VISN 18

New Mexico VA Health Care System (Albuquerque VA Medical Center)
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The American Legion visit to the Albuquerque VA Medical Center
February 16, 2006
Task Force Member: Thomas Cook
Field Service Representatives: Jacob Gadd

The New Mexico Veterans Affairs Health Care System is a comprehensive health care system comprised of a Level 1 tertiary referral center in Albuquerque, New Mexico, as well as a system of community based outpatient clinics located in 21 rural locales throughout the state and in southwest Colorado. New Mexico Veterans Affairs Health Care System strives to provide the highest quality primary, secondary, and tertiary health care to its beneficiaries through a compassionate, innovative health care system, excellent training and education of health care professionals, and effective use of available resources. The Albuquerque medical center maintains 217 beds, including 26 in the Zia Spinal Cord Injury Center and another 36 in the Geriatrics and Extended Care Unit.

Fiscal  Albuquerque’s budget for FY 2005 was $223.7 million. In FY 2006, it was $236.8 million, representing an increase in funding of about 5.8%. The MCCF collection goal for FY 2005 was $10,343,557; $9,069,829 was collected, 12.3% below goal. The collection goal for FY 2006 is set at $9,066,708; management declares that it is “optimistic” about meeting this goal. It has already collected $3,468,014 between September 28, 2005 and February 15, 2006, which is 38% of the total collection goal for FY 2006.

Enrollment and Access  Albuquerque is a significant component of the health care delivery system in New Mexico. New Mexico is the fifth largest in square miles, and has a population density of 15.0 people per square mile, ranking it 36th in the nation and indicative of the rural setting of the state. The state also has the second largest proportion of uninsured (21%) and only 13% of veterans seeking services at Albuquerque have billable insurance. Contrary of many other VA facilities, Albuquerque is looking to increase its workload by 5%.

The time from veterans’ submission of an enrollment application (1010 EZ) and their receipt of initial healthcare is 39 days, for recent veterans, is within 30 days. There were 622 appointments--or 27%--over 30 days, out of 2,280 total patient appointments. The wait time for veterans referred by their primary care practitioners to specialty care clinics ranged from the same day to 48 days. Dental wait times were a primary concern to NMVAHCS, with over 2,000 new patients and a backlog over one year. The facility is allotting $1.5 million to contract out dental services to offset the backlog, an increase from 2005, which allotted only $300,000. Other access areas with longer wait times include: Orthopedics, Mental Health, Gastroenterology, Urology, Cardiology, and Eye Care. Efforts are being taken to increase access to these services.

To serve the 507 combat veterans in its system, a full-time OIF/OEF Point of Contact has been designated, which will help provide quality service and keep Gulf war veterans from
waiting over 30 days. There is a sharing agreement between Albuquerque and the 177th Air Force Base Medical facility at Kirtland AFB, which is also a military treatment facility. The Point of Contact (POC) and Program Coordinator for OIF/OEF veterans maintain ongoing liaison with the 177th. The POC receives and expedites referrals and transfers of care and assures that the appropriate linkages are made for the requested clinical follow-up services. Outreach is prepared for potentially up to 5,000 returnees. A grant was provided which enables the facility to keep a full-time social worker, half-time psychologist and a part-time psychiatrist.

CBOCs Albuquerque opened the first VA-staffed community based outpatient clinic in Farmington, NM. It currently operates additional clinics in Artesia, Gallup, Raton, Silver City, Santa Fe, and Durango, Colorado--which has been serving veterans since 2002. Access to care and enrollment is open to all new patients. The facility seeks to have the advanced clinical access program in place within one year, helping veterans schedule appointments at times convenient to their needs. There are 200 new enrollees into a CBOC each month.

Affiliations and Staffing Albuquerque is affiliated with the University of New Mexico School of Medicine (UNM) with 115 resident FTEE currently rotating through 35 clinical residency-training programs. UNM is New Mexico’s only medical school and the Albuquerque VAMC is the only VA hospital. Together they serve as invaluable resources for the state. Albuquerque also enjoys affiliations with the University of New Mexico and Albuquerque Technical Vocational Institute for nursing programs and with nearly 70 other academic institutions for other types of training.

