities include individualized evaluations, medications when appropriate, and group therapy. Alcoholics Anonymous groups are held in the Domiciliary and are a part of the rehabilitation program for most of those with alcohol problems. As you know, many of those affected by substance abuse lack insight into their problems, and we often hear patients with documented problems complain that they don't need to be in a treatment program for substance abuse. We find that the relapse rate is extremely high for those patients and the impact of that on them and on the therapeutic environment in the Domiciliary is very harmful.

Medical Records Issues

Our medical records are now completely computerized. In the past, veterans at the Domiciliary carried hard copies of their charts to various appointments, and although they were not authorized to do so, some would make their own copies of portions of their records. All patients, including Domiciliary patients, may request copies of their records through the Release of Information section of our Medical Records department. This is the only way to assure recipients, including other government agencies, that copied records are complete and accurate, and to insure that only authorized persons receive the copies. Currently, compensation and pension (C&P) examinations are transmitted electronically to the VBA. We are looking into ways to provide shared computer access to other appropriate medical records to the Regional Office.

Patients who have concerns regarding their medical or psychological care can discuss their concerns directly with the clinical provider. If they are not able to resolve an issue with the doctor, they may speak with the Chief of the Domiciliary or her supervisor, the Director for Geriatrics and Rehabilitation Care. In our experience, the most common situations in which a veteran disputes the accuracy of diagnoses in the medical records are when he wants to expunge mention of substance abuse, excessive use of pain medicines, or positive drug tests. When veterans make these complaints, there is a well-developed process for the clinical and administrative supervisors mentioned above to review the record.

Recreational Facilities

There is a recreational therapist at the Domiciliary who evaluates patients for therapeutic and leisure recreational activities. The Jackie Robinson Stadium is

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leased and maintained by UCLA and is not suitable for softball. There are softball diamonds available throughout the week and on weekends at the MacArthur Field on the Brentwood campus. It is true that many of the Domiciliary patients have other activities (clinics, groups, jobs) scheduled throughout the day and they are required to attend these activities before they engage in self-scheduled recreation activities.

The pool in building 205 has been closed for about ten years. The pool and the building it is in require extensive and expensive renovations, and we have no plans to reactivate the pool. A recreational pool at Brentwood would also require ongoing staff and maintenance. The pool at Sepulveda is a therapeutic pool, used by patients who are in a supervised treatment program utilizing that treatment modality. It is not available for general recreation and exercise.

### Domiciliary Building Repair and Maintenance

When the Domiciliary buildings were renovated they were made fully accessible according to the standards in the Americans with Disabilities Act. I am not aware of any safety issues involving the wheelchair ramps.

The buildings are in good repair and well maintained. We cannot hire Domiciliary patients as casual workers and pay them less than other professionals to maintain and repair the buildings. There are liability issues, labor partnership agreement issues, government contracting requirements, as well as therapeutic issues that don't allow us to do this. Contracts for construction projects are handled through the Network Business Center. Veterans with skills in these areas may apply for job openings and have preference for hiring within VA.

The New Directions program is not a VA program. New Directions leases its building and is responsible for all aspects of the program. They do not fall under government hiring and contracting regulations, and they may use program residents to perform building maintenance and repair. Many veterans have a choice to enter the Domiciliary or New Directions, even though the criteria and goals of the programs may differ. If a veteran prefers the way New Directions operates he/she is free to enter that program.

### Vocational Programs

While many Domiciliary patients are disabled or retired, we have vocational counselors and programs to assist those veterans seeking to return to employment. The Domiciliary offers resume preparation classes, training referrals, and job search assistance. There are representatives from the California Employment

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Development Department/Job Services and the California Department of Rehabilitation coming to the Domiciliary frequently to assist veterans in job searches and vocational training. The veterans are provided computer access for a range of activities including job searching and accessing information and other resources. The computers are equipped with Microsoft Suite 97, Internet access, and a typing tutor. The California Business Directory, the Registry of California Manufacturers, and other resources are available through the Internet connection. We do not restrict the use of patient available computers to those conducting job searches since other patients also have interests in using the computers.

There are two therapeutic work programs, Incentive Therapy (IT) and Compensated Work Therapy (CWT). IT is intended as initial work experience for veterans who have been out of the work force. It involves assignments within the Domiciliary such as manning the hallway reception desks and veterans receive small payments for this work. CWT is intended as work hardening experience preparatory to veterans re-entering the work force. These jobs may involve them as housekeeping assistants, grounds keeping crew, or parking lot attendants. These are not intended to be full time, long-term jobs with opportunities for promotion, salary increases, or benefits. There is no requirement that the wages are a set amount above minimum wage. The emphasis is that these are therapeutic programs designed to prepare veterans to return to a community work environment. When a veteran is capable of regular work, he or she is approaching readiness to be discharged from the program and to return successfully to the community.

