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Congress of the United States
House of Representatives
Washington, DC

October 28, 2003

HOUSE APPROPRIATIONS COMMITTEE
SUBCOMMITTEE ON MILITARY
CONSTRUCTION
SUBCOMMITTEE ON ENERGY AND
WATER DEVELOPMENT
CHIEF DEPUTY WHIP
DEMOCRATIC STEERING COMMITTEE
<http://www.house.gov/edwards/>

The Honorable Everett Alvarez, Jr.
Chairman, CARES Commission
Department of Veterans Affairs
Washington, D.C. 20420

VIA FACSIMILE: 202-501-2196

Dear Chairman Alvarez:

Recently, I conducted a "town-hall" style meeting, with over seventy employees of the Waco VA Hospital. I was concerned to learn that none of these employees felt they had been appropriately consulted when leaders of the Central Texas Veterans Healthcare System developed a plan which proposed to close the Waco facility. At my request, a partnership of these employees and local veterans' leaders has developed an important document, which I am sending to you today.

This group of seven senior VA staff has an average of over 23 years experience providing psychiatric care each, for 162 years of combined service to our nation's neediest veterans. I regret to share with you that a number of these VA employees have expressed to me fear of retribution from VA management, for taking positions contrary to those you heard in testimony by CTVHS and VISN 17 staff at the Waco CARES hearing. As a result of these concerns, I wish to make it clear that these employees are expressing themselves at my request, as their Congressman.

Chairman Alvarez, please know that I have a deep respect for you, your fellow CARES Commissioners, and the task before you. I hope you will strongly consider the data and thoughts presented by these "front-line" staff at the Waco VA Hospital, as you deliberate on this important matter. Thank you for your service, and your consideration.

Sincerely,


Chet Edwards
Member of Congress

CE:jr

The Honorable Everett Alvarez, Jr.
Chairman, CARES Commission
Department of Veterans Affairs
Washington, D.C. 20420

Sir,

We are a partnership of veterans and staff created from the Waco VA site of the Central Texas Veterans Health Care System and have provided this information to our Congressional Representative, Chet Edwards, for his disposition. We have channeled this important information through our Congressman because he has publicly assured us that no retaliation against staff or veteran will come as a result of this process.

This partnership was formed to present information to you for several reasons.

1. First, our group is convinced that critical information and data provided by the VA panel at the October 3, 2003 CARES Hearing is at best inaccurate, and at worst, misleading. If the Waco facility is to close, the process leading to that determination should be worthy of the sacrifices by veterans who made all this possible. We believe this process in Waco has not kept faith with them.
2. Second, our group will present data which directly contradicts VA panel testimony. This data creates a picture of needs very different from that presented by the VA panel. This data was readily available to the VA panel, but was not cited by them. This leaves the impression that only data supporting their view was consulted.
3. Third, there are two primary groups who have not been consulted in the VA's process of reorganization. The group of veterans served and the group of employees who provide service in Waco have not been asked for their input. Not only have employees not been consulted, but they have felt muzzled and intimidated by management officials throughout this process, beginning with disciplinary action taken against an employee who spoke against the VA plan in the early stages. Our Congressman has assured us shelter in providing this information.
4. Finally, based on this data and additional data from the Waco VA, our partnership will present suggestions to you concerning the appropriate use of the Waco facility. The ideas and concepts presented by this group are based on the data presented, on the Waco Mental Health and Behavioral Medicine plan developed over 10 months and accepted in the VISN 17 plan in April 2003, and on creative concepts produced in discussions by this unusual collection of individuals.

Overall, our group believes there are two basic flaws in VA and CARES data pertaining to mental health services which, alone, should stop the reorganization and closing of mental health facilities.

- First, in an effort to "put resources where the veterans are," the CARES process has not identified "what kind of veterans are there where we want to put resources?" The VA and CARES process has identified density, or numbers, of veterans in a particular market. No one has identified the eligibility for VA service of these veterans. We know that the Austin area, for instance, contains many veterans and great potential growth. However, 70% of these veterans are Category 7 veterans – the lowest of priority in the VA. Are we to reduce services to the mentally ill and other high priority veterans in order to redirect services to lower priority veterans? Has the CARES process been developed in an environment in which eligibility for VA service has not been engaged?
- The National Alliance for the Mentally Ill provided testimony before the CARES Commission in 2003 that the absence of reliable base year data on which to base 10 and 20 year predictions of mental health needs should exempt mental health services from CARES reorganization. Moreover, the CARES report itself recognizes that no national vision of mental health needs could be reliably described.