Staffing remains a concern, due to budget cutbacks. Nursing shortages impact upon care in all areas, except primary care. There is difficulty in recruiting physicians for CBOCs. Of the nine allotted positions, two remain open. There are 36 authorized beds on the Nursing Home Care Unit, with 26 beds operating currently. The demand is there for increased patient services, but the lack of nurses reflect the diminishing bed levels. There are four staff members activated in the Guard and Reserves.

Staff members that are hired usually enjoy working with the patients and there is a low turnover.

Physical Plant The facility was constructed in 1932 and consists of 40 buildings on close to 100 acres. Originally, the site was a Veteran Memorial Park. Expansion of new buildings are difficult for the facility, as the facility is on historically registered grounds. Every building is utilized and well-kept; mechanical floors are between each floor of the main hospital building to make renovations without restricting multiple services.

In FY 2006, projects in the construction phase include the research facility, a sanitary sewer loop replacement, critical utility in the energy plant, select column replacement surrounding historic buildings, a third phase of an air handler replacement project, a
handicapped deficiencies upgrade (buildings 1 and 2), and a new 24 bed SARRTP inpatient program.

**Long Term Care, Mental Health and Homeless Services**  Albuquerque has a long-term care program which emphasizes quality outcome processes and continuous quality improvement cycles. The inadequate staffing of nurses has affected patient access to care. Of the 36 authorized beds on the Nursing home care unit, the average daily census is only 20.4. The palliative care program offers radiation and chemotherapy treatments, long-term antibiotics, a strong recreation program enhancing body, mind and spirit, as well as motivational and socialization rehabilitation. Albuquerque does not have a hospice program; it is captured under palliative and symptom care management.

Mental health care services include: a Substance Abuse Residential Rehabilitation Program (SARRTP), homeless domiciliary, transitional residence and a supported employment program. A 24-bed inpatient program for substance abuse recovery is anticipated to commence in late March/early April 2006. Average length of stay is less than 90 days. A homeless domiciliary under construction will feature a 40-bed facility, the first in the New Mexico/West Texas CARES market. Average length of stay is under 90 days as well. The transitional residence will include a ten-bed facility that will be available to patients as an option after inpatient mental health. The supported employment program helps prepare veterans reentering the job force. The Mental Health Strategic plan is being developed at the facility through the works of Dr. Brian Pilgrim, Dr. Kurt Fielder, and Dr Waldorf. The staff is excited and enthusiastic about filling the gaps with the New Mexican area. The Mental health program at Albuquerque was one of the original contributors to the Mental Health Strategic Plan.

**Patient Surveys**  The meeting consisted of three veteran inpatients in the Zima Spinal Cord Injury Center. All the patients felt that the quality of care provided was “excellent.” The veterans all lived within 20 miles and their family members were in the immediate area also. There was not a designated VA sponsored overnight facility located in the hospital or in the Spinal Cord Injury Center. All the patients had a personal van and family members assist them in traveling to and from the facility. Some enjoyed the food, and some said it was bland. One veteran said the nurses were so helpful commenting, “it’s the little, simple things they do that means a lot….such as opening up a salt packet.” One survey mentioned that the veteran wished care was more, “one to one- more of a personal relationship.” One unique service the Spinal Cord Injury center offered was a yearly evaluation to former patients. Most treatment facilities, if not all, help treat the pain and condition, but do not annually monitor the patient.
VISN 19

Cheyenne VA Medical Center
VA Eastern Colorado Health Care System (Denver, CO)
Salt Lake City Health Care System
Cheyenne VA Medical Center—Regional Office Center

The American Legion visit to Cheyenne VA Medical Center
April 25, 2006
Task Force Member: John Hickey
Field Service Representatives: Michael M. Smith

The Cheyenne VA Medical Center and the satellite Denver Regional Office comprise a combined affiliated medical center under the Veterans Health Administration. The Medical Center provides primary and secondary inpatient services as well as outpatient services in medicine, surgery and psychiatry. Presently the Medical Center has an operating bed level of 21: 12 general medical beds, 5 intermediate beds and 4 general surgical beds. The Medical Center also supports a 50-bed Nursing Home Care Unit (NHCU) located with the main hospital building. Cheyenne has Community Based Outpatient Clinics (CBOCs) in Fort Collins and Greeley (CO), as well as one in Sidney, NE.