The GLA Domiciliary does not encourage veterans to get jobs as extras on film productions while enrolled in the program. Typically, being an extra requires long periods of waiting, and this could interfere with a veteran's scheduled therapeutic activities. I expect that all staff, visitors, vendors, and members of the public, including film crews, treat veterans with respect. If any film crews have been rude or abusive towards veterans this has not been brought to my attention. Any veteran who feels he has been mistreated should immediately bring this to the attention of the Chief of the Domiciliary and we will investigate the matter.

Financial Management

The Financial Management department accounts for all funds expended by GLA according to VA policies and procedures. There is no basis for the concern that individual departments hoard money and receive a bonus or use it for purposes other than what was budgeted. Each department plans its budget prior to the fiscal year, and this plan is reviewed, approved, and monitored at the executive level.

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**Alternative sources of revenue** come from sharing agreements, leases, and collection of insurance and co-payments in the Medical Care Collection Fund (MCCF) from Category C veterans. These revenues, amounting to several million dollars a year (mostly from MCCF) are incorporated into the GLA operating budget and are spent on patient care and related functions consistent with the mission of VA.

Land Use

Plans to renovate the historic **Chapel** involve raising funds from private sources. When restored, the Chapel will be a wonderful addition to the veterans and to the community.

The **flagpoles** were erected to honor our nations veterans and to call attention to the VA complex.

Police and Security

The **Police Department at GLA** is made up of well-trained law enforcement professionals who are experienced dealing with the problems experienced by patients in the Domiciliary. They are all oriented to issues of patients with mental illness, substance abuse, and homelessness. Among veterans and visitors, and within the Domiciliary, we are frequently finding guns, other weapons, and illegal substances brought to the VA campus. We have apprehended patients and outsiders dealing drugs on campus. This increases the need for Police to be actively involved in the maintenance of a secure therapeutic environment in the Domiciliary. Also, many patients complain when other residents abuse substances while in the program because this creates an environment less conducive to their own recovery. The Domiciliary program is reviewing all of its policies and procedures that assure a safe and therapeutic environment. If ever there is an allegation of abuse or harassment by a police officer or other staff, that individual is removed from contact with patients while the matter is investigated thoroughly.

Housing Programs

The **HAVEN** is a temporary housing and treatment program. The Salvation Army operates the HAVEN with its own staff. We screen veterans referred to the program to make sure patients are not too sick for the residential level of care provided. Patients at the HAVEN are self-care patients who take their own medications. Their medication bottles are kept in a secure cabinet under the

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supervision of HAVEN staff. It has been a highly successful program. Over the last two years, almost five thousand veterans have enrolled in its temporary housing and 90 day substance abuse treatment programs. This has allowed those veterans to avoid unnecessary hospital stays without being forced into the streets. Recently, a HAVEN resident died unexpectedly. He had a history of alcoholism and significant heart disease, and the cause of death was determined to be a massive heart attack.

The Veterans Affairs Subsidized Housing (VASH) program provides housing vouchers to homeless veterans with serious mental illness who receive intensive case management in addition to Section 8 Housing vouchers. It is administered through our Community Care program. The social workers in the Domiciliary are aware of the criteria for this and other housing programs available to veterans upon discharge from the Domiciliary. There are approximately 1300 beds in a variety of community programs available to veterans being discharged from GLA. Most of them combine housing with ongoing treatment programs and vocational opportunities.

Other Issues

Mail is distributed to Domiciliary patients daily, Monday through Friday. It is delivered directly to individual patient's mailboxes and is not handled by Domiciliary staff.

GLA does not provide individual phone and fax services for Domiciliary patients. For specific purposes related to treatment issues, the staff does assist the patients to fax documents using the Domiciliary office equipment. There are numerous commercial fax services available at reasonable rates nearby the WLA campus for veterans who wish to send personal faxes.

In order to assist indigent patients in the Domiciliary and Nursing Homes to get haircuts, GLA does contract with a stylist. This is a recognized need and GLA spends approximately \$30,000 per year for this. We are continuing to contract for this service. In order to accommodate all the veterans needing this service, we do impose reasonable limits on the frequency of haircuts. In addition to the expense of providing the haircuts, we are renovating an area where the haircuts can be done in compliance with infection control standards.

The program in which UCLA law students assisted veterans with legal issues depended upon the interest and availability of student volunteers. GLA is not authorized to provide legal counsel for patients.

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We endeavor to provide as many amenities as possible to improve the quality of life for GLA Domiciliary residents. In doing this we must also stay within the guidelines for veterans' healthcare services established by Congress and the Department of Veterans Affairs.

I hope I have addressed your concerns in this letter. I look forward to meeting personally with your staff to discuss these issues in greater detail.

Sincerely,



PHILIP P. THOMAS  
Chief Executive officer