Given these two major basic flaws pertaining to care of the serious mentally ill, we implore the Commission to avoid reducing/reorganizing proven existing service to mentally ill veterans.

1. INACCURATE DATA PRESENTED BY THE VA PANEL

Dean Billik gave statements, and the VA provided documents, describing a decline in admissions to the Waco VA, implying that reductions in services and transfer of services were warranted by this data.

FACT: There is an extraordinary need for additional acute psychiatric beds, and for PRRTTP beds, in the Waco milieu as determined by the CTVHCS Task Force on Waco Mental Health, reviewed and approved by CTVHCS and VISN 17 in April 2003. Additional data presented below in "2" will further document this need.

- Data from the CTVHCS website shows that inpatient capacity in Waco has been reduced from 383 beds in 1996 to 191 in 2003. Public Law 104-262 requires the VA to maintain capacity for mental health treatment. As testimony from numerous national agencies has described in several legislative sessions, the VA

as a system has not met its statutory obligations, and CTVHCS in particular is especially negligent according to this data.

- Public Law 107-135 requires the VA not only to maintain capacity for mental health treatment, but to reinvest savings from closing mental health facilities in outpatient supports for mentally ill veterans. CTVHCS is not in compliance with this law, but seems to have used savings from closing bed services to create primary care opportunities in new CBOCs.
- On 10/10/03, Bed Report data shows that 22 veterans were on a waiting list for ACUTE psychiatry admission. This number would populate an entire ward.
- The American Psychiatric Association testified in Congress in 2003 that the VA might be discriminating against mentally ill veterans. Our group agrees with this endorsement and asks "What acute medical conditions exist for which "waiting list" status is an appropriate disposition?"

Dean Billik testified and presented data supporting his contention that not enough referrals came from outside CTVHCS and from outside VISN 17 to support Waco as a regional referral center.

FACT: Let us consult the Bed Report data for the period of 6/13/03-10/8/03:

- 30 veterans were referred from outside VISN 17.

Question: Of the 30 veterans referred from outside VISN 17, how many were admitted to Waco Acute Psychiatry within 24 hours of referral?

Answer: One veteran. 29 veterans had to wait for acute, not elective, care.

Question: Of these 30 veterans, how many have still not been admitted to Waco Acute Psychiatry?

Answer: 20 (67%) still await admission.

Question: How long was the wait for admission to Acute Psychiatry for those vets who did get admitted?

Answer: One vet waited 74 days and was referred by 3 different facilities. The waits for other vets ranged from 6 to 64 days with an average wait of 38.8 days for ACUTE care.

Question: What happened to the 67% of veterans never admitted.

Answer: No data; however the American Psychiatric Association reports that the largest mental health facility in the nation is currently the Los Angeles County Jail and the Serious Mentally Committee reports a "surprising number" of deinstitutionalized mentally ill veterans have died.

Conclusion: In spite of grave difficulty getting services from the Waco VA due to bed availability, referrals continue to come from outside VISN 17. Under ordinary circumstances, such difficulty in access to care would result in sharply declining referral patterns. That referrals continue to come to Waco probably means that there are no alternatives to these services anywhere.

Overall, the admission rates to Waco Acute Psychiatry from within the VISN are not much better:

- Of the 32 veterans referred from the Austin area, 15 (47%) were placed on a waiting list or never admitted.
- Of the 93 veterans referred from the Temple VA, 60 veterans were placed on a waiting list and held on a medical ward to await a psychiatry bed. Only 33 (35%) were admitted within 24 hours of referral for acute care.
- Of the 41 veterans referred from inside VISN 17, but outside of CTVHCS, 36 were placed on a waiting list. One veteran on an EDO waited 4 days for admission. Only 5 (12%) were admitted within 24 hours of referral to acute psychiatry.