Fiscal: Cheyenne’s budget for FY 2005 was $59 million. For FY 2006 it was $63 million: a six percent increase. The center reports that it has not had to use capital investment monies to make good any shortfalls in its operating budgets.

The MCCF collection goal for FY 2005 was $5,000,000. Total MCCF collections for FY 2005 were $5,704,806 or a 14 percent increase over budget. However, the MCCF goal for FY 2006 has been increased 27 percent over last year’s ($6,336,694) or 11% over last year’s results. However, management does not feel that it will be able to make this goal, despite the hiring of a temporary (120 days) biller and account receivable technician, and increasing insurance verification from 15 percent to 30 percent.

Enrollment and Access Veteran are enrolled a week after applying, and none seeking care wait over 30 days for their initial visit. Despite these reassuring figures, there were some suggestions by management that recently, due to an influx of 800 new patients the first half of the year, the staff “have not been terribly good at it [keeping below 30 days]”. Nonetheless, management still states that the current average wait for new patients is 21.6 days. For veterans referred by their primary care practitioners, the wait is computed 24.8 days.

Problems of access, of course, are built right into the geography of a VAMC in a state the size of Wyoming, though Cheyenne has the advantage of being in the southern part of the state and within a couple hours’ drive of the major tertiary facility in Denver to the south. Cheyenne VAMC tries to overcome these problems with a combination of tele-health and strategically sited CBOCs. The VAMC is located in the southeastern corner of the state and draws many of its patients from beyond the state’s borders, resulting in what must be a unique paradox for a VAMC; none of Cheyenne’s CBOC’s are actually in Wyoming. Two are in Colorado and one in Nebraska. This may have been one of the reasons for VA’s puzzling decision to close Cheyenne under the initial CARES plan. The VAMC’s
natural constituency lay outside the state it was located in, diluting political pressure to maintain service there. The only contract CBOC is in Sidney, NE, which at present is near capacity—though management reports that they are still managing to treat patients without delays. The bulk of the CBOC patients are receiving primary care.

**Affiliations and Staffing**  The Cheyenne VAMC has affiliations with the University of Wyoming College of Health and Human Services, the University of Wyoming Family Practice Residency Program, and the University of Northern Colorado Medical School.

Management states that it has trouble filling positions in mental health, and gastroenterology. The center offers recruitment and relocation incentives for positions that are difficult to recruit. There is no J-1 visa physicians. Present, contract physicians for gynecology, podiatry, and gastroenterology are utilized, while cardiology, ophthalmology, obstetrics/gynecology, neurology, and pain clinic are provided on a fee basis.

**Physical Plant**  “Our facility is in pretty good shape,” according to management. The facility receives several million per year for non-recurring maintenance funds and most of its “critical needs are met or scheduled.” Also CARES is providing an additional 10,000 square feet in the form of a two-story addition that will be ready by yearend. Although most of the CARES program is on hold indefinitely, Cheyenne has been able to go ahead with its project with little problem. The new addition will provide expanded cataract and hernia surgery as part of an expansion of Cheyenne’s general surgery capability. Another 25,000 square feet for primary care and ambulatory care is presently “on hold”. As an older facility, Cheyenne is also planning to spend approximately $500,000 on rebuilding roofs, basements, and for a new endoscopy suite.

**Long Term Care, Mental Health and Homeless Services**  Since the passage of the Millennium Act in 1999, the number of long-term beds has remained stable at 50 licensed beds with 35 presently in use. For homeless veterans, there is presently in place a grant program that provides care, on a per diem basis, at two local group homes, with a third under construction. Much of the homeless program is job-oriented with 1.5 FTEE presently dedicated to the program and another one approved and waiting to be filled. There is also a new domiciliary in Sheridan, about a 4-5 hours’ drive to the north.

Perhaps because of the distances involved, Cheyenne, like some other VAMC’s in VISN 19, tends to emphasize innovative approaches. It tends to put a lot of stress on case management at the veteran’s home. Some 20 patients, usually living some 1-2 hours distant, are presently part of a program which includes working with family members (sometimes even landlords, since many veterans live alone) to assure that the veteran is being taken care of properly. Tele-psych, which allows the patient to consult with a mental health professional from remote locations using a TV video hookup, is another important factor in Cheyenne’s strategy of serving its scattered population. Though Tele-psych is clearly an intriguing innovation, management feels that the system needs to be better developed in order to increase usage from present startup levels. Finally, in an effort to expand the mental health program in the field, funds have recently been made
available to increase mental health care at the CBOC level, concentrating on substance abuse and adding one additional homeless caseworker.

**VA Eastern Colorado Health Care System, Denver, CO**

_The American Legion visit to the Eastern Colorado Health Care System_  
_April 24, 2006_  
_Task Force Member: John Hickey_  
_Field Service Representatives: Michael M. Smith_

The Department of Veterans Affair’s (VA) Eastern Colorado Health Care System is comprised of a 128-bed hospital in Denver and seven Community Based Outpatient Clinics (CBOC) in Aurora, Lakewood, Colorado Springs, Pueblo, La Junta, Lamar, and Alamosa, CO. There are two Nursing Home Care Units (NHCU), a total capacity of 100 patients. The Pueblo NHCU has 40 beds, and the Denver has NHCU 60. The Denver facility is a tertiary care facility with an FTEE of 1,481 (including 137 physicians and 446 nurses), providing a full range of state-of-the-art patient cares services, and serves as an educational and research center. The Denver VA Medical Center (VAMC) is a major teaching Medical Center affiliated with the medical, pharmacy and nursing schools of the University of Colorado Health Sciences Center. Since that University will be moving all of its health care facilities to the to the Fitzsimons site by June 2007, VA contemplates moving there as well, with new construction and move slated for completion around 2011.

_Fiscal:_ Eastern Colorado’s budget for FY 2005 was $267 million. In FY 2006 it was $293 million, an increase of almost 10 percent. Unfortunately, this hefty increase has to be judged in perspective; in fact, the new funding is only allowing VA to play catch-up from previous years to make up for the shortfall experienced in FY 2005, which forced staff and service cutbacks.

The MCCF collection goal for FY 2005 was $15.3 million, versus actual collections of $16.5 million, or 7.8 percent above goal. The goal for this year is $17.2 million, or 12 percent above last year’s goal. Management says it should be able to meet that goal as well.

Management reports that no capital investment dollars have been sacrificed to general operating expenses.

_Enrollment and Access:_ Denver appears to have serious problem with waiting times for new and specialty appointments. In the Veterans Roundtable session during the site visit, almost everyone complained to a greater or lesser degree about the lengthy waits, the difficulty of scheduling appointments well ahead--particularly for the same day, and the problems trying to cancel or change an appointment. There were also complaints about the frequency with which scheduled appointments were cancelled unilaterally by VA.
Furthermore, the Emergency Room (ER) is quite often forced to divert patients to other hospitals. Waits of two to four hours or more were reported for the ER. Generally, veterans are quite pleased with the medical center, even with the long waits and other inconveniences.

But the bottom line here is that the cost of past funding shortfalls has become visible at the Denver VA, more clearly than at other facilities, perhaps because of the existing and growing press of new patients, which makes it impossible to ignore the effects of staffing cutbacks.

**CBOCs:** Four out of seven CBOCs are at or near capacity: Colorado Springs, Pueblo, Fitzsimons, and Lakewood, and have waiting lists exceeding 30 days. However, there now seems to be a plan in place to hire additional staff and provide new panels by yearend (perhaps some salubrious fallout from the years’s increased funding). All CBOCs are VA-staffed and run except for Lamar.