Of the 196 referrals to Waco Acute Psychiatry during this timeframe, only 56 (29%) were able to access care within 24 hours of the date requested. 140 veterans referred for acute care by their physicians but were not admitted.

These data create a picture very different from that given by the VA panel. This picture is one of extraordinary waiting by our sickest mentally ill veterans – of immense, unattended suffering by veterans and their families due to lack of resources.

These Bed Report data are recorded and available for review. Names of veterans and their social security numbers can be provided upon request.

Dean Billik testified that there were no plans to increase bed services at the Waco facility, suggesting that data driven plans to reduce beds were underway and warranted by his data.

FACT:

- A CTVHCS Committee formed and chaired by Dr. Kathryn Kotrla, Director of Mental Health, CTVHCS, met for over 10 months and recommended increasing the number of beds in Waco. CTVHCS and VISN 17 were very supportive of these recommendations. VISN 17 is currently sending resources

to support this expansion. This expansion is based on the recognized need for an increase in services and especially an increase in the continuum of care for mentally ill veterans in CTVHCS.

- Dr. Laurent Lehmann, in a recent letter to the editor of the Waco Tribune-Herald, reports that the plans are to *increase* not decrease the number of beds.
- The PTSD Residential Rehabilitation Program at the Waco facility is doubling its number of beds in order to reduce wait times for residential care and to better address subacute needs of veterans with PTSD.

The accuracy of this picture, while contradicting the testimony given by the VA panel, is actually consistent with past and current plans in CTVHCS and VISN 17 to increase psychiatry beds.

Overall, these data present a picture of gravely underserved mentally ill veterans in acute distress within VISN 17 and within the established Waco referral base outside VISN 17. Moreover, referrals to Waco continue in spite of reduction in inpatient resources and great difficulty in accessing Waco resources, which under ordinary circumstances would produce a greatly diminished number of referrals.

Dean Billik testified that the Waco bed occupancy rate was only 81% - suggesting that beds and resources in Waco were unutilized and too expensive.

FACT: The ADC for FY 02 was 166.93. The G&L bed total for that period was 206.

$$\frac{166.93}{206} = 81\% \text{ occupancy rate.}$$

However, 20 beds in the PRRP are counted in the G&L, but are not online. For an accurate occupancy rate, the bed total should be 206-20 beds, or 186 beds.

$$\frac{166.93}{186} = 90\% \text{ occupancy rate.}$$

Keeping 9 out of 10 beds filled with the number of admissions and discharges we have is very descriptive of the true clinical and resource situation faced by staff and veterans in need. Thus follows the difficulty accessing resources demonstrated in the data sets presented above.

DECEPTIVE AND MISLEADING DATA SUBMITTED BY THE VA PANEL

Dean Billik testified that the cost per day at the Waco facility was much more than that of facilities in the North and South Networks.

FACT: Mr. Billik is fully aware that all plans for mental health in CTVHCS, whether in Waco or Temple, call for only 30 Acute Psychiatry beds and 30 Intermediate Psychiatry beds with the balance of 84 remaining beds being residential. The cost savings and the clinical complexity of the continuum of care involved in this proposal has received rave reviews from officials of CTVHCS, VISN 17, Chief Consultant, Mental Health. These facts were not cited by the VISN nor the local VA officials.

VISN 17 officials testified that only 6% of the veterans served by the Waco facility will be affected by the transfer of inpatient facilities to Temple. This testimony creates a picture of simplicity in the transfer of services. However,

FACT: While it is difficult to evaluate these numbers without actually seeing their sources and derivations, it appears that VA officials counted the number of outpatient uniques and the number of admissions to inpatient facilities and found that 94% were outpatient and only 6% were inpatient – leading them to conclude that only 6% of the veterans served would be affected by a transfer of services to Temple.

- This is illogical reasoning. Many more of these outpatients are mental health patients and remain outpatients only because of the support of the "hub" of the inpatient facilities. This is exactly what would be expected in an environment which has been for so many years devoted to mental health care.
- The breadth of support required for the "6%" and its influence on the remaining 94% of veterans can be estimated by answering the following question:

How many outpatient encounters are required to equal the workload required by the 6% of inpatients?