**Affiliations and Staffing:** The Denver VAMC is affiliated with the medical, pharmacy and nursing schools of the University of Colorado Health Sciences Center. Residency programs are maintained in Internal Medicine and Surgery and their subspecialties, as well as Psychiatry, Neurology, Physical Medicine and Rehabilitation, Anesthesia, Pathology, Radiology, and Dentistry. The Medical Center supports the training of over 120 residents annually. In addition, approximately 450 medical students rotate through the facility for their clinical experiences. The education department also coordinates the rotation of over 370 nursing students from local schools (UCHSC, Regis, CCD, Front Range, and Arapaho Vocational). The Medical Center provides training opportunities for paraprofessional and allied health students and is affiliated with 20 academic institutions, providing training in several different services.

Since the University’s clinical arm is in the process of relocating to a new site at the former Fitzsimons Army Hospital in the eastern suburb of Aurora, VA will need to make a final decision shortly about purchasing a recently identified site on that campus. If all goes as planned, it is hoped that the new hospital will be up and running by 2011.

In regards to staffing, the Physicians Pay Bill seems to be having some effect on recruiting. Management stated that it has experienced a 7.2 percent increase in physicians’ pay, primarily for specialists. But it still has trouble recruiting for certain positions. For example, an orthopedist specializing in shoulder problems seems to be particularly difficult, along with pharmacists and radiology technicians. Nursing is perhaps the most challenging to VA recruiters, as is the case in many other facilities around the country. Management cited some 38 nursing positions, both RN’s and LN’s, that currently need to be filled. This represents 8.5 percent of all nursing positions at the hospital.

Hiring incentives include: recruitment bonuses, relocation bonuses, tuition reimbursement, childcare subsidy, public transportation subsidy, subsidized parking, and relocation bonuses.
**Physical Plant:** Aside from the compelling synergies provided by continued affiliation with the University of Colorado, VA’s move to a new campus and a new 1.4 million square foot building will alleviate some of the constraints imposed by the present structure, which opened in 1951.

After some initial backing and filling, VA selected a new site last year, with architectural and engineering contracts given notice to proceed in February 2006. The Fitzsimons Redevelopment Authority has agreed to sell VA approximately 24 acres on the southeast corner of the Fitzsimmons campus, with a final go-ahead from the Secretary still pending. Additional space may also be available from three other landowners at the site, which potentially could make the final parcel a total of 31-32 acres.

**Long Term Care, Mental Health and Homeless:** Denver has 60 beds at its NHCU and another 40 at the Pueblo facility. Denver also has 149 veterans in contract nursing homes, up from 26 at the time of the passing of the Mill Act in 1999. At the time of the integration with the former Southern Colorado Health Care System, the Denver VAMC shrank from 50 to 34 psychiatric beds. However, the Post Traumatic Stress Disorder (PTSD) Day Hospital was expanded from a 15-bed, six-week program to a 19-bed, seven week PTSD Residential Rehabilitation Program (PRRP). Mental Health also includes a Mental Illness Research Education and Clinical Center (MIRECC), funded under a $2 million annual budget for five years. The MIRECC focuses on suicide prevention and provides new staff training education toward that goal. As of the date of the site visit, six patients in the Denver Nursing Home had a primary diagnosis of Alzheimer’s disease, while three patients at the Pueblo Nursing Home had a primary diagnosis of Alzheimer’s.

Denver’s Health Care for Homeless Veterans (HCHV) program operates in two locations: Denver VAMC and the Colorado Springs CBOC. The program has a total of 4.5 clinical FTEE between the two locations and provides outreach to homeless veterans, case management service coordination within VA, as well as to the community.

In Denver, the program consists of three community agencies that operate a total of 96 beds in transitional housing through the VA Grant and Per Diem Program. In Colorado Springs, VA has a contract with a community agency to provide up to 90 days of emergency housing for 10 homeless veterans at any given time. VA also provides a clinical social worker as part of the assertive community treatment team serving homeless veterans, as well as an evaluation assistant who provides reporting to the National Outcomes Study.

The Homeless program is a partner with the Department of Labor in the Incarcerated Veterans Transition Program, helping newly released veterans who are homeless. VA is alerted when a veteran leaves prison, and will assist with needed health care services, as well as with transitional housing. This program is a demonstration project that became operational in 2005.
Both the VA’s homeless program and its Compensated Work Therapy are CARF accredited.

VA Salt Lake City Health Care System (Salt Lake VA Medical Center)

*The American Legion visit to the Salt Lake VA Medical Center*

*April, 28, 2006*

*Task Force Member: Todd White*

*Field Service Representative: Jacob Gadd*

The Veterans Affairs Salt Lake City Health Care System is a modern 121-bed tertiary care facility, serving veterans residing within a 25,000 square mile primary service area within VISN 19. Salt Lake City VA offers all the traditional services plus specialty areas such as pathology, radiology, neurology, nuclear medicine, psychiatry, and open heart surgery, including cardiac transplantation. Salt Lake City VA has a system of Community Based Outpatient Clinics (CBOCs) represented in Pocatello, ID; Ogden, UT; Ely, NV; Roosevelt, UT; Orem, UT; Green River, WY; St. George, UT and South Central UT with Central Valley Medical Center and Fountain Green outpatient clinic. Salt Lake City VA has a best practice with its telemedicine (home-health) program. Monitoring 400 patients per day, services such as lab, a virtual clinic and basic assessment are provided to veterans that are not geographically able to reach the facility. The VISN 19 Network coordinator for telemedicine is located within the healthcare facility. The hospital facility is also noted for surgical implant procedures, where a titanium rod is used to reinforce a shattered bone. This is one of only two sites west of the Mississippi for this specialized care.

*Fiscal* Salt Lake’s budget for FY 2005 was $216.9 million. In FY 2006, it was $231.2 million, representing an increase in funding of about 6 percent. In FY 2005, a $7 million supplemental helped with backlog reduction ($2.3 million was solely dedicated to backlog), and most of the rest was to contract out specialized services, such as echocardiology. The biggest challenge facing the facility was the movement of appropriation dollars. It stated having the money, but any request for the movement of dollars goes through Central Office--where it seems to freeze. The facility is concerned that, in June or July, the entire VA accounts for re-appropriations will freeze and it will not receive the funding it needs, where it helps the most. Sixty percent of the gas budget was already paid out in the first five months of FY 2006, leaving seven months with only 40 percent.

The MCCF collection goal for FY 2005 was $22.8 million; $21.3 million was collected. After meeting the MCCF goal collections goal for seven straight years (FY1998-FY2004), this will be the second straight year it has not met its collection goal. Four years ago, the facility made a major commitment in terms of adding resources to the MCCF unit. This increase resulted in significant increases in MCCF collections in FY 2003 and FY 2004. Despite this however, the facility continues to produce MCCF collection totals that consistently place it number one in VISN 19, and in the top 20
among VA facilities nation-wide. The 3M-software package, the national Quadramed system for MCCF, streamlined in FY2 006, has had a negative effect on the facility. Instead of using one screen to point and click for billable insurance and coding, staff negotiates through eight to nine screens. This has caused lower efficiency; previously, 80 bills were processed daily by a staff member, now it averages to about 60. There has been an increase in insurance identification, up from 66 percent to 95 percent. The facility has also consulted with PCG to find missed patients with billable insurance. Out of 36,000 claims processed, 200 claims missed were found to be billable. The first few months were slow with FY 2006 collections and management believes that it will be close to meeting the target goal.