The answer to this question follows:

1. In FY 03, 20,211 outpatients were seen in Waco. During this time 1307 (6%) were admitted to the facility.

2. The 20,211 outpatients accounted for 202,610 encounters, or 10 encounter per veteran – less than one encounter per month.
3. The 1307 veterans admitted had an ALOS of 81.26 days, for a total of 106,206 patient bed days of care.
4. Patient bed days of care are 24 hour days of care.
5. Let us assume that each outpatient encounter lasts 30 minutes. In a 24 hour period, the maximum number of 30 minute encounters would be 48. Therefore, the number of 30 minute encounters in 106,206 bed days of care are 5,097,888 encounters.
6. Comparatively, the 20,211 outpatient accounted for 202,610 encounters; the 1307 veterans admitted, accounting for 106,206 patient bed days, would account for 5,097,888 30 minute sessions, more than 25 times the outpatient number.

2. CORRECTED DATA ON WACO AND VISN 17 MENTAL HEALTH NEEDS

The data submitted above creates a clear picture of underserved veterans with mental health problems in VISN 17. It is critical that this data be presented in that these veterans are the sickest of the sick and have no other voice. This data shows:

- CTVHCS is not in compliance with Public Law 104-262 nor with Public Law 107-135 requiring that the VA maintain capacity to serve mental health needs no less than that in 1996 and that any savings in closing inpatient mental health facilities be reinvested in outpatient mental health supports.
- During the period of 6/13/03 – 10/8/03, 196 referrals for ACUTE mental health care were made to the Waco VA. Only 56 (29%) were able to access emergency care within 24 hours. 140 veterans were referred for emergency care by their physicians, but were not admitted due to lack of beds available. The diminished capacity to care for emergent cases of mentally ill veterans has grossly affected care both within our VISN and within those VISNs which have traditionally relied upon Waco resources.
- The Waco VA leadership has designed an ingenious model of mental health delivery which will provide increased services to serious mentally ill veterans at reduced costs, utilizing more up-to-date concepts in psychosocial rehabilitation and residential care.

Dr. Lehmann, Chief Consultant in Mental Health, has personally recommended this model as a primary model of care in mental health.

- Consistent with staff reports and the above data sets, the occupancy rate for psychiatry beds was 90+%, another indication of great demand for mental health resources.

3. DATA FROM VETERANS AND FRONT LINE CLINICIANS

- Information from veterans waiting for services, family members and from front line clinicians who provide services corroborate intense demand for scarce mental health services.
- This partnership provides the following information:
 1. The Waco community has over many years developed a complex infrastructure of mental health supports, housing opportunities, advocacy resources, etc., creating a broad based culture of support for veterans suffering from a serious mental illness. No such infrastructure exists within the Temple community. There is not even public transportation in the Temple community to support the mentally ill veteran's struggle for independence.
 2. The VA proposes to move or locally contract for the 125 nursing home beds currently active in the Waco VA. No one, other than Waco VA staff, has discussed the effect of the extensively researched concept, "relocation syndrome." This syndrome refers to the stress involved in veterans' having to arbitrarily change their residences. A recent literature review of this syndrome reveals that the mortality rate for patients moved is 2 to 4 times greater than that for those individuals who are not moved. Mortality for frail elderly patients ranges from 30%-36%. We submit that these changes amount to a "death sentence" for a significant number of elderly veterans.
 3. Family members who were involved in the most recent "outsourcing" of nursing home care (late 1990s) report that families have experienced extraordinary financial strain as the VA shifted costs from VA to Medicare. Moreover, nursing home placements locally, these family members report, are far below the quality care they received in VA care. Family members routinely confirm that local nursing home care is far inferior to that obtained by VA care. One wife routinely carries cleaning materials to her husband's nursing home to provide a clean room and atmosphere.
 4. At best, local nursing home care is difficult to find. Staff point out that Waco's nursing home patients are not typical

nursing home patients, but also are psychiatric patients. We know of no nursing home worthy of our veterans which has capacity for psychiatric patients.