**Enrollment and Access**

The time between priority status (combat theater, 50 percent Service Connected, transfer) veteran’s submission of an enrollment application (1010 EZ) and his/her initial receipt of healthcare is currently 30 days. All others are seen within 45 to 60 days. The number of veterans in the past year that exceeded 30 days is estimated at approximately 695, who were scheduled outside of the 30-day requirement. The wait time for veterans referred by their primary care practitioners to specialty care depends on which clinic the veteran is waiting for. Greater delays are with eye care, orthopedic clinic, cardiology and urology. Salt Lake received 2,719 compensation and pension exams, each request consisting of around ten exams. The facility also provides Gulf War Registry exams. OEF/OIF veterans requesting primary care are scheduled for an appointment the same day they request the appointment and within 30 days of the request. If these patients are referred to specialty clinics, they may be placed on a waiting list, but are given priority access when there is clinic availability. There are 1,409 OEF/OIF unique patients receiving service. Including hospital and clinic totals, Salt Lake sees 38,668 patients, and OEF/OIF represents 4 percent of the total patient load.

**CBOCs**

St. George CBOC is the fastest growing county in Utah and is at capacity with patients. Some veterans from St. George are going to Las Vegas VA for care. Las Vegas and Salt Lake will share the costs of adding another physician, in order to increase panel size and access. Pocatello CBOC in Idaho has 37 patients on the waiting list for an initial appointment. It is also down one physician provider. Panels for these two CBOCs are 115 percent full.

**Affiliations and Staffing**

Salt Lake City shares affiliations with the University of Utah School of Medicine, Brigham Young University, Utah State University, Weber State University and Westminster College.

Staffing remains a concern, due to budget cutbacks. Salt Lake uses a recruitment incentive, relocation incentive and appointment above minimum step rate as hiring incentives. The Physician Pay Bill will cost the facility $785,000 in FY 2006 and the estimate for FY 2007 is over one million not including any incentive pay changes. FTEE with trouble recruiting are with physicians, LPNs and specialty providers. There is a difficulty in recruiting physicians for CBOCs that are a far distance from Salt Lake. The facility might have to relocate Salt Lake VA staff out to these distant clinics until a replacement is made.
Salt Lake long-term care program consists of contracted domiciliary care, contracted community residential assisted care, contracted adult day care, contracted adult day health care, a home health program, palliative care and two inpatient beds for hospice. There is not an Alzheimer or dementia unit. There is a 30-bed hoptel that is free of charge. There are 93 veterans going contracted out to Nursing homes. Veterans are contracted through a large geographic area from nursing homes in Idaho, Nevada, Utah, Western Colorado, and Wyoming. Consideration is taken in placing veterans in nursing homes close to their family.

Mental Health programs through Salt Lake are domestic violence, health care for homeless veterans, a 21-bed inpatient mental health care treatment, outpatient detoxification, outpatient mental health counseling, outpatient PTSD treatment, psychiatric community care, sexual trauma counseling, 15-bed substance abuse treatment, transitional housing and a mental health crisis intervention and referral team. Other programs include: vocational rehabilitation, CWE and collaboration with First Step House, a nonprofit. Salt Lake VA has partnered with Utah and the community through a Legislative Committee which helps create awareness of veteran services and makes the education a cooperative effort through many channels. Members of the committee represent the Guard, Reserve, State Representatives, Division of Child and Family Services and Law enforcement personnel.

The attitude of staff towards returning veterans is a unique one. They view PTSD not as a pathological issue, but simply a readjustment issue. They had positive remarks about the funding of a temporary PTSD Clinical team, which consists of a Psychologist who is also doing two jobs, seeing patients and OEF/OIF outreach coordinator. They believe that PTSD is not a temporary issue and that Congressional funding should be for the long-term; there is not a plan in process for infrastructure additions to accommodate a heightened patient load. Making a point, mental health staff stated, “we can’t see the patients in the parking lots.”

Salt Lake VA provides a homeless veteran program. This program gives outreach to homeless veterans in shelters and through referrals from social service agencies; assessment of their needs and referral to VA and community programs; liaison with community programs that have received VA per diem grants or that treat veterans for alcoholism and drug addiction; and coordination of care with VA eligibility, benefits, substance abuse treatment, post-combat treatment, mental health counseling, medicine, dental and surgical programs.