4. NEEDS IDENTIFIED

- Clearly, these data reflect an enormous demand for acute psychiatry beds – even when the current resources are so difficult to access, referrals continue to be made to Waco from both within VISN 17 and from the referral base outside Waco. One conclusion is that no other such resources are available.

If there has been a decline in number of referrals for acute inpatient care, it is likely a result of the hopelessness of accessing these scarce resources. No determination can be made about the well-being of those veterans and families who were turned away from the acute care their treatment teams attempted to acquire for them.

It is the opinion of this partnership that a resource should be available within 24 hours for every veteran whose treatment team determines that acute psychiatric care is needed. We are aware of no acute medical problem requiring immediate care being placed on “waiting list” status.

- These data are consistent with those developed by the CTVHCS MH&BM Task Force which concluded that an increase in psychiatry beds was needed for the Waco milieu. Data developed by the above Task Force indicated the need for 30 Acute Psychiatry beds and 30 Intermediate Psychiatry beds, supplemented by 44 PR RTP beds and a psychosocial resource center to create a minimal continuum of care for CTVHCS psychiatric patients.
- It is unacceptable to this partnership that an American veteran elderly couple is required to liquidate their lifesavings in order to be eligible for Medicare nursing home assistance after they are forced out of VA care. We feel it is an obscenity that our government prioritizes the needs of such elderly so far below that of Iraqi citizens for whom we devote so many resources.

IV. Recommendations

There exists a most remarkable philosophical and economic proposal to transform resources in the Waco facility to implement a very complex

continuity of care which actually reduces the patient cost per day and increases propensity for mental health rehabilitation. We recommend:

- **Activate immediately the CTVHCS MH&BM plan for Waco.**

This includes:

Phase 1:

- 30 Acute Psychiatry beds – Building 94**
- 30 Intermediate Psychiatry beds – Building 94**
- 44 SMI PR RTP beds – Building 7B**

Phase 2:

- 22 PR RTP Dual Diagnosis beds – Building 7A**
- 22 General PR RTP beds – Building 7A**

These recommendations have already been approved by the VISN and held out as exemplary by the Mental Health Central Office.

- Data clearly indicate that 30 Acute Psychiatry beds will not be sufficient to care for those veterans referred by their treatment teams if the standard of access to resources within 24 hours of referral is implemented.

It is unacceptable to this partnership that cost considerations associated with acute psychiatry admissions prevent access to resources by veterans in an acute mental health crisis.

This is especially unacceptable given that private sector, not-for-profit acute care, has been demonstrated to be very effectively delivered in a crisis residential model for the past 30 years. We reject the VA's refusal of care to veterans in acute mental health crisis. We think the VA, rather than refuse care, should review and implement the more progressive, alternative, cost effective crisis residential care. A great deal of the "unused" space at the Waco facility could be devoted to this new model of care. Such a project could be jointly facilitated by the VA and by local partners. This project would benefit both veterans and non-veterans, groups both seeing a vital reduction in available traditional acute mental health services.

- **It is unacceptable to this partnership that frail elderly veterans be abandoned, given a "death sentence," or pushed off to Medicare which exhausts all savings/resources of very responsible veteran couples. This partnership demands nursing home care facilities from the VA which are appropriate to the gifts given by veterans.**

SUMMARY

Data presented by the VA Panel to the October 3, 2003 CARES Hearing should be replaced with accurate Bed Report data which clearly demonstrates the need for not only current but additional acute psychiatry resources. This need could be creatively and cost effectively met by:

- implementing the already approved Waco MH&BM Task Force Plan and by
- using vacant space in Waco to develop crisis residential options in partnership with local mental health agencies to serve veterans and non-veterans in mental health crises.

Data and information from staff, veterans and spouses all indicate that space should be devoted to greater care for our nation's frail elderly psychiatric patients. Rather than accept a "death sentence" for many of these veterans, rather than condemn spouses to live impoverished lives in order to pay for care heretofore received in VA, and rather than abandon our frail elderly psychiatric patients to poor living conditions, our partnership strongly advises that vacant space in Waco be utilized to provide the care those of our "greatest generation" deserve.